Educational Psychology Research and Practice
Volume 5, Issue 2, 2019

The Use of Cognitive Behavioural Therapy for School Refusal Behaviour in Educational Psychology Practice

Harriet Lee
Trainee Educational Psychologist, University of East London

Understanding around school refusal behaviour has significantly changed over time, from beliefs that it stemmed from a phobia, to more recent views that the behaviour serves a function for the child or young person. These changes run in parallel to a dominant medicalised and within-child view of school refusal, which has subsequently impacted on the interventions used by professionals. This article looks at the evidence base around the most commonly used intervention, Cognitive Behavioural Therapy (CBT) (Maynard et al., 2018), to determine whether its extensive use is validated. The use of this intervention in educational psychology practice is explored, with consideration for the merits of finding a "gold standard" intervention in comparison to adopting a more individualised approach. To support a more individualised and systemic approach, Nuttall and Woods' (2013) "Ecological Model of Successful Reintegration" is explored in relation to educational psychology practice.

Introduction

Children and Young People (CYP) of school age have both a right and a legal obligation to receive an education (United Nations, 1989; Education Act, 1996). When a CYP does not attend school for an extended period, it can negatively impact on academic outcomes (Department for Education [DfE], 2011) and social–emotional development (Kearney, 2001) and can create a greater risk of mental health difficulties later in life (Flakierska-Praquin, Lindström, & Gillberg, 1997; King, Heyne, Tonge, Gullone, & Ollendick, 2001). According to the Education Act (1996), parents are responsible for ensuring their child receives a full-time education, and local authorities (LAs) have the power to use legal action against them if they do not. This can create a complex and often emotionally challenging situation in cases where a CYP is refusing to attend school (Gulliford & Miller, 2015). Although some CYP will spontaneously return to school without intervention, for others the situation is more complex, with many layers requiring attention (Kearney, 2008). If CYP are supported to manage their anxieties and attendance, this has the potential to strengthen resilience to cope with later life's challenges, pressures and obstacles (Gulliford & Miller, 2015). Effective intervention is, therefore, essential to ensure academic success, promote positive social and emotional development, and develop resilience for later life.

School Refusal Behaviour

Debates Around Terminology

The complexity around school refusal behaviour is reflected in the multitude of definitions, typically stemming from differing professional identities and perspectives (Kearney & Graczyk, 2014). Debates around terminology have been prevalent since the behaviour was first named "neurotic refusal" by Jung in 1913. Early literature tends to use the term "school phobia" (Johnson, Falstein, Szurek, & Svendsen, 1941) due to the dominant belief at the time that the school environment was eliciting a phobic reaction within the child. Although this term is still used by some professionals today, it is generally considered overly specific as it implies a statistically significant clinical level of anxiety that is unrepresentative of many refusing to attend school (Lyon & Cotler, 2007).

Since the 1960s, attempts have been made to distinguish between "school refusers" and "truants" (Berg, Nichols, & Pritchard, 1969). "School refusal" was seen as anxiety based, whereas "truancy" reflected a desire to engage in activities alternative to school. This distinction has since reduced within academic literature, as some CYP who are not attending school do not meet criteria for either school refusal or truancy, and others have elements of both (Lauchlan, 2003). Nevertheless, the distinction still remains within the UK legal system, clearly evident in guidance around attendance on many LA websites. Through the Education Act (1996), LAs were given powers to address persistent school absence through measures such as parenting contracts, parenting orders, prosecution and penalty notices. These measures are commonly used with those whose non-attendance is not perceived to be anxiety based, as the behaviour is, instead, viewed as a form of defiance. On the other hand, if the non-attendance is perceived as being due to anxiety, the CYP is more likely to receive psychological support (Lyon & Cotler, 2007).

In more recent academic literature, umbrella terms such as

"school refusal behaviour" have been used to encompass all forms of non-attendance. This said, some argue that terms such as "school refusal" can create a within-child view of the behaviour, reducing perceptions that the behaviour can change (Nuttall, 2012). Additionally, the word "refusal" is seen to construe the CYP's behaviour as willful and deliberate. Some authors, therefore, argue for the use of more neutral terms such as "chronic non-attendance" (Lauchlan, 2003), and "extended school non-attendance" (Pellegrini, 2007). The aim of these terms is to move away from a "within-child" focus, and instead place attention on the systems around the child when understanding and addressing the behaviour (Pellegrini, 2007). The author agrees that a more neutral term is necessary to avoid incorrect hypotheses around the cause of the behaviour. However, it is difficult to define at what point the non-attendance becomes "extended" or "chronic". These terms may also exclude certain groups of CYP, including those who strongly resist school but are attending, or those whose behaviour takes the form of chronic lateness. Therefore, although a more neutral term would be preferable, within this article the author is choosing to use the term "school refusal behaviour", as captures a wide range of need without hypothesising a cause. This is defined as "absenteeism from school and difficulty going to or staying in school" (Kearney & Silverman, 1993, p. 85). It is clear that continued efforts into an appropriate universal label would help to create a shared understanding among professionals. Without this, terminology is likely to create a barrier in the development of successful interventions (Elliott, 1999).

Prevalence

A lack of shared definition among researchers has resulted in varying estimates around the prevalence of school refusal behaviour (Elliott, 1999). This is further compounded by the differences in definitions and reporting of absences among schools and LAs (Kearney, 2008). Despite this, tentative estimates within UK literature suggest around one to two per cent of the school-age population are affected (Baker & Bishop, 2015). Prevalence is largely unaffected by gender, social class and academic ability (Berg, 1996, as cited in Elliott, 1999), but is higher among secondary school pupils, particularly those who have just transitioned from primary school (Elliott, 1999; Gregory & Purcell, 2014). Onset may also be triggered by a traumatic or critical event (Torrens Armstrong, McCormack Brown, Brindley, Coreil, & McDermott, 2011), or returning to school following an illness or holiday (Gulliford & Miller, 2015).

Cause

Understanding the cause of a child's school refusal behaviour requires an understanding of the contexts in which the behaviour occurs (Gulliford & Miller, 2015). Although earlier research has focused on aspects of the home environment that may influence a child's non-attendance (e.g., Bernstein & Borchardt, 1996; Bernstein, Warren, Massie, & Thuras, 1999), more recent research has highlighted elements of the school environment that may impact on onset and severity of school refusal behaviour. These include school environments with high occurrences of bullying or disruption, streaming policies where pupils with challenging behaviour are placed together, and excessively formal, hostile or impersonal pupil–teacher relationships (Lauchlan, 2003). Although causes of school refusal behaviour may stem from a multitude of factors within different systems, a study by Malcolm, Wilson, Davidson, and Kirk (2003) found the perceived cause of the behaviour varies between individuals. CYP and parents often cite school-based factors as a cause, whereas LA and school staff commonly state family-based factors. As highlighted by Pellegrini (2007), for EPs who work with all of these parties, the competing discourses can create tensions and a challenge for collaborative working. Part of the role of the EP may, therefore, be to help form a shared understanding.

As school refusal behaviour is now viewed in literature as heterogeneous and multi-causal (L. Atkinson, Quarrington, & Cyr, 1985), rather than stemming from one source, the focus has shifted from attempts to label the phenomenon to, instead, looking at the functions behind it. Kearney and Silverman (1993) propose four main functions of school refusal behaviour:

1. to avoid anxiety related to attending school;
2. to avoid social situations that cause anxiety;
3. to seek attention and/or to reduce feelings of separation anxiety; and
4. to gain a rewarding experience.

Identifying the function underlying school refusal behaviour can help to enhance predictions of absenteeism (Kearney, 2007) and, therefore, support intervention planning and a more preventative approach. At the same time, this model is perhaps limited as it does not account for CYP whose behaviours are multi-causal or for the influences of children's thought processes (Maric, Heyne, MacKinnon, Widenfelt, & Westenberg, 2013) on non-attendance. Additionally, this model does not consider systemic factors, such as homelessness and poverty, that have been found to impact on the behaviour (Kearney, 2008). Nevertheless, despite its limitations, this model is a step in the right direction when considering interventions.

The Role of Educational Psychologists

In cases of school refusal within the UK, there may be many agencies involved, including school staff, clinical psy-

chologists and education welfare officers. Educational psychologists (EPs) may also become involved due to their role in promoting child development and learning, and supporting successful inclusion (Kelly & Gray, 2000). Through assessment, consultation, intervention and training, EPs are able to work with the other agencies involved to promote development and learning for the CYP, as well as their successful inclusion back into the school setting.

Interventions

As the current dominant view of school refusal behaviour is that it stems from anxiety, it is viewed as a social–emotional need, and intervention has traditionally been delivered by medical professionals within clinic settings. With legislation in the UK increasingly placing responsibility on schools to identify and manage the psychological wellbeing of CYP (Department of Health and Social Care [DHSC], DfE, 2017), interventions within the school environment are becoming more common. This has led to schools seeking training and support from external professionals (Aggett, Boyd, & Fletcher, 2006) such as EPs. In terms of school refusal behaviour, EPs are well placed to support the CYP directly, as well as applying more systemic approaches such as consultations and training with those around them (Gulliford & Miller, 2015).

The focus on EPs as providers of therapeutic interventions has gradually increased, both at an individual child level and at a wider level with those who work with the child (MacKay, 2007). C. Atkinson, Bragg, Squires, Muscutt, and Wasilewski (2011) found that 92 per cent of EPs use therapeutic interventions in their practice, including individual work, consultations and training. It is, therefore, important that EPs are aware of the different interventions that are effective for school refusal behaviour.

For school refusal behaviour, popular interventions include behavioural approaches, pharmacotherapy, family therapy and CBT (Elliott, 1999). Although interventions largely share a similar goal of increasing school attendance, the focus and processes involved vary significantly. Interventions have changed in popularity over time depending on current conceptualisations and professionals' theoretical perspectives. Despite findings that factors outside of the family environment can impact on the behaviour, research around interventions has typically focused on the CYP and their family (Pellegrini, 2007). This reflects the dominant medicalised view of school refusal behaviour within literature and could stem from the non-educational background of many researchers (Elliott, 1999). To date, reviews of interventions have failed to conclude which approach is the most effective (e.g., Lauchlan, 2003; Pina, Zerr, Gonzales, & Ortiz, 2009). CBT is the most commonly used (Doobay, 2008; Maynard et al., 2015), despite receiving a mixed evidence base (Heyne, Sauter, Van Widenfelt, Vermeiren, & Westenberg, 2011).

CBT for School Refusal Behaviour

CBT for school refusal behaviour is underpinned by the theory that anxiety is caused by an individual's faulty cognitive processing (Elliott, 1999). The CYP perceives an aspect of the school environment as threatening and believes they are unable to manage the situation. By remaining at home, the CYP avoids the problem, and their anxiety is reduced, negatively reinforcing their non-attendance. Within CBT, behavioural approaches such as exposure-based strategies, relaxation training and contingency management are used alongside cognitive therapy to challenge the CYP's beliefs that are preventing them from attending school. The professional delivering the CBT works with the CYP to identify, monitor and replace these beliefs in order to reduce anxiety related to the school environment (Elliott, 1999). CBT for school refusal behaviour can be delivered individually or within group settings and may include parents and families to aid their understanding around the situation and develop behaviour management strategies (Maynard et al., 2018).

The Evidence Base of CBT for School Refusal Behaviour

Over the last twenty years, evidence-based practice (EBP) has increasingly dominated professional practice, and this has spilled over into the psychological world (Fox, 2011). The need for EBP originates from a political agenda to reduce variations in service delivery across the country (Department of Health, 1998). This variation is perceived as undesirable as it reflects a lack of consistency of quality, resulting in inequalities in service provision (Fox, 2011). Reasons behind the drive towards EBP have since shifted to the management of scarce resources, with the cost-effectiveness of interventions judged against the National Centre for Clinical Excellence (NICE) criteria. Additionally, within the EP world, a debate around the extent to which EPs are "scientists" has created a need to link the interventions that are delivered to a sound evidence base (Miller & Frederickson, 2006). Although there are not currently NICE guidelines for school refusal behaviour, a recent review of interventions on the NICE website concluded that CBT is the most commonly used intervention (Maynard et al., 2018). It could, therefore, be presumed that this is where the strongest evidence base lies.

Literature Review

To establish the strength of the evidence base for CBT, and to inform the EBP of EPs, a systemic literature review was carried out by the author. This focused on the adolescent population, as this is the age group for whom school refusal behaviour most commonly occurs (Berg, 1992).

Six studies were selected for the literature review following a search on five online databases and hand searching of reference lists (see Table 1 for full references). Table 2 provides an overview of the length of each intervention, who was included and changes in attendance over the intervention period. All studies within the review used both cognitive and behavioural techniques within their interventions, but those chosen vary between studies. When considering what makes CBT effective for adolescents, Anderson et al. (1998) argue that the same techniques can be used universally across age groups. In contrast, Heyne et al. (2011) suggest a "developmentally sensitive" CBT programme that accounts for the unique factors of adolescence including autonomy development. Two sets of researchers argue that intervention with the young person alone is sufficient (Beidas, Crawley, Mychailyszyn, Comer, & Kendall, 2010; Rollings, King, Tonge, Heyne, & Young, 1998), whereas the remainder argue for parallel parent training. The involvement of parents in CBT with CYP is debated within the literature but generally supported (Manassis et al., 2014). The involvement of parents is perhaps more pertinent to school refusal behaviour as parents can play a role in both maintaining the behaviour and supporting reintegration into the school environment (Kearney, 2008). Although four studies also mention including school staff within the intervention (Anderson et al., 1998; Heyne et al., 2011; Heyne, Sauter, Ollendick, Van Widenfelt, & Westenberg, 2014; Moffitt, Chorpita, & Fernandez, 2003), the amount of sessions suggested is considerably less than those suggested with the adolescent or parents, as shown in Table 2. This reflects the dominant "within-family" view of school refusal behaviour (Pellegrini, 2007) as previously discussed. Moffitt et al. (2003) are the only study to consider wider systemic factors when planning their intervention.

Across the reviewed studies, the length of intervention varied extensively between three weeks and a year. This significant variation has clear implications on the amount of input required by a professional and the subsequent cost of the intervention. As the concept of Best Value ("maximum value for money") is advocated in both EP practice and a wider political landscape within the UK (MacKay, 2007), a shorter and equally as effective intervention is typically seen as favourable. Although Anderson et al.'s (1998) three-week programme may be favoured in light of this, it is difficult to generalise the results to a wider population due to the single-case design. The participant may have responded differently to the intervention due to variables such as a higher self-efficacy, increased motivation or less chronic non-attendance. Moffitt et al. (2003) and Rollings et al. (1998) argue, instead, that flexibility is essential for longer-term success, with each individual requiring a different length and intensity of intervention.

As shown in Table 2, all six of the studies reviewed by the author demonstrated at least a 26 per cent improvement in attendance for the young person following a CBT intervention, suggesting that, although CBT may not "cure" non-attendance, it has the potential for a positive impact on the young person. Despite this, caution should be taken in drawing positive conclusions from the reviewed literature for several reasons.

1. Although all studies used both cognitive and behavioural techniques, those chosen varied between studies depending on the authors' beliefs. For example, whether the intervention should be "developmentally sensitive" (Heyne et al., 2011) or can be used universally across age groups (Anderson et al., 1998), and whether it should focus solely on the young person (Beidas et al., 2010; Rollings et al., 1998) or also include parents and school staff.

2. Across the reviewed studies, 24 of the 25 participants were diagnosed in line with DSM-IV criteria with an anxiety disorder (American Psychiatric Association, 1994). This limits the ecological validity of the studies as it has been found that only 50 per cent of the school-aged population showing school refusal behaviour experience anxiety at a clinical level (Link Egger, Costello, & Angold, 2003).

3. There is a lack of UK-based studies. Although results may be similar for adolescents within this country, this would be worth investigating as factors such as the UK schooling system or legislative context may impact on results.

4. Limited information is given regarding the background of participants. Only one study (Heyne et al., 2011) report the socio-economic status of participants, and only half of the studies report the ethnicity of participants (Beidas et al., 2010; Heyne et al., 2011; Moffitt et al., 2003). Within these studies, the participants were from a middle-class background and were either part or fully Caucasian.

Despite findings that school refusal behaviours are not any more prominent in certain social classes or cultures (Berg, 1996, as cited in Elliott, 1999; Baker & Bishop, 2015; Pellegrini, 2007), as illustrated in this review, the white, middle-class population is the most studied in research around interventions for school refusal behaviour (Lyon & Cotler, 2007). This may be because research is primarily carried out in clinic-based mental health services, which those from ethnic minorities and lower social classes have been found to utilise far less (Rawal, Romansky, Jenuwine, & Lyons, 2004). If a professional is generalising the findings from these studies to CYP from other cultures, it is important to be sensitive to any cultural differences. This is particularly pertinent for CBT, as it is the professional that determines whether an individual's

belief is unhelpful and requires changing. It may be that beliefs perceived as unhelpful to the situation are, in fact, central to the individual's cultural identity. When working with an individual whose values may be different, it is, therefore, essential that the professional is aware of their own contrasting personal values and maintains a respectful and curious stance when exploring their beliefs (Fuggle, Dunsmuir, & Curry, 2013).

In summary, the reviewed studies provided some positive evidence for the use of CBT for school refusal behaviour with adolescents. However, it is difficult to draw firm conclusions around the impact due to variations in the techniques and approaches used and the lack of larger scale, replicated studies. If evaluated against the Scottish Intercollegiate Guidelines Network (2015) hierarchy of evidence, the evidence base for CBT with adolescents showing school refusal behaviours appears weak. This is surprising considering that CBT is used so readily with this population (Doobay, 2008; Maynard et al., 2015). It could be that, as CBT is a recommended intervention for CYP with anxiety (NICE, 2013), this has been generalised to include those showing school refusal behaviour due to the prevailing view that this is what the behaviour stems from. However, as less than 50 per cent of those showing school refusal behaviours experience clinical levels of anxiety (Link Egger et al., 2003), this may not be an appropriate generalisation to make. Weinrach (1995) suggested that practitioners often choose an intervention that is easy and enjoyable to use rather than one that is necessarily effective. As CBT is often a manualised approach, or at least includes very explicit components, its ease of use could partly explain its dominance as an intervention for school refusal behaviour.

It is clear that, in order for the use of CBT with adolescents showing school refusal behaviour to be informed by an evidence base, a stronger evidence base is first required. Within the UK, schools are seen to have a "frontline role in promoting and protecting children and young people's mental health and wellbeing" (DHSC, DfE, 2017, p. 4), and this is the setting where almost 70 per cent of interventions for psychological difficulties are delivered (Farmer, Burns, Phillips, Angold, & Costello, 2003). This figure is likely to increase further due to recent proposals around CYP's mental health (DHSC, DfE, 2017), which place an increased responsibility on schools in identifying needs and providing intervention. In order to inform EP practice within the UK, further studies into the use of CBT in school settings are necessary.

Considering an Alternative Intervention Approach

Top-down pressure is often placed upon EPs to use evidence-based practice to reduce variation in service delivery and allow the clear identification of benefits to both clients and providers in terms of demonstrable outcomes (Dunsmuir, Brown, Iyadurai, & Monsen, 2009). Despite this pressure, EPs often work in domains such as school refusal behaviour where there is limited evidence for a universally accepted and uncontested intervention approach (Miller & Frederickson, 2006). Also, it has been found that even in areas where a "gold standard" of intervention practice has been found, the interventions judged most effective do not work with 33 per cent of CYP (Carr, 2000). For these CYP, wider factors may likely have impacted on the success of the intervention. The wide range of factors that can impact on a CYP is reflected in Bronfenbrenner's Ecological Systems Theory (1979) (see Figure 1). Factors influencing the success of the intervention may stem from any or multiple systems around the child.

Bronfenbrenner's theory is particularly pertinent to school refusal behaviour and subsequent intervention planning. For school refusal behaviour, the situation is often complex, with a range of factors in different systems interacting and influencing the behaviour (Lauchlan, 2003; Nuttall & Woods, 2013). These may include those within the CYP's immediate microsystem, such as parental attitudes to attendance, but also extend to factors in wider systems, such as the impact of legal systems and cultural attitudes to education. By focusing only on the child and their microsystem, wider factors that could be central to the CYP's non-attendance behaviour may be missed, and the intervention is unlikely to be successful. The CYP and their situation should instead be viewed holistically, taking account of any influencing systems in interventions. This ecological approach allows positive changes in specific influencing systems, which can subsequently produce positive changes on behaviour (Ayers, Clarke, & Murray, 2000).

Nuttall and Woods (2013) propose an "Ecological Model of Successful Reintegration" (Figure 2) based upon Bronfenbrenner's Ecological Systems Theory (1979). This model stems from work by the authors carried out with two young people experiencing school refusal, exploring what supported their reintegration at different systemic levels.

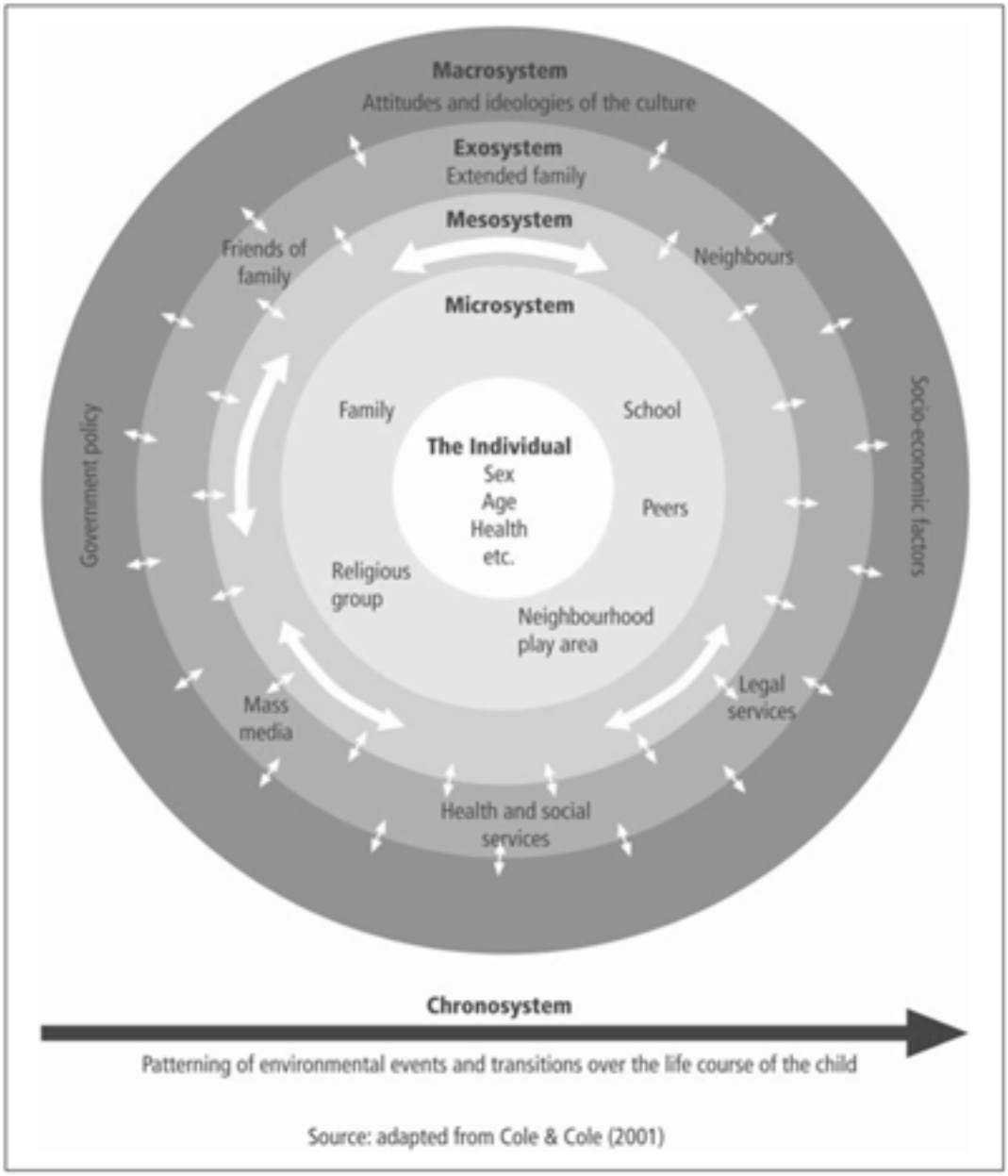
Within this model, as shown in Figure 2, intervention for school refusal behaviour is organised into five spheres:

- psychological factors at the level of the child;
- factors supporting the psychological factors at the level of the child;
- factors supporting the family;
- role of professionals and systems; and
- context.

Analogous to Bronfenbrenner's (1979) ecological systems theory, the four outer systems interact and impact upon the child's psychological needs at the centre. In light of this,

Figure 1

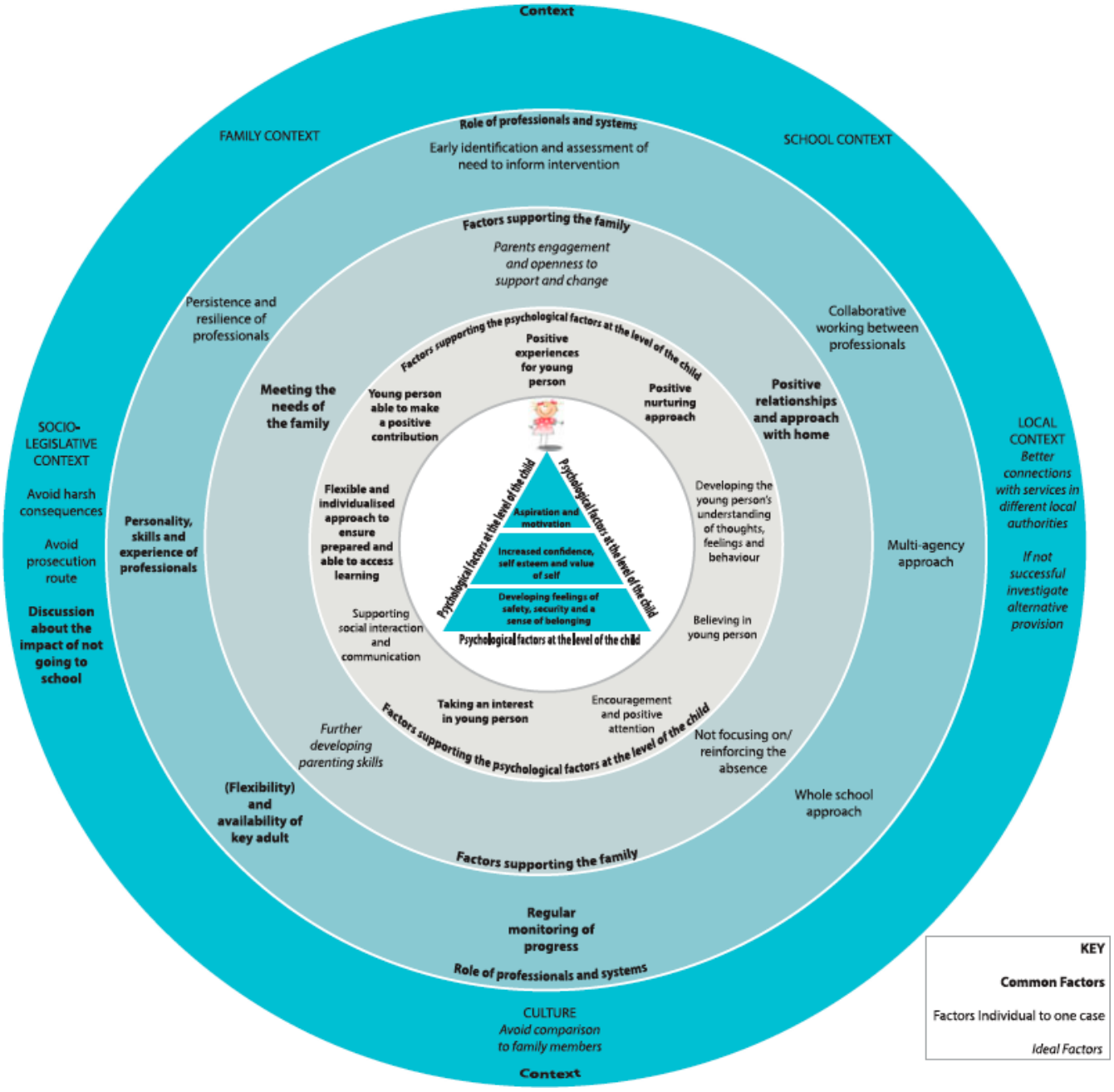
Bronfenbrenner's (1979) Ecological Systems Theory



changes within the outer systems can lead to positive outcomes for the CYP. Approaching intervention to school refusal behaviour in this way contrasts with a CBT approach focusing almost solely on the child's psychological needs. Although within the literature review CBT demonstrated some potential for success, Nuttall and Woods (2013) argue that an intervention focusing only on one system is too narrow. To successfully reduce school refusal behaviour, all relevant systems must be taken into account in intervention planning, including contextual and environmental variables influencing the situation. These may include factors far wider than the cognitions and behaviour of the CYP, such as the impact of the legal system on a family, and the importance of positive home-school relationships. This reflects literature around the use of CBT for anxiety more generally, with research finding that including parents in treatment can increase its efficacy and support the long-term maintenance of positive changes (see meta-analysis by Manassis et al.,

Figure 2

"Ecological model of successful reintegration". Reprinted from "Effective intervention for school refusal behaviour" by C. Nuttall and K. Woods, 2013, Educational Psychology in Practice*, 29(4), pp. 347–366.*



2014). It is recommended that good practice CBT include a consideration of the child's home, school and wider social environment to support the aims of the treatment (Creswell, Waite, & Cooper, 2014). This clearly reflects the principles underlying Nuttall and Woods (2013) model.

Although Nuttall and Woods (2013) argue for the model's use in intervention planning, they do not provide an illustration of this within their research. To support the applicability of the model, further studies providing demonstrations in practice would be beneficial.

Nevertheless, the model provides a useful starting point for EPs when considering a holistic intervention approach

for school refusal behaviour. By considering and taking account of influencing factors at all systemic levels, it may be that the chances of success for interventions such as CBT are enhanced.

Conclusion

This article has explored both current and previous debates around school refusal behaviour, with a focus on the current evidence base for the most commonly used intervention, CBT. Although there is not currently a conclusive evidence base for effective interventions with school refusal behaviour (Lauchlan, 2003), this is perhaps not an issue for EP practice. It is unclear how a "gold standard" intervention would truly inform the majority of cases where it is impossible to separate an individual from their complexities and ignore influencing factors from wider systems. Instead of focusing simply on "what works", it may, therefore, be more helpful to consider "what… works, for whom, in what circumstances, in what respects and why?" (Pawson, Greenhalgh, Harvey, & Walshe, 2005, p. 25). A systemic model such as that proposed by Nuttall and Woods (2013) could offer a helpful starting point for this more holistic and multifaceted approach.

Table 1

Studies Included in the Literature Review

Full reference
Anderson, J., King, N., Tonge, B., Rollings, S., Young, D., & Heyne, D. (1998). Cognitive–behavioural intervention for an adolescent school refuser: A comprehensive approach. *Behaviour Change*, *15*(2), 67–73.
Beidas, R. S., Crawley, S. A., Mychailyszyn, M. P., Comer, J. S., & Kendall, P. C. (2010). Cognitive–behavioral treatment of anxious youth with comorbid school refusal: Clinical presentation and treatment response. *Psihologijske Teme / Psychological Topics*, *19*(2), 255–271.
Heyne, D., Sauter, F. M., Ollendick, T. H., Van Widenfelt, B. M., & Westenberg, P. M. (2014). Developmentally sensitive cognitive behavioral therapy for adolescent school refusal: Rationale and case illustration. *Clinical Child and Family Psychology Review*, *17*(2), 191–215.
Heyne, D., Sauter, F. M., Van Widenfelt, B. M., Vermeiren, R., & Westenberg, P. M. (2011). School refusal and anxiety in adolescence: Non-randomized trial of a developmentally sensitive cognitive behavioral therapy. *Journal of Anxiety Disorders*, *25*(7), 870–878.
Moffitt, C. E., Chorpita, B. F., & Fernandez, S. N. (2003). Intensive cognitive–behavioral treatment of school refusal behavior. *Cognitive and Behavioral Practice*, *10*(1), 51–60.
Rollings, S., King, N., Tonge, B., Heyne, D., & Young, D. (1998). Cognitive–behavioural intervention with a depressed adolescent experiencing school attendance difficulties. *Behaviour Change*, *15*(2), 87–97.

Table 2

Overview of Studies

Study	Study design	Length of intervention	Number of sessions			Attendance over study (%)		
			Adolescent	Parents	School staff	Pre-	Post-	Follow-up
Anderson et al. (1998)	Single-case study	3 weeks	7	7	1 (plus telephone contact)	0	100	100
Beidas et al. (2010)	Single-case study	Not mentioned	Not mentioned	0	0	More than 14 days or classes missed in a semester	100	100
Heyne et al. (2011)	Non-randomised control trial	10 weeks (plus optional booster sessions for 2 months)	10–14 (including 2–3 joint with parents)	10–14 (including 2–3 joint with adolescent)	2	M = 15	M = 41	M = 48
Heyne et al. (2014)	Single-case study	11 weeks	16 (including 2 joint with parent)	15 (including 2 joint with young person)	2	10	90	95
Moffit et al. (2003)	Single-case study	12 months	Not mentioned	Not mentioned	Not mentioned	19	76	Reduced (figure not given)
Rollings et al. (1998)	Single case-study	6 months	10	0	0	0	95	100

References

Aggett, P., Boyd, E., & Fletcher, J. (2006). Developing a Tier 1 CAMHS foundation course: Report on a 4-year initiative. *Clinical Child Psychology & Psychiatry*, *11*(3), 319–333. doi:10.1177/1359104506064981

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders: DSM-IV* (4th ed.). Washington, DC: The American Psychiatric Association.

Anderson, J., King, N., Tonge, B., Rollings, S., Young, D., & Heyne, D. (1998). Cognitive–behavioural intervention for an adolescent school refuser: A comprehensive approach. *Behaviour Change*, *15*(2), 67–73. doi:10.1017/S0813483900003181

Atkinson, C., Bragg, J., Squires, G., Muscutt, J., & Wasilewski, D. (2011). Psychologists and therapeutic interventions — Preliminary findings from a UK-wide survey. *Debate*, *140*, 6–12.

Atkinson, L., Quarrington, B., & Cyr, J. J. (1985). School refusal: The heterogeneity of a concept. *American Journal of Orthopsychiatry*, *55*(1), 83–101. doi:10.1111/j.1939-0025.1985.tb03423.x

Ayers, H., Clarke, D., & Murray, A. (2000). *Perspectives on behaviour: A practical guide to effective interventions for teachers* (2nd ed.). London, England: David Fulton Publishers.

Baker, M. & Bishop, F. L. (2015). Out of school: A phenomenological exploration of extended non-attendance. *Educational Psychology in Practice*, *31*(4), 354–368. doi:10.1080/02667363.2015.1065473

Beidas, R. S., Crawley, S. A., Mychailyszyn, M. P., Comer, J. S., & Kendall, P. C. (2010). Cognitive–behavioral treatment of anxious youth with comorbid school refusal: Clinical presentation and treatment response. *Psihologijske Teme / Psychological Topics*, *19*(2), 255–271.

Berg, I. (1992). Absence from school and mental health. *The British Journal of Psychiatry*, *161*(2), 154–166. doi:10.1192/bjp.161.2.154

Berg, I., Nichols, K., & Pritchard, C. (1969). School phobia: Its classification and relationship to dependency. *Journal of Child Psychology and Psychiatry*, *10*(1), 23–41. doi:10.1111/j.1469-7610.1969.tb02074.x

Bernstein, G. A. & Borchardt, C. M. (1996). School refusal: Family constellation and family functioning. *Journal of Anxiety Disorders*, *10*(1), 1–19. doi:10.1016/0887-6185(95)00031-3

Bernstein, G. A., Warren, S. L., Massie, E. D., & Thuras, P. D. (1999). Family dimensions in anxious–depressed school refusers. *Journal of Anxiety Disorders*, *13*(5), 513–528. doi:10.1016/S0887-6185(99)00021-3

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Carr, A. (2000). *What works with children and adolescents? A critical review of psychological interventions with children, adolescents and their families*. London, England: Routledge.

Creswell, C., Waite, P., & Cooper, P. J. (2014). Assessment and management of anxiety disorders in children and adolescents. *Archives of Disease in Childhood*, *99*(7), 674–678. doi:10.1136/archdischild-2013-303768

Department for Education. (2011). New data highlights true picture of school absence. Online.

Department of Health. (1998). *White paper. a first class service: Quality in the new NHS*. London, England: Stationary Office.

Department of Health and Social Care, Department for Education. (2017). *Transforming children and young people's mental health provision: A green paper* (Green Paper No. Cm 9523). Author.

Doobay, A. F. (2008). School refusal behavior associated with separation anxiety disorder: A cognitive–behavioral approach to treatment. *Psychology in the Schools*, *45*(4), 261–272. doi:10.1002/pits.20299

Dunsmuir, S., Brown, E., Iyadurai, S., & Monsen, J. (2009). Evidence-based practice and evaluation: From insight to impact. *Educational Psychology in Practice*, *25*(1), 53–70. doi:10.1080/02667360802697605

Education Act. (1996).

Elliott, J. G. (1999). Practitioner review: School refusal: Issues of conceptualisation, assessment, and treatment. *Journal of Child Psychology and Psychiatry*, *40*(7), 1001–1012. doi:10.1111/1469-7610.00519

Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, *54*(1), 60–66. doi:10.1176/appi.ps.54.1.60

Flakierska-Praquin, N., Lindström, M., & Gillberg, C. (1997). School phobia with separation anxiety disorder: A comparative 20- to 29-year follow-up study of 35 school refusers. *Comprehensive Psychiatry*, *38*(1), 17–22. doi:10.1016/S0010-440X(97)90048-1

Fox, M. (2011). Practice-based evidence — Overcoming insecure attachments. *Educational Psychology in Practice*, *27*(4), 325–335. doi:10.1080/02667363.2011.615299

Fuggle, P., Dunsmuir, S., & Curry, V. (2013). *CBT with children, young people and families*. Los Angeles CA: Sage. doi:10.4135/9781473914858

Gregory, I. R. & Purcell, A. (2014). Extended school non-attenders' views: Developing best practice. *Educational Psychology in Practice*, *30*(1), 37–50. doi:10.1080/02667363.2013.869489

Gulliford, A. & Miller, A. (2015). Coping with life by coping with school? School refusal in young people. In

T. Cline, A. Gulliford, & S. Birch (Eds.), *Educational psychology* (2nd ed., pp. 283–305). Topics in applied psychology. Hove, England: Routledge.

Heyne, D., Sauter, F. M., Ollendick, T. H., Van Widenfelt, B. M., & Westenberg, P. M. (2014). Developmentally sensitive cognitive behavioral therapy for adolescent school refusal: Rationale and case illustration. *Clinical Child and Family Psychology Review*, *17*(2), 191–215. doi:10.1007/s10567-013-0160-0

Heyne, D., Sauter, F. M., Van Widenfelt, B. M., Vermeiren, R., & Westenberg, P. M. (2011). School refusal and anxiety in adolescence: Non-randomized trial of a developmentally sensitive cognitive behavioral therapy. *Journal of Anxiety Disorders*, *25*(7), 870–878. doi:10.1016/j.janxdis.2011.04.006

Johnson, A. M., Falstein, E. I., Szurek, S. A., & Svendsen, M. (1941). School phobia. *American Journal of Orthopsychiatry*, *11*(4), 702–711. doi:10.1111/j.1939-0025.1941.tb05860.x

Jung, C. G. (1913). *Freud and psychoanalysis*. The collected works of C. G. Jung. Princeton, NJ: Princeton University Press.

Kearney, C. A. (2001). *School refusal behavior in youth: A functional approach to assessment and treatment*. Washington, DC: American Psychological Association. doi:10.1037/10426-000

Kearney, C. A. (2007). Forms and functions of school refusal behavior in youth: An empirical analysis of absenteeism severity. *Journal of Child Psychology and Psychiatry*, *48*(1), 53–61. doi:10.1111/j.1469-7610.2006.01634.x

Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, *28*(3), 451–471. doi:10.1016/j.cpr.2007.07.012

Kearney, C. A. & Graczyk, P. (2014). A response to intervention model to promote school attendance and decrease school absenteeism. *Child & Youth Care Forum*, *43*(1), 1–25. doi:10.1007/s10566-013-9222-1

Kearney, C. A. & Silverman, W. K. (1993). Measuring the function of school refusal behavior: The school refusal assessment scale. *Journal of Clinical Child Psychology*, *22*(1), 85–96. doi:10.1207/s15374424jccp2201_9

Kelly, D. & Gray, C. (2000). *Educational Psychology Services (England): Current role, good practice and future directions*. Department for Education and Employment. Nottingham, England.

King, N. J., Heyne, D., Tonge, B., Gullone, E., & Ollendick, T. H. (2001). School refusal: Categorical diagnoses, functional analysis and treatment planning. *Clinical Psychology & Psychotherapy*, *8*(5), 352–360. doi:10.1002/cpp.313

Lauchlan, F. (2003). Responding to chronic non-attendance: A review of intervention approaches. *Educational Psychology in Practice*, *19*(2), 133–146. doi:10.1080/02667360303236

Link Egger, H., Costello, J. E., & Angold, A. (2003). School refusal and psychiatric disorders: A community study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *42*(7), 797–807. doi:10.1097/01.CHI.0000046865.56865.79

Lyon, A. R. & Cotler, S. (2007). Toward reduced bias and increased utility in the assessment of school refusal behavior: The case for diverse samples and evaluations of context. *Psychology in the Schools*, *44*(6), 551–565. doi:10.1002/pits.20247

MacKay, T. (2007). Educational psychology: The fall and rise of therapy. *Educational & Child Psychology*, *24*(1), 7–18.

Malcolm, H., Wilson, V., Davidson, J., & Kirk, S. (2003). *Absence from school: A study of its causes and effects in seven LEAs* (Research Report No. RR424). Department for Education and Skills. Nottingham, England.

Manassis, K., Lee, T. C., Bennett, K., Zhao, X. Y., Mendlowitz, S., Duda, S., … Wood, J. J. (2014). Types of parental involvement in CBT with anxious youth: A preliminary meta-analysis. *Journal of Consulting and Clinical Psychology*, *82*(6), 1163–1172. doi:10.1037/a0036969

Maric, M., Heyne, D. A., MacKinnon, D. P., Widenfelt, B. M., & Westenberg, P. M. (2013). Cognitive mediation of cognitive–behavioural therapy outcomes for anxiety-based school refusal. *Behavioural and Cognitive Psychotherapy*, *41*(5), 549–564. doi:10.1017/S1352465812000756

Maynard, B. R., Brendel, K. E., Bulanda, J. J., Heyne, D., Thompson, A. M., & Pigott, T. D. (2015). Psychosocial interventions for school refusal with primary and secondary school students: A systematic review. *Campbell Systematic Reviews*, *11*(1), 1–76. doi:10.4073/csr.2015.12

Maynard, B. R., Heyne, D., Brendel, K. E., Bulanda, J. J., Thompson, A. M., & Pigott, T. D. (2018). Treatment for school refusal among children and adolescents: A systematic review and meta-analysis. *Research on Social Work Practice*, *28*(1), 56–67. doi:10.1177/1049731515598619

Miller, A. & Frederickson, N. (2006). Generalizable findings and idiographic problems: Struggles and successes for educational psychologists as scientist–practitioners. In D. A. Lane & S. Corrie (Eds.), *The modern scientist–practitioner: A guide to practice in psychology* (pp. 103–118). Hove, England: Routledge.

Moffitt, C. E., Chorpita, B. F., & Fernandez, S. N. (2003). Intensive cognitive–behavioral treatment of school re-

fusal behavior. *Cognitive and Behavioral Practice*, *10*(1), 51–60. doi:10.1016/S1077-7229(03)80008-1

National Institute for Health and Care Excellence. (2013). Social anxiety disorder: Recognition, assessment and treatment.

Nuttall, C. (2012). *Exploration of successful intervention with children and young people who show school refusal behaviours* (Doctoral thesis, The University of Manchester, Manchester, England).

Nuttall, C. & Woods, K. (2013). Effective intervention for school refusal behaviour. *Educational Psychology in Practice*, *29*(4), 347–366. doi:10 . 1080 / 02667363 . 2013.846848

Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review — A new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, *10*(1), 21–34. doi:10.1258/1355819054308530

Pellegrini, D. W. (2007). School non-attendance: Definitions, meanings, responses, interventions. *Educational Psychology in Practice*, *23*(1), 63–77. doi:10 . 1080 / 02667360601154691

Pina, A. A., Zerr, A. A., Gonzales, N. A., & Ortiz, C. D. (2009). Psychosocial interventions for school refusal behavior in children and adolescents. *Child Development Perspectives*, *3*(1), 11–20. doi:10 . 1111 / j . 1750-8606.2008.00070.x

Rawal, P., Romansky, J., Jenuwine, M., & Lyons, J. S. (2004). Racial differences in the mental health needs and service utilization of youth in the juvenile justice system. *The Journal of Behavioral Health Services & Research*, *31*(3), 242–254. doi:10.1007/BF02287288

Rollings, S., King, N., Tonge, B., Heyne, D., & Young, D. (1998). Cognitive–behavioural intervention with a depressed adolescent experiencing school attendance difficulties. *Behaviour Change*, *15*(2), 87–97. doi:10 . 1017/S081348390000320X

Scottish Intercollegiate Guidelines Network. (2015). *SIGN 50: A guideline developer's handbook*. Edinburgh, Scotland: Author.

Torrens Armstrong, A. M., McCormack Brown, K. R., Brindley, R., Coreil, J., & McDermott, R. J. (2011). Frequent fliers, school phobias, and the sick student: School health personnel's perceptions of students who refuse school. *Journal of School Health*, *81*(9), 552–559. doi:10.1111/j.1746-1561.2011.00626.x

United Nations. (1989). Convention on the Rights of the Child.

Weinrach, S. G. (1995). Rational emotive behaviour therapy: A tough-minded therapy for a tender-minded profession. *Journal of Counseling & Development*, *73*(3), 296–300. doi:10.1002/j.1556-6676.1995.tb01751.x