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SPECIAL SERIES

Developments in Classification, Identification, and Intervention for School Refusal and Other Attendance Problems: Introduction to the Special Series

David Heyne, *Leiden University Institute of Psychology*

The literature on school attendance problems (SAPs) is diverse and sometimes confusing, but it is also promising. This special series presents seven articles and a discussion that attest to the diversity, complexity, and exciting developments associated with SAPs. While some articles focus on school refusal in particular, others have relevance for school refusal, truancy, and other types of SAPs. Collectively, the seven articles provide direction in thinking about two key questions: (1) How can SAPs best be classified and identified?; and (2) Which innovative approaches can be applied when a SAP is severe, chronic, and/or complex? In this way the series has direct relevance for Tiers 1 and 3 of the Response to Intervention model for managing school absenteeism (Kearney & Graczyk, 2014). Three innovative treatment programs presented in this series illustrate ways in which mental health interventions and educational interventions can be combined to address Tier 3 SAPs. The discussion article presents thought-provoking reflections on the topics covered in the seven articles and on the gaps in practice and research in the field of SAPs. You are invited to critically and creatively respond to the ideas offered in this series.

School absenteeism is a universal phenomenon that can lead to short- and long-term problems for youth,[1] their families, schools, and the broader community. People not familiar with the field of school attendance problems (SAPs) are sometimes surprised to learn that there are school-aged youth who attend school irregularly or not at all. Their responses include: "But don't all kids have to attend school until a certain age?" and "Surely, the school makes them attend." In contrast, educators and practitioners are very familiar with the problem of school absenteeism. What is often perplexing for educators and practitioners is how to efficiently and effectively support youth displaying a SAP and those at risk of developing a SAP. Increasingly, educators, practitioners, researchers, and policymakers are searching for answers to important questions like these.

The articles in this special series are part of the rolling discovery of answers to two key questions: (1) How can SAPs best be classified and identified? and (2) Which innovative approaches can be applied when a SAP is severe, chronic, and/or complex? Classification, the focus of the first article, is a basis for identification, which is taken up in the second and third articles. The timely identification of SAPs within the school setting facilitates early intervention and a greater likelihood of return to full school attendance. Too often, youth with SAPs are not identified in a timely fashion or not provided with effective early intervention. SAPs become severe and chronic, presenting a substantial challenge to schools and practitioners. In these cases, intensive intervention is warranted, which is the focus of the fourth, fifth, sixth, and seventh articles.

[1] The term 'youth' is used to refer to children and adolescents.

Keywords: school attendance problems; school refusal; classification; identification; intervention

Classification

Currently, there is little indication of an emerging consensus on the conceptualization and classification of SAPs. The first article (Heyne, Gren-Landell, Melvin, & Gentle-Genitty, 2019) addresses this fundamental issue of consensus. It reviews the decades-long discussion and dissent about the best ways to conceptualize and classify SAPs, concluding with practical suggestions for the field. Classification encompasses the operationalization of problematic absenteeism (e.g., when to intervene) and differentiation between youth with different SAPs (e.g., how to intervene), both of which are described next.

Agreed-upon criteria for operationalizing problematic absenteeism are still lacking (Skedgell & Kearney, 2018), despite Pellegrini's (2007) suggestion a decade ago that "researchers and practitioners could increase understanding of school nonattendance by working towards a shared definition of this behaviour" (p. 75). Definitions of problematic absenteeism vary greatly between countries

but also between school communities within a country. In general, problematic absenteeism is said to occur when youth regularly miss school. However, the criteria regarding amount of absence vary enormously. While some researchers employ Kearney's (2008) absence criteria to identify youth with problematic absenteeism (i.e., at least 25% absence for 2 or more weeks or at least 15% absence across 15 school weeks), others do not. Moreover, some researchers simply report on the prevalence of absenteeism based upon a minimum absence criteria (e.g., at least 1 day) rather than identifying the percentage of youth displaying problematic absenteeism. For example, a United States study indicated that 12% of youth (12–17 years) engaged in truancy defined as "skipping" school at least once in the last 30 days (Maynard et al., 2017). There was no account of the proportion of youth regularly absent from school. Beyond consideration of the amount of absence, problematic absenteeism might be based on the (il)legitimacy of the absence (e.g., physical illness; Kearney, 2003) and the impact of the absence on the young person irrespective of the so-called legitimacy of the absence (e.g., lower grades; Kearney, 2016). In some cases youth attend school full-time but the distress they or their parents experience in relation to school attendance is conceptualized as a SAP (Kearney, 2008).

The field also lacks a unified approach to differentiating between youth with SAPs. Some authors have even argued against differentiation by SAP type because it is believed to splinter the field of problematic school absenteeism (e.g., Kearney, 2003). In the first article, Heyne et al. (2019) argue that differentiation between SAPs has scientific and practical benefits. SAPs are heterogeneous, presenting in many ways and having associations with a broad array of risk factors. Risk and protective factors associated with the development, maintenance, and prevention of SAPs are likely to be different for different types of SAPs, and the most effective interventions will be those that target the factors relevant to a particular type of SAP. To determine which factors are more closely associated with one type of SAP relative to another, scientists need to achieve greater consensus on the criteria for differentiating between SAP types. Heyne et al. describe and evaluate two predominant approaches to differentiation. One approach revolves around the long-held notion that school refusal, truancy, and school withdrawal represent substantially different types of SAP. The authors add a fourth SAP type to the typology, which is referred to as school exclusion. The other approach is based on differentiation according to the function of the SAP, assessed via the School Refusal Assessment Scale (SRAS; Kearney, 2002). There is growing international interest in the assessment of SAPs using the SRAS, despite the shortcomings of the instrument. Heyne et al. discuss these shortcomings and offer a counter-weight to the concerning trend of relying exclusively upon the SRAS to differentiate.

In March of 2018, a meeting of clinicians and researchers at the Lorentz Center Workshop in the Netherlands addressed challenges in the field of school absenteeism, including the operationalization and differentiation of problematic absenteeism (see https://insa.network/about-insa/history). The deliberations and consensus arising during the Lorentz Center Workshop will be included in a position paper on the operationalization and differentiation of SAPs. It was the unanimous position of the participants at the workshop that differentiation between youth with SAPs should take account of the typology of SAPs (school refusal, school truancy, school withdrawal, and school exclusion) and the function of SAPs as assessed by an instrument like the SRAS.

Identification

The second and third articles focus on the timely identification of emerging SAPs. Identifying youth with "relatively new absentee problems" is central to Kearney's (2016) Response to Intervention model for managing school absenteeism (p. 56). When a new absentee problem is identified, early intervention can be instigated, preventing absenteeism from becoming severe (a high proportion of absence relative to attendance) and chronic (absence endures over a long time). The importance of preventing severe and chronic absenteeism is underscored by research suggesting that the amount of absenteeism and the length of school refusal predict poorer outcome following treatment for school refusal (Heyne, Sauter, & Maynard, 2015).

To date, most of the work on early intervention for absenteeism has focused on truancy. For example, Maynard, McCrea, Pigott, and Kelly (2013) conducted a meta-analysis of indicated truancy interventions, showing that early intervention was effective in improving school attendance. In the current series, the two articles addressing early identification focus predominantly on school refusal but they also have relevance for the broader field of SAPs. For example, Chu, Guarino, Mele, O'Connell, and Coto (2019) introduce an early identification system for absenteeism irrespective of type, and Ingul, Havik, and Heyne (2019) provide tips on the development and roles of school attendance teams within school communities.

Specifically, the second article, by Chu et al. (2019), describes the development and piloting of an attendance tracker. This online tool is intended to help school staff efficiently identify youth with emerging attendance problems (e.g., youth who are late to school, leave school early, or have an elevated number of absences). The use of technology to enhance early identification is critical

because of the large number of youth with absences. Between 10%–20% of U.S. youth are chronically absent from school in any given week (Kena et al., 2016) and the prevalence of problematic absenteeism is argued to be higher than the prevalence of most mental health disorders experienced by youth (Kearney, 2008). Efficient identification systems that make use of technology are also predicated on the impact of absenteeism on teacher workload and morale (Wilson et al., 2007).

In Chu and colleagues' (2019) system, teachers mark attendance in a centralized student management system, as is typical in schools. What occurs less commonly in schools is an analysis of attendance data. In the Chu et al. study, an administrative assistant monitored attendance data recorded by teachers and notified a school counselor when a threshold was breached (five or more lates, early departures, or absences). The counselor then completed an online questionnaire which asked for simple ratings of academic, social, and family functioning so as to identify youth most at risk and to provide direction regarding early intervention. The counselors also reviewed attendance data at the end of each quarterly marking period. According to Chu et al., it is the accessibility of attendance and other data that facilitates the early identification of attendance problems.

The attendance tracker was developed in partnership between clinical researchers and key stakeholders from a school district to ensure it would best meet the needs of stakeholders. Importantly, it was designed to ultimately interact with existing student information systems, though this step is yet to be taken. Qualitative evaluation indicated that the attendance tracker in its current form served numerous functions for school staff. It helped them fulfill their task of identifying students in greatest need and it expanded their knowledge of the different factors affecting school attendance. This type of knowledge is likely to be critical for schools wanting to implement interventions tailored to the differing needs of youth. Use of the attendance tracker also helped school staff start conversations with parents about factors that might be contributing to their child's absenteeism. Moreover, the process of actively monitoring attendance led to counselors intervening actively, in the absence of prompts to do so.

Chu and colleagues (2019) describe issues to consider when utilizing an attendance tracker, such as the frequency with which academic and psychosocial data are gathered, the type and number of variables included during data gathering, and the automatic signaling of cases as unproblematic, emerging, or severe. There is growing attention in the field of school absenteeism to the establishment of optimal cutoffs within a Response to Intervention model for managing absenteeism (e.g., Hobbs, Kotlaja, & Wylie, 2018; Skedgell & Kearney, 2016, 2018). If consensus emerges on optimal cutoffs, this would inform the development of algorithms within online systems for early identification, enhancing the efficiency of systems such as the attendance tracker.

The third article (Ingul et al., 2019) provides a framework for the identification of youth at risk for school refusal and those displaying emerging school refusal. The framework is intended for school staff and for professionals consulting to schools. It is based upon a review of empirical studies that suggest links between individual, family, and school characteristics on the one hand, and (emerging) school refusal on the other. The authors present a range of assessment procedures and instruments that can be employed with youth, parents, school staff, and others familiar with the young person to identify those youth showing the signs and risks described in the review. Some procedures and instruments are suitable for screening larger groups of students (e.g., school-wide administration) and others can be used to assess for risk in specific cases. As noted in the second article (Chu et al., 2019), there is still a need to empirically determine which instruments are most suited to the work of early identification.

Because the framework offered by Ingul and colleagues (2019) focuses on school refusal, it differs from earlier descriptions of the signs and risks for SAPs in general. In one sense, choosing to focus on school refusal is meritorious because it yields a framework that comprises a more refined set of factors associated with one type of emerging SAP. In contrast, authors who have addressed SAPs in general have often provided extensive lists of factors and these may seem overwhelming and impractical for use in school and clinic settings. In another sense, Ingul and colleagues' limited focus on school refusal may limit the broader relevance of the article because professionals in school and clinic settings are usually tasked with addressing the full range of SAPs.

The framework offered by Ingul et al. (2019) relies on the development and functioning of a School Attendance Team (SAT). A primary task of the SAT is to develop and manage school-based systems that support early identification. The authors offer guidelines for the constitution of the SAT, and give examples of specific tasks. For example, the SAT can ensure that families and school staff are provided with information about the signs and likely risks for school refusal, decide upon systems for monitoring signs and risks, and foster close communication between school and home for the benefit of early identification. The SAT as described in Ingul et al. is tasked with meeting regularly (e.g., every 2 weeks), whereas the identification system of Chu et al. (2019) involved quarterly monitoring of at-risk youth. Ultimately, the needs and resources of specific schools will influence decision-making about the frequency and breadth of the

work to be conducted by a SAT. A feasibility study of Ingul and colleagues' school-based framework for identification is under way, in part to shed light on the acceptability and utility of regular SAT meetings (see https://insa.network/research/current-projects).

Towards the end of their article, Ingul and colleagues (2019) present a range of issues associated with the identification of early signs and likely risk factors for school refusal. One issue echoes the point raised by Chu et al. (2019) about the need to determine cutoffs for signaling cases as unproblematic, emerging, or severe. There are currently no gold standards to guide families, educators, helping professionals, communities, policymakers, and researchers in their thinking about when to intervene. Ingul et al. offer a working definition of emerging school refusal based on approximately half of the absence specified in Kearney's (2008) classification of problematic absenteeism. The utility of this threshold will also be evaluated in the feasibility study of the school-based framework.

Intervention

Numerous behavioral and cognitive-behavioral interventions have been developed to reduce school refusal or truancy among youth. Some of these have positive effects on school attendance (e.g., Maynard et al., 2018; Maynard et al., 2013), but there is still a great need to improve interventions. A recent analysis of 12-year trends in truancy rates in the U.S. indicated that truancy remained constant between 2002 (10.8%) and 2014 (11.1%), despite the "significant efforts and millions of dollars spent by schools, communities, states, and the U.S. federal government to reduce truancy over the past 20 years" (Maynard et al., 2017). With respect to school refusal, a sizable group of youth is not helped by current interventions (Heyne et al., 2015).

Advancement in the field of SAPs is best achieved via interdisciplinary collaboration to understand and intervene with these problems (Kearney, 2008). For example, clinical interventions need to better address contextual factors such as the school setting. The fourth, fifth, and sixth articles in this series exemplify the ways in which professionals from mental health and education can work together to meet the needs of youth with SAPs. The Modular Treatment in Germany, the LINK program in the Netherlands, and the In2School program in Australia all rely on the work of multidisciplinary teams to address chronic, severe, and complex attendance problems. The examples presented in these three articles help to counteract the notion heard in professional circles and observed in the literature (e.g., Elliott & Place, 2017) that mental health and education services will not or cannot collaborate to address school absenteeism.

Each of the programs presented in the fourth, fifth, and sixth articles incorporates elements of CBT but they are fundamentally multimodal interventions, including interventions such as educational support, vocational counseling, and attention to the student-teacher relationship. By providing a palate of interventions, the programs may well meet the needs of complex cases. Collectively, these three articles represent a response to the call for more intensive interventions for severe, chronic, and complex cases. The seventh article in this special series also addresses multimodal intervention by reviewing the evidence base for adding medication to CBT for school refusal. The authors of that review portray the combination of psychosocial and pharmacological intervention as another option for meeting the needs of severe and chronic cases of school refusal. Following is a short description of each of the intervention articles in this series.

In the fourth article, Reissner et al. (2019) describe their Multimodal Treatment (MT). Whereas an earlier report on the effectiveness of MT offered a cursory description of the intervention (Reissner et al., 2015), this new article provides the first detailed account in an English-language journal of the development and delivery of MT, including a case vignette. The intervention was developed for youth referred to a mental health setting and displaying school refusal, truancy, or both. It was thus designed to target a wide range of mental health problems characterized by internalizing and externalizing behavior and it seems well suited to addressing the diversity and complexity inherent to SAPs. A multidisciplinary team (i.e., psychotherapists, psychiatrists, psychiatric nurses, social workers, teachers, and a sports scientist) developed the interventions, delivers MT, and participates in regular case conferences.

The central module is CBT for the young person, but attention is also paid to family-, school-, and peer-related aspects of SAPs via additional modules on family counseling, school counseling, and a psychoeducational physical exercise program for the young person. This last module blends physical exercise, team-building, social competency, and motivation. Reissner et al. (2019) build a strong case for addressing the young person's motivation, which explains the inclusion of motivational interviewing in all four MT modules. There is also scope to conduct home visits, which likely increases therapeutic engagement among unmotivated youth and families. The results of post-hoc analyses led the authors to speculate that MT may be less effective for youth displaying mixed school refusal and truancy. Based on this, they suggest that differentiation among SAP types is important.

The fifth article, by Brouwer-Borghuis, Heyne, Sauter, and Scholte (2019), describes the Link program for

school-refusing adolescents, which is an alternative educational program (AEP). AEPs are an intensive form of intervention recommended for youths with between 15%–60% absenteeism (Skedgell & Kearney, 2016). In most cases the absenteeism of youth accepted into the Link program was more severe, characterized by full absence from school for half a year. The program is offered in various regions in the Netherlands, signaling a perceived need for intensive interventions like this. In contrast to Reissner and colleagues' (2019) MT, which is funded by a mental health service, most Link programs in the Netherlands rely on education-based funding. However, the Link program fosters close collaboration with mental health services. For example, therapists from mental health facilities with established alliances with the Link attend the Link classroom. The authors discuss the potential benefits of this.

The schooling experience provided via the Link is intermediary, forming a link between prior chronic absenteeism and subsequent reengagement with a more typical educational setting. The three main emphases in the Link intervention are the provision of an adapted educational setting, the adoption of a CBT orientation by Link staff, and collaboration between all involved parties (youth, parents, Link staff, staff from the original school, and therapists). There is provision for home visits by Link staff but this occurs less frequently than in Reissner and colleagues' (2019) MT. A case vignette illustrates the implementation of the Link program with 16-year-old Lily, exemplifying the importance of collaboration between many parties. Collaboration is time-intensive, but the consistency of intervention that is achieved via multidisciplinary meetings seems imperative to successful outcomes. The case of Lily details the process of transitioning from an AEP back into a mainstream school, and the authors reflect upon the ways in which attention to the five domains of school climate benefitted Lily. The Link program is undergoing further development that strengthens its CBT emphasis by including group-based CBT interventions for youth and group-based psychoeducational sessions for parents.

The article by Brouwer-Borghuis and colleagues (2019) is noteworthy for various reasons. First, it provides a timely overview of school-related factors associated with school refusal, organized according to a model of school climate. This overview may be a valuable resource for school teams seeking to prevent and intervene with school refusal at Tiers 1 and 2 of the Response to Intervention model. The tables that summarize the key elements of the Link can also be used as a checklist by services planning to develop a Link-like program for Tier 3 school refusal. Second, the article includes a summary of AEPs for school refusal in adolescence. Interestingly, all of the AEPs that were reviewed were identified in publications from the last 10 years. AEPs for school refusal may be a relatively new development in the field, but it also likely that creative interventions like the Link are routinely employed but rarely described in practical and scientific literature. Third, it is one of few published articles to discuss the needs of youth with autism spectrum disorder who also display school refusal.

The sixth article, by McKay-Brown et al. (2019), describes another multidisciplinary intervention for school refusal. Researchers, teachers, and mental health clinicians developed the In2School multidisciplinary intervention because of the range of problems that a school-refusing young person can experience. Anecdotal and scientific support for multidisciplinary work is presented in the article. In the In2School program, great emphasis is placed on the "education- and health-focused partnership" between its two teachers and the social worker who provides the mental health interventions. Within a wraparound model of care the team members share knowledge, develop individualized mental health "care and recovery plans" and educational "individual learning plans," and they collaborate in outreach to young people, parents, and the teachers at the mainstream school. McKay-Brown and colleagues provide a helpful list of the broad range of interventions undertaken by the clinician, by the teachers, and by the clinician and teachers in partnership. Wraparound interventions like this have been advocated for Tier 4 attendance problems (i.e., the most complex Tier 3 cases; Skedgell & Kearney, 2016). The authors also discuss some of the barriers to implementing a wraparound model of care.

The In2School program is housed in a special education facility which is located at, and provided in-kind, by a mental health service. Similar to the Link program (Brouwer-Borghuis et al., 2019), the young person spends time in a transitional classroom prior to returning to a mainstream school. There is a gradual increase in both the amount of time spent in the transitional classroom and the number of classmates present. Likewise, return to the mainstream school is graduated and closely supported. The In2School classroom experience is particularly important because it provides many opportunities for students to build resilience and help-seeking skills prior to returning to a mainstream school (L. McKay-Brown, personal communication, September 25, 2018). Therapeutically, narrative-informed work with the young person is provided alongside cognitive-behavioral interventions. In comparison to the Link program, the length of stay in the In2School program is shorter and the target group is younger (10–15 years versus 12–19 years). Interestingly, the In2School clinician may sometimes visit the home to support parents in getting their child to school whereas

members of the Link program do not involve themselves in such a process.

A noteworthy aspect of McKay-Brown and colleagues' (2019) work is their choice of measures. Theirs is the first study to report on youth quality of life following intervention for school refusal. They also measure factors related to learning behaviors and they draw on the School Refusal Assessment Scale–Revised (Kearney, 2002) to provide teachers with information about potential school-based barriers to the young person engaging in educational activities.

The seventh article, by Melvin and Gordon (2019), addresses an issue that is contentious for some professionals: the use of medication in the treatment of school refusal. The authors argue that the nonresponse to psychosocial treatments observed among some school-refusing youth drives the need to consider adding medication to CBT. They neatly summarize the last 50 years of research on the use of antidepressant medication for school refusal. The conclusion to their narrative review is that there is insufficient scientific evidence to automatically assume that the adjunctive use of medication will be beneficial. Several interpretations of this finding are offered. Furthermore, they note that there is no compelling evidence for using antidepressant medication as a monotherapy.

Melvin and Gordon's (2019) review appears at the same time as a review by Tobon, Reed, Taylor, and Bloch (2018). Tobin and colleagues focused on all medications used in the treatment of school refusal but limited their review to studies that were randomized controlled trials or quasi-experimental trials. Melvin and Gordon focus exclusively on antidepressant medication—the most common form of medication used with school-refusing youth—but they include a broader range of studies, drawing on evidence from randomized controlled trials, open trials, small case series, case studies, and an observational study. Melvin and Gordon also present numerous issues for nonprescribing clinicians and medical practitioners to consider when making a decision about adding psychopharmacological intervention to CBT for school refusal. The relative merits of various types of antidepressant medication are discussed.

Conclusion

In the discussion article, Tonge and Silverman (2019) synthesize the seven articles according to a framework: definition and classification, prediction and identification, management and treatment, and special populations. They conclude with socio-cultural considerations, providing an important lens through which to consider the topics addressed in the special series. The authors highlight gaps in science and practice for SAPs, including the lack of attention to school withdrawal, school exclusion, neurodevelopmental conditions that may be associated with problematic absenteeism, and parent education and skills training programs. Emphasis is placed on the need to rigorously evaluate the intensive multimodal interventions presented in this special series to determine whether they really make a difference for young people from special populations (e.g., youth displaying autistic characteristics) and to determine which components of the interventions are essential. Tonge and Silverman make the point that implementation by organizations and governments relies upon interventions being effective but also feasible, and thus including only the necessary components.

While we await robust evaluation of the ideas, systems, and programs presented in this series, it is the hope of the guest editor that the articles provide useful leads for current and future work. This applies to the conceptual work of classification (the first article), the practical work of identifying problematic absenteeism (the second and third articles), the challenging work of developing and providing interventions that will enhance outcomes for youth who are not responding to current interventions (the fourth, fifth, sixth, and seventh articles), and the responsible work of attending to broader issues for the field (the discussion article).

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Address correspondence to David Heyne, Ph.D., Leiden University Institute of Psychology, PO Box 9555, 2300 RB Leiden, the Netherlands; e-mail: heyne@fsw.leidenuniv.nl

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