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Responding to Chronic Non-attendance: a review of intervention approaches

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SUMMARY *Chronic non-attendance has generally focused on the distinction between truancy and school refusal: the former has traditionally been linked to conduct disorder, the latter to separation anxiety disorder. However, research has demonstrated that truancy and school refusal exist in the absence of such disorders and, more significantly, that some children and young people exhibit the characteristics of both types of non-attendance behaviour. In the 1990s, a functional analysis became more popular in understanding the problem; that is, examining the reasons why pupils fail to attend school. This has led to more recognition of the schools' responsibility for the presenting difficulties. Research into the various intervention programmes available for tackling non-attendance has failed to find any conclusive evidence in favour of a particular approach. The effectiveness of intervention may depend upon an individual pupil's particular needs and his/her specific reasons for refusing to go to school, but also the importance of involving school and family in responding to the problem is outlined as a potentially key factor.*

Introduction

Most young people do not attend school at some point during their secondary school careers, and for the majority of pupils this may only be for an occasional day. Pupils fail to attend school for a diversity of reasons: it may be due to a particular anxiety regarding the school experience; for example, the student may fear a particular teacher or the pupil may be rejected by his/her best friend for someone else. Alternatively, the young person may be anxious at leaving his/her parents, there may be problems with peers (e.g., bullying) or it may simply involve a dislike or boredom with the school experience (Elliott & Place, 1998). For most pupils, these problems are usually resolved quickly and the pupil returns to school without further difficulty. However, there is a small proportion of young people who continue to refuse to attend school over a prolonged period of time. Such pupils are usually referred to as school phobics, or by the more descriptive and broader term 'school refusers' (King *et al.*, 1998).

Berg *et al.* (1969) described school refusers as encountering extreme distress when

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forced to go to school. Moreover, these authors claimed that there is usually a lack of accompanying anti-social behaviour. On the other hand, pupils who decide not to come to school (i.e. they do not have a particular anxiety to come to school, but merely decide that they would prefer not to go), and also have concomitant anti-social characteristics, would be referred to as *truants* (Galloway, 1983).

School refusal and truancy are serious problems that interfere significantly in the young person's social and educational development (Berg & Nursten, 1996; Hersov, 1960; Vasey, 1995). Frequently, the problem can also generate considerable stress and upset among parents and school staff (King *et al.*, 1996). Moreover, school refusal is often related to serious and long-term problems regarding the person's mental health. School refusers are believed to have an increased risk of neurotic disturbance in adulthood (King *et al.*, 1998).

Historical Context

Traditionally, psychiatrists have noted a distinction between school refusal and truancy: the former was linked to separation anxiety, and the latter to conduct disorder (Berg *et al.*, 1993; DSMMD-III-R, 1987; Hersov, 1985). In simple terms, the former was associated with emotional problems, while the latter was associated with behavioural difficulties. Separation anxiety is said to occur when the young person experiences anxiety at the thought of being separated from his/her main caregiver (usually the mother) with whom he/she has a particularly strong attachment (Elliott & Place, 1998). Therefore, attending school, for example, would induce anxiety, and the pupil may complain of stomach pain, vomiting, headaches, nausea, or dizziness (Hersov, 1960). Once the pupil is permitted to stay at home these physical symptoms often disappear. The young person prefers to remain at home with the main caregiver, and refuses to attend school (Pilkington & Piersel, 1991).

An important difference noted between school refusal and truancy was that truants try to conceal their non-attendance from their parents, whereas the parents of school refusers are usually fully aware of their child's absence (Berg *et al.*, 1969). Another distinguishing feature was the tendency of school refusers to be excessively anxious or fearful about attending school, and to have psycho-somatic complaints (Berg *et al.*, 1969). School refusers often have a temperament of being unusually shy and fearful (Kagan *et al.*, 1987). Truants are not considered to be over-anxious or fearful about attending school.

Despite the distinctions between school refusal and truancy already explained, it is possible for some young people to exhibit characteristics of both (Berg *et al.*, 1993). Bools *et al.* (1990) identified around 10% of their sample ($n = 100$) who demonstrated both emotional problems (related to school refusal) and anti-social behaviours (i.e. conduct disorder). In other words, it is possible for some young people to demonstrate features of a truant, but actually have a phobia about attending school. Alternatively, some pupils may be able to attend school but choose not to, and stay at home with the full knowledge of their parents under the 'screen' of school refusal.

It has been argued that the key to understanding the distinction between school refusal and truancy may lie in the element of *volition* (Elliott & Place, 1998). Truants choose not to attend school. There are no psychological or emotional obstacles that make attendance at school difficult for truants; they just prefer, for whatever reason, not to go. In contrast, school refusers may want to attend school but find that it is too traumatic for them to do so. Despite the distinction between truancy and school refusal, the clinical value of such a distinction is highly questionable (Kearney & Silverman, 1993). The rather narrow definition of school refusal (i.e. the link to separation anxiety) is unhelpful since pupils may refuse to attend school for many different reasons (King *et al.*, 1994; Pilkington & Piersel, 1991). It is argued here that the distinction of school refusal and truancy is not necessarily a useful one when responding to a problem of chronic absenteeism. It is the intention of this paper to consider the role of the educational psychologist in responding to chronic absenteeism and provide a critique of current approaches to intervention.

Assessment and Intervention: the role of the educational psychologist

Assessment

In the 1990s there was a move away from the use of the simple dichotomy of school refusal and truancy in understanding non-attendance. Kearney and Sims (1997) claimed that there should be a clearer examination of the *reasons why* children and young people are not going to school. More specifically, what functions are served by non-attendance? In other words, Kearney and colleagues argued for a functional analysis of non-attendance, rather than employing the rather unsophisticated distinction of school refusal (linked to separation anxiety) and truancy (linked to conduct disorder). Kearney and Silverman (1990) suggested four main reasons for non-attendance by pupils.

- *To avoid the experience of severe anxiety or fearfulness related to attending school.* One or more specific features of the school day may be feared or causing anxiety; for example, the toilets, the corridors, sitting examinations, or going to a specific class (this can often, but not necessarily, be physical exercise classes; King *et al.*, 1998).
- *To avoid social situations that are feared, or which cause anxiety.* This includes problems with peers, perhaps due to bullying, or name calling; social isolation at school, and problems with individual teachers (e.g. being criticised or humiliated by a teacher in front of classmates).
- *To seek attention or to reduce the feeling of separation anxiety.* The pupil may complain of illness that does not actually exist. Alternatively, he/she may have a tantrum in order to receive attention, so they can remain at home with their parent or significant caregiver. While attention-seeking behaviour and separation anxiety may be different concepts, the underlying problems remain the same: the young person is receiving positive reinforcement for their non-attendance in the shape of special attention at home: 'the more fear and avoidance behaviour the child displays the more attention he or she receives' (King *et al.*, 1994, p. 171).

Another possible reason for chronic non-attendance, and often overlooked by authors in the field, is the pupil staying at home to look after their sick parent. Related to this may be that the pupil's parents are not fit or competent enough to organise their child in the mornings to get ready for school.

- *To enjoy rewarding experiences that non-attendance at school may bring*. For example, this could be watching television at home, playing computer games, going into town with friends, and possibly becoming involved in anti-social acts, and/or criminal activities. This category includes those children and young people usually referred to as truants. The reduction of anxiety as a result of staying at home provides positive reinforcement for the school refuser's behaviour. The benefits of staying at home then provides motivation for the pupil to continue to refuse to go to school (Kearney & Silverman, 1990).

In performing a functional analysis, a number of techniques may be employed; for example, clinical-behavioural interviews, reports from significant others (e.g. teachers, parents), self-monitoring (e.g. asking the pupil to complete a daily diary, or the use of self-report measures) (for a summary, see Kearney & Albano, 2000), and behavioural observations (at home and in school). Assessment of chronic non-attendance should perhaps include a thorough examination of all possible aspects of school that may be 'potentially noxious' and/or anxiety-provoking for the child (Klein & Last, 1989), although this is only applicable to those pupils who are anxious about attending school. Different assessment procedures may be more useful for secondary aged pupils than for younger children. For example, interviews may be more difficult to conduct with primary aged children, and self-reports may be less reliable (Achenbach *et al*., 1987). Behavioural observations may not be appropriate or valuable with secondary aged pupils since they would be more aware of being observed, and react accordingly (Ollendick & Hersen, 1984).

The clinical-behavioural interview may provide the opportunity for the assessor to visit the family home and obtain critical information about the family context in which the school-refusing pupil resides. This may lead to specific intervention designed to tackle the school refusal behaviour:

> Evaluations of parental perceptions and parent–child interactions oftentimes enable the clinician to formulate possible treatment alternatives from a more comprehensive, integrated perspective. (Ollendick & King, 1998, p. 18)

It is also important to speak to relevant school staff with a view to the same outcomes; that is, exploring how teachers' perceptions, and teacher–pupil interactions, influence the school refusal/non-attendance behaviour, and how such information can link into an intervention programme (Ollendick & King, 1998). In other words, the aim is to move away from the idea that the source of the problem of chronic non-attendance lies solely within the child or young person.

Kearney and Silverman (1993) designed a scale that aims to identify the needs served by the pupil's refusal to attend school, according to the four categories outlined earlier. The School Refusal Assessment Scale has 16 questions on which

the pupil must answer on a seven-point Likert-type scale from 'never' (0) to 'always' (6). There are different versions for pupils, teachers, and parents. To illustrate, the following questions are included in the pupil scale:

- *How often do you have trouble going to school because you are afraid of something in the school building (for example, a fire alarm, room, etc.)?*
- *Do you have trouble speaking with the other kids at school?*
- *How often do you feel that you would rather be with your parents than attend school?*
- *Do you ever skip school because it's more fun to be out of school?* (Kearney & Albano, 2000, pp. 166–167)

The pupil's responses to these questions can be scored and interpretations made according to the reasons why the pupil appears to be failing to attend school, and triangulated with other pieces of information.

Educational psychologists should ideally be aiming to link the assessment of chronic non-attendance (via a functional analysis) to an intervention programme designed to tackle the presenting problems (Elliott & Place, 1998). The programme of intervention suggested will depend upon the nature of the factors that maintain the non-attendance behaviour for each individual. For example, there is not any one strategy that has been proven to be effective or appropriate for all school refusers (Elliott & Place, 1998). The importance of multi-disciplinary collaboration in dealing with the problem has been regularly cited by authors in the field (Blagg, 1987; Elliott & Place, 1998; Kelly *et al.*, 1991). The next section considers some of the intervention approaches used when dealing with chronic non-attendance at three levels: systemic, individual and group.

Systemic Approaches to Intervention

The functional analysis of non-attendance has led to increasing recognition of the school's responsibility for the presenting difficulties. If the pupil is fearful of coming to school, then one may legitimately question whether the school should bear some of the responsibility for the problem. The onset and severity of chronic non-attendance may be explained by a number of school-based factors:

- An environment where bullying, truancy and disruption are common-place;
- A policy of streaming or setting where a pupil may be placed in a class that has a proliferation of disaffected and troublesome peers;
- A school where teacher–pupil relationships are excessively formal, impersonal, and/or generally hostile. The interpersonal style of school staff may impact heavily on an extremely anxious or sensitive pupil, and staff may fail to recognise this;
- Where toilets and corridors and playground areas are not monitored carefully by staff (i.e. these areas are dismissed by staff as not their responsibility, which results in little examination of problematic incidents in school) (Blagg, 1987; Last *et al.*, 1987).

Research (Blagg, 1987; Hersov, 1985; King *et al.*, 1995) has demonstrated that schools with high numbers of school refusers have the following profile:

> high staff and student absenteeism rates, low levels of achievement, large class sizes, high levels of indiscipline, low staff morale, a management style characterised by authoritarianism and rigidity, and teachers who are themselves authoritarian, anxious or eager to obtain student approval. (Elliott & Place, 1998, p. 46)

School size has been posited as an influencing factor on non-attendance. Reynolds *et al.* (1980) argued that bigger schools tend to have greater problems with non-attendance and school refusal; however, they argued further that there exists a 'threshold' above which further increases in size do not necessarily lead to further increases in non-attendance problems. Reynolds *et al.* (1980) also highlighted some characteristics of schools with non-attendance problems: they have strict enforcement of school rules; poor relationships between school staff and pupils; poor home–school links, and high institutional control of student behaviour. Reynolds *et al.* concluded:

> it is the school system itself [which] may be an important influence in generating truancy and other forms of pupil rebellion. (1980, p. 89)

In the past, and even today, school-related factors were often played down and de-emphasised by school staff as playing a contributory role to pupils' non-attendance (Elliott & Place, 1998). Instead, schools often prefer to focus on other clinical theories, such as excessive child–parent dependency (i.e. separation anxiety, and parents preferring to have their children at home) as an explanation for the problem (King *et al.*, 1995).

Schools may not themselves be to blame for minimising the significance of school-based factors in a pupil's chronic non-attendance. Psychiatrists and researchers in the field have failed to investigate the potential pivotal role of schools in providing intervention to chronic non-attenders:

> … the majority of published studies and reviews have been produced by American researchers (often with a medical background) who have little expertise or professional involvement in educational matters … it is perhaps for this reason that the literature makes little reference to examining the ways by which the school can help a child to overcome a reluctance to attend. (Elliott & Place, 1998, p. 44)

Including teachers in an intervention programme is extremely valuable since it facilitates smoother integration of the pupil back into school. For example, school staff can choose one or two appropriate 'buddies' for a chronic non-attender with related anxiety problems, and can provide peer support and assist the pupil's reintegration into school life (Blagg, 1987). King *et al.* (1998) also suggested special classroom responsibilities to be given to the pupil on return to school, which can be rewarding and encouraging for the young person.

Blagg and Yule (1984) reported that training teachers in how to deal with chronic

non-attendance can lead to a reduction in such referrals to the Psychological Service. Blagg (1987) outlined a number of issues that schools should consider, perhaps collaboratively with the educational psychologist, to ensure a trouble-free return to school for chronic non-attenders:

- *Academic-related concerns*: for example, does the pupil require extra help to recover academically from the time lost as a result of the non-attendance?
- *Peer-related concerns*: for example, have the necessary steps been taken to ensure that the pupil is protected from bullying or name-calling? Have teachers been notified that they must not draw attention to the pupil's return to class?
- *Teacher-related concerns*: if the pupil had a fear of a particular teacher, has the school considered the available options to ensure that this fear is not exposed (e.g. moving the pupil to a different class; teacher–pupil reconciliation)
- *Whole school-related concerns*: can the school provide a quiet and secluded area where the pupil can go if he/she feels vulnerable (e.g. during break times). Can the school provide a staff member for the pupil to report to at the beginning and end of each day, and who the pupil can trust and turn to when in need of help?

Blagg's (1987) guidelines may prove useful in helping the pupil back to school, although it must be said that these guidelines may not be effective and/or necessary for *all* types of chronic absenteesim.

An alternative, or supplementary, method that may be useful is the use of a contract (Kearney & Albano, 2000), often written up by the non-attender, and made between the pupil and the school, with the educational psychologist as the mediator to ensure the contract is reasonable to both sides. It is recommended that the parents/carers of the pupil also be included in the maintenance of the contract. Thus, the pupil will expect certain supports to be in place (perhaps related to those suggested earlier; for example, a room where they can go if required) in return for certain expectations of the school (e.g. 50% attendance in the first week, followed by 75% the next week, and so on, building up to full attendance). Kearney and Albano (2000) recommend a contract based on 'Privileges' and 'Responsibilities'; that is, the pupil agrees to certain responsibilities (e.g. 'rise in the morning at 7.00 a.m., dress and eat breakfast by 7.40 a.m., and leave the house by 8.00 a.m.' and/or 'take the bins out') in exchange for privileges (e.g. 'use of television in bedroom' and/or 'an extra half hour of curfew during weekend nights').

Individual Approaches to Intervention

Relaxation training. This intervention enables the pupil to challenge feelings of anxiety associated with attending school. The pupil is taught how to relax their bodies and the use of associated mental imagery is encouraged. The approach is based upon principles of classical conditioning; the intention is to develop the pupil's calm and relaxed response when confronted with the feared stimulus. The approach, highly rated by pupils, staff and parents (King & Gullone, 1990), is similar to systematic desensitisation. The effectiveness of the approach is yet to be substantiated by research studies (Kratochwill & Morris, 1991).

Cognitive restructuring, or self-statement training. The pupil is asked to analyse his/her self-statements about why he/she is not attending school, and strategies are discussed about how to reduce their anxiety or how to deal with the reasons why they are not attending. Illustrative material (e.g. cartoons) are often used to help the pupil distinguish between anxiety-provoking thoughts and anxiety-reducing thoughts (Kendall *et al.*, 1992). For example, the perception 'the others in the class will laugh at me if I give the wrong answer' is challenged with the more positive, anxiety-reducing perspective 'everybody makes mistakes from time to time — the others in the class are unlikely to take particular notice of the ones I make' (Elliott, 1999). The pupil is encouraged to verbalise their thoughts: modelling of how to verbalise, or 'think aloud', can be provided by the teacher or by the educational psychologist.

Exposure. The pupil can undergo a gradual return to school. This may begin with merely driving the young person to the school gates and waiting outside, but not entering the school. The next visit may entail going into the school, but not the pupil's usual classes (e.g. perhaps a quiet or secluded part of the school), followed by attending school normally for an agreed number of mornings or afternoons per week, culminating in a full return to school over time (see use of a contract described earlier). This step-by-step approach is similar to *in vivo* desensitisation.

Alternatively, a possibly more stressful, but arguably more successful approach is to 'force' the pupil back to full-time school as quickly as possible (this is similar to flooding). Many researchers in the field (Blagg, 1987; Kearney & Beasley, 1994; King *et al.*, 1998) view this approach as most appropriate and successful in pupils with mild, or very acute, non-attendance. The approach is based on the premise that the more the pupil is away from school, the more difficult it is to catch up with schoolwork when he/she returns, and/or the more difficult it may be to be accepted by peers and resume friendships. However, parents and teachers often prefer to circumvent such a confronting situation as this. Careful discussion and negotiation may therefore be required before implementing this strategy (King *et al.*, 1996). Blagg (1987) provides details of a programme of how best to approach an immediate return to school, with regard to: preparing the pupil, his/her parents, and teachers; what changes should occur; and the level of monitoring that should take place.

The three individual approaches of relaxation training, cognitive restructuring, and exposure, along with social skills training (to be considered later), are often commonly referred to as cognitive-behavioural techniques. Research investigating the effectiveness of cognitive-behavioural intervention programmes will be highlighted later.

Medication. The use of medication in dealing with chronic non-attendance, in particular school refusal, is an issue that, unsurprisingly, generates a degree of controversy. While Murphy and Wolkind (1996) argued that there is 'little place' for pharmacotherapy as a strategy in dealing with school refusal, King *et al.* (1995) maintained that it can play a significant, contributory function, especially if the pupil's problem is related to separation anxiety, a general anxiety disorder, or

depression. Drugs such as anti-depressants may minimise panic attacks; however, their side-effects can often be unpleasant (e.g. loss of weight, nausea, an allergic reaction; Warrington *et al.*, 1989). There appears to be little conclusive support for the use of medication in dealing with chronic non-attendance. A number of controlled investigations that used medication found that those pupils (labelled 'school refusers') who received drugs were no better off at the end of intervention than a 'placebo' group of 'school refusers' (Elliott, 1999).

Hospitalisation is also an option in dealing with anxiety related non-attendance; however, most agree that it should only be used as a last resort (Murphy & Wolkind, 1996), or as an intermediary step on the road to a full return to full-time schooling (Berg, 1992). The use of hospitalisation in dealing with chronic non-attendance is extremely rare, and is usually limited to those children and young people suffering from severe neurotic disturbances and clinical depression (Borchardt *et al.*, 1994).

Group Approaches to Intervention

Social skills training. Because many pupils do not attend school due to anxiety in social situations or social isolation, one approach to tackling chronic non-attendance is to provide social skills training. Pupils often have poor social skills and social competence, which results in poor self-esteem and expectations of poor outcomes in social situations (Spence *et al.*, 1999). The training involves the identification of the social situations that cause anxiety in the pupil (or are problematic to him/her) and the young person then rehearses these situations with respect to how to cope with them, and what to do. Programmes have been developed to deliver at a classroom level. For example, Bokhurst *et al.* (1995) describe their programme aimed at reducing the social anxiety of primary school children. There are 12 sessions of 1 hour each, focusing upon social rules, working in co-operation with others, emotional awareness, the acceptance of individual differences, relating to others, and self-acceptance. Spence *et al.* (2000), on the basis of the limited evidence available on the success of social skills training programmes, suggest that the most profitable method is to combine social skills training with cognitive restructuring and graded exposure (see earlier in individual interventions for further details).

Parent/teacher training. Chronic non-attendance can often be found in children and young people whose parents are suffering from a degree of marital discord (Bernstein *et al.*, 1990). The problem of the pupil's absenteeism is exacerbated by the parents' failure to work as a team in tackling the pupil's difficulties or, alternatively, the parents may lack the necessary behaviour-management skills to deal with their child's chronic non-attendance (Mansdorf & Lukens, 1987). Teaching can be given to parents (and also to teachers) on how to give clear commands to children and young people, since often one finds that parents with difficulties provide rather vague and imprecise instructions to their children when dealing with school-related issues (King *et al.*, 1998). An emphasis is therefore placed on attracting the pupil's attention and communicating clear and specific commands. The use of recognition

and praise when appropriate behaviours are exhibited is stressed, and the parents are encouraged to ignore tantrums and psycho-somatic complaints (Blagg, 1987).

Parent training is reported as being the most popular method used in treating school refusal (Kearney & Beasley, 1994), and it has a good success rate, according to therapists (King *et al.*, 1998). However, there are few evaluative studies to substantiate this claim. Spence *et al.* (2000) included parents in one of their experimental groups in exploring the effectiveness of their cognitive-behavioural intervention programme. Two groups received the intervention programme (one with parental involvement ($n = 17$), and one without parental involvement ($n = 19$)), which involved 'social skills training, relaxation techniques, cognitive challenging, and graded exposure to social situations' (Spence *et al.*, 2000, p. 718). The study also included a waiting-list control group ($n = 14$), who did not receive the programme. All children involved in the study (aged 7–14 years) had received a diagnosis of school phobia, and had associated difficulties with social situations. The programme was successful in significantly reducing the children's social and general anxiety, at post-treatment and at 6- and 12-month follow-up. Such improvements were not found for the waiting-list control children at any of the three stages of post-intervention measurement. An important result was that there were no significant differences between the two experimental groups who received the intervention programme on any of the six scales used to measure anxiety and behaviour; that is, the parental involvement did not appear to have an additional positive effect on the success of the programme. The results nevertheless appear promising for the cognitive-behavioural programme, although it must be noted that the scales used to measure the effectiveness of the programme were child self-report and parent report, contributing to an element of subjectivity in the results.

King *et al.* (1998) investigated the effectiveness of their 4-week cognitive-behavioural intervention programme for chronic non-attenders ($n = 17$, aged 5–15 years). The programme consisted of relaxation training and social skills training, and training given to the child's parents and teachers. A group of 17 waiting-list control non-attenders were also included in the study for comparison. A number of methods were used to measure the success or otherwise of the programme, including:

- School attendance (number of days present at school after implementation of the programme);
- Self-report measures (children rated their emotional distress and anxiety as a result of attending school, on a number of scales);
- Parent measures (parents rated their child's behaviour after intervention);
- Teacher reports (by the child's main teacher);
- Clinician rating (a clinician rated each child's overall psychological well-being and school functioning).

King *et al.* (1998) found a significant improvement in school attendance by those who received the intervention programme when compared with the waiting-list control pupils. Moreover, significant improvements were found (in favour of the intervention group) in the ratings given by parents and clinicians. The authors concluded that the benefits of cognitive behavioural intervention were clearly

demonstrated. However, there are several weaknesses in the study. The parents and clinicians were involved in the intervention (one may argue that the success of the programme depended considerably on the parents and clinicians), and therefore it is potentially misleading to have the same people rate the success of the intervention programme. Second, the authors offered no explanation for the seemingly huge disparity in pre-intervention school attendance figures that may have contributed to the significant differences in attendance. The intervention group's mean attendance (in terms of percentage of days present) prior to intervention was 61.5%, while the waiting-list control group's mean attendance prior to intervention was just 40%. One may question why there was such a difference (the authors claimed that the 34 children were randomly assigned to the two groups) and, more importantly, whether this affected the success of the intervention.

Last *et al.* (1998) also investigated their own cognitive-behavioural intervention programme, which consisted of graduated exposure (a gradual, step-by-step return to school) and cognitive restructuring (or 'self-statement training'). Fifty-six school refusers were randomly allocated to an experimental group or an 'attention-placebo' control group (where children were supported and given the opportunity to discuss their fears and anxieties; however, no specific instructions were given on how to confront such fears, and there was no positive reinforcement for attending school). The intervention was provided once a week for 12 consecutive weeks. No differences were found between the two forms of intervention: both were equally effective in reducing the pupil's anxieties and returning the students to school. The authors concluded that 'the highly structured cognitive-behavioural treatment approach may not be superior to more traditional educational and supportive treatment methods' (Last *et al.*, 1998, p. 404).

One can see clearly that there are somewhat mixed results from the research investigating the effectiveness of cognitive-behavioural intervention programmes. However, analysis of these studies is not assisted by the diversity of programmes implemented by the various groups of researchers. Some programmes include a graduated exposure approach, while others include social skills training as the main method of intervention. For educational psychologists advising on a programme of intervention for a chronic non-attender, it is not clear which may be the most profitable approach to adopt. It may depend on the individual pupil and the functional analysis performed.

Kearney and Silverman (1990) investigated the usefulness of four different intervention programmes on seven children with attendance difficulties. Each child was allocated to one of four groups, based on the functional groups described earlier. Details of their intervention are also presented:

- One child was overanxious in the school setting; intervention consisted of relaxation training and systematic desensitisation;
- Four children had unsatisfying peer relationships and high social anxiety; intervention consisted of cognitive intervention and modelling procedures (social skills training);

- One child engaged in tantrums and other behaviours in order to stay at home with mother; intervention included exposure and reinforcement of positive behaviours;
- One child wanted to stay at home for reasons such as watching television or visiting friends; intervention involved contingency contracting procedures.

The rationale underlying Kearney and Silverman's (1990) decision to use various forms of intervention for certain groups was unclear. Nevertheless, after the period of intervention (lasting between 3 and 9 weeks), six of the seven children were attending school on a full-time basis, and a 6 month follow-up showed that this was maintained. The authors claim that the study demonstrated clearly the value of functional analysis. While the results are promising, the small sample size implies that a degree of caution should be made when interpreting their conclusions. Nevertheless, the study highlights the potential value in individualised programmes of intervention according to each pupil's needs. Such evidence is particularly welcome when one considers the heterogeneous nature of school refusal (King *et al.*, 1998).

In summary, the most recent reviews of the literature on school refusal (for example, Elliott, 1999; King *et al.*, 1998) have highlighted the lack of empirically controlled experiments and lack of systematic evaluations of the available intervention programmes. Elliott concluded:

> the current state of knowledge concerning assessment and treatment is still rudimentary. Knowledge of 'what works' has been built up largely on the basis of clinical experience, and substantial, scientifically sound, controlled studies of treatment efficacy continue to be absent from the literature. (1999, p. 1009)

Conclusions

Traditionally, the distinction between school refusal and truancy has been used to identify pupils' reasons for not attending school. However, there must be recognition that chronic non-attendance is heterogeneous (King *et al.*, 1998), and that there exists a continuum of non-attendance behaviour. For example, some children and young people may demonstrate characteristics of a truant but actually there are school refusal elements to the problem. While identification of school refusal or truancy may affect a programme of intervention, a functional analysis, whereby the reasons for the pupil's non-attendance are explored, may be a more profitable strategy in tackling the problem. Nevertheless, there still needs to be further research in evaluating the various approaches to intervention, since at present, there are little systematic evaluations of the interventions available for tackling chronic non-attendance. In this present climate it appears that the most appropriate and effective method in dealing with chronic non-attendance is to design an individualised intervention programme, according to a pupil's particular needs, but involving a multi-systems approach (i.e. school, parents, and educational psychologist).

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