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No, I can't! Overcoming school refusal

Disclaimer: The following transcript has been autogenerated and may contain occasional errors or inaccuracies resulting from the automated transcription process.

Dr Nicole Hall (00:00:01):

Good evening everybody, and welcome to everyone who has joined us for tonight's webinar, and also to our viewers who will be watching this later on. MHPN or the Mental Health Professionals Network would like to acknowledge the traditional custodians of the lands, seas, and waterways across Australia, upon which our webinar presenters and our participants are joining us tonight. We wish to pay our respects to elders, past, present, and future for the memories, traditions, cultures, and hopes of Aboriginal and Torres Strait Islander Australians. I'm Dr. Nicole Hall. I'm a GP in Sydney and I will be facilitating our webinar tonight. Now I'd love to introduce our fantastic panellists to you. You have already received their bios, but we have Tim, Matthew, and Marie. So first I'd like to introduce Tim, who's a GP in Melbourne I think. So Tim, how common is school refusal in your practise as a GP?

Dr Tim Jones (00:01:08):

It's been very common, Nicole, and also it follows quite a bell curve. I see everything in my practise from kindergarten students struggling to adapt to that transition all the way through to grade 12 students seeking a medical exemption from their examinations. But the vast majority of my presentations are clustered around late primary school, early high school ages.

Dr Nicole Hall (00:01:33):

Something I hopefully won't have to deal with my kids. Matthew, as a rural practitioner, you see something different in kids who refuse to go to school than perhaps we in the city might see.

Matthew Povey (00:01:46):

Yeah, so we see a number of barriers with issues such as transport, but also a lot of issues around intergenerational trauma and a lack of access to regional and rural services to support young people. So that ends up being a huge barrier in a number of areas that you then conglomerates and then we just get this really difficult presentation that is really hard to support when we've got lack of resources.

Dr Nicole Hall (00:02:14):

And Marie, can you please tell us about what new areas of research your team of psychologists are currently exploring in terms of developing tools to help in this difficult area for families and for parents?

Prof Marie Yap (00:02:30):

Sure. We have been working on increasing the reach of our programmes, so including working with existing health services like Headspace National to let parents access our programmes through their website. We've also been working to develop some newer



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versions or adaptations of our programmes to address additional needs like children with trauma exposure as well as children with autism to better support their parents to support their child's mental health in the context of these specialised needs. And in addition to that, we are also working with different cultural groups, both locally with immigrant populations as well as internationally to see how our programmes could be cross-culturally adapted to better suit their needs too.

Dr Nicole Hall (00:03:24):

Fantastic. I'm looking forward to hearing a little bit more about that during your talk. So next we'll move on to talking about the instructions for the web player so you are able to get the most out of this webinar tonight. So to interact with the webinar platform webinar and to access resources, there are a few buttons. The first, the view supporting resources button under the video panel has the slides, the resources and a survey about tonight. There is a chat area in the top right to open the audience chat box. And if you need any technical support you can probably see on your screen in the top right hand corner, a tech support button. If this webinar stops working at any time, just refresh your browser. If you miss anything, there will be a recording of this made available to you later on. A few little rules because we're going to have a lot of questions and answers I suspect tonight. Please be respectful of other participants and of the panellists and please keep comments on topic because we have such a huge number of questions already registered, we won't be able to address very specific individual patient scenarios. So now we're going to move on to our panellists giving their chat, their talk and then we'll move on to our question and answer panel. Now, just to move on to the learning outcomes, I'm not going to read them out. I'm sure you can all read them yourself. So let's move on to the good stuff. First up Tim,

Dr Tim Jones (00:05:05):

Thanks so much Nicole. So if we begin with my first slide, one of the wonderful things I was taught as I was training as a GP down here in Tasmania is that anyone who enters one of our consult rooms fits into one of three groups. They're either a prisoner, they're there because someone else wants them to be there, they don't particularly want to be there, they're a visitor. They're trying you on exploring whether you can have a therapeutic relationship or they're a patient or a client, someone with whom you're well established and you're working towards some common goals. One of the wise things I heard was that at any consultation you can only move someone one space along that spectrum. And so I take a pride when these sort of presentations come to me in trying to make an environment that young person, that family feels safe to be in and want to keep coming back to. It's that lovely Walt Whitman quote of Be curious, not judgmental. Investing in trying to find out as much as you can about the lift experience of what's going on for the people you're interacting with will be the solid foundation for which as a GP you can continue to make good progress. The next slide please.

(00:06:24):

So if we look at the case of Carleen, my first initial reflection is that there's plenty of people in that case who aren't currently in the room with me and finding out about them as part of that initial contact. Knowing how they all interact and knowing how they communicate is again, just giving me information that's going to help me know how to help support this family and the last people that aren't in the room of the school themselves. Whenever we talk about behaviours involving school, we need to acknowledge that there's a whole environment that as health practitioners we tend not to occupy and being able to get in touch with that is really important. Next slide please.



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(00:07:06):

So there are lots of potential directions and initial consultation could take, but one of the areas I really love to start with is just looking at mornings because they really do set the tone for the day and looking at potential enablers and barriers of what could help Carleen and her family make a positive start to the day, one of the early things we can do to start to change the narrative of what's going on around school. And I also love to engage with the teacher early on. I just send a brief intro email introducing myself, introducing the situation as I understand it, welcoming their input and offering to collaborate about how we can be child centred in our approach. The next slide please.

(00:07:55):

If we move on to the case of Hong, one of the things that first strikes me is that I shouldn't necessarily be making any assumptions about whether there's any cultural overlays, but again, I need to have that curiosity and willingness to understand. But the other main area that stands out to me about that case is we've got physical symptoms, we've got potential functional or somatic symptoms, and I find it's both really important as a GP to be able to get to that point of discussing them, not avoiding it, but also to get through that point of realising that they're just a symptom of what's going on in that child's experience. And so we walk a narrow path between those areas and we need to filter that a bit through what Hong's past school experience has been like. That's an area of uncertainty. I have reading the case that I want to explore.

(00:08:52):

So if I move to my final slide, I think one of the things that's really important as a GP is that we need to be confident in approaching patients who present with pain or other physical symptoms and we need to be able to shape that discussion in a way that's positive and non-stigmatizing. One of the really nice frameworks I use to discuss with patients like Hong and Families is that we can look at and explore both internal and external causes for physical symptoms and we need to be able to make a shared decision with Hong and their family about what level of medical confidence is required for us to be able to settle that these are truly functional symptoms and that we can embrace working on supporting them collaboratively. And hopefully using all of that we can scaffold that into creating some shared goals and starting to already set a bit of a therapeutic path forwards. So that's my presentation. Thank you so much.

Dr Nicole Hall (00:10:06):

Thank you Tim. Okay, we'll move on to Matthew to specifically give us some perspective on how things work in the rural side of side of medicine.

Matthew Povey (00:10:17):

Excellent, thank you Nicole. So I'm just going to start diving into this. The first thing I'm going to be looking to do with Hong is looking at getting a full picture and this is going to be a full bio-psychosocial cultural spiritual assessment, which is really designed to work with Hong but also bringing his family in. And what I'm doing every point of this process is I'm starting to paint a picture of how Hong has got to this point, but also other factors along the way that have been contributing and not just for himself but also for his parents, things that might be going on in the social environment. I also want to be looking at culture. I want to be very sensitive around that and doing this in a culturally sensitive but yet supportive way and that's going to be so imperative why we need to bring the parents in.

(00:11:06):



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So I'm very big in the work I do, it's both parent and child centred. It needs to encompass the whole system, but it needs to encompass this bigger macro system including the school and the other staff. So this comprehensive assessment starts my building blocks to really work at looking at where I need to go from there. So if we go to the next slide please. Largely what I'm going to be doing when I'm doing this is really spending some time with Hong to build some rapport and really understanding from his perspective or their perspective what has been going on. And if you sort of consider this, lining yourself up, sitting alongside the client looking at the problem from the same perspective as them really trying to step into their shoes. And we can then look at this as what we call empathic validation, which is the ability to connect to the internal experience but the state this leaves them in.

(00:12:01):

So an example might be being bullied or not feeling connected to other people is you feel alone but you also don't feel heard or you don't maybe feel you're valued. So I'm really trying to connect to those deeper experiences to also then understand what makes it hard to potentially help seek as well is the agricultural aspect I need to be aware of. Is there something in that avoidance pattern and environmental factors here as well? Transport is so vital looking at what's happening in the playground and where things could be going wrong and where we might be able to intervene even in the home as well. Can we go to the next slide please?

(00:12:45):

So I think this is where you would then look to work and bring in the school, but then any other services that would potentially need to be appropriate as well as working with the family to understand their dynamics, potential cultural dynamics, the way they parent other expectations on Hong also that we need to consider is Hong sensitive to his environment and other people as well because the targeting from the teacher, that does make me curious what that perspective is on both sides. Again, working with the school, bringing the teacher in, getting consent is going to be a huge thing here as well. And I think that's vital to keep in mind. That's why we work with a family from the outset looking at culture as well, looking at other potential support services or health services that could be a bridge between looking at what we call bi-culturation, which is between one culture and another and young people today potentially being stuck between them and being lost in self-identity. Can we go to the next slide please?

(00:13:51):

So then what I want to stay engaged as long as I can until I know Hong and the family are connected to where they need to be. So that's going to potentially include therapeutic support but also case management as well as systemically working with those supports. It's also supporting Hong to develop a better sense of self-identity and what we might call reflective functioning, which is a capacity to understand our own states and communicate these of others and understand what drives us to avoid things. I'm also going to try and do the same with Hong's parents. So through reflective parenting, these are both attachment focus interventions to attune them better to Hong's needs, but I need to be very sensitive about what those needs are to really not settle the therapy relationship and to continue that going. And I'm going to continue regularly, continue to review the goals regularly and also look at things like the scoring systems, are we getting outcomes, are the scoring systems culturally appropriate and also are we achieving or other roadblocks that we need to reassess and reformulate. Next slide please. Okay. And that's me done. Thank you.



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**Dr Nicole Hall (00:15:05):**

Thank you so much. And before we get into the question and answer session, Marie, very much looking forward to hearing your perspective as a psychologist.

Prof Marie Yap (00:15:17):

So with the work that we do, we see fundamentally parents as key partners to work with and empower not problems to solve or overcome. So whether that's in the context of children, young people with mental health challenges or with school refusal or school attendance difficulties specifically in this instance. So in that context, the research is clear that when it comes to school attendance difficulties, there's a whole range of different factors that could be at play and the picture would be quite different for each child. So it's really important to work with the child and the family to try to get as complete a picture as possible as to what underlies that particular child's school attendance difficulties. And what the literature has recommended is that as a practitioner working with these families that you would look at, you would consider what is at the student or child level, what's at the family level, and then of course the school context and broader community or social cultural level as well.

(00:16:23):

In terms of the approach, we would definitely be recommending maintaining curiosity in part because of the fact that it's really quite unique a picture for every single child, but the empathy to bring into the room with you is also really central because we know how much school attendance difficulties impacts not just the child themselves but also the family, especially if it's a problem that has been ongoing, whether that's brewing in the background and then surfaces in terms of actual absence from school or it's absence that has been going on for a bit of time. So just keeping that in mind is really important. And then ultimately we want to be looking at identifying with the child and their family, what is the child's school education engagement goals? So in some instances when completing that picture to understand what's underlying the school refusal or school attendance difficulties, it might become apparent that the current school that the child is enrolled in or the current school system might not be the best match to the child's needs and learning approach.

(00:17:36):

So identifying alternative ways to reengage the child in the education could actually be the goal that the child would want to work towards. So working with the family towards that goal is really important. Well next slide please. So looking specifically at Colleen as a case study to apply these principles, one thing that I would do is to really work with her to explore the fear that she has about leaving her mom alone all day. So what is that all about from her own perspective? Is this something that she has actually opened up and shared with any other supportive doubt around her, whether that's mom or anyone else? So directly in this context is mom herself aware that that she is the underlying reason for Colleen in this instance not going to school. And then importantly to not just look at the deficits or the challenges but also look for strengths and protective factors within Colleen herself.

(00:18:42):

Are there some strengths that we could leverage? Are there certain interests or protective factors at school relationships within the home, her own interests or goals in terms of schooling or with her friends and other core curricular activities at school for example, that we could actually use as motivations for her to consider re-engaging in school? When we look at family level, of course in the context of grief with this family to also think about how



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mom herself and dad and her older sister, how have they coped with non as passing because different people grieve differently. It is a shared experience in this instance with the family. So finding out how each one of them is coping would also be important and alongside with that to identify whether any additional support might be required for those family members as well. In the context of helping Colleen to manage her school attendance difficulties to find out what capacity mom or dad or even her older sister might have to support Colleen in re-engaging the school is of course something to look into as well.

(00:19:58):

Next slide please. When we move into the school level, as I mentioned briefly, but what school level factors are there connection with school, whether it's specific teachers, specific peers and friendships that are actually really protective for her that we could try to engage her in and motivate her to consider actually going back to school, whether it's even for a couple of subjects or a couple of or core curricular activities to consider whether any risk or maintenance factors, whether there are certain challenges at school that she's also facing, which then becomes an additional disincentive for her to consider. Going back to identify those would be really important as well. And to work with relevant people in the school to help some of those factors in terms of the parents' own work arrangements more broadly speaking, it sounds like that has long hours away from home for work and mom has shift work kind of responsibilities which could potentially have limit their capacity of flexibility in terms of being there with Colleen if she's not attending school.

(00:21:07):

So that could potentially be an additional stressor to the family would face that you would want to work with them to address as well, including the potential impacts of the ongoing school attendance, difficulties on the parents on employment and financial situation. And then finally just it sounds like they live in a rural or regional location where we know that there could be limited access to supports and services. So trying to identify those that are actually available wherever possible, whether some of this could be remotely accessible such as online and telehealth type services could be something to explore for this family as well. We just skip forward to the couple of slides ahead please.

(00:21:58):

Next slide. The next slide. So just touching on currently available resources. There is the Partners in Parenting education or PIP ed program that my team has developed in collaboration with Deakin University. So this program is currently freely available across Australia to all parents of adolescents, so high school age children. So it's an online program that's based on the current research evidence and international expert consensus about what parents can do to respond to school attendance difficulties. So you are very welcome to recommend this program to parents that you work with and young people you work with where you think the parents might benefit. Next slide please.

(00:22:46):

These are just the different module topics that are available in the ped programme. Sorry, next slide. The Partners in Parenting programme more broadly is evidence-based programme that we've developed over 10 years ago now. So this is currently available by the Headspace website. Again, if you work with families where the young person is struggling with their mental health, this is a programme that's freely accessible via Headspace. Next slide. Finally, we also have parenting guidelines that we've developed, which are essentially resources that involve translating all the evidence that's currently available about what parents can do to support their child's mental health into actionable



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strategies for parents. So there are different sets of guidelines for parents of primary school age children as well as parents of teenagers. So if you go to the parenting strategies website, you can access all these guidelines for free as well. And then just the last slide just shows the specific guidelines for school refusal. This is also one of the guidelines that's available by the parenting strategies website. And I'll just stop there. Thank you.

Dr Nicole Hall (00:23:53):

Fantastic. They are some excellent resources that I'm sure we will all be having a good look at. Thank you to our wonderful presenters. Let's move on to our q and a section. So before we get into it, to ask a question, click the three dots in the bottom right hand corner of the video panel and click ask a question. I'll be keeping an eye on this throughout our question and answer section. And we've also had lots of questions come in before the webinar, so let's get into it, shall we? First of all, Hayden has asked, which I think is an excellent question, does anyone on the panel have advice about getting schools to actually implement recommendations or make accommodations for their students? Sometimes it feels as though we're sitting on one side of the wall and they're sitting on the other and no one's communicating. So Matthew, I might direct that to you to start off with,

Matthew Povey (00:24:53):

The biggest thing I would say here is always aim to build relationships and no matter how small, and we've all staff, all students and really try and keep it warm, I'm very aware teachers are under such duress at the moment that it's really important to factor that in. So my 2 cents is definitely keeping those relationships strong, doing a lot of follow up, don't let things drop because the warmer we keep stuff, the more familiar people get and then it opens doorway and opportunities for connection.

Dr Nicole Hall (00:25:28):

And do you tend to find that when you engage with schools they prefer phone calls, email? I mean obviously every school's different, but

Matthew Povey (00:25:35):

It's a really good question and I think part of that comes down to organisational aspects, but I think in first instance if he can actually be face-to-face the most ideal because you can actually see a person, you can do a mental state examination and actually get a sense of what's happening. But in a regional area it's not always possible. So sometimes we do need to get on to telehealth and there's times even with schools where we can't get on the wifi, so we will do full psychosocial assessments, they can take it up to an hour and a half, two hours on the phone to really get an understanding. So I'm going to do whatever I can to meet them where I need to.

Dr Nicole Hall (00:26:15):

Okay. And Tim, you mentioned you like contacting schools fantastic. How do you tend to do it? Do you read? Do you email a teacher? What's your strategy?

Dr Tim Jones (00:26:26):

Yeah, I'm probably sitting at the other end because I often only have time in my days to send an email, but it's one of those ones where it starts slow. But as you start to connect to the



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networks of teachers that are working in the same community you work in, you begin to have a bit more of a professional relationship. I have to be very, very careful when I contact schools not to ever lead with what I'd like them to do, but the same things we were talking about at the start, seeking to understand what the experience of the school in this situation is and looking at opportunities to connect and support. And the safest area I've found to explore in just nonlinear email communication with teachers is just what could be our shared focus. What is the one area where if we're all aligned, we're going to get the greatest positive impact for a family?

Dr Nicole Hall (00:27:23):

Yeah, fantastic. I'm actually going to combine the next two questions. So Kim and Sabina, thanks very much for your questions. First of all, sometimes a child just doesn't really know what the issue is, so can you give us some tips for exploring how to interact with a child or an adolescent if they're not really sure what the issue is? And also Shaina would sort of like to know if they're not willing to talk to you. What are some tips for getting information out of adolescents and children? I mean we've all had consults where we ask and all we get back in return is nothing, don't know, not sure don't want to talk. So I might start with Marie for that. What strategies have you got in terms of finding out what the problems actually are and getting people to talk?

Prof Marie Yap (00:28:12):

Yeah, I think this is where the collaborative approach could be really useful. So it's you're trying to piece together a puzzle here. The young person, if you were to rely on the young person to put all the puzzle pieces together, it wouldn't be surprising that it would be a challenge. But if you could try to find additional puzzle pieces around them speaking to their family members, speaking to their teachers and any student wellbeing related staff members at school, people that they trust and might share with or engage with at a fairly semi-regular basis. For example, people in their immediate environment. So if you could get some of those pieces to start with, I think that would be a great start. Of course, with consent wherever possible, and sometimes just having some of those seeds that you gather from the people around them to then come back to the student, oh, could it be related to this or has it got something to do with that? And that kind of helps to cue them as well. And sometimes even that could hook them to actually maybe you do understand or you're not judging me about the context of that and that could help them open up as well. So I think that's one possible way to do it.

Dr Tim Jones (00:29:33):

But I jumped in,

Dr Nicole Hall (00:29:35):

Oh sorry Tim, go for it.

Dr Tim Jones (00:29:36):

Oh no. This is just a passion project for me about how do we translate children's lived experience into brief points of GP contact. I love engaging different senses. Sometimes if kids can't tell me about their experience, I can ask them to draw me a picture. And I've had young kids draw a picture of a school environment where the teachers all warm and but then



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there's this other student and there's kind of lightning bolts or laser beams and you're like, oh, I think there's something to this. Conversely, I remember a teenager who was famously completely non-communicative in my room, but they loved music and I said, could you bring me a playlist of songs that tell me about your experience at school? And the first song they loaded was every day is exactly the same. And I just thought, oh, this is amazing because it's communicating and they feel understood, but they're not as daunted by the questions I'm asking them.

Dr Nicole Hall (00:30:35):

That's fantastic. I'm going to steal that idea. Oh yeah, sorry. Go for it Matthew.

Matthew Povey (00:30:42):

I just had an interesting thought on this and one thing that I often do is if a young person comes in and they're genuinely sort of worried about opening up or there's that hesitancy, that's where I start. I actually sort of say to them, I think we need to chuck all this other stuff out for a second. Actually talk about what's happening for you and what you might be worried about. Are you worried mom and dad might think or say something? Are you worried about other people might perceive things getting into their world and understanding that worry unpacking that usually then starts to give you gateway into everything else that I generally find. So it's just my 2 cents.

Dr Nicole Hall (00:31:22):

Yeah, fantastic. Very good thoughts. Alright, Wang, and I'm so sorry if I've got your name wrong, has asked an interesting question, how do we disable the enablers, namely the parents? So Tim, you're smiling at me, so that means you get to go first.

Dr Tim Jones (00:31:39):

Thanks Nicole. I think maybe this is an antidote to imposter syndrome. As a practitioner, sometimes we don't have to know how, we just have to know they're there. We have to all agree that that's what we're trying to work on. And we have to, I think, tease out those hidden strengths that may have been suppressed or confidence has been lost in. I think one of the very translatable skills of general practise is we take goals and we break them down into smaller, more achievable sub goals. And sometimes pointing out to people that there might be an Everest that's too daunting for them, but how about taking a nice stroll in your local park to use an analogy, what does that look like? How can we move you one step along that spectrum?

Dr Nicole Hall (00:32:35):

Marie or Matthew, would you like to add anything to that?

Prof Marie Yap (00:32:40):

Sorry, I just going to clarify the question, Nicole. Is it to disable the enablers?

Dr Nicole Hall (00:32:46):

Yes. Enablers being how do we disable the enablers? So the parents that obviously are perhaps, how do we say it correctly, as in let their children are



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**Prof Marie Yap (00:32:58):**

Reinforcing the school avoidance. Is that what Correct?

Dr Nicole Hall (00:33:01):

Yeah, correct.

Prof Marie Yap (00:33:06):

And of course that does happen. I think it's really important if you're working with the parents to be able to build that rapport in the first place so that you can actually broach this topic. What we do know from all of our research is that inherently parents would feel a sense of self-blame, a sense of stigma whenever there's some challenge that their child is facing, whether that's school avoidance or mental health challenges or anything like that. So being empathetic towards that is really quite critical and parents would sense that from mile away. So I think that's a really important first point. And beyond that, to them be able to broach the topic about what is it like for them that their child is so anxious about school to find out what it is that triggers their own response or the repeat of their response, whether that's in accommodating the child's anxiety or enabling the child or giving permission to their child to stay at home because oftentimes that's a much easier way to manage or respond to the child's anxiety about going to school. So I think really being with, and I really like Matthew's analogy about sitting side by side with them, seeing what their perspective is on this because that's the only way you can unpack it with them in a way that they don't feel like you're blaming them, but that you're actually there to empower them to do something different because ultimately they would share the goal to help the child get back to school or to reengage with their education. So then you'll be able to leverage that if you've already built that trust and aligns with them.

Dr Nicole Hall (00:35:03):

Yeah, it's almost like we're treating the parents and the child. It's almost two different patients sitting in the same room. Matthew Shell has asked, and this is an interesting question, what are your thoughts around removing wifi access, et cetera, if a children doesn't like attending school? So basically making home boring, taking away the stuff that makes home fun. What are your thoughts about that?

Matthew Povey (00:35:27):

I think it depends on the child because if you've got a child who's actively absconding from home or who's got no concern about leaving and you take the wifi, that's a problem because you take the wifi, they're going to leave. So I think what this comes down to is, and a lot of research shows this, if we negatively reinforce something, it only works in the short term, but long term it absolutely falls apart generally. So what I'm going to do again is depending wifi off, maybe not a reward system, could potentially work a bit of a graded exposure system. I'm still going to need to understand the problem because I'm going to hazard against the wifi itself isn't the problem itself, it's probably something much more than that. So that's what I'm going for. But as a short term thing, if they can find it or build it into where this can be really good is later on, once you've understood the problem and actually started to make progress and things have stabilised somewhat, then bringing this in a reward system, that's also where it can be highly useful. So I think it's choosing your time and place, but it also depends what you're looking at.



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**Dr Nicole Hall (00:36:33):**

And Marie, I'm really interested on your thoughts on this as well. Rewards, punishments, it's a hard call as a parent sometimes.

Prof Marie Yap (00:36:42):

Yeah, I would agree with what Matthew's already said. But I guess the only other thing I might add is whatever approach you are taking is really, really important as far as possible to help the child to understand where you're coming from. So I think instead of going that's it, you are just enjoying being at home too much. I'm going to switch off the wifi, which is punitive to actually talk with them about what that means or what that looks like. So what we know is recommended by experts in the field is if the child is staying home from school, what you want to try to do as much as possible is to communicate with them that the goal here is that this is temporary, that you're going to start working towards your re-engagement goal, whatever that might look like with school. And in some instances, if the child is at a stage where they are prepared to engage with that idea, even in remote sense that you would actually try to structure their day like a school day starting at nine and finishing at three, whatever the school hours are, these are the things that you would try to do and fill your day with so that it's not like, oh yeah, great, a whole day I'll just be at home gaming and online and so on.

(00:38:05):

So that could be part of that as well, having some structure in the day so there's not just, you don't get to go online, but yes, there's these school hours and there are these things that we do which is still expected because we are all in the process of getting you back so that it's not reinforcing being away from school in that sense.

Dr Nicole Hall (00:38:29):

And Phoebe has asked an excellent question. Aside from our standard mood questionnaires that I'm sure we all use, are there any questionnaires more specific to school refusal that are useful? And in particular there's some that are different for primary school. Is it worth using the narrative approach for primary school kids and is it different to the questions that you would ask an adolescent? So Tim, I might start with you if that's okay.

Dr Tim Jones (00:38:57):

There's two that I sometimes use in my clinical practise. The most common one I will use is the strengths and difficulties questionnaire, which is a very balanced assessment, not a diagnostic assessment in any way, but quite useful sometimes in terms of a severity of impact measure of the different facets of a child's life and a really good way of interrogating for hidden strengths as well and changing the narrative that you explore with the family. In some of my younger kids too, I will use the Scared questionnaire, which is a specific questionnaire for anxiety and worry, but breaks it down into subsets including separation, fear from parents, social fear, general fear, all sorts of different things. And again, I'm not using it to know where to start. I'm much more interested in using it in terms of this is a tool that perhaps captures some of that information that's flowing in the consultations.



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**Dr Nicole Hall (00:40:05):**

Marie, do you have any other suggestions? I think they're both fantastic, Tim. I've written them both down, but Marie, have you got any other ones you'd like to mention?

Prof Marie Yap (00:40:13):

Yeah, so scared is one that I was going to mention. I think they have a school related anxiety upscale as well. So if that's something that you are particularly interested in, you can look into that. There's a less widely known one, I think it's still fairly new. I think it's called school refusal evaluation questionnaire. So it kind of touches on different domains, the kind of behavioural, cognitive, emotional aspects of school avoidance. So if you are trying to get a better understanding of what it is or whether there's specific aspects of school that the child is struggling most with, that could be a useful tool to look into as well.

Dr Nicole Hall (00:40:56):

Thank you for that. Now Matthew, I'm going to delve into the homeschooling side of things. So lots and lots of questions have come through about homeschooling the merits of it. At what point do we agree that yes, homeschooling is going to be a big thing, are we actually making the problem worse? Because if they're not interacting with the school environment and we're homeschooling, we just prolonging the problem. So I'm interested to hear everybody's thoughts, but Matthew, I'm going to start with you.

Matthew Povey (00:41:25):

I think it's a really interesting question, and again, I'm going to come back to, it depends on the context, but I do think that recently have seen a big increase in homeschooling and there are absolutely times where there are situations where young people are being homeschooled where it may not be appropriate. So I think it comes down to them working very closely with the school as much as possible as well as the parent and young person to really accurately assess that. But in terms of homeschooling in general, that's where then I sort of think you then need that bigger bio-psychosocial assessment to factor. Is this something that's an appropriate fit? Someone has really chronic illness or they've got immuno compromise? Yeah, quite likely. But what we also see elsewhere with the homeschool side is that we can get young people who can really, really push for that and then it may not always be the right fit, but then parents can also have stuff going on that makes it easier. Or you could live in a rural area where it's really hard to access school parents start work early, finish late. It's really, really difficult. So I think these all need to be factored in before a real decision's made on that one, but you also can't be doing it in a place where it's reinforcing avoidance.

Dr Nicole Hall (00:42:50):

And Tim, I might jump to you next. Thanks.

Dr Tim Jones (00:42:54):

There's an analogy that's helpful to consider, which is the creature trapped in the pot of boiling oil, they just want to get out of it. And school refusal can feel like that. And the temptation can be sometimes to see bringing your child into a very familiar home environment as the absolute kindest thing you can do. And to, in many ways it is what I think is really important to bring into early discussions with a child and family is that idea of long-term goals because a child may have some very clear visions of where they want their



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preferred future to be. And if those goals cannot be obtained in the homeschool environment with the resources and skill sets that family has available, then it can only form a very small part of that child's overall journey. And so taking that long-term view early on is really key. There's another question in all of this that comes up and we see it discussed in the mainstream media a lot too, which is that idea of how do we foster resilience and how do we learn out of our approach to situations that were overwhelming and difficult about ourselves? And again, this is not something I seek to direct, but it's definitely a touch point I want to keep returning to with families about just what are we trying to teach, but also what does this child most benefit from learning and are they synced up?

Dr Nicole Hall (00:44:39):

And Marie, what are your thoughts?

Prof Marie Yap (00:44:41):

Yeah, I'll just quickly add to that one key point really is just looking at how well equipped and the capacity of the family to support homeschooling, both as a short and a longer term kind of arrangement. So in addition to the avoidance, reinforcing the avoidance and so on, it's also thinking about the other aspects of school that a school, a structured school environment that the young person will be missing out on, and how else the homeschool arrangement will try to cater to those needs as well, including peer relationships and social skills and so on, which we know are of course central to a child and young person's development. So there's a lot that essentially the family is taking on if they go towards a homeschooling arrangement and actually working through the reality and the implications of that with a family. I think it's really important because what does happen is some families think that it is an easy way out until it hits them the reality of what it really involves.

Dr Nicole Hall (00:45:57):

And I guess following on from that, other people have asked about changing schools. If a child keeps saying, oh, I'm not going to school, but I'll go if I change schools, it, coming back to resilience, it is a hard question, but any thoughts from the panel about at what point do we say, all right, maybe we just need to change schools.

Dr Tim Jones (00:46:22):

I might jump in and say that To me it's a never say never and a never say always. But again, I see it not as a first line intervention really for the situation because it's not just in terms of what might benefit that child. There's no argument that sometimes situations can get pretty toxic and a change seems really appealing, but it is that idea of translatable skills. How are you going to be equipped to the level that if those changes are made and then the situation recurs, which is what the evidence tells us problems have legs, how are you going to approach it then? And maybe it's easier down here because it's small enough that people run out of opportunities to change after a little while and they're pretty accepting of that.

Dr Nicole Hall (00:47:18):

Alright, I'm going to move on to an area where a lot of questions have come through and that's moving on to a SD and pathological avoidance. Now I just want to highlight there will be a webinar on neurodiversity in June, so I highly recommend everyone tunes in for that as well. But given there's a huge amount of questions coming through, I think we should touch



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on that. So there's a lot to say. Maria, I might start with you. So Paul Anthia has asked, the pip ed programme that you mentioned says it's not tailored for people with a SD. So I'm going to start this discussion by are there specific resources for parents whose children have a disability in the school refusal space?

Prof Marie Yap (00:48:04):

The short answer to that is I'm not aware of these in terms of an actual parenting programme as such the PIP ed programme as this audience member has identified, we do put that disclaimer up because we are aware that there are some specific needs that our programme really is not designed to cater for in its current form. That is something that we're certainly looking into addressing better in the next iteration. But I think the programme could still be usable by parents who have the ability or feel like they have the ability to tailor the strategies to their child's needs in the context of their neurodiversity, which for some parents, that's actually something that they would just do quite readily anyway. We certainly have had families who have used our programme and were able to still apply a lot of the strategies or in an adapted form and still find them useful. So yeah, that's probably as good as it gets at this point.

Dr Nicole Hall (00:49:20):

And just in general, before I move to Tim and Matthew a SD school refusal, do you have any specific comments you want to make in that space? In particular strategies that can be really useful for working with neurodiverse children in terms of getting them back to school?

Prof Marie Yap (00:49:39):

Yeah, I think one thing that has come up a lot in the work we've done with families is to actually help the family to best understand what it is about their child's neurodiversity that could be related to their school attendance difficulties. So kind of understanding that part of the picture for the child because in some instances it is right smack that's central to it. It's all around, they're not feeling like they belong, they're struggling to keep up with the work. It is all related to the challenges inherent in their neurodiverse condition, but in other instances it's actually quite peripheral. It's a specific incident that had nothing to do with their A SD, for example. So I think not making those assumptions is important, but to actually try to understand the picture again for that specific individual and for that family. I think the other thing that has come up is for some families it is still a query.

(00:50:44):

So it's kind of like, oh, they're having trouble or they're feeling anxious about attending school, so they're stopping, but it was raised that maybe they have a learning difficulty or maybe it's related to A DHD or, but it's not been diagnosed. So for some families it was never even in the radar. And when the school attendance difficulties surface, that's when it becomes a query. And for some of these families it's like if only someone had told us this earlier or pointed us in the right direction to get an assessment, to get an evaluation and then to better understand what is happening or has been happening for our child in the past eight years of their schooling. So I think wherever possible to support the family, if there are any concerns in that direction to get the appropriate assessments and evaluations so that they can then better understand the child's needs earlier on.



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**Dr Nicole Hall (00:51:43):**

Yeah, that's a really good perspective on things. Matthew, would you like to comment on the a SD neurodiversity in terms of school refusal?

Matthew Povey (00:51:53):

Yeah, and I think there's actually so many factors in this, so I definitely don't think we can cover it all. But I think one of the big things that we need to factor in is the other factors beyond us, which is things like working with an OT and sensory profiling, making sure additional testing has been done to rule out other comorbid diagnosis. And also looking at the environment because the environment actually plays a big role with things like sensory overload, too much social stimulation can cause shutoff and executive dysfunction. So I think with a SD, again coming in, working as much as you can as a multidisciplinary team, very much staying in your own lane, but trying to bring all the pieces of the puzzle together as a whole with the school is the best way to try and reintegrate. But also other things recently trying to get people connected with out of school social groups like Headspace does and other youth organisations offer a number of different groups that might have a SD specific or neurodivergent specific where there's that ability to just click with peers. So I think as well, just broadening this outside of the school is also really important because you can then translate those skills later on into school. It's a lot less formal and intimidating at times. So I think you really need to be thinking holistic, big picture, whole life here and tackle that as a big systemic approach.

Dr Nicole Hall (00:53:26):

Yeah, some great thoughts there. And Tim, what do you want to say about this topic?

Dr Tim Jones (00:53:33):

Well, like all areas that are really important, there are so many different perspectives and opinions and all of them have value. I think one of the areas I really like to engage with families as the advocates for their child over is that idea of this spectrum of what are we doing to support your child? Because at the polls you will see schools of thought that say we have to equip our children with neurodiversity, with skills to enable them to deal with a pretty rough world. And at the other poll you'll see we need to adapt our world to embrace these children. And I think like all polls, to me, the truth will tend to lie somewhere in that spectrum in between, but it has to be individualised to each specific situation and each specific person. I have a colleague who is quite renowned for saying, if you've met one person with autism, you've met one person with autism.

(00:54:34):

But when you start to talk about it and when you start to engage with people over it, you do see at these blanket structures and rules being applied and sometimes just exploring what's actually already happening. I've got a lovely anecdote of a child I'm currently seeing who as an A DHD diagnosis and is a beautiful contributor to their classroom. And when their diagnosis was reached, we did engage with the teachers over what's that going to mean practically for you in the classroom? And the teacher came back with, well, I'm going to give them more chances to sit on the mat rather than less. And we just had to filter that through. This isn't a child who benefits necessarily from more chances to get it wrong. They benefit from earlier support in helping you and getting it right and getting that positive praise and



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engagement. But that teacher was just honestly doing the best job that they thought they could for the child. And as the health professionals with a little bit of the knowledge, not just of the label but of the child, we are sometimes very well placed to navigate that whole well in the micro and in the meta, what are we actually doing with these labels and things that we are using to describe this person?

Dr Nicole Hall (00:55:59):

Yes, and wonderful thoughts there. A question's come in from Sandeep, which I think is a fantastic question from a teacher's perspective, are there any tips for teachers about orientation of a classroom, classroom, set up things on the walls, et cetera, so that kids feel validated in their early years and particularly primary school, early high schools so that we can work more a proactive way to reducing school refusal? Marie, I might start with you.

Prof Marie Yap (00:56:35):

Sorry, I can't find mute button. I think that is a very beautiful question. I think my first response is take time to understand each child, to engage with each child and to be prepared to embrace a whole range of preferences and needs and inclinations. I think being tuned in to that range is probably a really good place to start so that you are not operating by assumptions, but you are actually creating opportunities to cater to different students learning preferences and styles and also respond to needs that do still arise in the context of your best efforts. So I think that there is certainly value in teaching staff having that awareness and that preparedness to allow for variations in the approach because there's the appreciation that students learn differently and engage with different approaches differently and have different preferences. And in doing so, the students then feel like there's something for them as well and not just only for the kids who are able to sit on the mat quietly or only for the kids who are able to hand in their work with beautiful handwriting, but to actually feel valued for their unique strengths as well.

Dr Nicole Hall (00:58:17):

And just in the interest of time, Marie, I'm going to stick with you. Kirsten has asked, can you comment on the research that is often cited that we need to work really hard to get kids back to school in the first two weeks of school refusal? Is it actually true? Is there evidence that the quicker we get 'em back in there, the more likely we are to be successful? Well,

Prof Marie Yap (00:58:40):

I think the short answer is there's still very little research on screw refusal, whether that's in terms of the causal factors, in terms of experimental designs that say this is definitely a cause of a lot of the evidence is correlational, so this is associated with school refusal. So that's one thing. But in terms of responses, I think generally speaking, there is the belief that earlier intervention kind of nipping in and above kind of approach has benefits because it reduces the kind compounding impacts of some of these behaviours or symptoms of whether that's mental health related or school refusal. Because as you can imagine, the longer a child, the more days of school the child has missed, the more impacts they could experience both socially, academically in terms of their anxiety building up because it's like now they have missed whole term of school or they've fallen behind their work or their friends have moved on.

(00:59:49):



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There are all these things that students would then miss out on and then feel more anxious about. So I think just from that perspective, that is value in terms of trying to intervene earlier, but it's also important to acknowledge that not all students and all families would be prepared to have that. Let's go cold Turkey, let's just bring the child back into school after they've missed three weeks of school straight. So I think that's really important to keep in context and the approach or the solution that you work towards has to be contextualised to what the understanding of the child's reasons for missing school is in the first instance.

Dr Nicole Hall (01:00:34):

And Matthew, Karen has asked, how do you approach school refusal when adolescents are using substances at home, whilst their parents are at work, when they should be at school? What are your thoughts?

Matthew Povey (01:00:49):

This is a really multi-pronged question. Firstly, it's going to depend on what your current child protection laws are, and I think that's going to vary with your state. That's the first thing you're going to need to look at is looking at what it constitutes as being a mandatory reporter. I also think this is why it's also really imperative with the outset of any form of treatment that we are actually going through the limitations of what consent is and confidentiality is in this context, so it doesn't trip you up later in the therapy relationship. From there, though, I'm not going to jump the gun or go into that. I'm going to really try and get an understanding and be talking with a parent. I'm going to be trying talking with young person. I'm risk assessing. I'm doing all this stuff first just to make sure stabilisation and risk is assessed and managed as much as possible.

(01:01:40):

Then I'm going to start getting into the nitty gritty a bit more. I'm going to start asking questions that are going around into this and also then looking at the level of severity. How long has this been going on, contributing factors, trauma, grief loss is social isolation, so there's so many things that need to be factored and then linking with other services, supporting. I just go from there. But it really starts with that risk assessment, the mandatory reporting laws. But then once we've got through that, I want to back off that a little bit and then focus on the young person, the family, to really understand how I can support 'em. Also, working with a school with that one in the wider systems is imperative quite often as well because it's not often just school that's being affected. Other stuff's usually fallen off and being affected at this point in other areas of life.

Dr Nicole Hall (01:02:31):

Yes, definitely a complicated area, that's for sure. And I get that's absolutely where your multidisciplinary team has to come into play. Tim, a question from Amanda. How do we make parents feel safe that sending their child to school, even if they really don't want to go, is okay? How do we take away the guilt about parenting and how do we address the fact that parents are worried that the school is judging them about the way their kids are acting?

Dr Tim Jones (01:03:03):

Yes. Parental guilt is a powerful, powerful tool for many, many things. I find it most helpful from where I'm sitting to explore when I have that safe time with the parents, their own experience of being a child, and most parents I'm with can recount those stories of not wanting to get up, not wanting to get out of bed, not wanting to get on the bus, got the mean



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teacher today, but they pushed through, they found something there, and maybe that was the time when the parents surprised them by taking them out for a hot chocolate after school or they met the person who would become their best friend and they just see it in a broader context that being the friend to your child is a different to being the parent to your child. And neither are easy jobs, but at the end of the day, being the best parent to them, you won't always feel like their best friend. And that's okay.

Dr Nicole Hall (01:04:10):

Yes. Very good advice for all of us who are parents, I think. And finally, before we start to wrap things up, Marie, this is a loaded question, so I'm not expecting a thesis, but a few people have asked about complex trauma. So Chanel in particular has asked if someone's in a complex trauma situation, domestic violence, et cetera, are there specific strategies we should be thinking about with those children and adolescents?

Prof Marie Yap (01:04:40):

So we're talking about school attendance difficulties in the context of the child having experience or being exposed to trauma or having experienced complex trauma, correct?

Dr Nicole Hall (01:04:51):

Yes.

Prof Marie Yap (01:04:53):

Well, it sounds like something that is in Matthew's realm of expertise, but my brief comment would be to try to address that and understand the role of that as much as possible in the presentation of school refusal. If it is identified that there's complex trauma involved, I would focus on addressing that more than we just need to get you back to school. I'm sorry to hear that you've had these traumatic experiences, so the safety is going to be paramount in current safety obviously, and any other safety concerns and the need for addressing the complex trauma that's actually been revealed in this instance would take priority, I would say, over just getting them back at school.

Dr Nicole Hall (01:06:00):

And Matthew. Yeah, I'd love your perspective as well.

Matthew Povey (01:06:03):

I think a really important comment with complex trauma is the factor in that if trauma comes up being very mindful of your position with that young person. Because if you're not a trauma therapist, you can be opening Pandora's box sometimes. So being really sensitive for your own self-care and the young, if things start to go into too much detail, just really gently controlling the conversation and go, look, I'm not a qualified therapist, but it's really important that we do understand this is a really important part. But I also, then I agree with what Marie said. What I think I'm going to then do if you're in the therapy sort of space with this in the therapy space, is actually starting to look at how the trauma has got them to there today and led to avoidance behaviours. And I'm going to further unpack that and help that develop understanding as a trauma therapist over this side.

(01:06:55):

But then I think over this side, you need other systems and supports in place in the social group with teachers, with the parents, because complex trauma is a ripple effect across the



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whole family system generally, and even sometimes a school system. So this is where I think that you want to bring all them in and you've got to look at what your position in their life is and what you can and can't do in that. So we all play such an important role in this one though with complex trauma, but I really think it's about validating what they've been through wasn't okay and was really, really, really horrible. But we also then need to start getting life back on track because we get stuck, which was really, really unfortunate that it can get us stuck. So I want to help understand how do we get unstuck and then working with everyone to start working towards that and baby steps. The major thing here is not to rush.

Dr Nicole Hall (01:07:57):

Thanks for all of your fantastic advice tonight to our presenters. I'm going to get you to give a two minute little sum up. What's your main take home message from tonight? So Tim, I'll start with you.

Dr Tim Jones (01:08:11):

Oh, I get the easy one. If I'm going first, the biggest thing that struck me listening to the questions and listening to the responses is that collaboration is key. The more we can unify the world of support around a child and their family, and the more we can keep the goals focused on what actually most benefits, not just the short, but the medium and long-term, if that child's trajectory through life, that's going to be positive, therapeutic, useful, and if we're ever getting stuck or lost, I think that's where we need to come back to as well, to just recenter around. Hang on, where were we pointing and are we still pointing that way?

Dr Nicole Hall (01:08:57):

Matthew,

Matthew Povey (01:09:00):

Really listen, really ask questions and get curious about everything, even little tiny things that happen in session. Even if someone even makes a comment around, they looked at me this way. Ooh, tell me a bit more about that. I think the big takeaway as well is we are all doing amazing jobs and we all do different things, but we all play such a key part in that and to never underestimate that. And also sometimes ourselves taking the backseat and being curious and patient versus going in with an agenda because I think sometimes with school stuff, even I am a victim for this where I go in with an agenda and it's absolutely not where the young person is and I need to review myself. So really important or critically, self-reflective practise. I think. So key to this too,

Dr Nicole Hall (01:09:54):

And Marie.

Prof Marie Yap (01:09:56):

Yeah, I think two key takeaways I would highlight is, again, remember to look for that complete picture or try to complete the picture as much as possible with every young person that you work with. And thinking about, as I mentioned, the student level, family level, school level, community level factors to best understand what is happening and to identify in that process, which is my second takeaway is what key protective factors and strengths can you leverage in this work that you're going to do? Because it's so easy in the context of



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something like school refusal to just see the problem, the child is not going to school. They want to go, the family wants them to go to school, the school wants them back. There's just so much that can be, it can overhaul or distract from the focus that this is an individual here. They have strengths, they have interests, they have a future, and you have an opportunity here to help them tap into that. To see past the cloud and the haze of the current challenges and the complete picture that you help them to put together in the process of working with them is a really important part of helping them to reach their end goal with addressing this problem and the strengths there to leverage in themselves and the people around them.

Dr Nicole Hall (01:11:27):

Yeah, some excellent thoughts to finish. Look, I'd really like to thank our panellists tonight. You've all been absolutely wonderful. Your thoughts, your insights. I've learned a huge amount and I'm sure everybody else has as well. Thank you to all of the wonderful questions that came through. Thank you for being brave and asking. Now I am going to ask people to complete the exit survey and provide feedback on this webinar. So you should be able to see on your screen a banner link to that or a QR code, which will enable you to complete the survey. Also, this webinar has been recorded and you will receive follow-up communication with the recording via email shortly. Now. There are some excellent other webinars coming up. So on the 17th of April, we have working alongside Aboriginal and Torres Strait Islander children in out-of-Home Care through a culturally safe framework. And on the 26th of June, a webinar which I suspect will be very popular supporting the mental health of a neurodivergent person with co-occurring autism and ADHD. So I think there'll be a lot to learn for all of us from that webinar. And finally, tonight, I would like to acknowledge lived experience that people and carers who have lived with mental illness in the past and those who continue to live with mental illness in the present. Thanks to everybody for participating tonight and have a good evening.