

Chronic Absence and School Avoidance: What's a School to Do?

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Terms



Eric Petersen / The Livingston Enterprise

- School avoidance
- School phobia
- School refusal
- Chronic absenteeism
- Separation anxiety
- Truancy

Research I

- Relationship between 'school refusal' and 'depression with school inattendance' - not clear whether the two are to be regarded along the same tangent or as disparate entities.
- Comparison was made between clinical diagnosis, Children's Depression Inventory (CDI) scores, and scores for the three subordinate scales of the CDI in 34 cases of school refusal, 10 cases of depression with school inattendance, and normal students.
- Significant difference in CDI score noted between the three groups: highest among depression cases, followed by school refusers, and lowest in normal students.
- A larger proportion of school refusers expressed somatic complaints together with low CDI scores.

Research I, cont.

- The typical case of school refusal appears to exhibit somatic complaints in the foreground rather than depression, both clinical characteristics and CDI scores indicate school refusal and depression to be separate entities. Although many approaches are being taken in the treatment of school refusal, the results appear to justify primacy of the psychotherapeutic approach with the possible adjuvant use of pharmacological agents.

Honjo, S., Nishide, T., Niwa, S. Sasaki, Y., Kaneko, H., Inoko, K. & Nishide, Y. (2001) School refusal and depression with school inattendance in children and adolescents: Comparative assessment between the Children's Depression Inventory and somatic complaints
Psychiatry and Clinical Neurosciences 55 (6), 629–634.

Research II

- Self-image and self-perceived competencies - related to depression in childhood and adolescence.
- School functioning one of most important factors in self-esteem and self-worth during adolescence.
- Academic self image, defined as the way adolescents represent themselves as students, directly affects the global self-image
- Analyze the relationship between academic self-image (assessed with a specific questionnaire), and self-reported depressive symptoms (assessed with the Children's Depression Inventory) in a school sample 150 adolescents.

Research II, cont.

- Emotional beliefs about schooling and learning were significantly related to depressive symptomatology.
- Females scored higher in CDI and school anxiety.
- A real school failure did not affect the academic self image.
- These data seem to suggest that different components of the academic self-image can be differently associated with depressive feelings.

Gabriele Masi, G., Sbrana, B., Poli, P., Tomaiuolo, F., Favilla, L. & Marcheschi, M. (2000). Depression and school functioning in non-referred adolescents: a pilot study. *Child Psychiatry and Human Development*, 30:3, 161-171.

The History

- Fear of going to school was first termed school phobia in 1941.
- Phobic and obsessive tendencies
- An alternative term, school refusal, was used in Great Britain to define similar problems in children who did not attend school because of emotional distress.
- Truant – from French “truand” meaning beggar, parasite, lazy person, naughty child or rogue

Why do kids miss school?

- Many reasons that kids may miss school:
 - Illness
 - Fears re: bullying
 - Avoidance (tests, social, etc.)
 - Malingering
 - “Mental health days”
- Not a problem unless it becomes excessive

Prevalence

- About 5% of all school-aged children experience school avoidance
- Affects girls and boys equally
- Most likely to occur between ages of:
 - ❖ 5-6 years
 - ❖ 10-11 years
 - ❖ adolescence

School avoidance vs truancy

- Are they the same?
- No!



Truancy



- Lack of anxiety
- Child often attempts to conceal absence
- Frequent antisocial behavior
- Child often is not at home during school hours
- Lack of interest or willingness to do work

School Avoidance

- Emotional distress
- Parents aware of absence
- Absence of antisocial behaviors
- Child usually stays home, safe environment
- Child willing to do schoolwork



School Avoidance

- Child motivated refusal to attend school or difficulty remaining in school all day.
- Student is often so overwhelmed by their situation that they are unaware of the extent of the situation.
- Parents become unwilling partners.
- Schools often do not have a way to determine if the causes are legitimate.
- Help is needed.

School avoidance includes those:

1. Completely absent from school
2. Initially attend then leave during school day
3. Go to school, but only after a behavioral incident (tantrum, vomiting, etc.)
4. Display unusual distress during school day and pleas for nonattendance

Symptoms/Signs of School Avoidance

- Gradual onset
- Refusal to attend school
- Creating reasons why they can not go to school
- Missing a lot of school
- Symptoms worse after weekend, vacations
- Frequent complaints about not feeling well with vague or non-specific complaints (tummy ache, headache, dizziness, muscle aches, malaise, etc.)

Symptoms/Signs of School Avoidance

- Stressful events at school increase symptoms
- Symptoms include fearfulness, panic, crying, temper tantrums, threats of self-harm, somatic complaints
- Physical symptoms improve when child gets to stay home
- Verbal/physical protests each morning
- Missing bus regularly

Somatic Symptoms in Children with School Refusal

■ Autonomic

Dizziness
Diaphoresis
Headaches
Shakiness/trembling
Palpitations
Chest pains

■ Gastrointestinal

Abdominal pain
Nausea
Vomiting
Diarrhea

■ Muscular

Back pain
Joint pain

Exacerbations...

- Go to school okay – become anxious at school; go to nurse repeatedly
- Some directly refuse to go to school

Individual Nature

- School refusal should be considered a heterogeneous and multicausal syndrome. School avoidance may serve different functions depending on the individual child.
- These may include avoidance of specific fears provoked by the school environment (e.g., test-taking situations, bathrooms, cafeterias, teachers), escape from aversive social situations (e.g., problems with classmates or teachers), separation anxiety, or attention-seeking behaviors (e.g., somatic complaints, crying spells) that worsen over time if the child is allowed to stay home.

Assessment

- Child should be checked by his pediatrician to make sure there is no underlying physical illness.
- Try to observe any pattern in the child's symptoms to help the doctor reach a diagnosis.
 - Worse on Sunday evenings
 - Better in the afternoon

Assessment Tools

- Behavioral interview with child and family
- Behavior checklists
- Self-monitoring data
- Self-report instrument
- Diagnostic interviews
- Behavioral observations
- Family assessment



Diagnosis and Assessment

- Complete medical history
- Semi-structured interview of child and parent (separately)
- Evaluation of factors maintaining school refusal (how is the behavior reinforced)
- Ratings of severity of anxiety & depression
- Assessment of family functioning
- Review of school attendance & patterns
- History of onset of school refusal

Factors to Consider

- Times of developmental milestones
- Capacity to communicate with others
- Language impairment
- Quality of social interactions
- Abnormal motor movements (tics, clumsy)
- Hyperactivity, inattention, poor impulse control
- Abnormal behaviors
- Enuresis or encopresis

Causes – often unclear

- Wants to avoid or fears something at school
- Young kids – miss home and have new, sometimes difficult expectations



Causes

- Psychological
 - ❖ depression
 - ❖ anxiety
- Social
 - ❖ having no friends
 - ❖ feeling rejected by peers
 - ❖ being bullied



Causes

- has a real phobia or fear of going to school because he is being teased by other children, is the victim of a bully or remembers something that got him embarrassed, fear of teacher
- doesn't like school because he is struggling so much because of a learning disability or ADHD
- is having problems separating from a parent (separation anxiety)

Causes

- has anxiety or depression, or is having problems coping with major changes and stressors at home, like from a divorce or family move
- is afraid that he isn't going to live up to your expectations (fear of failure)
- is overscheduled and already doing too much
- stayed home when he really was sick and now just prefers to be home

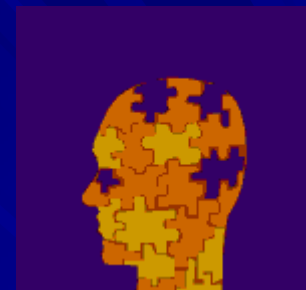
Causes



- Younger children – often present with symptoms of anxiety
- Adolescents may have symptoms of anxiety and mood disorder

Causes May Fall Into

- Family factors
- School factors
- Psychological factors



Family Factors

- Overdependency
- Detachment (minimal family interaction)
- Physical and social isolation
- High level of conflict (marital, siblings)
- Poor communication
- Rigidity of family
- Over-protective parents, anxious mom, ineffectual dad
- Youngest child most vulnerable
- Role confusion

Kearney & Silverman (1995)

- Enmeshed (overprotective, overindulgent, dependency)
- Conflicted (hostility, violence, coercion)
- Detached (little involvement)
- Isolated (little extra-familial contact)
- Healthy (cohesive, expressive, problem solving)
- Mixed (two or more traits)

Family Functioning

- Problems with family functioning contribute to school refusal in children; however, few studies have systematically evaluated and measured these problems.
- Parents of children with school avoidance and separation anxiety have an increased rate of panic disorder and agoraphobia.

Family Functioning

- Dysfunctional family interactions that correlate with school refusal include overdependency, detachment with little interaction among family members, isolation with little interaction outside the family unit, and a high degree of conflict.
- Communication problems within families, problems in role performance (especially in single-parent families), and problems with family members' rigidity and cohesiveness also have been identified.

School Factors

- Fear of failure
- Teasing by other children
- A perception that teacher or other school personnel are "mean"
- Threats of physical harm (as from a school bully) or actual physical harm
- Existing learning difficulties or disabilities
- Fear of reading aloud
- Fear of riding the bus
- Discomfort using public restroom
- Changing for PE

May include...

- Learning disabilities
- Depression
- Conduct disorders
- Physical illness
- Health problems



Psychological Factors

- Non-school related causes may include the loss of a loved one through death, divorce or moving to another locale and other home problems or situation
 - Death
 - Family Move
 - Illness in the child or family
 - A recent divorce/separation
 - Parental stress or depression

Associated Psychiatric Disorders

- School refusal is not a formal psychiatric diagnosis. However, children with school refusal may suffer from significant emotional distress, especially anxiety and depression.



Psychiatric Disorders with School Avoidance

- Anxiety disorders
 - Separation anxiety
 - Anxiety disorder, NOS
 - Gen. anxiety disorder
 - Social phobia
 - Simple phobia
 - Panic disorder
 - PTSD
 - Agoraphobia
 - Obsessive Compulsive Disorder



Psychiatric Disorders with School Avoidance

■ Mood disorders

- ODD
- Conduct disorder
- ADHD
- Disruptive beh. Disorder

■ Other disorders

- Adjustment disorder
- Learning disorder
- Substance abuse
- other



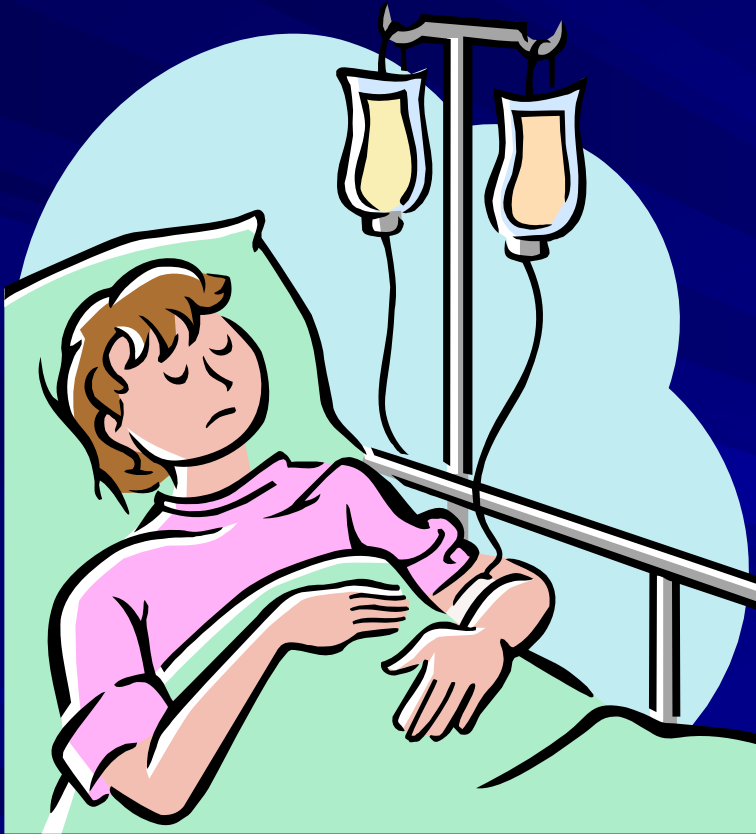
Long-Term Sequelae in Children with School Refusal

■ Interrupted compulsory school	18%
■ Did not complete high school	45%
■ Adult psychiatric outpatient care	43%
■ Adult psychiatric inpatient care	6%
■ Criminal offense	6%
■ Still living w/ parents after 20-year follow-up	14%
■ Married at 20-year follow-up	41%
■ Number of children at 20-year follow-up	
– None	59%
– One or more	41%

Additional Factors

- Kids who have had to miss school due to illness/injury
- Times of transition
 - New school due to move
 - Elementary to middle school or middle school to high school
 - After spring, summer or winter break

Kids with Chronic Health Conditions



- Cancer
- Asthma
- Diabetes
- Sickle cell disease
- Epilepsy
- Juvenile rheumatoid arthritis
- Lupus
- Allergies/rhinitis

Setting the stage

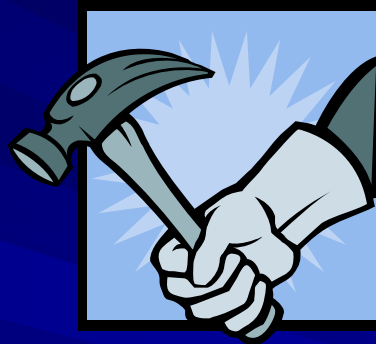


- Absences
- Lead to anxiety re: catching up
- More absences
- More anxiety
- School avoidance
- 1 hour of school/per day + Oprah and soap operas = easy!

Separation Anxiety

- For some children, school avoidance is a form of exaggerated separation anxiety in which the child worries some harm will befall the parent during the school day. In these cases, the parent may consciously or unconsciously encourage the child to stay home because of the parent's need for the child's continued attachment.


Fixing the problem



Treatment



Treatment

- Early and consistent – critical in ensuring cycle is broken
- If not treated 
 - Family distress
 - Declining grades
 - Difficulty with peer relationships
 - Work or college avoidance
 - Panic attacks
 - Agoraphobia
 - Adult psychological or psychiatric disorders
 - Dropping out of school
 - Decreased employability; insurance; etc.

Treatment

- The exact form of treatment depends on the underlying problem.
- Usually helpful if the whole family participates in the treatment plan.
- May mean that the parents (and possibly the siblings) will receive counseling along with the child.

Treatment

- The approaches that have proved helpful in treating other kinds of phobias also have been successful for school avoidance.
- “Step-wise reentry” - Gradual desensitization slowly reintroduces the child to the school environment, starting with a few hours in a relatively non-threatening part of the school (such as the nurse's or counselor's office)
- Gradually adding more time moving closer to the classroom.
- Eventually, the child is eased back into the daily routine.

Treatment

- Exposure therapy (prolonged exposure to anxiety producing stimuli)
- Making school attendance a non-negotiable item (staying home from school should not be an attractive option)
- Enlisting the help of school authorities in gradually returning the child to school
- Examining parents' needs in relation to the child and seeking help if personal problems are identified

Treatment

- Teaching coping strategies
- Modeling
- Role play
- Other cognitive-behavioral techniques
- Pharmacologic options
 - SSRIs
 - Benzodiazepines (with SSRI; then discontinued)
- Relaxation strategies

Behavioral Interventions

- Behavior treatments include systematic desensitization (i.e., graded exposure to the school environment), relaxation training, emotive imagery, contingency management, and social skills training.
- Cognitive behavior therapy is a highly structured approach that includes specific instructions for children to help gradually increase their exposure to the school environment. In cognitive behavior therapy, children are encouraged to confront their fears and are taught how to modify negative thoughts.

Functional Model (Kearney & Albano, 2000)

■ Function:

To avoid stimuli that provoke generally negative affect (crying, nausea, distress, sadness, and various phobias, i.e. bathrooms, cafeteria, teachers, bullies, etc.)

■ Treatment

Somatic control exercises
– breathing, muscle relaxation

Gradual re-exposure

Reduce physical symptoms and anxiety

Self-reinforcement, self-talk, self-esteem

Functional Model

■ Function

To escape aversive social and evaluative situations (social phobia, test anxiety, shyness, lack of social skills)

■ Treatment

Role play

Cognitive restructuring of negative self-talk

Gradual exposure to real life situations

Social skills training & reduction of social anxiety

Coping strategies

Functional Model

■ Function

To get attention
(tantrums, crying,
clinging, separation
anxiety)

■ Treatment

Parent training in
contingency
management

Clear parental messages

Morning/evening routine

Consequences for
compliance/noncomp.

Forced attendance

Functional Model

■ Function

For positive tangible reinforcement (lack of structure or rules, free access to reinforcement, avoidance of limits)

■ Treatment

Family contracting (rewards)

Curtail social and other activities for nonattendance

Alternative problem solving strategies to reduce conflict

Increase family communication skills

Educational-Support Therapy

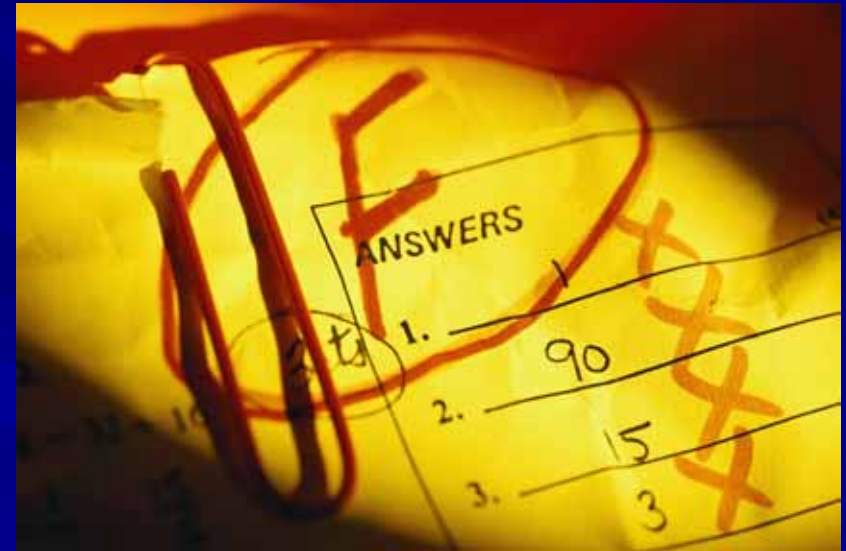
- Combination of informational presentations and supportive psychotherapy.
- Children encouraged to talk about their fears and identify differences between fear, anxiety, and phobias.
- Children are given information to help them overcome their fears about attending school.
- They are given written assignments that are discussed at follow-up sessions. Children keep a daily diary to describe their fears, thoughts, coping strategies, and feelings associated with their fears.
- Unlike cognitive behavior therapy, children do not receive specific instructions on how to confront their fears, nor do they receive positive reinforcement for school attendance.

Parent/Teacher Interventions

- Parent/teacher involvement - critical factors
- Behavior interventions – equally effective with or without direct child involvement
- Clinical sessions with parents
- Consultation with educators
- Behavior management strategies – home and school
- Parents – cognitive behavior therapy to reduce anxiety re: their child

Educators

- Specific recommendations to school staff re: child's reentry
- Use of positive reinforcement for school attendance
- Academic, social and emotional accommodations



Relaxation Strategies

- Journaling
- Breathing exercises
- Guided imagery
- Playing games
- Music therapy
- Aroma therapy
- Physical options
- Others



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