

Why Won't My Child Go To School?

Amanda Dudley and Bruce Tonge write about school-refusing children and ways in which to help them and their parents.

It is normal for children to experience a certain degree of anxiety and fear about school and school activities (such as camps). However, some children experience excessive anxiety, which can result in persistent refusal to attend school, and prolonged absence from school. School-refusing children experience significant emotional distress not only when going to school, but also at the thought of doing so.

School refusal differs from truancy in that the latter occurs when a child is absent from school without parents' knowledge. Truants usually start out for school in the morning but fail to arrive, or take time out

of school during the day. Generally, truants avoid going home, usually choosing to go instead to shopping centres or parks. They also tend to have antisocial behaviour. In contrast, school refusers usually stay at home with their parents' knowledge. School-refusing children might be absent from school for weeks or months at a time, sometimes even longer, whereas truancy is generally associated with intermittent non-attendance.

Between one and two per cent of school-age children experience symptoms associated with school refusal. Boys and girls are equally affected and it occurs across all socioeconomic levels and age

groups. However, it tends to peak at 'transition' times when children enter new school situations – around the ages of five to six years and 10 to 12 years.

The reasons for school refusal are many and varied. It used to be referred to as 'school phobia'. However, this was changed as it implied that the attendance problem was associated solely with a fear of specific aspects of the school experience, whereas a broad range of factors associated with the home, the school and the individual contribute to the development of school



refusal. Separation anxiety is common among the younger age group while older children tend to experience social anxiety. Some children might be experiencing bullying at school, be finding it hard to keep up with schoolwork or be in conflict with their teacher(s). Sometimes an illness



Jenny's Story

Jenny, a 12-year-old girl, refused to attend school and missed more than 50 per cent of school during the first half of Year 7. Jenny finds school to be scary and feels anxious, saying that she can't breathe and feels sick. While she had some friends at school, she was concerned about what the other kids would say and reported feeling very self-conscious when around other people. On school days, she would often avoid going by not getting out of bed, and frequently complained of being unwell. She would become quite oppositional and angry at her parents' attempts to get her out of bed or into the car.

—usually anxiety and sometimes depression. Typically, anxiety is more common in younger school-refusing children, and anxiety and depression are more common in adolescents. Children can present with a variety of symptoms, such as fearfulness, panic (increased heart rate, shaking, trembling and difficulty in breathing), crying episodes, temper tantrums, threats of hurting themselves and a range of somatic complaints, such as headaches or

out in their child. Often, it is easier to let the child stay at home. However, while this typically leads to a reduction in symptoms, the symptoms resurface on the next school day, often with greater intensity. Allowing the child to stay at home tends to encourage continued school refusal. During the day the child might be inadvertently 'rewarded' for staying at home. For example, children can use time in their own way and might have access to the refrigerator, television,

their peers will respond to them when they return to school, and vice versa. Some children might also be concerned about the schoolwork they will have missed and the fact that they will have to 'catch up'. School refusal can be highly distressing for parents who are unsure as to how to respond. It is a difficult problem to manage and it creates significant stress for schoolteachers as well as parents, both of whom play vital roles in intervention.

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or a family problem can trigger school refusal. In other cases, there is no clear explanation as to why the problem has surfaced, and parents are left struggling with their child's seemingly unreasonable fear of school.

While school refusal is not a condition formally diagnosed through psychiatric evaluation, children who experience school refusal suffer significant emotional distress

stomach pains. These symptoms usually arise on the morning of school but can also appear the night before. The thought of going to school can make these children highly anxious and they often resist efforts to get them back to school.

Parents are placed in a very difficult position as they know that it is compulsory for their child to attend school, but they have to deal with the intense emotions this brings

computer, pets, games and toys. Ultimately, they are 'escaping' from the school situation into the familiar and comfortable surroundings of home. Taken together, these factors can be quite powerful in maintaining school avoidance.

The longer children stay at home, the more difficult it becomes for them to return to school. As a consequence, children often start to worry about how

Early intervention is the key because, if left untreated, school refusal can interfere with a young person's social and emotional development, academic achievement and vocational opportunities, and places them at risk of experiencing psychiatric difficulties later in life.

Once a problem has been identified, it is important for parents and the school to communicate with each other about the

issue and develop strategies to overcome the situation. Because school-refusing children often present with physical symptoms, a check-up with a medical practitioner is important in order to rule out any underlying medical problems. Given that the primary treatment goal for children with school refusal is for them to return to school, it is important that medical practitioners refrain from writing letters that help children to stay away from school unless a medical condition makes this necessary.

Treatment options vary and include: offering education and support to parents

Sam's Story

Sam, a seven-year-old boy, did not attend school and would cry the night before school and on the mornings of school days. He missed many days of school and had a history of attendance difficulties dating back to childcare and kinder. He would become very distressed, often crying and screaming when taken to school and at times his parents were unable to get him out of the house or the car once at school. On one occasion while crying, Sam held onto the table leg to avoid being taken to school.

to help them manage their child's return to school; assisting the family with communication, problem-solving and behaviour-management skills; individual counselling involving cognitive behaviour therapy (CBT); medication for treating anxiety and/or depression under the guidance of a medical professional; and helping the child to relax, and developing their coping and social skills. Treatment strategies depend upon the causes, which can be difficult to determine. Several approaches might need to be tried.

Assessment and management of severe school refusal requires a multi-modal, collaborative approach that includes the family doctor, the parent/carer(s), school staff and a mental-health professional. Of course, the children are a part of this process too. Not all school-refusing children will improve with the chosen treatment and so research is still required to determine the most effective treatments for this group of children.

The Centre for Developmental Psychology and Psychiatry (CDPP) has conducted research in the area of school refusal and has shown that counselling – specifically CBT – is highly effective for most school-refusing children. However, some children do not respond to a counselling-only approach. Consequently, the CDPP is conducting a new study that aims to evaluate whether or not a safe medication that reduces anxiety and treats depression, combined with CBT, will

lead to better outcomes for children with significant difficulties.

School refusal causes considerable distress to affected families and schools.

A key to success in dealing with it is rapid intervention because the longer the behaviour occurs, the more difficult it can be to treat. Ultimately, it is essential that children, parents, school personnel, family doctors, and mental-health professionals work collaboratively to further understand and manage the condition. ■

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What Can You Do If You Have A Child With School-refusal Difficulties?

- Remain calm – try not to let your child see that you are worried or frustrated.
- Listen to your child and encourage him/her to share his/her feelings.
- Don't dismiss your child's feelings – everyone is afraid sometimes.
- Talk to your child's teacher about the difficulties being experienced. Explore what assistance the school can provide.
- Avoid being late when picking up the child after school.
- Arrange for your child to have a medical check-up if he or she reports persistent physical complaints, such as nausea, headaches, stomach aches or diarrhoea. These are often associated with anxiety.
- Have an agreement between both parents (even if separated) that school attendance is not optional and communicate this in a clear, calm manner to your child.
- Give clear instructions and try not to repeat requests. Be consistent with instructions and consequences.
- Provide rewards when your child is behaving appropriately.
- Seek assistance through the school counsellor or a therapist experienced in dealing with school refusal.