School refusal: From research to relevance in clinics and schools

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INSNA promotes school attendance and responds to school attendance problems. We compile, generate, evaluate, and disseminate information, assessment, and intervention strategies.

www.insa.network
Absence of 0.5 yrs (across ages 7-11) 
--- > 0.7 year delay in reading scores 
--- > 1.0 year delay in maths scores 
(Carroll, School Psychology International, 2010)

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

Unauthorized absence increases risk for drop-out by 37%
(Cabus & De Witte, Applied Economics Letters, 2015)

Absenteeism often places a strain upon school staff
(McAvaney, 1986)

Absenteeism affects teacher workload and morale
(Wilson et al., 2008)

Attendance problems are resource intensive and emotionally challenging
(Finning et al., 2018)

e.g., monitoring attendance, deciding when to intervene, contacting parents, helping the young person keep up with schoolwork
(Balu & Ehrlich, 2018; Contessa & Paccione-Dyszlewski, 1981; Hersov, 1990; Heyne & King, 2004; Kearney & Hugelshofer, 2000)

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

“followed up with phone calls, letters, parent meetings, family action plans and ... as a last resort, a recommendation for prosecution by the state.”
(Hancock et al., 2018)
“20,000 individuals were taken to court in 2015 for failing to ensure a child went to school, an increase of 61% since 2011” (Yusof & Bowcott, 2017, cited in Hancock et al., 2018)

School Attendance Problems

School Refusal

Truancy

School Withdrawal

School Exclusion

School refusal occurs when:

1. Young person is reluctant or refuses to attend, together with temporal or chronic emotional distress (not required if no effort to get the young person to school)
2. Young person does not attempt to hide absence from parents (if they previously hid absence, this stopped when found out)
3. Young person does not display severe antisocial behaviour
4. Parents have made reasonable efforts to secure attendance, or express intention for their child to attend school

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

Quite typical of school refusal
School Attendance Problems

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Quite typical of truancy

Truancy (narrow definition) occurs when:

1. Young person is absent from school or they are at school but absent from the proper location
   (no specification that young person is away from home)
2. This occurs without the permission of school authorities
   (no specification that school has not identified the absence)
3. Young person typically tries to conceal absence from parents

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

Overlap?

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

- School Refusal
- Truancy
- School Withdrawal
- School Exclusion

Overlap?

10% cross-over SR to TR
10% cross-over SR to SR/TR
0% cross-over TR to SR

(Steinhausen et al., Child & Adolescent Psychiatry & Mental Health, 2008)

Maynard et al. (2015) review: SR intervention e.g., relaxation training, cognitive therapy

Maynard et al. (2013) review: TR intervention e.g., mentoring, attendance monitoring

(Heyne et al., Cognitive & Behavioral Practice, 2019)

Quite typical of school withdrawal
Clinical experience points to overlap on the spectrum of school attendance problems.

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

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

School exclusion (UK, September 2017)
Exclusion of youth with autism
School exclusion (Netherlands, March 2016)

Excluded from sitting final exams

![Scholier: vaker illegale uitsluiting van examen](image)

The SNACK: An instrument to screen for SAP types

School Non-Attendance Check List

Please insert reason below:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1. Not on approach</td>
<td>School isn't visited</td>
</tr>
<tr>
<td>#2. Not under control</td>
<td>Teacher doesn't want the child</td>
</tr>
<tr>
<td>#3. Not on attendance</td>
<td>Child refuses to go to school</td>
</tr>
<tr>
<td>#4. Not on interview</td>
<td>School refusal</td>
</tr>
<tr>
<td>#5. Not on examination</td>
<td>Child refuses to be examined</td>
</tr>
<tr>
<td>#6. Not on feedback</td>
<td>Child refuses feedback</td>
</tr>
<tr>
<td>#7. Not on intervention</td>
<td>Child refuses intervention</td>
</tr>
<tr>
<td>#8. Not on follow-up</td>
<td>Child refuses follow-up</td>
</tr>
<tr>
<td>#9. Not on intervention</td>
<td>Child refuses to be intervened</td>
</tr>
<tr>
<td>#10. Not on feedback</td>
<td>Child refuses feedback</td>
</tr>
<tr>
<td>#11. Not on interview</td>
<td>Child refuses to be interviewed</td>
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<tr>
<td>#12. Not on observation</td>
<td>Child refuses to be observed</td>
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<td>#13. Not on examination</td>
<td>Child refuses to be examined</td>
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<td>#14. Not on feedback</td>
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<td>#16. Not on observation</td>
<td>Child refuses to be observed</td>
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<tr>
<td>#17. Not on examination</td>
<td>Child refuses to be examined</td>
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</tbody>
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Intervening: Schools

Research Relevance

Intervening: Clinics

Influence & Assessment

Intervening: Overview

Absence & School Refusal
Emerging school refusal: A school-based framework for identifying early signs and risk factors
(Ingul, Havik, & Heyne, Cognitive and Behavioral Practice, 2019)
Going to school consists of 2 steps.
The 1st is to leave parents whom children depend on or to leave home where children feel comfortable.

Are there signs that the young person finds it hard to be away from their parents?
(Nishida et al., Acta Medica Okayama, 2004)

Are there signs that the young person feels disconnected, left out, lonely?
The 2nd step is to attend groups in schools, which they must join.
Primary school children are stumbling at the 1st step, and secondary school youth at the 2nd step.
(Nishida et al., Acta Medica Okayama, 2004)

Anxious attenders have more friends than anxious refusers (Ingul & Nordahl, 2013)
The 2nd step is to attend groups in schools, which they must join.
Primary school children are stumbling at the 1st step, and secondary school youth at the 2nd step.

67% of SR adolescents with Soc Anx Dis (Bernstein et al., 2001).
65% of SR adolescents with Soc Anx Dis (Heyne et al., 2011)

“double dilemma”
school refusal

social anxiety

(Heyne, Sauter, & Maynard, Moderators and mediators of treatments for youth with school refusal or truancy, 2015)
Unhelpful cognition

- More overgeneralizing (Maric et al., 2012)
- More thoughts about personal failure (Maric et al., 2012)
- Low self-efficacy for answering peers’ questions (Heyne et al., 1998)
- Low self-efficacy perhaps maintaining school refusal (Maric et al., 2013)
- Problems seen as unsolvable (Place et al., 2000, 2002)
- Less cognitive reappraisal, more suppression (Hughes et al., 2010)
Well, um...I’m thinking like... I’m sort of like thinking if today’s going to be ok or not. That upset me a lot. Because I enjoy school. But when this is happening, I’m more upset over not going and what’s happening than about going to school the next day, even though I’m upset and scared about going to school the next day.

[Any other thoughts?] I think that I’m sort of like... At school, I do get upset and I feel as if I’m lonely, scared, frightened, things like that. Like I’ve got nobody to talk to or...

Even if I did have the teacher to talk to I still wouldn’t be able to talk to her as well as I can talk to my mum or my dad. Because they [parents] just understand you. With the teacher, you feel weird talking to the teacher, even though I could talk to the teacher last year, because somehow she was different.

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**Self-Efficacy Questionnaire for School Situations (12 items)**

- Efficacy expectations for 12 situations
- Established 2-factor structure
- Treatment sensitivity
- Mediational role

[Heyne et al., Behaviour Change, 1998]
Parenting style + somatic symptoms

When a parent allows a ‘sick’ child to stay home, the child starts to feel better.

Then the parent may feel better about their decision to let the child stay at home.

Negative feelings and interactions are avoided.

(Nienhuis, Schoolangst en schoolweigering bij kinderen, 2012)

Self-Statement Assessment

Parents

“Tell me what thoughts you have about …”

1. Why your child does not attend regularly / voluntarily
2. How important it is for parents to be involved in dealing with a child with school attendance difficulties
3. What things you as a parent can do to help your child
4. Who ought to be most responsible for the child’s attendance at school
5. How your child would cope with regular attendance
6. How quickly a student ought to return after being away due to school refusal child
Tell me what thoughts you have about who ought to be most responsible for the child's attendance at school

**PRE-TREATMENT**

“Herself and then me, I presume. She’s got to want to go. She’s got to want to do it and then I’ll support her.”

**POST-TREATMENT**

“The parents. I think I originally said Shannon. I’ve realised they’re probably too young to make that decision. They need parents to guide them.”

**PRE-TREATMENT**

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

**POST-TREATMENT**

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

Transitions
Precipitants to SR: 164 Children and Adolescents

- Bullying/teasing: 35%
- Socially excluded: 26%
- Change from PS to SC: 21%
- Fear/difficulties with teacher: 21%
- Illness in self: 19%
- Academic problems: 17%
- Separation problems: 16%

(Pritchard, unpublished data)

Precipitants to SR: 192 Adolescents

- Conflict at home: 43%
- Conflict with peers: 34%
- Academic difficulties: 31%
- Family separation: 21%
- Changing school/home: 25%
- Physical illness: 20%

(McShane et al., Australian and New Zealand Journal of Psychiatry, 2001)
Assess -> Understand -> Respond

1. Predisposing factors
2. Precipitating factors
3. Perpetuating factors
4. Protective factors

SR Interview: Youth (2/4)
- What things have been tried to get you back to school?
- What things do you think should be tried?
- What do you think will happen if nothing is done?
- If you could change one thing about school, what would it be?
- If you had to go to school tomorrow, what would be the hardest thing for you to face?

SR Interview: Parent (1/2)
- Onset, duration, and severity of school refusal
- Precipitating factors
- Previous episodes of school refusal and how these were overcome
- Associated symptoms (e.g., anxiety; somatic complaints; depression)
- Step-by-step account of a typical morning (e.g., who is at home; what time the child gets out of bed; how refusal is expressed)
Assess -> Understand -> Respond

1. Predisposing factors
2. Precipitating factors
3. Perpetuating factors
4. Protective factors

Push-Pull Effect

(Courtesy of W. Silverman)

(Adapted from W. Silverman)
School Refusal Assessment Scale

functional categories

1: Avoidance of negative-affectivity provoking stimuli

“How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?”

School Refusal Assessment Scale

functional categories

2: Escape from aversive social/evaluative situations

“How often do you stay away from school because it is hard to speak with the other kids at school?”

- focused on the young person
- psychoeducation
- relaxation training
- anxiety hierarchy
- exposure
- self-reward
School Refusal Assessment Scale

functional categories

2: Escape from aversive social/evaluative situations
- focused on the young person
- psychoeducation
- social skills training
- restructuring of social cognitions
- exposure

3: Attention-seeking / separation anxiety
- focused on the parents
- giving clear messages
- planned ignoring of inappropriate behaviour
- morning and evening routines
- consequences for non-attendance
- enforced attendance

“How often do you feel you would rather be with your parents than go to school?”

4: Behaviour yielding positive tangible reinforcement

“When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?”
School Refusal Assessment Scale

functional categories

4: Behaviour yielding positive tangible reinforcement

- focused on parents and young person
- effective communication
- problem-solving
- contracts
- [monitoring non-attendance]
- [academic assistance]

BUT ...

"the [SRAS] may be less valuable when considering severe or chronic cases where many contextual influences may operate (Kearney, 2016)"


New assessment tool with breadth

Inventory of School Attendance Problems (ISAP)

» Form and function of various SAPs (not SW)
» Youth (8-19) rate intensity & impact on attendance
» 48 items, 13 subscales
» Translations: German martin.knollmann@uni-due.de
   English martin.knollmann@uni-due.de
   Finnish johanna.bovejeff@valteri.fi

(Knollmann et al., European Child and Adolescent Psychiatry, 2018)
Assessment of the presence and function of symptoms related to SAPs

- Depression (6)
- Social anxiety (5)
- Performance anxiety (4)
- Agoraphobia/panic (4)
- Somatic complaints (3)
- School aversion/attractive alternatives (4)
- Aggression (3)
- Problems with peers (4)
- Problems with teachers (3)
- Problems with parents (3)
- Problems within the family (3)
- Dislike of specific school (2)

Psssssst, I want to tell you something about why I attended school ....
Response to Intervention (RtI)

Tier 3: Intensive Intervention
Tier 2: Targeted Intervention
Tier 1: Universal Intervention

(Kearney & Graczyk, Child and Youth Care Forum, 2014)

Managing School Absenteeism at Multiple Tiers
(Kearney, 2016)

“... there is little guidance in the literature on what ‘magic number’ of absences is appropriate for intervening.”

(Hobbs et al., Justice Evaluation Journal, 2018)

Decisions are based on resources and priorities.
Currently: report 16 hours of unauthorised absences in 4 consecutive weeks (≈ 15-18% of school-time)

(Brouwer-Borghuis, Heyne et al., European Journal of Education and Psychology, accepted)

“Differentiating between nonproblematic and problematic school absenteeism: How much absence is too much absence?”

(Gil Keppens, Research Group TOR, Sociology Department, Vrije Universiteit Brussel, Belgium)
Treatment for SR vis-à-vis Anx or Dep

- Higher drop-out (56%) when Anx manual used (Beidas et al., 2010)
- SR presented “an obstacle” for TADS clinicians (Kennard et al., 2005)

Treatment for school refusal:
Systematic review & meta-analysis

8 rigorous studies (6 RCTs, 2 QEDs)
- 6 published, 2 unpublished
- Target: CBT (3), BT (1), CT (1), CBT+med (2), Rogerian (1)
- Comparison: alternate (4), placebo (2), no-treatment (1), NS (1)
- Australia, US, England, Canada, Kuwait, China
- 399 youth (target intervention = 204, comparison = 195)

(Maynard, Heyne, et al., Research on Social Work Practice, 2018)
MEAN EFFECTS ON ANXIETY (PSYCHOSOCIAL)

1. Effect on attendance at post (an important goal)
2. No effect on anxiety at post (for the group)
   - For some, ↓ anxiety may help ↑ attendance
   - For others, ............. may help ↑ attendance
3. Medication does not seem to improve effects
4. Lack of rigorous support for non-CBT treatment

(Maynard, Heyne, et al., Research on Social Work Practice, 2018)

Treatment for school refusal:
Systematic review & meta-analysis

Review of pharmacologic treatments
(Tobon et al., J of Child & Adolescent Psychopharmacology, 2018)
- 6 RCTs or QEDs: SSRi fluoxetine (2), TCA imipramine (3),
  TCA clomipramine (1), Benzodiazepine Alprazolam (1)
- ‘Limited data to say whether adding medication helps;
  underpowered studies may explain lack of added benefit’
- ‘Consider CBT first, or CBT combined with medication’;
  ‘Combination may be first line because SR is an emergency’

Review of antidepressant medication
(Melvin & Gordon, Cognitive & Behavioral Practice, 2019)
- 6 RCT’s, 2 open trials, 6 case studies/series, 1 observational study
- No clear benefit in combining newer antidepressants with CBT
- Considerations for clinicians contemplating medication

Pharmacotherapy

Essence of CBT for School Refusal

C – cognitions are targeted
B – behaviours are targeted
T – therapeutic relationship essential
Essence of CBT for School Refusal

- comprehensive; planned yet flexible
- requires collaboration & coordination
- preparation phase before implementation

Assess -> Understand -> Respond

1. Predisposing factors  “socially awkward”
2. Precipitating factors  groups already formed
3. Perpetuating factors  minimal social contact
4. Protective factors  had friendships in PS
Working with the young person

coping skills

Increasing attendance: in practice

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

Imaginal Systematic Desensitization

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

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

Foster a United Approach

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


Working with the parents
facilitating exposure/re-engagement

Address Family Accommodation

- Staying in class all day
- Staying in Class half
- Going to school in AM
- Going to school in PM
- Getting in car on school-day
- Meeting support person
Promote Effective Positive Reinforcement

Minimize Unintended Rewards

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

Communicate Clear Expectations

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

(Evans, Psychology in the Schools, 2000)

‘The Rule’
How quickly should the young person return? And how firm should parents be?

Allow the young person to determine just when full-time attendance will be resumed (Patterson, 1965)

Rapid, enforced return managed by parents within a few sessions (Kennedy, 1965)

1. Pressure to the point of harshness (Klein, 1945)
2. Focusing on return interferes with therapy (Waldfogel et al., 1957)
3. Failing to insist on return feeds neurotic family patterns (Eisenberg, 1959)
4. Need compromise, adjust demands to the child’s capacity (Davidson, 1960)
5. Rapid, enforced return managed by parents in a few sessions (Kennedy, 1965)
6. Allow the YP to decide when attendance will be resumed (Patterson, 1965)
7. Child needs to lose a carefully constructed showdown (Leventhal et al., 1967)
8. Firmness is a support, not a hostile rejection of the YP’s needs (Hersov, 1985)
9. Precipitate a crisis; insist on the adolescent’s early return (Bryce & Baird, 1986)
10. Occasionally, forced attendance (Kearney & Bensahelb, 2006)

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

(Heyne et al., Clinical Child and Family Psychology Review, 2014)
Extra attention to family work

Family functioning
- conflict: cause & consequence of SR (Kearney & Silverman, 1995; McGrath & et al., 2001)
- more problems in families of adolescent SR youth (Calhoun et al., 2013)
- maladaptive in 1/2 - 2/3 families (Bernstein et al., 1999; Kearney & Silverman, 1995)
- ↓ independence (Bernstein et al., 1999; Kearney & Silverman, 1995; Hanson et al., 2006; Place et al., 2005)

Family work
- increase connection and flexibility (Bernstein et al., 2005)
- prevent/manage conflicts, also about school attendance (Heyne et al., 2008)
- promote positive interactions to reduce stress (Heyne et al., 2008)
- work on independence & ‘accommodation’ (Taboas et al., 2015)

Components of family work

1. Introduction
2. Explore current communication *
3. Educate about effective communication
4. Practice of effective communication
5. Explore current problem-solving
6. Educate about effective problem-solving
7. Practice of effective problem-solving

Home tasks based on 2 to 7

“K Family”

Helpful
- Listen to each other
- Keep listening
- Be patient
- No name calling
- Avoid arguing

Unhelpful
- Both being pig-headed
- Arguing about listening
- Need to have the last say
- Getting off track
- Believe that someone has to win

I-statements

e.g., I felt angry when you didn’t call, because I waited all night for a phone call and now I’m very tired (vs “you’re totally irresponsible”)

e.g., I’d really like it if you could take me to the party next week because I so want to see my friends there (vs “you’re so mean and never let me do anything”).
Mother: He won't do his homework
Father: She puts more pressure on him about doing his homework than I do
YP: She's always nagging me about homework
Consensus: There is disagreement about how much time is spent on homework

Research, Relevance, and Realism

"While schools typically bear the responsibility for monitoring and responding to absenteeism, the drivers of absence may not be related to factors that schools can realistically address."

(Hancock et al., British Educational Research Journal, 2018)
“The fine line that you’re always walking ... ‘this might be a mental health issue’, ‘this is something else’, ‘there’s a family thing here’ ... ‘this is a naughty kid and we’re pandering to it’. And you don’t always get it right as a school or as individuals, you sometimes make the wrong call one way or the other.”

(Finning et al., *Educational and Behavioural Difficulties*, 2018)
School Attendance Team
(Tips 2 of 2)

Conduct 6-monthly or 12-monthly review and re-prioritising
Safeguard the team’s work (e.g., involve management)
Support the team’s work (e.g., involve administration)
Solicit stakeholder input (e.g., parent view on policy and practice)
Connect with local services (e.g., include MH representative)

(Ingul, Havik, & Heyne, Cognitive and Behavioral Practice, 2019)

Facilitating Parent Engagement
(Tips from School Staff)

Friendly face on arrival (front desk, office staff)
Be available (after school; open-door policy)
Take time to listen to parents
Visit their home, be ‘on their turf’
Make telephone contact, also about positive things
Other communication (email, newsletters)
Invite parents to support/attendance meetings
Invite parents to a sausage sizzle, parent evenings
Involve parents in decision-making
Help with the family’s physical needs

(Kearney & Gracyzk, Child and Youth Care Forum, 2014)
1. Social difficulties
2. Emotional difficulties
3. Academic difficulties
4. Other, namely: ………………

Intervention via school staff

treatment = lowering the (various) hurdles
Intervention via school staff

**treatment = lowering the (various) hurdles**

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

- 12 year old boy with adjustment difficulty
  - a ‘drill’ on arrival at school to encourage a coping attitude & outline daily expectations
  - a meeting at the end of the school day to provide social and tangible reinforcement

“It is challenging enough to encourage a school to adapt its prosocial environment for the benefit of all students (Banerjee et al., 2013), but more complex still to encourage an organisation to make such changes in support of a single individual.”

(Guilford & Miller, *Coping with life by coping with school?: School refusal in young people*, 2015)

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School-based intervention (5 key attitudes)

1. Embrace school policies (e.g., bullying)
2. Realise it can be difficult to verbalise difficulties
3. Be available for visits by an anxious student
4. Remain kind and firm (avoiding ultimatums) *
5. Nurture our own optimism and persistence


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School-based intervention (5 points for preparation)

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

- Adhere to ‘school day’ routine
- Prepare for school the night before
- Go to bed at age appropriate time
- Wake up in the morning
- Get dressed
- Remove competing activities

(Adapted from W. Silverman)

Behavioural coaching: Minimize rewards

The child is not allowed to do anything at home (during school-time) that they wouldn’t be allowed to do at school.

Cognitive coaching: Need for action

If your child had a serious illness, for which attendance at a hospital was required, but your child was afraid of attending hospitals, would you not take your child to that hospital for much needed help?

Cognitive coaching: Dropping the rope

...
School-based intervention
(5 points for implementation)

1. Monitor activity, distress, lateness, absence
2. Have a plan for somatic complaints
3. Communicate with parents
4. Collaborate with mental health services
5. Reinforce small steps towards big achievements

Somatic complaints during school-time ...

- Let staff know about the results of the medical check-up
- Identify a safety space
- Consider when/how the student can leave class to go to the safety space
- Consider when the student can make contact with parents
- Support the student’s use of anxiety-management skills

“Despite little experimental research on how to effectively reduce absences—or perhaps because of it—many education organizations use awards to motivate good attendance.”

(Robinson et al., HKS Faculty Research Working Paper Series, 2018)
“... the literature provides little guidance on whether and how policymakers and practitioners ought to use incentives”

“(Balu & Ehrlich, JESPAR, 2018)

“In2School: A shared response to school refusal”

(Lisa McKay-Brown, University of Melbourne, AUSTRALIA; J. Ring & R. McGrath, Travancore School, AUSTRALIA; C. Mitchell, Royal Children’s Hospital, AUSTRALIA)
Questions & Comments

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