School Refusal in children and adolescents (School phobia)

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School attendance

- The ‘obligatory’ attendance at school is a recent phenomenon in most countries.
- School refusal, however, is as old as schools.
- Children do not have much recourse than attending school.
- (except for “home schooling”)
- Truancy can be related, usually, not attending school to be with peers or to do something else.
Historical

- C.G. Jung described a case of “neurotic refusal” of school attendance in 1913.
- Broadwin described for the first time worries in the child of what could happen to mother while the child is in school (1932).
- Johnson uses the term “school phobia” (1941).
- 1957, Johnson suggests “separation anxiety” or anguish of separation.
School phobia

- “irrational fear of attending school, which elicits panic or an intense fear when one attempts to force the child to attend”
- In contrast, “school refusal” is a phenomenon, the end result, which may have diverse causes
- School refusal: “difficulty to attend school or to stay there the entire period” (Kearney and Silverman)
Epidemiology

- About half of school refusal cases present themselves initially as somatic complaints (headaches, stomachaches).
- 1% of children who are required to attend school and 5% of those who are brought to a mental health clinic (Heyne, King, and Tonge, 2001).
- 28% of children manifest school refusal at least once during their whole school life (Keamey, 2000).
Epidemiology

- More prevalent in urban centers, particularly some areas of the city
- More frequent in girls than in boys
- “Peaks” of school absenteeism:
  - 5 to 6 years old
  - 10-11 years old
  - 12-15 years old
- In general, higher frequency in preadolescence and adolescence than in the elementary school age
Clinical phenomena

- Precipitating factors:
  - IN THE CHILD. Examples
  - A physical illness, may be minor or major
  - An accident, even if minor
  - A surgical operation
Clinical phenomena

- Precipitating factors. IN THE SCHOOL
- Change of school
- Loss of a friend
- Transition from elementary to secondary school
- Experiences with a teacher in particular
- Or peers in school, laughter, ridicule, or more severe bullying
Clinical phenomena

- Precipitating factors IN THE FAMILY
- Illness in a parent (physical or psychopathology)
- Major psychosocial problems in family
- Marital conflict (a parent may have threatened to leave the family) or separation
- In the middle of a divorce
- Fear for the safety of a parent
Clinical manifestations

- Separation anxiety, fear of separation from the attachment figure
- Fear of the teacher or a teacher
- Fear of other students
- Fear of social disapproval or embarrassment
- (Clothes, physical appearance, difficulties learning, being the “laughing stock”)

Clinical manifestations

- Even if in school
- The child may spend more time with the principal or at the nurse’s service than in the classroom
- Fear of peers and teachers is more frequent in older children and in adolescents
- Also fear of failure (examinations, comparing results, competition, etc.)
Lack of “affiliation” to school

- Chronic academic failures
- Major discipline problems, chronically
- Lack of engagement in school community or school life
- Emotional distance from school
Separation anxiety

- SEPARATION ANXIETY
- In 5–6 year old child
- New peak in 11–12 year old
- Fear of separation from attachment figures
- Fear that something bad will happen to them
- Need to have frequent contact with attachment figure, or preferably not leave them
- Fear they will “forget” to pick the child up and forget about him or her
The child is worried about the thought of separating

Gives many “rationalizations’ not to attend school, but the main fear is leaving the parent

Comparable to fear of death

The child may become very upset if attempted separation (vomiting, clinging, out of control)

There may be agoraphobia
Separation anxiety

- In adolescent, increasing dependency and simultaneously
- “tyrant” at home, authoritarianism
Social anxiety and school refusal

- More common in adolescence
- Fear of being exposed,
- Rationalizes fears by saying there is a problem with the school
- There is no point in attending
- I will fail anyway, and repeat the grade
- I don’t want to be the scapegoat
- The teachers hate me (Holzer and Halfon, 2006)
Social phobia

- Fear of being ridiculed at school, made fun of
- Fear of being interrogated in front of other youngsters
- Fear of teachers finding out he does not know some things
- Clothes, facial skin, arms, legs, etc. etc. being seen
School refusal and simple phobia

- There may be an aversion to specific aspects of school
- E.g. gymnastics classes or setting. (showers before and after, the body being exposed, performance in sports, etc.)
- Aversion to certain subjects or aspects of the school.
**Intervention**

- With the individual child, with the family and with the school in relation to the child and the family.
- Adequate diagnostic appraisal, complex, of the multiple factors involved.
- Is there something “behind’ the school phobia?
- i.e. additional difficulties. Learning disabilities, depression, anxiety disorder, etc.
Intervention

- It may be more "dignified" not to attend school than to exhibit some vulnerabilities
- (socially, academically, etc.)
- Intervention depends on the underlying problems
- E.g.
- Identify learning disabilities
- Identify bullying
Intervention

- Identify separation anxiety
- Reduction of anxiety. Cognitive and behavioral strategies
  - E.g. gradual approximation to school
  - Being accompanied part of the time by an adult
  - Being able to “Touch base’ with the attachment figure
- Taking of transitional objects
Interv. Separation anxiety

- Object from attachment figure, picture, belonging, piece of jewelry
- That “represents’ that person
- Gradual reduction of contact and needing reassurance
- Use of medications, e.g. SSRI
- Discussing previous losses, disruptions, separations and dealing in psychotherapy
Reduction of bullying

- First identify if bullying situation (verbal, physical, sexual harassment, mockery, etc.)
- If mocking for physical defect or deformity of illness
- Presentation at classroom or school re: nature of the problem
- Eliciting empathy for the situation of the affected child
**Intervention : bullying**

- Identify bullying as such
- Strategies with child to cope with bullying
- Involve school authorities in reduction and intervention with bullying
- Encourage child to “tell” others when situation occurs
- Advice child of right to be safe and free of harassment or hostility or violence
Intervention bullying

- Most effective way to continue bullying is to remain quiet
- When child complains, there should be follow up by school personnel
- Confrontation of bullies
- Disciplinary strategies, involvement of the parents of the bully
- Intervention with the bully Monitoring and follow up
Intervention bullying

- School authorities talk about it and admit there is a problem.
- School authorities talk about it and attempt to create a climate free of violence.
- Teachers and other school personnel identify the problem and work on it.
- Condoning and not intervening are ways of perpetuating.
- “seeing it as natural”
Intervention

- School staff could have counselor or teacher sent to the home to investigate absenteeism.
- In some school systems, there is a “truancy center” where absence is investigated.
- Psychological and behavioral interventions are necessary.
Outcome

- 10 year follow up (McCune, 2005. Nishida 2004)

- As adults, 30% of subjects with previous school phobia had a psychiatric disorder

- Question of long term effectiveness of interventions