

CASE REPORT

PARENTAL ISSUES CONTRIBUTING TO SCHOOL REFUSAL: A CASE REPORT

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Abstract

Objective: This case report aims to highlight the importance of parental contribution to the school refusal problem. **Methods:** We report a case of a 9-year old boy who presented with school refusal behaviour. **Results:** There was no psychiatry diagnosis made in this patient. Parental issues such as ineffective and inconsistent parenting, and parental marital disharmony contribute significantly to the school refusal behaviour. **Conclusion:** Parents in particular are important team players in the management of school refusal. Parental issues need to be explored and managed accordingly to ensure good outcome. *ASEAN Journal of Psychiatry, Vol. 15 (1): January – June 2014: 83-85.*

Keywords: Parental Issues, School Refusal, Child

Introduction

School refusal occurs in about 1-5% school aged children [1,2]. School refusal behaviour is defined as refusal to attend school or any difficulty to attend classes by a child [3]. School refusal is different from truancy which is unexcused absences [4]. Multiple factors contribute to school refusal. In certain situations, psychiatric conditions also contribute to school refusal [1]. This case report highlights the contribution of parental issues to school refusal.

Case Report

MAK, is a nine year-old boy who presented with school refusal since two years ago with worsening of symptoms in the past two months. He had congenital pyloric stenosis which was corrected at the age of one month old and congenital atrial septal defect with spontaneous closure at the age of six years. He had recurrent hospitalisation due to the heart condition during his pre-school years which interfered with his learning. Therefore, he was placed in special classes when he entered

formal schooling at seven years of age as he was unable to read and write. There was no school refusal problem at the time. He picked up reading and writing skills, and completed his first year of schooling with good results.

However, he had difficulty making friends and had only one friend in school. School refusal started at the age of eight years old, after his only friend moved to another school. During school days, he became anxious, started crying and refusing to get out of the car upon reaching school. Many times, his mother failed to get him to the class and had to take him home instead. His mother, who was over-protective, managed the problem by transferring him to the school where his friend had moved to. The whole family moved to a new house near the school. In the new school, he joined his friend's class instead of his own class. The teacher allowed this which further reinforced his behaviour. The school refusal stopped as he gained his demands. Despite regular absences, his school performance was good.

When the new school term started in 2013, he started refusing to go to school again insisting to be in the same class with his friend, who was a year younger. Teachers did not allow this due to the bigger differences in the syllabus which would interfere with his schooling. The school refusal started again. There were no consequences for his behaviour as he could do what he liked at home, when not attending school. His mother tried to negotiate with the school to allow him to be in the same class as his friend. The school authority suggested for psychiatric assessment and treatment. During the consultation, the mother was more interested to get a recommendation letter to keep him in the lower class instead of dealing with the school refusal problem.

MAK was the only child in the family. His father was a foreigner and had no family in Malaysia. He ran his own business while his wife worked as an information technology officer. The marriage was not blessed by the wife's family as she became the second wife. MAK's father was authoritative, punitive, and practised physical punishment when MAK made mistakes. On the other hand, his mother was over-protective and over-involved, complying with all MAK demands. He grew up in a small, isolated family unit, and over-protective environment. His mother's parenting style contributed to his anxiety traits. There was marital disharmony which led to further aggravation of his anxiety. The inconsistent parenting further perpetuated the behaviour problem.

He was accompanied by his parents during the session but was able to be seen alone. There were no features of depression noted. He was very preoccupied with the thought of being in the same class with his friend. Despite normal intellectual function, he had lack of confidence and appeared to be dependent on his mother. His symptoms did not fulfil criteria for any psychiatric diagnosis. The school refusal resulted from his own vulnerabilities such as anxiety traits, poor self-esteem, coping skills and lack of social skills, which were further reinforced by mother's poor parenting style.

School visit was done to explore the situation and to include the teachers as important team players in managing the problem. Behaviour

management and gradual exposure were introduced. Gradual desensitization was used to reduce his anxiety related to school. At the beginning, he was allowed to calm down in the school office before entering his class. Gradually, he was prepared to go straight to his class. Consequences for the behaviour were introduced where positive behaviour i.e. attend school, was rewarded while negative behaviour i.e. school refusal was punished. Parents were advised to cooperate with teachers and comply with the management plan.

Parenting issues were discussed with the parents. They were educated to practise consistent and effective parenting. Parents were also advised for marital counselling. Individual work with the counsellor focused on improving the child's anxiety related to school via breathing and relaxation technique, and improving his social skills, coping skills and self-esteem.

His progress has been positive and largely the result of committed and supportive teachers. Despite the struggle in the morning, he has been attending school regularly. In the class, he slowly started to make friends with few students. His mother continued to be over-protective and inconsistent parenting pursued.

Discussion

School refusal is a common problem seen among children as well as adolescents [5]. Fernando and Perera found that 59.6% of children with school refusal presented with somatic complaints while another 50.6% children had anxiety symptoms [5]. Anxiety disorders (31.6%) and attention deficit hyperactivity disorder (16.4%) were among the most common diagnoses [5]. Other factors causing school refusal include avoiding specific school related fears, escaping from aversive social situations, unresolved separation anxiety, and attention-seeking behaviours [1].

This case illustrates the parental role and contribution to school refusal. Fremont stated that family functioning contributed significantly to school refusal behaviour in children [1]. Early intervention was important

as the behaviour became worse when the child was allowed to stay at home continuously [1].

When a child refuses school, parents particularly become distressed. Yet, parents are often unaware of their contribution to the school refusal. It is important that parents acknowledge their contribution in order to prevent and curb the problem. In this case, the parenting style shaped the vulnerabilities in the child, and predisposed him to school refusal. As the problem progressed, the over-protective and over-involved attitudes of the mother allowed the child to manipulate the situation and worsened the behaviour. Inconsistent parenting allowed further manipulation.

In conclusion, school refusal is a complex problem that needs to be approached holistically. Parents, teachers, and health professionals should work together as a team in dealing with school refusal problems. This case highlights the parental contribution, being among the important factors to be explored. Intervention is holistic and collaborative but parents have to play important roles in the management. Acknowledging their contribution, adopting effective parenting styles, managing problem behaviour, and being good team players are the important aspects to focus on in the management.

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Received: 1 June 2013

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Accepted: 22 July 2013