

SCHOOL REFUSAL AND OPPOSITIONAL DEFIANT DISORDER

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Objectives

- 1.) Discuss what psychiatric disorders are associated with school refusal
- 2) Discuss what social factors may contribute to the presentation of school refusal
- 3) Discuss the three types of school refusal categories
- 4) Be able to describe what school officials should initially evaluate when a child is refusing school

School Refusal

Not a diagnosis but a symptom

Associate with several diagnoses and cultural issues, social issues

Definition: Difficulty attending school associated with emotional distress especially anxiety and depression

Synonymous terms include:

- School Phobia
- Separation Anxiety

School Refusal

Includes:

- Youth absent from school
- Attends, but leaves during day
- Go to school after intense behaviors (melt-down, tantrum)
- Manifest extreme distress at school

Common factors:

- Pleas to parents to stay home
- Distress when going to school
- Somatic complaints
- Peer and family difficulties

School Refusal

Behavior serving a function of negative reinforcement (negative views of school)

or

positive reinforcement (not being at school offers more pleasant experience)

and

may be the manifestation of an enmeshed, dependent, or oppositional dynamic with parent

School Refusal – Negative Reinforcement

Avoiding bullies

Avoiding riding buss

Avoiding particular teacher or class

Performance anxiety

Peer stressors

Bathroom anxiety/incontinence

Germ anxiety/ OCD

Epidemiology and Etiology

Three types of school refusers:

- Anxiety driven
- Truants
- Mixed anxiety and truancy

Epidemiology and Etiology

1% of all students

5-10% of children of clinical significance

45% female 55% male

Two peak age groups:

5-6 years of age

10-11 years of age

Third group of interest is first or second year of high school

Co-Morbidity

25% of children with anxious school refusal type have more than one psychiatric diagnosis (compared to 6.8%)

- Separation Anxiety
- General Anxiety Disorder
- Social Phobia
- Panic Disorder
- Major Depressive Disorder
- Adjustment Disorder
- Oppositional Defiant Disorder
- ADHD

Risk Factors

Anxious school refusal – more likely to live in a single parent home, go to a more dangerous school, have a biological or no biological parent who has been treated for psychiatric disorder

Truant school refusal- economic challenged household, single parent household, adoptive parent, born to teenage parents, minimal parent supervision

Mixed school refusal- parent who has not completed high school or is unemployed, a parent who has been treated for psychiatric disorder, economic challenge, move multiple times, dangerous schools, minimal parental supervision

School age refusal- parent is more likely to have refused school themselves, and/ or suffer from anxiety

Risk Factors

Approximately 39%. Of families with school refusing children scored lower on independence subscales and higher on conflict subscales, endorsed more family isolation, and scored high on disengagement and rigidity, (using Family Environment Scale) .

Parent Psychopathology- 81% of children had 1 parent with a history of psychiatric disorder, 41% had both parents with psychiatric disorder

Stressful life events- Conflict at home, bullying, moves, physical illness, change in family composition

Prognosis

25% of cases remit spontaneously

Non-remitting cases can lead to increased anxiety academic failure, peer and family relationship problems

Long term outcomes- social isolation, worsening anxiety and depression, job difficulties, increased problems with legal system and substance use

Evaluation

No formal practice guidelines

Recommend evaluation for psychiatric diagnosis and family interaction

Recommend screen for contributing factors such as bullying or home stressors

Psychoeducational and language evaluation to rule out learning disorder and language deficits or intellectual deficits

Treatment Plan

Treat underlying psychiatric disorder – Cognitive Behavioral , Family therapy, School Consultation, Psychopharmacotherapy

Crucial to work with parents and school personnel in behavioral management strategies and interventions

Plan for school re-entry- steps toward moving to full day at school with parent not present

Contingency contracts and positive re-enforcers helpful, should be age specific

Using homeschooling and changing schools is not recommended

Oppositional Defiant Disorder

Pattern of negativistic hostile and defiant behaviors lasting at least 6 months with at least 4 of the following:

- Loses temper
- Argues
- Defies or refuses to comply with adult requests
- Deliberately annoys
- Blames others for mistakes and behaviors
- Irritability
- Angry resentful
- Spiteful or vindictive
- Causes impairment with social academic and family interactions
- Not conduct disorder or antisocial PD

ODD

Highly co-morbid with anxiety, depression and ADHD, substance abuse

BUT IT IS NOT ADHD

Co-morbid anxiety, depression, and ADHD is treatable with medications

But ODD is not

ODD is often a particular type of temperament, with or without underlying disorder, that is given reinforcement by guardian/parent which forms an oppositional and defiant dynamic

ODD Epidemiology and Etiology

2-16% of population depending on the study

Lifetime prevalence is 11.2% for males and 9.2% for females

Western phenomenon, and not as readily recognized in other cultures/ countries

Genetic vulnerability with co-morbid condition in twin studies and heritability studies

However sociological factors have most impact for treatment

ODD and Sociologic Factors

Recognized pattern of volatile interactions and affective dysregulation within family structure such as:

Family stressors, domestic violence, low family cohesion, parental mental disorder, parent substance abuse, and parent antisocial personality

Mothers of ODD children report feeling less competent as parents, having fewer solutions for solving child behavior problems, and less frustration tolerance towards child's behaviors

ODD and Sociologic Factors

Inconsistent consequences and poor limit setting is highly predictive

Maladaptive parenting styles (over permissive and/or over controlling)

ODD is somewhat normal in toddlers, but it is the lack of shaping of behaviors through parenting and lack of adaptive social skills which leads to pervasive disorder

Prognosis

ADULTS WHO HAD CHILD DIAGNOSIS OF ODD:

- Symptoms proven to be highly stable over time
- Increased risk of externalized behaviors
- Conduct disorder
- Antisocial PD
- ADHD
- Depression
- Substance use
- Legal Problems
- Less education
- Lower job prospects

Plan for ODD with School Refusal

Parent and school interventional plan

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