

School Refusal: a modern post COVID perspective

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Introduction

School refusal is nothing but difficulty attending school or remaining in classes for the entire day and we also see a vast spectrum of attendance problems there. School refusal is really heterogeneous in every sense of the word it's not associated with a single psychiatric diagnosis or medical illness or family circumstances, such that it reflects the wide variety of both covert and overt behaviour embedded within a broader context to best address the school refusal it's imperative to consider the context in which the behaviour is occurring as well as the functions that the behaviour is serving for the child [1]. School refusal is a complex and widespread problem and can develop into a more serious one if left untreated.

What needs to be done is to start with an objective so that we can examine characteristics of school refusal behaviour, along with relevant and impactful contextual variables. While learning to assess strategies to clarify the function of school refusal behaviour and inform individualised treatment recommendations and identify intervention strategies, multidisciplinary approaches, and community resources for youth struggling with school refusal behaviour.

Basic terminology

Absenteeism refers to excusable or inexcusable absences from elementary or secondary (middle/high) school. Researchers generally focus on youths aged 5-17 years with excessive (1) excusable absences related to medical illness or injury or (2) inexcusable absences related to environmental, social, psychiatric, or other conditions.

Inexcusable absences may be caused by school withdrawal, where parents deliberately keep a child home from school for economic purposes, to conceal maltreatment^ to prevent abduction from an estranged spouse, to protect a child from perceived school-based threat, to assist a parent with psychopathology, or for other reasons. Inexcusable absences may also be caused by school refusal behaviour, or child-motivated refusal to attend school and/or problems remaining in classes for an entire day. Researchers generally focus on school refusal behaviour and not school withdrawal. School refusal behaviour is a heterogeneous, dimensional construct consisting of extended absences from school, periodic absences from school or missed classes, chronic tardiness, and intense dread about school that precipitates pleas for future nonattendance. Episodes of school refusal behaviour/may include any of these forms and may change on a daily basis. *School refusal behaviour* is an umbrella term that subsumes constructs such as truancy, school refusal, and school phobia.

Truancy generally refers to unexcused, illegal, surreptitious absences, non-anxiety-based absenteeism, absenteeism linked to lack of parental knowledge about the behaviour, absenteeism linked to delinquency or academic problems, or absenteeism linked to social conditions such as homelessness or poverty.

School refusal generally refers to anxiety-based absenteeism, often from separation, generalized, or social anxiety. *School phobia* generally refers to fear-based absenteeism where the fear may be of a strict teacher or of peers or due to bullying or abuse, but in recent reviews the term school phobia has been done away with and has been replaced with the umbrella term of school refusal. A key problem in the literature is that all the terms discussed in the above paragraphs have been used interchangeably or defined inconsistently across various articles and by various researchers.

Contextual Clinical Variables in School Refusal

Some of the contextual variables to consider is child-based contextual variables that would include a plethora of variables ranging from pre-existing medical conditions or psychiatric conditions, learning disabilities, trauma history, social skills deficits, work obligations out of school, and anything that the child is bringing to the table that might represent some challenges in terms school attendance and parent variables like differences in the expectations of attendance and performance at school and the level of involvement and supervision that the parent provides to the child. Other factors include children from a single parent home, differences in parenting styles and school parent communication in some regards. Family variables include chaotic situations like dysfunctional families, family transitions like divorce, unemployment, relocation, acculturation issues and social factors like poverty and domestic violence. There may be some variables like deviant peers and pressure from peers for absenteeism, bullying or cyberbullying that can lead to refusal. Poor student teacher dynamics, fear of a strict teacher, strict school environments and a poor school climate may be other factors that lead to school refusal.

School Refusal and Somatic Complaints

Many children with school refusal have somatic complaints like stomach aches, headache, sleep problems and other physical complaints. Possible medical concerns should be ruled-out via thorough physical examinations and treatment prior to addressing school refusal behaviour via behavioural/psychiatric methods. Many school refusing children and adolescents would complain about these issues. It is also important to note that children may often present with somatic complaints after a long weekend or what is referred to as Black Monday Syndrome. There may be a manipulative component to school refusal and not all school refusal is anxiety based.

Cycle Of Anxiety via Negative Reinforcement in School Refusal

Models of anxiety and how they develop and are maintained is important and they impact not only how we conceptualise school avoidance or school refusal for a particular child, but it impacts treatment as anxiety may be maintained by negative reinforcement. In the event of an anxiety-provoking situation, all of our anxiety symptoms increase and both the physical and the cognitive components of anxiety increase and a very effective way to decrease anxiety is to avoid or to escape from the situation that was causing the anxiety which immediately brings relief and this has an effect reinforced. The fear of the original anxiety provoking situation is so high that when next time the anxiety-provoking situation emerges, this cycle is more likely to repeat itself. We need to remember that avoidance fuels anxiety and the worst thing we can do for a child whose school refusal is motivated by anxiety, is to encourage more avoidance because while that may help in the short term, it's going to perpetuate the problem in the long term. The question is how would one address panic in a behavioural perspective. In therapy with the kids who present having panic symptoms in the classroom, what we would be recommending is to stay in the classroom despite the elevated symptoms of panic and a lot of times kids would be anxious. By actually exposing oneself to the experience of anxiety without avoidance we learn that its awful and not fun but one can cope and tolerate the anxiety and with exposure comes the learning that one can deal with repeated exposure.

COVID-19, Anxiety and School Refusal

School refusal has almost tripled since the COVID-19 lockdown. The prevalence of school refusal behaviour in the classrooms these days because anecdotally it is blowing up in the post COVID era. This is a bigger problem with smaller children than adolescents. This is related to online school and the pandemic that has facilitated remote learning and youth who had a vulnerability towards developing anxiety disorder or depression or a history of anxiety and depression may present with school refusal due to a prolonged absence due to remote learning. Refusal to sit for long hours, sitting in comfortable sofas and chairs and moving to benches, having to pay attention for long hours unlike being able to switch off zoom calls and also having to physically write tests and exams instead of online all adds to the school refusal issue. There have been instances of children falling asleep at school and also complaining of too much discipline after being used to freedom at home. There is a need for schools to have regular interventions in groups for such

children and adolescents. This has been seen more in the younger groups and more so in groups where children have missed preschool and have moved to first standard without preschool exposure. School refusal needs to be handled with tact and care and there is a need for teachers and school mental health experts to be cognizant of the fact this may not be original pure school refusal and may be due to post pandemic sequel. The parents and school have to work in tandem in these situations and help in the management of the child involved.

Conclusions

Children and adolescents with chronic school absenteeism and school refusal behaviour are at risk for delinquency and school dropout in adolescence and various psychiatric, social, and marital problems in adulthood. In fact, school refusal has been identified as a key variable for the persistence of separation anxiety disorder into adulthood. Researchers have also found, over a 10-year follow-up period, that 30% of youths with school refusal continued to meet criteria for a psychiatric disorder. Researchers have begun to gravitate toward developmental models of school refusal behaviour and absenteeism, reflecting that multiple predictors compound over time to produce premature departure from school. These multiple predictors include socioeconomic, behavioural, family, and attitudinal variables. School absenteeism and school refusal behaviour continue to plague educators and mental health professionals. A key problem with the research data in this area is a general disconnection between sets of professionals who use varying terminology, publish in different journals across various disciplines in psychology and education and investigate only specific subsets of youths with problematic absenteeism. Greater coordination and synthesis of research information is necessary to fully understand and address this complex issue. In addition, mental health professionals within schools should educate teachers, principals and parents about symptoms, assessment and intervention methods for school refusal behavior.

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