SCHOOL REFUSAL

OVERVIEW/DEFINITION:
The umbrella term of school refusal refers to a student who refuses to come to school or to stay in school. It is emotionally based and has often been associated with other conditions such as anxiety disorder, depression, oppositional defiant disorder and post-traumatic stress disorder. School nurses encounter numerous children and adolescents that have trouble attending school or difficulty remaining in school for the entire day. This can be for a myriad of reasons and the school nurse can be an integral part of the school team in addressing these issues:

- Prevalence is greater than many childhood behavioral disorders
- Similar incidence between boys and girls
- Affects approximately 2-5% of all school-aged children
- Most common in children between the ages of five to six and 10-11-year old
- Common during school transitions

Every Student Succeeds Act (ESSA) law requires the reporting of chronic absenteeism and provides some federal funds for preventive measures. Students experiencing school refusal generally fall into these reporting requirements.

Definitions

School Phobia (outdated term): Fear-based, intense anxiety about being in school.

Separation Anxiety: Excessive worry and difficulty separating from parent on the part of a child and possibly a parent. Seen especially at the start of the school year. Concerns are excessive and interfere with academic functioning.

Truancy: Absence from school without permission or good reason with or without parental permission.

Chronic Absenteeism: Legitimate or illegitimate absence from school or class and missing 10% of school or more for any reason.

ANTICIPATED CONCERNS/PROBLEMS:
Students with chronic school refusal are at a high risk for never finishing school. If poor attendance is allowed to persist, the impact undermines academic achievement and social emotional skills. Students who are chronically absent in kindergarten and first grade are much less likely to read proficiently by third grade. Students with anxiety-based refusal have high rates of somatic complaints including stomachaches, headaches, shortness of breath, crying and general feelings of “I don’t feel good”. School nurses can be instrumental in helping to determine whether these are a result of a true medical condition or attempts at school avoidance.
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ANTICIPATED CONCERNS/PROBLEMS (continued)

Warning Signs

- Frequent unexcused or excused absences
- Post-holiday absences
- Frequent tardiness
- Absence on significant days
- Frequent requests to call home
- Worrying about a parent while at school
- Parent who frequently calls to “check on” child during school
- Frequent requests to go to the nurse’s office
- Somatic complaints such as headache, nausea, “not feeling well”
- Crying in school or when school is brought up
- Unsubstantiated issues with peers or teachers

MANAGEMENT/INTERVENTIONS:

- Educate all families on the importance of school attendance and attendance policies in school.
- Use data to develop or contribute to the development of a surveillance system to monitor and notify parents/guardians of students at risk for poor attendance to provide early intervention.
- Notify school administrators of students with excessive visits to the health office or high absenteeism rates.
- Meet with parents/guardians early in the process when attendance issues arise.
- Connect struggling students with positive and engaging supports.
- Work with educational colleagues to regularly discuss students with attendance issues.
- Provide parent and student education about appropriate health reasons for staying home from school.
- Support and assist parents as needed, to get students into the school building.
- Assist parents in setting up consistent morning routines and ignoring pleas to stay home and inappropriate behaviors.
- Consider home visits from a team of educators when students are refusing to come to school.
- Assist families of students with anxiety and depression to seek counseling to learn cognitive behavioral strategies to manage their feelings.
- Encourage school connectedness.
- Collaborate with outside providers such as healthcare provider and therapist as needed.
- Develop an Individualized Healthcare Plan (IHP) or refer to the Section 504 Accommodation Team as appropriate.
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NOTES:
Early identification and intervention are key. Once students get too far behind in school and feel they have missed too much school it becomes more difficult to get them back in school. Often the longer they are out of school the more difficult it is to return. Homebound tutoring should be discouraged as an effective approach. Sometimes partial days or slow reintroduction back into school may be utilized as a tool for re-entry.

REFERENCES


2 Ibid.


9 Ibid.
