

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

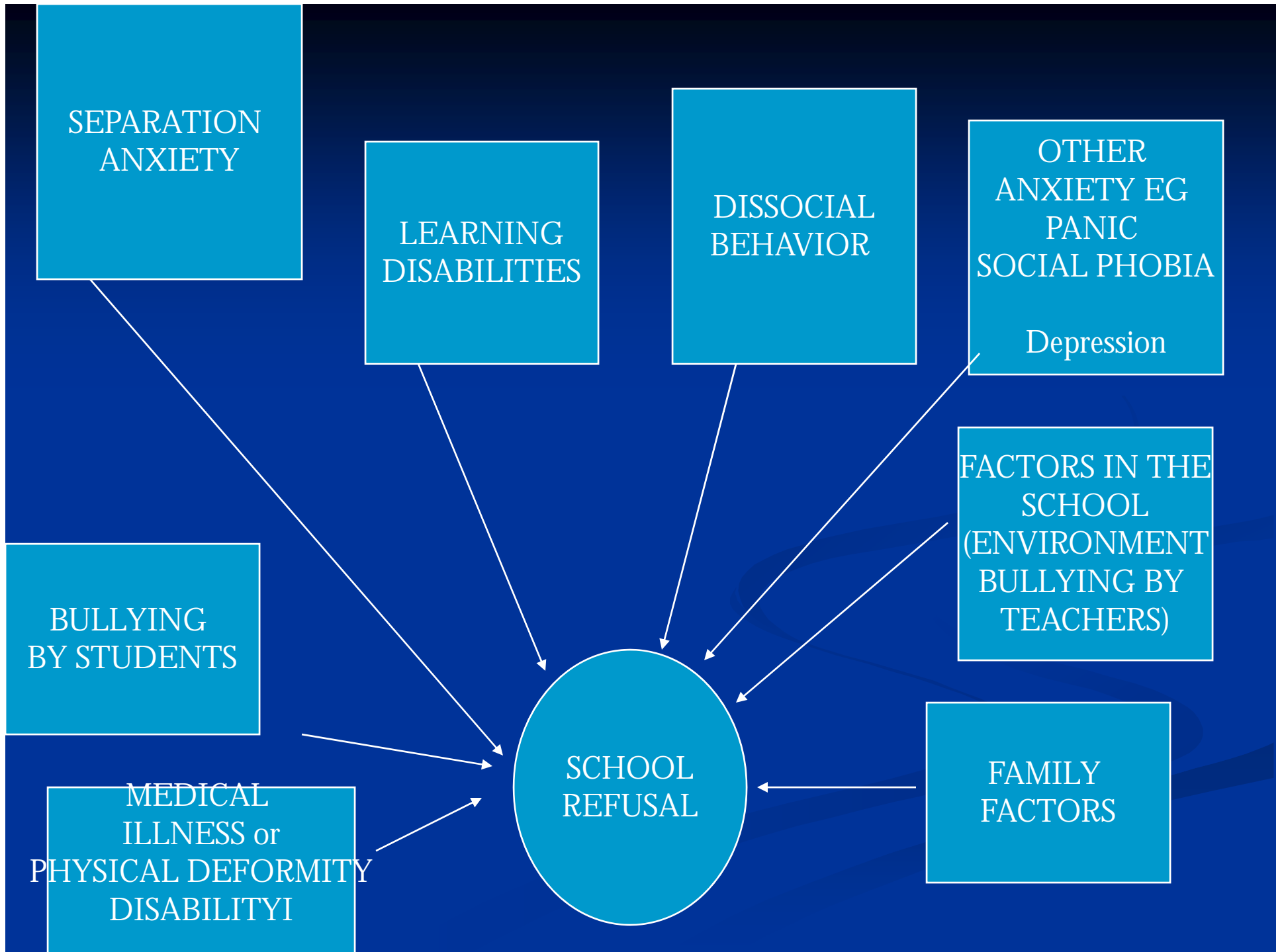
- “irrational fear of attending school, which elicits panic or an intense fear when one attempts to force the child to attend”
- In contrast, “school refusal” is a phenomenon, the end result, which may have diverse causes
- School refusal: “difficulty to attend school or to stay there the entire period”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

Epidemiology

- About half of school refusal cases present themselves initially as somatic complaints (headaches, stomach aches)
- 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 (Kearney, 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, chornically
- 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

Separation anxiety

- 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 climate free of violence
- Teachers and other school personnel identify the problem and work on it
- Condoning and not intervening are way sof 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

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- 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