School Refusal: Conceptualization, Leading Factors, and Intervention

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Abstract. This article discusses the concept of school refusal (SR) and how it differs from the use of different terms, multiple possible causes of SR, and interventions for SR. The argument about the differences between SR, school refusal, and school phobia is crucial because it influences the socially examined attitudes of school refusers. The controversy over the scope of what is covered by the terms school refusal, truancy, and school phobia represents a more refined perception of school refusal by parents and the education system and reinforces the focus on vulnerable groups. Although no conclusive conclusions have been made about the causes of school refusal, researchers have identified differences in their social functioning. Previous research on interventions for SR has mainly focused on cognitive-behavioral treatments, but multi-systemic interventions apparently show more potential to solve the problem of SR. In addition, there is still a lack of interventions related to the new crown outbreak in 2019, which could be a new trigger element for SR.

Keywords: School Refusal, School Refusal Behavior, Truancy, Leading Factors to School Refusal, Intervention to School Refusal.

1. Introduction

When a child or adolescent struggles to go to school due to psychological issues, this is referred to as school refusal (SR) [1,2]. SR is frequently described as having trouble going to school, staying home with parents' knowledge of nonattendance, experiencing emotional distress, not involve in antisocial actions like stealing, and parents' wish for the kid to go to school [3,4]. School refusal behavior with anxiety factors peaks between the ages of 5-6 and 11-13 [5]. Related studies indicate that SR affects 1% to 2% of school-aged children, 1% to 7% of adolescents in the general population, and 5-16% of teenagers in clinical settings [6,7,8]. However, this estimation may hard to be accurate, given that the conceptualizations between school refusal and truancy to distinguish among non-attender groups remains controversial [9]. Some researchers consider to combine the concept between SR and truancy since they both present as non-attendance [7,10]. Some researchers rather emphasized the distinction between truancy and SR [8,11]. While truancy is usually defined as a kind of misconduct behavior, SR is more associated with emotional problems like anxiety and depression [6,11,12]. As a result, while there is still room for disagreement on the differences between truancy and school refusal, school refusal itself requires more extensive research.

Emotional distress is one of the main reasons students refuse to attend school. Its presentation may take a variety of forms for different young people, including excessive fear, depressive moods, tantrums, and unexplained physical symptoms [13]. Reluctance to attend school under such emotional distress may result in tardiness, missing an occasional full day, or missing weeks, months, or years of schooling in a row [14].

There are many factors that contribute to emotional distress "pushing" children and adolescents out of school, Kearney and Silverman categorize school refusal behaviors into four functional typologies/dimensions [15]. According to earlier studies, bullying and other safety concerns, separation anxiety, coping skills, issues with the school routine, problems with peer and teacher interactions, low academic self-concept, and exam pressure are the main causes of SR. [7,16,17,18]. Secondary factors (include the absence of staff supervision in public bathrooms, passageways, and outdoor play areas, the classroom environment and students' perception of "connection" towards the

peer group, authoritarian management in family, competence in classrooms, loss or illness of close relatives, and difficulty of adjustment to a different educational setting) may function with all of the causal factors and sometimes make them worse.

Without appropriate intervention, youth who postpone school attendance are unable to cease their absences and continue to suffer from emotional distress, which often leads to potential long-term and short-term impacts [17,19]. Chronic absenteeism has been shown to hurt both learning motivation and school achievement with an increased chance of dropping out of school early in adolescence [20]. SR also harms adolescents' peer relations and social adjustment, according to Berg, Butler, and Hall, more than one-third of youth who refuse to attend school had no friends and lacked the appropriate social connections [21]. Besides educational and social adjustment problems, the main short-term consequences also include missed employment opportunities, possible legal and financial problems, and the likely occurrence of many conflicts with family members and school officials [17]. The major long-term consequences include increased crime rates, financial constraints, future employment problems, the risk of marital conflict, and the need for further psychiatric assistance in adulthood [17].

On the other hand, if children and teenage are able to manage the anxiety and return to school, their resilience would be strengthened and help them to cope with future stress, obstacles and challenges [19]. Therefore, appropriate intervention to SR is the main point to be noticed in order to increase youth's academic achievement, resilience, and later growth [8]. The use of psychological interventions to assist kids with attendance issues in school has a rich history and has advanced significantly in recent years. According to Kearney & Bates' summary of outpatient counseling techniques and methods, treatment strategies for SR fall into three categories depending on the source of the problem: 1) for children's anxiety about school addressed with a cognitive-behavioral therapy (CBT), 2) for youths who avoid going to school in order to get attention or as a result of separation anxiety addressed with a parent training approach, and 3) for families with poor ability to communicate and solve problems adolescents are addressed with family therapy [10,22].

Despite the fact that numerous reviews have shown these interventions to be impactful, few reviews have systematically or statistically assessed the issue of whether interventions are successful in lowering anxiety and absenteeism [23]. Moreover, the coronavirus disease (COVID-19) from 2019 has somewhat increased and changed the focus on SR [24]. In summary, past reviews have provided some guidance for treating school refusal behaviors, but systematic research on whether these interventions are still applicable to children and adolescents today is lacking. Therefore, the objectives of this investigation were 1) to present a systematic inventory of existing interventions, and 2) to explore whether existing interventions made corresponding changes in response to the emergence of COVID-19.

2. Conceptualizing School Refusal

Concepts that overlap with SR have been identified with a number of terms. Recent comprehensive analyses of the terminology concerning nonattendance have shown that these terms are not adequately distinguished and frequently just represent the practitioners' professional context [5,7,18]. In general, in addition to SR, truancy, school phobia, and school refusal behavior are the most recognized terminology for problems with nonattendance.

Often used by educators, truancy is a legal word that is often specified by states as a set amount of unexcused absences from school during a specified period of time [25]. When a student misses more than a certain number of days of school without a valid cause, it is referred to as "chronic" or "habitual" truancy, which could lead to a court referral [26]. SR, on the other hand, refers to difficulties in attending school primarily due to emotional factors, and frequently cited causes include anxiety and depression. And in research from Havik et al. [12], depression has a weaker link to school refusal behavior than anxiety. It is notable that SR usually occurs with parental consent, which is why SR is not considered a misconduct behavior and less frequently occurs with other misconduct behaviors, such as stealing or participating in violent incidents [8,11].

From a psychological clinical perspective, "school phobia" was a term used in the early literature to refer to school refusal behaviors that were due to anxiety/fear reactions [27]. However, some researchers have criticized the accuracy of using "school phobia" to refer to all school refusal behaviors. This is due to the fact that, in accordance with the Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition (DSM-IV), phobias are defined as abnormally strong emotional responses to a particular kind of frightening stimulus [28]. However, this is not constantly the case. Sometimes, according to Kearney and Silverman, SR may also be an indication of social anxiety or separation anxiety from caregivers [15]. They therefore proposed "school refusal behavior" as a more comprehensive term in an effort to highlight SR's social function and broaden the concept of SR. In order to support this scope of the term, Kearney and Silverman developed four functional typologies or dimensions, which include avoiding fears or anxieties associated with school, avoiding social situations that can cause anxiety, drawing attention to oneself/reducing feelings of separation anxiety, and offering concrete reinforcement (such as autonomy or comfort) [15]. Along with these often used words, other options include "emotion-based school refusal", "chronic non-attendance", and "extended non-attendance" [5,18,29]. In this study, the term "school refusal" was used because it has a broader meaning and refers specifically to non-attendance due to emotional reasons.

From different perspectives, there may be different constructions and attitudes towards non-attendance [5]. School attendance is a legal requirement. However, one implication of a prudent distinction between SR and truancy is to avoid the legalistic label affecting a proportion of students who refuse to attend school. Since certain forms of school absenteeism might sometimes be more forgivable than others [30]. The term truancy demonstrates more of a punishing than a therapeutic tone, and the impact of the label may result in varied social services and strategies of intervention [31]. Due to the term's legal connotations and connections to behavioral problems, those who are identified as engaging in truancy may be greater susceptible to being regarded as guilty. Furthermore, as should be noted, the majority of those regarded as truants due to prejudice and subsequently receiving a less sympathetic form of intervention are non-attenders from disadvantaged social backgrounds. Therefore, until they are properly scrutinized, non-attending young people need to be treated with equal caution [32].

3. Factors Leading to School Refusal

Despite there being a considerable amount of research on SR, the contributing factors of absenteeism among youth remain intricate and multifaceted [2,20,33]. First, in terms of the youth population itself, SR may be related to the individual's own vulnerability to developing emotional problems, as confirmed by family and twin studies [20]. Clinical evidence also suggests that young people who avoid school attendance may experience more anxious perceptions in response to vague threats and have lower ratings of their ability to cope with problems [2]. At the age when the probability of school refusal is higher, which is the later years of compulsory education, adolescents undergo greater physical and identity changes [33]. During this time, the likelihood of school-related anxiety is higher, and for those who are more sensitive to stress, being away from school can help young people avoid unpleasant situations [33].

Second, on the part of the school, the lack of early response to students who refuse to attend school may end up making it increasingly difficult for students to return to school and continue their education, especially for those who have already experienced absenteeism [34]. Many stressful events in the school career can lead to difficulties in school, such as being transferred to another school and facing increased school work and social competence upon graduation [33]. In this state of stress, many students may lack confidence in their school workers and consequently lack the motivation to attend school.

Third, problematic family functioning is an important factor identified by many studies as contributing to young people's school refusal [16,34]. Refusers who stay at home receive positive reinforcement for nonattendance because of reduced anxiety about unpleasant events that they want

to avoid [15]. Parents may lack the ability to manage their children's behavior and to function as a team [35]. Kearney and Silverman identified different family subtypes based on family functioning, including the enmeshed family, the conflictive family, the isolated family, the detached family, and the healthy family [15]. Given by that, only when the family is operating well will youth who reluctant to go back to school receive adequate assistance.

4. Intervention to School Refusal

Based on the previous discussion, it can be seen that emotional distress has a profound impact on adolescents and children who refuse to go to school, so how to intervene in emotional stress from the aspect of psychological counseling becomes a more important issue. As a mature approach, CBT is widely reviewed and applied, with variations developed specifically for different population groups. Child-based strategies focus on CBT to improve attendance and reduce distress [10,22]. For adolescents and children struggling with anxiety about school attendance, common treatments include educating them the characteristics of their anxiousness and their SR behaviors, somatic control exercises (such as breathing techniques and relaxation techniques to reduce physiological signs of stress), cognitive restructuring (to encourage children to consider things more realistically and to modify their irrational views), and exposure-based techniques (help children to practice their control to anxiety and gradually re-exposing them to school). Parent-based strategies include creating schedules for children with school refusal behaviors, implementing contingency management procedures (to promote attendance, penalize absences, and curb excessive comfort-seeking behaviors) and when necessary, implementing mandatory school attendance [22]. Family-based strategies include instruction in communication and problem-solving techniques, management of contingencies to raise attendance awards and reduced on nonattendance rewards, increased emphasis on supervising children and adolescents, inter-class escorting, and training in peer refusal skills to assist children in resisting temptation from peers to skip school [22].

In addition to CBT, there are many interventions that use non-directive therapeutic approach. Sahel, for example, used group therapy to build trust among group members by using a Rogerian trust game to share each other's emotional experiences and related experiences about school and to spontaneously offer their own suggestions [36]. Educational-support therapy (ES), proposed by Last, Hansen, & Franco, is also a non-directive school refusal intervention that includes supportive psychotherapy as well as educational presentations [37]. ES uses lecture notes to get refusers thinking while giving them ways to identify maladaptive thinking and encouraging mutual sharing of their anxiety. But they were not given directions on how to deal with situations that cause discomfort and change maladaptive thinking.

Medication options that complement psychotherapy to assist refuser with acute anxiety symptoms include tricyclic antidepressants, selective 5-hydroxytryptamine reuptake inhibitors, and benzodiazepines [3,20]. However, because there is a theoretical possibility of dependence with the use of medications, they are generally not prescribed alone and are only applied as a component of multimodal therapy when refusers exhibit severe phobias or anxiety symptoms [20].

In recent researches, the form of multi-systemic approach to therapy and the connections between the contexts of the family, school, and other communal institutions of young people who refuse to learn are emphasized. [7,31]. According to Bronfenbrenner's Ecological Systems Theory, individuals are affected first by school and family settings (microsystems) and the connections between these settings, such as parent-teacher associations or parent-to-parent communication [38]. On a more macrosystemic level, individuals are also influenced by social structures, cultural norms, and values (exosystems), such as societal attitudes toward absence. While the macro system affects the individual indirectly, over time all ecosystems interact with each other. For children and teenagers who reluctant to attend school, interventions that focus only on the individual student are not comprehensive enough, as refusal encompasses multiple spaces for students at school and at home [31].

A growing number of interventions are now incorporating more elements of multi-system based on the focus on refusal scholars. For example, Multimodal Treatment (MT) is an intervention strategy developed by a multidisciplinary team (which includes a psychotherapist, psychiatrist, psychiatric nurse, social worker, teacher, and sports scientist) that focuses broadly on internalizing and externalizing mental health issues for adolescents referred to mental health agencies for exhibiting SR or truancy [39]. The strategy included an adolescent-centered CBT module and three additional modules (family therapy, school counseling, and a young people's psycho-educational physical exercise program), all of which included motivational interviewing with a primary emphasis on motivational issues related to school attendance. In the case of the Link program offered in the Netherlands, the alternative educational program (AEP) approach to the program was deployed [40]. This program targets refusers who have not attended school for six months and/or adolescents with partial autism spectrum disorders, by offering an adaptive educational setting, the use of a CBT by link staff, and collaboration between all participating parties (adolescents, parents, link staff, former school staff, and therapists) to bridge the refusers' previous environment of chronic absenteeism and their engagement in a more structured setting upon return to school. Alongside these, In2School is another model of a multidisciplinary intervention targeting school refusal behaviors [41]. The wraparound model of care used by In2School, created by researchers, teachers, and psychiatric clinicians, encourages team members to share knowledge, create personalized mental health recovery plans, and create personal learning plans. Through a checklist of interventions, clinicians and teachers collaborate to reach students, caregivers, and traditional school faculty. Although all of these multi-systemic intervention approaches have gained attention and have proven to be largely effective, there is still considerable space for improvement [2].

5. Conclusion

To conclude, school refusal, an issue that has been raised early on, has been widely discussed and studied this year. First, there are a number of terms that are similar to SR, and the context in which these terms are used deserves to be examined in further detail. Among them, refusal as a legal term with a punitive label may lead to unequal treatment of young people from disadvantaged groups of school refusers. School phobia, on the other hand, emphasizes the phobic aspects of SR at the expense of its social aspects.

Second, the etiology of SR can be explained in several aspects. At the individual level, genetic factors and the physical and identity change challenges faced by adolescents may relate to the incidence of SR. At the school level, the lack of early response regarding SR may be responsible for the loss of trust in schools by refusers. At the family level, if family functioning is problematic, refusers may be reinforced in their refusal behaviors, making it more difficult for them to return to school.

Finally, as for the intervention approach for SR, CBT is an effective approach mentioned in most of the available literature, allowing for different treatment strategies based on the child, parent, and family levels. In addition to this, medication-assisted and non-directive approaches (including group therapy and ES) are also used in interventions for SR. Notably, in recent years, more multi-systemic intervention strategies have been implemented with some degree of success, such as modular treatment, Link program, and In2School program.

However, because of the complexity of school refusal, many evidence-based "gold standards" have been judged to be ineffective for even 33% of young people [42]. Moreover, as a field that requires a great deal of individualization and contextualization, there is no research on school refusal that has been adapted and tailored to address the occurrence of Covid-19 [24]. Therefore, more empirical attempts based on different cultural contexts and era-specific characteristics need to be implemented in the field of SR.

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