Family therapy for child and adolescent school refusal:

A model for systemic intervention

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“The problem starts with vague complaints of school and reluctance to attend, progressing to total refusal to go to school or remain in school in the face of persuasion, entreaty, recrimination and punishment...The behavior may be accompanied by overt signs of anxiety or even panic...Characteristically, they remain at home with their parents knowledge when they should be at school.”

Prevalence

- Data on the number of young people treated at Alfred CYMHS for school refusal is difficult to obtain.
- There is no ICD-10 diagnosis for school refusal. It is a descriptive term for a cluster of symptoms, not a specific disorder.
- Affects 1-5% of school-aged children, similar across genders.
- Peaks at age 5-6 years and 10-11 years of age.
The Black family

The Black family self-referred seeking assistance for Jane, aged 17 years. Jane was the younger of two daughters born to Terry and Ann. Her older sister, Amy aged 19 years, was studying at university and still living at home.

Jane had been school refusing 3-4 days a week for 18 months. Onset coincided with Amy completing VCE, commencing university, and spending less time at home. Her parents were concerned that Jane ‘lived in the shadow’ of her older sister.

Terry and Ann had taken Jane to several individual therapists, however treatment had not been effective. On this journey, Jane had collected a variety of psychiatric diagnoses including major depression, OCD, Chronic Fatigue Syndrome, and Generalised Anxiety Disorder. Terry and Ann had been advised by several professionals not to push Jane to attend school; she would begin attending when she ‘felt better.’
A systemic formulation of the problem

Systemic formulation
• Structural theory: consider boundaries, hierarchy, coalitions, triangles
• Does the problem serve a function?
• Why now?
• Vertical or horizontal stress?
• Identify patterns of relating which function to reduce anxiety by maintaining homeostasis (and the problem).
• Theory of the problem, past attempts at solutions.
Nature of the problem

• School avoidance vs. need/want to stay home.
• Nature of the problem informs focus of intervention.
• Academic: rule out learning problems/cognitive deficits, work with school to support learning.
• Social: how can parents and school scaffold the young person’s social development?
• PC/Gaming addiction: limit-setting, and understanding the needs met through technology.
The ‘nodal point’ appeared to be related to a family life cycle transition: Amy completing school and becoming more separate from the family. Jane’s school refusal also provided a shared focus for Terry and Ann, without which I suspected the couple’s marital tensions threatened to come to the fore.

Jane’s school refusal caused conflict between Terry and Ann. There was evidence of a soft/hard split between the parents and a coalition between Terry and Jane to the exclusion of Ann. Ann developed an alliance with Amy, who acted as her confidante and, at times, ‘co-parent’. This created conflict between Amy and Jane: Amy resented Jane for the stress she caused in the family, Jane resented Amy for “taking Mum and Dad’s side.”

Jane’s school refusal was driven by anxiety about academic performance and a fear of failure. School and parents had noticed that Jane’s anxiety escalated (and attendance declined) in the lead-up to an exam or assessment. Jane stayed home, studied excessively, went to school and ‘aced’ her assessments then resumed school refusing. This enabled Jane to avoid the negative academic consequences of non-attendance, however she remained ‘stuck’ in a repetitive pattern of avoidant behavior that reinforced her non-attendance and concurrent anxiety.
Raise awareness about the seriousness of the problem

- Is it really such a big problem?
- Arrested development.
Terry and Ann were uncertain how seriously to take the problem because Jane continued to achieve high grades and lead a healthy social life. We talked about the prognosis and risks of untreated school refusal.

I prompted the parents to consider how this pattern of behavior, should it continue, might impact Jane’s plans for university and employment.

We talked about the problem as being not one of school attendance, but a one of ‘skill development’: Jane needed to develop the skills of managing anxiety, and her own high expectations, along with the other demands of advanced adolescence.
Harness parental anxiety

• Too anxious? Not anxious enough?
• Overanxious-inert, overanxious-reactive.
• Regulating/restraining the overanxious parent.
• “Precipitating a crisis” (Bryce & Baird, 1986).
While Ann presented as ‘overanxious-reactive’, Terry was not anxious enough.

Terry was encouraged to be more supportive of Ann and more active in managing the problem, which helped contain Ann’s anxiety. Ann was encouraged to allow Terry to take an equal role managing the problem, which reduced her anxiety and reactivity.

Terry and Anne became less reactive to one and other and more considered in their approach, and ceased engaging in the repetitive patterns of interaction that functioned to maintain the problem.
Debunk family ‘myths’ about the problem

“He has to feel ready before they can return to school.”
“If we force him, we’ll make him worse.”
“She’ll go back to school when her depression is better.”
“We can’t FORCE her to go to school, she’s too old for that.”

• “Depsychiatricizing” the problem (Bryce & Baird 1986).
• Reframing the problem in developmental terms.
• Developing a shared understanding of the problem.
The dominant family ‘myth’ was that Jane’s various psychiatric diagnoses prevented her from going to school. I asked the family if they could think about the problem a little differently: rather than waiting for Jane’s depression/OCD/CFS/anxiety to resolve before she could attend school, was it possible that a return to school and being a normal adolescent might make Jane happier?

A further ‘myth’ was that Jane’s attendance wasn’t really a problem because she was still getting good grades. I talked about how lucky Jane was to have escaped this negative outcome so far (implicitly suggesting this may not continue).

We talked about the ways Jane’s social and emotional development was threatened by this problem. I asked the parents to consider what Jane’s future might look like if she learned the habit of ‘giving in’ to anxiety when she felt fearful of failing. I asked how this might affect Jane’s willingness to tackle new challenges in future.
Strengthening the parental subsystem, aligning the siblings

- “How you do it is less important than doing it together.”
- Create an enactment.
- The devil is in the detail.
- Deviation amplifying.
- Align the young person with sibling/s.
Terry and Ann agreed on the outcome they wished to achieve (Jane attending school full-time) but became polarised in their attempts to achieve it. Using circular questioning, I elicited a detailed behavioural sequence around one of the worst mornings. I instructed the parents to talk together in session about how they could work together more. During this discussion Amy began to offer advice. I blocked her interruptions and encouraged parents to persist. Terry began to consult Jane and seek her agreement; I redirected him to talk with Ann instead. Terry and Ann successfully reached agreement about a plan they could carry out together.

In a later session, Amy revealed that Jane had been trying to ‘chat’ to her on social media about how angry she was at their parents. Amy had rebuffed her. We talked about what Jane’s desire to connect with her might mean, and Amy realised she was probably feeling isolated because Terry and Ann had become more united and Amy was busy with her boyfriend. Amy felt her anger towards Jane had been getting in the way of the two of them talking like they used to.

At this point, Ann revealed she often complained to Amy about Jane and realised this probably fostered conflict between the girls and created a loyalty conflict for Amy. I suggested Amy focus on being a sister and trust Terry and Ann with the job of parenting, and we talked about how she might do this. I suggested Ann take her complaints to Terry instead of Amy, and she agreed to try.
Recruit the young person as an ally

- Young person is an active participant in the return to school plan.
- Maximise autonomy, minimise resentment.
Jane attended only the first family therapy session, thereafter refusing to attend. During this session I asked her about her motivations for returning to school and sought to maximise her sense of autonomy by posing questions like:

“What are your ideas about the best ways for you to get back to school?”
“I know you find it really hard to go to school - and I doubt you’re going to like Mum and Dad forcing you to go - but they’re going to do it anyway. Can you give them any tips about how to make it easier for you?”
“If you were at school and started to find it tough, what kind of support (at school) would help?”

I explored how each person in the family was affected by the problem, to highlight the shared experience of struggle. This served to align Jane with the rest of her family - the Black family vs. the problem of school refusal (instead of Terry and Ann vs. Jane).
Broaden your understanding of the system

• School and family: two parts of one system.
• Effective treatment requires a strong alliance between school and family.
• Activate auxiliary supports.
• Between session support and ‘coaching’. 
I established communication with the school counsellor following the first family session and we continued to liaise by phone and email. The school counsellor acted as liaison between myself, the family and the school community. She developed a return to school plan in collaboration with the ‘team’ (school, family, CYMHS), met with Jane alone to problem-solve practical difficulties (e.g. missed assessments), and arranged meetings for Jane with individual teachers.

Some days, Ann was unable to contain her anxiety about Jane’s refusal to attend school and responded by calling the school several times a day. This created anxiety among school staff. The school counsellor and I agreed that Ann should be redirected to contact me, which contained Ann and the school.

Jane had been seeing an individual therapist. As her parents increased pressure to return to school, Jane requested to resume therapy. I suggested this may be a good interim support for Jane while she and Amy repaired their relationship, while also making it clear I thought individual therapy would not fix the problem. I liaised regularly with the individual therapist to ensure we had shared treatment goals.

Several times during treatment, Ann and Terry utilised the support of extended family, sending Jane for brief ‘respite’ stays with relatives.
Outcomes

**Most effective...**
- With younger children.
- When the problem is not well-established.
- Pre-morbid family functioning was high.

**More challenging when...**
- School refusal is complicated by gaming addiction.
- Associated with a reversed sleep cycle.
- Families have significant premorbid difficulties with functioning.
Terry and Ann were successful in getting Jane back to school. Jane quickly became annoyed by her parent’s control and supervision, and took responsibility for getting herself out of bed and to school. Several times during treatment, Terry and Ann had to resume this responsibility as Jane started to miss days. When her parents stepped in, Jane’s attendance quickly improved. As predicted, Jane’s mental health did improve following her school return. She finished her VCE year with plans to commence university the year after.
The family’s reflections on treatment

“It’s great that you can offer this, because as a parent, you start to doubt yourself...doubt that you are doing the right thing. Then we can come in and talk to you and be reminded that we are on the right track.”

“It’s exhausting. It (family therapy) gives you the energy to keep going....It’s like an adrenaline shot.”

“As a parent you begin to wonder if by pushing her to go to school you’re doing the right thing... that reassurance is really important.”

“Coming here and talking about it helps me to realise things are getting better. I don’t see it otherwise; I’m not sure why...”

“It’s helpful, I hadn’t thought that she might be feeling alone in the family; I guess it’s hard for her if Mum and Dad are making her go and then I’m mad at her, too.”

“Coming here and being told ‘make her go’ went against everything we’d been told by other professionals, but it just made complete sense. Being given that message was like being given permission to do it.”
References


