

# SCHOOL REFUSAL BEHAVIOUR: A PSYCHO-BEHAVIOURAL DISORDER IN CHILDREN AND ADOLESCENT

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## **Abstract**

*School refusal behaviour is defined as any child-motivated refusal to attend classes and/or difficulty remaining in classes for an entire day. School refusal is a broad term that encompasses a child motivated refusal to attend or remain at school. Many externalizing and internalizing behaviours are associated with school refusal, including tantrums, aggression, noncompliance, anxiety, depression and somatic complaints. This article, therefore, discusses the concept of school refusal behaviour as a psycho-behavioural disorder in children and adolescent. School refusal behaviour can be caused by several factors such as school related stress, anxiety, students struggling with certain subjects in school and so on, characteristics of students with school refusal which includes separation anxiety, performance anxiety, social anxiety, depression, bullying and health-related concerns were spelt out in this article. Also, functional profiles of school refusing behaviour vis-à-vis avoidance, escape, attention and rewards was diagrammatically represented as well as consequences of school refusal were discussed in details. Finally, prevention and treatment of school refusal behaviour in children and adolescent were also outlined and discussed. This article, therefore, concluded that school refusal is often associated with comorbid psychiatric disorders such as anxiety and depression. It is important to identify problems early and provide appropriate interventions to prevent further difficulties.*

**Keywords:** *Adolescent, Children, Psycho-behavioural Disorder, School Refusal Behaviour*

## **Introduction**

School refusal behaviour is a psychosocial problem for students characterized by severe emotional distress and anxiety at the prospect of going to school, leading to difficulties in attending school and, in some cases, significant absences from school (Kahn, Nursten, & Carroll, 1981). In addition to severe emotional upset, researchers have differentiated school refusal from truancy in terms of two other features: children who exhibit school refusal behaviour remain at home *with* their parents' knowledge, and they do not exhibit characteristics of conduct disorder (Elliot, 1999; Heyne, King, Tonge, & Cooper, 2001).

In the past two decades, the conceptualization and definition of school refusal behaviour has evolved. Discussion has ensued in the literature as to whether school refusal behaviour should encompass any reason for students being absent from school, as Kearney (2007) suggests, or whether school refusal behaviour should be distinguished from truancy as a different type of school attendance problem, as Heyne and colleagues (2001) recommend. Although there is no definitive consensus, there seems to be general agreement among a number of scholars in this area that there are different types of “nonattenders” (Elliott, 1999; Heyne et al., 2001). Scholars have described school refusal behaviour fairly consistently, with a few exceptions (e.g., Kearney, 2008), as a subtype of nonattender: students who have attendance difficulties resulting from emotional distress. Although there is a lack of consistency in the literature regarding the operationalization of school refusal, this review will adopt the definition of school refusal as school non-attendance associated with anxiety or distress.

The prevalence of school refusal behaviour is difficult to ascertain, due to the discrepancy in how school refusal is defined and lack of any national reporting; however, most researchers estimate that less than 5% of school-age children exhibit school refusal behaviour (Fremont, 2003). The prevalence of school refusal is similar across socioeconomic groups and gender but is more common between the ages of 5 and 8 and 10 and 15, when children are either starting school or experiencing transitions between schools (Last & Strauss, 1990). Children who present with school refusal may meet criteria for multiple internalizing and externalizing behaviour problems, including anxiety, depression, phobia, separation anxiety, aggression, temper tantrums, and non-compliance (Egger, Costello, & Angold, 2003; Heyne et al., 2001; Kearney, 2001).

### **Concept of School Refusal Behaviour**

School refusal is a broad term that encompasses a child motivated refusal to attend or remain at school, or a clear and apparent difficulty in doing so (Kearney, 2008). This refusal often results from anxiety produced either by the separation from a major attachment figure or from fear of an aversive situation at school such as bullying or an oral presentation. School refusal can also result from positive reinforcement, or rewards, such as access to television, video games, or simply attention that is received outside of school. The main condition of school refusal is severe difficulty attending or remaining in school, resulting in prolonged absences. From this core symptom, there can result both internalizing and externalizing behaviours (Kearney & Albano, 2000). Internalizing behaviours include anxiety, depression, fear, fatigue, and somatic complaints. Externalizing behaviours include tantrums, aggression, clinging, noncompliance, refusing to move and running away. Some situations can preclude the term school refusal, such as a legitimate illness or disorder. Also, if the refusal is parent motivated rather than child motivated, the term school withdrawal is more appropriate than school refusal. Finally, there are certain societal or familial conditions such as vacations, homelessness,

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economic reasons, or running away from an abusive environment that make the term school refusal inappropriate (King, Ollendick & Tonge, 1995).

School refusal can have a negative impact on multiple areas of functioning. In the short term, school refusing children are at risk for decreased academic performance, increased stress, alienation from peers, family conflict, and a decrease in supervision (Kearney & Albano, 2000). This decrease in supervision is also a risk factor for illicit activity and legal trouble. The long term outlook of school refusing youth includes a heightened risk for economic deprivation, marital problems, substance abuse, criminal behaviour and poor psychosocial functioning. Because school attendance is a critical component of our social and academic development, these potential risks are compounded by the duration of the school refusal (King, Tonge, Heyne, Turner, Pritchard, Young, Rollings, Myerson & Ollendick, 2001).

School refusal behaviour refers to a child-motivated refusal to attend school and/or difficulty remaining in classes for an entire day. School refusal behaviour is a particularly devastating condition for many families because the behaviour often leads to increased conflict, academic and legal problems, friction with school officials, and lost time from work (Kearney, 2001; 2005). The problem often involves a myriad of internalizing and externalizing behaviours, making conceptualizations based on the form of behaviour traditionally difficult. In addition, such heterogeneity of behaviour has stifled the development of consensus opinions regarding the assessment and treatment of this population (Kearney & Albano, 2000).

### **Causes of School Refusal**

School refusal can be caused by a number of things, and figuring it out is often the hard part. Once you determine what it is that is causing your child's behaviour you can often begin taking the necessary steps to help and change things. Children sometimes show these behaviours simply because they are extremely attached to one or both parents and want to be at home with them. It may cause them anxiety to be away or they simply just don't want to be at school. This can often be prevented by separating from your child on a regular basis during his/her younger years so that he/she grows accustomed to being away (Kearney & Silverman, 1996).

Other children may have anxiety about certain things that are happening at school such as a difficult test, a project, or presentation. The school-related stress and anxiety can often lead to feelings of inadequacy or self-doubt which then leads to depression. Children who are struggling with certain subjects in school will often try to avoid school at all costs so that they don't have to deal with the overwhelming fear that overcomes them when they don't understand or are called on to answer a question they do not know the answer to. For others, school refusal is the result of social anxiety. Perhaps your child is very shy and doesn't associate well with other children. He/she may feel alienated and alone, or other children may be bullying him/her.

### **Characteristics of Students with School Refusal**

Common characteristics and features of students who refuse school owing to emotional reasons are varied, and include the following:

**Separation anxiety:** Students who refuse school because of separation anxiety may be worried about the safety of a caregiver or other loved one and fear something bad will happen to that individual. It is common for these children to complain about going to school and engage in morning battles before school that may involve crying, yelling, kicking, or running away. While many young children experience separation anxiety in preschool or before going to kindergarten, the behaviour is more serious when separation anxiety is so extreme that it results in refusal to attend school.

**Performance anxiety:** Some students have extreme anxiety about taking tests, giving speeches, or athletic competition in physical education class. Those who have anxiety about these types of performance situations worry about being embarrassed or humiliated in front of their peers.

**Social anxiety:** Some students may feel social anxiety or worry about social interactions with peers and/or teachers. They are uncomfortable in social situations and may dread socializing with classmates.

**Generalized anxiety:** Some students have a tendency to perceive the world as threatening and have general worries about something bad happening. These children may also have specific fears of disastrous events like tornadoes or war.

**Depression:** Some students experience depression or both anxiety and depression, and the symptoms include sadness, lack of interest in activities, failure to make expected weight gains, sleep difficulties, feeling tired, feeling worthless, feelings of guilt, and irritability. A very serious symptom of depression is suicidal ideation. A child who is talking about harming himself or herself should be referred to a mental health professional in order to ensure his or her safety.

**Bullying:** Some students fear being bullied. These children want to avoid school because of very real situations in which they are physically threatened, teased, or left out by other children.

**Health-related concerns:** Some students tend to have high rates of physical complaints. Physicians and the school nurse can assist parents and school staff in determining whether a child has a legitimate physical problem or if physical complaints are related to anxiety. School refusal may also develop after a student has been home sick with an actual illness. In these situations the child refuses to go to school even after recovering physically. The child's physician can communicate with school officials regarding when the child who has been ill can return to school or whether there are any restrictions for the child at school. If there is no medical reason for staying home, the child should be at school.

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## Functional Profiles

School refusing behaviour is thought to be maintained by two functions, negative and positive reinforcement. From these two main functions, four profiles have been proposed (Kearney & Albano, 2004). Each profile represents a different set of behaviours, and knowing which profile the child fits can be useful in determining what course of treatment to take. Although there will be very few times when a child shows behaviours from only one profile, to know the primary reason that school refusal is being maintained is very helpful to therapists, parents and teachers for information regarding comorbid conditions and treatment guidelines (Kearney, 2002; Kearney & Albano, 2000).

The first profile is the child who refuses school to avoid school related objects and situations. This profile is most congruent with a child who has a specific phobia, such as a fear of the playground or of fire alarms. In this profile, by staying home the child avoids something that he or she is afraid of. The next profile includes the child who stays home to escape aversive social and evaluative situations, such as presentations, exams, or reading out loud. This profile of school refusal may be more difficult to detect, since oral presentations and tests do not always follow a regular schedule. In each of these profiles, the school refusing behaviour is maintained by negative reinforcement, which means that even though they aren't receiving a tangible reward, they are being excused from a situation or environment they dislike and given the chance to go to one that they prefer.

The third profile represents the child who refuses school to receive attention from a primary caregiver. This profile includes children with separation anxiety, and by refusing school these children are often allowed to remain with their major attachment figure. Finally, the fourth profile describes the individual who receives tangible rewards while refusing school. These rewards will vary based on the individual, but they frequently include access to television and video games, treats at home, or even illicit substances. School refusal depicted by these profiles is maintained by positive reinforcement, meaning by refusing to go to school the children gain access to a preferred person, object or activity. (See table below).

<b>Functional Profile</b>	<b>Description</b>	<b>Associated Conditions</b>	<b>Prescriptive Treatment</b>
1: Avoidance	To avoid school-related objects or situations that cause general distress/negative affectivity	Generalized anxiety disorder; specific phobia; panic disorder; emotional disturbance; depression; agoraphobia	Psychoeducation; exposure; systematic desensitization; self reinforcement

2: Escape	To escape aversive social and/or evaluative situations at school	Social phobia; depression; issues or anxiety; shyness	Psychoeducation; role play; modeling; cognitive therapy; social skills groups
3: Attention	To receive attention from significant others outside of school	Separation anxiety disorder; oppositional defiant disorder; noncompliance	Parent training; contingency management; differential reinforcement
4: Rewards	To pursue tangible reinforcement outside of school	Oppositional defiant disorder; conduct disorder; substance abuse	Contingency contracting; response cost

Source: Kearney and Albano (2004)

### Consequences of School Refusal

School refusal is a serious issue that is best managed early. Long absences mean that children miss out on important parts of the curriculum, which is detrimental to their learning and development. A week can be a long time in the playground, so frequent absences might jeopardise children's social relationships. School refusal can also create conflict and strained relationships within families as a result of disruptions to their routines, and might even affect income as parents or carers forgo work to stay home with the child. Children who miss school as a result of refusal might also face long-term problems. Some research has shown that school refusal can contribute to mental health difficulties, emotional and social problems, exiting school early and occupational dysfunction in later life

### Prevention of School Refusal

Parents or other caregivers can do several things to control school refusal before it becomes a routine, troublesome behaviour.

- Listening to the child's actual concerns and fears of going to school is important. Some of the reasons for refusing to attend school may include another child at school who is a bully, problems on the bus or carpool ride to school, or fears of inability to keep up with the other students in the classroom; these issues can be addressed if they are known. On the other hand, making too big a deal of school refusal may promote the child's behaviour to continue.
- Firmly getting the child to school regularly and on time will help. Not prolonging the goodbyes can help as well. Sometimes it works best if someone else can take the child to school after the parent or caregiver says goodbye at home.

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- It truly helps to believe that the child will get over this problem; discuss this with the child (the parent or caregiver needs to convince himself or herself of this before trying to convince the child).
  - The parent or caregiver should reassure the child that he or she will be there upon the child's return from school; this should be repeated over and over, if necessary. Let the child know that the parent or caregiver will be doing "boring stuff" at home during the school day. Always be on time to pick the child up from school if you provide transportation rather than a school bus.
  - Whenever events occur that could tend to cause students to miss school (for example, traumatic events such as terrorism, school shootings, or other traumas), all attempts should be made to help students return promptly to school and to help them to feel safe at school.
  - Supportive counseling is often made available at school in these circumstances so as to minimize reinforcement of school-avoidant behaviours and to prevent secondary gain from school refusal and should be encouraged for any student who wishes to have it. If the child simply refuses to go to school, some parents have found that decreasing the reward for staying home helps. For example, do not allow video games or television, or find out what work is being done in the school and provide similar education at home, when possible. This is especially if the "illness" seems to disappear once the child is allowed to stay at home.

### **School Refusal Treatment**

Treatment of school refusal includes cognitive behaviour therapy along with systematic desensitization, exposure therapy, and operant behavioural techniques.

- Cognitive behaviour therapy: Derived from behaviour therapy, the goals include the correction of maladaptive and inappropriate behaviours.
- Systematic desensitization: A technique by which the child is gradually helped to modify his or her emotionally distressing reaction to school so that eventually the child can return to school without experiencing distress.
- Exposure therapy: A technique by which the child is exposed in a stepwise fashion to increasing intensity and duration of the emotionally distressing event coupled with encouragement to modify maladaptive and inappropriate cognitions gradually enough that the child becomes able to tolerate the previously distressing experience (that is, school attendance) without distress.
- Operant behavioural techniques: These involve reward for desired behaviours in order to increase their frequency.

### **Conclusion**

School refusal is a problem that is stressful for children, families, and school personnel. Failing to attend school has significant short- and long-term effects on children's social, emotional, and educational development. School refusal often is

associated with comorbid psychiatric disorders such as anxiety and depression. It is important to identify problems early and provide appropriate interventions to prevent further difficulties. Assessment and management of school refusal require a collaborative approach that includes the family physician, school staff, parents, and a mental health professional. Because children often present with physical symptoms, evaluation by a physician is important to rule out any underlying medical problems. Treatments include educational-support therapy, cognitive behaviour therapy, parent-teacher interventions, and pharmacotherapy. Family physicians may provide psycho-educational support for the child and parents, monitor medications, and help with referral to more intensive psychotherapy.

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