School Refusal:
What it is (and what it is not) and how we support youth and families

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Dr David Heyne: heyne@fsw.leidenuniv.nl
Associate Professor, Leiden University Institute of Psychology
The Netherlands

“COMING TOGETHER IS A BEGINNING; KEEPING TOGETHER IS PROGRESS; WORKING TOGETHER IS SUCCESS.”

(Henry Ford)

International Network for School Attendance
INSA promotes school attendance and responds to school attendance problems.

We compile, generate, evaluate, and disseminate information, assessment, and intervention strategies.
INSΔ Absence affects youth
Absence affects youth

Lost learning
0.5 years absence (across ages 7-11):
• 0.7 year delay in reading scores
• 1.0 year delay in maths scores
(Carroll, School Psychology International, 2010)

More absence
• 37% chronically absent at 4, also at 5
• 6% not chronically absent at 4, but at 5
(Ehrlich et al., Early Childhood Res. Quarterly, 2018)

Increased risk of drop-out
• risk up by 37% for unauthorized absence
(Cabus & De Witte, Applied Economics Letters, 2015)

Even though absenteeism may not lead to psychopathology in some groups of youth, it likely poses a risk for recovery among youth already experiencing a mental health problem (Heyne et al., Introduction: Mental Health and Attendance at School, 2020)
Absence affects families

Family functioning can also be affected by difficulty going to school (e.g., Kearney & Bensaheb, Journal of School Health, 2006)

Absence affects schools

Attendance problems are resource intensive, emotionally challenging (Finning et al., Emotional & Behavioural Difficulties, 2018)

Yes, you do have to crawl out of bed, get dressed and go back to school, you’re the teacher.

Absenteeism places extra burden on teachers to help students catch up when they return (Balu & Ehrlich, JESPR, 2018)
**Youth with multiple needs**

**Youth who are economically deprived:**
- persistent absence (i.e., >10%) three times higher

**Youth with IDDs and special educational needs:**
- higher rates of absenteeism
- less likely to finish compulsory education / pursue further education

**Youth from non-White ethnic background:**
- more likely to be chronically absent (i.e., > 10%)
- more likely to be permanently excluded from school

(Heyne et al., Introduction: Mental Health and Attendance at School, 2020)

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**Adolescence**

(Heyne, King, Tonge et al., JAACAP, 2002)
“I think I’m going to start referring to my vegetarian wife as someone who has meat refusal.”

https://www.psychologytoday.com/gb/blog/freedom-learn/202002/school-refusal-crime-mental-disorder-or-human-right
Is the term ‘school refusal’ relevant?

reserved, reticent
reserved, tilbakeholden
reluctant
motvillige
resistant, refusing
motstandsdyktig, nekter

Observed in:
- locking oneself in the toilet
- shaving one’s head
- climbing on the roof
- waving a piece of wood
- jumping from the car
- threatening to harm oneself
- .......

To avoid:
- bullying
- being around others
- loneliness
- tests
- teachers
- separation from parents
- .......

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(Heyne et al., Cognitive and Behavioral Practice, 2019)
School refusal occurs when:

1. Young person is reluctant or refuses to attend, together with temporal or chronic emotional distress (not required if no effort to get the young person to school)

2. Young person does not attempt to hide absence from parents (If they previously hid absence, this stopped when found out)

3. Young person does not display severe antisocial behaviour

4. Parents have made reasonable efforts to secure attendance, or express intention for their child to attend school

(Heyne at al., Cognitive and Behavioral Practice, 2019)
School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Quite typical of truancy
Truancy (narrow definition) occurs when:

1. Young person is absent from school or they are at school but absent from the proper location (no specification that young person is away from home)

2. This occurs without the permission of school authorities (no specification that school has not identified the absence)

3. Young person typically tries to conceal absence from parents

(Heyne at al., Cognitive and Behavioral Practice, 2019)

School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Overlap?

5% (Berg et al., 1993)
5% (Egger et al., 2003)
6% (Steinhausen et al., 2008)
9% (Bools et al., 1990)
17% (Berg et al., 1985)
School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Quite typical of school withdrawal
School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Clinical experience points to overlap

"Peter’s mother, who suffered from agoraphobia, ardently desired that her son return to school; at the same time, she described the period during which he stayed with her at home as one of the happiest periods in her life."

(Christogiorgos & Giannakopoulos, Journal of Infant, Child, and Adolescent Psychotherapy, 2014)
School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

School exclusion (UK, September 2017)

Exclusion of youth with autism
Managing School Absenteeism at Multiple Tiers

(Kearney, 2016)
Response to Intervention (RtI)

Tier 3
Intensive Intervention

Tier 2
Targeted Intervention

Tier 1
Universal Intervention

(Kearney & Graczyk, Child and Youth Care Forum, 2014)
Essence of Tier 3 CBT for School Refusal

**C** – cognitions are targeted

**B** – behaviours are targeted

**T** – therapeutic relationship essential

- comprehensive; planned yet flexible
- preparation phase before implementation
- requires collaboration & coordination
Figure 1: Guide for sequencing and pacing modules with the young person.

Tell me what thoughts you have about who ought to be most responsible for the child’s attendance at school

**PRE-TREATMENT**

“The school. There’s not a lot we can do to get her back. The teachers have more knowledge about that.”

**POST-TREATMENT**

“It’s the parents’ responsibility to get the child to school. Once at school, she’s the school’s responsibility.”

**School-based intervention**

**(preparation phase – 5 key points)**

1. Decide which hurdles to lower *
2. Clarify (coordinator, mentor, communication flow)
3. Prepare the young person for return to school
4. Prepare the other students and school staff
5. Prepare and partner with parents (e.g., coaching)
Lower the (various) hurdles

1. Social difficulties
2. Emotional difficulties
3. Academic difficulties
4. Other, namely: ..................

12 year old girl with social anxiety
- able to carry her school-bag with her
- moved locker location
- involvement in structured peer activities

12 year old boy with adjustment difficulty
- a 'drill' on arrival at school to encourage a coping attitude & outline daily expectations
- a meeting at the end of the school day to provide social and tangible reinforcement
Which are the biggest hurdles for school return that you see among adolescents displaying school refusal?

School-based intervention (preparation phase – 5 key points)

1. Decide which hurdles to lower
2. Clarify (coordinator, mentor, communication flow)
3. Prepare the young person for return to school
4. Prepare the other students and school staff *
5. Prepare and partner with parents (e.g., coaching)
Example of E-mail to School Staff

CONFIDENTIAL

TO: Classroom teachers of Mary Smith
FROM: Student Welfare Co-ordinator
RE: Mary Smith’s return to school
DATE: 10 March 2015

BACKGROUND

Mary enrolled at Westside Secondary School at the start of 2015. Mary has a history of irregular attendance at her previous school, which developed into school refusal. She has been receiving some counselling and is now planning to return to school here. The aim is to reintegrate her into full-time schooling as soon as possible. Mary has only attended on two occasions this year and therefore will have missed five weeks of work and this serves to heighten the anxiety associated with a return to school.

STRATEGIES

1. Please welcome Mary into your class. Do not make reference to her absence, just that you are pleased to see her and will assist her with the work.
2. Modification of the work requirements and assessment tasks will need to occur due to her absences. Focus on the current work and orient her to it. If there is a vital piece of work already undertaken but essential for her to complete, please negotiate a date and enter the details into the Student Planner.
3. Mary may complain about feeling unwell throughout the day and may wish to be sent to sickbay or to be sent home. Without getting into discussion or argument, the best tactic is to be patient and ignore behaviours such as these. Mary should be sent only to Mr Anderson or Miss Berry if she is becoming overly agitated and distressed, not to sickbay. The aim is to keep her at school and in class, so try to refocus her on the work.
4. Use lots of positive reinforcement and encouragement about her efforts with the work.
5. Be careful and sensitive about placements for group work.

Mary will be returning on a part-time basis initially, building to full-time attendance over the next fortnight. Miss Berry will act as a support teacher and a student ‘buddy’ will be nominated for Mary.

School-based intervention
(preparation phase – 5 key points)

1. Decide which hurdles to lower
2. Clarify (coordinator, mentor, communication flow)
3. Prepare the young person for return to school
4. Prepare the other students and school staff
5. Prepare and partner with parents (e.g., coaching) *
Behavioural coaching: Set up routines

- Go to bed at age appropriate time
- Wake up in the morning, get dressed
- Adhere to ‘school day’ routine

(Adapted from W. Silverman)

Cognitive coaching: Need for action

If you’re child had a serious illness, for which attendance at a hospital was required, but your child was afraid of attending hospitals, would you not take your child to that hospital for much needed help?
School-based intervention (implementation phase - 5 key points)

1. Monitor (e.g., coping, distress, lateness, absence) *
2. Manage somatic complaints
3. Communicate with parents
4. Collaborate with mental health services
5. Reinforce small steps towards big achievements
School-based intervention (implementation phase - 5 key points)

1. Monitor (e.g., coping, distress, lateness, absence)
2. Manage somatic complaints *
3. Communicate with parents
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5. Reinforce small steps towards big achievements

Somatic complaints at school ...

- Ask parents about the results of any medical check-up
- Identify a safety space
- Consider when/how the student can leave class to go to the safety space
- Consider when the student can make contact with parents
- Support the student’s use of anxiety-management skills
School-based intervention
(implementation phase - 5 key points)

1. Monitor (e.g., coping, distress, lateness, absence)
2. Manage somatic complaints
3. Communicate with parents
4. Collaborate with mental health services *
5. Reinforce small steps towards big achievements

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**Education + Mental Health (“In2School”)**

<table>
<thead>
<tr>
<th>By Mental Health</th>
<th>By Education</th>
<th>Conducted Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual sessions with YP</td>
<td>Special classroom</td>
<td>Evening parent group</td>
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<tr>
<td>Specialist assessments</td>
<td>School liaison</td>
<td>Classroom group program</td>
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<tr>
<td>Individual parent work</td>
<td>Develop/deliver curriculum</td>
<td>Family phone support</td>
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<tr>
<td>Psychiatric/medication review</td>
<td>Pos. support plans</td>
<td>Home visits (if needed)</td>
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<tr>
<td>Care coordination</td>
<td>Pos. behaviour interventions</td>
<td>Psyched. for partner school</td>
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<tr>
<td>Family therapeutic support</td>
<td>Implement/review ILPs</td>
<td>Return to school plans</td>
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<td>Community based excursions</td>
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<td></td>
<td>Family communication/liaison</td>
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(Adapted from L. McKay-Brown)
School-based intervention (implementation phase - 5 key points)

1. Monitor (e.g., coping, distress, lateness, absence)
2. Manage somatic complaints
3. Communicate with parents
4. Collaborate with mental health services
5. Reinforce small steps towards big achievements *

“... the literature provides little guidance on whether and how policymakers and practitioners ought to use incentives”

“consider what problem the incentive was trying to solve, ... and if it sought to influence behavior of [those making decisions about school attendance].”

(Malu & Ehrlich, Journal of Education for Students Placed at Risk, 2018)
Making Sense out of Incentives: A Framework for Considering the Design, Use, and Implementation of Incentives to Improve Attendance

Rekha Balu* and Stacy B. Ehrlich**

*MDRC; **University of Chicago Consortium on School Research

(Balu & Ehrlich, Journal of Education for Students Placed at Risk, 2018)
Foster a United Approach

“... Mr Thomson hoped that negotiation with the school about timetable, along with firm reassurance to Frank, would obtain their son's return to school. Mrs Thomson, however, believed it was necessary to spend hours each day with Frank, to offer him support and understanding”


Promote Clear Expectations

“I don’t feel good. Can I stay home?”

‘The Rule’
Promote Clear Expectations

The student must be in school or at the doctor’s office during school hours. Physical complaints are not ignored; they are acknowledged as present but insufficient for missing regular activities.

(Evans, *Psychology in the Schools*, 2000)

Empathize ‘The Rule’ & Encourage

<table>
<thead>
<tr>
<th>Parental reaction</th>
<th>Good attenders ($n = 11$)</th>
<th>Poor attenders ($n = 12$)</th>
</tr>
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<tbody>
<tr>
<td>Inconsistent</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Gives up</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Enforces attendance</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Problem solving</td>
<td>3</td>
<td>0</td>
</tr>
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(Sheppard, *Pastoral Care in Education*, 2005)
Minimize Unintended Rewards

- What are the unintended rewards?
- How can these be managed?

Approach Positive Experiences and Events

Making home less appealing than school

Parents may sometimes feel that if they allow their child to stay home for a while he/she will settle down and be better able to cope with school. However, during the day the child may be inadvertently ‘rewarded’ for staying at home, learning that home has many advantages over school. At home young people can use time in their own way and may have access to the refrigerator, television, computer, pets, games and toys. They may also enjoy having the sole attention of a parent. Finally, they are ‘escaping’ from the school situation into the familiar and comfortable surroundings of home. These factors can be quite powerful in maintaining school avoidance and need to be addressed by reducing them to a minimum.
Promote Effective Positive Reinforcement

Address Family Accommodation

When Joseph would get scared about sleeping alone, his parents did what he asked and comforted him. "In my mind, I was doing the right thing," says his mother. "I would say, 'I'm right outside the door' or 'Come sleep in my bed,' ... whatever would make him feel not anxious or worried."

But this comforting — something psychologists call accommodation — can actually be counterproductive for children with anxiety disorders, Lebowitz says.

https://www.npr.org/sections/health-shots/2019/04/15/711213752/for-kids-with-anxiety-parents-learn-to-let-them-face-their-fears
Address Family Accommodation

*Parent-Based Treatment as Efficacious as Cognitive Behavioral Therapy for Childhood Anxiety: A Randomized Noninferiority Study of Supportive Parenting for Anxious Childhood Emotions*

Eli R. Lebowitz, PhD, Carla Marin, PhD, Alyssa Martino, MA, Yaara Shimshoni, PhD, Wendy K. Silverman, PhD

**Objective:** Treatment for childhood anxiety disorders is insufficient in many cases. Parent involvement has been examined to augment child-based cognitive-behavioral therapy (CBT), but no studies have compared the efficacy of stand-alone parent-based treatment to CBT. Research implicates family accommodation in the maintenance and course of childhood anxiety. Supportive Parenting for Anxious Childhood Emotions (SPACE) is a parent-based treatment that reduces accommodation of childhood anxiety. This study compared SPACE to CBT in a noninferiority trial.

**Method:** Participants were children with primary anxiety disorders (N = 126; 7–14 years of age; 53% female participants; 83% white), randomly assigned to either SPACE (n = 64) with no direct child–therapist contact, or CBT (n = 60) with no parent treatment. A total of 97 participants (78%) completed all treatment sessions and assessment. Anxiety did not differ significantly between groups. Primary anxiety outcomes included diagnostic interview and clinician-rated scales. Secondary outcomes included parent and child ratings of anxiety severity, family accommodation, and parenting stress. Noninferiority margins were determined based on statistical and clinical considerations. Change in family accommodation and parenting stress were examined using mixed models analyses.

(Lebowitz et al., Journal of the American Academy of Child & Adolescent Psychiatry, 2019)

Adolescents are more likely to resist, and more physically capable of resisting. They may want to decide for themselves, when and how they return to school.

(Heyne et al., Clinical Child and Family Psychology Review, 2014)
Figure 1: Guide for sequencing and pacing modules with the young person.

Note: Solid squares indicate the common timing of module introduction and continuation; hatched squares indicate possible introduction or continuation of a module.


Examples of problems and decisions

- Youth: It is hard to get out of bed in the morning.
- Parent: I can’t get him out of bed in the morning.
- Youth: They don't understand how hard it is to be at school.
- Parents: We don't know how we can help her.
- Parent: He won’t do his homework.
- Youth: Mum is always nagging me about homework.
### Reaching a shared definition of the problem

**Mother:** He won’t do his homework

**Father:** She puts more pressure on him about doing his homework than I do

**Youth:** She’s always nagging me about homework

**Consensus:** There is disagreement about how much time is spent on homework

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<tr>
<th>Proposed Solutions</th>
<th>Mum</th>
<th>Dad</th>
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Working with the young person

Coping skills

Problem Solving with “IPAD”

1. Identify the problem
2. Brainstorm a list of solutions
3. Act on one idea (or multiple)
4. Did it work? Oh!
• I haven’t been well
• I’ve been doing a Monash school
• It’s none of your business
• I’ve been doing a herb course
• It doesn’t matter now. What’s been happening here?
• Our family was overseas
• ........

Working with the young person

Coping skills
Working with the young person

Coping skills

Exposure/Re-engagement

unhelpful

helpful

helpful
Increasing attendance

1. Consider (school placement; preliminary exposure)

Imaginal Systematic Desensitization

- touch school clothes;
- look at photographs of school;
- walk halfway to school;
- walk up to school;
- walk around the outside of the school;
- walk around the outside of the school in school uniform;
- walk around the school and inside the school gates;
- meet with the class teacher, with parents present;
- meet with the class teacher, without parents;
- attend empty class with teacher;
- attend regular class for first lesson;
- attend regular class until lunch;
- attend regular class for whole day.
Increasing attendance

1. Consider (school placement; preliminary exposure)
2. Decide (return type, steps, rewards, supports)

Variations on a theme ...

- Stay until 9.30, then 10.30, then 11.30 ...
- Start at 2pm, then 1pm, then 12pm ...
- Start with lunch, then work outward ...
- Start with favourite class, then 2nd favourite, ...
- Start full-time in library, then increase class time
Increasing attendance

1. Consider (school placement; preliminary exposure)
2. Decide (return type, steps, rewards, supports)
3. Arrange (lowered hurdles at school)
4. Start (with an ‘easily achievable challenge’)
5. Reinforce (effort as well as achievement)
6. Re-work the plan (in a relaxed fashion)

(Heyne, Sauter, & Maynard, *Moderators and mediators of treatments for youth with school refusal or truancy*, 2015)
**Extra attention to social factors**

- Individual then group treatment *(Albano, 1995)*
- Social skills; pharmacotherapy *(Layne et al., 2003)*
- Greater flexibility at school *(Heyne et al., 2011)*
- Alternative settings *(Kearney & Graczyk, 2014)*
Questions & Comments

heyne@fsw.leidenuniv.nl