

Managing School Refusal

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Objectives

- Review school refusal in context of the anxiety spectrum
- Explore treatment approaches
- Discuss management of specific cases

Anxiety Disorders: Overview

- **FOCUS** is important
 - Is there a **specific** fear, or **global** worry?
- Specific anxieties respond best to cognitive-behavioral interventions
 - Desensitization for phobias
 - Benzos can be used for infrequent events
- Random-onset or global anxiety responds to medication and therapy
 - Combination is best

Simple Phobia

- Persistent (at least 6 months) *excessive* fear of a specific object or situation (e.g., getting a shot, spiders, heights)
 - fear of dogs in the months after a bite is *not* a phobia
- Exposure causes an immediate anxiety response (crying, fleeing, clinging, panic symptoms)
- The phobic situation is avoided or endured with marked distress
- The phobia causes impairment in function

Social Phobia

- Marked, persistent fear of unfamiliar social or ‘performance’ situations
 - Child must be able to form social relationships
 - Children may or may not recognize the fear as excessive
- Exposure to the situation predictably causes anxiety
- The situation is avoided
 - The avoidance causes functional impairment
- Duration at least 6 months

Separation Anxiety Disorder

- Developmentally inappropriate, excessive anxiety, onset before age 18, lasting at least 4 weeks
- Three of the following:
 - intense distress on separation (or anticipation)
 - worry about harm befalling parent
 - fear of being kidnapped or getting lost
 - reluctance or refusal to go to school
 - fear of being alone
 - inability to go to sleep without parent (or go on sleepovers)
 - nightmares about separation, physical complaints when separation anticipated
 - Repeated physical sx when separation occurs or is anticipated

Generalized Anxiety Disorder

- Excessive worry (what if something happened to mom/dad, natural disasters, break-ins, family finances, future employment...)
- Worry is hard to control: doesn't respond to reassurance, distraction
- At least 3 of the following:
 - feeling restless or on edge
 - being easily fatigued
 - poor concentration
 - Irritability
 - muscle tension
 - sleep disturbance
 - (children may report stomachache, headache)

Panic Disorder

- Discrete, **random** episodes of intense fear or distress, abrupt onset, peaking within 10 min.
 - Palpitations, tachycardia, pounding heart
 - Sweating
 - Shaking/trembling
 - Dyspnea
 - Choking sensation
 - Chest pain
 - Nausea
 - Dizziness
 - Derealization or depersonalization
 - Fear of losing control, going crazy
 - Fear of death
 - Parasthesias
 - Chills

Age at Onset of Anxiety Disorders

- Generalized anxiety, separation anxiety, phobias, PTSD can be seen at any age
- Older children and adolescents:
 - OCD median age at diagnosis: 10
 - Panic disorder typically starts in late adolescence to third decade of life

Separation Anxiety: Prevalence

- 4% of school-aged pre-adolescents
 - Ask about adjustment to day care or kindergarten
- 1-2% of adolescents
- About 1/3 of all children with separation anxiety continue to have the disorder as adults, so **those who still have it as adolescents are likely to have a fairly chronic course**

Separation Anxiety

- M=F ratio
- Strong overlap with other anxiety disorders, especially GAD
- **SCHOOL REFUSAL** occurs in 75% of children with separation anxiety, or *3% of school aged children*

School Refusal: Differential Diagnosis

- GI problems, migraines
 - Pattern of occurrence is a clue
- Realistic fear for parent's safety (DV, parent's illness)
- Conflict with teacher, bullying, interpersonal 'drama'
- Obsessional fear or social phobia
 - Look for OCD symptoms
 - Fear of vomiting, germs

School Refusal vs. Truancy

- **Severe emotional distress** about attending school; may include anxiety, temper tantrums, depression, or somatic symptoms
- Parents are aware of absence; child often tries to persuade parents to allow him or her to stay home.
- Lack of excessive anxiety or fear about attending school.
- Child often **attempts to conceal** absence from parents.

School Refusal vs. Truancy

- Absence of significant antisocial behaviors such as juvenile delinquency.
- During school hours, child **usually stays home** because it is considered a safe and secure environment.
- Child expresses **willingness to do schoolwork and complies with completing work at home.**
- Frequent antisocial behavior, including **delinquent and disruptive acts** (e.g., lying, stealing), often in the company of antisocial peers.
- During school hours, child frequently **does not stay home.**
- Lack of interest in schoolwork and **unwillingness to conform to academic and behavior expectations.**

20-29 Year Outcomes: 35 Swedish Children With School Refusal

- Did not complete high school: 45%
- Adult psychiatric outpatient care: 43%
- Adult psychiatric inpatient care: 6%
- Still living with parents after 20-year follow-up : 14%
- Ever married at 20-year follow-up : 41%
- Number of children at 20-year follow-up
 - None: 59%

Psychiatric diagnoses of Parents of School Refusers in Turkey

	Study		Control	
	Mothers	Fathers	Mothers	Fathers
<i>Parents' diagnoses</i>	N=25	N=25	N=25	N=25
Structured interview normal	12	16	23	23
GAD	4	2	2	1
PD + MD	3	-	-	-
PD + agoraphobia	1	-	-	-
MD	3	-	-	1
OCD + MD	1	-	-	-
SP + MD	1	-	-	-
MD + EtOH dep	-	1	-	-
GAD + EtOH dep	-	1	-	-

School Refusal: Assessment

- Look for context of separation anxiety or generalized anxiety symptoms
 - If not present, consider other causes
- Symptoms may worsen after a weekend or vacation
- Agitation can be intense, with threats of suicide, aggression to caregivers

School Refusal Assessment

- Children usually present with recurring physical complaints, for months or YEARS before diagnosis
- Parents often have some separation anxiety themselves
- Ask about child's early separations, inclination to worry, similar behavior in past years, family history of anxiety
- Determine pattern and number of missed school days

Treatment Rules of Thumb

- Normal worry gets better with reassurance or distraction- the anxiety of school refusal **INCREASES** with talking about it
 - Anxious parents find it difficult to set limits on children's excessive calls
 - This contact just increases the desire to be with parent
- The least anxious adult in the house should play a leading role if possible
 - Consider possible marital stressors

Working with Parents

- Talk about importance of restoring school attendance for future life success
- Explain need for consistency
 - Risks of intermittent reinforcement
 - With each school day missed, child's escalation will **increase** the next time
- Establish clear criteria for staying home from school
- **NO RETROACTIVE SCHOOL EXCUSES**

Working with Parents

- Start right away- not at the start of the next semester, or after spring break
- Explain to parent and child that school attendance is required by the law, and not a point of negotiation
- Promise the child that you will work to make it as comfortable as possible

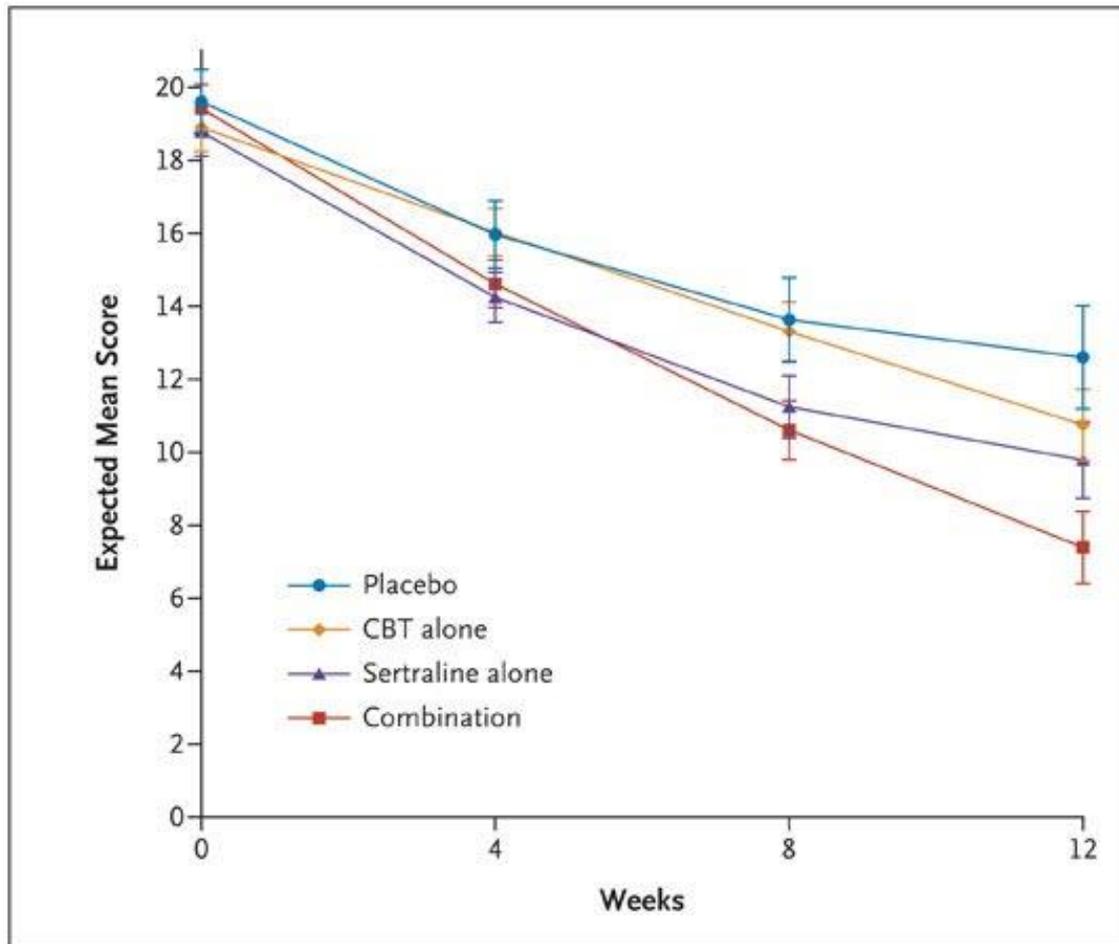
School Cooperation

- Obtain consent to work with school
- Contact nurse and teacher to develop plan
 - Keep ‘goodbyes’ short: can staff help at the ‘dropoff zone’
?
 - If child too distressed to be in classroom, try to allow for short ‘time outs’ in nurse’s office
 - If parent must be contacted, school staff should make the call- *direct phone contact between child and parent tends to exacerbate anxiety*
 - If possible, only send child home if there is objective evidence of illness (fever, injury, etc)

Sertraline and CBT Study

- 488 children ages 7 to 17
- Randomized, controlled multicenter study
- separation anxiety disorder, generalized anxiety disorder, or social phobia
- CBT (14 sessions) , sertraline (mean dose 140 mg), combination, or placebo drug alone

Scores on the Pediatric Anxiety Rating Scale



Walkup J et al. N Engl J Med 2008;10.1056/NEJMoa0804633

Imipramine + Cognitive-Behavioral Therapy in School Refusal

- Randomized, double-blind design
- N=63, 8 week trial
- Imipramine or placebo with CBT
- After 8 weeks, attendance rate 70.1% for imipramine group, 26.7% for placebo group
- Both groups improved on depression and anxiety scales

Bernstein, Gail A. *Journal of the American Academy of Child & Adolescent Psychiatry*. 39(3):276-283, March 2000

School Refusal: Treatment

- **Early:** less than 1 consecutive week of missed school, no academic failure due to frequent sick days
 - Parental firmness, cognitive-behavioral therapy, and school cooperation may be sufficient
 - Medication:
 - SSRI or TCA **if** other anxiety sx. prominent

School Refusal: Treatment

- **Active**: more than 1 consecutive week since any school attendance, academic impact
 - Cognitive behavioral therapy, parent education (and treatment if indicated)
 - Medications
 - SSRI or TCA
 - At first, can use HS or AM tranquilizers
 - **Sleepy at school beats awake at home**

School Refusal: Treatment

- **Chronic**: over a month of non-attendance, loss of credit for excessive absences
- Non-attendance becomes the “new normal”
 - Close case management and therapy
 - CPS referral if parent unable or unwilling to engage in treatment, or if child has been enlisted for adult duties (babysitting, housekeeping)
 - **NO** retroactive excuses
 - Use caution in recommending home schooling

School Refusal: Treatment

- Develop a very specific plan for parent(s)
- Night before:
 - Limit ‘anxiety talk’
 - Don’t bring up school
 - Try not to focus on somatic complaints
- School mornings:
 - Stay matter of fact
 - Use distraction if possible
 - Don’t get hung up: breakfast, toothbrushing
 - Keep things moving: “tell me about it while you’re putting on your shoes”

School Refusal: Treatment

- Bus stop or 'dropoff zone':
 - Who takes child there?
 - Distracting, light conversation
 - Avoid 'anxiety talk'
 - Can school staff help at 'dropoff zone'?
 - What if child is combative?
- School day:
 - No child-parent phone calls, or one brief call at lunch
 - Time-outs in nurse's office if panicky

School Refusal: Treatment

- If child becomes physically aggressive or self-injurious, inpatient treatment may be indicated (rare)
- Tailor expectations to chronicity:
 - in early refusal, aim for full attendance to resume without delay
 - In active refusal, start with half-days for 2 or 3 days, then increase to full days
 - In chronic refusal, may need to start with a half morning for a week, then a full morning, then full days

School Refusal: Treatment

- Initial care is very labor-intensive, but once attendance resumes, time demand drops off very quickly
- Make contact with the school, share the plan
- Success rate is high if parents are on board
 - If not, explore parental anxiety, marital issues
- Try to schedule visits outside of school hours
- Short-term prn medication is OK for agitation
 - HS clonazepam or even risperidone