

The background image shows a large, multi-story school building with a red and white facade. In the foreground, there are green trees and several basketball hoops on a playground. The sky is blue with some white clouds. The title text is overlaid on the top half of the image.

The Avoidance Trap: Unpacking Internalizing Disorders, School Refusal, and the Path Back to the Classroom

Corinne Brodnicki, MA, LMFT



Let's Breathe

Corinne Brodnicki, MA, LMFT

- Licensed Marriage & Family Therapist
- Clinical Supervisor & Clinical Training Coordinator at Wellness Together
- Professor of Graduate Psychology, Jessup University
- Mom (4 & 6 year old)





Who's in the Room?

OUR GOALS



**Unpacking
Internalizing
Disorders**



**Breaking the
Accommodation
Loop**



**Building
Collaborative
Re-entry
Protocols &
Strategies**

- Chronic absenteeism is at record highs, driven primarily by emotional distress rather than defiance.
- The Squeaky Wheel Bias: Externalizing behaviors (acting out, disruption) get 80% of school resources because they interrupt class; **internalizing behaviors erode student functioning in silence.**

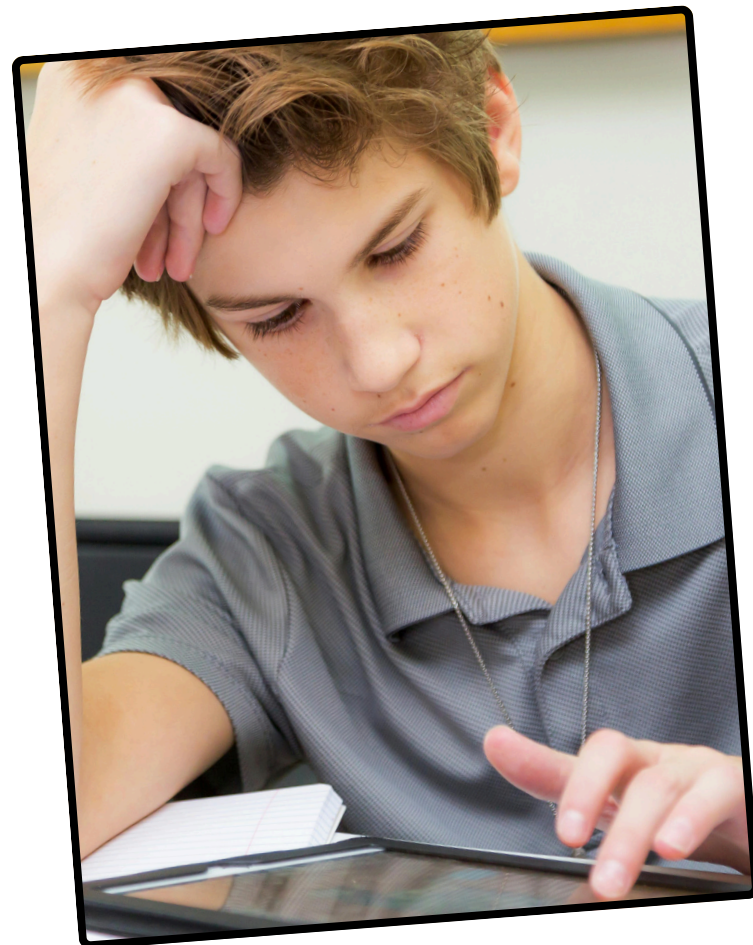




What are Internalizing Disorders?

Anxiety Disorders

Symptoms: Pervasive worry, dread, intense fear of failure/judgment, feeling constantly on edge, catastrophizing, intrusive thoughts, hyper-vigilance, mind going blank during stress, intolerance of uncertainty, avoidance, perfectionism/excessive checking, reassurance-seeking, crying or freezing when put on the spot, muscle tension, restlessness, rapid heart rate, shortness of breath, somatic complaints (frequent stomachaches/nausea).



Jordan spends hours rewriting homework assignments late into the night, terrified that a single minor error will destroy his GPA and ruin his future. During class, he sits on edge, mentally rehearsing every potential question the teacher might ask to avoid looking foolish in front of his peers. The constant tension leaves him physically exhausted, yet his mind refuses to stop running worst-case scenarios.

Depressive Disorders

Symptoms: Persistent low mood, emotional numbness, high irritability/anger (often mistaken for defiance), brain fog, poor focus, slow processing, chronic self-blame, hopelessness, loss of interest in activities, isolation from peers, sudden grade drops, constant fatigue, sleep shifts (insomnia/hypersomnia), appetite changes, unexplained somatic pain (headaches/stomachaches).



Kayla sits at her desk staring blankly at her open textbook, unable to process the words as a heavy fog slows her thinking. She has dropped out of her favorite extracurricular clubs and frequently tells her parents she is "just too tired" to get out of bed for school. Deep down, she feels completely hopeless and believes that no matter how hard she tries, she simply isn't good enough.

Post-Traumatic Stress Disorder

Symptoms: Sudden emotional outbursts (anger/fear), emotional numbness, detachment from loved ones, persistent guilt or shame, intrusive memories or flashbacks, distorted self-blame, negative beliefs about the world ("nowhere is safe"), memory gaps regarding the event, avoidance of trauma triggers (places, topics, people), hyper-reactivity to sudden noises, self-destructive choices, re-enacting trauma through play/art, constant hyper-arousal (always on guard), exaggerated startle response, chronic sleep disturbances/nightmares, somatic stress (racing heart, unexplained pain).



When the overhead classroom speaker unexpectedly crackles to life, 10-year-old Marcus suddenly freezes, staring fixatedly at the door as his breathing becomes shallow and rapid. Within seconds, he abruptly packs his backpack, lowers his head, and moves to sit in the far corner of the room with his arms tightly crossed, completely uncommunicative. His teacher interprets his sudden withdrawal and refusal to answer questions as stubborn defiance, unaware that the harsh static triggered a sensory memory that sent his nervous system straight into a protective shutdown.

How would this affect them in school?

Anxiety: Pervasive worry, dread, intense fear of failure/judgment, feeling constantly on edge, catastrophizing, intrusive thoughts, mind going blank during stress, intolerance of uncertainty, avoidance, crying or freezing when put on the spot, restlessness, somatic complaints.

Depression: Persistent low mood, emotional numbness, high irritability/anger (often mistaken for defiance), brain fog, poor focus, slow processing, chronic self-blame, hopelessness, loss of interest in activities, isolation from peers, sudden grade drops, constant fatigue, sleep shifts (insomnia/hypersomnia).

PTSD: Sudden emotional outbursts (anger/fear), emotional numbness, detachment from loved ones, persistent guilt or shame, intrusive memories or flashbacks, distorted self-blame, negative beliefs about the world ("nowhere is safe"), memory gaps regarding the event, avoidance of trauma triggers, hyper-reactivity to sudden noises, self-destructive choices, re-enacting trauma through play/art, constant hyper-arousal (always on guard), exaggerated startle response, chronic sleep disturbances/nightmares



What about absenteeism?

**High negative affectivity +
low distress tolerance=
AVOIDANCE!**

Truancy vs. School Refusal

Truancy:

- Parents usually unaware
- Lacks emotional distress
- Antisocial or peer-driven motivators.

School Refusal:

- Parents fully aware and distressed
- Student stays home in their "safe zone"
- High somatic and emotional distress about school
- Often high worry about missed work



THE TRAUMA RESPONSE

FLIGHT

"run away from the bear"

remove self from situation

FIGHT

"fight the bear"

when flight is not an option

verbally or physically attack

FREEZE

"play dead"

when flight and fight are not an option

body shuts down -
inability to think, speak,
fight, or flight

FAWN

"keep the bear happy"

when there's no other option

do whatever it takes
to avoid/diffuse
danger



Anxiety

A situation triggers an anxious response that includes thoughts, physical symptoms, and feelings:

- **Thoughts:** fixation on worst case scenarios, doubts about ability to cope
- **Physical symptoms:** shallow breathing, racing heart, shaking, sweating
- **Feelings:** dread, irritability, restlessness

Avoidance

You avoid the anxiety trigger to escape the uncomfortable symptoms:

- You cancel a vacation due to fear of flying.
- You use drugs or alcohol to "loosen up" before socializing.
- You procrastinate on an important task.

Intensification

You begin to associate *avoidance with feeling better*. As a result, the next time you face a similar situation, the anxiety is worse and it's even more tempting to use avoidance:

- You give up on ever taking a vacation.
- You use *more* drugs or alcohol to socialize.
- You start doing poorly at work or school due to rushed projects, causing more anxiety and procrastination.

Relief

Avoiding the anxiety trigger lessens the discomfort, but the relief is temporary and comes at a cost:

- You miss out on your dream vacation.
- You come to rely on drugs or alcohol to socialize.
- You have to rush an important task due to procrastinating.

Cycle of Avoidance
the anxiety trap

Partner Discussion:
What are some general avoidance strategies used by caregivers and school staff?

Moving from Accommodation to Scaffolding

Feature	Accommodation (Maintenance)	Scaffolding (Resilience)
Core Message to Child	"You can't handle this, so we will remove it."	"This is hard, but you can handle it with steps."
Primary Goal	Short-term emotional comfort / immediate relief.	Long-term distress tolerance & skill acquisition.
Structure	Open-ended exemptions with no expiration date.	Temporary, time-bound steps that shrink over time.
Anxiety Trajectory	Drops immediately, spikes higher next time.	Spikes initially, gradually desensitizes long-term.



**We have to be willing to
tolerate our own distress
for the sake of student's
growth!**

Mia is an academically high-achieving 9th grader in honors classes. Over the past semester, she has accumulated 18 absences and 12 nurse visits due to severe nausea, panic symptoms, and gastrointestinal distress on school mornings. Despite intense anxiety about "ruining her GPA," the prospect of entering school triggers crying spells and freezing. When present, she routinely requests nurse passes during 2nd and 5th periods (Chemistry and PE) to sit in a quiet room and check her online grade portal.

Current Adult Responses:

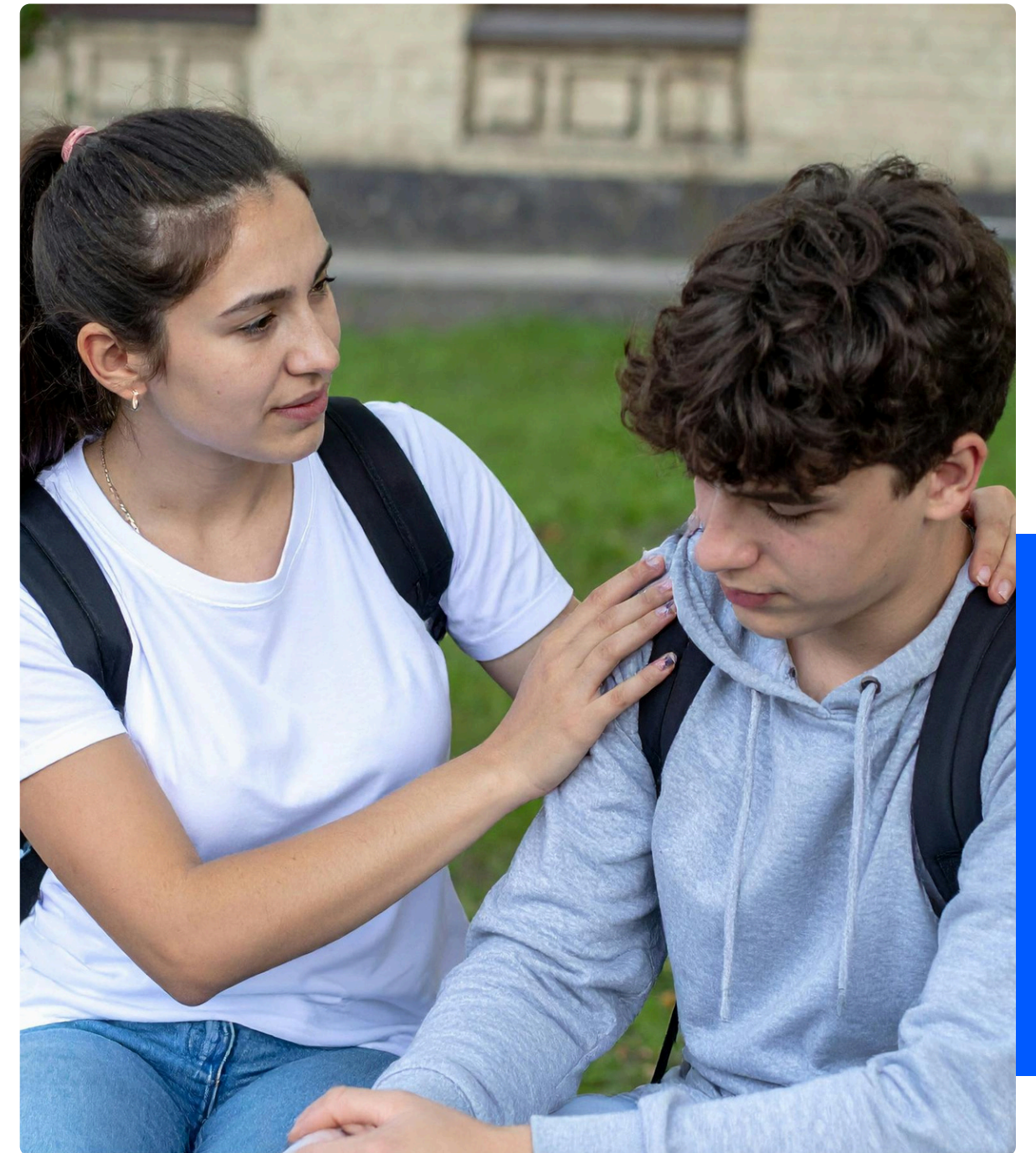
- Home: To relieve acute morning panic, parents allow her to stay home. During school hours, she has unrestricted access to her phone, laptop, and Xbox.
- School: Her counselor granted open-ended nurse passes whenever she feels overwhelmed. Her Chemistry teacher exempted her from group presentations and removed all assignment deadlines.

-
1. **Identify 2 subtle ways adults (parents or school staff) are unintentionally accommodating Mia's internalizing distress.**
 2. **Reframe 1 accommodation into a supportive scaffold that builds distress tolerance.**



**"All-or-nothing" attendance
demands fail avoidant youth.**

**GOAL SHIFT:
Prioritizing distress tolerance over
immediate happiness or comfort.**



Scaffolding Tips

1

Target the Specific Avoidance:

Base steps on the specific actions or situations the student avoids (e.g., sitting in the cafeteria, raising a hand) rather than vague feelings.

2

Teach Distress Tolerance Skills:

Relaxation, self-care, coping

3

Brainstorm Micro-Steps:

Break a single overwhelming task into tiny, bite-sized exposures so the jump between rungs feels manageable rather than terrifying.

4

Rate Distress with SUDS:

Use a 0–10 scale (Subjective Units of Distress Scale) to rank each step, aiming for a smooth progression from mild (~3/10) to challenging (~8-10/10).

5

Keep Steps Specific and Measurable:

Clearly define the time, location, and conditions (e.g., "Sit in the back row of class for 10 minutes" vs. "Go to class").

Scaffolding Tips

6

Sequence Chronologically:

Arrange steps logically so the student builds mastery on easier rungs before advancing to higher-anxiety situations

7

Make Support Temporary:

Start steps with support (e.g., "Walk to school with a counselor"), then gradually fade that support in later steps (e.g., "Walk to school independently").

8

Focus on Duration, Not Escaping:

Instruct the student to remain in the situation long enough for their anxiety to peak and naturally drop, rather than leaving at the first spike of panic.

9

Repeat Each Rung Until Desensitized:

Have the student repeat a single step multiple times until their initial SUDS rating drops before moving up the ladder.

10

Establish Clear Roles Across Systems:

Ensure clinicians set the ladder, school staff implement the environmental steps, and parents enforce home boundaries to prevent mixed signals.

Mia's Exposure Ladder

- **Step 1: Campus Arrival (SUDS: 2–3)**
Drop off at 8:00 AM → 10-minute check-in and box breathing with counselor → return home. *(No home screen/gaming access during school hours).*
- **Step 2: Morning Entry + Preferred Class (SUDS: 4–5)**
Arrive at school → attend 1st-period preferred class only → check out home.
- **Step 3: Half-Days + Timed Nurse Passes (SUDS: 6–7)**
Attend Periods 1–3 (including Chemistry). Replace open-ended nurse visits with **one 5-minute timed pass** for grounding before returning to class.
- **Step 4: Full Days + Scaffolding (SUDS: 8)**
Attend full days. Present Chemistry lab **1-on-1 to teacher** during office hours instead of a full exemption.
- **Step 5: Full Re-Entry & Target Goal (SUDS: 10)**
Attend full days without break passes. Present lab to 2 trusted peers, progressing to full-class participation.

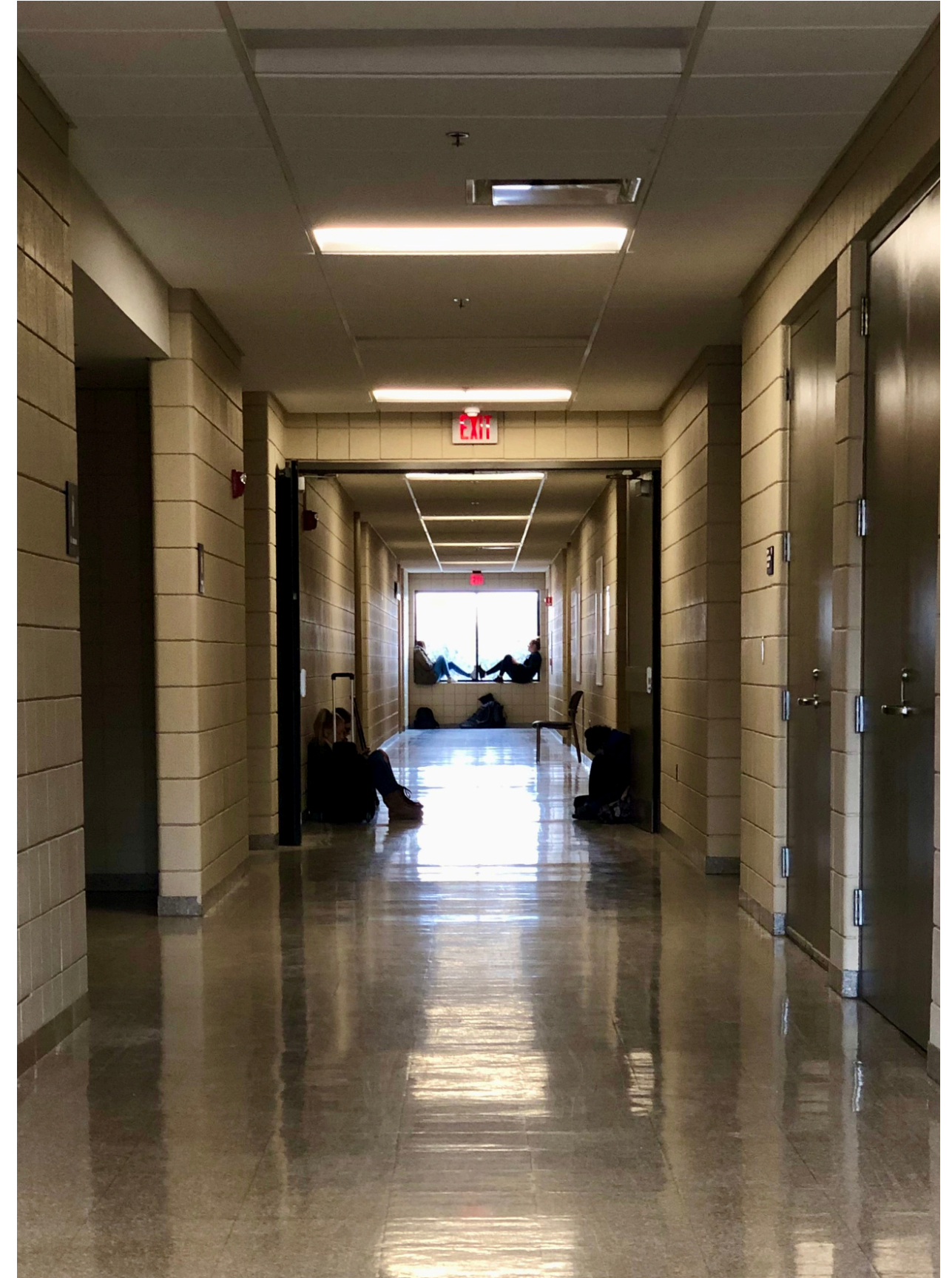
Core Implementation Rules

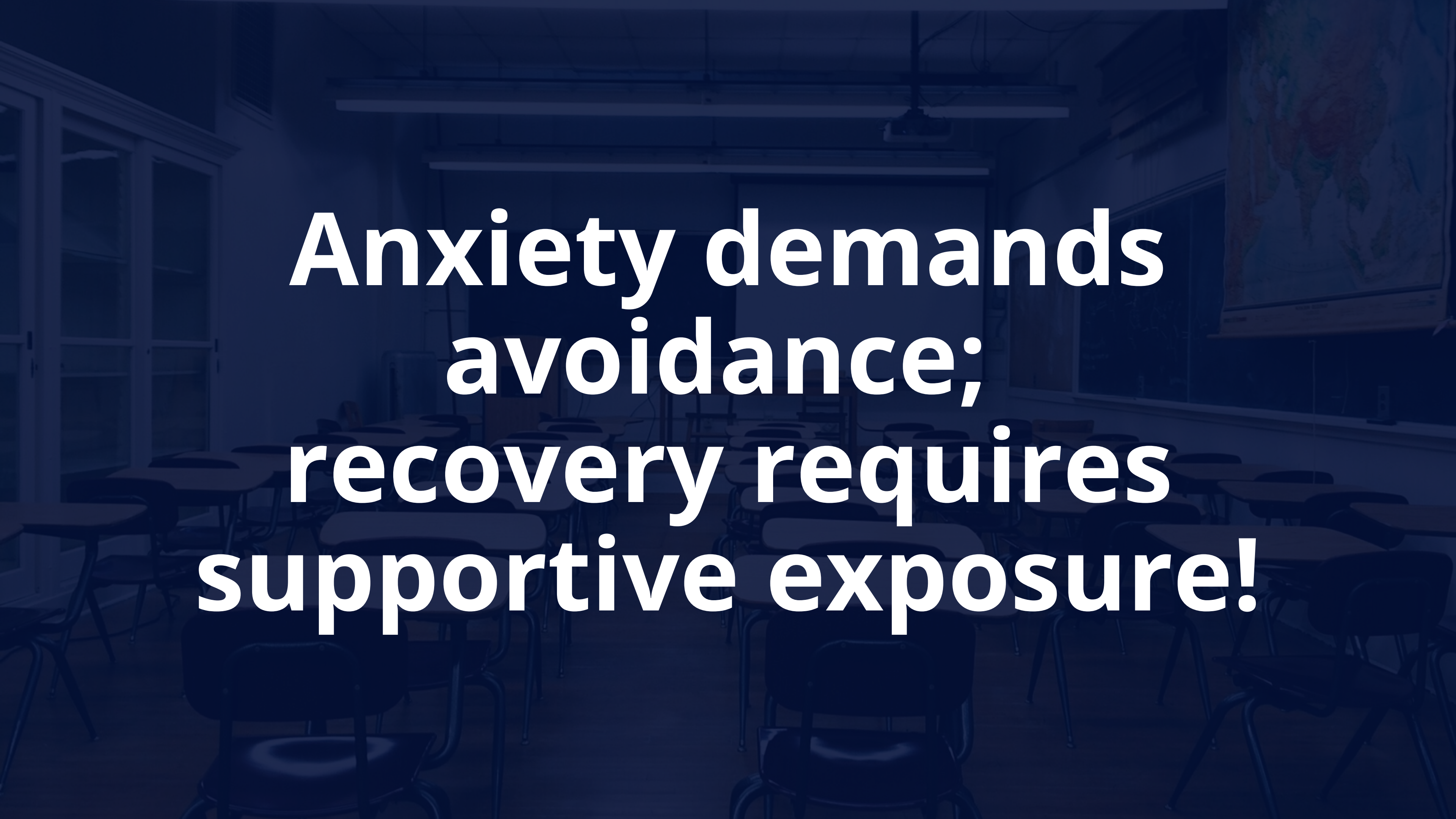
- **Mastery Threshold:** Complete each rung 2–3 times with a noticeable anxiety drop before moving up.
- **Boundaries:** Staff strictly enforce 5-minute pass caps; parents eliminate home screen/entertainment rewards during school hours.



Collaborative Approach:

- **Clinician:** Guides exposure hierarchy, teaches somatic/cognitive tools, refrains from writing open-ended attendance waivers.
- **School Team:** Implements time-bound accommodations, adapts academic workload without eliminating attendance.
- **Caregivers:** Holds firm morning boundaries, removes home rewards during school hours (no screens/gaming from 8 AM–3 PM), validates emotions without granting avoidance.





**Anxiety demands
avoidance;
recovery requires
supportive exposure!**

The background of the slide is a photograph of a large, multi-story school building with red and white sections. In the foreground, there are green basketball hoops and backboards. The sky is blue with some white clouds. The text is overlaid on this image.

The Avoidance Trap: Unpacking Internalizing Disorders, School Refusal, and the Path Back to the Classroom

Corinne Brodnicki, MA, LMFT
corinne.brodnicki@wellnesstogether.org