

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from McLean Hospital

Back to Class: Behavioral Strategies for Emotional-Based School Avoidance (EBSA)

July 10, 2026

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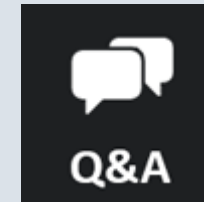
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RECORDING

- A recording of this presentation will be emailed to everyone in 2 weeks' time.
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HAVE A QUESTION?

- You are on mute. Communicate using the **Q&A box** in the webinar screen. Submit your questions for our speakers using the Q&A box.
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Michelle Silverman, PhD

PRESENTER

Dr. Michelle Silverman received her PhD in school psychology from Teachers College, Columbia University. She completed her predoctoral internship at Massachusetts General Hospital and her postdoctoral fellowship at the McLean Anxiety Mastery Program (MAMP) and the McLean School Consultation Service. Dr. Silverman has worked at MAMP as a staff psychologist since 2021. She specializes in the assessment and treatment of OCD, anxiety disorders, and related disorders in youth. Dr. Silverman also has a part-time private practice in which she treats tweens, adolescents and young adults with anxiety and provides parent coaching using evidence-based treatments.



Elan French, PhD

PRESENTER

Dr. Elan French is a clinical psychologist specializing in treating both youth and adults and has a special interest in working with LGBTQ+ youth. They have expertise in treating anxiety disorders, OCD, and eating disorders. Their primary treatment modalities include cognitive behavioral therapies as well as incorporating acceptance and commitment therapy and dialectical behavior therapy skills. Dr. French completed postdoctoral training at Klarman Eating Disorder Center, and they are currently a staff psychologist at MAMP using group-based exposure and response prevention to treat youth with anxiety, OCD, and related disorders.

Agenda

What is EBSA and how does it present?

How to assess for EBSA

Interventions at each system level w/ case examples

Common barriers to treatment & strategies to address them

Background

What is EBSA?

- School absenteeism increased dramatically since COVID-19, with mental health challenges contributing to school avoidance¹
- **Emotionally-based school avoidance (EBSA)** = consistent refusal to attend school or stay in class related to emotional distress and mental health issues ^{2,3}
- School absenteeism is associated with poorer outcomes^{4,5,6}
- Anxiety and related symptoms is a key difference between students with and without school refusal. ⁴
- Cognitive behavioral therapy (CBT), including exposure and response prevention (ERP) = gold standard psychotherapy for the treatment of anxiety and OCD. ^{7,8}
- There is some evidence that CBT and ERP can improve EBSA.⁹

What does EBSA look like?

- Refusing to get out of bed, refusing to get out of car, tardiness, frequent calls or texts to parents, frequent visits to school nurse, excessive time in guidance counselor's office, somatic complaints, inconsistent attendance, hiding in bathroom stalls, emotional and behavioral dysregulation, avoiding schoolwork
- Sometimes triggered by a prolonged absence from school due to medical illness
- Parental and school staff burn-out



Common Underlying Causes

Social anxiety disorder

Separation anxiety disorder

Specific phobias (e.g., emetophobia)

Agoraphobia

Panic disorder

Generalized anxiety disorder

Perfectionism (e.g., with OCD or GAD)



Case Example #1 ("Sam")

- **Demographics** = 10 y.o., white, cisgender boy in 4th grade
- **Diagnoses** = social anxiety, separation anxiety, and specific phobias
 - Emotional dysregulation & some aggressive behavior in the home
 - Social isolation for that past few months before starting treatment
- **Family** = Single mother with limited support. Only child.
- **Strengths and Interests** = prior to anxiety, adventurous and independent, imaginative and creative, interested in math, robotics, building with Legos, playing piano, and swimming.
- **Timeline** = Beginning of 4th grade, sx intensified after finding pet died when home alone. Also experienced bullying previous school year.
- **Treatment length** = At MAMP for 10 weeks.

Case Example #2 ("Alice")

- 17 y.o., cisgender girl with somatic symptom disorder, agoraphobia and generalized anxiety disorder.
- Junior in high school, outgoing, well-liked, athletic, close with parents.
- Diagnosed with mono sophomore year. Stopped attending end of sophomore year and placed on an MLA.
- Reported chronic physical sx including headaches, dizziness, fatigue, light sensitivity and nausea that appeared to be exacerbated by anxiety. Medical workup was unremarkable.
- Participated in MAMP for 10 weeks.

Assessment

How to Assess for EBSA

- Conduct diagnostic assessment and gather other clinically relevant information
- Identify function of the avoidance behavior
- Explore other stressors occurring around the time of EBSA onset
- Gather information about timeline and onset of mental health conditions and EBSA
- Look for differences in days student attends vs. does not attend school
- Gather information from multiple sources (student, caregivers & school staff)



Example Assessment Q's

“I’m curious what feels hard or scary about going to school for you?”

“Are there particular things that you worry will happen at school?”

“Can you walk me through what happened yesterday morning when you didn’t go to school?”

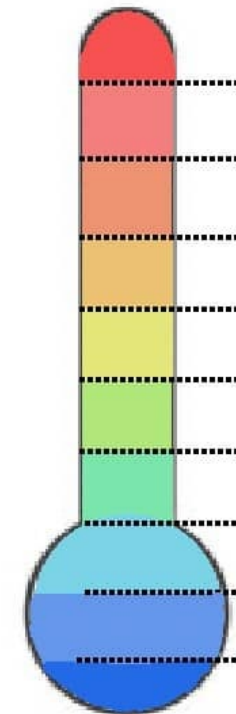
“Tell me about a time when you were successful in getting to school.”

Interventions

Student-Based Interventions

- Exposure hierarchies
- Group-based exposures
- Exposure homework
- Other skills as needed

DISTRESS THERMOMETER



1. Alert, mostly calm, focused
2. A little anxiety but not too bad. Minimal distress
3. Mild distress/anxiety but can still function
4. Mild - moderate distress/anxiety
5. Moderate distress/anxiety
6. Moderate - strong distress/anxiety
7. Pretty distressed, losing focus, physical symptoms appear
8. Extremely stressed. Heart beating fast, can't breathe.
9. Extremely upset. Can't function. Lots of physical symptoms.
10. The most upset. Avoids situation. Can't function. Lots of physical symptoms.

Sam's School Hierarchy

Sitting in back of classroom for 5-mins, school counselor present – **9**

Attending “morning meeting” – **8**

Playdate with a friend from school – **7**

High-fiving school building in the morning with other students present – **7**

Saying hello to a teacher (outside of classroom hours) - **6**

Walking into school and going to school counselor's office for 5 minutes, with school staff meeting him at the door – **5 / 6**

High-fiving school building in the morning (arriving before other students) – **4**

Going on a tour of school building after school hours – **4**





Alice's School Hierarchy

Attend gen ed class - **10**

Eat lunch in cafeteria - **10**

Stay in therapeutic classroom all day - **9.5**

Sit in cafeteria for a few minutes during lunch - **8 or 9**

Stay in therapeutic classroom for 2 blocks - **8**

Attend study hall with friend - **8**

Walk through busy hallways alone or with counselor - **8**

Stay in therapeutic classroom for 1 block and do work - **7**

Sit in cafeteria for a few minutes NOT during lunch - **7**

Attend soccer practice- **6 or 7**

Sit in car with mom during morning drop-off - **6**

Meet with teachers - **6**

Complete work for gen ed classes (but not attend) - **6**



Group Exposure Ideas

Mock classes (academic, gym, lunch)

Presentations (individual or group)

Debates

Email teachers

Make phone calls

Talent show

Social cost (e.g., tell jokes, make mistakes, improv games, mess up appearance, skip down street)

Imaginal scripts

Interoceptive exposures

+ “secret mission” exposures as needed

Exposure Homework

- Collaborative
- Values-aligned
- Identify and problem solve potential barriers
- If not completed, discuss what got in the way and try to work on during group/session if possible.
- Sometimes helpful to verify completion with school or caregivers.



Other Skills

- Cognitive restructuring
- Cognitive defusion
- Relaxation strategies
- Distress tolerance skills
- Coping kits
- Cope ahead plans

The 3 C's of Cognitive Therapy

 **atch**
Identify the thought that came
before the emotion

 **heck**
Reflect on how accurate and useful
the thought is

 **hange**
Change the thought to a more
accurate or helpful one as needed

Caregiver-Based Interventions

Managing expectations = Realistic expectations for school attendance and pace of treatment

Home environment = structure home environment to be similar to school

Accommodations = Work towards reducing caregiver accommodations

Rewards = tangible rewards systems (e.g., star charts)

Emotional regulation = Identify emotion regulations skills for caregivers

Support system = Identify other individuals who can help support caregiver(s)

Examples for Sam

- Decreased access to screens and preferred activities during school hours
- Rewards = Lego sets, trips to arcades, getting take-out/meals, etc.
- Recruited relatives to help w/ caregiving
- Discussed/challenged belief system related to reducing accommodations

School-Based Interventions

Identify point person

Psychoeducation

Teach skills

Careful consideration of
academic accommodations



Examples for Alice

- Identified point person (therapeutic classroom coordinator)
- Coordinated weekly calls/emails with school to set goals and plan exposures
- CC'd school team on daily MAMP updates/homework
- Shared skills plan so they could reinforce
- Encouraged transparent communication about academic requirements needed to participate in sports

Barriers to Treatment & How to Troubleshoot

Common Barriers

- The “morning battles”
- Emotional and behavioral dysregulation
- Lack of motivation or willingness
- Difficulty following through with behavior plans
- Tension between parents and school
- Clinician burnout



Morning Battles

Print out routine and post near bed

Set reminders/ alarms

Implement reward system for each step of morning routine

Create drop-off protocol

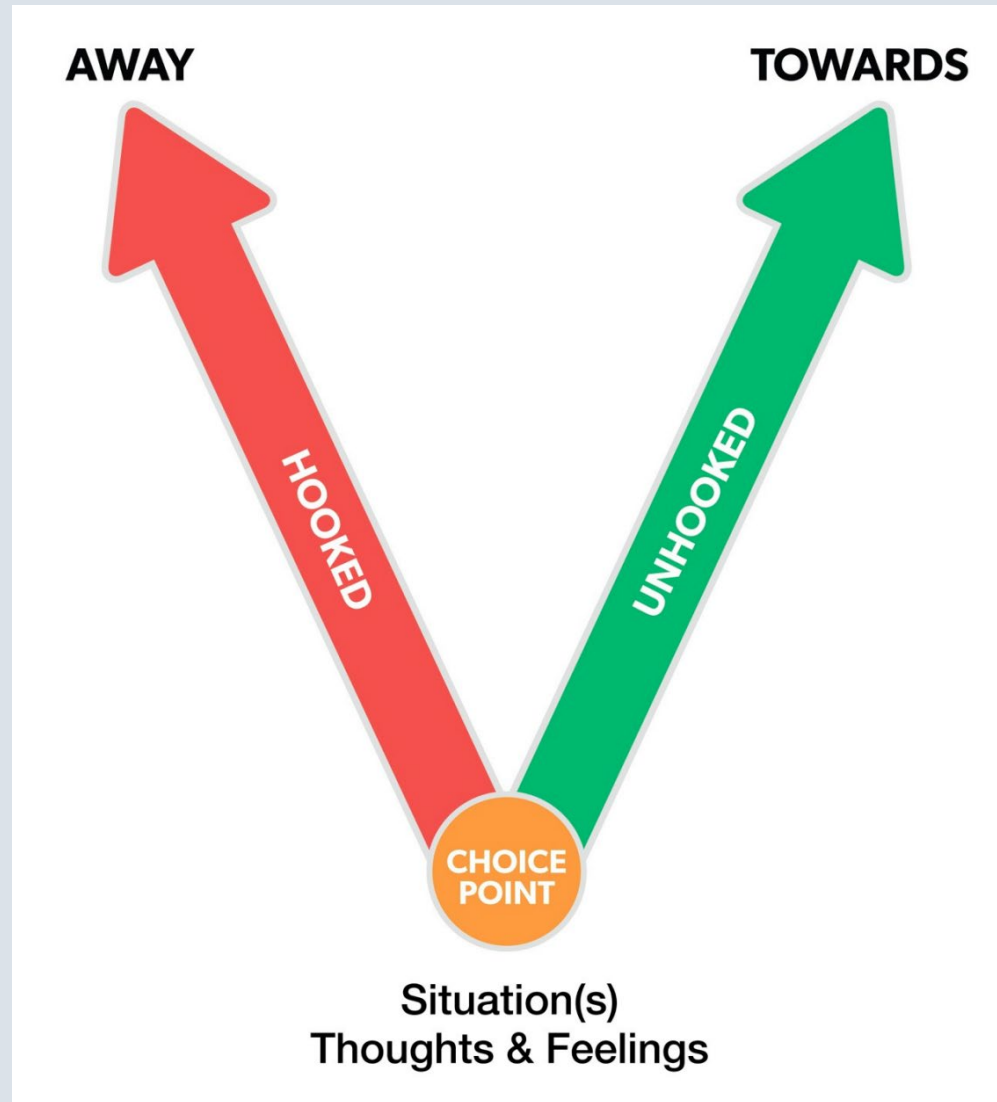
Problem solve around barriers and challenges



Emotional & Behavioral Dysregulation

- Coping skills → coping card
- Active ignoring
- Validation + encouragement
- Timeout protocols
- Coordinate with school staff about protocols/interventions to use when dysregulated at school
- Discuss how to respond to safety concerns





Lack of motivation or willingness

- Engage in values/motivational work
 - Values identification, choice points, pros and cons of change, etc.
- Start with exposures aligned with values when possible
- Use contingency plans (e.g., earning screen time)
- Focus on caregiver interventions (e.g., SPACE training, parent coaching) and reduction of accommodations
- Refer to higher level of care (HLOC) if needed

Difficulty following through with behavior plans

Explore what's making it challenging

Review plans with all parties present

Have a printed copy of plan

Set smaller goals

Schedule meetings with caregivers and school

Role-play implementing behavioral plans with parents

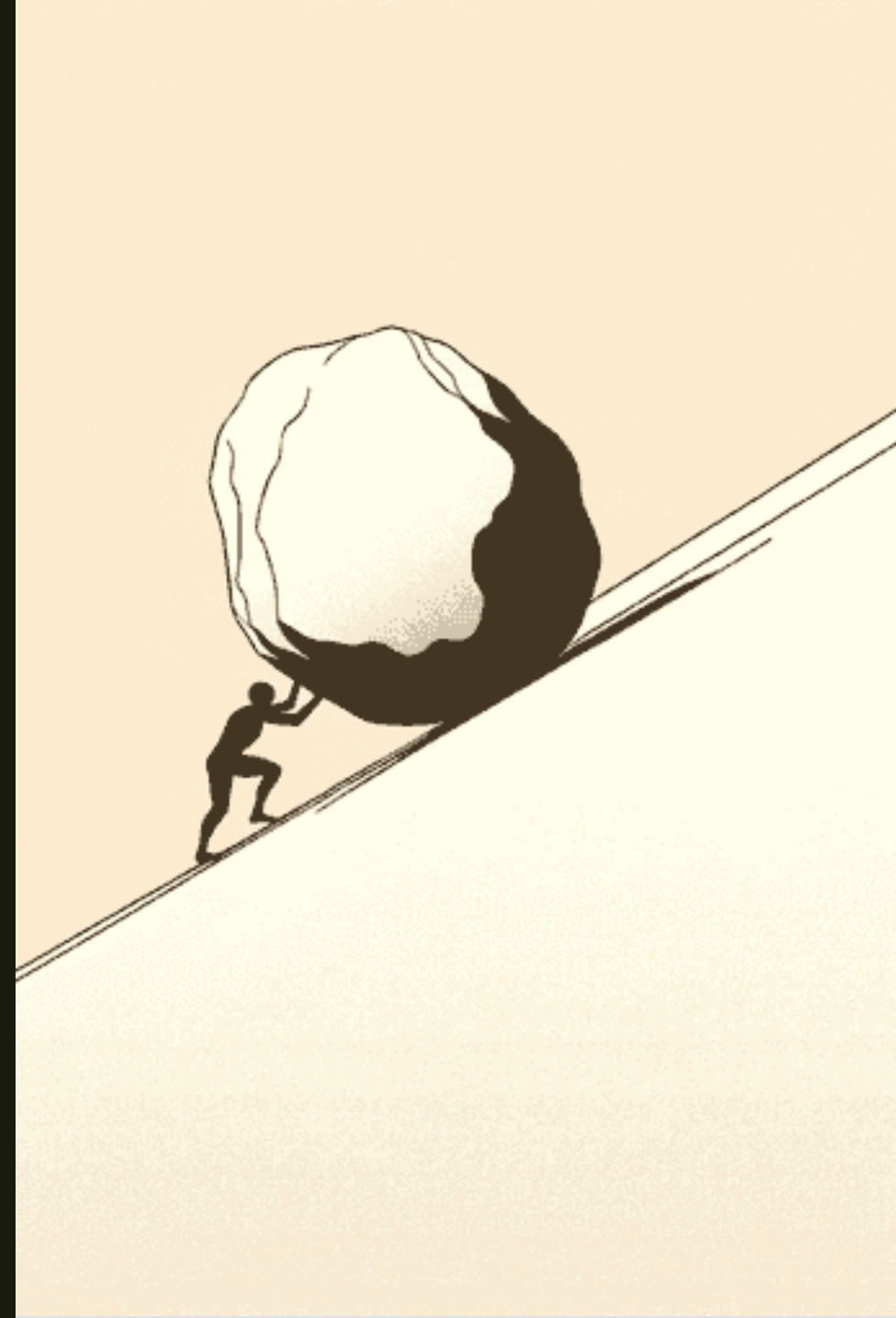
Tension between caregivers and school

- Call a team meeting
- Recommend educational advocate
- Focus on clinical recommendations (i.e., stay in your lane)



Clinician burnout

- Self-validate and share experiences with others
- Set and maintain boundaries with families
- If clinically indicated, refer to a HLOC or adjunctive services
- Encourage family to communicate directly with school



Take-Home Points



EBSA is more than just a child refusing to go to school. It can take many forms.

Assessment should include identifying the core fear(s) and function of the avoidance.

Identifying sources of positive and negative reinforcement for the avoidance is key.

Individual and group-based ERP is an effective intervention for EBSA.

Treating EBSA requires close collaboration with caregivers and schools.

Resources

Dr. Chris Kearney's parent workbook: [When Children Refuse School](#)

Dr. Eli Lebowitz's SPACE training and treatment:
<https://www.spacetreatment.net/>

McLean Anxiety Mastery Program (MAMP):
<https://www.mcleanhospital.org/treatment/mamp>



The screenshot shows the website for Mass General Brigham McLean's Child & Teen Mental Health program. The header is blue with the hospital logo and name on the left, the program name in the center, and a phone number (617.855.2804) on the right. Below the header is a navigation bar with links for 'Child & Teen Treatment', 'For Patients & Families', 'Education', and 'For Professionals'. A yellow button labeled 'Campaign for McLean' is on the right. The main content area features a large heading 'Helping Your Child Take Charge of Anxiety & OCD' next to a photo of a smiling girl on a swing. Below the heading is a sub-headline: 'A compassionate, evidence-based treatment program for children and teens ages 6 to 19.' and a yellow button with the phone number 617.674.5310.

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Menu

Child & Teen Treatment

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Campaign for McLean

Helping Your Child Take Charge of Anxiety & OCD

A compassionate, evidence-based treatment program for children and teens ages 6 to 19.

617.674.5310

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AUDIENCE Q&A

FINAL THOUGHTS

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- Take our survey immediately after the webinar has concluded.

THANK YOU!

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