School Refusal in Children and Adolescents

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Disclosures

Neither I nor my spouse have a relevant financial relationship with a commercial interest to disclose.

SCHOOL REFUSAL CASE STUDY

HPI

- T.R. is a 11 y.o. with a history of asthma, allergies and anxiety, who began to have more anxiety symptoms last year when she entered middle school.
- She developed stomachaches, which caused her to miss school. She was referred to a gastroenterologist. Medical workup was negative.
- Her anxiety increased, and she had more difficulties going to school. She refused to get on the school bus, and her father drove her to school. When he dropped her off she cried and clung to father, not wanting to leave his side. She developed panic attacks when he left her.
- At school she avoided eating lunch in the classroom.

SCHOOL REFUSAL CASE STUDY

Social History

- Dad works at Wegmans and missed multiple days from work to stay home with his daughter when she did not go to school. He filed for FMLA due to missed days.
- TR lives with her biological parents, and younger 7 year old brother
- She has friends, and enjoys spending time with them and going to sleepovers.

SCHOOL REFUSAL CASE STUDY

Family History

- Dad has anxiety and history of panic attacks and is prescribed Prozac. An uncle had schizophrenia, drug use and committed suicide. T.R.’s paternal grandfather and several other members of Dad’s family have anxiety.

SCHOOL REFUSAL CASE STUDY

Past Medical History

- Asthma, Allergies and Atopic Dermatitis resulting in several ER visits and followed by a Pulmonologist.
- Tonsillectomy/Adenoidectomy age 5
- Severe croup episode requiring ambulance trip to the ER and epinephrine injection age 6

Medications: Albuterol Inhaler prn

SCHOOL REFUSAL CASE STUDY

- TR began to miss school. Initially she missed a few days of school a month, but she then began missing one or two days a week of school. She continued to complain of stomach aches and headaches, and had crying spells and panic attacks on school days.
- T.R. was referred to a therapist, and began to meet regularly with her. However, she continued to struggle with anxiety, and to miss school frequently.
- TR's parents met with her physician to discuss the possibility of her staying out of school for a month to decrease her stress. They asked her physician for a letter to excuse her from school for medical reasons.

SCHOOL REFUSAL CASE STUDY

- TR's
- T.R. saw met with the social worker regularly at school and began individual and family therapy in June 2012. Since then, T.R. has continued with some symptoms of anxiety but has attended school regularly, done well academically and transitioned to 2 new schools. She has never been treated with medication.

- Some of her symptoms were helped by getting on the school bus with her dog, eating her lunch at a special table outside the lunchroom, being met by the school nurse at school drop off and being assigned to a kindergartener to walk to her classroom as a job.
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Epidemiology

- Prevalence: 1-5%
- Boys = Girls
- Most common ages:
  - ages 5, 6
  - ages 10, 11
- No socioeconomic differences

School Refusal vs Truancy

Criteria for Differential Diagnosis of School Refusal and Truancy		
School Refusal		**Truancy**
Severe emotional distress about attending school: may include anxiety, temper tantrums, depression or somatic complaints		Lack of excessive anxiety or fear about attending school
Parents are aware of absence; child often tries to persuade parents to allow him or her to stay home		Child often attempts to conceal school absence from parents

School Refusal vs Truancy (con't)

Criteria for Differential Diagnosis of School Refusal and Truancy		
School Refusal		**Truancy**
Absence of significant antisocial behaviors such as juvenile delinquency.		Frequent antisocial behavior, including delinquent and disruptive acts (lying, stealing), often in the company of other antisocial peers
During school hours child usually stays home because it is considered to be a safe and secure environment		During school hours child frequently does not stay home and pursues more attractive activities outside home

School Refusal vs Truancy (con't)

Criteria for Differential Diagnosis of School Refusal and Truancy		
School Refusal		**Truancy**
Child expresses willingness to do schoolwork and complies with completing work at home		Lack of interest in schoolwork and unwillingness to conform to academic and behavioral expectations

Clinical Considerations

- Presentation: physical and/or psychological symptoms
- Symptoms frequently change over time

Clinical Features

- Gradual onset
- Symptoms may begin after a holiday, illness
- Weekends, vacations exacerbate symptoms
- Stressful events – home, school, peers may cause refusal

Clinical Features (con't)

- Some children leave home, then have difficulties as they get closer to school
- Some children make no effort to leave home
- Fear, panic symptoms, crying episodes, temper tantrums, threats of self-harm, somatic symptoms

Somatic Symptoms

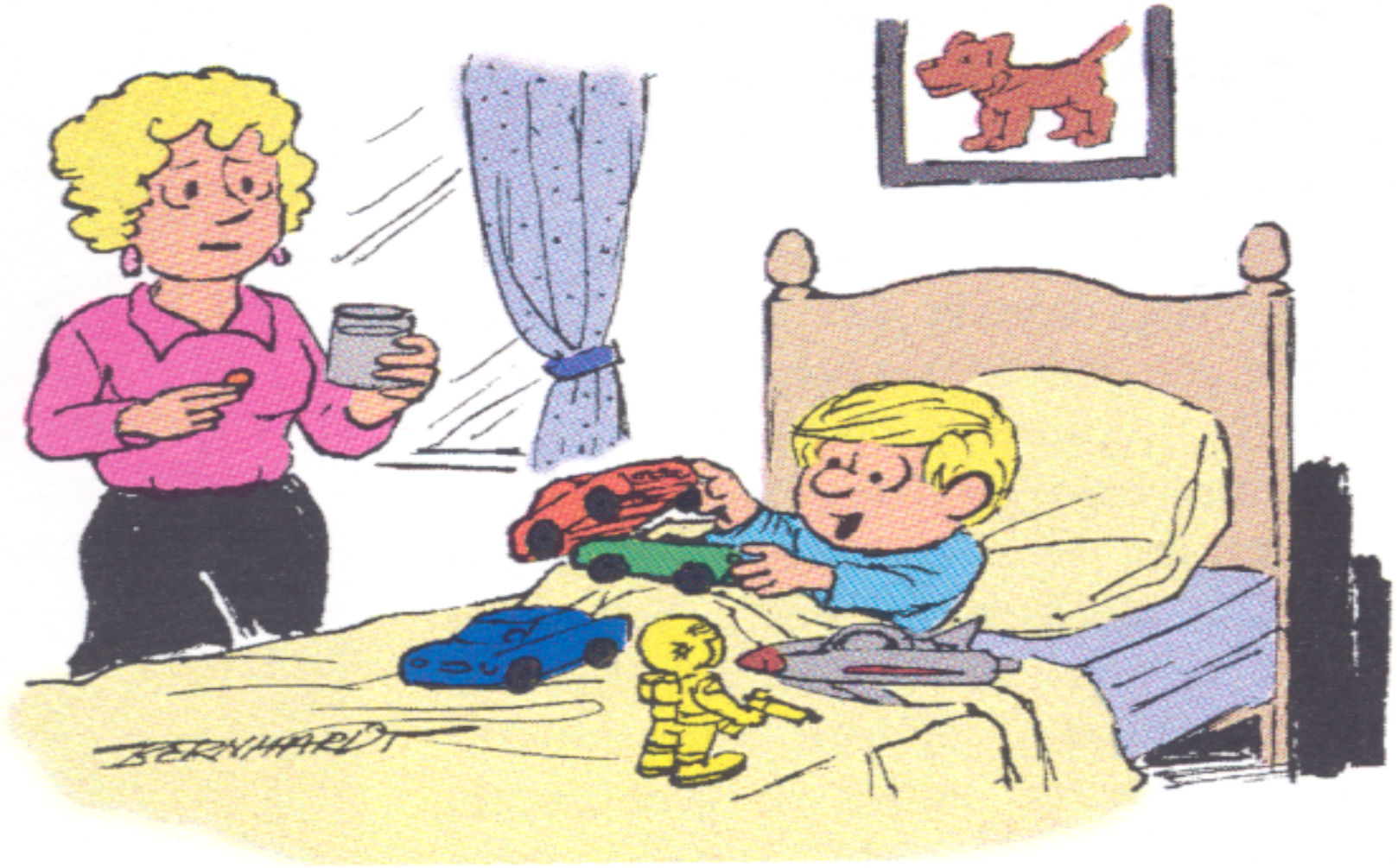
Somatic Complaints in School Refusing Children	
Autonomic	
	Dizziness
	Diaphoresis
	Headaches
	Shakiness/trembling
	Palpitations
	Chest Pains

Somatic Symptoms (con't)

Somatic Complaints in School Refusing Children	
Gastrointestinal	
	Abdominal pain
	Nausea
	Vomiting
	Diarrhea
Muscular	
	Back pain
	Joint pain

Clinical Symptoms (con't)

Symptoms present in morning, and improve if child is allowed to stay home



"I can play with pain, Ma,
I just can't work with pain."

Clinical Symptoms

THE LONGER THE CHILD IS OUT OF SCHOOL,

THE MORE DIFFICULT IT IS TO RETURN

Short-term Sequelae

- Poor academic performance
- Family difficulties
- Problems with peer relationships

Long-term Consequences

- Academic underachievement
- Employment difficulties
- Increased risk for psychiatric illness

Long-Term Sequelae

Long-Term Sequelae of School Refusing Children (Flakierska-Praquin et al. 1997)		
Outcome		**Prevalence (%)**
Interrupted compulsory school		18%
Did not complete high school		45%
Adult psychiatric outpatient care		43%
Adult psychiatric inpatient care		6%
Criminal offense		6%

Long-Term Sequelae (con't)

Long-Term Sequelae of School Refusing Children		
Outcome		**Prevalence (%)**
Still living with 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%

Associated Psychiatric Disorders

- School refusal is not a psychiatric diagnosis
- Emotional distress is significant
- Anxiety and depression most common
- Children: anxiety symptoms
- Adolescents: anxiety and mood disorders

Psychiatric Disorders in Children with School Refusal (Bernstein et al 1991)

Diagnosis			Percentage
Anxiety Disorders			54%
	Separation Anxiety		20%
	Anxiety Disorder, NOS		12%
	Generalized Anxiety Disorder		8%
	Social Phobia		6%
	Panic Disorder		4.5%
	Panic Disorder with Agoraphobia		3%
	Agoraphobia		.5%
Mood Disorders			52%
	Major Depression		30%
	Dysthymia		22%

Psychiatric Disorders in Children with School Refusal

(Bernstein et al.1991)

Diagnosis			Percentage
Other disorders			
	Adjustment Disorder with mood/anxiety		26%
	Learning Disorder		5.5%
	ADHD		6.5%
	Substance Abuse		2.5%

Etiology

- Heterogeneous and multi-casual
- Serves different functions depending on the child
- Avoidance of specific fears provoked by the school environment
  - Test-taking situations
  - Bathrooms
  - Cafeterias

Family Functioning

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

Assessment

- Comprehensive evaluation
- Allocate sufficient amount of time
- More than one appointment may be needed
- Information from school, other health care providers
- Rule out underlying medical conditions

Assessment (cont.)

- Clinical Interview
  - Family (child and parents together)
  - Child
  - Parents
- Complete physical examination

Assessment (cont.)

- Complete medical history
- History of onset and development of symptoms
- Associated stressors
- Sleep history
- School history
- Family psychiatric history

Assessment (cont.)

- Mental status examination including evaluation of psychiatric problems and substance abuse
- Assessment of family dynamics and functioning

Assessment (cont.)

- Collaboration with school staff
- Review of school attendance records, report cards, and psycho-educational evaluations

Treatment (cont.)

- Primary goal – early return to school
- Avoid writing excuses unless a medical condition makes it necessary
- Treatment should focus on co-morbid psychiatric conditions, family dysfunction, and other contributing factors

Treatment (con't)

MULITMODAL, COLLABORATIVE TEAM APPROACH

- Primary Care Provider
- Child
- Parents
- School Staff
- Mental Health Professional

Treatment

- Most effective:
  - Parent involvement
  - Exposure to school
- Must take into account:
  - Severity of symptoms
  - Co-morbid diagnosis
  - Family dysfunction
  - Parental psychopathology
- Few controlled studies have evaluated the efficacy of most treatments

Behavior Interventions (con't)

- Systematic desensitization (graded exposure to the school environment)
- Relaxation training
- Positive reinforcement
- Social skills training

Pharmacologic Treatment

- Very few double-blind, placebo-controlled studies
- Use of SSRIs for anxiety and depression
- Duloxetine (SNRI) approved for Generalized Anxiety Disorder
- Fluoxetine (Prozac), Sertraline (Zoloft), and Fluvoxamine (Luvox), approved for OCD
- Fluoxetine (Prozac) and Escitalopram (Lexapro) approved for depression

Pharmacologic Treatment (cont.)

- Treat underlying psychiatric disorder
- Multimodal treatment – always with psychotherapy interventions
- Psycho-education (child, parent, school personnel)
- Start low, go slow

Pharmacologic Treatment (con't)

- Benzodiazepines used for short-term basis (few weeks max) for children with severe school refusal

- Benzodiazepine may be initially prescribed with an SSRI to target acute symptoms of anxiety. Once the SSRI has had time to produce beneficial effects, the benzodiazepine should be discontinued

School Refusal Case Study T.R.

- T.R. and her family continued to meet with her therapist regularly. Her therapist worked closely with her parents, school staff, and her physician to collaborate care. Her physician did not write a letter to excuse her from school.
- Some of her symptoms were helped by getting on the school bus with her dog, eating her lunch at a special table outside the lunchroom, being met by the school nurse at school drop off and being assigned to a kindergartener to walk to her classroom as a job
- T.R. has continued with some symptoms of anxiety but has attended school regularly.
- She has done well academically. She has never been treated with medication.

Summary

- School Refusal vs Truancy
- History and physical to r/o underlying medical condition
- Evaluate and treat psychiatric conditions
- Goal: early return to school
- Parents participation crucial
- Collaborative approach: family, PCP, teachers, mental health professional

Websites

www.childanxiety.org

www.aacap.org

www.mentalhealth.samhsa.gov

QUESTIONS?