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FARKLI SINIFLARA VERİLDİKTEN SONRA İKİ KARDEŞİN BÜYÜĞÜNDE GELİŞEN OKUL REDDİ: BİR OLGU SUNUMU

SCHOOL REFUSAL DEVELOPING IN THE OLDER OF TWO SIBLINGS AFTER THEIR BEING ASSIGNED TO DIFFERENT CLASSES: A CASE REPORT

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Öz

İlk kez İngiltere'de ortaya atılan 'okul reddi' terimi, duygusal zorluklar nedeniyle okula gitmeyen çocukların sorunlarını tanımlamak için kullanılır. Okul reddi bir belirtidir ve çeşitli psikiyatrik bozukluklara (anksiyete bozukluğu, yıkıcı davranış bozukluğu ve duygudurum bozukluğu gibi) eşlik edebilir. Okul reddi, psikolojik rahatsızlıkları olan ebeveynlerin çocuklarında sık görülür. Bu, okul reddi gelişiminde genetik ve çevresel faktörlerin rol oynadığı fikrini desteklemektedir. Her vaka için ayrı bir terapötik protokol, çocuklarla ilgili, aileyle ilgili ve sosyal çevre ve okulla ilgili faktörlerin ayrıntılı değerlendirmesi yoluyla oluşturulmalıdır. Okul reddi 5, 6, 10 ve 11 yaşlarındaki çocuklarda daha sık görülmektedir. Tedavide amaç en kısa sürede okula geri dönüş sağlamaktır. Okul reddi, Zihinsel Bozuklukların Teşhis ve İstatistik El Kitabı, Beşinci Basım'a göre klinik bir bozukluk olarak görülmemekle birlikte, çeşitli psikiyatrik bozukluklarla ilişkili olabileceği vurgulanmaktadır. Bu nedenle, okul reddi olan gençlerin bir ruh sağlığı uzmanı tarafından değerlendirilmesi gereklidir. Aynı sınıfta okula başlayan, ancak daha sonra farklı sınıflara atanan bir yaş farkı olan iki kardeşin yaşı büyük olanın da okul reddi olgusunu tartışıyoruz. Bu raporun amacı, ikizlerde olduğu gibi, yakın yaşlardaki kardeşlerin de farklı sınıflarda okula başlamasının önemini vurgulamak ve bunun farkındalığını artırmaktır.

Anahtar kelimeler: okul reddi, anksiyete, kardeş, çocuk

Abstract

The term 'school refusal,' which first originated from Great Britain, is used to describe problems in children not going to school because of emotional difficulties. School refusal is a symptom and may be accompanied by several psychiatric disorders (such as anxiety disorder, disruptive behavior disorder and mood disorder). School refusal is common in the children of parents with psychological disorders. This supports the idea of genetic and environmental factors being involved in the development of school refusal. A separate therapeutic protocol must be established for each case through the detailed assessment of child-related, family-related and social environment and school-related factors. School refusal is more common in children 5, 6, 10 and 11 years of age. The aim of treatment must be to ensure a return to school as early as possible. Although school refusal is not a clinical disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, it can be associated with several psychiatric disorders. Therefore it is necessary that youths who are school refusing receive an evaluation by a mental health professional. We discuss a case of school refusal in the older of two siblings with an age difference of 1 year who started school in the same class but who were subsequently assigned to different classes. The purpose of this report is to emphasize the importance of siblings of a similar age starting school in difference classes, similarly to twins, and to raise awareness of this.

Key words: school refusal, anxiety, sibling, child

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INTRODUCTION

The term 'school refusal,' which first originated from Great Britain, is used to describe problems in children not going to school because of emotional difficulties[1].

School refusal can be a symptom of several psychological disorders, and particularly anxiety disorders. Separation anxiety disorder (SAD) has generally been associated with school refusal in very young children. School refusal is common in the children of parents with psychological disorders. This supports the idea of genetic and environmental factors being involved in the development of school refusal. School refusal is observed in 75% of children and adolescents with SAD, while SAD has been shown in 80% of children and adolescents with school refusal[2]. Approximately 1 to 5 percent of all school-aged children have school refusal[3]. The rate is smilar between girls and boys[4].

Silverman and Kearney described the motivations underlying this behavior as follows: 1- to avoid school-based stimuli that provoke a general sense of negative affectivity, such as anxiety and/or depression; 2- to escape aversive school-based social and/or evaluative situations (such as speaking in front of the class and/or difficulty in making friends); 3- to pursue attention from significant others, such as parents, 4- to pursue tangible reinforcers outside school[5].

School refusal is more common in children five, six, 10 and 11 years of age[6]. In younger children (5-11 years), school refusal is generally seen for the purpose of avoiding in order to avoid general negative affectivity or to attract attention, while in older children (12-17 years) it is generally for the purpose of seeking tangible reinforcers outside school or to avoid evaluative situations inside school[7]. No socioeconomic differences have been noted[8].

School refusal can lead to short-term (such as distress, academic decline, alienation from peers and family conflict) and long-term (include school dropout, delinquent behaviors, economic deprivation, social isolation, marital problems, and difficulty maintaining employment) adverse consequences in students' lives, particularly social and educational outcomes[9]. Comorbid anxiety disorder and also anxiety and depression symptoms have been observed in anxious clinical samples exhibiting school refusal behavior[8-10].

A mean age of 9.1 years in children presenting due to school refusal, a greater prevalence in boys and greater school refusal at times of progression to elementary and middle school have been reported in studies from Turkey. In addition, separation anxiety and anxiety disorder is the most common diagnosis in these children[11].

Although school refusal is not a clinical disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, it can be associated with several psychiatric disorders. Therefore it is important that youths who are school refusing receive an evaluation by a mental health professional.

We discuss a case of school refusal in the older of two siblings with an age difference of 1 year who started school in the same class but who were subsequently assigned to different classes.

CASE REPORT

A 10-year-old boy was living with his mother, father and brother (aged 9). He had been in the same class as his brother since year 1 of elementary school. On starting year 5, he and his brother had been placed into different classes. He was then brought to our clinic by his parents due to school refusal. The patient had no previous history of psychiatric presentation or chronic disease. His family history was unremarkable. He cried frequently and became irritable when the parents insisted he go to school. He had been unwilling to go to school due to not being in the same class as his brother, for approximately 2 months, since the school year started. At times when the family took him to school by force, he developed symptoms such as intense anxiety, crying and irritability. The family then had to bring him home. No symptoms were present in his brother, who continued to attend school from where he had left off with no problems. The two siblings had slept in the same bed since early childhood. Our patient was also friends with his brother's friends outside school. In school, the patient played with his brother and the brother's friends. The patient stated he would go to school if he were in the same class as his brother, but was unwilling to go if they were separated. His mental status examination is as follows: At the time of examination, he was well groomed and dressed. His appearance was appropriate for his age. He was cooperative throughout the interview. He maintained eye contact, except during the times when recounting his parents insisted him go to school. Then, he appeared anxious. He articulated himself clearly and answered questions spontaneously. The mood of the patient was anxious and the affect was accordance with the mood. His thought stream was normal. He did not exhibit any formal thought disorders. His thought content was anxious because of he and his brother had been placed into different classes. He has no other positive symptoms, such as delusions, phobias or compulsions. Suicidal ideation was not detected. He exhibits normal perception. he was orientated to time and place. School refusal was diagnosed as a result of psychiatric interviews and evaluations, and cognitive-behavioral therapy was administered in order to permit a rapid return to school. Since he still refused to be placed in a different class after 1 month of therapy, fluoxetine 20 mg/ day was added to his treatment. However, since the family and patient did not attend subsequent check-ups, insufficient information is available concerning the effectiveness of the treatment and the therapeutic process.

DISCUSSION

We describe a case of school refusal in the older of two siblings who started school in the same class but who were subsequently assigned to different classes on entering the 5th year.

When school attendance, a legal obligation, cannot be maintained for any reason, a situation which can lead to adverse long- and short-term outcomes, it is important for the student, parents and educators to seek professional support as early as possible to resolve the problem[12].

School refusal is a symptom and may be accompanied by several psychiatric disorders (such as anxiety disorder, disruptive behavior disorder and mood disorder). A separate

therapeutic protocol must be established for each case through detailed assessment of child-related, family-related and social environment and school-related factors[5]. The aim in treatment must be to ensure a return to school as early as possible.

Symptoms of school refusal in our case began when the patient and his brother, younger than him by 1 year, were assigned into different classes. The two siblings had slept in the same bed since early childhood. Our patient was also friends with his brother's friends outside school. In school, the patient played with his brother and the brother's friends. The older brother's refusal to study in a different class to his brother shows that individualization and socializations need to be reinforced from an early age in non-twin siblings, as in twins. If individualization is delayed, the process becomes more complex as time passes, and children and families may encounter more problems in educational and social spheres. Selective reuptake inhibitors are frequently used in cases of school refusal, but we were unable to assess the effectiveness of fluoxetine therapy that we initiated since the patient did not attend follow-ups[13]. The purpose of this report is to emphasize the importance of siblings of a similar age starting school in different classes, similarly to twins, and to raise awareness of this.

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