

My Child Won't Go To School

Lynda Savage, M.S., LMFT, LPC

A phenomenon presented itself when I was a school counselor and in every year since as a family therapist. There was very little literature about this painful experience while I worked in the schools. There are now things that may be researched online written for parents and school personnel. It is a difficult topic. As a school counselor, I consulted with a local psychiatrist and began to gather information about this severe stress response experienced by children. The article below is a result of this on-going information gathering.

BACKGROUND

It is thought that as many as 5 to 12% of school age children at some time suffer from "school phobia." The name is set in quotation marks to bring attention to the fact that this panic response is not a fear of school as the name suggests. It is a fear of separation.

This fear is very real. To the child and parents, it seems to be associated with school itself or a personality conflict with the teacher. More precisely, this fear is brought on by a perceived possibility of loss which includes change in the home environment.

Phobia means irrational fear. It is not, however, irrational in the strictest sense. In essence it is a fear of experiencing the severe panic that has taken place at school, on the way to school, or at home before leaving for school. One could say, the child has a fear of the fear.

This panic is can be triggered by several things, some in association with social situations, school or school personnel. However, most often there is a compelling and overwhelming desire to be reassured that things are going well on the home front. The child not only feels safe there, but has a great desire to know that things are safe there for his/her loved ones.

In this way, the root causes are often thought to be fears related to ties with the home and family. Often there is a strong concern is with the safety or attachment to mother.

The panic and fear expressed by the child may translate in the child's mind as a series of thoughts having to do with losing someone at home. In many cases the child is not so much reluctant to go to school as she/he is concerned about leaving mother, family, or the safe home environment.

This disorder is often triggered or complicated by a negative experience with a peer or teacher or triggered by a brief illness after which the child does not want to leave a warm and predictable environment.

The sense the child has is something along the lines of: "if I have to leave now, I will never be safe again or my family will never be the same if I have to leave..." If the people at home are fearful of some change or recent experience of loss, this can compound the child's desire to stay in the home rather than experience the overwhelming feelings of panic when separated from the home environment.

ACTION PLAN

Literature as well as experience, for the most part, directs that the child return to school immediately. The longer a child avoids school, the more difficult the problem becomes. Adults working with the child are advised to stay firm and kind in getting the child to school and class. Once in the school environment, the fear, panic, or illness sometimes seems to miraculously disappear. When the symptoms do not disappear, there are steps to follow which, in most cases, allow for a return to normal school routine. These additional steps need to be coordinated and implemented by knowledgeable people.

There are exceptions to the following directives, so be sure to consult a mental health professional and a physician when considering ultra firm measures.

SOME ADDITIONAL STEPS

Again: The following are efforts to shorten the exposure to the "fight or flight" or fear triggers that the child feels in intense panic. When moving the child directly to the school environment, in a period of time, many children have the physical reaction of internal chemicals for calm replace the internal chemicals for panic. This is the goal of the following ways to help a child move from fear to acceptance of the school routine once it has been determined that the problem is an anxiety reaction not a problem with the school.

The child may stay in the nurse's office, the principal's office, or anywhere at school rather than home. Trying as this may be, the child comes to eventually know that the classroom is a more rewarding place than a lonely office. Interaction with school personnel should be brief, firm and kind when the child is outside of the normal school routine: At intervals of time (perhaps at class change times) while the child is in a relatively isolated place (not a punitive place), the child should be encouraged to go back to the classroom. Other interactions in the regular routine of the classroom, in the hallways, or at lunch, etc., should be kept as normal as possible.

The best results occur when there is a coordinated effort between parents, school personnel, and others who relate to the child. A meeting between the adults concerned, conducted by a helping professional who understands school phobia, can contribute in easing everyone's concern. For example, in difficult cases, parents may literally struggle with the child all the way to the school door only to have the child's symptoms disappear once in the building. School people

working with parents need to understand how torn parents can be with this unusual behavior. Parents and school personnel sometimes think something terrible has happened at school and sometimes, though rare, it has and must be considered. However, most often those in close contact with the child will do well to consider school phobia when the child begins to be in habitual full blown fear response.

TREATMENT

It is best to involve a mental health professional and school psychologist, physician, or psychiatrist familiar with school phobia when the symptoms do not go away soon. When symptoms are severe, parents must be aware that the child is experiencing a possible acute anxiety disorder experience. A physician should be consulted to determine whether or not there are accompanying physical problems. A review of the child's social/behavioral experience must be made to rule out abuse or specific trauma.

SYMPTOMS AND WHAT WORKS

Children suffering from this disorder may experience low-grade fever, become tense, nauseous, tearful or defiant. Any means to stay home will do when the child experiences this condition. These children are usually above average in intelligence, may be sensitive, and are not generally what may be categorized as "trouble makers."

Even when help is obtained for these children, there may be setbacks. Mondays are notoriously difficult for children, families, and school people dealing with a phobic child. The agreed upon methods of handling these recurrences simply must be embarked upon again. The first days back at school after three-day weekends or school vacations may also bring on the symptoms. Do not become discouraged. Setbacks are part of recovery.

Treatment involves behavioral methods as well as, at times, medication. This is a very treatable disorder. It is very real, and everyone concerned needs lots of understanding and patience. It is important to note that these children are usually "normal" in every way except for this condition, which most often is temporary.

Recurrence is possible and equally treatable.