

School Avoidance and Absenteeism

Presenting Problem:

In preparation for the start of the school year, this month's case addresses school refusal. A PCP consulted the WI CPCP about a 13-year-old girl who presented with increased irritability and defiant behaviors at home. The patient had an illness that resulted in a few missed days of school. The concern then expanded to include instances wherein the patient seemed fine the night before but then reported additional illness in the morning, which resulted in her staying home again. More recently, the patient has protested or refused to go to school nearly every morning, leading to intense outbursts and arguments. The family expressed that, while they want the patient to go to school, they have kept the patient home because they are unable to move the patient to their car. The family contacted the PCP requesting a letter excusing the patient's absences due to a mental health condition. The PCP contacted the WI CPCP requesting information regarding school refusal and options for intervention.

Consultant's Response:

Carefully Consider a Letter

- Explain to families that letters should not inadvertently reinforce school avoidance.
- If a letter is written, request compassion and collaboration between the school and family.
- Identify the expectation for improved attendance through intervention.

Assess Patient Concerns

- School refusal often involves elements of anxiety, depression, perceived incompetence, or social rejection.
- Explain to patients that while avoidance takes away distress in the short term, it makes the problem worse as kids fall further behind or spend more time disconnected from peers.
- Express empathy for the patient and identify the need for increased positive experiences and self-confidence at school.

Recommend Strategies to Promote Return to School

- Focus on any meaningful connections that patients have with teachers, coaches, peers, or activities.
- For more entrenched school refusal, graded exposure may be needed. This can start with partial days or classes that the patient enjoys most.
- Encourage families and schools to develop an appropriate support plan to address academic or mental health needs rather than a punitive response to patient struggles.
- Focus on effort rather than outcome to reduce anxiety related to performance.
- If patients do stay home, restrict access to enjoyable/non-academic stimuli, such as video games or media.

Recommend Formal and Informal Mental Health Resources

- Encourage patients to consider meeting with a school counselor or outside therapist.
- Identify online or print resources that families can use alone or with a therapist.

Outcome:

In this case, the patient reported feeling overwhelmed by the workload in multiple classes. She felt pressure to succeed but struggled to keep up. Additionally, the patient did not want to be called on in class or spend time around several classmates out of fear that she would be perceived as “stupid.” The patient agreed with the PCP’s assertion that she deserved to feel good about herself at school and that the patient had enjoyed school in the past. The PCP agreed to write a letter encouraging the school to work with the patient and family to maximize attendance and functioning. The patient identified feelings connected to a school club, two friends, and a teacher. The family expressed a willingness to focus on those in the near term rather than simply grades. The patient agreed to obtain additional academic support for at least one class and meet with the school counselor to promote self-confidence. The family accepted the online and print materials offered by the PCP to address school refusal. They agreed to follow up with the PCP in a couple of weeks to provide an update and consider a therapy referral if symptoms persist.