A Multi-Staged Conceptualization of Engagement of Students with a History of School Refusal

Shannon O'Gorman
St. James College, Brisbane, Australia

Abstract

School Refusal (SR) will be a familiar presentation for school based practitioners working to support student wellbeing. This article articulates a theoretically informed approach to the reintegration of the student who has previously demonstrated established patterns of school avoidant behaviors. In particular, description of a four staged conceptualization of change, encompassing the need to: establish a concern; articulate rules of engagement; apply theoretically informed interventions; and respond to instances of regression. Pragmatic responses to common clinical challenges are grouped according to stages thereby promoting the ability of the school based practitioner to facilitate planning, tracking and review of reintegration attempts.

Introduction

School Refusal (SR) will be a familiar presentation for school based practitioners working to support student wellbeing. This article seeks to support school professionals working towards student reintegration through the articulation of a theoretically informed description of practice approaches. The focus upon students demonstrating school refusal behaviors is distinct from truancy, with the key difference being that in the case of the latter, the absence from school or whereabouts of the student is often not known to the parent. This paper describes a four staged conceptualization of change that emerged in response to review of clinical practice procedures applied within an inner city, Catholic, mixed gender high school attending to the needs of students with divergent needs. Drawing from attachment, systems and psychodynamic theory, key practice considerations described in this paper include the need to: establish a concern; articulate rules of engagement; apply theoretically informed interventions; and respond to instances of regression.

The particular school where this practice has been trialed and implemented is a Catholic co-educational secondary school with an individual charism inspired by Edmund Rice, the founder of the Christian Brothers. As a Catholic school, its predominant philosophy is the education of the whole person. This means intellectually, physically as well as spiritually, so a solution to school refusal opens the door to this holistic approach to education. Of particular note is the increased sense of self that is promoted by this approach supported by the multi-disciplinary approach adopted by the practitioner in partnership with the pastoral staff and the student’s family. Most significantly is the Edmund Rice Charism and its depiction via the four Touchstones: Liberating Education, Justice and
Solidarity, Gospel Values and Inclusive Community. An alleviation of school refusal allows the school to fulfil its mission, specifically allowing the student to feel included in the community and providing the time and space for a liberating education to take place. The support and empowerment of the family unit resulting from the approach ensures the strengthening of the community, the individual as well as the family.

**An Overview of School Refusal**

*SR* as a concept does not involve a clearly defined set of parameters. Common to most definitions is an avoidance of school for an extended period, including missed lessons on an otherwise attended school day- with absences being defined as inexcusable and known to the parent (Inglés et al, 2015; Kearney, 2008). Citing various authors, Maynard, et al (2018) defined *SR* as featuring:

“(a) reluctance or refusal to attend school, often leading to prolonged absences, (b) staying at home during school hours with parents’ knowledge rather than concealing the problem from parents, (c) experience of emotional distress at the prospect of attending school (e.g., somatic complaints, anxiety, and unhappiness), (d) absence of severe antisocial behavior, and (e) parental efforts to secure their child’s attendance at school” (p.56).

These parameters not only differentiate *SR* from truancy but also result in a presentation that is known to be “multifaceted, complex, and difficult to treat” (Hans & Eriksson, 2013, p.229). Although *SR* cannot be attributed to a singular origin (Kearney & Albano, 2004) it is known that school factors rate as a more significant influence upon the behaviors of students with *SR* when compared to those students engaging in truancy (Havik, Bru & Ertesvåg, 2015).

*SR* has the capacity to impact upon academic performance, social development, family cohesion and income (Balkis et al, 2016; Doobay, 2008; Kids Matter 2018). *SR* is not itself a mental disorder though diagnosed conditions are over represented within this cohort of students. For example, though not common to all students, Separation Anxiety (Doobay, 2008) and Autism Spectrum Disorder without intellectual impairment (Munkhaugen, 2017) have each been cited as increased risk factors for *SR*. The concurrence of anxiety and *SR* recognises that common to this cohort of students is a propensity to engage in internalizing behaviours (Heyne et al, 2014; Kearney & Albano, 2004). However, it is understood that factors other than anxiety are likely to maintain avoidance of school (Melvin et al, 2017). For example, students engaged in *SR* are more likely to have lower levels of self-efficacy and emotional regulation (Balkis et al, 2016; Hughes et al, 2010; Keshi & Ahmadi, 2012). Other environmental risk factors can be summed up as threats to security and stability from both outside (homelessness, poverty, teen pregnancy, family variables) and inside (violence, bullying, degree of connectedness) the school (Balksi et al, 2016; Kearney, 2008). Students themselves have identified the influence of factors such as poor peer relationships – specifically, instances of bullying or exclusion (Havik et al, 2015)
with parents similarly identifying the need for predictability, teacher support, reduced exposure to disruptive classmates and bullying (Havik et al, 2014).

**Intervention**

Individual student presentation, the nature of family dynamics and quality of the relationship between home and school are each understood to impact upon SR (Heyne et al, 2014; Kearney & Albano, 2004; Richardson, 2016). The capacity of the school based practitioner to engage with multiple systems is described in the following multi-staged approach.

**Stage One: Establishing a Concern**

At the outset, the task is to establish a shared understanding that the presentation is one of SR. Initially this may involve a collaborative conversation between student/parent/school in which discussion seeks to establish whether there is indeed a pattern of behavior; whether the pattern represents a concern; and if the concern has a functional impact. Behavioral assessments, such as the School Refusal Assessment Scale (SRAS), may assist with this (Dube & Orpinas, 2009; Lyons, 2010). The SRAS is administered to both child and parent with a view to examining four functional dimensions, namely avoidance of stimuli from within the school coupled with the seeking of reinforcement from outside the school (Kearney & Albano, 2007a; Kearney & Albano, 2007b; Kearney, 2008). In the absence of the administration of a screening tool, SR may also be suspected in instances in which student daily attendance drops beneath a defined cut-off, or in which their late arrival/early departure increases above an agreed upon attendance rate. Staff should be careful not to exclude explained illness as somatic presentations have been linked to SR (Hughes et al, 2010; Maynard et al, 2018). Other possible sources of data pertaining to school attendance include report cards, liaison with external mental health providers or handovers from past schools. Having ascertained a shared understanding that the quantity of absences gives cause for alarm, the task becomes one of establishing a historical understanding of the quality of the concern. Questions that may be asked of parents for the purpose of establishing a history include:

- How long has the concern been present?
- What does the actual concern look like: for example, is the student missing whole or partial days, complaints of anxiety or somatic symptoms or articulation of a miscellaneous other reasons why attendance is not possible?
- So far what have parents, schools and professionals attempted: what has worked -even partially- and what has failed?
- Who is involved in daily exchanges with the student about getting to school and what other professionals have been consulted?
- What value do parents attribute to school attendance and what do they
see any remaining educational or employment options as being? How do parents understand the legal requirements relating to the age/stage of the child and the requirement to learn?

- What are the perceived obstacles to attending school? What do parents feel may motivate the child and thus function as ‘carrots’ and what can be reexamined and withdrawn as assumed or given privileges and instead operate as consequences? In the event that no obvious motivation or ‘carrot’ exists, what current entitlements – such as a paid phone, Wi-Fi access or having their washing done for them – can be reexamined until attendance increases? In the event that the student demonstrates no obvious motivation, hence it is difficult to identify any ‘carrot’ or external motivator, does the child need a conversation with a General Practitioner about a possible mood disorder?

- How are the basics of daily living being engaged, specifically, sleeping, eating and daily routines around homework/compliance/engaging with family and peers?

- Are there specific themes that need to be considered? Namely, mental illness, domestic violence, learning support needs, gaming or other addictive behaviors.

**Stage Two: Articulate Rules of Engagement**

**Contract Attendance**

Stage Two seeks to clarify and articulate the broad parameters within which the student, parent/s and school agree to engage. This stage assumes the willingness of the student to begin the process of planning a reintegration. Initial enquiries will focus on establishing whether the eventual goal is for full-time school attendance or whether there needs to be a scaled back longer term goal. Short-term planning will take into consideration the preferences of the student/family, advice from external practitioners, and consideration of whether the identified reason for past avoidance is an ongoing influence. For example, an anxiety disorder is likely to be an ongoing consideration and may influence a graduated return whereas changes in environmental factors (change in school sizes, more aligned academic expectations, separation from a bully, greater access to a highly desired extracurricular activity) may mean that reintegration is more easily achieved.

Jointly the parent and student are asked to engage in formulating an attendance contract with the school. This contract will likely mandate variations on the following:

- Exposure to the school routine by starting within a tolerable challenge before increasing demands.

This recommendation draws on the principles that underlie exposure therapy such as “concepts such as extinction, habituation, conditioning, and operant learning”
(Hans & Eriksson, p.231). For example, it may be suggested that the sole goal be for the student to experience getting dressed in uniform. After an agreed upon period of time the student may then be expected to tolerate transportation to the school, before ultimately entering the school grounds.

- Part-time attendance building in frequency.

The aim of the reintegration timetable will outline those parts of the school week that the student is expected to engage with. In terms of documenting a reintegration timetable, the student/family/external professional are given full control of the makeup of the schedule for each week, with the sole criteria being clear evidence of progress towards the identified long-term goal. Once the weeklong plan is in place, the student must honor the commitment they have made. This modified timetable seeks to provide the student with the conditions under which they are able to build confidence through mastery and build resilience through surviving moments of heightened distress. Upon the conclusion of the week, a new plan is written for the following week with an eye for measurable progress. For students whom a scaled back attendance plan is in place, a planned approach to attendance enables teachers to prepare classwork that meets the student where they are at whilst also providing the student with opportunities to remain current with academic workloads during absences. Recognizing that “Sometimes it is difficult to gain the co-operation of school staff” (Heyne et al, 2014, p.198) there is a need to share the revised attendance schedule with all relevant staff and attend to the reality that teachers may initially be opposed to the part-time nature of the student’s attendance. However, any opposition is usually reduced when data describing historical absences is acknowledged and teachers are informed that herein the student will be held to account with respect to future engagement with school timetables.

Engagement of Parents as “cotherapists”

For some students there may be a need to begin each day by checking in with the onsite school counsellor. Students who might benefit from this approach include those for whom therapy acts to contain any anxiety (thus supporting the student's mental state for the start of the day), facilitate the development of problem solving skills (thus assisting the student to address any concerns relating to the upcoming day) or offer parental support (thus assisting parents to reflect and dissect strengths and limitations of that morning plus attend to outstanding concerns). In the event that the student does not engage with the plan as written on any particular day, parents are informed that they will be required to accompany the student to school and attend a joint therapeutic session. This position draws from an understanding that effective intervention targets the needs of the family (Nuttall & Woods, 2013) and thus provides opportunities for psychoeducation including debriefing, and problem solving (Tolin et al, 2009). Essentially the goal being to upskill or train the parent (Tolin et al, 2009) with the suggestion having been made that parents might be enlisted as “cotherapists”
School Refusal (Garfi, 2018, p.41). Requiring parents to commit to attending therapeutic sessions also ensures the primary responsibility for student engagement with schooling continues to lie with the student and their family. Regardless of the frequency of the counselling, the same frequency should continue past the initial signs of progress and continue into a maintenance period. This position reflects an understanding that whilst psychosocial treatment might assist with improved attendance, it does not necessarily result in “short-term effects on anxiety” (Maynard et al, 2018, p.56). Ultimately, the frequency of sessions scale back to once weekly and eventually as required.

When faced with a child exhibiting SR, parents may respond with a range of responses with less helpful responses including hostility (Christogiorgos, & Giannakopoulos, 2014), anxiety or complacency (Richardson, 2016). As a cohort, parents of these students are more likely to have lower levels of self-efficacy and higher levels of anxiety, depression or family dysfunction (Carless et al, 2015). In some instances, the quality of the parent-child relationship gives rise for concern, particularly if separation anxiety, overly close parent/child relationships or permissive parenting styles are contributing (Adubale, 2017; Christogiorgos, & Giannakopoulos, 2014; Richardson, 2016). Permissive parenting was defined by Baumrind (1966) in detail though for the purpose of this concern, attention is drawn to the notion that this style of parenting will allow “the child to regulate his own activities as much as possible, avoids the exercise of control, and does not encourage him to obey externally defined standards” (p.889). In extreme instances a permissive parent may hand over decision making to the child thus supporting absenteeism. Just as the student engages with a reintegration plan, the parent is also slowly introduced to the usual workings of the school. Initially the formation of a trusting relationship with one key staff member will provide a predictable point of contact before key staff are gradually included in accordance with the regular mechanisms of the school.

Stage Three: Apply Theoretically Informed Interventions

Systems Theory

School based practitioners supporting students and families with SR would do well to consider the contribution that may be made by supports outside of the immediate school context (Christogiorgos, & Giannakopoulos, 2014; Inglés et al, 2015; Kearney, 2008; Richardson, 2016). Such a position aligns well with the core tenets of systems theory which attend to the interrelationship between parts and the significance of context (Marvin & Stewart, 1990; Byng-Hall, 1999). The importance of a multidisciplinary approach to SR has been suggested (Doobay, 2008). Applied, the task becomes one of forming and maintaining interactions with external providers possessing expertise in areas such as mental health and cognitive assessments. For example, students may be encouraged to seek external counselling in order that cognitions - such as all or nothing thinking, over-generalisations, catastrophisation, minimisation, mind reading or future telling - are challenged in a safer/ offsite space and are rehearsed at greater frequency
Furthermore, parents may be encouraged to augment their practical support system, specifically engaging with others who may assist with morning drop offs, or in cases of extreme conflict, offer respite weekends.

**Structural Family Therapy**

A structural analysis of family functioning might highlight the need to consider realigning the different subsystems that exist within the family system through interventions geared to regulate distance between family members (Becvar & Becvar, 2003; Nichols & Schwartz, 2004). In practice this involves questioning whether the parental subsystem is able to function effectively – for example, examining any obstacles that override parental preferences that the student engage in on time and in full school attendance. In some instances, the child might be overly enmeshed with one parent, meaning that the efforts of the other parent to have the child attend school may have limited influence. In other instances, the child may seek to maintain a close proximity to home due to concerns about parental illness or safety.

Initially the task is to return influence to the parental subsystem via the development of first order-solutions. First order change involves a theoretical position that the therapist is understood to be separate to the system. From this position, the therapist might facilitate a conversation in which parents are aided to think about reward systems aimed at supporting attendance as well as implications for non-attendance. Specifically, it has been suggested that parents may need support in replacing threats and punishments (Elsherbiny, 2017) with “clear rewards for attendance and consequence for nonattendance” (Garfi, 2018, p.42). Whilst these first order responses have a role in addressing specific behavioral concerns, it is proposed that the student is most likely to sustain full school attendance once second-order change has occurred. Second-order change requires a higher level of abstraction which might be summarized as “…the observer becomes part of, or a participant in, that which is observed.” (Becvar & Becvar, 2003, p.78). At this point the task is one of supporting parents to shift from an examination of detail (“he was late because the bus ran late so we need to change his wake up time”) towards an understanding of the meaning and context of the concern (“this was the third exception to on time attendance this week and whilst the immediately obvious reasons differed, the outcome was the same”). At this stage priority is afforded to conversations that prioritize insight (“what was the impact of missing today upon academic, emotional, social, relational and cognitive self”), questioning whether and in what way this represents a threat (“in what way does missing school today represent a threat to the reintegration plan”) and responding in a manner informed by both pieces of information (“in order to avoid this representing a problem what do I need to do”).

(Doobay, 2008; Garfi, 2018; Maynard et al, 2018).
Attachment Theory

Examining the space between the parent and the child, attachment theory promotes an understanding that in instances of insecure or disorganized attachment, the student may be seeking to regulate their proximity to the parent and home as a means of seeking safety through the most effective behaviors they have learnt over time. This can be particularly relevant in instances of parental illness or family violence. An understanding of the internal working model suggests that individuals build their own worldview that influences how they perceive, predict and plan for events (Bowlby, 1971). As such, seemingly, “ill-fitting” behaviors may well represent an adaptive and protective response in the face of perceived risk to self, as viewed through one’s own working model (Crittenden, 1999; Crittenden, 2006). It is through an attachment lens that parents are encouraged to understand that even in instances in which SR is likely a reflection of significant mental illness, resolution of the concern is likely complicated by learnt behaviors that remain in place due to their previously useful effect. This line between understanding a behavior as a symptom of mental illness and an attempt to gain a desired outcome that is age normative can be very challenging to dissect and requires a non-judgmental space in which reflective practice is married with an understanding of developmental norms. For some students, an awareness that current increases in school attendance are to be sustained for many years to come may result increased externalized behavior (eg angry outbursts). Conversely, an increase in internalized behavior such as self-harm and suicidal ideation is not uncommon in this population (see Richardson, 2016).

Psychodynamic Theory

A psychodynamic lens offers an understanding that the practitioner operates as a container for the intense emotions generated by individuals and within the family system. The concept of containment was articulated by Wilfred Bion to describe a process in which distressing thoughts are handed over (from the infant) to another (the mother) and passed back in a more digestible and understood format – with this example also being extrapolated to describe the therapeutic process. An understanding of this construct is applied in practice to mean that therapeutic support is provided well past the point of initial success and for many weeks, with monitoring for a further couple of months, after the reintegration plan has been affected.

Stage Four: Respond to Instances of Regression

Despite the establishment of a contract, as described in Stage 2, progress towards increased school attendance will likely incorporate instances of regression in the form of increased avoidant behaviors. Psychiatrist and family therapist Don Jackson (1981) defined homeostasis as “…the relative constancy of the internal environment, a constancy, however, which is maintained by a continuous interplay of dynamic forces.” (p.6). The implication here being that in cases of long standing SR behavior, the pull towards previous patterns –
including the substituting of new symptoms in order to achieve the same effect – whilst not likely conscious or deliberate, will likely result in setbacks. In anticipation of setbacks, the following strategies might be considered:

- The counselor makes themselves available via phone during the hour preceding school start time. This here-and-now support enables parents to access emotional containment and problem solving during moments of intense emotional distress. During this phone call the student is reminded that no matter the time that they present to school there will be a meeting to discuss the complication. In the meantime, parents are prompted to consider how they might recreate experiences within the home to resemble the school day (e.g., removal of screens, lunch from lunch box, minimal parental engagement).

- That the student be provided with a safe space to access during the school day such that the notion ‘doing school’ is replaced with the more achievable ‘being at school’. This seeks to challenge binary thinking with options that can tolerate the dual realities of heightened distress coupled with school attendance.

- That the student be provided with a time out pass that can be presented to the teacher –possibly without the need for verbal communication- thus providing a safety net when attempts to engage in class are experienced as overwhelming.

- That the student be supported to create a toolkit of self-regulation strategies that might be applied as mini-breaks in class (e.g. music to reduce sensory load, repetitive drawing activities).

Whilst all of these strategies potentially have a role, an understanding of homeostasis suggests that it is often more useful to track progress in terms of patterns of behavior rather than undue emphasis on individual instances of behavior. Where there are concerns that a trend towards regression is emerging, conversations may explore the following:

- The concept of being ‘school fit’ thus mapping and planning for fatigue. Ideally, this conversation should promote increased insight into days that are experienced as easier (for example, specific highlights, motivations) as well as those that might represent a known challenge (for example, immediately after a weekend).

- The question as to whether full time school attendance is ideal. For some students, a scheduled half/day off, or reducing a subject may be all that is required to support an otherwise successful week. Students will vary in terms of how they use this time as students with perfectionistic traits may find solace in catching up school work whilst for some students with a diagnosis of ASD, there is value in clearly delineating home from school and reserving all academic matters for school hours.
School Refusal

Planning, Tracking and Reviewing SR

**STAGE 1**

**Establish a concern**
- establish whether there is a pattern (quantity of absences), whether the pattern represents a concern and if so, the functional impact (quality of absences)

**STAGE 2**

**Defining rules of engagement**
- formulate an attendance contract with the school
- engage parent/s and carer/s as “cotherapists”

**STAGE 3**

**Apply theoretically informed interventions**
- augment the system to include other staff, individuals from within the family’s existing network and external mental health providers (systemic theory)
- challenge unhelpful thinking styles in the individual student (cognitive behavioral theory)
- examine parental responses to refusal behavior (family systems theory)
- prioritize insight and higher level abstraction
- deconstruct the line between mental illness and learnt behavior (attachment theory)
- monitor and contain of powerful emotions past initial signs of resolution (psychodynamic theory)

**STAGE 4**

**Respond to instances of regression**
- provide real-time support for parents via phone
- provide student with time out passes for use exiting class
- enabling in class breaks via use of headphones etc.
- plan for fatigue
- question the goodness of fit of full-time attendance
- encourage referral to external mental health experts

Concern arises

If set back, return to **Stage 3**

If regression, return to **Stage 2**
The above flowchart describes a multi-staged response to SR. At any point in time the student’s reintegration attempt can be contextualized within one of the four stages. In doing so, the practitioner is directed towards meaningful considerations that might inform the conversations with the student and their family. The visual lay out of this flowchart seeks to assist a “co-therapy” approach in which both practitioner and student/family accept responsibility for planning, tracking and reviewing progress. Of note, is that the flow chart encourages the practitioner to respond to a regression with a substantial reformulation of the case (returning to Stage 2), whereas a setback likely involves refinement of specific interventions (returning to Stage 3). Enabling parents to visually track change has the advantage of putting setbacks in perspective whilst affording due weight to the implication of regression.

**Conclusion**

This paper describes a client-centered model of practice in which the practitioner works intensely with the student and their family. Some schools will, for matters of ideology or finances, align themselves with a case management model in which the practitioner adheres mainly to crisis management, referral and subsequent liaison with external expert providers – a model that does not likely allow for the time intensive nature of the approach described above. The articulation of a four staged conceptualization of change encompasses the need to establish a concern, articulate rules of engagement, apply theoretically informed interventions and respond to instances of regression. It is arguable that the diverse theoretical base from which this paper draws reflects the complexity that is frequently associated with presentations of school refusal. This paper seeks to provide some clarity through the visual presentation of a flow chart thereby facilitating planning, tracking and review of reintegration attempts.

**References**


School Refusal


Keshi, A.K., & Ahmadi, F.A. (2012). Comparison of self-efficacy and self-regulation between the students with school refusal behaviour (SRB) and the students without (SRB) and the relationships of these variables to academic performance. *I-manager’s Journal of Educational Psychology, 6*(3), 9-16.


**Author Note:**
Shannon O'Gorman, Counsellor,
St James College
201 Boundary St, Brisbane, QLD 4000
P: +61 7 3230 8600 | F: +61 7 3839 3058
Phone: + 61 7 3230 8663
Email: www.stjamescollege.qld.edu.au