LEARNING OBJECTIVES

To recognize the importance of taking a system of care approach to determine whether the symptoms of school avoidance are due to mental illness

CASE PRESENTATION

This is a 12-year-old Caucasian girl, currently in the 7th grade, who presented to the outpatient clinic with her father for missing five days of school due to anxiety. She was on the Honor Roll and was accepted by her peers. She shared that she started having panic attacks in the 4th grade when her father underwent open heart surgery. She was previously evaluated last year for missing 30 days of school consecutively. Consequently, she initiated therapy and fluoxetine.

Her history was also significant for: a) Her brother missed 2 years of school 2 years ago; and b) her BMI was above 30 (obese). She wanted to lose weight. Additionally, she was sensitive to her dad’s joking/criticism about her weight.

• She felt isolated from the rest of the world. She described these attacks as, “horrible feelings that distracts me from focusing and makes me feel super uncomfortable, especially in the AM before school.”

• She described her anxiety as, “terrible sensations in the chest, hands really sweaty.” During periods of anxiety she felt isolated from the rest of the world. She described these moments as she could not talk and felt frozen. She would end up crying at the nurse’s office. These attacks became more frequent and would last for up to 3 to 4 hours. These behaviors resulted in periods of avoiding going to school.

DIFFERENTIALS OF SCHOOL AVOIDANCE

SCHOOL REFUSAL
• Child spend most time at home
• Child reports anxiety, shaking, shivering, dizziness, tachycardia, nausea, stomach pain, vomiting, hyperventilation especially in the AM before school

TRUANCY
• Parents are not aware that child spend most of the time away from family, home, plays truant with others
• Child is oppositional, lies, delinquent, have aggressive behaviors, impulsive behaviors, hyperkinetic symptoms

SCHOOL ANXIETY
• Fear of exams
• School anxiety
• Bullying

SCHOOL PHOBIA
• Fear of separation from parents

MIXED SYMPTOMS
• Absence: occasionally, parents are aware, occasionally they are not
• Symptoms: externalizing and internalizing symptoms

ASSESSMENT AND PLAN

We applied a system of care approach to assess the etiology of the child. A typical panic attack lasts approximately 30 minutes, but the patient’s panic attacks were unusual in that it would last for several hours which caused the nurse to believe that she was feigning her symptoms to avoid class. The provider contacted teachers in order get a clearer picture of her panic attacks. One teacher observed that excessive noise would be a trigger for her and that she does seem to be emotionally upset when her panic attacks occur. Working with the counselor, we were able to successfully maintain her presence in the classroom until she was admitted to a PHP. Although the patient ultimately missed 30 days of school due to anxiety, we were able to get multiple disciplines to work together to help the child to successfully complete 7th grade and avoid truancy court.

DISCUSSION

Using the system of care approach we found that one of the difficulties was getting her mother involved. Her mother enabled her avoidance behavior by allowing her to play XBOX games, such as Fortnight, play on the computer, and watch television. Additionally, it was also difficult to get the entire family to come to family therapy sessions. Although we were successfully able to help the patient past 7th grade, it was imperative that the family get family-based services on board to address the dysfunctional family dynamics.

RESOURCES


