School Refusal in a Multi-Tiered System of Supports Model:

Cognitive-Behavioral and Mindfulness Interventions

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Abstract

School attendance is a complex topic for all school stakeholders preparing students for college and career success. Students who refuse to attend or avoid school are affected or influenced by a myriad of reasons such as their own physical or mental health issues. This article explores the various factors at the root of school refusal, particularly anxiety. Considering students' possible sources of distress, cognitive-behavioral and mindfulness interventions are discussed as well as other strategies across a multi-tiered system of supports model. Three case studies provide insight into various interventions that school counselors and other school personnel may use in school refusal situations.

Keywords: school refusal, school counselors, MTSS

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Students who refuse to attend school present a challenge for school counselors and other school staff. When a student refuses to attend school on a regular basis, parents/guardians, teachers, school counselors, and school administrators are typically uncertain about what to do next. They may feel powerless to change the situation. Students who refuse to attend school often have a history of social, emotional, and behavioral problems, and physical or medical conditions can serve as another primary source of school refusal behavior, including somatic complaints (Kearney, 2008a; Kawsar et al., 2020; Wimmer, 2013). Sometimes the history of school avoidance and/or refusal begins in kindergarten (Chang & Romero, 2008); however, some students do well in school and attend regularly until late elementary, middle, or high school.

This article provides an overview of the literature on school refusal and identify factors that contribute to it, with a primary focus on the roots of school refusal including mental health disorders with an emphasis on anxiety. Cognitive-behavioral interventions are currently considered best practice to address school refusal behavior (Kearney, 2008a; Wimmer, 2013). Additionally, cognitive-behavioral interventions are linked with emerging literature on the efficacy of mindful awareness interventions (Gu et al., 2015; Hoffmann et al., 2010; Zenner et al., 2014). Both cognitive-behavioral and mindful awareness strategies are described within the context of schools, including information on practical interventions that can be offered within a multi-tiered system of supports (MTSS) intervention model. Finally, specific cases of school refusal will be provided to consider how different interventions may be applied depending upon the situation.

Distinguishing School Refusal From Other Attendance Problems

There has been general agreement that school attendance is a precursor for academic success. A report by the National Center for Children in Poverty (Chang & Romero, 2008) found that chronic absences from school, defined as missing 10% of school days, is linked to poor performance in school. Chronic absences in kindergarten are linked to lower academic performance in first grade, and for children living in poverty this poor performance extends through fifth grade. Chronic absences in the sixth grade are a predictor of students dropping out before graduating from high school (Chang & Romero, 2008).

Kearney (2008b) noted that poor attendance can be due to several factors, including health issues, school withdrawal, school refusal, or truancy. He defined school withdrawal as absenteeism when a child is kept home by a parent or guardian for reasons that benefit the parent. These potential advantages for parents/guardians could include concealing child abuse and neglect, using an older child to provide childcare for younger children while a parent works, or a parent who is meeting their own emotional needs by keeping the child home (Kearney). School refusal, as opposed to school withdrawal, is defined as “child motivated refusal to attend school or difficulties remaining in class for an entire day” (Kearney, 2008a, p.7). Wimmer (2013) defines school refusal as emotionally based absenteeism, and truancy as absenteeism that does not have an emotional basis. Both Kearney and Wimmer recognize that the parent’s or guardian’s and child’s reasons for absenteeism from school often overlap and clarify that school refusal behavior can include both emotionally based school

refusal and truancy. This paper specifically focused on school refusal and those absences driven by the needs of the child or adolescent.

Kearney (2008b) theorized that there are four main functions of school refusal behavior: (a) avoidance of general school related stress, (b) escape from aversive social and/or evaluative situations, (c) pursuit of attention from significant others, and (d) pursuit of tangible rewards outside of school (p. 457). Wimmer (2013) outlined variables that are linked to school absenteeism into six categories:

> …variables within the child or adolescent (e.g., lack of confidence, temperament, age), parent and family variables (e.g., family interaction patterns, parent incarceration), poverty and homelessness (e.g., parental financial stressors, frequent school transfers), peer variables (e.g., spending time with peers not interested in school), school climate variables (e.g., cyberbullying, culturally responsive practices, harsh discipline practices), and community variables (e.g., dangerous neighborhoods, after school care) (p. 18-19).

These variables may either serve as protective factors that help prevent absenteeism or they could increase the risk of absenteeism (Wimmer, 2013).

Many of these variables can be found within one of Kearney's four functions of school refusal. Those that do not fit into one of the categories can be understood as what Kearney refers to as contextual variables. He defines contextual variables as "broad environmental events that indirectly affect a child's behavior" (Kearney, 2008a, p. 23). Examples of contextual variables include the disruption caused by a divorce, a move, or experiencing a traumatic event.

Kearney's approach to school refusal is rooted in a cognitive-behavioral understanding of the problem. He recommends identifying the physical, cognitive, and behavioral components of a child's distress. For example, a functional behavior

assessment (FBA) is a systematic analysis of the functions of a student's behavior and may be used to identify specific behaviors to increase understanding of the purpose of those behaviors and what factors are potentially maintaining the behavior (Crone et al., 2015). FBAs are completed by staff trained in behavior analysis, including special education teachers, school psychologists, board certified behavior analysts (BCBAs), and sometimes school counselors. An FBA may help to clarify the function of school refusal or latent issues, thus providing a framework for developing interventions. Typically, an FBA involves interviews with the student, parents/guardians, and teachers and other school staff who work with the student. The individual or team completing the FBA also completes observations and gathers data, including the student's attendance history (Wimmer, 2013). An FBA or similar assessments may be used to understand the cognitive and behavioral reasons behind the student's refusal.

Common Mental Health Disorders Underlying School Refusal

As indicated in the discussion of school refusal, stress and anxiety are common factors when a child avoids school. Another risk factor for school refusal is depression (Kearney, 2008a). Thus, any effort to address school refusal will necessarily require an understanding of these mood disorders. Research has shown that school refusal is closely linked to anxiety disorders (Inglésa et al., 2015; Kawsar et al., 2020); however, it is important to note that anxiety and depression are often co-occurring disorders and that depression may also contribute to school refusal.

Anxiety and depression are common among children and adolescents. The estimated prevalence of anxiety among children ages 6 to 12 ranges from 7-28% (Reilly, 2015; Thompson et al., 2013). In early childhood, Reilly (2015) notes there is

little difference in prevalence by gender; however, by early adolescence females are two to three times as likely to be diagnosed with anxiety as males. Prior to the onset of puberty, the rate of depression in children is 1-2.5%. These rates rise as children age, with rate in early adolescence (ages 13-14) estimated to be approximately 8% and for adolescents 17-18 years of age it is approximately 15%. The rate of females as a percentage of people experiencing depression increases after the onset of puberty (Reilly, 2015).

Specific anxiety disorders common for children and adolescents include phobias, generalized anxiety disorder, and separation anxiety disorder (Thompson et al., 2013). Factors that contribute to the development of anxiety disorders in youth may include biological and neurological factors, temperament, psychological factors, and social-emotional factors (Reilly, 2015). As with school refusal, it is unusual for an anxiety disorder to develop due to only one factor. More commonly, it is the interaction of these factors that result in a child meeting the diagnostic criteria for an anxiety disorder (Thompson et al., 2013).

In general, students without anxiety function better in school, both academically and socially, than students who experience anxiety (Mychailyszyn et al., 2010; Thompson et al., 2013). Thompson and colleagues (2013) note one way that anxiety disorders of childhood are distinguished from the fears and worries that most children experience from time to time is that the anxiety impairs functioning in home and/or school settings.

The Role of Assessment

Anxiety disorders are unlikely to resolve without treatment (Mychailyszyn et al., 2010) and because these disorders affect functioning, schools have an interest in preventing, identifying, and addressing anxiety and depression. Anxiety and depression, like most mental health disorders, may be more easily treated when there is early intervention (Donovan & Spence, 2000); however, identifying students who are at risk or experiencing anxiety and/or depression may be difficult. Students with these internalizing disorders often do not act out so their struggles may be missed while those of students with externalizing behaviors are identified (Reilly, 2015). Some researchers posit that test anxiety may be one indication that a student is at risk for developing an anxiety disorder (Mychailyszyn et al., 2010). School administrators and counselors may consider conducting universal screenings to help identify students at risk for internalizing disorders (Weist et al., 2007).

Once screening has taken place, there are brief assessment instruments that may be used to further assess students with anxiety disorders (Thompson et al., 2013). Although assessment is not a typical role for school counselors, collaboration with school psychologists and others who are specifically trained in various assessments becomes an important role. When moving from screening to assessment of students experiencing anxiety or depression, it is important to gather data from many settings, including observations and interviews with the student and with teachers and parents/guardians.

Kearney (2008a) provides many tools for conducting an assessment of school refusal, including guidance for interviews with parents or guardians, forms that parents

or guardians may use to record specific school refusal behaviors, and the School Refusal Assessment Scale – Revised (SRAS-R), which is designed to help establish the primary function of school refusal. The SRAS-R is included as an appendix in Kearney's book, and includes a version for the child to complete and one for parents/guardians to complete. The SRAS-R is a simple and user-friendly assessment that may be used by school counselors and other school staff. Although a more detailed review of assessment is beyond the scope of the current paper, this information is important to orient the reader about the many components necessary to understand and intervene in cases of school refusal.

Factors that contribute to the development of anxiety disorders include biological and neurological variables, temperament, psychological issues, and social or environmental factors, including how these factors interact with one another. Although temperament and biological/neurological issues may put an individual at risk for anxiety and depression, these factors are not destiny. A family history of anxiety and depression, for example, does not necessarily mean that a child will develop these disorders.

Social and Environmental Contexts

Social and environmental issues provide both an opportunity and a challenge for schools. Children spend most of their time in two settings: home and school. Social and environmental factors may be a challenge for schools because there are many aspects of a child's home and family environment that a school cannot change. Contrarily, there are opportunities to address school factors by analyzing the school climate and the individual student's school schedule and experience and making changes to those. In

addition, there are opportunities for schools to build partnerships with families since both have a stake in promoting positive social, emotional, and behavioral functioning of the child (Kearney & Graczyk, 2014).

Children and adolescents who experience anxiety and/or depression often have parents/guardians who also experience these disorders (Reilly, 2015). This may partly be due to a genetic predisposition to anxiety and depression, but other ways parents or guardians can inadvertently contribute to the development of these disorders is by parenting style or attachment style. Parents or guardians with mental health disorders may also have more difficulty providing economically for their family or may use substances to self-medicate. Adults who have been exposed to trauma may find it more challenging to protect their children from trauma. Divorce, frequent moves, and other disruptions in family life may contribute to the development of mental health disorders. Just as home life may contribute to the development of anxiety and depression in children and youth, so may protective factors that contribute to the prevention of these disorders. Protective factors in the home setting include secure attachment, connection, social support, and teaching and modeling of coping skills (Donovan & Spence, 2000).

Separation and anxiety disorder. One anxiety disorder worth mentioning when discussing school refusal is separation anxiety disorder (SAD). SAD is the most common anxiety disorder in children under 12 years of age and school refusal is reported in approximately 75% children diagnosed with SAD (Reilly, 2015). In addition, 70-80% of children who refuse school are diagnosed with SAD (Masi et al., 2001).

Masi et al. (2001) note that SAD is thought to develop through a combination of biological and genetic vulnerability, temperament, negative environmental influences,

attachment experiences, parental mental health issues, and sociocultural factors. While anxiety disorders in general are more commonly found in children who come from middle-class and upper-middle-class families, 50-75% of children diagnosed with SAD come from lower-income families (Masi et al., 2001).

Masi and colleagues (2001) also explain that SAD takes different forms based on the age of the child. Younger children worry about harm coming to an attachment figure. Children in middle childhood exhibit excessive distress when separated. Adolescents have physical complaints, such as headaches and stomach aches. If diagnosed, children who refuse school are typically linked with SAD as well as generalized anxiety disorder, oppositional defiant disorder, school related events, or depression (Inglésa et al., 2015). Because school refusal is a primary symptom of SAD and other diagnoses, familiarity with the characteristics of this disorder is important for effectively addressing school refusal (Masi et al., 2001).

Interventions to Address School Refusal

Understanding school refusal and its related mental health challenges is important to address the problem. It is essential to focus on the integration of interventions that have made positive strides for students coping with anxiety such as cognitive-behavioral and mindfulness approaches (Felver & Jennings, 2016; Ybañez-Llorente, 2014). The challenge for applying both cognitive behavioral strategies and mindfulness-based interventions (MBIs) in a school setting is that school based mental health professionals seldom have the time to engage in ongoing counseling. But understanding the theoretical approaches of both cognitive behavioral theory and mindful awareness theory may inform interventions that may be used in a school

setting, and these interventions may be included not just in individual counseling but in group counseling and classroom guidance to develop skills comprehensively.

Cognitive-Behavioral Strategies

The most frequently referenced interventions for school refusal incorporate cognitive behavioral strategies that help individuals recognize thoughts and feelings, understand how thoughts influence feelings, and teach individuals to intervene at the level of thought. By doing so, individuals can change their feelings and their behavior. These strategies have gained prominence at least partly because they are backed by research that confirms their efficacy (Daunic et al., 2011; Donovan & Spence, 2000; Kearney, 2008a). In their study of the program *Tools for Getting Along* (TFGA), a universal level (Tier 1) cognitive-behavioral approach focused on social problem solving, Daunic and colleagues (2011) provide a detailed history of the research evidence in applying cognitive-behavioral interventions in schools. With programs such as TFGA demonstrating improvement in student's pro-social choices, for example coming to school, other interventions targeting cognitions and emotional regulation (e.g., *SecondStep, Kelso's Choices*, mindfulness-based) have been targeted as well.

Mindfulness

Emerging research supports MBIs for anxiety in general, and school refusal in particular (Reilly, 2015). Mindfulness encourages individuals to explore how they might have a "different relationship not only to thoughts, but also to feelings, body sensations, and impulses to act, that is, to the whole mind-body state" (Segal et al., 2013, p. 55), and mindfulness-based activities may be implemented in a variety of settings. *Mindfulness* (Felver & Jennings, 2016) includes a special issue on the use of MBIs in

the school setting. School-based programs such as *Mindful Schools, MindUp*, and *Learning to BREATHE* are organized, purposeful, and evidence-based programs, and mindfulness-based school programs are gaining increasing support across the U.S. as research catches up to practice (Felver et al., 2016). Programs have a wide reach, but the costs can be preventative for some school districts to implement comprehensively. There are many credible, free online materials, apps, books, and other resources to help expand knowledge of mindfulness and its practice. Understanding the effectiveness of MBIs with youth is increasing in conjunction with its use (Klingbeil et al., 2017). MBIs can build on cognitive-behavioral strategies. Both mindfulness and cognitive behavioral strategies teach the individual to recognize thoughts an important part of addressing school refusal.

In addition to these specific approaches, when developing programs and interventions it is critical to consider the concept of relationships. Siegel (2012), a driving force behind the development of interpersonal neurobiology (IPNB), holds that “mind, brain, and relationships are three aspects of one system: regulation, embodied mechanism, and sharing of energy and information flow” (Siegel, 2012, p. 7). This understanding argues for a central focus on relationships in the prevention of and interventions to address school refusal.

As noted above, anxiety disorders in children are affected by the family and community context of the child’s life. Anxiety in general, and specifically separation anxiety disorder, are affected by the relationship between children and their attachment figures (Masi et al., 2001; Mychailyszyn et al., 2010). Thus, when developing strategies to address school refusal, it is important to always do so in a context that acknowledges

relationships as central, including the relationship of the child with attachment figures, with school staff, and with other students. As school counselors it is important to determine how to strengthen the child's connection to the school and school staff as well as how to work with parents/guardians in developing interventions. In addition, as Thompson et al. (2013) identified, it is important "not to recreate an interaction pattern that reinforces an anxious child's sense that the world is a scary place," (p. 225) and that the child's anxiety is unable to be managed.

Multi-tiered System of Supports

MTSS is defined as a tiered structure of service delivery to promote the use of high-quality evidence-based instruction and behavioral supports (Horner et al., 2010), from two models: response to intervention (RTI) and positive behavior interventions and support (PBIS). RTI is an academically focused framework developed to support educators' instructional needs based on students' learning and behavior; its goal is to address the achievement gap (Sugai & Horner, 2009; Zambrano et al., 2012). PBIS, funded by the Office of Special Education Programs (OSEP) within the U.S. Department of Education, aligns with RTI in its mission to improve academic outcomes for students, yet has a primary focus on social and emotional factors influencing behavior. Each approach uses a three-tiered model of intervention intensity, which combined, creates the MTSS framework to support educators' on-going involvement with struggling students (Simonsen et al., 2014). Tier 1 supports are interventions that all students receive and are generally expected to provide sufficient supports for 80% of students in a school. Tier 2 supports are more targeted interventions to meet the needs of

approximately 15% of students and Tier 3 supports are intensive interventions to meet the needs of approximately 5% of students (Horner et al., 2010).

Tier 1. Tier 1 strategies to address school refusal include interventions that focus on providing a quality school experience for all students. In addition to an effective counseling curriculum, Tier 1 includes systems that create and maintain a positive, safe community for all students. There are many factors that contribute to a school being a safe and welcoming community. The PBIS framework recommends that schools establish clear expectations for behavior, teach the behaviors that are expected, encourage these behaviors through ongoing reinforcement, and discourage inappropriate behaviors (Horner et al., 2010). The PBIS framework recognizes that the relationships among adults, among students, and between adults and students are central in establishing and maintaining positive behaviors, and the guidelines may be applied at all levels of public schools, from preschool and pre-kindergarten programs through high schools. The strategies will vary based on the size of a school, the grade levels taught, and the community where the school is located (Horner et al., 2010). Many Tier 1 strategies that contribute to creating a safe school climate for all students are central to the work of school counselors.

Tier 2. Tier 2 strategies are targeted to students who can be considered “at risk.” When considering school refusal, a student “at risk” might be one who is exhibiting anxiety in school or who has missed several school days. These students are sometimes less engaged with school. A key strategy for working with students at risk is to work with their families, and school staff may work with families to make school attendance a priority. Often, students share concerns with parents/guardians regarding

teasing, bullying, or other distressing situations or events at school that they do not share with school staff. Good home/school communication may provide school staff with valuable information and promote teamwork between a student's family and the school.

Small groups run by school counselors or other school staff (e.g., teachers, school psychologists, school nurses, speech/language pathologists) may provide students with more detailed instruction and support for developing academic, social, and coping skills. These groups might focus on areas of academic weakness or on social/emotional skills including cognitive-behavioral and/or mindful awareness activities. For example, Coping Cat is a manualized cognitive-behavioral intervention for children dealing with anxiety that includes two versions of the program, one for children ages 7-13 and one for adolescents 14-16 (Neil & Christensen, 2009).

There are an increasing number of MBIs and increasing evidence that these interventions have a positive impact on students as well as teachers (Bakosh et al., 2016; Jennings et al., 2013; Zenner et al., 2014). There are a variety of mindfulness-based programs designed for schools such as Inner Explorer, Mindup, and Mindful Schools. Other interventions that may support the integration of mindfulness techniques include structured recesses or lunches, supported study halls, or academic support during recess. Some teachers open their classrooms for lunch and/or recess. An intervention as simple as guiding a student to these small, supportive settings or encouraging them to take part in a special interest group (e.g., music groups, clubs) may sometimes make the difference for a student who is at risk for school refusal.

Schedule changes may also be made to support at-risk students. This might include scheduling extra music or physical education classes for students who thrive in

these settings. Some schools provide alternative physical education classes for those students who find the traditional P.E. classes anxiety producing. Other changes might involve a late start, early out, the strategic placement of high demand classes with low demand classes, and/or matching students with positive teachers. The aim is to build belonging and engagement within the school setting; therefore, these may be temporary arrangements or more long-term solutions.

Classroom teachers may assist students by making reasonable academic accommodations. These accommodations may include breaking large assignments into smaller ones, providing extended time to complete assignments and tests, avoiding timed assignments and tests, shortening assignments, providing copies of class notes, and preferential seating, such as seating anxious students by positive peers.

Tier 3. Many Tier 2 strategies may be extended into Tier 3. There may not always be a clear line between each tier. Thus, many of the suggestions for Tier 2 may also be applied at Tier 3. Sometimes, the interventions will be similar but more intense. A student who would qualify for Tier 3 interventions would generally be one who is refusing school. Examples of more intense services might include more frequent contact and collaboration with the student's family, individual meetings with the student instead of, or in addition to, small group work, and schedule changes that include a shortened day. Individual work with a Tier 3 student might include teaching and practicing cognitive-behavioral and or mindful awareness techniques.

At Tier 3, consideration should be given to the development a 504 plan, conducting an evaluation to determine whether the student qualifies for special education and an individualized education program (IEP), and/or doing a functional

behavior assessment (FBA) and positive behavior intervention plan (PBIP) to analyze the student's behavior more closely and to develop a plan to address problem behaviors.

Case Examples of School Refusal

The development of effective interventions to reduce school refusal often requires trial and error. The key is to seek solutions despite setbacks. Three examples are provided about students who have been exhibiting school refusal behavior in order to give insight into approaches that may be used. In each case, identifying information and specifics have been changed or omitted to protect confidentiality.

Jacob: Fifth grade

Jacob is a ten-year-old, fifth grade student. He was initially identified for special education as a preschool student with a developmental delay. When he turned six, a re-evaluation was completed to determine whether to change his eligibility category for special education. Despite a neuropsychological evaluation that identified Jacob as a child with an autism spectrum disorder, his parents refused the offer of a school-based evaluation and chose to exit him from special education. Jacob has had difficulty throughout elementary school including problems with understanding and navigating the social environment, relationships with peers and adults, and self-regulation.

In kindergarten and first grade he sometimes protested when it was time to go to school. In second, third, and fourth grade, Jacob developed a few friendships, primarily with other students who shared an interest in Legos and Minecraft. In fourth grade, his parents agreed to a school-based psycho-educational evaluation due to academic and social difficulties and he was identified for special education as a student with an autism

spectrum disorder. Jacob is bright and his IEP focused on assistance with writing, social skills support, and classroom accommodations. Support for social skills included a group that teaches social skills and a daily check in and check out with school staff.

In the first weeks of fifth grade, Jacob's parents reported he had major morning meltdown, refusing to go to school. Days that he did go to school, he often ended up with the school counselor, school psychologist, or in the front office. He refused to share information about his distress or any thoughts or feelings, either verbally or through writing or drawing. He would cry, pull at the skin of his face, or sit with his head down. Sometimes he would make a call home to his mother and explain that he was worried about her. After talking with her, he would return to class. He began to bring a small toy to school with him. One morning, he refused to participate in class. After sitting in the school psychologist's office for almost an hour, he asked to call his mother and let her know that he had forgotten to bring his toy to school. When his mother brought it to school, Jacob's demeanor abruptly changed from exhibiting distress to appearing relaxed. He happily returned to class.

Jacob's parents and school staff have made ongoing efforts to identify causes of Jacob's distress through discussions, invitations to draw or write out his thoughts or feelings, and through observations. In late September, he told his parents that the problem was the lunchroom and the food that was served at lunch. His parents began packing his lunch and he was offered a quiet setting to eat lunch. After about a month, he began eating school lunches again. He only took advantage of eating in a quieter setting a few times before returning to the cafeteria.

At a parent-teacher conference in November, his parents and the staff agreed to conduct an FBA to help identify stresses for Jacob in the school setting. By the time information gathering began, school refusal behavior had diminished. Interviewing Jacob's parents for the FBA, they noted that in kindergarten and first grade, when he stayed home sick, he wanted to play video games all day. They made a rule that whenever he was home from school, video games were off limits. This intervention by his parents is likely to have been a positive factor in diminishing school refusal.

The FBA resulted in a positive behavior support plan that included providing regularly scheduled sensory breaks, an increase in the intensity of social skills instruction, and allowed Jacob to take breaks when class work felt overwhelming. These breaks from the classroom were time limited and included planning for when Jacob would complete work. In addition, school staff worked with the family to link them with an outside therapist to address Jacob's anxiety.

Jamie: Sixth Grade

Jamie is a sixth-grade middle school student. She has been served by special education since she was in first grade. She was identified as a student with a learning disability due to difficulty with learning and retaining academic information. When she started middle school, her schedule included a regular education science class and computer class. Her English class was a mix of regular and special education students. The emphasis in this class was on acquiring reading skills; math was focused on functional skills. She took choir, had a supported study hall to complete class work, and participated in an employability class focused on functional life skills. Jamie received support from a para-educator in science and computer classes. Jamie had a history of

problematic absences. Her elementary school staff worked closely with her family to encourage her to attend school regularly. When she was in sixth grade her absences increased. By the end of the first quarter, she had been absent 25% of the total school time. When Jamie's case manager called home to check on her, her mother reported that she had been sick a lot. In a follow-up call by the school psychologist, the mother shared that Jamie was complaining of headaches and stomachaches. It was decided that the middle school special education coordinator would attend Jamie's parent-teacher conference, along with the teacher who covered her advisor period and her special education case manager. During the meeting, Jamie's parents shared that she had complained about being bullied. When asked for specifics, Jamie said that the bullying happened on the bus. The assistant principal investigated and found that one time in early September another student riding the bus had teased Jamie about being in special education. After this conversation with Jamie's parents and the school follow-up, Jamie's attendance improved. Jamie's attendance needed to be closely monitored and school staff needed to keep a trusting relationship with Jamie's parents so that they could work together to address attendance issues.

Kevin: Eighth Grade

Kevin is an eighth-grade middle school student. His parents divorced when he was in third grade. He was a historically a strong student. For example, in elementary school he participated in the gifted and talented program, but he left the program when he began middle school. Kevin's parents share custody and are committed to working together to parent. After the divorce, Kevin developed an anxiety disorder that included excessive worry about the safety and well-being of family members. The family pursued

out of school counseling for Kevin and family therapy to address these issues. A neuropsychological evaluation was recommended by his counselor because of the difficulty of treating his anxiety. He was diagnosed with major depressive disorder, recurrent, severe with anxious distress, and panic disorder.

In the fall of seventh grade, Kevin's anxiety increased. He began to refuse school. When he came to school, he would often leave class to go to the nurse's office or the school counselor's office. Kevin's family requested a psychoeducational evaluation to determine whether he would qualify for special education and to assist in planning how to address his school refusal. The team determined that while he might qualify for special education as a student with an emotional disturbance, a 504 plan was more appropriate. A major factor in the decision was the concern of Kevin's parents that he would be "devastated" if he qualified for special education. By March, a 504 plan was developed with the goal of helping Kevin to remain in class during the day and to limit the number of times per day that he would call family members.

The 504 plan was reviewed the following fall. For the first month of school, Kevin was doing well, had not missed any school, and was attending class. In early October, he began to leave class and to spend more time in the nurse's and school counselor's offices. The team felt that the supported study hall was an important source of support for him, but they also felt that he needed a safe place to be at school when he could not attend class. They settled on the clinical mental health program available within the school which is comprised of contracted clinical mental health counselors and behavioral therapists who provide weekly therapeutic services with students with a diagnosis (Tier 3 intervention).

The team recently began to incorporate the Inner Explorer mindfulness program into the supported study hall that Kevin attended. Most students in that setting have mental health issues and it is thought that they could all likely benefit from the program. Thus, this mindfulness-based intervention provided an additional intervention for Kevin and was implemented in a context that supported other students who also had significant stresses in their lives.

Implications for School Counselors

When students refuse to attend school, parents, guardians, and school staff often share feelings of frustration and powerlessness. In most cases, school refusal is a complex problem that is best addressed by collaboration between families and school staff. As seen in the examples provided, schools must be flexible, matching interventions to the student and the family involved. The best intervention for school refusal is prevention. The many efforts made by school staff to provide safe and engaging schools are the heart of prevention. When schools are positive places for students, most students will look forward to attending school.

School counselors are in strong positions to contribute to safe and engaging schools. They can advocate for school refusal prevention by helping to design and maintain systems that support schools as welcoming and safe across the various tiers. For example, providing a cognitive-behaviorally based social skills curriculum such as Second Step to all students presents opportunities to prevent school refusal that can be directed and/or facilitated by the school counselor. Social skills lessons that teach students to recognize feelings and thoughts and to learn ways to self-regulate and calm down, as well as a bullying prevention programs, may help to prevent school refusal.

Programs that explicitly teach students to quiet their minds (e.g., not thinking of what to do after school or in the next class instead of focusing on what is happening in the room), relax, and learn how thoughts affect feelings may reduce the likelihood that a student will develop school refusal behavior.

Additionally, school counselors are typically integrated in the school setting ideally situated to design and implement individual and small group interventions for students at-risk and for those who are refusing school. Growing interventions available using technology may provide new opportunities for students refusing traditional school participation (Osborn et al., 2014; Steele et al., 2014). More training and research are needed that pertain to online education programs (Osborn et al., 2014) and technology that facilitates indirect or direct activities with students (Steele et al., 2014).

School counselors may also support other staff who might implement interventions depending on school resources. The most difficult school refusal cases require the cooperation of families, school administrators, out of school and/or school-based mental health services, teachers, and the students themselves. School counselors are often the staff best equipped to coordinate such collaborations.

But the involvement of school counselors to provide interventions across the three tiers is only possible on a consistent basis when their time is protected. School counselors are misused as daily substitutes, school testing administrators, or required to complete unrelated duties to their professional responsibilities (American School Counselor Association [ASCA], 2019; Wehrman et al., 2010). School counselors are important members of the school team who have extensive training on social-emotional learning and interventions (CACREP, 2016). Therefore, while engaging in additional

duties similar to their classroom-based colleagues (e.g., proctoring exams, recess, or bus duty) may be necessary as a team member, school counselor's professional responsibilities and ethical standards require flexibility for them to engage in school counseling related tasks to serve the school and all of its students (ASCA, 2016).

While simply being present at school does not guarantee that a student will be academically successful, being engaged at school is a crucial first step. In addition, regular school attendance helps children develop the habit of engagement, a precursor to success. The professional mission of school counselors is to serve the academic, career, and social/emotional needs of students. Having more information and resources to use when intervening with school refusal situations is crucial to addressing the three core domains of a school counselor's role.

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