



Registration for a Systematic Review:

Interventions for School Refusal Behavior With Elementary and Secondary School Students

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TITLE OF THE REVIEW

Interventions for School Refusal Behavior With Elementary and Secondary School Students

BACKGROUND

The Problem, Condition, or Issue

School refusal behavior, a subset of school attendance difficulties, is a psychosocial problem characterized by students experiencing severe emotional distress and anxiety at the prospect of going to school, leading to difficulties attending school and, in some cases, significant absences from school (Kahn, Nursten, & Carroll, 1981). In addition to severe emotional upset, authors have differentiated school refusal from truancy in terms of two other features: Children who exhibit school refusal behavior remain at home with their parents' knowledge and do not exhibit characteristics of conduct disorder (Elliot, 1999; Heyne, King, Tonge, & Cooper, 2001).

In the past 2 decades, the conceptualization and definition of school refusal behavior has evolved. Discussion has ensued in the literature as to whether school refusal behavior should encompass any reason for students being absent from school, as Kearney (2007) suggests, or whether school refusal behavior should be distinguished from truancy as a different type of school attendance problem, as Heyne et al. (2001) recommend. Although there is no definitive consensus, there is a long history, and seems to be considerable agreement among a number of scholars in this area, that there are different types of "nonattenders" (Elliott, 1999; Heyne et al., 2001). Scholars have described school refusal behavior fairly consistently, with a few exceptions (e.g., Kearney, 2008), as a subtype of nonattender: students who have attendance difficulties resulting from emotional distress.

The prevalence of school refusal behavior is difficult to ascertain, due to the discrepancy in how school refusal is defined and lack of any national reporting; however, researchers have estimated that approximately .40% to 5% of school-age children exhibit school refusal behavior (Burke & Silverman, 1987; Elliott, 1999; Fremont, 2003; King, Ollendick, & Tonge, 1995; Ollendick & Mayer, 1984). The prevalence of school refusal is similar for boys and girls but is more common in children between the ages of 5 and 8 and 10 and 15, when starting school or experiencing transitions between schools (Fremont, 2003; Heyne et al., 2001). The onset may be acute or gradual, and common diagnoses range from anxiety to depression, phobia, and adjustment disorder (Heyne et al., 2001).

Children and parents experience significant adverse consequences of school refusal. A child may miss an excessive number of days of school, leading to poor academic performance and disruptions in social and extracurricular activities (King & Bernstein, 2001). School refusal may also negatively affect family and peer relationships (Berg & Nursten, 1996). Long-term

problems in social adjustment may also occur, including psychiatric disturbance (Heyne et al., 2001).

The Intervention

Interventions for youth who exhibit school refusal behavior generally fall into one of five categories: behavioral approaches, cognitive-behavioral therapy (CBT), family therapy, individualized interventions employing a functional analytic process, and pharmacotherapy. All psychosocial, cognitive, and behavioral interventions that aim to increase attendance and decrease anxiety in school-age youth who exhibit school refusal behavior will be eligible for inclusion in this review. We will exclude solely pharmacological interventions from this review; however, we will include studies that use pharmacotherapy as part of the treatment in addition to psychosocial, cognitive, or behavioral interventions.

It is anticipated that the variations in treatments will occur in format, duration, setting, treatment components, and whom the intervention targets. The formats will likely include individual, group, and family interventions. Duration will vary from brief interventions (6–8 weeks) to interventions that span across a school semester or school year. Interventions are most commonly delivered in a school or clinic setting. Treatment components will likely vary as well. Although it is anticipated that the majority of interventions included in this review will be CBT interventions, these interventions employ a number of different strategies that will likely vary from study to study. It is also anticipated that the interventions will be either child based, meaning the treatment focuses on the child, or parent based, meaning the intervention focuses on the parents or family.

Master's or doctoral therapists generally deliver school refusal behavior interventions to children individually or in a group setting and to parents in the form of parental skills training.

How the Intervention Might Work

Behavioral and CBT approaches aim to address anxiety or reinforced or conditioned responses that are thought to be the cause of a child's refusal to attend school. Behavioral approaches to school refusal behavior are primarily exposure based or employ techniques to reinforce attendance behaviors or extinguish behaviors contributing to nonattendance. Techniques include systematic desensitization, relaxation training, and contingency management. CBT approaches include challenging inappropriate or unrealistic beliefs; identifying and monitoring negative self-statements; and providing social skills training, relaxation training, and/or graded exposure to anxiety-provoking situations (Elliott, 1999; Kearney & Bates, 2005). Proponents hold that changing faulty beliefs reduces the level of anxiety and improves attendance.

Family therapy interventions aim to address communication and family dynamics that may contribute to a child's school refusal behavior. Some family therapy interventions use

behavioral or CBT strategies, such as contingency contracting and skills training, whereas others use strategies derived from other theories (Elliot, 1999; Fremont, 2003; Kearney & Bates, 2005).

Individually oriented interventions that use a functional assessment approach aim to provide targeted and specific interventions to address the functional reason a child is missing school. Practitioners often use a standardized assessment approach to assess the reasons a child is missing school and design interventions to address those issues (Kearney, 2001; Kearney & Silverman, 1990; Kearney & Silverman, 1999) and improve attendance.

Why This Review Is Important

We have not located an extant systematic review and meta-analysis of interventions targeting school refusal behavior. Researchers have conducted several narrative reviews, but these reviews do not employ systematic review methods or meta-analytic techniques to quantitatively synthesize the results. Many of the narrative reviews do not specifically focus on intervention outcome studies, but instead generally summarize what is known about school refusal behavior in terms of etiology, prevalence, assessment, and treatment. Prior reviews have been limited to published research and either qualitative or vote-counting methods for synthesizing study outcomes. The extant reviews of school refusal behavior tend to focus on CBT interventions. It is not known whether these reviews primarily include CBT interventions because studies on those interventions are more commonly published or because the review authors favor CBT interventions.

King and colleagues (King, Heyne, & Ollendick, 2005; King, Tonge, Heyne, & Ollendick, 2000) have completed two reviews of school refusal intervention outcome studies. The 2000 review included eight studies. The authors did not specify their search strategy; however, all studies in the review were published. Their inclusion/exclusion criteria entailed including only CBT interventions. The authors included studies employing any design. The report concluded, “At first glance, our review of research suggests empirical support for cognitive-behavioral therapy in the treatment of school refusal...” (p. 501). “However, since very few controlled studies have been reported at this stage in treatment research, it would be premature to extol the clinical virtues of cognitive-behavior therapy” (p. 506).

King et al.’s 2005 review focused on a broader topic of anxiety and phobic disorders but did review seven studies on school refusal behavior. The authors limited the studies to those of behavioral or CBT treatments. The strategy for this review included searching literature in peer-reviewed journals from 1980 but did not specify cutoff year. The authors did not specify which journals or databases they searched but provided some examples of specific journals they included. Of the seven studies included in this review, five were used in the previous review. One of the additional studies was a follow-up study of a randomized control trial included in the previous review, and the other was a randomized trial with a comparison group that received an alternative treatment (this study showed no significant difference between CBT and the alternative treatment). Although the authors used substantially the

same studies in both reviews, the two reviews came to different conclusions. In the 2005 study, the authors concluded, “Overall, school refusal has responded to CBT programs as demonstrated in a number of controlled studies, with general maintenance of gains” (p. 249).

The proposed systematic review will improve upon prior work in several ways. First, this review will apply a systematic and transparent process for searching, retrieving, and coding studies. Using a systematic method to conduct the review of outcome research limits bias and reduces chance effects, leading to more reliable results (Cooper, 1998). Further, explicitly and transparently describing the review process allows for others to replicate and expand the review to include new studies or criteria.

Second, this review will include evaluations of interventions operating in a broader set of geographical contexts than previous reviews, including programs across the United States and other countries. This broader reach will allow the possibility to identify studies that prior reviews missed.

Lastly, prior reviews have been limited to a narrative approach, presenting a description of programs or using a vote-counting method to categorize outcomes of programs as significantly positive, significantly negative, or of no significance. Reviewers then make conclusions regarding effective interventions based on the number of studies that demonstrated significant positive results. The vote-counting method, however, disregards sample size, thus leading to erroneous conclusions (Glass, McGaw, & Smith 1981). Also, the vote-counting method relies on statistical significance and does not take into account measures of the strength of the study findings, thus also leading to misleading conclusions (Glass et al., 1981). Meta-analysis, on the other hand, represents key findings in terms of effect size, rather than statistical significance. Thus, meta-analysis provides information about the strength and importance of a relationship, the magnitude of the effects of the interventions, and the characteristics of effective interventions.

OBJECTIVES

The purpose of this review is to inform practice and policy by evaluating the effectiveness of interventions designed to increase school attendance and decrease anxiety for students who exhibit school refusal behavior. The following research questions guide this study:

- 1) Do interventions targeting school refusal behavior affect attendance?
- 2) Do interventions targeting school refusal behavior affect anxiety?
- 3) Do the magnitude of effects differ between CBT interventions and non-CBT interventions?

I. Criteria for including studies in the review:

1. *Types of studies:* To be eligible for inclusion in the review, studies must use an experimental or quasi-experimental design. Studies must involve a comparison of treatment and control conditions to which students are randomly assigned or nonrandomly assigned but matched on pretests, risk factors, and/or other relevant characteristics or use statistical controls. This review will not include single-group pretest-posttest studies or other study designs.
2. *Types of participants:* This review will include school-age youth, defined as attending kindergarten through 12th grade (or equivalent in countries with a different grade structure), who meet criteria for school refusal behavior. Because there is no consensus on what constitutes a “diagnosis” of school refusal behavior, this review will include only studies in which participants have both an attendance problem and anxiety or a similar clinical symptom(s) related to stress, mood, or anxiety that affects their school attendance. We will exclude studies in which participants have dropped out of school.
3. *Types of settings:* The review will include interventions conducted in any setting that serves primary or secondary school students. This review will not include studies conducted in residential facilities, as these settings are highly controlled and not typical of regular school settings.
4. *Types of intervention:* This review will include all intervention types.
5. *Types of outcomes:* To be included, a study must assess intervention effects on school attendance and anxiety.
6. *Geographical context:* This review will include studies from any geographical context. The authors will make every attempt to translate studies in languages other than English for inclusion in the review. If translating a study is not possible due to a lack of resources, the authors will note the study but not otherwise include it in the review.
7. *Time period:* This review will include studies published between 1980 and the present, even though the research itself might have been conducted prior to 1980. Focusing on the past 30 years will lead to a comprehensive and contemporary review of interventions.
8. *Any exclusion criteria?* As defined above, we will exclude studies that involve only medication, are conducted in a residential setting, or are conducted with youth who have dropped out of school.

II. Search strategy: Briefly describe the anticipated search strategy.

We propose to include all studies that meet the inclusion criteria outlined above. We will attempt to identify and retrieve both published and unpublished studies. We will use several sources to identify eligible studies, including the following:

- 1) Electronic databases
- 2) Research registers
- 3) Internet searches
- 4) Bibliographies of previous literature reviews and retrieved studies

Databases

- 1) Academic Search Premier
- 2) Dissertation Abstracts International
- 3) Education Complete
- 4) ERIC
- 5) FRANCIS
- 6) MEDLINE
- 7) PsychInfo
- 8) Social Science Citation Index
- 9) Social Service Abstracts
- 10) Social Work Abstracts
- 11) Sociological Abstracts

Research Registers

- 1) Cochrane Collaboration Library
- 2) Database of Abstracts of Reviews of Effectiveness
- 3) National Technical Information Service
- 4) System for Information on Grey Literature

Search Terms and Keywords

We will use combinations of the following terms and keywords related to the outcomes of interest, intervention, problem, and population to search the electronic databases:

1) Outcome: “attendance” OR “absen*” OR “anxiety”

AND

2) Intervention: “evaluation” OR “intervention” OR “treatment” OR “outcome” OR “program”

AND

3) Targeted behavior/problem: “school refus*” OR “school phobia” OR “school anxiety”

AND

4) Targeted population: “students” OR “schools” OR “children” OR “adolescents”

Reference Lists

We will review reference lists of prior reviews and related meta-analyses for relevant studies. In addition, we will examine the references of the retrieved primary studies for potential studies relevant to the review.

III. Your method(s) of data extraction and synthesis: Will you use meta-analysis; how will you assess quality, risk of bias?

We will code all studies meeting the inclusion criteria by using a coding instrument specifying the information to be extracted from each eligible study. The coding instrument will include items related to bibliographic information and source descriptors; methods and procedures; context, nature, and implementation of the intervention; sample characteristics; and outcome data needed to calculate effect sizes.

To ensure reliability of coding procedures and decisions, the second and third authors will independently code 100% of the included studies. These authors will discuss any inter-rater differences to refine coding schemes and resolve any discrepancies. The coders will consult the first author if they cannot resolve coding discrepancies, and the first author will make the final coding decision. We will use Excel to manage data and conduct descriptive analysis. We will use Comprehensive Meta-Analysis 2.0 to conduct meta-analysis.

We anticipate using standardized mean difference effect sizes for outcomes on continuous measures and odds ratios for outcomes presented as dichotomous variables.

Main effects and moderator analysis will be conducted separately on each outcome construct with the latter done as multivariate (meta-regression) analysis when possible. Random effects statistical models will be used throughout unless a compelling case arises for fixed effect analysis. The main objective of the analyses will be to describe the direction and magnitude of the effects of the different school refusal interventions on the different outcome constructs. Additionally, the analysis will attempt to identify the characteristics of the study methods, interventions, and student samples that are associated with larger and smaller effects on the various outcome constructs.

REFERENCES

- Berg, I., & Nursten, J. (1996). *Unwillingly to school*. London, UK: Gaskell.
- Burke, A. E., & Silverman, W. K. (1987). The prescriptive treatment of school refusal. *Clinical Psychology Review*, 7, 353–362.
- Cooper, H. (1998). *Synthesizing research: A guide for literature reviews* (3rd ed.). Thousand Oaks, CA: SAGE.
- Elliot, J. G. (1999). Practitioner review: School refusal: Issues of conceptualization, assessment, and treatment. *Journal of Child Psychology and Psychiatry*, 40(7), 1001–1012.
- Fremont, W. P. (2003). School refusal in children and adolescents. *American Family Physician*, 68(8), 1555–1560.
- Glass, G. V., McGaw, B., & Smith, M. L. (1981). *Meta-analysis in social research*. Thousand Oaks, CA: SAGE.
- Heyne, D., King, N. J., Tonge, B., & Cooper, H. (2001). School refusal: Epidemiology and management. *Paediatric Drugs*, 3(10), 719–732.
- Kahn, J. H., Nursten, J. P., & Carroll, H. C. M. (1981). *Unwillingly to school* (3rd ed.). Oxford, UK: Pergamon Press.
- Kearney, C. A. (2001). *School refusal behavior in youth: A functional approach to assessment and treatment*. Washington, DC: American Psychological Association.
- Kearney, C. A. (2007). Forms and function of school refusal behavior in youth: An empirical analysis of absenteeism severity. *Journal of Child Psychology and Psychiatry*, 48(1), 53–61.
- Kearney, C. A. (2008). An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educational Psychology Review*, 20, 257–282.
- Kearney, C. A., & Bates, M. (2005). Addressing school refusal behavior: Suggestions for frontline professionals. *Children & Schools*, 27(4), 208–216.
- Kearney, C. A., & Silverman, W. K. (1990). A preliminary analysis of a functional model of assessment and treatment for school refusal behavior. *Behavior Modification*, 14, 340–366.

- Kearney, C. A., & Silverman, W. K. (1999). Functionally based prescriptive and nonprescriptive treatment for children and adolescents with school refusal behavior. *Behavior Therapy, 30*, 673–695.
- King, N. J., & Bernstein, G. A. (2001). School refusal in children and adolescents: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(2), 197–205.
- King, N. J., Heyne, D., & Ollendick, T. H. (2005). Cognitive-behavioral treatments for anxiety and phobic disorders in children and adolescents: A review. *Behavioral Disorders, 30*(3), 241–257.
- King, N. J., Ollendick, T. H., & Tonge, B. J. (1995). *School refusal: Assessment and treatment*. Boston, MA: Allyn and Bacon.
- King, N., Tonge, B. J., Heyne, D., & Ollendick, T. H. (2000). Research on the cognitive-behavioral treatment of school refusal: A review and recommendations. *Clinical Psychology Review, 20*(4), 495–507.
- Ollendick, T. H., & Mayer, J. A. (1984). School phobia. In S. M. Turner (Ed.), *Behavioral theories and treatment of anxiety* (pp. 367–411). New York, NY: Plenum Press.

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DECLARATIONS OF INTEREST

There are no known conflicts of interest.

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REQUEST SUPPORT

No support is requested at this time.

ROLES AND RESPONSIBILITIES

Who is responsible for the below areas? Please list their names:

- Content: Maynard, Brendel
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- Statistical analysis: Pigott
- Information retrieval: Brendel, Bulanda

PRELIMINARY TIMEFRAME

The draft protocol will be submitted within 2 months of title registration approval.

AUTHORS' RESPONSIBILITIES

By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Campbell Collaboration policy. The Campbell Collaboration will provide as much support as possible to assist with the preparation of the review.

A draft protocol must be submitted to the relevant Coordinating Group within six months of title publication. If drafts are not submitted before the agreed deadlines, or if we are unable to contact you for an extended period, the relevant Coordinating Group has the right to de-register the title or transfer the title to alternative authors. The Coordinating Group also has the right to de-register or transfer the title if it does not meet the standards of the Coordinating Group and/or the Campbell Collaboration.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every three years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the Coordinating Group.

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