

THE HIGH SCHOOL RESPONSE TO SCHOOL REFUSAL BEHAVIOR

BY

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Abstract

Balfanz and Byrnes (2012) estimate that five to 7.5 million of America's 50 million students are not attending school regularly and this problem cuts across gender, geography and ethnicity. This is a major problem our society must overcome because excessive absenteeism has negative academic, social and mental health for students. The behaviors associated with excessive absenteeism is referred to as school refusal behavior (SRB), which covers the myriad of reasons for and ways that students miss school. Research into excessive absenteeism and school refusal behavior has been able to quantify the scope and impact of the problem, however the research is limited in how this problem is experienced, understood and addressed by school personnel.

The purpose of this case study was to understand school personnel's experiences addressing SRB at a middle class, suburban high school. The school personnel in this study worked directly with students demonstrating SRB, including counselors, vice principals, nurses and child study team members. The school personnel's meetings with students demonstrating SRB and their parents were observed, the school personnel were interviewed and school documents were reviewed. The Functional Model of School Refusal Behavior (1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007; Kearney & Graczyk, 2014) was used as a lens to describe and understand how staff members think about SRB.

The findings demonstrated how the school personnel, as individuals, all played their specific roles within the bureaucratic structure as they implemented the school's policies and procedures to create the systemic response to SRB at the research site. Both the school personnel as individuals and the school's systemic response followed same Conceptual Framework for Analysis of and Respond to SRB. The school personnel believed they were able to effectively

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respond to SRB when it fit neatly into the school's policies and processes. However, the policies' focus on documentation and Conceptual Framework for Analysis of and Response to SRB combined to prevent the school personnel from responding effectively to many cases of SRB. Therefore, school personnel were unable to help students and families in cases where assistance was needed the most.

Keywords: School Refusal Behavior, SRB, excessive absenteeism, truancy, attendance, secondary education, Functional Model of School Refusal Behavior, staff response to excessive absenteeism, school counselor, child study team, CST, student assistance counselor, SAC, vice principal, assistant principal

Acknowledgement/Dedication

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Chapter 1: Introduction

The extreme pressure faced by students today to excel academically, participate in multiple extra-curricular activities and do volunteer work in order to be accepted into a selective college has led many students to their breaking points. The growth of social media has complicated peer interactions and made navigating high school social structures more complex. This has opened students up to more intense bullying and other negative social situations. Finally, the Center for Disease Control estimated that anxiety and depression in “children aged 6-17 years [old] increased from 5.4% in 2003 to 8% in 2007 to 8.4% in 2011-2012” (2020, para. 4). Students that struggle to cope with this stressful dynamic or suffer from mental health issues often turn to self-harm, drug use or suicidal ideation while others simply attempt to opt-out of the high school experience. This school refusal behavior (SRB), sometimes referred to as school avoidance, which plagued anywhere from 5 to 28% of school aged youth (Kearney et al., 2004) was the focus of this case study. School refusal takes many forms. Students may be absent with their parent’s knowledge/approval or school refusal can take the shape of traditional truancy, when students miss school against their parents’ wishes. It can also manifest itself in other ways including late arrival to school, leaving early from school, skipping individual classes, and spending extensive time in the nurses’ office. Regardless of its form, SRB is detrimental to a student’s overall well-being and it is crucial schools develop appropriate responses when students do not come to school.

Schools tracked average daily attendance but as of 2012 only six states required schools to keep track of students with excessive absenteeism, typically defined as missing more than 10% of the school year, which made the problem difficult to quantify (Balfanz & Byrnes, 2012). Balfanz and Byrnes (2012) estimated that five to 7.5 million of America’s 50 million students are

not attending school regularly and that this problem cut across gender, geography and ethnicity based on a quantitative analysis of available data on excessive absenteeism from six states. Most importantly, missing large amounts of school had a dramatic impact on academic achievement. Balfanz and Brynes in the study mentioned above found a linear relationship “between each missed day and lower test performance” (2012, p. 26) based on analysis of data from Florida and that “students who missed 10 or more days scored disproportionately in the bottom quartile in math” (2012, p. 27). Allensworth and Easton (2007) found that school attendance was by far the strongest predictor of course performance in their analysis of Chicago Public School data from 1994 to 2004. Finally, even students with ten or more absences that successfully graduate high school showed lower rates of college enrollment based on an analysis of the National Center for Educational Statistics ELS 2002 national survey which surveyed over 3.4 million students (Balfanz & Brynes, 2012). In addition to the academic consequences of excessive absenteeism, the negative social (Corville-Smith et al., 1998; Hallfors et al., 2002; Hallfors et al., 2006; Place et al., 2002) and mental health (Burns et al., 1995; Egger et al., 2003; Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney, 2007; Keeley & Wiens, 2008; Wood et al., 2012) consequences of excessive absenteeism create a moral imperative for schools to act when students do not attend regularly.

Closer to home, excessive absenteeism is one of the most pressing problems facing New Jersey schools today. In the 2015-2016 school year 129,000, or 9.7%, of New Jersey k-12 students were excessively absent from school (Chen & Rice, 2017). Rates are even higher at the high school level, where over 10% of ninth graders are excessively absent and the percentage rises each year to nearly 20% of all twelfth graders (Chen & Rice, 2017). In addition to the negative impact excessive absenteeism has on individual students there are other reasons for

New Jersey schools to address the issue. First, there is a legal requirement that students attend school and that schools take proactive measures to compel attendance. According the New Jersey Department of Education's webpage on Attendance, Truancy and Chronic Absenteeism, the compulsory education law (*N.J.S.A. 18A:38-28 through 31*) requires all children between the ages of 6-16 attend school (n.d.a, para. 1). In addition to the legal obligation that students attend school created by state statute, federal and state accountability measures use excessive absenteeism when rating and comparing schools. The Every Student Succeeds Act (ESSA), signed into law by President Obama on December 10, 2015, requires states to report chronic absenteeism information for the Civil Rights Data Collection (Rafa, 2017). Additionally, New Jersey has chosen to use excessive absenteeism as an indicator of school quality and success under ESSA (Chen & Rice, 2017; New Jersey Department of Education, 2018b). Specifically, in New Jersey 15% of a school's grade or score under ESSA will be based on excessive absenteeism (Clark, 2017). These accountability measures make it even more important that schools have effective procedures for addressing and preventing excessive absenteeism and school refusal behavior.

Purpose Statement

The purpose of this case study was to understand individual school personnel's experiences addressing and the systemic response by the school as a whole to school refusal behavior at Harvey High School, an upper middle class, suburban high school. The school personnel in this study included those faculty members that worked directly with students with school refusal behavior including, school counselors, vice principals, school nurses and child study team members. The study used Kearney's (2007) definition of school refusal behavior (SRB),

an umbrella term that covers many hypothesized sub-types of youth with problematic absenteeism, including truancy, school phobia, and anxiety-based school refusal. More specifically, the term covers youths who miss large amounts of school time, who skip classes or periods of a school day, who are constantly tardy to school, who display severe misbehaviors in the morning in an attempt to miss school, and who have extreme dread about school attendance and who persistently request others for school extraction (p. 53)

The Functional Model of School Refusal Behavior (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014) provided the language and vocabulary to analyze the data and acted as a lens to view school personnel's understandings and responses to SRB. The Functional Model of School Refusal Behavior identifies the function or behavior that is reinforced when a student misses school. Specifically, the function of school refusal refers to the variables that maintain the SRB, specifically what does the student gain from the refusing to attend school (Evans, 2000; Kearney & Silverman, 1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007; Kearney & Graczyk, 2014). The school personnel's meetings with students with school refusal behavior and their parents were observed, the school personnel were interviewed and school documents will be reviewed. Describing and understanding the school personnel's understandings of and experiences addressing SRB in their school is the goal of this research.

Research Questions

- How did school personnel discuss, label and analyze students with School Refusal Behavior?
- How did school personnel work with parents and colleagues to develop appropriate interventions to improve the attendance of students demonstrating SRB?

- In what ways did school policies, processes and bureaucratic structure shape how school personnel respond to students demonstrating SRB?
- What challenges do school personnel believe made it difficult to effectively address school refusal behavior?

Conceptual Framework

It is necessary to understand how school personnel think about and respond to SRB in order for the school to take effective action moving forward, especially given the impact of excessive absenteeism on individual student's academic performance and overall well-being, as well as the emphasis the New Jersey Department of Education has placed on attendance under the ESSA. The students who continued to miss school despite the procedural and policy changes enacted at HHS to address SRB required further intervention because they were exhibiting some form of school refusal behavior (SRB). For a small number of students, those with serious medical and mental health conditions, such as suicidal ideation, severe depression or anxiety, appropriate accommodations were made through existing programs at HHS, such as home instruction, special education or a third-party provider run wrap-around mental health service. Unfortunately, these interventions were inaccessible for many excessively absent students and students whose SRB manifested in forms that do not technically qualify as excessive absenteeism, such as regular tardiness or early dismissals. Historically, HHS has not had a consistent or effective response to address this heterogeneous group of students demonstrating SRB.

Given the complexity of the problem of school refusal behavior, this study drew on a behavioral theory found in the research base and explained above, the Functional Model of School Refusal Behavior developed and validated by Kearney and Silverman (1993; Kearney et

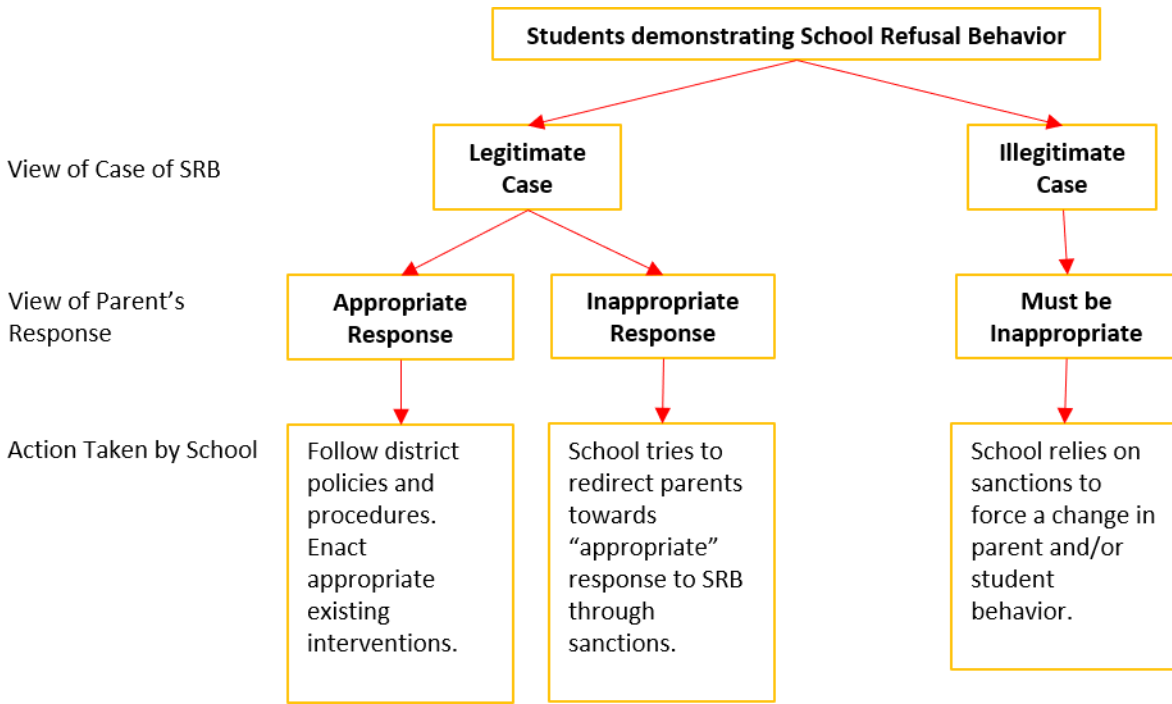
al., 2004; Kearney & Albano, 2004; Kearney, 2007; Kearney & Graczyk, 2014), which provided appropriate terminology, as well the lens to examine the constructs school personnel have created regarding students demonstrating SRB. The Functional Model of SRB was also chosen because of the limitations schools faced in addressing mental health issues. Although schools employ mental health professionals, they are not employed to serve as clinicians but rather to advocate for the overall well-being of the students and to provide episodic clinical type interventions in the short term to enable students to be successful academically. Finally, the Functional Model of SRB is a behaviorist model, which while limited, focuses on addressing the behaviors being exhibited rather than the underlying causes of those behaviors. The behaviorist model aligned well with studying the school's response to SRB because of the limitations on the school's ability to respond. Schools are not equipped to effectively address the underlying causes of SRB because it can not act as a mental health provider and the tools that schools do have to address SRB both positive, a token system or other earned privileges, and negative, school punishments, truancy court and denial of credit, consequences align with a behaviorist approach.

The pilot study conducted in the spring of 2018 examined how school counselors at HHS discussed, labeled and responded to SRB. Figure 1, *the Conceptual Framework for Analysis of and Response to SRB*, reflected the Conceptual Framework that school counselors used when working with students demonstrating SRB from the pilot study. The pilot study showed that school counselors divided students demonstrating SRB into two categories, legitimate and illegitimate cases, based on the documentation provided for the underlying causes of the SRB by the family. They then divided the parental response to the SRB into two categories, appropriate and inappropriate, based on the parent's ability to comply with school procedures and requests and the parental response to the function of SRB. This approach by the counselors shaped the

school’s response and the types of interventions proposed. This case study sought to confirm or disconfirm whether all the school personnel at HHS followed this same Conceptual Framework, outlined in Figure 1, and if the school personnel did follow the same Conceptual Framework how it impacted the four research questions.

Figure 1

Conceptual Framework for Analysis of and Response to SRB



Note. This figure demonstrates how school counselors analyzed individual cases of school refusal behavior. This analysis guided their decision making and determined which actions they would recommend be taken by the school.

Chapter 2: Literature Review

The literature review for this case study primarily focused on empirical research published in peer reviewed journals, but did include a small number of theoretical works that also appeared in peer reviewed journals. It also included reports that were published by major research institutions, such as Johns Hopkins University and The University of Chicago. The articles and reports selected focused on school refusal behavior, truancy and excessive absenteeism as well as a variety of interventions. The literature review was limited to articles and reports that included, if not focused on, middle and high school students in North America. The selected articles demonstrated the importance of addressing, provided an understanding of, and identified possible interventions for school refusal behavior.

Importance of School Attendance

In addition to the external pressures to address excessive absenteeism from ESSA and the New Jersey Department of Education, schools have a moral obligation to address excessive absenteeism because it has a negative effect on students. Simply put, if students were not in school they will not do as well as their peers in a variety of ways. Research on excessive absenteeism and truancy has clearly shown that missing large amounts of school inhibits academic success. Balfanz's and Byrnes' (2012) analysis of the available data on excessive absenteeism from six states and Allensworth's and Easton's (2007) analysis of Chicago Public School's data from 1994 to 2004 found correlation between excessive absenteeism and poor academic performance, which were similar to a previous study conducted with school level data in 1,301 Louisiana public schools (Caldas, 1993). Additionally, Caldas (1993) found that student attendance percentage had a stronger correlation with student achievement than class size or school size. This correlation was twice as strong at the secondary level (Caldas, 1993) which was

the focus of this case study. Based on these studies it is clear there is a correlation between student attendance and academic performance.

In addition to academic performance, excessive absenteeism often led to dropping out of high school and made higher education less attainable for students. In an analysis of 2,177 students in a cohort in the San Jose Unified School District, Fox and Byrnes (2015) found that only 53% of students that attended school less than 90% of the time graduated within four years compared to an 80% graduation rate among the entire cohort. Not only does excessive absenteeism put students at risk for dropping out but it also made post-secondary success less likely. Both Balfanz and Byrnes (2012) and the Fox and Byrnes (2015), both mentioned above, found that even when excessively absent students graduate from high school they do not attend college at the same rate as their peers. While the relationship is not causal, increased attendance at school may have provided these students with the supports needed for improved post high school outcomes.

The studies referenced below demonstrate the relationship between poor school attendance and at-risk behaviors and how missing school could worsen mental health problems. Simply put when students were not in school they were often engaged in dangerous activities and placed themselves at risk for negative long term health consequences. A meta-analysis of Monitoring the Future surveys from 1976 to 1998 by Hallfors et al. (2002) found that “truancy provides a particularly good indicator of drug use for middle school students” (p. 209) and that truancy was a better predictor for drug use than GPA or sexual activity for high school students. A later study that compared 1,000 total students in the top quartile of absences with a below median grade point average (GPA) with a normative sample from grades nine through eleven from ten high schools in San Antonio and San Francisco found that students that were

excessively absent and had a low GPA had higher than mean use of cigarettes, alcohol and marijuana, a higher suicide risk and delinquency rates (Hallfors et al., 2006). This relationship between absenteeism, low GPA and drug use found by Hallfors et al. (2006) was not surprising considering the research showed a correlation between absenteeism and poor academic performance and further demonstrated the importance of being in school. Finally, Eaton et al. (2008) found similarly concerning correlations between absenteeism and at-risk behaviors, even when students were absent with their parent's permission.

Another way in which schools served as a protective factor was the mental health support systems built into schools. U.S. Department of Health and Human services estimates that 21% of children ages 9 through 17 had diagnosable mental health problem but 70% did not receive services (Keeley & Wiens, 2008). Burns et al. (1995) in a study of over 1,000 students in Western North Carolina found that 70% of children that received mental health services only received them through their school. Given the lack of access to mental health services in our society, the school remains the most likely place that a mental health problem would be identified and treated; therefore, students that do not attend school are at-risk of having an untreated mental health problem. This problem is amplified by the fact that missing school can lead to additional mental health diagnoses or problems (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney, 2007; Wood et al., 2012). A cross-lagged regression analysis of four data sets from 280 to over 14,000 subjects found a reciprocal relationship between absenteeism and anxiety and depressive symptoms (Wood et al., 2012). Finally, various studies by Kearney and his associates found that students may initially miss school to avoid something negative or to seek other positive stimuli but the very idea of returning to school caused crippling anxiety (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007).

Not only does missing school prevent students from accessing needed mental health services it could also cause or exacerbate mental health issues.

Who Misses School and Why

In order to address excessive absenteeism and school refusal behavior it is important to understand who misses school and why. There are a variety of forms of school refusal behavior including late arrival to school, early dismissal from school, skipping individual classes, truancy, absences excused by parents, and extensive time spent in the nurses' office. This section explored the research that identified commonalities among students that show school refusal behavior in its many forms as well as risk factors associated with excessive absenteeism.

Academic

The studies done on the academic characteristics of school refusers found that they often had a negative view of their academic abilities and low attachment to school. In a study of over 5,000 eighth graders and over 5,000 tenth graders, Henry (2007) found that truant students were statistically more likely to have poor grades, low perception of their chance of graduating or going to college, and were not in college prep academic programs. A study that compared 27 excessively absent students with 27 regular attenders in two high school in southern Ontario found that excessively absent students were less likely to perceive school favorably and more likely to feel inferior academically (Corville-Smith et al., 1998). Hallfors et al. (2006) also found that students that were excessively absent had lower connectedness to their schools, which is a key protective factor that encourages school attendance.

Mental health

Studies found connections between excessive absenteeism and school refusal behavior with mental illness. Egger et al. (2003) analyzed a data set of 1,422 students in western North

Carolina and found that 90% of children that were truant and missed school because of anxiety had a psychiatric disorder. They also found that school refusal behavior was highly comorbid with many different mental disorders, including separation anxiety disorder, generalized anxiety disorder, ODD, and depression (Egger et al., 2003). Similarly, Wood et al. (2012) found “positive concurrent residual correlations between absenteeism and psychopathology” (p. 357) as well as a reciprocal relationship between the two. The Kearney studies, that tested and validated the Functional Theory of School Refusal Behavior, discussed later, also found similar correlations (Kearney & Silverman, 1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007). Clearly, many of the students that demonstrate school refusal behavior also struggled with mental illness.

Other studies also show that school refusers struggle in social interactions with their peers. Place et al. (2002) found that students demonstrating SRB were isolated individually with few social resources to rely on and had difficulty tackling problems in a systematic way. Corville-Smith et al.’s (1998) Canadian study found excessively absent students were less likely to be socially competent in their relationships in class and Hallfors et al.’s (2006) San Antonio and San Francisco study found they had lower peer bonding than their classmates.

Demographics and family

This section identified the demographic and family characteristics that made excessive absenteeism and school refusal behavior more likely. Henry’s (2007) analysis of 10,000 students found that truant students were more likely to: work more than 11 or more hours a week with truancy increasing even more after working 20 hours a week, had less educated parents with truancy increasing if either parent was a high school dropout, and lived with one or neither parent. Egger et al.’s (2003) study of 1,400 students found that having a parent, biological or

non-biological, with a mental illness and lax parental supervision were both predictors of school refusal behavior. Egger et al.'s finding that lax parental supervision impacted school refusal behavior was also found by Corville-Smith et al. (1998). Bernstein and Borchardt found school refusers "reside in homes with high levels of family conflict" (Pina et al., 2009, p. 11), which was also confirmed by Corville-Smith et al. (1998). Finally, Hallfors et al. (2006) found lower perceived family support among school refusers.

Functional Theory of School Refusal Behavior

Clinical studies have developed the Functional Theory of School Refusal Behavior, which could help schools identify how best to address many cases of excessive absenteeism. Functional models were developed to help understand and address school refusal. Evans' (2000) functional classification, outlined in a theoretical piece, has three primary subtypes: "reduction of anxiety (anxiety subtype), avoidance of undesirable events (avoidance subtype), and engagement in more desirable activities (malingering subtype)." Another functional model, developed by Kearney and Silverman in 1993 and validated by a series of research studies in clinical settings with samples ranging from 42 to 222 subjects, has four conditions or subtypes, two negative and two positive. In the two negative subtypes, school refusers sought to avoid school based stimuli and escape aversive social or evaluative situations while in the two positive subtypes they sought to gain attention from significant others and tangible reinforcement outside of school, to do something preferable to school (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014). Kearney and Silverman's Functional Model of School Refusal Behavior was later replicated in a non-clinical setting, a suburban Atlanta school district, with a small sample size, by Dube and Orpinas (2009). Stickney and

Miltenberger (1998) also found similar results when surveying administrators in all public schools in North Dakota.

The Functional Model of School Refusal Behavior provides schools with insight into school refusal that could guide their actions. In both the clinical and non-clinical setting the majority of cases of school refusal were positively reinforced when viewed through a functional model (Dube & Orpinas, 2009; Kearney & Silverman, 1993; Kearney & Albano, 2004; Stickney & Miltenberger, 1998). In these cases, schools would have to work with parents to eliminate the tangible rewards of skipping school. The Functional Model also demonstrated the complexity of the issue because school refusal could serve multiple functions or began as one function and moved to another function (Dube & Orpinas, 2009; Kearney & Silverman, 1993; Kearney et al., 2004). For example, a student may have begun to come to school late to avoid their first period class, a negative function, but the behavior continued because their mother stopped for breakfast on the way to school, a positive function. This variability makes it crucial that schools accurately identify the function of school refusal and remain flexible in their responses. To clearly identify the function of school refusal Kearney and Silverman's functional model created a research tested clinical instrument, the School Refusal Assessment Scale (SRAS) (Kearney & Silverman, 1993) that was later revised into the School Refusal Assessment Scale-Revised (SRAS-R) (Kearney & Albano, 2004).

Interventions

The research regarding interventions for school refusal behavior showed that it could be addressed effectively, but required a systematic yet individual approach. Pina et al. (2009) reviewed fifteen research studies, eight single case studies and seven group-design studies, and found that school attendance can be improved with existing treatments in the mental health

fields. Behavioral and cognitive strategies could effectively reduce symptoms associated with school refusal and increase school attendance (Pina et al., 2009). The ability to treat school refusal behavior at a clinical level makes it important for schools to coordinate with and borrow from outside mental health providers. In fact, Hoagwood's and Erwin's (1997) meta-analysis of ten years of data found that school linked mental health services, which integrate school and community mental health resources, were effective at reducing symptomatology, increasing coping and social skills and improving academic functioning.

Unfortunately, research also showed many challenges to implementing effective treatments at the school level. First, Stickney and Miltenberger (1998) found that in North Dakota schools were inconsistent in how they treated students with school refusal behavior if they did so at all. They found that schools referred students to outside interventions, mental health professionals, court or physicians, 60% of the time while 40% were not referred to any intervention, not even a parent conference (Stickney & Miltenberger, 1998). Compounding this problem was that school personnel often looked to assign blame for school refusal behavior, and this shaped the interventions or lack thereof taken by the school (Torrens Armstrong et al., 2011). Finally, Sheldon and Epstein (2004) found that school leader's perceptions about the efficacy of various systemic practices were often incorrect, leading to poor decision making in a quantitative analysis of interventions taken by 29 different schools in Maryland. The research showed that there are effective interventions, but it was clear schools struggled to implement them.

Flexibility in response

Layne et al. (2003) found that students demonstrating school refusal behavior were a heterogeneous group and required individualized treatments based on diagnoses and the severity

of each case. They studied 63 adolescents that missed 20% of school in the previous four weeks and had a diagnosed anxiety disorder. While not all school refusers have a diagnosed anxiety disorder, the heterogeneity of the behavior and the flexibility of treatment were cited throughout the research literature. This heterogeneity was at the core of the Functional Model of School Refusal, which is why it was so important to identify what each individual student got out of missing school, the function, so that counselors and schools could use this to guide them in selecting appropriate interventions (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014). Additionally, it is important to remember to treat the function of school refusal not the form, cutting, truancy, etc., because school refusers simply changed forms if the underlying function was not addressed (Kearney, 2007). Similarly, Layne et al.'s (2003) results showed that the severity of each case must be taken into account when planning interventions and Pina et al. (2009) found that directly targeted training for students specific mediating factors directly related to their function can help change school refusal behaviors. Finally, in order to effectively implement flexible responses, school administration and staff need more training on the Functions of School Refusal Behavior (Stickney & Miltenberger, 1998).

Working with parents

The research literature showed that working effectively with parents was important in addressing school refusal behavior. Sheldon's and Epstein's (2004) Maryland study found that simply educating parents on the school's attendance policy and expectations had a statistically significant impact on overall attendance. They also found that for serious absenteeism parents must be engaged in two-way communication to improve a student's attendance (Sheldon & Epstein, 2004). Engaging parents was so crucial because parents and the school personnel can

learn to manage school refusal behavior appropriately (Pina et al., 2009). Despite the important role parents play in addressing school refusal behavior, they were not always cooperative with the school or mental health services. Keeley and Wiens (2008), in their study on the impact of family dynamics on school linked mental health services, found that 31% of parents refused treatment for their children and were more likely to refuse treatment if they had lower family cohesion and lower family organization. Additionally, if their child's diagnosis was an internalizing problem, for example depression, rather than an externalizing problem, such as ADHD, families were four times more likely to refuse treatment (Keeley & Wiens, 2008). This makes it crucial for school and mental health personnel to consider family dynamic and the situation when engaging with parents to help their child.

Specific interventions

The most common school-based intervention found in the review of the literature was the use of truancy court. The research indicates that truancy court alone was not an effective way to encourage students to attend school regularly over time (Fantuzzo et al., 2005; Hendricks et al., 2010). Even in cases where students showed improvement during truancy proceedings, these gains were erased when the threat of punishment for them or their family ended, except in cases of severe truancy (Hendricks et al., 2010). The research does indicate that truancy court combined with other interventions could effectively address school refusal behavior. Fantuzzo et al. (2005) compared the results of truancy court with a community-based intervention (CBI) to truancy court alone with a 500 student sample. The CBI was usually some form of counselling or mentoring. During the program, truancy court with a CBI had a bigger impact on student attendance than truancy court alone (Fantuzzo et al., 2005). However, once the program ended the attendance gains were erased (Fantuzzo et al., 2005) just as they were with truancy court

alone. Haight et al. (2014) found that a similar program called a multidisciplinary truancy diversionary program (TDP) had a positive impact. In the TDP, students and parents, if willing, went through weekly meetings of a “mock truancy court” in which a panel reviewed the students attendance, the panel would recommend appropriate interventions that could include tutoring, individual therapy, family therapy or court (Haight et al., 2014). These studies show that a multi-faceted approach combining school programs, mental health services and parental engagement could improve attendance even if only temporarily.

The other specific school-based interventions outlined in the research literature related to the Functional model of school refusal and were found in Evans’ (2000) theoretical journal article. He suggested two possible interventions to address school refusal behavior. First, the Rapid Treatment Approach, in which a student was returned to school as quickly as possible, accommodations, such as exempting missed work, were made to ease the transition and negative stimuli, such as limiting participation in some activities, is eliminated as much as possible (Evans, 2000). Second, is “the Rule”, which stated,

that the student must either be in school or at the doctor’s office during school hours.

This rule is for parents of refusers and the refusers themselves. Once in school, the student is not allowed to avoid non-preferred activities. Physical complaints are ignored, but are acknowledged as present but insufficient for missing regular activities. (Evans, 2000)

Both of these examples were based in the Functional Model of School Refusal Behavior because they sought to eliminate what students gained by missing school, whether it was positive or negative.

Situating this Study in the Research

This case study filled three voids in the research base. First, the majority of the research on excessive absenteeism and truancy has been conducted in large urban districts, with students that were disproportionately economically disadvantaged and from minority groups compared to the population at large. This case study took place in a middle class suburban community that while diverse was a majority white. Second, this study moved the research on the Functional Model of School Refusal Behavior from clinical settings to the practical setting of a school. Prior research on the Functional Model of School Refusal Behavior took place primarily in clinical settings with the purpose of validating the Functional Model (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014) or in the case of Dube and Orpinas (2009) sought to validate the model in a school setting. This study focused on using the Functional Model to help understand how school personnel understood and responded to school refusal behavior. Finally, few research studies have been completed about school personnel's attitude toward SRB. There was research on both how school's respond to SRB and how specific programs have worked to combat SRB but there was only one small article, Torrens et al. (2011), which only focused on school health personnel.

Chapter 3: Methodology

A case study approach was selected because it allowed for in-depth description and analysis of the subject, how school personnel think about, understand and respond to SRB, leading to a deeper understanding of the issue (Creswell, 2007). Additionally, the unit of analysis, a specific problem at an individual high school, lends itself to a case study (Creswell, 2007). Finally, a case study at the author's place of employment pairs nicely with the "Problem of Practice" dissertation, which traditionally seeks to solve local and specific challenges in a workplace (Belzer & Ryan, 2013).

Research Site

This case study took place at Harvey High School (HHS), a comprehensive high school located Central New Jersey. The site was selected because the researcher had access to the site because it was his place of employment and was struggling with excessive absenteeism, as outlined in Table 1. According to the 2016-2017 New Jersey School Performance Report, HHS had 2,252 total students and 55% and 67% scored a 4 or 5 in Math and Language Arts respectively on the 2016 administration of the PARCC. These proficiency rates placed HHS 11 percentage points higher than the New Jersey average in math performance and 12 percentage points higher in Language Arts. Demographically the school was 66.7% white, 19.8% Asian, 7.7% Hispanic and 5.3% Black and English was the primary language in the home of 77.7% of students with Spanish as the next highest at 5.1%. Additionally, 15% of the student body had an IEP, 6% received free or reduced lunch and less than 1.0% of students were limited English proficient. In the old district factor group system, Harvey Township Public Schools were considered an I district and in the newer school peer group system, Harvey High School was compared to a mix of wealthy, upper class high schools like Princeton and West Windsor-

Plainsboro South, and large regional schools like, Cherokee, Shawnee and Manalapan. Overall, it was accurate to state that HHS served a suburban, middle to upper middle-class student body.

The administration at Harvey High School had been trying to address excessive absenteeism and school refusal behavior in the years leading up to this case study. The recent inclusion of excessive absenteeism in the New Jersey School Performance Report, beginning with the 2015-2016 report released on April 4, 2017 (New Jersey Department of Education, 2017), and the Department of Education's use of the statistic under ESSA provided the leadership team additional incentive to address the problem. The administration had taken a variety of steps to reduce excessive absenteeism and school refusal behavior at HHS. In 2011-2012, 127 of 2449 students, or 5.1%, missed 18 or more days of school, which is 10% of the school year, while 207 students, or 8.5%, were absent from a specific class 18 or more times. Additionally, students cut class 425 times. Realistically, the class attendance numbers were artificially low because the school still took attendance on paper and relied on teachers to track excessive absences in individual classes, which some teachers simply did not do. In the subsequent years, the school administration implemented a series of protocols and interventions intended to improve student attendance.

In 2012-2013, HHS teachers began taking attendance electronically using the Genesis Student Information System and the administrative staff began to monitor and follow up on excessive absences and class cuts without the need for individual teacher monitoring. In 2013-2014, the school administration and guidance counselors specifically targeted students that were truant from school with step-by-step interventions and began to increase the number of warning notices parents received when their child was absent from class. The school administration used 2014-2015 to analyze and improve the strategies put in place the previous two years. Some

improvements included: vice principals and guidance counselors met with ninth graders that had excessive absences in eighth grade, the classroom attendance coding was simplified, and trends, such as an increase in tardiness to school as students moved up each grade at HHS, were identified. Then in 2015-2016, the late to school policy was changed in order to discourage students from being tardy to school because in the previous school year HHS students were late to school over 10,000 times, and 7.4% of students missed 10% of their first period class. Over this time period, the school saw an overall reduction in absenteeism, see Table 1, however there remained plenty of room for improvement.

Table 1

Attendance Trends at Harvey High School from 2011-12 to 2017-18

School Year	# students at HHS	# of students absent from school 18+ times	% of students absent from school 18+ times	% of students absent from first period 18+ times	% of students absent from last period 18+ times	% of students absent from any class 18+ times	Total lates to school at HHS	Total Class Cuts
2011-12	2449	127	5.2	NA*	NA*	NA*	13,558	425
2012-13	2395	107	4.5	7.4	6.6	13.8	12,127	205
2013-14	2338	93	4.0	7.6	9.3	15	10,841	136
2014-15	2312	84	3.6	7.4	6.6	11.9	10,785	90
2015-16	2300	94	4.1	5.8	4.7	11.6	8,713	122
2016-17	2307	88	3.8	4.9	3.6	9.0	8,495	145
2017-18	2361	91	3.9	3.2	3.9	8.6	10,767	236

Note. Table 1 used 18 absences because the school year was 180 days and missing 18 days or class periods was 10% of the school year. According to school policy at HHS students lost credit for a course and went through an appeal process once they miss 10% of a class. Total lates to

school at HHS and Total Class Cuts was the overall total for the school not the number of individual students that were late or cut class. Additionally, missing 10% of school was used in much of the research literature on excessive absenteeism (Balfanz & Byrnes, 2012; Fox & Byrnes, 2015). The information was taken from HHS student information system.

*data not collected.

The administration's efforts have dramatically reduced class cutting and the excessive absenteeism encouraged by ineffective procedures and lax policies but there were still too many students excessively absent given the negative academic, social and mental health impacts of excessive absenteeism outlined in the literature review. The policy changes allowed the HHS administration to reduce the number of students that were excessively absent from school but these changes did not reduce excessive absenteeism caused by more complex underlying factors, such as mental health concerns, physical ailments and lax parental supervision. Those students that continued to miss consequential amounts of school at Harvey High School despite the changes were exhibiting school refusal behavior (Kearney & Silverman, 1993). Studying how the school personnel at HHS worked with these students helped answer the research questions in this case study.

Sample

There were a variety of mental health professionals, including 11 school counselors, four school psychologists, two school social workers, and three student assistance counselors among the 250 faculty members at Harvey High School. In addition, the school had four vice principals, and three school nurses that also worked directly with students demonstrating SRB. That brought the total population of the possible sample to 27 members of the HHS faculty, from which a purposeful sample was drawn. A purposeful sample was used because it enabled the selection of

participants that could best help answer the research questions (Creswell, 2007; Creswell, 2014; Patton, 1990) while avoiding conflicts due to my position of formal authority at HHS. The teacher association representative and I selected possible participants and then the teacher association representative contacted and recruited the participants. The school personnel's participation was voluntary and based on their willingness to participate, advice of the teacher association representative about who would be comfortable participating, and the likelihood they would be involved in cases involving school refusal behavior. The sample did not include any of the mental health professionals that I worked directly with through a shared student caseload. This was intended to prevent my close professional relationship with these staff members from clouding the results.

The purposeful sample was originally supposed to include nine mental health professionals, the three school counselors that participated in the pilot study and six additional mental health professionals, and two to four vice principals and school nurses from among the faculty at HHS. However, in order to reach saturation, the purposeful sample was increased. The final purposeful sample, see Figure 2, included 11 total mental health professionals, two vice principals and two school nurses. The 11 mental health professionals in the sample were a diverse group in certain aspects, it included four men and eight women, a range of experience from one to 26 years on the job and was inclusive of all the different mental health positions within the school, see Figure 2. However, the mental health providers were also not a diverse sample in two aspects. First, the group was almost entirely white, specifically nine mental health professionals were white while only one was Indian and one was Latino. Second, only two mental health professionals had significant experience in the field outside of Harvey High School. The two vice principals in the sample were both white males, one with nine years'

experience and the other with 20 years' experience all at HHS. Finally, the two school nurses in the sample were both females in their second year as school nurses but both had 10 plus years working in hospitals and doctor's offices prior to coming to HHS. One of the school nurses was white while the other was Filipina. The size and diversity of the sample allowed the researcher to reach saturation while providing perspective from all the various school personnel that work with students with school refusal behavior.

Figure 2

Final Purposeful Sample

Mental Health Providers	11
<i>School Counselors</i>	5
<i>Student Assistance Counselors</i>	2
<i>Social Workers</i>	2
<i>School Psychologists</i>	2
Vice Principals	2
School Nurses	2

Note. The five school counselors included the three school counselors interviewed in the pilot study.

Positionality

Conducting research in your own workplace involves many questions about the positionality of the researcher, especially when the researcher holds a supervisory position, which is the case in this study.

Power

The first major concern was the power dynamic between myself, as the researcher and a vice principal, and the subjects, school personnel. I had a supervisory position at Harvey High School, which could have created concerns about coercion and undue influence. There was a risk that school personnel felt they had to participate in the study because of my position of authority. The process of involving the association representative in the recruitment of the participants, as

outlined above, sent a clear message that participation was voluntary and did not affect school personnel's employment status or evaluations given that protecting teachers from administrative misconduct was the job of the association representatives.

There were also concerns regarding the accuracy of the information I obtained because of my position. The participants might have been hesitant to express their true feelings regarding students demonstrating school refusal behavior if they believed those feelings conflicted with either the school administration's philosophy or beliefs. Overall, I was conscious to ensure that participants understood this was purely a research effort and not an attempt to evaluate them or their beliefs. The trust the other building administrators and I had built among the staff at HHS prevented mistrust from happening. I knew there was trust between the administration and staff because our administrative team consistently outperformed other schools in the district on the culture and climate surveys conducted by the teachers' association. Additionally, the positive relationships I had with the school personnel that I worked directly with helped the participants trust me since the mental health professionals at HHS were a close-knit group.

Insider/Outsider Positioning

In this study, I was both an insider and an outsider. I was an insider based on the fact that I was an administrator at HHS that worked with a variety of school personnel to address school refusal behavior. This insider position gave me good insight into the regular challenges school personnel faced as well as an understanding of site-specific language, terminology and historical background. On the other hand, I was also an outsider because I do not work with the school personnel being interviewed and was unfamiliar with the students in the meetings. I also knew that all the vice principals did not always take the same approach towards excessive absenteeism

and SRB that I did, despite meetings where we all seemed to have the same viewpoint or philosophy.

Data Collection

As shown in Figure 3, this case study will use three qualitative methods for data collection: document analysis, interviews and observation.

Figure 3

Research Questions and Methods for Data Collection

Research Question	Method and Data Sources
How do school counselors use the Functional Model of School Refusal Behavior to discuss, label and analyze students demonstrating SRB?	Observations of school personnel's meetings with parents and students demonstrating SRB. Interviews of school personnel.
How do school counselors work with parents and colleagues to develop appropriate interventions to improve the attendance of students demonstrating SRB?	Observations of school personnel's meetings with parents and students demonstrating SRB. Interviews of school personnel. Document Review.
In what ways do school policies, processes and infrastructure shape how school personnel respond to students demonstrating SRB?	Observations of school personnel's meetings with parents and students demonstrating SRB. Interviews of school personnel. Document Review.
What challenges do school personnel believe make it difficult to effectively address school refusal behavior?	Interviews of school personnel. Observations of school personnel's meetings with parents and students demonstrating SRB.

Notes. This chart details which specific qualitative methods helped answer each individual research question.

Documents

First, as is typical in a case study (Creswell, 2007) documents related to attendance at HHS were reviewed, including a truancy warning letter, a class attendance warning letter, a "roll back" letter, a loss of credit letter, an attendance appeal denial letter and an attendance appeal credit reinstatement letter. These letters represent the bulk of the communication between the

school and parents about student attendance. All of the letters were impersonal form letters on school letterhead and appeared to be computer generated.

Truancy warning letters were sent to parents after four, six, eight and ten unexcused absences from school. Class attendance warning letters warned parents that their child was approaching excessive absenteeism in a specific class and might lose course credit. “Roll back” letters informed parents that their child had reached excessive absenteeism in a class but that after the school administration reviewed the documentation provided their child would not lose credit in the course. The loss of credit letter informed parents that their child had reached excessive absenteeism in a class, the administration had reviewed the documentation, and decided to deny the child course credit. The attendance appeal denial letter informed parents that the school attendance appeal committee had confirmed the school administration’s original denial of credit because there was no clear justification for the excessive absenteeism. Finally, the attendance appeal reinstatement letter informed the parents that the school attendance appeal committee believed there were in fact extenuating circumstances surrounding the excessive absenteeism and restored the student’s course credit. The attendance appeal process was also observed as part of the data collection and is explained more thoroughly below.

Documents generated during the observations were also reviewed. These documents gave insight into how HHS handled school refusal behavior and the official positions the school communicated to parents and students (Patton, 1990). Also, these documents provided a concrete look into how the school formally addressed excessive absenteeism and SRB. The three Section 504/ADA Individual Accommodation Plans that resulted from the observed I&RS meeting were reviewed. They all shared three commonalities. They provided accommodations to help the students succeed academically, outlined efforts to reduce student stress levels in school and

offered encouragement to the student, and allowed the students structured and trackable ways in which they could remove themselves from class. The individual I&RS files were also reviewed. These files included doctor and/or therapist notes, which in each case indicated anxiety as the root cause of the school refusal behavior, the additional Section 504/ADA Individual Accommodation Plan paperwork and meeting notifications. The files also included handwritten notes from the meeting, which aligned with my observation notes but were less thorough. These notes did however give a picture of the type of language used by the staff when making sense of each case of SRB.

Interviews

Each subject in the sample was interviewed individually using a semi-structured format because it provided depth of analysis, specific examples with rich descriptions, and specific insights into the individuals' thoughts and feelings (Creswell, 2014). A semi-structured format was selected because it provided a uniform set of questions for each participant but also allowed me the flexibility to switch questions around, and ask additional questions as they emerge during the interview (Creswell, 2007). An interview protocol was designed for the pilot study to align to the best practices outlined by Creswell (2007; 2014) and Patton (1990) including: instructions for the interviewer to follow, probes to each question, spaces for notes, and introductory and thank you statements. The interview protocol from the pilot study was slightly altered based on my experiences using the protocol and feedback from the dissertation committee. The subjects were interviewed regarding how they think and discuss students demonstrating SRB, how and why they chose specific interventions, and the role of various stakeholders involved. Specifically, Figure 4 outlines the alignment between the research questions and the interview protocol.

Figure 4

Interview Questions Alignment to Research Questions

Research Question	Interview Question
<p>How do school counselors discuss, label and analyze students with School Refusal Behavior?</p>	<ul style="list-style-type: none"> • How often do you work with with students with school refusal behavior? • Can you explain how these students are brought to your attention? • What are the different ways you describe students demonstrating SRB? • In your experience, what are the most common reasons student sdo not come to school regularly? • Can you describe the different reasons students do not come to school? • How would you group these reasons? • What do you think are the most common root causes of SRB?
<p>How do school counselors work with parents and colleagues to develop appropriate interventions to improve the attendance of students demonstrating SRB?</p>	<ul style="list-style-type: none"> • Walk me through what you do when you have a student demonstrating SRB. • Tell me about a time when you were able to help a student demonstrating SRB change their behavior. • What do you think the role of (your position) is when a student is not coming to school regularly? • How does your view of align with the practices at Harvey High School? • Aside from (your position), who else plays a crucial role in helping students with school refusal behavior? • What type of interventions do you or the team around the student typically suggest when working with parents and students with school refusal behavior? • What role do the parents play in this process?
<p>In what ways do school policies, processes and infrastructure shape how school personnel respond to students demonstrating SRB?</p>	<ul style="list-style-type: none"> • Walk me through what you do when you have a student demonstrating SRB. • Tell me about a time when you were able to help a student demonstrating SRB change their behavior. • How does your view of align with the practices at Harvey High School? • What role do school policy and procedures play in identifying students demonstrating SRB? • What role do school policy and procedures play in addressing students demonstrating SRB?

	<ul style="list-style-type: none"> • Are there any changes to school policies or procedures that you think would help?
<p>What challenges do school personnel believe make it difficult to effectively address school refusal behavior?</p>	<ul style="list-style-type: none"> • What specific coursework, trainings or experiences have provided you with the necessary knowledge and experience to help students with school refusal behavior? • Walk me through what you do when you have a student demonstrating SRB. • Tell me about a time when you were able to help a student demonstrating SRB change their behavior. • What type of trainings might help you deal more effectively with these situations? • Are there any changes to school policies or procedures that you think would help? • How does your view of the role of the school counselor align with the practices at Harvey High School?

Notes. This above chart details which specific interview questions seek to answer each individual research question.

Observations

Finally, six observations, including two from the pilot study, were conducted at meetings related to attendance and school refusal behavior that members of the sample had with parents and students with school refusal behavior. Additionally, there were school personnel in attendance at these meetings that were not included in the interview sample. Two types of meetings were observed, Intervention and Referral Service (I&RS) meetings and Attendance Appeal meetings. According to the New Jersey Department of Education:

Intervention & Referral Services (I&RS) is an interdisciplinary team of professionals within the school environment who come together throughout the school year to formulate coordinated services and team delivery systems to address the full range of student learning, behavior, social, and health problems in the general education program

as well as for students determined to be in need of special education programs and services (n.d.b, para. 1)

At HHS, a referral to the I&RS committee was often the first step the school took to address school refusal behavior. At these meetings, the committee discussed the school refusal behavior and suggested interventions. The team then monitored the student's progress and had follow up meetings if necessary. These interactions gave insight into whether the school personnel's stated beliefs from the interview aligned with practice and how school personnel selected specific interventions.

The other observations took place at Attendance Appeals, which occurred after a student's excessive absenteeism had caused them to lose credit in a course. Meaning, the student has already missed 10% of their classes, and the vice principal reviewed the situation decided the absences were not legitimate or excusable. At the Attendance Appeal, the student and their parents met with another vice principal, a school nurse and a teacher to explain why their absences were legitimate and credit in their classes should be restored. These meeting involved a back and forth between the student, parents and school personnel and gave insight into how school personnel thought about school refusal behavior and the way parents and students explained the phenomenon. It also showed how the school used policy and process to address school refusal behavior.

Field notes were recorded in a semi-structured format guided by the research questions (Creswell, 2007; Creswell, 2014). The focus of the observations was the school personnel in the meeting. The goal was to carefully capture the language and tones school personnel used to discuss students demonstrating SRB, as well as detail the interventions suggested and understand

the processes, both conceptual and bureaucratic related to SRB. These observations were conducted until the data reached saturation.

Data Analysis

Once the observations, interviews and documents were transcribed, the individual files were relabeled, cleaned and formatted to create uniformity (Creswell & Plano Clark, 2007) and entered into Dedoose to aid in qualitative analysis (Marshall & Rossman, 2006). The qualitative data analysis was completed simultaneously with the data collection because, as Merriam (2009) explained, this process allowed researchers to remain focused on the research questions, avoid being overwhelmed by the sheer size of the qualitative data, and more effectively identify emerging themes.

The data analysis took a constructivist approach, identifying “how and why participants construct meanings and actions in specific situations” (Charmaz, 2006, p. 130) since this aligned closely with the research questions and interview protocols which focused on the counselors’ experiences with and understandings of school refusal behavior. The Functional Model of SRB and the Conceptual Framework for Analysis of and Response to SRB, Figure 1, provided clear terminology and helped to understand the meanings created and actions taken by the school personnel. This allowed the Functional Model of SRB and the Conceptual Framework, along with school terminology, provided the initial deductive coding scheme for the qualitative analysis (Coffey & Atkinson, 1996; Marshall & Rossman, 2006; Merriam, 2009), see Figure 5.

Figure 5

Initial Deductive Coding Scheme

Code/Subcode	Definition
Loss of Credit	References to the possibility of or actual losing course credit
School Policy	Refers to the school policy for excessive absences
Class Attendance	Refers towards school policy for class attendance
Daily Attendance	Refers towards school policy for daily attendance

Process	Discusses the school's process around the attendance policy
Purpose	Explanation of why the policy is in place
Importance of Attendance	References to the importance of school attendance
Underlying Reason for SRB	Why a student may be excessively absent
Explanation for Absence	Reason for a student to be absent
Parent	Reason given by parent
Student	Reason accepted by s
Legitimate	Reason the school believes is legitimate
Illegitimate	Reason the school believes is illegitimate
Function of SRB	Refers to what a student gets out of school refusal
Negative Function	Avoid school based stimuli or escape social or evaluative situation
Positive Function	Gain attention, positive reinforcement or do something more fun that school
Form of SRB	How a student refuses to come to class (would have numerous subcodes)
Parental Response to SRB	How the parent responds to a student's SRB
Appropriate	The school views the parental response as appropriate
Inappropriate	The school views the parental response as inappropriate

Notes. Initial deductive coding scheme developed for initial document review.

The goal of the initial analysis was to group evidence and label ideas to reflect the understandings and experiences of each member of the sample (Creswell & Plano Clark, 2007) and identify themes across the data that answer the research questions. A review of school to parent communication regarding excessive absenteeism showed how HHS discussed and responded to SRB in formal and official communications while the interviews and observations led to an understanding of how school personnel themselves actually understood and responded to SRB. Coding the three separate forms of data using one coding scheme allowed the data to be broken into smaller pieces that retain meaning and reassembled in a way that coherently reflects the way the school counselors understood and responded to SRB (Coffey & Atkinson, 1996) through the lens of the Functional Model of SRB and testing the Conceptual Framework. As the qualitative data was analyzed with the original deductive codes, the process became more inductive and memos noted patterns in the data.

Specifically, the analysis began by reviewing the documents. Then the observations and interviews were analyzed as they were completed and uploaded into Dedoose. During this process, the coding scheme was revised slightly as themes began to emerge (Coffey & Atkinson, 1996; Creswell & Plano Clark, 2007; Merriam, 2009; Shank, 2002). The data was then grouped by the emerging themes. Once all the data had been analyzed, coded and initial themes were identified, the interviews were reanalyzed by looking at each individual interview question in order to assure that themes were present across the sample (Creswell & Plano Clark, 2007; Shank, 2002).

Once this task was completed with the interviews, the documents and observations were re-analyzed to make sure the themes were present there as well. In order for a code or theme to hold it had to be present in multiple interviews and either the documents and/or observations. Finally, the memos, codes and themes were analyzed and examined through the lens of the Functional Model of SRB (Kearney & Silverman, 1993) and the Conceptual Framework. This helped to identify clear findings that answer the four research questions, test the Conceptual Framework for Analysis of and Response to SRB (Figure 1), and connect the findings to the larger research base (Creswell & Plano Clark, 2007).

Specifically, clear patterns emerged when the data analysis began with the documents. The letters shared similar themes regardless of the message to the parents and students and connected to data in the following observations and interviews. All of the letters outlined specific school policies and procedures related to excessive absenteeism and SRB. In fact, the primary purpose of the letters was to explain these policies and how they affected specific cases of SRB. To that end, they all relied heavily on the concept of losing credit in a class, meaning that even with a passing grade, the student would have to take the course over again because of excessive

absences. The emphasis on policy and procedure and loss of credit was found throughout the observations and interviews as well and was clearly an emerging theme. All of the letters also mention in different ways that the school was willing to consider extenuating circumstances related to each case of SRB. In the interviews, staff members routinely talked about being flexible when students had legitimate reasons for excessive absenteeism and the I&RS and attendance appeal meetings were held for the purpose of listening and collaborating with parents to address SRB. Finally, four of the six letters discussed the importance of good regular school attendance, a frequent topic in the interviews and observations.

When the analysis moved onto the observations and interviews, other key themes that would help answer the four research questions emerged. The school personnel had very clear views of their roles when dealing with students demonstrating SRB. As far as policy and procedures, the interviews revealed that school personnel viewed the policy and procedures as a necessary part of solving the problem of SRB but found they were often too constraining or harmful in certain challenging cases. Themes emerged around the issue of working with Parents. School personnel thought that parents were the key to addressing SRB but often-found working with some parents frustrating. In fact, the most negative subjects ever became during interviews was when discussing parents. Another key theme was that school personnel emphasized the importance of making personal connections when addressing students demonstrating SRB and recommended a consistent set of interventions in the observations and interviews, including a modified schedule, outside counselling and attendance contracts. Finally, the school personnel's beliefs about students demonstrating, the root causes of and impact of SRB aligned with the research on the subject.

The analysis also appeared to confirm that all the school personnel, child study team members, vice principals and school nurses, followed same Conceptual Framework for Analysis of and Response to SRB as the school counselors, developed as part of the pilot study and outlined in Figure 1. While each person's role in the school may have shaped their perspective on SRB and their judgement in each case, they all used the Conceptual Framework to evaluate each case and choose a course of action. The observations showed clear examples of how the school responded to cases of SRB based on their view of the legitimacy of the specific case of SRB and the parental response. The ways in which school personnel discussed SRB in the interviews showed they clearly saw some cases as legitimate and others as illegitimate. The interviews and the deliberations in the observations showed how school personnel evaluated and chose to respond to cases of SRB based on the actions already taken by the parents. The paperwork from the I&RS meetings memorialized these thinking patterns through the list of accommodations, which included structured ways to miss class and deliberate attempts to reduce students stress. The patterns, themes and the confirmation of the proposed Conceptual Framework laid the groundwork for the findings and conclusions below.

Chapter 4: Findings - School Personnel's Individual Roles Responding to SRB

The purpose of this case study was to understand school personnel's experiences addressing school refusal behavior at Harvey High School, an upper middle class, suburban high school. In order to do this, the goal was to answer the four research questions and confirm or disconfirm whether all the school personnel at HHS followed the same Framework for Analysis of and Response to SRB as the school counselors, outlined in Figure 1. This Conceptual Framework was part of the findings in the pilot study and helped to focus the data analysis process during the full case study and that it, along with the Functional Model of School Refusal Behavior (1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007; Kearney & Graczyk, 2014), provided the vocabulary necessary to describe the findings.

The findings section begins with Chapter 4, which illustrates how individual school personnel viewed their roles and those of their colleagues when addressing school refusal behavior. The individuals also explained how they came together acting in their different roles to work together as a collaborative team to respond to SRB. Then in Chapter 5 the findings explore how school personnel viewed, both in words and practice, individual students demonstrating SRB based on both their stated beliefs and the observations. The school documents also revealed how the institution viewed students demonstrating SRB and the role parents played in SRB. It was clear throughout all the evidence that school personnel believed parents were the key or primary hinderance to correcting the behavior. In Chapter 6, the findings demonstrated how the school personnel, as individuals, all played their specific roles within the bureaucratic structure as they implemented the school's policies and procedures to create the systemic response to SRB. Throughout the findings it became clear that the Conceptual Framework and the school's policies were intertwined and reinforced each other. The focus on

documenting the legitimacy of each case of SRB and assessing the appropriateness of the parental response by both the school personnel and the systemic response limited the school's ability to respond to many cases of SRB and made it difficult to assist students and families in the most difficult situations.

School Personnel's View of Their Role

All of the interview subjects, except one, reported that working with students demonstrating SRB was a major part of their job, regardless of their position, and that it was a major challenge facing them and students at HHS. School counselors varied in how often they dealt with school refusal behavior and this group included the outlier that felt it was not a major part of their job. The other school personnel in the sample, regardless of their position, all felt they worked with students demonstrating SRB more often than the school counselors. School counselors and child study team (CST) members, school psychologists and school social workers, felt it was their job to identify the cause of SRB and propose solutions. They acted as case workers by investigating each individual case, pulling resources together and coordinating the school's response. The primary difference between the school counselors and CST members was that CST members emphasized their own role as counselors. The other school personnel in the sample, school nurses, student assistance counselors (SACs) and vice principals, saw their role when dealing with SRB as shaped by their professional background and specialization within the bureaucratic structure. The school nurses acted as the medical professionals consulting on each case while the SACs acted as mental health providers within a school setting. Finally, the vice principals served as process managers ensuring everyone played their part and decided when, how and if to enforce school policies.

School Counselors

The school counselors varied in how much they worked with students demonstrating SRB. Most of the school counselors determined how often they worked with students demonstrating SRB by looking at the number of cases of SRB on their caseload rather than the frequency they dealt with the issue or the time spent on the matter. Layla stated she worked with students demonstrating SRB “pretty often.” Sally stated she had about two students demonstrating SRB per grade level on her caseload, which was roughly eight students on her caseload of 240 students, the average caseload at HHS for school counselors. John estimated he had three to five major cases each year while Diane thought she handled one or two cases per year. Linda was the outlier in the entire sample, stating she worked with school refusal behavior, “not too often, quite frankly. But I have had a few, obviously in the 13 years that I’ve been here as a counselor.” Despite reporting that they worked with students demonstrating SRB less frequently than the other school personnel in the study, they still viewed it as a major challenge they faced at work and placed themselves at the center of the school’s efforts to assist students demonstrating SRB.

All of the school counselors viewed themselves as caseworkers when dealing with students demonstrating SRB. This belief could be seen in the way they quantified the time spent working with school refusal behavior, by the number of cases. As a caseworker, they investigated the case, acted as the liaison between families, school and outside services, and helped develop a course of action. The counselors believed their first job was to investigate the situation and identify the reason students were not coming to school. John believed figuring out the reason for the SRB was the school counselor’s first priority and stated, “I think that role one is, you have to find out why.” The counselors’ statements focused on determining why students were not coming to school, referring to the student’s and family’s stated reasons, and their own

interpretation of the situation or the underlying causes leading to the SRB rather than the function of SRB, or the behavior and how it was being reinforced through perceived benefits.

In order to determine why a student was not coming to school, school counselors believed it was their job to communicate with the family and then relay information back to other school personnel when necessary. Sally stated that counselors “were like the liaison, between the school and the family” and Diane believed it was her job “to keep the line of communication up” between home and the school even if a student was not attending school regularly. The counselor’s role as liaison was on display in an I&RS meeting, a committee that meets to assist struggling students and a typical way the school tried to address SRB. John, a counselor, began the I&RS meeting by briefing the other school personnel on the background information and actions already taken, just as a caseworker would. He explained,

The dad has been a little hard to handle. The grandfather lived with them the last few years. He [the grandfather] passed away, they were out a week for services for him, then they went to Portugal for a week for services and final burial. Dad told me the Portugal services and burial are really different and it took a toll on her. This happened at the same times as midterms when she came back. After a lot of meetings, the Director of Guidance finally let her be exempted from midterms. At the same time the father started pushing for accommodations because of her generalized anxiety disorder. I have been pushing and helping and she is doing a little bit better. English teacher reached out to me to figure out how to handle the situation because she was falling behind [because she was not consistently in school]. English teacher gave her some second chance learning opportunities and exempted some assignments.

Here John laid out all the info he had so the committee could better address the situation. Additionally, the statement shows that John acted as a liaison between the student and the student's English teacher. Another I&RS meeting began with a similar description from the counselor. In the third observed I&RS meeting, the committee was agitated when the counselor brought the parents and student in without giving them this background information. It was clearly expected from the counselor in their role as caseworker.

The school counselors believed that they also played a crucial role in developing a plan to address SRB once they knew why a student was not coming to school and had opened up communication with the family, school and possibly outside services. This aligns with their view of themselves as a caseworker. According to Linda, "the counselor has to be an integral part of coming up with a plan to keep this student here, in school. Sometimes situations are just out of our control, but I feel that it's almost like professional negligence, in a sense, if you don't really jump in 100% and try to help this student, and do everything that we possibly can." This plan could be developed between smaller groups of informal staff members or larger formal groups, like I&RS committee, but the counselor believed that they had to be a part of the discussion since as the caseworker they had the key information.

Finally, all the school counselors believed that connecting families with outside services was a key part of a successful plan to address SRB and that they played a crucial role in getting students connected with these services through the lines of communication with the family that they had kept open. For example, Sally discussed using these open lines of communication to get a parent to call an outside mental health provider when the school-based solutions were not working for their child. Once again, the counselor was acting as a caseworker by connecting the family with appropriate resources, even when those resources were outside of the school. Layla

explained the school counselors' view of their caseworker role succinctly when she stated, "I think the counselor's role is to find out what's going on and help problem solve, and help, if it can't be solved in school, help connect the family to services that can help them."

Other School Personnel

The other school personnel's view of their roles when dealing with students demonstrating SRB was shaped by their position at the high school and professional specialization. Their position at HHS and professional specialization directly influenced the amount of time they spent working with students demonstrating SRB. The CST members, student assistance counselors, vice principals and the school nurses all reported working with these students more frequently than the school counselors. Henry, a student assistance counselor, and Megan, a school social worker, reported working with students demonstrating SRB everyday while Ellen and Quinn, both school psychologists, said they worked with students demonstrating SRB weekly. Ned, one of the vice principals, estimated he spent 15% of his time working with students demonstrating SRB. Clearly, they all believed they spent more time working with students demonstrating SRB than the school counselors. The additional time these school personnel spent working with students demonstrating SRB was due to the nature of their positions. The CST members and SACs worked with students that had specific challenges and those challenges were often related to mental health, which would have made them the point person or first contact on this issue rather than the school counselor. School social workers, school psychologists and SACs also had additional mental health training above what is required for school counselors and this also shaped the way they look at their role. Additionally, these CST members had smaller caseloads than the school counselors, 40 to 50 students compared to the 240 student caseload per school counselor. The vice principals spent a lot of time on this

issue because the school policies and procedures involved them in every case of SRB while the school nurses became heavily involved because of the role physical health, as well as the physical manifestations of mental illness, played in poor school attendance.

Child Study Team members. The CST members' view of their role was the most similar to that of the school counselor, in that they also viewed themselves as case workers when working with students demonstrating SRB. CST members, like school counselors, believed their job was to determine why the student was not coming to school, open up communication with the parents, help develop a plan to get the student to come to school, and connect them to outside resources. The CST members focused on finding out why students were not coming to school and like the counselors they were focused on the underlying causes or stated reasons for SRB rather than the function of SRB. Quinn said it was her job as a school psychologist to "find out why, support the student when they get here, if and when they get here. Do counseling here in the building, school-based counseling, but also be in contact with family and their outside therapist" and Ellen, another school psychologist, said, her role was "certainly counseling, but I think the larger part is, kind of, being that point person of determining what are the reasons" for the SRB. Nancy, a social worker, highlighted her role in developing a plan of action just like the school counselors. She said, "my role is to definitely get involved and start working with the parents and the family to come up with a plan to try and strategize what are we gonna do to get this kid back." These statements showed that the CST members played the role of caseworker for students demonstrating SRB.

In addition to the role of caseworker, Quinn and Ellen's statements demonstrated another role CST members saw for themselves, that of school-based counselor. While all the CST members saw themselves as caseworkers, they also believed they could directly address the

problem by using their professional expertise to counsel students demonstrating SRB. When the CST members referred to school-based counseling; they referred to regular counseling or therapy sessions conducted at the school to assist students in engaging in the educational process. This is something that all of the school counselors failed to mention throughout the study but was a commonly referred to by the CST members. This belief aligns with their professional training as psychologists and social workers.

The CST members also had the ability to dive deeper into cases of SRB than the school counselors because at HHS they had much smaller student caseloads than the school counselors. Megan, a social worker, showed the depth with which CST members were able to go when she said,

I'm gonna do everything I can to try to get that student to school. The goal is to graduate and certainly you can't graduate if you're not coming a lot. So I'm involved in setting up meetings with the family, with the kid, trying to get the kid to buy into the classes, trying to help the kid find a connection here through sports or extra-curriculars or can they volunteer, or what they do out in the community to make them feel that they have a purpose. Like jobs. I will often suggest to parents like your kid needs a job. You gotta help your kid get a job so they are structured so they're not just home alone playing video games. I think that makes you come to school more, when you're in the routine of being busy

Megan's view of her role in helping a student demonstrating SRB went much more in-depth and personal than the view of the school counselors. She was not just trying to develop a plan of action but wanted the student to connect to something in school and find greater purpose and structure.

Student Assistance Counselors (SACs). The student assistance counselors viewed themselves in contrast to the school counselors and CST members. They did not see themselves as caseworkers but as mental health professionals embedded in a school setting. Henry stated, “I think we're different than Guidance [referring to school counselors] in that, we're not really looking at the academics. We're looking at the overall person.” The SACs did not feel constrained like school counselors and CST members by a focus on academics. Their goal was not to make sure a student graduates, which both school counselors and CST members mentioned, but to support individual student’s emotional wellbeing. Dan felt SACs were “one of the first lines of defense by being there for the students and trying to figure out how to get them to come to school.” This was a proactive view as opposed to the reactive view shared by the other school personnel. The SACs viewed themselves as mental health providers that responded directly to a case of SRB, that “first line of defense” rather than a caseworker trying to organize an appropriate response and connect students to outside resources. The SACs viewed themselves as mental health providers within a school. Henry talked about coordinating with students’ outside therapists to provide appropriate services to students while in school. He talked at length about the therapeutic groups he ran at the school and how they helped students demonstrating SRB. These views were very different from the school’s other mental health professionals because SACs viewed providing mental health services as their primary function while school counselors rarely mentioned it and CST members referred to it as a part of their “caseworker” mentality.

School Nurses. The school nurses viewed themselves as medical professionals, whose job it was to use their medical expertise to help address cases of SRB and to act as a liaison between the school, family and the medical profession. Most often Kelly said it was her job to

“have a conversation with the parents to figure out what we can do to get them to come to school. Why are they missing school, and get together with other disciplines in the building to come up with a plan.” Steph emphasized the importance of communicating with parents by saying “Phone calls home. Phone calls home.” The nurses believed it was their job to get in touch with parents to understand what physical ailments and issues prevented students from coming to school. Steph also talked about reaching out to medical professionals to help the school understand why a student was not coming to school. The nurses believed they were the liaison between the educational and medical worlds and they used this position help develop and execute appropriate plans for students demonstrating SRB. For example, Steph talked about helping students with legitimate short-term medical issues access home instruction. The nurses also used their medical expertise to connect parents and students with outside resources but in this case those resources were medical specialists. For example, Steph said, I have called to “offer resources if necessary on the outside. I've offered different specialists to different people for medical things.”

Finally, nurses often gave their opinion about whether or not a reported illness was legitimate. In one attendance appeal, Steph explained to the group that the family was not being completely honest about a neurological condition, when she said, “They are trying to pass off an old neurologist note, I have a new one where she is totally cleared.” In this case, the nurse informed the group, the family’s claims about an illness were not legitimate. In another appeal, the nurse asked a series of questions about the student’s medical history, including prescribed medication, to assist the group in determining if a legitimate medical condition caused the excessive absences. In this case, the appeal committee, asked the family to provide additional medical documentation since the nurse was not satisfied a legitimate issue had been documented.

This additional information and the nurse's opinion of it was crucial to the group's decision whether or not to restore credit. In both examples, the nurse clearly asserted herself as the medical professional and gave their professional opinion to the group. In addition, it was clear in the observations of attendance appeals and I&RS committees that the other school personnel valued the nurse's professional opinions on medical matters.

Vice Principals. The vice principals viewed themselves very differently than the other school personnel that work with students demonstrating SRB because they saw themselves as responsible for the entire process. They saw themselves as process managers based on their formal authority as building administrators. It was their job to manage the process from start to finish and decide which policies and procedures to use to try to encourage students to attend school regularly. This meant they supervised the process and supported the staff as they tried to implement a plan of action. Ned said that "the vice principal is ultimately the person who has to make sure that it gets addressed and done. So yeah, it makes you the facilitator" while Dave saw himself as the "orchestra conductor", making sure all the different stakeholders were playing their part, including the student, parents and appropriate school personnel. Both vice principals believed it was incumbent on them to make sure that all the school personnel were appropriately engaged in a case of SRB.

The role of process manager also included working as a collaborative part of the team. The vice principals took input from the other school personnel and were the final decision in how the school would use its procedures and enforce its policies. This often manifested itself in the vice principals acting as the "bad cop" because they were the school official responsible for meeting out negative consequences to students and parents when students did not come to school. Dave clearly articulated this role when he said,

I'll get the parents on board, the guidance counselor will call a meeting. I am, in my meetings, the person who says, "Look, here's the problem we're having. I represent the school. Your child's going to lose credit, if they don't come to school. I'm going to withdraw them if they just refuse to come to school. What can we do to get your child in here, because we don't want to do that.

In this example, Dave set himself up to be the “bad cop” so that the counselors and other personnel could be the “good cop” that is there to help the child. The vice principals, in their role as process manager with formal authority, had the crucial role of deciding how much negative pressure to apply to a case of SRB because they controlled how the school policies were enforced or bent in each individual case.

School Personnel’s View of Their Role Compared to HHS Practice

Most school personnel in the sample felt that how they viewed their role when working with students demonstrating SRB aligned with the practices at HHS. The school counselors believed there was clear alignment between their view of themselves as caseworkers and the practices at HHS. They felt their actions as caseworkers aligned with what the school expected of them. The vice principals, SACs and school nurses also found consistency in their view of their roles and the school’s expectations. The Child Study Team members however, felt incongruence between what they felt they should be doing to address school refusal behavior, as caseworkers with a counseling component, and the school’s expectations. They found a variety of factors within the structure of the high school and special education limited their ability to truly use their professional expertise in each case. All of the different groups agreed that they were expected to be collaborative team members and address school refusal behavior with flexibility and that aligned with their own views of their individual roles in responding to SRB.

School Counselors

When asked, “How does your view [of your role when a student is not coming to school] align to practices at HHS?”, the school counselors gave affirmative responses, such as “100%” (Linda), “they align quite well” (Diane), “I think it’s pretty lined up” (Layla), and “Yeah” (Sally) before elaborating on their answer. The school counselors felt the school expected them to be flexible and to work in the best interests of the students, which aligned with their stated role of caseworker. John gave a specific example to illustrate the need for flexibility, and how he as a counselor worked in the best interest of the students,

We have an attendance policy so there are things that if a kid gets outside of the school policies, so to speak, then there is discipline for that. I think certainly a part of that discipline is very important and very relevant. Other times it's like you almost have to not just put this kid in the same basket as all the other kids and you have to use some common sense. Sometimes you do have to go to bat for the kid when it comes to attendance

In this case, John saw alignment between his responsibility to advocate for an exception to the school policy for certain students in his role as caseworker and the school’s expectation that counselors were flexible and student centered. John felt that his efforts to understand the causes of the SRB, which counselors overwhelmingly believed was part of their caseworker role with SRB, strengthened his ability to advocate on behalf of the students.

Diane confirmed this alignment, when she said,

I mean we're really just trying to be an advocate and help the kid out ... That’s what we do. We give kids tons of chances here at the building we want the kid to succeed, we

want the kid to graduate, we want the kid to have a positive end game ... We're very children friendly here, very kid-centric and family-centric.

In this statement, Diane said that counselors, as caseworkers, needed to advocate for students with the knowledge they had about the individual student's situation and that the school provided "tons of chances" for students to succeed because both the counselors and the school as a whole worked with the same student-centered approach. She then directly stated her agreement with the school's student-centered philosophy and the importance of understanding why students were not coming to school by saying, "I think that for the most part, it's a good thing. I mean you want to because a lot of times these aren't the kids' fault."

Student Assistance Counselors (SACs), School Nurses and Vice Principals

The SACs, school nurses and vice principals also felt that how they viewed their role when working with students demonstrating SRB aligned with the practices at HHS. They gave a variety of affirmative answers with varying degree of agreement from "I think so" (Ned, a VP) to "they seem to align" (Dan, a SAC) to "yeah, pretty consistently" (Dave, a VP).

The two school nurses, Steph and Kelly said "I mean I think everybody had the same philosophy, which is just get the kids here to school. And then get the kids the help they need" and "I think that's [referring to the school's practice] what a good, prudent nurse would do" respectively. The school nurses believed the school wanted them to use their medical expertise to guide their response and help assist students demonstrating SRB. Henry, a SAC, explained how he saw the alignment between his views and the school's desire to be flexible and student centered. He said, "so my views are kind of open, let's see what we can do for a kid. And I have found that, across the board, we're pretty open. Truthfully, and not because I'm sitting here, but administratively, you guys have always been open to 'Let's see what we can do'." Henry wanted

the ability to address each case individually, since as a SAC he views himself as a mental health professional. He clearly believed the school shares this philosophy. Finally, Dave, a vice principal, succinctly explained the alignment between the staff and school's view on how personnel should address school refusal behavior with flexibility when he said, "Yeah, but I do think that we do a great job of taking each individual student, and addressing who they are, and what their needs are, given the refusal, the nature of refusal." Dave, as the process manager, took a wholistic view of the process. It was clear that these staff members wanted to get as much information as they could about each situation and develop an appropriate response that was flexible and student centered. They felt this aligned with HHS's practice and their view of their individual roles.

Child Study Team Members

The only group that felt tension between the practices at HHS and their view of their own role related to students demonstrating SRB was the Child Study Team. CST members felt that these two did in fact align in theory, the school expected them to act as caseworkers and use their professional expertise to implement a counseling component. However, they felt constrained by the demands of the school setting and special education. Megan, a school social worker, used the term "confining" which also described the sentiments of the other three members of CST in the sample. They expressed the same desire for flexibility and student-centered approach that the other staff identified as key to the school's philosophy but felt they were unable to truly attain them.

Megan directly said she did not have the flexibility she felt she needed to address school refusal behavior using her professional expertise in the following exchange:

Megan: If I had my way, I would be able to be a lot more creative than I can in this setting. I mean, school systems are, because they, you know, funding for staff, you have to do the mandatory stuff. The paperwork, the IEPs, the meetings. You don't really have the time or the sanction or the encouragement from your higher ups to do those creative things because it's compliance.

Author: Sorry.

Megan: It's okay.

Author: Yeah, it's compliance driven.

Megan: Compliance driven. I even think about my earlier years. I had more time. Like, I had groups going. And so you were, I was closer with kids because I saw them more.

Author: Yeah.

Megan: Now it's really, you know, doing the, making sure the state mandated paperwork is, you know,

Author: Yeah.

Megan: Ts are crossed, Is are dotted, dates are in....It's confining.

It is clear that Megan did not feel she had the flexibility to develop creative student-centered responses to SRB because of the paperwork and legal requirements of managing a special education caseload. She was unable to use her professional expertise as a social worker to run counseling groups or to develop creative solutions to individual cases of SRB. This contrasts with the statements from the counselors, nurses and vice principals.

Ellen, a school psychologist, also found that the school setting limited her ability to use her professional expertise to respond to SRB. When asked if her view of her role aligned with

that of the high school, she responded, “yes and no.” She explained this non-committal answer by saying,

Ellen: I think there's times where I have the opportunity to do that [respond to SRB in a way she viewed as appropriate for a school psychologist], but I think the role of a school psychologist, in general, has kind of morphed into consultant to teachers to maybe support academics in the classroom, which is fine. I think that's absolutely part of the job. But, I think, some of what we are trained to do we're maybe not necessarily doing in a school setting. That being one of them. Being able to have the time to really delve into the reasons why a student might not be coming to school. There's not that much time. That's honest.

Author: So, what you're saying is that the limitation that the structure of school, and the overall, kind of, focus on academics, ends up preventing you from doing some of the things that you think would help with this issue.

Ellen: Yes. I think our job role is very broad. So, the things that you'd like to specialize in, you can't really give the time to do so because there's so many other little things that are going on that need addressing

In this case, Ellen found that the academic focus at HHS prevented her from fully using her professional skill set to delve into the root causes of SRB to help develop effective responses for individual students. This caused such frustration because Ellen and the other CST members and the counselors viewed delving into the root causes of SRB to be a key part of their job as caseworkers but simply did not have the time or resources to fully utilize their professional skills.

Finally, Nancy offered another reason CST members felt confined and unable to always fulfill what they viewed as their role when students did not come to school. Nancy described a

situation where a student demonstrating SRB was sent to an out of district placement. In this case, the parent pushed the school to send their child to an out of district placement rather than co-operate with the school to find a solution at HHS because the parent felt the problem was the school itself. The student continued to refuse to come to school at the out of district placement school just as they refused to attend HHS, which did not come as a surprise to Nancy.

Nancy felt this experience conflicted with her own view of her role as the caseworker and her professional training as a school social worker. She was unable to investigate why the student was not attending school and implement her own strategies to encourage the student to attend school. Nancy's experience in this case also conflicted with the way the staff described HHS practice, which involved investigating the root cause of the SRB, and collaborating to develop a flexible, student centered solution with her as the case worker and counselor. She felt the parent's demands for an out of district placement and resulting fear of litigation by the school district drove the decision-making process and did not allow her or the school to address the SRB as they typically would.

It is clear that the CST members shared the view that their role when a student did not come to school was to investigate and determine the reason they are not attending school; then to collaborate with other staff members to create a flexible, student centered solution. This all fit into their belief they were supposed to act as a caseworker. However, unlike the counselors, SACs, nurses and vice principals there were factors that created incongruence between their views and the school's expectations. The difference between HHS stated practice and actual HHS practice for CST members left them feeling confined. The limitations and constraints placed on them by the school system, including paperwork, legal requirements, fear of litigation and HHS' prioritization of academic success, prevented them from fully utilizing their

professional training as psychologists and social workers. The other school personnel did not feel these limitation and constraints because they had limited interaction with special education law and requirements. The IEP process was time consuming for the CST members, the leadership in special education departments pushed their fear of litigation down to the CST members, and their students typically struggled with the academic requirements of HHS. All of these factors forced CST members to spend much of their time assisting with academic issues rather than mental health issues and prevented CST members from seeing the same alignment between their own views of their role with the school's practice as their colleagues. This lack of alignment caused frustration and job dissatisfaction among the CST members that was not found with any other group in the sample. Also, they were the only group that expressed not being able to fully utilize their professional training to address cases of SRB.

Individual's Views of the Role of Other Positions

The way in which school personnel viewed other's roles when addressing school refusal behavior was consistent across positions. These views were based primarily on the position's place in the organization, scope of responsibilities and professional background. In addition, there was alignment between how people saw their roles when working with students demonstrating SRB and how their colleagues in other positions viewed their role. School counselors and CST members were seen as the caseworkers, expected manage each case of SRB, investigate each case and collaborate with other school personnel and the family to develop a solution. While school nurses were expected to provide medical expertise and get involved in cases that involved health concerns, real or imagined, as opposed to mental health issues, which were handled by the mental health professionals on staff. Staff members believed the SACs were in a unique position because they did not have student caseloads and focused on providing

counseling services in school. They truly were seen as mental health professionals. Vice principals, as the process managers, used their administrative position collaborate with staff and were viewed as the staff member that ultimately decided whether to enforce strict school policies or accommodate the student. Finally, the school personnel in the sample felt that every member of the school staff played a role in addressing school refusal behavior by making connections with kids and creating a positive school environment.

Counselors and Child Study Team Members

Dave, a vice principal, summed up the staff's view of the school counselor's role concisely. He said the "guidance [school] counselor I find, is the person who helps with the resources, and provides the initial counseling to get that student to school, and to scratch the surface of the problem." The other staff members viewed the school counselors and CST members roles as essentially the same as it relates to SRB. Henry, a SAC, and Steph, a nurse pointed out that school counselors and CST members have the same responsibilities, monitoring their caseloads and intervening in the case of SRB by collaborating with the other staff members. Essentially, they were both seen as caseworkers, managing each individual case of SRB.

The Child Study Team members viewed the school counselors as partners when working with students demonstrating SRB. Nancy, a social worker, believed guidance and CST collaborated and communicated about shared students and were partners when dealing with SRB. She said, "guidance [school counselors] I would say is a collaboration with us if it's a shared student. If it's not, then they're obviously doing what I would be doing. But usually we would collaborate together and keep the VPs informed to make sure they know what's going on and when we might need the heavy." John, a school counselor, agreed that CST members and counselors collaborated on these cases when he discussed working with Quinn, a school

psychologist, on a case. In Nancy's quote above, she also pointed out that she believed if a student were not shared with a CST member, because they were not classified, counselors would pretty much handle the situation the same way as a CST member would. Ellen, a school psychologist, agreed with Nancy, when she said "the school counselors are aligned with the school psychologists, I think, more there for communicating with the families to understand the reasons why, to plan to accommodate" the student demonstrating SRB. Both Nancy and Ellen believed both CST members' and school counselors' role was to investigate cases of SRB and try to develop ways to address the issue. The school counselor would take the lead as a caseworker while if it was a classified student the CST member would take the lead with assistance from the school counselor.

Student Assistance Counselors (SACs)

Henry, a veteran SAC, felt that he was able to dive deeper into school refusal behavior because he did not have to concern himself with academics the way a counselor or CST member did. School counselors had three primary concerns for their students, academic, social-emotional, and career, while SACs, like Henry, are primarily there for social-emotional support. This allowed them to act solely as a mental health provider. The school personnel in the sample confirmed Henry's view of the SAC's responsibilities and their unique role in the school. Linda, a school counselor, said SACs "do more of a consistent counseling piece, I guess you could say, than the school counselor...Because our job responsibilities are multiple and varied, and the SACs don't really have to worry about that. The SACs support us tremendously" in this way. The counselors and CST members felt that with the size of their respective caseloads and their academic related responsibilities, including student scheduling, monitoring student progress towards graduation, managing teacher-student conflict and college/post high school planning,

limited their ability to engage in regular counseling with individual students. The SACs however do not have these additional responsibilities and regularly met with students, both individually and in groups, to address school refusal behavior. Therefore, the counselors and CST members looked to the SACs for support because of their ability to do more individual school-based counseling.

School Nurses

Ned, a vice principal, talked about how everyone brought their expertise to the table when dealing with school refusal behavior. The other school personnel looked to the school nurses for medical expertise when dealing with school refusal behavior. Ellen, a school psychologist, discussed how the nurses brought their medical expertise to the process, when she said, “the school nurse is certainly, from a medical perspective, is it medical? Are they on medication? What kinds of accommodations do we need to make medically in the building?” These were the types of questions the staff relied on the nurses to answer to help them understand what medical factors played a role in school refusal behavior and how from a medical standpoint the school could accommodate certain physical conditions that made school attendance difficult. This expectation was clear in both the attendance appeals and I&RS meetings. In the observations, staff relied on the nurses to speak to the legitimacy of medical reasons for SRB and to judge the medical validity of treatments and accommodations.

Quinn, another school psychologist, pointed out another key role the school nurses play. She said, “the kids are going to get stomach aches and go to the nurses. But I think the nurses have to know if this happens too many times they need to be talking to somebody else.” Throughout the interviews and the observations, the staff discussed how some physical symptoms, both real and imagined, were manifestations of mental health issues, such as anxiety.

Quinn said, they relied on the school nurses, as medical professionals, to distinguish the difference between an actual physical illness and a physical manifestation of a mental health concern. Her statement, “they need to be talking to somebody else” referred to the need for students to seek mental health treatment, in and outside of school, rather than additional trips to the School Health Office trips and doctor visits.

Vice Principals

The other school personnel looked at the vice principals as a collaborative partner when dealing with students demonstrating SRB. But also saw them as the authority figure that was authorized to approve accommodations and modifications for these students and acted as the “heavy” when necessary. Linda, a school counselor, said “I work extremely closely with my vice principal, and I feel that we have a great working relationship, and a great team. I feel that the vice principal is usually the frontline...Well, we're all frontline, but we both come up with a plan, usually, to help the student.” While Layla, another counselor, explained, “I think that we're really good at communicating about these things...Ned [a vice principal] and I have good conversations about what's going on with the kids and how we're going to problem solve it together and is there a bigger [underlying] issue.” It was very clear the staff viewed the vice principals as collaborative partners as they work with students demonstrating SRB but these conversations and collaborations served another purpose, they allowed the vice principals to manage the process and ensured they were involved enough to make informed policy and procedural decisions in each individual case.

Quinn, a school psychologist, explained that while the vice principals were collaborative partners, the vice principals ultimately had to make the final decision about what action the school took in each case. She said, “I think it’s a fine line, but I think they [the vice principals]

need to be the one that make the final decisions.” The fine line, Quinn referred to, is whether or not the school could accommodate the student demonstrating SRB or enforced school polices and sanctioned the student and family. Diane, a school counselor, explained that when a vice principal was provided with the details about a case of SRB and a plan to address it, the vice principal “may not hit the loss of credit button right away if it seems there are things that are trying to be worked out.” Denying course credit was one of the negative consequences the school could assign to students that did not come to school regularly. This quote showed that ultimately the staff believed the decision to make accommodations or sanction the student belonged to the vice principal even though the plan to address SRB was collaboratively designed and that the vice principal managed the process.

The ability to sanction students demonstrating SRB was a unique role played by the vice principal and the other school personnel looked to them when they felt sanctions were appropriate, which aligned with the VPs own views of their role. Nancy, a school social worker, said we, referring to counselors and CST members, “keep the VPs informed to make sure they know what's going on and when we might need the heavy.” While Quinn, a school psychologist, believed “the administration has to be open to listening to what the counselors have to say, what the person working with the student has to say, and then take it from there. But they also need to be the person that says ‘No, you need to be in school.’” These quotes showed that the school personnel looked to the vice principals to sanction students when they or the group felt it is appropriate.

Finally, Sally, another school counselor, explained why they look to the vice principals to be the “heavy.” She said,

I think that we work closely together with our vice principals on school refusal and like keeping in contact [with] and helping [students], asking them [vice principals] to say like, ‘Hey, we've done everything we can’. Like at some point we [school counselors and CST] are like kinda the nicer part of like the school. Like we're the carrot. Yeah. Exactly. Like the counselors, like we're not as scary to the parents and stuff. So, like the vice principals, they have more power, in the building and like that helps us when we say a parent's not listening to us or they're not getting it, can we work together on this [to the vice principal]? And like obviously every time the vice principal will help us make those calls home. And will really, really stress the same things that that we're saying, but it comes differently when it's coming from an administration.

The position of the vice principal within the bureaucratic structure gave the vice principals a level of authority and the ability to issue sanctions, including loss of credit, school disciplinary consequences and to charge parents in municipal court with truancy. The other school personnel, parents and students recognized this and the school personnel felt these powers added authority to the message coming from the school.

Teachers and Other Staff Members

The school personnel in the sample also felt very strongly that the entire staff at HHS played a role in assisting students demonstrating SRB. When asked, “Who else plays a crucial role in helping students demonstrating SRB”, Layla’s, a school counselor, first response was “everybody who sees that kid every day.” Quinn, a school psychologist, said “I think any adults in the building that can form a connection. Because that's one of the biggest things is you got to get connected to the kids. Let the kid feel connected. So, anybody that offered that connectedness would be a huge asset.” Quinn’s statement reflected the school personnel’s beliefs, which came

up throughout the interviews that students needed to feel personally connected to someone at the school, especially when they are struggling with SRB.

Teachers, since students saw them every day, were an obvious person for students to connect with. Ellen, a psychologist, explained,

I think teachers are kind of underrated in this area [addressing SRB]. But, I think if students feel safe or comfortable, or even [have] a good rapport with their teachers, I think that could be a starting point. ‘Okay. You’re comfortable with your science class and your science teacher, let’s get you in for period one’. Start there. so, I think the teachers play a really critical role as well.

Ellen believed that if students had positive experiences and felt safe in class it increased the likelihood they attended school. Also, counselors and CST members could leverage those classes to help get students demonstrating SRB to come to school by having them attend those classes as they reintegrated into school.

Dave, one of the vice principals, explained another way that teachers helped the school address SRB,

Teachers, I think...when they reach out to kids who are not coming to school, I think sometimes, that starts the conversation by engaging the student or if they [the teacher] get no response [from the student], they follow up with the mental health staff or administration. They [the teacher] will come to me, and we’ll talk, and that can start the ball rolling.

In this quote, Dave explained that since teachers worked with students every day, as opposed to other school personnel that only saw students periodically if at all, that they could be the first person to identify when a student was demonstrating SRB.

Finally, Layla, a school counselor, shared an anecdote about the impact of a negative interaction with staff could have on a student demonstrating SRB. She said,

when they [a student demonstrating SRB] come in late, you know, the people in the attendance office, say ‘Oh, late again’. You know, I feel like every interaction these kids [students demonstrating SRB] have when they come in, the people [all staff] play a role in that. You know, you have a kid who refuses school all the time and then you finally get them to come in one day, and somebody's rude to them in the office...It's not helpful.

This interaction showed the importance of having a welcoming safe school environment. Layla was clearly frustrated that the progress a student demonstrating SRB made by coming in to school, even if they were late, could be erased by a negative comment from someone on the staff. It's clear that the school personnel in the sample believed everyone in the building could impact students demonstrating SRB.

School Personnel's View of how Everyone's Roles Fit Together

Diane, a school counselor, explained how the different roles in the school work together when addressing SRB when she said, “I think it's definitely the team approach of everybody kind of being on board and knowing what's going on.” This statement reflected the views of the school personnel in the sample, which overwhelmingly believed that working with students demonstrating SRB required a collaborative, team effort and this belief was found in each of the different positions in the sample. John, a counselor, very clearly outlined what the collaborative, team approach looked like when he said,

I think for the most part the school is pretty supportive and I think the school does go to a point in which you're talking to the parents, you're talking to professionals, you're talking to the student, you're collaborating with either CST, I&RS, maybe someone like Quinn [a

school psychologist] who, you know is the, harassment and bullying specialist. The V.P.s certainly. When you put all these people together and all these people brainstorm and try to come up with plans and try to come up with situations that may be more helpful and beneficial to the kid. Now that's about the point where you now have to convince maybe the parent, or the adult, and sometimes that's difficult because some of the parents aren't always willing to admit that this is what's going on with the kid.

John talked about how all the different school personnel came together, played their individual roles, to develop the best possible solution for each case of SRB. They also used the existing mechanisms in the school, such as the I&RS committee, the expertise on CST and the HIB specialist, to assist in this collaboration. Then together they must convince the child and parent to go along with the suggested school's plan or the accommodations offered.

Henry explained the benefits of this collaboration when he said,

“someone else will talk to the Administrator and before we know it, we all know what's going on with this kid and we're moving them along. And it's actually like that for a lot of situations. So, I think that team is important and sometimes there's weak links on the team but, that's what makes it okay. Because we have other people kind of stepping in and needing to be involved in different ways”

Henry believed that this collaboration was able to resolve many SRB cases and that it also allowed the school to compensate for “weak links,” referring to staff members that were less effective in their job or may not be fully engaged or aware of the depth of a specific case. The staff believed this collaboration was so important to the staff that Steph, a nurse, pointed out that the only real problems with working collaboratively occurred when there was a problem deciding who should be running point on a specific case of SRB. This could happen when a

specific problem surfaces in different ways. For example, a case of SRB linked to a medical condition would lead to a school nurse taking the lead but the counselor would still want to be the caseworker, managing the process.

During this collaborative process, the school personnel expected their colleagues to bring their positional expertise to the collaboration. Ellen, one of the psychologists, said we “kind of all come from a different perspective, but working together toward the common goal.” The different perspective was related to both their professional expertise and their role in the school. Ned, one of the VPs, explained how the collaboration and division of responsibilities and expertise came together, when he said,

Ned: So, what are our roles? We might decide that the health office will then contact the doctor or I will if it's decided that I need to go to court, I will go to court. But the group is going to decide that that's what we need to do.

Author: So, group decides and everybody kind of brings their expertise to the process and and their

Ned: Collaboration. That is correct!

Steve: Collaboration and their role? Like what do they actually? Like the nurse can't go to the court and file.

Ned: You're right. In the end, our originally defined roles define our actions in these cases.

Ned explained that while the decision-making was a collaborative process, each staff member's actions in investigating or addressing the case of SRB were defined by their expertise and position at the school. These come together into the clearly defined roles each had, caseworker, mental health professional, medical professional and process manager.

Chapter 5: Findings - School Personnel's View of School Refusal Behavior

The official positions of the school and the school personnel's view of school refusal behavior largely aligned with what the research base said about SRB and the school had official processes that included accommodations and sanctions to address SRB. The school's official position on school refusal behavior leaned heavily on the idea that regular school attendance was a key part of academic success and that the way to correct it was through sanctions for the student and parents. However, the official communication also pointed out that the school was willing to accommodate students with genuine reasons for excessive absenteeism.

The staff themselves had a clear academic understanding of school refusal behavior aligned with the research on students demonstrating SRB, including the role of mental illness, factors at the school itself and the impact on the family. In practice, the staff members relied on documentation and school policy in order to address SRB and their views and actions were shaped by their position, role and expertise. However, in practice the school personnel felt limited by the structure of the school and uncooperative parents. Additionally, they also often approached individual cases of SRB with skepticism and would become frustrated by the lack of supporting documentation or the ineffective responses by parents and students. The skepticism and frustration were present in both the school personnel's stated views in interviews and their actions in the observations. Finally, the staff rarely viewed school refusal behavior through the Functional lens and primarily focused on the reasons being given by students and parents and the underlying reason for the SRB. This directly affected what steps the school would take, such as referring students for outside counselling rather than addressing what the student was getting out of school refusal.

HHS's Official View of Students Demonstrating SRB

The official view of the school and its personnel, especially the administration, was seen in the official communications sent home. These letters home to parents explained why regular attendance was important and outlined the specific policies and procedures related to excessive absenteeism and SRB. Four of the six attendance letters discussed the importance of good regular school attendance, which the interviews and observations confirmed the school personnel believed as well. The loss of credit letter stated:

The main objective of Harvey High School's attendance policy is regular attendance.

Students who do not attend school regularly cannot receive the maximum benefits of the educational program. Teacher-student and student-student interactions as well as insights gained from group discussions are lost when a student is not present.

This shows how the school emphasized the positive benefit of being present in school and promoted the research-supported idea that poor attendance impacts academic performance (Allensworth & Easton, 2007; Balfanz & Byrnes, 2012; Caldas, 1993).

Even the "Roll Back" letter, which informed parents that their child has reached excessive absenteeism in a class but after the vice principal reviewed the documentation provided their child would not lose credit in the course, reminded parents that:

It is the goal of Harvey High School to provide an excellent education for our students.

Regular attendance is a crucial part of this process. Please do everything possible to assist your child in attending school and taking advantage of all that Harvey High School has to offer.

This showed how strongly the school as an institution believed in the importance of good attendance. Even when the school believed a student was excessively absent for legitimate reasons, they still implored the parents to "do everything possible" to get their child to attend

school more frequently. This also reflected the hesitancy the school personnel felt to believe that students were absent for legitimate reasons. The school was essentially saying, we believe these absences were justified but you can and should attend school more regularly. This was also seen throughout the interviews and in the way the school systematically approached excessive absenteeism.

The other purpose of these attendance letters was to outline the school's policies and procedures related to excessive absenteeism and SRB. The school attendance policy relied heavily on the concept of losing credit, meaning that even with a passing grade the student would have to take the course again. All six of the attendance letters mentioned losing credit as a deterrent for or consequence of excessive absenteeism. The class attendance warning letter stated,

If your child accumulates nine (9) absences in a semester course, eighteen (18) in a full year course, your child's absences will be reviewed by his vice principal. Based on notes provided by you explaining the absences, credit will be lost or restored in accordance with the school's attendance policy. All absences count toward loss of credit. Please discuss this matter with your child and hopefully avoid a need for the action stated above.

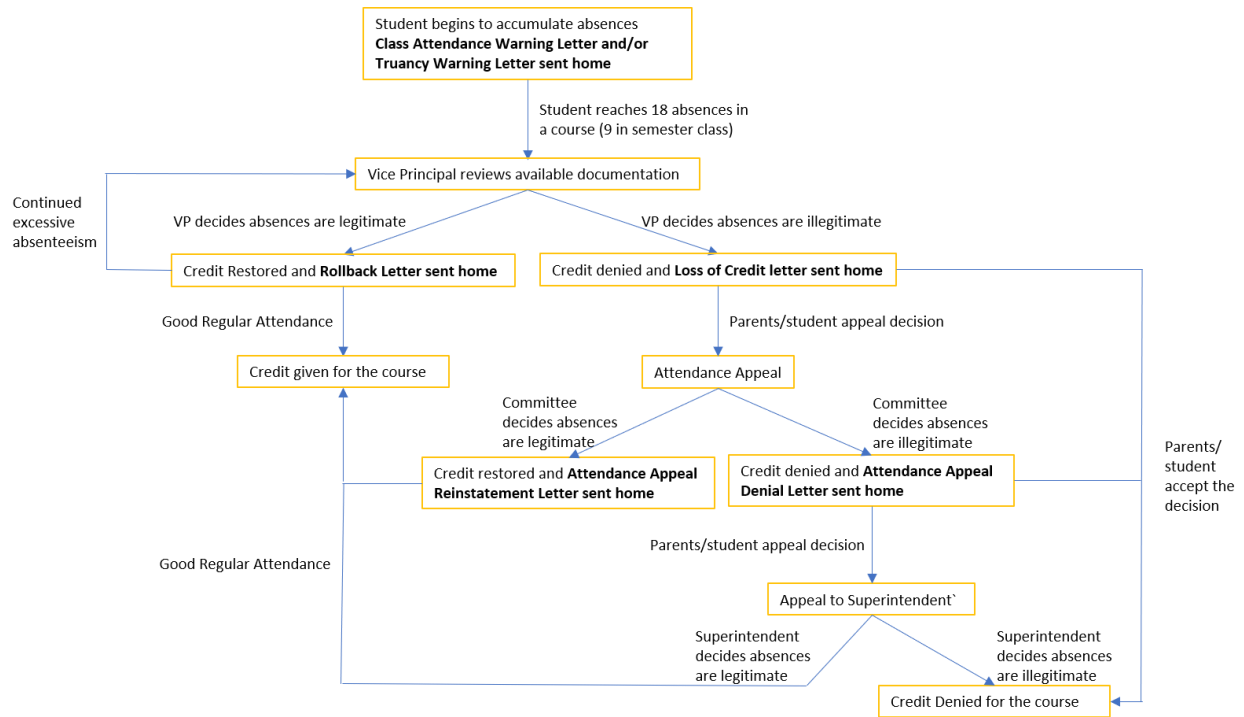
In this statement, the school clearly threatened to withhold credit if the student continued to be absent from school. The statement did briefly mention that they would consider "notes provided by you explaining absences", as part of the process to decide if absences were legitimate, but the emphasis in the paragraph was on the threat of losing credit not the process of deeming absences legitimate. The emphasis on losing credit was so prevalent that even the two letters sent when the school believed a student's absences were legitimate, the "roll back" letter and the attendance appeal reinstatement letter, referenced the possibility of losing credit with continued

absenteeism. The school’s documents showed the school’s heavy reliance on losing credit as a deterrence for SRB.

Each attendance letter outlined the school procedures as a student’s absences increased and were reviewed by the school. The letters clearly articulated the purpose of the letter, the consequence of student’s absenteeism, and the next steps in the process. Figure 6 outlined the administrative procedures in place at Harvey High School to deal with excessively absent students. As you can see at each step the possibility of losing credit remained a possibility, which reflected the institutional view that this deterred or corrected SRB.

Figure 6

Administrative Process for Addressing Excessive Absenteeism



Notes. The letters used as artifacts in the research are in bold.

Finally, all of the attendance letters mentioned in different ways HHS was willing to consider extenuating circumstances related to each case of SRB as part of their official policy.

This was also a clear part of the school procedures outlined in Figure 6. However, the letters made it clear that the school would be the arbiter of whether or not extenuating circumstances were legitimate. Each letter explained that reasons given for the absences would be reviewed for legitimacy and then a decision would be made whether or not to deny the student credit. This concept was bluntly stated in the attendance appeal denial letter, where the principal wrote, “I regret to inform you that the Appeals Committee voted not to restore your child’s credits in the courses recently appealed. The majority of the committee did not accept the reasons provided for the absences as sufficient grounds for restoring the credit.” “The committee did not accept the reasons” was a forceful way of saying that the school did not believe the reasons for the absences were legitimate.

Even when restoring a student’s credit, the letter made it clear the school was reviewing the situation and made the decision about legitimacy. The “roll back” letter stated, “your child’s attendance records have been evaluated. Based upon the information you have given the school through the Genesis portal, doctor notes, and phone calls to the Attendance Office, your child’s classroom attendance has been rolled back,” meaning they did not lose credit. In this case, the vice principal was informing the parents they reviewed the available information and deemed the reasons for the student’s absences to be acceptable or legitimate. Additionally, the use of the term “roll back” in the letter to the parents, a unique internal term at HHS referring to restoring credit while expecting students to demonstrate good regular attendance moving forward, showed that the school personnel were more concerned the students show good attendance moving forward than the circumstances surrounding the original excessive absenteeism.

The flexibility referenced in the letters, as part of the school’s policies and procedures, was challenging for the staff to negotiate and deciding what reasons were legitimate could be a

challenge. Appropriately documented health concerns, which fit neatly into the school district's policies and procedures, were easily dealt with and willingly accommodated. These parents and students were often seen as co-operative and collaborative. Ned, a vice principal explained, "If it's a legitimate health concern which we know about, it's documented, it's easy to address because it's finite, it ends." He later expanded further on the idea, when he said, "Chronic illness, it's a partnership. We all understand, we all see the facts in front of us through physician's reporting. Short term injuries, you know, arthroscopic surgery, out for 14 days, they [the family] are partners." The school personnel emphasized appropriate documentation to justify absences throughout the school's official communication and was consistently asked for in meetings. Five of the six observations, three I&RS meetings and three Attendance Appeals, began with a discussion of existing mental health concerns and/or physical illnesses and the accompanying documentation. The exception was the observation of two sibling's attendance appeal where there was no claim of a mental health concern or physical ailment that contributed to the SRB. School personnel consistently evaluated whether or not a case of SRB was legitimate and relied heavily on documentation provided by parents.

The theme of accommodating students with legitimate reasons to be excessively absent was also found in the interviews. School personnel routinely talked about being flexible when students had legitimate reasons for excessive absenteeism, just as the letters pointed out the school's willingness to consider extenuating circumstances. The I&RS and attendance appeal meetings were held for the purpose of listening and collaborating with parents to address SRB. The I&RS meetings observed in the study were cases where the SRB was extreme enough to warrant collective, collaborative action between staff and families and to reinforce school policies. In two of the observed I&RS meetings, the group met with the students and parents to

collaborate on ways to encourage the student to come to school and then stay in class once they were in the building. In the third observed I&RS meeting, the Director of Guidance told the parents and the student, who had been refusing to go to class and staying in guidance because of irrational fears, that he would not get credit for his courses if he did not begin to stay in class. While the attendance appeals, referenced in the letters and observed in the data collection, provided a forum for parents and students to justify or explain the extenuating circumstances surrounding excessive absenteeism.

The focus on documentation and collaboration with parents also exposed two strange paradoxes surrounding school refusal behavior. Kelly, a school nurse, stated:

But that doesn't seem to be the majority [referring to excessively absent students with well documented medical issues]. We have mono, so they'll miss a great deal of school. But I feel like a lot of our students that let's say, have surgery or chronic health conditions, they're the ones that are coming to school.

Kelly pointed out the first paradox, that students with well documented conditions, especially physical health problems, and parents that work collaboratively with the school, tend to overcome these difficulties and attend school regularly. Simply put, students with legitimate reasons to miss school often attended school as much as the school deemed possible. This also led to the second paradox, the students demonstrating SRB often did not have documentation that showed the problem was legitimate and the school was less likely to accommodate the situation or work collaboratively to address the problem. This was why the interviews revealed that the school counselors and CST members viewed the policy and procedures as a necessary part of solving the problem of SRB but found they were often too constraining or harmful in certain challenging cases. In their role as caseworkers, they often found that the parent's and

student's inability to document the issue causing SRB made it difficult to address the problem through the school's policies and procedures, especially when dealing with mental health concerns. Simply put, the policies did not assist school personnel, families or students in cases where assistance was needed most.

School Personnel's Stated Views of Students Demonstrating SRB

The school personnel's stated views of the causes of school refusal behavior largely aligned with the research base. The entire sample recognized that mental illness was often at the root of cases of SRB which aligns with the research (Egger et al., 2003; Kearney & Silverman, 1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007; Wood et al., 2012). This belief led many of the staff members to view most cases of undocumented illnesses responsible for excessive absences as physical manifestations of mental illness. There was also consensus around other research-supported causes of school refusal behavior among the school personnel, including academic pressure (Corville-Smith et al., 1998; Henry, 2007), alienation from school (Corville-Smith et al., 1998; Hallfors et al., 2006), and family dynamics (Corville-Smith et al., 1998; Egger et al., 2003; Hallfors et al., 2006; Henry, 2007; Pina et al., 2009). Finally, school personnel thought that collaboration with parents was the key to addressing school refusal behavior but often became frustrated with their inability to get parents to follow recommendations from the school.

The Role of Mental Health

Every person interviewed for the study cited mental illness as the most common the cause of school refusal behavior. Multiple members of the sample also mentioned other reasons, such as drugs, academic pressure, family issues and alienation from school, but none had such overwhelming support. The school personnel's emphasis on the connection between mental

illness and SRB was clear, direct and dominated much of the conversation. Dave, a vice principal, was emphatic when he was asked about the reasons students were excessively absent, he responded with, “I think it's probably the most succinct way I can say it is, probably mental illness.” He then went on to say “if I'm going to take a stab at percentage-wise, I'd say 95%, to 97% are born of some school refusal, of some mental illness.” Layla, a counselor, offered similar analysis, she claimed, “a majority of students with school refusal issues, there is some sort of mental health concern or emotional concern.” Everyone in the sample shared this sentiment and many gave similarly definitive yet shorter responses including, Megan, a social worker, “Mental health would be the root,” Kelly, a school nurse, “most common seems to be definitely mental health related” and Dan, a SAC, “I would say mental health issues primarily.” The school personnel’s belief that mental illness was at the root of the majority of school refusal behavior aligned with the research, which found strong relationships between school refusal behavior and mental illness (Egger et al., 2003; Kearney & Silverman, 1993; Kearney et al., 2004; Kearney & Albano, 2004; Kearney, 2007; Wood et al., 2012).

All but four members of the sample, specifically mentioned anxiety when talking about mental illness. Additionally, they felt anxiety was the specific mental health concern that they saw most frequently in students demonstrating SRB. This belief also aligned with the research literature base, which also frequently cited anxiety as the primary cause of SRB (Egger et al., 2003; Wood et al., 2012). The specific focus on anxiety could be seen when Kelly, a school nurse, connected her answer about anxiety with an experience from the day of the interview. She made the connection, when she said:

I would say we have quite a few students that request home instruction because they have anxiety, or we have students that are avoiding school due to anxiety...[I] had a student in

my office today that went home. He was showing some physical ailments, which could also be anxiety-related as well.

This showed that Kelly saw anxiety as such a common problem related to school refusal, that she even viewed a student's stomach ache as a result of anxiety. Quinn, a school psychologist, had a different take on anxiety than the rest of the sample. She believed:

Quinn: I don't think the anxiety is the root problem. I think that that's how it manifests itself. I think the problems come from other things. There is other reasons and much deeper than just anxiety.

Author: For example?

Quinn: Like the fear of being around people. Like the fear of failure. Depends on, again, it depends on what the kid is presenting with. If I'm looking at a kid that doesn't want to come to school because they don't have any friends, they get anxious because they think they have to come to school. And I don't think the anxiety, I don't think that's the core problem.

Quinn viewed anxiety as the symptom not the cause of SRB. But this showed the frequency with which the staff saw anxiety in students demonstrating SRB. Even though Quinn did not see anxiety as the root cause of most cases the SRB, she still frequently had to address the issue since in her view it was the presenting symptom.

Finally, anxiety played another role in SRB. A number of school personnel mentioned that students that missed school because of a physical ailment or other mental health issues, such as depression, later experienced anxiety about returning to school. This anxiety then extended or amplified the SRB. In one of the I&RS meetings, the student had initially missed school because of a death in the family, but was then experiencing anxiety because she was overwhelmed by the

amount of make-up work she had. The staff encouraged her to return to school as a way to ease the anxiety rather than have the work continue to pile up. The staff members' primary fear was that the anxiety would worsen over time or lead to other problems, such as depression, the longer she was out and the more the work piled up. The compounding mental health effect of missing school that the staff members in the meeting expressed was cited throughout the literature.

(Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney, 2007; Wood et al., 2012) and was confirmed as prevailing view among the samples in the interviews.

Mental Health Manifesting as Physical Illness

Another major theme that school personnel discussed frequently was the idea that many of the ailments that cause students to be excessively absent were actually the physical manifestations of untreated mental health conditions. Kelly, the school nurse, referenced this concept in the statement above when she connected a student's physical ailments with anxiety. Diane, a school Counselor, recounted a case that illustrated this concept and reflected other school personnel's experiences. Diane said:

Specifically, this case that I'm dealing with this year, it's all medical. Actually, this one case in my mind right now, the mom is a nurse, and the mom is using all this medical jargon to tell me why the kid can't come in, and there's millions of reasons under the sun, he needs to take melatonin because he can't sleep, he's throwing up because his stomach is bothering him, and it's like all over the place. All these medical condition issues, and we were dealing with the school psychologist here in the building when we were talking to this mom, and finally we flat out said to her, "You need to get a psychological evaluation. We really think that, not that he's making these symptoms up, they all can be real, but psychological in nature and not actually medical from the very beginning."

In this case, Diane was frustrated because the student and his mother continued to present medical reasons for missing school but it was clear to her and the other staff member that this was a mental health issue.

This feeling was such common place that Linda, a school counselor, said, “I’m sure I’m not telling you anything you don’t know, that doesn’t happen in isolation, so it has a ripple effect, and obviously it’s going to move into the student’s functioning, in several levels. Even like their health, physical health” she discussed how mental health issues presented as physical problems. She believed it was so common that she assumed that the author, a vice principal at the school, had these same experiences. Finally, this belief led to skepticism when students missed school and claimed that they have physical conditions that make school attendance difficult and this belief has a strong impact over school personnel’s actions. This belief was compounded with parents and students that were unable to provide documentation for the physical condition, as mentioned earlier. In these cases, the school resorted to sanctions and negative consequences to address the SRB behavior because the policies and procedures limited their options without proper documentation.

Academic Pressure and Other Alienating Factors at School

The school personnel also saw the academic demands at HHS as something that placed pressure on students led to school refusal behavior. Megan, a social worker, cited the increased academic standards and the focus on preparing students for college as something that alienated students. She said:

Sometimes kids just get overwhelmed with the demands of school. I will say in recent years our school has become much more academically based. Everything is viewed as college preparatory. So, students who see themselves as going in another path, like career

wise or trade wise or just not college, maybe have a sense that this place isn't for them, that they don't belong here.

Linda, a school counselor, explained that some students at HHS did not even see the need for a high school diploma, let alone college preparatory high school classes, when she said some students “believe that they don't need a high school diploma to do what they want to do in life.” The staff clearly believed that the academic pressures and the focus on preparing students for college alienated some segment of the student population. The relationship between academic disenfranchisement, including poor grades (Henry, 2007), not believing you can or will go to college (Henry, 2007) and a negative view of school (Corville-Smith et al., 1998), and school refusal behavior was also found in the research literature.

However, academic pressures and demands can even alienate high achieving students especially when parents are also applying pressure. Henry, a SAC, explained that:

Internal pressure. Wanting to meet those desires but, not feeling like they're able to. I mentioned peer pressure. And parental pressure. Whether it's because, “I can't take this anymore. Just do what you got to go.” Or, “You're going to be a doctor. You have to do this.” And, you know, this overextending of what these kids are capable of and being a high schooler. You know, at 14, should you been in any AP classes? Honors AP, ya da ya da ya da.

This quote reflected the pressure many high achieving students felt compelled to build their resumes for the highly competitive college admissions process. The staff members believed this pressure contributed to students' deteriorating mental health and that some students simply engaged in school refusal behavior as a way to avoid these pressures. In this case, the school

personnel viewed SRB through the functional of the SRB, the students were avoiding school to avoid unwanted pressure, the negative stimuli.

Finally, some school personnel believed that a lack of connectedness with the school contributed to SRB. This disconnect occurred for a variety of reasons. Megan, a social worker, said “maybe sometimes kids don't see themselves ethnically or financially as being part of the building.” While Sally, a counselor, believed that “other kids maybe don't have friends and don't feel comfortable coming into school, don't really feel like they have someone to talk to in the building.” Layla, a counselor, summed up the impact a lack of connectedness would have on a student, especially one with SRB, well when she said, “I feel like a lot of students that refuse school, it's because they lack that connection to school. You know, obviously we know that if a student's connected to school they're more likely to show up and be successful.” The importance of connectedness was found in the research base as well, connectedness was a key protective factor for students and students that are excessively absent have lower levels of connectedness than their peers (Hallfors et al., 2006). The school personnel’s concern about students with a lack of connectedness led to another belief that was expressed by most of the sample, the importance of making personal connections with the student demonstrating SRB.

Family Factors

Many staff members consistently referred to family dynamics, responsibilities or dysfunction as reasons students were excessively absent. In the interviews, five people, vice principal Ned, school counselors John, Layla and Linda and school nurse Steph, specifically mentioned overwhelmed single parents. Layla explained her thinking regarding single parents, with “students who have a lot of responsibilities at home, because maybe it's a single parent household are they're working multiple jobs and they're taking care of a sibling.” The school

personnel felt that some students living with a single parent had additional challenges many of their peers did not face or that single parents had more difficulty ensuring their children made it to school.

Megan, a social worker, talked about how dysfunction in the family unit contributed to school refusal behavior. She believed a student's mental health combined with the family's overall mental health influenced the family unit's ability to function. Megan said, "family issues, just family dysfunction. The parents, the family doesn't support proper, appropriate attendance. They might not have the educational background or the parenting skills to foster a good home environment that works cooperatively with the school." This quote was reflective of how the school personnel placed responsibility of ensuring students get to school on the parents and some of the family demographics that staff members believed contributed to SRB.

Layla gave a more specific example of how family dysfunction impacted school attendance:

I had a student who missed school a couple times because she chose to work instead of going to school. She has a very unstable home environment. She works a lot to make money because her mom I think is on disability, it's just her and mom. She decided to work her part time job instead of coming to school to make more money. I think there's definitely those kinds of situations.

Another example of the school personnel's focus on family "dysfunction" was in an attendance appeal for two siblings that had been late to school 84 and 83 times each. After the parent and students left the room, Ned, a vice principal, immediately asked "What is wrong with the mother? She doesn't seem to have any idea what is going on" in response to the repeated tardiness and her inability to see the urgency of the problem. Ned would later say, "This woman

seems disconnected...Something is going on in the home.” The counselor then went on to explain there was a high level of dysfunction in the family since the older sister passed away in a car accident 10 years ago. These examples show how school personnel specifically zeroed in on what they perceived as family dysfunction as it related to school refusal behavior.

School personnel often focused on the parental choices and actions when students experienced SRB and then took punitive efforts to change parental behaviors rather than focus on the student’s behavior. In order to affect change on these parental choices and behaviors the school relied on sanctions for the family and student and parental and student co-operation with outside agencies. This was seen repeatedly in both the interviews and observations and in the Conceptual Framework for Analysis of and Response to SRB used by the school personnel, in which school personnel chose their course of action based on whether or not, in the view of the school, the parents took appropriate action related to their child’s SRB.

While the school personnel’s beliefs about the influence of family dynamics may have been rooted in negative stereotypes, the research base supported them. Researchers had found that excessively absent students were more likely to work 11 or more hours a week (Henry, 2007), live with only one or no parents (Egger et al., 2003), experience lax parental supervision (Corville-Smith et al., 1998; Egger et al., 2003), have a parent with mental illness (Egger et al., 2003), and experience family dysfunction (Corville-Smith et al., 1998; Hallfors et al., 2006; Pina et al., 2009).

Staff beliefs about the role of family dynamics in school refusal behavior highlighted a major contradiction in their thinking. School personnel thought that parents were the key to addressing SRB, despite the negative influence that family dynamics had on students

demonstrating SRB. Henry's, a SAC, view on the important role parents played in addressing SRB reflected the sample. He said:

They [parents] gotta be in. They have to commit. They can't! I get that it's frustrating for them and that they have to work and that it's not their job to quote, unquote, educate- but it is. It's their kid. So they have to be in. And that means communicating with us, communicating with the kid, holding the line with us, and determining what that line is.

Since parents played such a key role in correcting SRB, it was important the school opened up lines of communication with the parents. Diane, a counselor, explained how the school first engaged the parent in the problem, which was her responsibility since counselors acted as the caseworkers. She explained that when a student was excessively absent:

sometimes parent will contact me [after a number of absences by their child] to cover themselves or to truly try to flush out a problem that's not occurring to them. But usually it's their excessive absences and then it starts to come up that way, or maybe a loss of credit or before that, that I contact the kid or the parent. Say, "Hey, there seems to be a problem. What's going on?" So then that's how the line of communication may open that way.

In this quote, it was clear Diane believed she needed to engage the parent but was also skeptical of parents, when she said that a parent may only contact her to "cover themselves" rather than out of a true concern for their child.

Despite this skepticism, the staff highlighted how parents could be effective partners in addressing SRB. Dave, a vice principal, described how the school tries to assist parents that wanted assistance. He said, "if they're willing to work with you, you give them all the help that they need, to get that kid back here, because that's really what the ultimate goal is, is to come

back to school.” He used the phrase, “willing to work with you” referring to collaboration, but the collaboration he and other staff members referred to often meant parents reinforced the school’s expectations and followed their recommendations. In other words the parents were compliant. Dave expanded on this collaboration, when he said:

But, a lot of times, if you have a parent who's willing to work with you, and will do that, I think parents are so important, because without them at the home, saying, “Hey, you need to make sure that you get to school!” and “Hey, we're going to take you to this counselor, and we're going to get you the help that you need.” If it is manifesting itself physically, we're going to get that taken care of. They need to be...Once again, it comes down to, what approach will work with parents.

Dave clearly believed that parents were the key to addressing SRB but believed part of making this relationship effective was convincing the parents to comply with the school’s requests, which was what he implied by saying, “it comes down to, what approach will work with parents.” Throughout the interviews and observations, convincing the parents to follow school recommendations was a major theme in addressing SRB.

In fact, the most negative attitudes the school personnel ever expressed during interviews was when they discussed parents. These negative views were found across all the different positions at the high school. This negativity came from the conflict between the school personnel’s view that parents were the key to addressing SRB and cases where they believed parents were not taking appropriate steps to address the SRB. Often these negative beliefs about parents focused specifically on the way the parents handled their child’s SRB and underlying medical or mental health conditions. Diane, a counselor, described the challenges of working

with parents who are unwilling or unable to address their child's SRB and mental health concerns:

It's also hard to hold the mirror up in front of the parent and go, 'This is not right. This is a significant problem. This is not normal. This is not what we would expect. You shouldn't expect this either'. But to get around to that point is very difficult, for them to accept that and hear it, and to really want to make the hard changes that are habitual in the family.

In this quote, Diane was frustrated by both the parents' inability to recognize that their child's excessive absenteeism was a problem or even unusual. Other staff members expressed similar frustration with getting parents to recognize and respond to SRB.

Steph, one of the nurses, explained that parents make excuses for their child's school refusal behavior by blaming absences on physical ailments. She said, with:

For other parents, 'it's my kid doesn't feel good, so why should they go to school?' There is 'well they're sneezing' [I respond by saying] 'they need to be here', or even [from the parents] just 'their stomach hurts or they feel nauseous'. Sometimes we can explain to them they should come to school anyway. Yes, there's not a lot that we can do, but we'll always call if there's anything."

As a school nurse, Steph tried to counsel the parents to send their child to school to fight through these minor ailments but the parents were resistant. The staff often viewed repeated absenteeism because of minor, undocumented illnesses as a symptom of untreated mental health concerns.

This could be seen when the other school nurse, Kelly, said "I don't think the parents are really getting the students the help that they need. Maybe they [the student demonstrating SRB] need inpatient [mental health treatment] or they need counseling services. Some of them, they're not

even getting counseling.” In this case Kelly believed the parent’s failure to provide their child with appropriate mental health services contributed to the SRB. Additionally, as seen throughout the examples, the school personnel defined collaboration as the parents following the school’s recommendations.

Finally, Layla described a situation where the family dysfunction around a student demonstrating SRB made it impossible to address the matter. She explained:

Layla: Yeah, so this student, he definitely had some mental health concerns, but they I think that they were made more severe because the parents also had some mental health issues and they were not being consistent at home, they didn't have any structure, they weren't setting limits. We actually, we worked with CMO [Care Management Organization] to have them have a parent coach go into the home to help the parents. They weren't forcing him to get up in the morning.

Author: They weren't parenting?

Layla: They weren't parenting. They weren't taking away the video games at night and things like that. You know, I hadn't been to the home, but the CMO worker had told me that the home was just like, completely just a mess. Like, completely unorganized, dirty, there was just no structure anywhere in any of their lives. To get him to get up and come to school

In this case the family dysfunction made it impossible for the family to take the actions school personnel felt were necessary to get their child to school. The staff’s belief about the important impact parents had on SRB combined with the negative attitudes about parents to heavily influence the way in which the school responded to students demonstrating SRB and their families.

School Personnel's Views of SRB in Practice

The school personnel's views about school refusal behavior and the school's official view, policies and procedures, outlined above, combined to shape their responses when students were excessively absent. School policy and procedures guided the process of addressing SRB while school personnel's specific position within the school defined their roles in the process. Since the school policy emphasized a reliance on documentation, the school personnel used documentation provided by parents to guide their decision making related to SRB. The documentation, or lack thereof, often provided the starting point from which the school personnel responded to SRB. Individual staff members used their expertise and general beliefs about SRB, which aligned with the research, to make recommendations to parents and students about the appropriate course of actions to take. However, many of the school personnel's individual actions were shaped by skepticism surrounding whether or not a case of SRB was legitimate and the frustration experienced when parents either disregarded the school's advice or acted inappropriately in the view of school personnel.

Reliance on Documentation

The emphasis on documentation that was expressed in the school's official communication regarding excessive absenteeism came through when staff members addressed SRB in practice and was seen in both the interviews and observations. Ned explained the importance of documentation when he said:

Chronic illness, it's a partnership. We all understand, we all see the facts in front of us through physician's reporting. Short term injuries, you know, arthroscopic surgery, out for 14 days, they are partners. The death or celebration or vacation overseas and the kid

has to fly somewhere. The parents, actually they tend to be very supportive and on a team with us, missed assignments, rescheduling exams, all those things.

This quote was instructive because Ned, as vice principal and “process manager,” was in the school authority responsible for ensuring that the school policies followed. He outlined a number of scenarios that, when properly documented, i.e. “chronic illness”, “short term injury”, “surgery”, “vacation overseas”, were easily and willingly addressed by the school through accommodations, such as rescheduling exams and working out missed assignments. In his authoritative view and that of the other staff members, documentation was crucial in order to make accommodations and design appropriate interventions.

This view was shared by the other school personnel in the sample. This exchange with Ellen, a school psychologist, reflected the view and practices of the staff:

Author: Why does the documentation matter so much?

Ellen: It matters to me because I can't validate that what the family is using as... Is it an excuse or is it legitimate? If it's legitimate, let us help you navigate the building so that coming to school is easier and how can we do that here?

Author: So, you can make accommodations if it's legitimate.

Ellen: Absolutely. Whether it's through their IEP, whether it's a 504 plan, whether it's a medical plan of some sort, we can work with the family and those other clinicians or doctors.

These statements are also instructive because it shows that Ellen, who acts as caseworker for cases of SRB, viewed documentation as key to the school's ability to work with students demonstrating SRB.

The need for documentation surfaced in almost all of the observations and was emphasized by school personnel regardless of their individual positions. In both the I&RS meetings and the Attendance Appeals, the staff focused their initial questions on official diagnoses and documentation. All three observed I&RS meetings began with a discussion of the student's diagnosis and a review of the documentation the school had received. Questions such as, "Do we have a diagnosis?" from a teacher, "What is the diagnosis?" from Henry, a SAC, "What is the psychiatrist saying?" from Megan, a social worker, were common in all of the observed I&RS meetings. The school counselor or case manager, in their role as caseworker, reviewed the specific details of the case and the documentation provided by mental health providers either before or after these types of questions. This review included reading through the psychotherapist's notes about a student's anxiety in one meeting, reading through psychiatrist's notes in another and an overview of all the submitted documentation by Megan, a social worker, in the third. The members of the I&RS committee clearly believed appropriate documentation was the key to making decisions about how to address each case of SRB.

This focus on documentation was also seen in two of the observed three Attendance Appeals, in the third attendance appeal the students and parents did not claim to have a physical or mental health concern that prevented the students from coming to school. In one attendance appeal the entire focus was on the impact of the student's various mental health conditions, including schizophrenia, bi-polar disorder and anger issues. The committee discussed these concerns with the mother and student. Then when the committee deliberated, they reviewed the documentation provided to decide whether the student's absences were legitimate. Ultimately, the group decided they needed more documentation from the student's medical and mental health providers to make a final decision. In the other attendance appeal focused on mental

health, the discussion focused again on the student's mental health concerns but in this case the group felt there was not enough documentation to justify excusing the absences and instead decided to require the student to demonstrate good attendance for the remainder of the school year. Again, the school personnel believed they needed appropriate documentation to justify making accommodations for the student demonstrating SRB. In the second case they did not think they had it and expected the student to improve her attendance rather than make an accommodation to the attendance policy by excusing her absences.

The bureaucratic imperatives that required appropriate documentation in order for school personnel to make accommodations constrained staff members and fueled skepticism of parental actions regarding students demonstrating SRB. Families under economic or other duress often had difficulty documenting physical or mental health concerns because of a lack of access to providers and difficulty navigating the healthcare system or the school's own bureaucracy. The family's inability to produce documentation was seen by school personnel as family dysfunction and resulted in school sanctions for the parents and students rather than accommodations. The school personnel then recommended families acquire appropriate documentation so they could remove the sanctions and accommodate the student. Not surprisingly, this cycle led to frustration for the school personnel, reinforced their negative views toward parents, and left them unable to assist students demonstrating SRB. It also prevented the students and families that needed help the most from getting accommodations from the school.

Make Recommendations Based on Beliefs about SRB and Individual Roles at HHS

Individual staff members used their expertise and general beliefs about SRB, which aligned with the research, to make recommendations to parents and students about the appropriate course of actions. In interviews, school personnel gave specific examples of

recommendations that school personnel gave to parents and students. The school personnel also made similar suggestions in the observations. Some of these examples had a positive effect on student attendance or led to a student seeking effective treatment, while others caused the staff frustration. These frustrations developed because of the limitations school personnel faced because of they tried to provide services in a high school while others were frustrated because parents were unable or unwilling to follow the recommendations of the school personnel.

The school personnel's position often dictated the types of recommendations that individuals made regarding school refusal behavior. Megan's description of how she responded to a case of SRB as the case worker, since she was a school social worker. She said:

I'm gonna do everything I can to try to get that student to...The goal is to graduate and certainly you can't graduate if you're not coming a lot. So I'm involved in setting up meetings with the family, with the kid, trying to get the kid to buy into the classes, trying to help the kid find a connection here through sports or extracurricular or can they volunteer, or what can they do out in the community to make them feel that they have a purpose.

Megan then went into other specific recommendations she would make by saying:

So, we'll try to help with that. If there is an issue, if the family tells us, gives us specific reasons as to why the kid is out, we try to see what we can do to help the family. If it's a financial thing, we'll see if we can tap into our children's fund to help them out. We'll refer them to various community agencies for counseling and maybe housing, maybe there's stuff going on we can.

As the case worker and school social worker, Megan rattled off a number of different recommendations and interventions that she would try if a student was refusing to come. She

also was well versed in the many options and programs available for students, just as a traditional social worker or case worker in traditional social services would be.

Ned, a vice principal, talked about the type recommendation he would make to address SRB and it fit his role as a process manager. He said:

We have a student right now who had a schedule change this year to arrive for third period. He has space in his schedule for phys ed and study skills is an organized time for him to get his work done and reduce his stress in addition to two academic classes and a fun elective for him, and that was put into place a week or so ago and his attendance has been perfect since it was put into place. That may not sound very impressive, but with this student, his attendance up to this point, it's very impressive.

Ned enacted an administrative solution to the problem, a schedule change, which only he was empowered to make and aligned with his role as process manager, since other school personnel in their different roles had recommended it. The school personnel's recommendations and Ned's actions were rooted in the research and the Functional Theory because they sought to remove negative stimuli from a student experiencing SRB (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014) through a schedule change. In this case the outcome was positive, the student began attending school, because Ned used his administrative authority to implement an accommodation that directly addressed the function of SRB for that particular student.

The school nurses saw cases of SRB through their formal role as school nurse and medical professional. In an I&RS meeting, Steph, a school nurse, responded to complaints about menstrual cycle related cramps and migraines with a medical recommendation that the student

change the timing in which she currently took her medications. Kelly, a school nurse, recounted an effective collaboration in another case of SRB. She said:

...another time I helped a student recently was a student was missing a lot of school for headaches. I had the parents follow up with a neurologist, and made them aware how often he was coming to the health office for medicine, and he missed eight consecutive days, and he now has much better attendance and is seeing a neurologist.

In this case, Kelly used the school policies and procedures to demonstrate to the parents that there clearly was a problem with their child's attendance by showing them his attendance records and her medical expertise by referring them to a neurologist based on the student's consistent complaints. In this case the parents followed the school's recommendations and the outcome was positive, an appropriate diagnosis and improved school attendance.

In a different case Kelly again, combined school policy and procedure with her medical expertise to address a case of SRB. She explained:

So we delayed the student's credit, and he has made a conscious effort [to improve his attendance]. He now understands what the policy is, and the importance of being in school. We figured out that he had some stomach issues, and he needs frequent use of the bathroom. I offered the bathroom at the health office to him. So, he comes down to us instead of...he was staying at home to use the bathroom, basically, and missing all of first period. So now he understands that he could potentially lose credit and he's coming to school.

In this case, the student's credit was temporarily withheld in his courses through the appeal process at HHS in order to give him a chance to improve his attendance. At that point, Kelly used her medical expertise to help identify a possible cause of the SRB and accommodated the

student's problem with the positive outcome of improved attendance. These were two cases where staff and student used the existing school policies and procedures and their positional expertise to resolve a case of SRB.

The mental health professionals, school counselors, CST members and SACs, relied on their professional backgrounds to evaluate and address school refusal behavior as well.

Additionally, they relied heavily on the documentation provided by outside mental health providers. Ellen, a school psychologist, explained that

I think that's really the starting point to getting the information that you need to then, kind of, sit down and put a plan in place to either shorten the student's day or, again, make accommodations in the building that make those issues that's preventing the child, or student from coming to school, easier for that person to come to school.

Here Ellen explained how the process started with "getting the information", typically through documentation, in order to make accommodations for the students to address SRB.

In one IR&S meeting, John, the school counselor, and Megan, a social worker, essentially guided the group to grant all of the accommodations outlined in the psychotherapists notes, plus some additional ones, including short breaks, extended time for assessments and course syllabuses, to ease the student's anxiety. They trusted the documentation and offered the accommodations since they were specific recommendations from an outside mental health provider tied to a specific diagnosis. Here John served as a case manager by coordinating the outside provider's recommendations with the I&RS committee's actions. Additionally, Megan, as a social worker, showed her trust in outside providers by problem solving how to ensure the accommodations worked in practice. Finally, in this case they wanted to make sure the counseling the student needed extended to the school and made sure she was connected to Henry,

one of the SACs, who wasn't even in the meeting. They made sure she was in a counseling group for anxiety with him and saw Henry individually as well. The goal was to use his role as a school based mental health provider to assist her with her anxiety. This was a clear case where the school's mental health providers used the documentation collected as well as their expertise to guide their response to a case of SRB.

The mental health providers also showed a willingness to use their professional expertise to directly connect with students and counseled them through their difficulties. Throughout the interviews staff members discussed the importance of making personal connections with students and how this connection allowed them to "reach" them and affect their behavior. For example, John, a school counselor, recounted a situation where he made a strong connection with a student and helped improve his behavior, when he said:

Particularly last year I felt like there was a student I was able to make a little bit of a connection with. One example of that was just trying to get them to understand that they do have somewhat of a choice in their life and if they can just get through, in this case it was two years of school, and then try to put themselves in a position where they could get accepted to a college, or even go to a two year school, or a tech school, or a training school, and have a part-time job that maybe they could get out of their home life situation a little bit sooner so they don't necessarily have to live in that situation with that parent, with those parents, whatever it might be, for more years than necessary. The sooner that they're able to see the long-term picture, the bigger picture, of they can go out and create a life for themselves, and they're still young enough to do that. It's just based on some of the choices that they make. I was able to help that student to that point. They're a senior now and they're going to do well enough at this point to have the opportunity to decide

whether or not they're going to go to a two-year school or a four-year school. They were accepted into a four-year school, which is great, whether or not they can afford that, that's been a conversation we've had this year. Either way things haven't changed much at home but I think I was able to make a connection and I think some of that is personality based. You have to really listen and hear what the student is saying and then do your best to try and utilize resources in the building and your own experience to try to help that student. In this case, John formed a personal connection with the student that allowed him to counsel him into making better decisions regarding school attendance, academic performance and his future. He drew on his professional training to counsel the student. You can also see his role as a case worker in this example because he assists the student with goal setting and the college process since this student most likely did not have the resources to do so himself.

The research data contained many examples of times the school personnel were able to assist students demonstrating SRB and improve their attendance but it also had numerous examples where the staff became frustrated by their inability to end the SRB. Megan, a social worker, said, "We're a resource then for families, if they choose to allow us to help them. Some families are totally open to help, and others are very guarded. Don't want you in. They're like, you know, I don't want you snooping in their business." Megan, in her role as a case worker, was ready and willing to assist families with her expertise but some families were unwilling or unable to engage with the assistance. In addition to students and parental resistance to assistance, staff regularly expressed frustration with the limitations they faced because they operated as a mental health provider within the constraints of a school.

Layla, a school counselor, described trying to assist a dysfunctional family and direct them to helpful outside resources in her role as case worker. She talked about how she would recommend an outside provider to families, then explained further:

Layla: Outside Provider so that they can come in the home and help them with more structure in the home.

Author: Yeah.

Layla: I mean, we can give them suggestions. I would normally talk to them about making sure that they have structure at home and expectations, and maybe even some positive reinforcement, you know like, if you're going to school. I always want to talk to them in more detail about kind of how that stuff happens at home. You know, and having some sort of positive reinforcement program or behavior chart kind of thing, whatever may work for them, but ultimately, you know, I'm a school counselor, we're doing school based counseling. I can't go there and make sure they're implementing it, etc, whereas somebody from Outside Provider could do that.

Author: Yeah, that makes sense.

Layla: I would definitely try to recommend some strategies, and sometimes the parents need support. Sometimes the parents are unable to, they don't know how to do it.

Sometimes they need support to, so making those recommendations.

In this example, Layla talked about working directly with the family and trying to direct the parent to outside resources to address the family dysfunction, all in her role as a mental health professional and case worker. However, she was also frustrated about the limited impact she could have as a school counselor because she could not take actions she might as a therapist,

such as going into the home and helping the parents create a better organized household and monitor their implementation of these recommendations.

Even in cases where the school personnel discussed working with students demonstrating SRB in a pro-active and positive way they were forced to acknowledge the limitations they faced as school personnel. Ellen, a school psychologist, explained:

Definitely linkage with outside community agencies, Outside Provider. We often provide lists of counselors and therapists in the area that we know of. Then, certainly, school-based counseling, too. If it rises to the level of a program like a third party wrap around mental health provider where they need every day [counseling]. Fine. Or even just a check-in. It doesn't have to be full-blown counseling in school, but I think the involvement outside of school is truly, they're not getting here, so something's happening, maybe here, that we can work on, but you got to do something outside. So, whether it's a psychiatrist, psychologist. They need cognitive behavioral training. A lot of things that need to happen outside of here as well.

Ellen provided a long list of possible interventions for students demonstrating SRB, some in school such as daily check-ins, school-based counselling and a third party wrap around service. However, she ultimately felt these students must engage in outside counselling in order to make long term change because there was only so much that could be done in school.

Finally, school personnel often became frustrated because students and families simply did not follow through with their recommendations. John, a school counselor, reflected the frustration of relying on compliance from students and parents when he said,

Yeah. I think that's the toughest part, is once you do utilize these different resources in the building and you come up with a strategy and you come up with a plan, now it's really

about the follow through and the follow through typically falls on the parents, the student, and what then takes place after that. We often hear the word, I'm sure you do to, just meet me half way.

John explained that the school personnel devised a plan to address a case of SRB, which he as the case worker was responsible for coordinating and then they were at the mercy of the students and parents to follow through with the plan. His frustration came out with the phrase, "just meet me half way" because he felt that the school has set all this up to make it easier for the student to come to school regularly and all the family had to do is follow the plan. Clearly, his frustration came from the fact that often enough, they did not "meet him halfway."

Skepticism and Frustration

The staff often viewed individual cases of SRB with a great degree of skepticism and became frustrated. Every member of the sample cited at least one example in the interview where they were skeptical of some element of a case of SRB and all expressed frustration with dealing with cases of SRB. In some cases, they were skeptical because of a lack of documentation while in other cases they believed the physical symptoms the student experienced were really being caused by a mental health concern. Then this skepticism turned to frustration because parents were often unwilling or unable to address the mental health concerns or school personnel felt like they could not positively change the student's behavior. In other cases, they were skeptical because they felt there was no real reason for the students to demonstrate school refusal behavior at all.

The starting point of the skepticism was the school's official reliance on documentation to justify excessive absenteeism and the staff's members experiences when students were unable to provide it. Often this skepticism was then reinforced through their experiences working with

students demonstrating SRB because of the negative first-hand experiences they had trying to address individual cases of SRB, which they outlined extensively in the interviews. Throughout the interviews and observations, the need for appropriate documentation necessary to accommodate a student demonstrating SRB was consistently brought up.

Ned, a vice principal, in his role as process manager explained how the school interacts with co-operative parents that are able to provide documentation, which was cited earlier:

Chronic illness, it's a partnership. We all understand, we all see the facts in front of us through physician's reporting. Short term injuries, you know, arthroscopic surgery, out for 14 days, they are partners. The death or celebration or vacation overseas and the kid has to fly somewhere. The parents, actually they tend to be very supportive and on a team with us, missed assignments, rescheduling exams, all those things.

In these examples the school felt comfortable accommodating the situation since they had clear documentation and co-operative parents. There was no skepticism or frustration associated with these examples. However, Ned next went on to discuss situations that did create skepticism and frustration. When he stated:

Ned: It's an instance where the student has something that's not easily addressed by a doctor, a physician, and it's validated oftentimes by their parents and is unsuccessfully addressed. Oftentimes counseling is suggested and not followed through on, or it's occurring but not frequently enough, or although it's been suggested, it's never been seriously pursued by the parents and student.

Author: Okay. So, it sounds to me like you're talking about a lot of mental health concerns that are either manifesting themselves physically or not being treated properly or not being treated at all.

Ned: Right

Ned explained that in some situations, students demonstrated SRB but there was no documentation providing a valid reason for the behavior. Specifically, the sentence “the student has something that's not easily addressed by a doctor, a physician, and it's validated oftentimes by their parents and is unsuccessfully addressed” referred to cases where a student and parent claimed there was a medical issue preventing the student from attending school regularly but doctors were unwilling to provide documentation that the student had any specific medical condition. Parental insistence that a medical problem existed without an official diagnosis frustrated the school personnel and contributed to their skepticism.

Ned then veered into an area that was a theme in all of the interviews: medical issues that were really manifestations of unaddressed mental health concerns. His identification of a theme in all the interviews made sense considering his overall view as process manager. Ned's statement that these issues were “unsuccessfully addressed” by the parents referred to the fact that parents were often unwilling or unable to get the student mental health treatment and instead focused on medical conditions. This extremely common experience among the staff members contributed to their skepticism and frustration when dealing with school refusal behavior.

Diane, a school counselor, explained how these common experiences breed skepticism and caused frustration for her when she said:

As a counselor, when you see that something is, like when the parents are like this one this year. Medical this, medical that, medical that. It takes a long time to get the courage up as a counselor to say, "Well, this is what I think it is." And sometimes it depends upon the relationship you have with the parent. This parent is open to hearing it. I don't know if she really wants to hear it, but she'll hear it and thank you for it. Whereas, depending

upon the parent, they may get very annoyed at you and feel like you are downplaying the situation. "You're not understanding them." So, you get that. It's hard to deal with the parents on that level, when they're in the, "I'm sick but I really want to stay home," or "I'm sick and I don't know why." When you're dealing with those parents, it's kind of hard to figure out the right way to work it through.

This statement was instructive in a variety of ways. First, the phrase “medical this, medical that” clearly demonstrated both her skepticism of parental claims regarding medical problems and her frustration with these types of claims by parents. Her need to “get the courage” up to tell the parent that she believed the issue was mental health relayed her concern the parent wasn't “open to hearing it”, and the anticipated response that the school was downplaying the medical issues all showed the frustration that Diane had experienced trying to convince parents the problem was a mental health rather than a medical issue. Finally, she ended the statement explaining how difficult it actually was to “figure out the right way through it” showed the frustration associated with the entire situation.

Skepticism and frustration were on display in the observations as well. During an I&RS meeting, the staff was extremely skeptical and frustrated that the student was not using the coping skills he was learning in therapy and supposed to be using when he left class for “headspace.” The following discussion took place at the meeting

Teacher: I think that is a slippery slope [referring to giving the student permission to leave class to sit in guidance for headspace], next thing we will have kids calling in from bed. As a teacher that knows him, I see him just playing games, getting snacks. If I wasn't privy to this information [his mental health diagnosis], the back story, I would

think this is a kid having the time of his life. What he is exhibiting isn't getting headspace.

Cathy [his school counselor and not a member of the sample]: He claims headspace doesn't really work for him, listening to music is a help he isn't supposed to be playing games.

Here the school personnel's view was extremely skeptical and believed the student was manipulating the situation even though they recognized that he had a legitimate mental health diagnosis. The counselor was frustrated because the student was not doing what the therapist recommending and was saying in fact it didn't work for him. He simply would not engage his coping strategies and instead opted to do enjoyable activities such as watch videos and play games on his phone. This was actually an opportunity to address the function of the student's SRB, avoiding class to engage in pleasurable activities, but instead it simply created frustration.

At this same meeting, the committee was frustrated by the family's inability to ensure that the student was regularly receiving counseling despite claiming their son's anxiety was debilitating. Prior to the parents coming into the meeting, Cathy, the student's school counselor, shared that he had therapist visits once a week but that he often missed them to attend his older sister's athletic competitions. The committee thought that that was a poor decision by the family and actually believed the student needed to see his therapist more often. This interaction followed:

Tanya [a SAC and not a member of the sample]: He only sees a therapist once a week.

Have you considered increasing it?

Mom: Dr. C doesn't have availability. He is a State University professor, he sees patients as a side business.

Dad: I am not sure if that would help anyway, I wanted to do it every other week cause it doesn't seem to have an impact

Cathy: Let me interrupt. When Dr .C was here he gave student a new strategy to use in the moment and not having follow up makes using it harder

After the parents left the room, Nancy, one of the school social workers, said, “when dad said he was going to switch therapy to every other week, I was like what the heck.” Here the school personnel were frustrated because the parents did not think counselling was helping while their son was refusing to use the coping strategies he learned from the therapist. Finally, the contradiction that the parents and student claimed he had a case of debilitating anxiety while simultaneously discussing a reduced number of therapy sessions contributed to the school personnel's overall skepticism about cases of SRB. The regularity of these types of interactions over time resulted in the school personnel's skepticism.

The Attendance Appeals also provided examples of the school personnel's skepticism when dealing with parents and students demonstrating SRB. In the following exchange, two members of the committee Steph, a school nurse, and Ned, a vice principal, point out that what they were told was not the truth:

Steph: They are not totally being honest. I am not saying they didn't have problems in Fairmount. They are trying to pass off an old neurologist note, I have a new one where she is totally cleared.

Ned: The last time they focused on a urinary tract infection not the racism. I would have written that down.

This type of overt dishonesty and story altering by parents and students, even if unintentional or done with the best intentions, also bred skepticism and frustration among the staff.

In another Attendance Appeal, the parent presented a diagnosis and some doctor's notes but they were ambiguous and did not paint a clear picture. The following discussion took place as the group deliberated:

Kylie [a school psychologist not in the sample]: I think we can restore credit if she gets the documentation and comes to school by 7:45 each day.

Tanya [a SAC not in the sample]: I don't think asking her to be here at 7:45 is setting her up for success. She has self-esteem issues. That is setting her up for failure. You can only throw up until 7:40 [sarcasm].

Teacher: I like the idea of waiting for documentation. I like the idea of delaying and asking to see the documentation.

Two of the school personnel in this appeal were extremely skeptical of the family's explanations, considering the parent presented some medical documentation and another staff member advocated about the seriousness of the student's condition. They were skeptical enough to still insist on delaying a decision and requested more information. This showed just how pervasive the skepticism was among the school personnel. These are school personnel outside of the sample that still viewed a student's SRB with skepticism even when a colleague argued that it was legitimate.

Finally, Diane, a school counselor, gave an archetypical description of a frustrating case that school personnel struggled with. Cases like this fuel the skepticism and frustration that came through in all of the interviews. She said:

Diane: Well, this is a gamer. There's a kid that really just, he has...the ulterior motive is just to stay home. They are going to throw up every roadblock, every issue, every reason, and the parents don't really want to see the real deal. They're still, there's a couple of

times that I've seen, where the parent is really well-meaning and they're doing a lot of different things medically, to try and make this kid better, but I don't think the kid wants to get better. The kid is happy to stay home and do nothing, and it has... That's the thing too, a lot of the middle schools, they don't have any way to make the kids do things, like we have to here at a high school.

Author: Yeah, you will not graduate.

Diane: Right. Yeah, that's the ultimate end game, right? You either graduate or you don't. For all these years, it's been working great. They've been able to stay home, maybe minimal home instruction. They just got pushed up, and then they kind of, it really just hits the wall here at the high school. And then there are the kids that are truly puzzled, that are getting all these symptoms and physical problems, but they don't realize that it is psychological. And it is sometimes harder to tell when they're genuinely confused. And counselors too, because you're not really too sure. You don't want to minimize their physical problems, because sometimes kids feel that way when you say, "Well, it's a psychological thing." Although I do believe that you can be throwing up and you really do have problems.

Author: Yeah. It's physical, it's real.

Diane: It's real. They are real. But they're real, caused by something psychological. And then there's the kid that's legitimately sick. Legitimately sick, and the doctors are doing what they need to do, and writing the proper notes, and you get everything going by the textbook. It's the rare case where that occurs, where the kid is legit sick, they have a legitimate diagnosis and they're getting legitimate notes to be on home instruction or to have minimal school contact, however.

In this archetypical account, Diane's skepticism was clear. She believed the student was manipulating both the parents and the "system" by taking advantage of the lack of consequences for SRB at the lower levels. She also believed the parents acted inappropriately and supported the students SRB by either refusing to see their child's manipulation or address the mental health concerns that were evident. The statement "I don't think the kid wants go get better" supported this because Diane believed the students behavior was being positively reinforced, the student was benefitting from refusing to come to school. Diane even admitted to her own inner conflict because she wanted to believe the student had a medical issue and that the parent was sincere in their efforts to help the student but her past experiences created skepticism that would not allow her to accept either of these premises. Finally, the final line showed the extent of school personnel's skepticism, "it's rare" that a case of SRB was supported by the documentation and things were being done "by the textbook." This also showed how the school's policies' and procedures' reliance on documentation limited both the school's ability to respond to SRB and influenced the school personnel's thinking about SRB.

Chapter 6: Findings - The Systemic Response to School Refusal Behavior

The school personnel as individuals, the bureaucratic structures in place and the policies and procedures combined to create the systemic response to school refusal behavior at HHS. The school personnel brought their own views on SRB and their individual role addressing it, and their professional expertise to each case of school refusal behavior. The bureaucratic structure defined how these individuals engaged in each case of SRB and the role they would play in the process. The policies and procedures determined how the school personnel would and could respond to an individual case of SRB. The Conceptual Framework for Analysis of and Response to SRB, which the research data confirmed all of the school personnel followed, influenced the decision-making process in the systemic response. In fact, the school policies and procedures and the Conceptual Framework reinforced each other and led school personnel to respond to each case of SRB based on the documentation provided, legitimacy of the case, and the appropriateness of the parental response. The result was that in many cases the only option for the systemic response was to sanction the student and family and often left school personnel unable to effectively respond to the most challenging cases.

The Conceptual Framework for Analysis of and Response to SRB

Analysis of the research data confirmed that all the school personnel, child study team members, vice principals and school nurses, followed the same Conceptual Framework for Analysis of and Response to SRB as the school counselors, which was developed as part of the pilot study and outlined in Figure 1. Each individual's role in the school shaped their view of SRB and their actions in each case, however they all followed the Conceptual Framework as they evaluated each case, made decisions how to respond and internalized how they felt about each individual case. The observations showed clear examples of how the school responded to cases

of SRB based on the school personnel's view of the legitimacy of the specific case of SRB and appropriateness of the parental response. The ways in which school personnel discussed SRB in the interviews showed they clearly saw some cases as legitimate and others as illegitimate, often based on the family's ability to produce appropriate documentation. The interviews and the deliberations in the observations showed how school personnel evaluated and chose to respond to cases of SRB based on the documentation provided and actions already taken by the parents. The outcomes of the I&RS meetings and attendance appeals directly reflected the end result of the school personnel working through the Conceptual Framework to handle each case of SRB.

The school personnel used the Conceptual Framework to evaluate cases of SRB as individual cases worked their way through the bureaucratic structure of Harvey High School. HHS had a clearly outlined administrative process, based off of a review of the documentation, interviews and observations and outlined in figure 6, to formally review cases of SRB and as each individual case went through this process the school personnel used the Conceptual Framework to evaluate them at each separate decision point to determine the institutions next course of action. For example, when a student initially reached excessive absenteeism, 18 absences in a full year course or 9 absences in a semester course, the vice principal reviewed the documentation provided by the parents and decided the next course of action. If the vice principal believed the case lacked proper documentation, they determined that the case of SRB was illegitimate and denied the student credit for the course, which was the sanction applied to force a change in the student's behavior moving forward. The student would then be given an opportunity to provide additional documentation at an attendance appeal. If on the other hand, the vice principal found that the documentation sufficiently documented a legitimate case of SRB, the vice principal excused the student's absences and allowed them to retain course credit.

However, since the school placed such a strong emphasis on the importance of good regular attendance, as shown throughout the data, the school continued to emphasize a need for the improved attendance and an informal discussion with other school personnel, typically the school counselor or CST member as the case worker, occurred to address the case of SRB or a formal process, such as I&RS, was initiated.

The attendance appeal was another example of school personnel's use of the mental model within the administrative process. At attendance appeals a building administrator, typically a vice principal, a school nurse and a teacher met with the student and parents, to review the case of SRB and decide the school's next course of actions based whether or not the committee believed the case of SRB was legitimate. The student's school counselor or CST member was also in attendance in their role as case worker. The attendance appeal became necessary because the student's vice principal had already deemed the case of SRB illegitimate based solely on the documentation provided to the school. The appeal was an opportunity for the family to present additional documentation and speak directly to school personnel about the legitimacy of the case of SRB. However, the observations showed that even when students and parents told compelling and convincing stories the school personnel were hesitant to accept a case's legitimacy without proper documentation. If the appeal committee, like the vice principal, found the case to be illegitimate, the loss of credit stood or as seen in one observation a student was given an ultimatum to attend school regularly for the remainder of the year or lose credit.

If, however, enough information was presented to convince the committee it was legitimate the student's credit would be restored. In some cases, the school personnel would then enter into the phase in the Conceptual Framework where parental action was evaluated for appropriateness and suggestions were made to improve the student's attendance. At the

attendance appeal, this was seen in the efforts by school personnel on the committee to make recommendations directly to students and parents. Here their individual roles dictated the types of suggestions made. The school nurse would make medical recommendations, the vice principal and case worker, school counselor or CST member, would discuss the different resources at the school or accommodations that might be appropriate, and the teacher offered suggestions regarding positive academic habits and attitudes. The school personnel on the committee viewed this as a key part of the appeal and a part of improving a student's attendance even when it was a legitimate case of SRB. This showed that even if they believed the parent was acting appropriately, the family could do better.

This pattern was also evident in the I&RS meetings in cases where the school viewed a case of SRB as legitimate. At the I&RS meetings the school personnel reviewed the case, which was presented by the school counselor in their role as case worker. Once it was established, typically through documentation, that it was legitimate, the committee then decided whether or not the parents were responding appropriately. When the committee believed the parent was responding appropriately, they collaborated with the students and parents to develop a set of accommodations to assist the student. When the committee believed the parental response was inappropriate, the committee tried to redirect the parents to an appropriate response, threatening to sanction the student through school policy or by giving parents directives, phrased as recommendations, about the type of changes the school expected in order to grant or continue needed accommodations. This same dynamic was present in the less formal efforts by school personnel to address cases of SRB that came up throughout the interviews.

School Policy, Procedures, Bureaucratic Structures and Their Limitations

The school relied on the administrative process and school policies to address cases of school refusal behavior. There were policies and processes set expectations for student attendance and identified students with excessive absences and triggered a response from the school. These were outlined in the artifacts and evidence of their implementation was found throughout the observations and interviews. The administrative process relied heavily on the sanction of losing credit in a class as the primary tool to address excessive absenteeism and SRB and encourage good regular attendance. However, this sanction was often seen as ineffective by the staff members. In addition to setting expectations and outlining possible sanctions, the artifacts from the administrative process clearly outlined different ways that the school was willing to consider extenuating circumstances related to each case of SRB. In the interviews, staff members routinely talked about being flexible when students had legitimate reasons for excessive absenteeism and the I&RS committee and attendance appeal process existed to evaluate and address cases of SRB.

The interviews revealed that school personnel viewed the administrative structure and school policies as a necessary part of solving the problem of SRB but found they were often too constraining or harmful in certain challenging cases. The school personnel found that the hard limitations, 18 absences, set for attendance in the policy hurt students with legitimate cases of SRB by setting expectations too high. They also felt that the administrative process' reliance on loss of credit and the limitations of the bureaucratic structure at a public high school inhibited school personnel's ability to change student behavior. There was a contradiction in the interviews, the school personnel clearly wanted more flexibility in school's process and policy, however they felt they did have latitude to bend policy at least with permission of the vice principals, the process managers. The presence of adequate documentation that confirmed the

legitimacy of a case of SRB and compliant and cooperative parents made it more likely that the school personnel offered flexible solutions. The school personnel felt uneasy and unsatisfied with the fact that in some cases they had the ability to free themselves of the limitations of the school's policies and be flexible while in other cases they struggled to find an appropriate course of action given the limitations of the school setting and felt helpless.

A Lack of Flexibility and Limited Responses

Ned and Dave, the two vice principals in the sample, talked about the limitations of the school policies and the administrative processes. Ned began by explaining that school personnel had processes in place in order exercise discretion when dealing with SRB, when he said, "I think that there are mechanisms in place for us to exercise discretion and still enforce the policy." However, he then explained the limitations of those mechanisms

All the cases that we've talked about, whether it be a long-term illness or short-term illness or emotional, those are the ones that we're integrally a part of. The construct that we have works for kids, the kids are mentally healthy and physically healthy, their parents are mentally healthy, and they have supportive families so they look at the numbers 9 and 18 and just "Stay away, stay away." They're very aware of it and they won't go near it.

Ned explained that the policies are made for "typical" students and families. These families understood the school policies and wanted their child to "stay away" from 9 or 18 absences, the absences limit in the school policy for semester and full year courses respectively. However, if their child did approach or go over those limitations they responded appropriately in the school's view. These "typical" students and their families understood the importance of regular school

attendance, were afraid of losing credit in a course, provided proper documentation and had the capacity to follow school recommendations or adjust future behavior.

Ned then moved on to talk about the more complex cases, when he said:

We're involved in those other cases. So I'm not sure. There's things that we can do for paperwork to cut to the chase in some cases, but we're always going to be integrally involved in these difficult ones anyway. They're the ones who take up time.

The “other” cases he referred to were the ones where the student and family were unable to meet the school’s expectations, for documentation or behavioral changes. These cases took up much more of the school personnel’s time. Ned’s statement “there’s thing that we can do for paperwork to cut to the chase” referred to his desire in some cases to bypass the administrative process and simply try to address the problem because following the administrative process was a waste of time for the families that did not have the capacity to meet the school’s procedural expectations. As the process manager, the vice principals were empowered to deviate from school policy and the administrative process and Ned expressed a desire to do so here. However, other school personnel felt constrained by the school policy and procedures because they were not empowered to deviate from them without permission from the vice principals/process managers. The bureaucratic structure limited the ability of all school personnel to make the decisions they felt were necessary to address SRB because that power resided with the vice principals and they appeared reluctant to move forward without documentation.

Henry, a SAC, talked about the type of limitations the school policy presented for school personnel trying to help a student demonstrating SRB in the following exchange:

Henry: I don't think the policies should change. I think we need to hold a standard for every kid. The regs may need to change a bit on how we have some leeway. To hold on a kid, to help them and not give them another reason to feel under[water].

Author: Yeah. Like drowning.

Henry: Right. Because the number is a number. I get that. But, if a kid knows that, "Hey. If you're going to come in and you're here part of your day and we can get work to you, knowing that there's a plan and a process in place and you're keeping to it, as long as it's clinically okay, we're going to keep moving that direction." As soon as they're not doing what they're supposed to be doing, then I think the old-

Steve: Thing goes back in play.

Henry: Goes back into play. Because then we're showing some flexibility on our part without giving up the standards.

Steve: So basically, you're saying, we can kind of suspend the attendance policy if there's a plan in place and the student is adhering to it.

In this exchange Henry explained his belief that school personnel should suspend the attendance policies if a plan was in place to improve the student's attendance because holding them to the school policy regarding absences was counterproductive if they were genuinely working to improve. The strictness of the policy made these students feel like they were drowning because they could not meet such stringent standards. Henry, in his role as mental health professional, believed it was necessary to have the ability to change the standard when a child was working on improving their attendance in a clinically appropriate way and that the reinstating the policy and denying the students course credit would be the appropriate response to non-compliance with the plan. He felt this aligned with best practices professionally but required permission from

the vice principal/process manager to make such an accommodation. The belief that school personnel could not implement flexible best practice solutions without the permission of the vice principals/process managers was consistent throughout the sample. This was a clear limitation of the school's policies and bureaucratic structure.

Henry's comments demonstrated how he viewed SRB through the Conceptual Framework even when he is discussing the limitations of the school policies. His alternative solution of suspending the school policy to create space for improved attendance was still dependent on the legitimacy of the case and the appropriateness of the response by the family. The phrase "clinically okay" shows his reliance on the mental health profession to guide his response and demonstrate the legitimacy of the problem and the acceptability of the plan or accommodation. However, he suggested using the reimplementation of the school policy to ensure compliance with the plan and an appropriate response from the family. Overall, Henry believed the student was entitled to flexibility if they were meeting the school's expectations.

Megan, a social worker, questioned why the school did not have more proactive and positive responses to SRB built into the policy and talked about the ineffectiveness of withholding credit, the school's primary response to SRB, because it was a theoretical consequence in this exchange:

Megan: I don't know if maybe there should be like sort of more regular check-ins with kids with chronic absenteeism? And maybe more questioning them of what would it take to get you here? I mean, what could we do to make them feel more a part of the building besides threatening to take away their credit? I mean, that sometimes to rarely seems effective, because you're talking about something that is going to happen way down the road, not necessarily something now. And it's also-

Author: There's no immediate impact for them.

Megan: Yeah. I think kids, just like adults, need immediate gratification. When your behavior changes, you need some type of reward. So even if their committee can say, "Hey, you've had great, you've been to school on time for this whole week. Here's a coupon for a free pizza at Angelo's." Or just if we had a mechanism for rewarding improved behavior, appropriate school, being here. That might help.

Here Megan explained why she believed loss of credit was an ineffective deterrent for or response to SRB. She believed it was an abstract thing that could happen to a student and even when it did happen, the actual consequence of the sanction still remained abstract, off in the near future. She was correct in that loss of credit carried a delayed penalty, the student would not see the tangible impact of losing credit until well after the decision was made because summer school or repeating a course the following year would not take place for months in the future. She also saw the school's inability to be proactive and offer positive incentives as major limitations to the effectiveness of the school's policies and procedures. She offered a number of proactive measures, formalized regular check-ins with chronically absent students and the use of positive incentives to encourage students demonstrating SRB to attend school, that the school could implement to address SRB. The lack of these types of responses in the school policy was clearly a limitation.

Nancy, another social worker, also felt the school policies and procedures needed to be more proactive, which she explained in the following excerpt:

If we had something in place, like I was saying before, that was better to notify when it's happening earlier. Sometimes we can see the notifications and what the parent excuse was for why a student isn't in school. Sometimes we can't. So, something to red flag kids

so that we might be able to get involved sooner than later. I guess as far as the students who are high absenteeism, that we already have a high absenteeism that might be going in that route. There's a lot of rollback of attendance, and maybe from the get-go some of these freshmen shouldn't be rolled back right away, because I think sometimes, correct me if I'm wrong, VPs will read through the file and if there's enough data, we roll back, right?...So, maybe some of the...We get that list in the summertime, the guidance and we do. Maybe they have to be red flagged for everybody of, okay hey maybe these are the kids we can't let get rolled back.

Nancy pointed out another limitation of the school's policies, they only became relevant once a student had been absent enough to be in danger of losing credit, and procedures, the problem had already taken root by the time the school acted. She talked about improved procedures to better monitor student attendance in order to respond pro-actively when there was a problem. She felt this would allow the school to more effectively hold students to the policies and utilize the administrative process because the school had already intervened and tried to assist. Nancy, like Henry, viewed students demonstrating SRB through the Conceptual Framework even when discussing the limitations of the currently policies and procedures. In this case she wanted the school to intervene earlier and outline the appropriate parental response to SRB prior to the stages in the school procedures where school personnel assess if the parents responded to the SRB appropriately.

Finally, Nancy's comments showed that there was not a monolithic view on school policy and procedures among the school personnel. Her comments about "these freshmen shouldn't be rolled back right away" showed a contradiction with Henry. Nancy believed that the school should put younger students in loss of credit status more frequently, even those with

documentation showing the case of SRB was legitimate, to try to force the student and family to comply with the school's recommendations and improve the student's attendance. This view was shared by other members of the sample, specifically the nurses in the sample. Henry on the other hand believed enforcing the policy too harshly would cause the student feel like they were drowning and could not fix the problem. This conflicting view came from the differences in the school personnel's role when addressing SRB. Henry, a SAC, viewed the problem through his role as mental health professional free from the institutional restrictions of the other school personnel. Nancy, a social worker, viewed the problem through the role of caseworker that must find solutions within the institutional policies and procedures and felt that sanctions could work to improve attendance. The school nurses agreed with Nancy's approach to the younger students, specifically when the case of SRB lacked any medical documentation. The nurse's role as medical professional, led them to utilize school policy-based sanctions when there was not documentation showing a medical reason for SRB.

Loss of credit was the primary sanction for and drove school policy related to students demonstrating SRB. However, the school did have other, harsher sanctions at their disposal. Dave, a vice principal, talked about the harshest sanction at the school's disposal, charging parents with truancy, a disorderly person's offense punishable by fines or even jail time. Dave said:

Truancy charges are all fine and good, but if you're dealing with a kid with a severe mental illness, truancy charges are not going to change...it's not going to move the dial, to get them to school. It's going to just make their parents 300 and something dollars lighter, and not change the behavior. I'd like to have more at our disposal here, and more things to recommend to parents, for school refusal, because it's a very, it's becoming an

increasing problem for more students. So I would really, It would probably be beneficial for us, to have some sort of training on A, how to deal with it, and B, what resources are available for us here, to approach this in a way that is effective, based on each individual case.

In this statement Dave discussed the limitations of the sanctions available to school personnel and that in some cases, the most severe sanction available to the school, having parents convicted of crime, would not impact many students demonstrating SRB. He felt limited by the school policies and procedures, even as the process manager, with far greater freedom to suspend school policy and propose flexible accommodations than the other school personnel. He made clear that the school personnel needed additional tools and resources to address SRB effectively.

Limitations of Bureaucracy

It was clear that the school personnel thought the school policy and procedures, with their focus on credit loss as the primary vehicle to encourage good attendance and their reactive rather than proactive set up, limited their ability to respond effectively to SRB. The staff also felt limited because of the bureaucracy associated with a public high school. The school personnel felt they were able to effectively respond to SRB when it fit neatly into their bureaucratic processes but were less effective when they did not. This frustration primarily focused around the need for documentation, which they felt was necessary to offer students experiencing SRB accommodations. These limitations were sometimes external, such as meeting legal thresholds to provide a student with home instruction or a 504 plan, or internal, providing documentation that the administration would find acceptable to modify a student's schedule or excuse absences. These limitations also fit into the Conceptual Framework because school personnel focused on finding out why students were experiencing SRB and what steps the family had taken to address

the issue. These bureaucratic requests for information aligned neatly with the Conceptual Framework and helped school personnel evaluate if the case of SRB was legitimate and judge whether the parents responded appropriately.

The school personnel discussed the bureaucratic need for documentation and its impact on responding to SRB. Ellen, a school psychologist, said.

Ellen: So, students with significant medical issues, whether we have some students with Lyme, we have some students with allergies, we have some students who just can't get here. But, a lot of times they don't produce doctor's notes so they're not substantiated either. Not that that, the certainly counts or ties into their absences and is missed instruction[al] time. But, we often don't get medical notes from doctors either.

Author: So, how would things be different if you had the medical documentation these parents are not providing?

Ellen: Well, we would know that there's certainly a treatment plan, so to speak, in place or an intervention and that they're being followed. We would be able to ask for a release to involve ourselves with those stakeholders, to communicate with doctors what can we do here? Do you have recommendations for us to make the school setting more comfortable? Both for social- emotional and medical reasons. I think they're really big players and sometimes those people are missing because of the parent involvement.

This exchange was instructive in a number of ways. First, she recognized that some students experiencing SRB may have legitimate reasons for missing school but were unable to document the issue. Then she recognized that with or without documentation the result was the same, missed instructional time. Finally, she then listed a variety of ways the bureaucracy responded when they have the documentation they were looking for. This exposed a key bureaucratic and

procedural limitation, without proper documentation the school would not and could not respond nearly as effectively to a case of SRB even though the student was still missing valuable instructional time.

Steph, a school nurse, discussed all of the very specific questions she had for parents about a case of SRB. She said:

What their actual symptoms are? Are they manifesting acutely at that time? If they're not then I'll talk to them for a little bit, or I'll talk to the family: find out what's been going on at home, what kinds of supports are in place if there are any. Any providers that they may currently have and what their current plan is. For example for anxiety: well what are you doing for your anxiety? Do we have any medication onboard? Who is your therapist? That kind of thing. What are they recommending? And then a lot of times it will just be like well what do they think about this number of absences? And sometimes that's enough well I don't understand what your question is? What do they think about the fact that you haven't been to school in? Or that you're missing this many days?

Steph's questions demonstrated the connection between the bureaucracy and the Conceptual Framework. Steph began by gathering the details of the case and then moved to questions intended to determine if the issue was documented. The existence of believable and documentable problems allowed school personnel to determine a case was legitimate and triggered the bureaucratic processes to deal with SRB or to determine the case was illegitimate and sanction the student. She then moved on to a series of questions, such as "Do we have any medication onboard" and "What do they [the therapist] think about this number of absences?" that would allow the school to coordinate with outside services, one of the most effective

bureaucratic responses but also allowed school personnel to judge whether or not the parents responded appropriately based on the answers.

Since the school personnel did not have effective ways to address cases of SRB that did not fit into the procedures in place they used sanctions to force people back into the established processes, such as withholding a student's credit at an attendance appeal until the parents could provide more specific documentation. The school personnel felt that they had no other choice because the bureaucracy required them to have documentation to apply certain remedies, such as restoring credit, or accommodations, such as a modified schedule. The bureaucracy, school policies and procedures and the Conceptual Framework were all in alignment in that they all relied on sanctions, primarily withholding credit, to change student and parent behavior and force them to comply with school personnel's requests.

The school personnel also faced bureaucratic limitations because of the larger purpose of the institution and their role in it. The purpose of a public high school was to educate students and that was the primary focus of all school personnel, even the mental health professionals. John, a school counselor, explained that "our [school counselor's] job here in school for the most part is to try and help them [students] be successful in the classes that they're in. Make sure that their mental health is stable. Have them make sure that they're safe." John and the other school counselors believed that their primary purpose at the school was to ensure that students were well enough emotionally to engage in their academic program and intervene when that was not the case. John then went on to say:

School safety is huge. School health for the individual student and other students is big and then you get down to grades, and you get down to attendance, and you get down to trying to meet certain grades and expectations of you coming into school every day.

Even in the context of student safety, John brought the emphasis back to grades and academic success, whether he was referring to physical safety, mental health or even poor attendance academics were the counselors focus. The school counselors felt the need to bring everything back to academics and getting students to graduate from high school. The emphasis of the bureaucracy was on academics and attendance rather than a therapeutic response which went directly back to the purpose of the institution, education.

The CST members had a similar experiences and also felt that the bureaucracy prioritized academics over a therapeutic response. Ellen, a school psychologist, said:

I think the role of a school psychologist, in general, has kind of morphed into consultant to teachers to maybe support academics in the classroom, which is fine. I think that's absolutely part of the job. But, I think, some of what we are trained to do we're maybe not necessarily doing in a school setting. That [intensive therapy] being one of them. Being able to have the time to really delve into the reasons why a student might not be coming to school. There's not that much time. That's honest.

Ellen explained that she spent most of her time using her professional expertise assisting teachers and working on academic matters and that the bureaucracy's prioritization of academics prevented her from spending the time she felt she needed to really address the cases of SRB she encountered.

Ellen then went on to explain some other limitations the school personnel generally and CST specifically faced. She made the point that school personnel was limited because of "funding for staff, you have to do the mandatory stuff. The paperwork, the IEPs, the meetings. You don't really have the time or the sanction or the encouragement from your higher ups to do those creative things because it's [about] compliance." Megan, a social worker, agreed with Ellen

that compliance with policy and legal requirements created by the bureaucratic nature of public schools limited her ability to respond effectively to SRB. She said:

Megan: compliance driven. I even think about my earlier years. I had more time. Like, I had [therapeutic] groups going. And so you were, I was closer with kids because I saw them more.

Author: Yeah.

Megan: Now it's really, you know, doing the, making sure the state mandated paperwork Megan and Ellen clearly felt their ability to respond to SRB was limited by bureaucratic and legal mandates and a desire for bureaucratic compliance that came from above them.

School personnel also felt that they were limited by the effectiveness of bureaucracies outside of the school as well. Megan, a social worker said:

Megan: Or sometimes we have parents who seemingly have it together but they have kids who are just out of control for a whole variety of issues and they've really done a lot. And I should say our court system does not really support the school system at all. So that could somehow, I don't know how, that would be a whole 'nother discussion, but-

Author: The legal and social service system basically have no-

Megan: No impact here.

Author: No way of helping the school get kids here. That's my experience.

Megan: I agree. And even the [social service] agencies. You know, we've learned with DCP&P. It's sad.

Author: The agencies don't have much in the way of any power either?

Megan: Right. A lot of funding cut, and they're just-

Author: And they don't have the legal authority to do a lot.

Megan: No.

Earlier Dave, a vice principal, talked about how using the court system, by charging the parents of students demonstrating SRB with a disorderly person's offense, was an ineffective solution because simply fining or jailing parents did not have an impact. But in this case, Megan explained that most of the outside bureaucracies the school depended on for assistance in cases of SRB were also ineffective. She specifically references, like Dave, that the courts were ineffective at supporting the school in cases of SRB. She also said that social services agencies, specifically DCP&P, were ineffective at assisting with SRB because they lacked the authority and capacity to address SRB. Other school personnel had similar experiences with outside bureaucracies and were similarly disappointed by their inability to assist with SRB. The consensus was that these other bureaucracies prioritized other problems over SRB, such as DCP&P's emphasis on preventing physical abuse, and did not have the resources or motivation to assist in addressing SRB.

Parents as a Limitation

The school policies, procedures and bureaucratic structures were dependent on communication between the school personnel and the family. The school counselors and CST members, in their role as caseworkers, typically reached out to parents as the first step in addressing a case of SRB. This information helped the school both activate policies and procedures and also informed the school personnel as they looked at each case through the Conceptual Framework. When dealing with a case of SRB, the school would ask parents for a variety of things, including medical and mental health history, steps the parents may or may not have taken to address the SRB, and a clearer picture of what parents saw at home and outside of school. The bureaucratic structure and policies required this information to offer

accommodations and school personnel believed they needed it to design appropriate interventions. When parents could not or would not provide this information, the school personnel struggled to address the case of SRB and would resort to sanctions, as seen in the Conceptual Framework and school policies, as their only means to force the family back into the established system.

Any accommodations or interventions the school personnel or the student's outside providers wanted to implement often required the parents to be a part of the solution and therefore the school personnel felt that parents were the key to addressing SRB. However, the school personnel often found working with parents to implement these solutions difficult. The school personnel used the term collaboration with parents but really wanted compliance with the school or outsider provider recommendations and school policy. Every member of the sample gave examples of parents that did not follow the recommendations of their outside providers or the school. The failure by parents to comply led the school personnel to become very negative about their ability to collaborate effectively with parents and they would often blame the parents for encouraging the SRB. Again, the school would revert back to sanctions to force parents to comply with the recommendations. This was another limitation to the school's system for addressing SRB and

Megan, a school social worker, talked about the importance of parents in addressing SRB and a variety of parents that she has dealt with over the years, when she said:

The parents are huge. It's hard to get the kid to make a change without parental support. And lots of times, we have parents who are learning disabled, parents who have mental health issues, parents who are suffering from drug/alcoholism, they're in relationships that are abusive, and they are just trying to keep their act together and they're not really

able to manage their life to get their kids here on time. Or sometimes we have parents who seemingly have it together but they have kids who are just out of control for a whole variety of issues and they've really done a lot.

Megan began by pointing out that it was difficult to address SRB without help from the parents. She cited that there were parents that “have it together” but their children were struggling. These parents have done a lot to address the problem and made effective partners with the school. They had the ability to comply with school policies and school and outsider provider interventions. However, she also outlined the many reasons parents were unable to effectively collaborate with the school and Megan felt these parents could not manage their own lives let alone implement the interventions necessary to address SRB. The view that parents were just as likely to be part of the problem rather than helpful partners was seen throughout the interviews and observations.

Diane’s, a school counselor, interaction with an outside agency gave a specific example of how school personnel saw parents as a limitation when addressing SRB. She said:

One meeting I was in, DCP&P actually returned to the kid and to us, and was amazed at how flexible we were being, where some schools that they visit were just like, "Nope. You hit 18, you're done, finished, goodbye." I think that for the most part, it's a good thing. I mean you want to...Because a lot of times these aren't the kids' fault. It is maybe the parents who allowed the pattern to happen from when the child was a child, and can they be blamed for it? They're under 18. You just want to keep helping them along and maybe they'll figure it out for themselves at some point.

The outside agency’ comments about HHS’s flexibility and willingness to work with the family made Diane feel like the school’s processes and policies were effective and reasonable. She then placed the blame for the continued SRB on the parents. This fit into the systemic belief that

parents were a limitation for school personnel addressing SRB and with the Conceptual Framework, where the school personnel judged the appropriateness of the parent's response when evaluating how to respond to SRB. Specifically, the school was being reasonable and flexible but the issue was not resolved because of the parents. The school personnel felt, what else could the school do if the parents were ineffective?

A number of themes emerged about how the parents limited the school system's ability to respond to school refusal behavior. Sally, a school counselor, discussed one way in which parents limited the school personnel's ability to address SRB, a reluctance of parents to share information with school personnel. She explained:

Like, you know, there's gotta be something going on in school for it [SRB] to be the issue, rather than maybe being more introspective on like what's going on at home or like within the family, too. Because everything like makes this kid. Like it's school, it's the family, it's intrinsically whatever's going on, too. So we need the parents to really be on our team and to work with us and like be as open as possible with us. The student that hasn't come to school all year, it took the mom, I worked with her other kid for like three years. Took the mom three years to tell us that there was previous sexual abuse with the case.

Author: Where that information can be quite helpful right out of the gate.

Sally: Exactly. That could have been helpful for the older kid three years ago and we could have gotten them help through years ago before it came to the point where the kid can't come to school at all.

Sally, as a school counselor and the caseworker, was very frustrated by this experience. She was tasked with gathering the details of the situation involving two students so that the school could

address the SRB and felt stymied by the parents lack on “introspection.” She clearly used introspection to explain the parents were unable to critically examine what was going on that could be at the root of the SRB. Eventually, the parents shared that their children had been sexually abused after withholding that information for three years. Sally clearly was frustrated because she felt that information would have allowed her to assist the family by providing appropriate interventions, both inside and outside of school, and grant them accommodations through the school policies. The school counselors and CST members, in their roles as caseworkers, regularly cited parents withholding key information or being uncomfortable sharing details of their children’s problems. This made it very difficult for the school and the school personnel to respond to those cases of SRB since without this information cases looked illegitimate and the school system had no way to respond appropriately.

Ellen, a school psychologist, described a bigger limitation to addressing SRB than parents that are reluctant to share information, parents that are directly obstructing school efforts or defending the SRB by their child. Ellen said:

I think if they [the parents] set an expectation for their child that they will fight every absence, school's not important. Attendance doesn't count. They provide a doctor's note. They go on vacation. Then, they fight this fight. It's just teaching the student that this can continue to happen. It will continue to happen and they will get what they want out of the situation if they end up getting what they want in the situation. That's why it goes back to the elementary school level, too. But, their [parental] involvement means just about everything and enforcing, obviously, the policy and procedure, but engaging them with resources in school, outside of school, if needed.

Ellen explained that some parents do not place value on regular school attendance and defend their child's absenteeism. These parents used the school policies and procedures to justify the absences. For example, they provided doctor's notes to justify unnecessary absences by their child. They also reinforced the idea that school attendance was not important to their children by pulling them out of school for vacations despite poor attendance. Ellen clearly believed it was impossible to address SRB behavior when the parents were actively encouraging absenteeism and fighting to justify their child's absenteeism since a parental partnership would be impossible in these cases.

Sally, a school counselor, explained a similar problem, where the parent refused to see that SRB as a problem and made excuses for their child and this limited the school's ability to respond to SRB. She said:

So we need the parents to be on our team and to really help us and work with us.

Sometimes that doesn't happen because sometimes they're maybe making excuses for their kid or they're not seeing what's actually going on with the kid the way we see it.

Like there might be like almost like a shade of glass between them and the kid and they want to see the kid through like their own perception

The school personnel across the sample felt that the system they had in place could not work to address school refusal behavior when parents defended or made excuses for SRB. In both the systemic response and the Conceptual Framework, the only response the school had was to sanction the student and parents.

Layla, a school counselor, discussed another way parents created limitations on how the school could respond to SRB. Layla explained:

Sometimes parents just want us to fix everything. You know? Like, if we can't figure it out and get the kid to come to school or get the kids to go to class or can't get the kid to do their homework, it's like we're not doing our jobs, you know, they think that the school is just going to handle it all. But, that's not the case. We're here to support them and to support the student in their education and to help prepare them for the future, but we aren't their parents, you know.

Layla felt that parents that believed it was the school's job to correct SRB really limited the school personnel's ability to respond to SRB. School personnel made it clear addressing SRB requires a collaboration between the school and parents, or compliance by the parents, therefore it would be nearly impossible to address SRB when the parents felt it was the school's responsibility to fix it and were not willing to partner with the school personnel.

Nancy, a school social worker, agreed with Layla that parents that looked to the school to address SRB was a major limitation. She said:

Well I think unfortunately in a lot of my experiences, even though the parents want to ask for the help, they're not necessarily being the heavy and they're looking for us to raise their kids and for us to make the heavy decisions so that they don't have to deal with it at home. So, I think that they need to have a more active role and might even need a lot more education themselves.

In this case, Nancy's frustration came from parents that want the school to "raise their kids" and "make the heavy decisions." Nancy believed these parents turned over the hard work of parenting over to the school and her statement "they need to have a more active role" showed that they were not an effective collaborative partner in addressing SRB and certainly would not comply with school personnel's requests.

Finally, Linda discussed the final way parents can be a limitation on the school's ability to respond to SRB. Linda recounted two instances in the following exchange:

Linda: Well, a lot of times, in most cases, the dysfunction, it starts with the parent. It's a challenge. In the past, I've certainly recommended family therapy. We have family intervention services come in, do counseling in home, in house. We've had all different agencies. I've had all different agencies involved. I had a student, years ago, who wound up he wasn't coming to class because he was homeless. Argument with the parents. So I arranged for him to go to a short-term group home, and he stayed there, and they actually provided transportation for him. But the parents, yeah, that's a good question. Parents can be a challenge.

Author: So sometimes they're actually an impediment?

Linda: Correct.

Author: As opposed to a help?

Linda: Correct, correct. I had one case, years ago when I first started, where the parent really needed, for whatever reason, sort of psychological reasons, for the student to stay home with them. I think there's a name for that. I forget what the name is. But there is, there's a name. Some DSM whatever.

Author: Is that Munchausen by Proxy?

Linda: That's it. Yeah, that's it.

In both of these instances, Linda talked about parents that were not capable of collaborating with the school to address the SRB. In the first case, the parent-child relationship was so strained that the child was living in a short-term group home. It is unlikely that parents in this situation could collaborate effectively or comply with school requests to force their child to attend school. In the

other case, the parent was clearly struggling with their own mental health concerns and believed it was necessary to keep the child home with them. Megan, a social worker, listed a number of reasons above that parents were unable to effectively collaborate with the school and this was a view held by all of the school personnel. The view that a variety of different parental responses to SRB created limitations on what the school could do was common. It was also clear that both the systemic response and the Conceptual Framework called for the school to sanction students and parents to force them to become collaborative partners or comply with school requests.

The Systemic Response and the Conceptual Framework

The observations provided clear examples of how the school personnel as individuals all played their specific roles within the bureaucratic structure as the district implemented its policies and procedures which made up the systemic response to SRB at HHS. The systemic response followed the Conceptual Framework just like the individual school personnel. In one I&RS meeting, the school personnel clearly viewed the case SRB as legitimate and parents' response as appropriate and in the course of the meeting gave the student all of the requested accommodations and some additional unrequested accommodations. At another I&RS meeting, the school personnel believed the child experienced irrational anxiety resulting in SRB therefore the case of SRB was legitimate. However, the school personnel felt the parents' response was inappropriate and they used sanctions in the school policy, threatening to withhold course credit, to force parents and student to attend class regularly. In an attendance appeal, the staff viewed the case of SRB as illegitimate. The school personnel denied the student and his sister credit in their courses despite passing grades in hope that the students would change their behavior in the future. The three specific instances also demonstrate how the other findings fit into the systemic response by the high school as school personnel worked through specific cases. Statements

throughout the interviews outlined similar examples and the thought process that supported these decisions.

When school personnel could not come to a consensus on the legitimacy of a case of SRB or the appropriateness of the parental response they had a consistent response. First, they would deliberate further in a formal setting, such as an I&RS meeting, attendance appeal or planning meeting. If after the school personnel deliberated they were still unable to come to consensus they typically chose one of two options, request more information about the case or delay a decision to see if the situation changed. They could also choose to do both. It was evident that when the school personnel could not come to a consensus they were unable to move forward since they could neither implement school policy and procedures or work through the Conceptual Framework. This halted the systemic response and the school personnel hoped that either time, more information or both would allow them to continue with the systemic response.

Legitimate Cases of SRB, Appropriate Parental Responses

An I&RS meeting demonstrated the systemic response of HHS to a case of SRB that the school personnel viewed as legitimate with an appropriate parental response in the Conceptual Framework. The I&RS team met to discuss a case where a student was experiencing SRB. Specifically, the student had previously been diagnosed with anxiety and when her grandfather died her family travelled out of the country for the funeral. She experienced anxiety about her inability to catch up on missed school work, had difficulty dealing with the loss of her grandfather, who had lived in the family home, and was traumatized by the traditional funeral ceremonies in her grandfather's home country. These combination of factors resulted in SRB. The father described the reasons for the SRB during the meeting, he said:

There was a family event that she had trouble dealing with. The funeral was a first for her and our family and she saw things in another country she wouldn't have seen here. She is having problems with her friend's surrounding thoughts of suicide and personal difficulties. She feels we aren't supporting her, the school isn't supporting her and we aren't sure how to handle it. We didn't expect to be here, we were looking forward to junior year, now we are very concerned because she is struggling. She has always been a straight A student. We don't put that pressure on her, she does it herself. She became overwhelmed by the makeup work and began to struggle when we returned from our home country. We want to get her a reset so she can get back to her old self. We don't want her to pressure on herself and get her back to her old self.

John, the student's school counselor, had been acting as the caseworker and had gathered the necessary information about the case and some formal accommodations had previously been granted. When these had not been effective he referred the case to the I&RS committee, one of the formal processes to assist with SRB.

Before the formal meeting began, the school personnel were all getting seated and waiting for the meeting to start. When Steph, a school nurse, sat down she made an exasperated noise, which prompted the following exchange:

Megan: What's wrong?

Steph: Parents really suck

Megan: Yes they can

Steph: In what world wouldn't I need to know their child is concussed

This conversation was interrupted when Betty, an English teacher who organizes the I&RS committee meetings, walked in and redirected everyone to the case at hand. She began by pointing out

Betty: I think we have a small group today. No SACs, no Nancy [a school nurse]

Betty: I don't know how we made this discovery but the parent is not a nice person

Megan: He is gonna have to dial that back

Betty: Not sure we how we know that. Maybe John?

John then walked in and the group prepared to formally start the meeting. These two short exchanges demonstrated the negative views of parents that school personnel brought into these meetings. Nancy was frustrated that a parent had kept their child home from school and did not inform the Health Office they had a concussion. While John had relayed to the I&RS committee prior to the meeting that this parent was difficult to work. The father's frustration came from the fact that the school's bureaucracy moved slowly. However, in the meeting the father seemed friendly and reasonable while the staff was respectful and helpful in dealing with him. The positive in person attitudes from the staff, which were not the case in all observations, were mostly likely because the case of SRB was well documented and viewed as legitimate and there was a consensus the parents were responding appropriately, even if they the father was difficult.

Before bringing in the family, John, in his role as caseworker, described the situation, he said:

The dad has been a little hard to handle. The grandfather lived with them the last few years. He passed away they were out a week for services for him, then they went to the home country for a week for services and final burial. Dad told me the home country services and burial are really different and it took a toll on her. This happened at the same

time as midterms when she came back. After a lot of meetings, Director of Guidance finally let her be exempted from midterms. At the same time the father started pushing for accommodations because of her generalized anxiety disorder. I have been pushing and helping and she is doing a little bit better. English teacher reached out to me to figure out how to handle the situation because she was falling behind. English teacher gave her some second chance learning opportunities and exempted some assignments.

John's description of the case was aligned with the description the father would give later in the meeting, and quoted above. It was clear that he had effectively played his role as caseworker and gathered the necessary information and begun to address the SRB. Additionally, it was clear that the father had documentation to support the reasons behind the SRB and his request for accommodations since the Director of Guidance, who has a similar formal authority to grant accommodations as the vice principals, exempted the student from midterms. The I&RS meeting was necessary to discuss granting additional accommodations.

The documentation was already in the student's file and Betty read directly from the psychotherapists notes:

child is struggling with anxiety, grandfather passed away. Diagnosis from psychotherapist, she suffers from anxiety, racing thoughts and fear. Then her grandfather got sick. She accrued significant absences because the father travelled to Portugal for her grandfather's death. She worries about her ability to keep up in school which is illogical because she is a good student. The therapist requests that we do whatever we can to relieve her from the makeup work and to exempt her from the midterms.

The psychotherapists notes were very clear since it gave a clear diagnosis and proposed specific accommodations. It was clear from the committee that this note gave the case of SRB legitimacy

by the fact that there was no discussion at all about whether or not the student should be given additional accommodations. However, Megan, a social worker, did question the appropriateness of the parental response to the student's anxiety in this exchange:

Frank: Do we have a diagnosis?

Betty: Yes, it was in the note. You missed it [Frank, another English teacher had entered the room after the psychotherapists note had been read aloud]. She has anxiety, it was in the note.

Frank: She is in my homeroom, she comes into homeroom and she doesn't want to be addressed. It's like she doesn't want to be noticed. She missed two weeks for the funeral?

Megan: Maybe she shouldn't haven't gone to the home country for two weeks.

The group ignored Megan's flippant remark regarding the wisdom of letting their child with anxiety issues miss two weeks of school. This demonstrated a consensus that the committee felt the parents responded appropriately based on the note and John's description of the case. They felt this way despite the perception that the father was difficult. The committee then had the parents and student enter the meeting to discuss what accommodations they could offer to the student.

Over the course of the meeting, committee members had a number of exchanges where they discussed a number of different accommodations that could be implemented for the student. Betty had the following exchange with the student:

Betty: (*to student*) We were just reviewing the situation with your parents and talking about a recommendation from the therapist. Your therapist recommended extended time for tests. Do you think that would help?

Student: Yes.

Betty: So we can give you extra time that you have to coordinate with the teacher in your spare time.

Here Betty offered the student an accommodation that was not in the psychotherapists recommendations or mentioned in the meeting prior to when Betty brought it up. Then Megan jumped in and said:

Megan: Did you know you were coming here today?

Student: Yes

Megan: Sometimes students don't. I am glad you knew. We want to make some changes to make the day more manageable. You are a great student and we see you have gotten back on track after looking at your grades. You put a lot of pressure on yourself and we want to help getting off the rat race wheel. What else would help?

Student: My therapist talked about getting a syllabus so I can plan for what is coming up.

Megan: That makes sense.

Megan asked the student what accommodations her and her therapist had discussed and appeared willing to grant the accommodation the student suggested.

Then Megan and Betty offered another set of accommodations to the student in this exchange:

Megan: Are your sessions with Henry [a SAC] scheduled or do you go on your own?

Student: They are scheduled and they rotate

Megan: Would it be helpful for you to leave class and relax?

Student: That would be helpful, sometimes I just need to go for a walk.

Megan: I will figure out how we want to put that in there. [referring to the 504 Plan]

Betty: Is there anything else that you and your therapist came up?

Student: We really focused on the syllabus because it will let me plan things out.

Betty: That may be difficult for some classes because things are in flux. Sometimes I plan on spending 1 day on a scene in Hamlet and then it takes 3 days. I worry that you may end up with something that is always changing and we don't want you doing work you don't need to do. So too long a time period might be hard.

Student: I just need like a week ahead.

Betty: I am sure teachers can do that.

Megan: How about where you sit?

Student: That doesn't matter to me

Megan: Anything else

Student: Just the teachers being considerate of me needing breaks.

Megan: Okay, let us know if you think of anything else and you can come back and talk to us about it at a later date.

In this last exchange the school personnel offered two more accommodations not mentioned by the therapist or initiated by the student.

The school personnel went well beyond what the student's psychotherapist had requested in order to make school attendance easier for the student. The psychotherapist had only made two recommendations, relief of makeup work and exempting the student from midterms, both of which had already been granted. At the meeting school personnel offered four additional accommodations, including extended time, changes in the school day, the ability to leave class and preferential seating, and agreed to require teachers to give the student a syllabus to cover two weeks when the student requested that accommodation. In the last exchange between the student,

Megan and Betty, it was clear the student was focused on the syllabus but the school personnel wanted to give more accommodations. At the end of the exchange, Megan made it clear they would consider other accommodations later if the student simply asked, when she said, “let us know if you think of anything else and you can come back and talk to us about it at a later date.”

A review of the 504 Plan that resulted from the meeting listed four accommodations, none of which were even recommended by the psychotherapist:

1. Provide student with 50% extended time on classroom assessments
2. Allow student to step out of class for a few minutes when feeling stressed
3. Allow student to attend sessions with Student Assistance Counselor, when requested
4. Provide student with class syllabus or advance notice of upcoming projects, tests, topics whenever possible

These exchanges and the resulting 504 Plan made it clear that in a case of SRB where the staff believed the case was legitimate and the parents had responded appropriately, they went above and beyond to accommodate the student to encourage them to attend school regularly. They also ensured in the plan that the student would be able to regularly meet with Henry, the SAC, because his role is to be the mental health professional in the school free from the academic concerns.

The willingness to accommodate students when the case of SRB was viewed as legitimate and the parents responded appropriately was so systemic that it went beyond the school personnel in the sample to the teaching staff. The following exchange highlighted this fact:

John: Are you okay with use letting the teachers know what is going on and what is creating stress?

Student: Yes, I think they are more flexible and understanding if they know.

Betty: Then we will tell them to give a little more consideration about what is happening with you. That way then give you a little more tender loving care.

John: Same thing if you are going through something in a particular day or week. Email can be good, let me know, I can let teachers know.

The student, John, a school counselor, and Betty, a teacher, all knew that if the teachers were aware of a legitimate issue they would be more accommodating to the student. The case of SRB made it evident that the school was systematically willing and capable of accommodating cases of SRB when they view the case as legitimate and the parental response as appropriate. The school policies and procedures, as well as the Conceptual Framework, allowed the school to respond effectively and help this student.

Legitimate Cases of SRB, Inappropriate Parental Responses

Another I&RS meeting demonstrated the systemic response of HHS to a case of SRB that the school personnel viewed as legitimate with an inappropriate parental response. In this case, the student was experiencing anxiety and irrational fears and would spend most of his day sitting in the guidance office, SAC's office or the health office rather than his assigned classes. School personnel in these areas had observed the students eating snacks, watching videos and playing games on his phone rather than going through his various coping strategies that would enable him to return to class. The student was missing so much class that he had begun to fail courses but the parents wanted the school to continue to allow him to attend school but not sit in his classes. Cathy, his school counselor and the caseworker, and Tanya, the SAC working with the student as a mental health provider, described the purpose of the meeting in the following exchange:

Cathy: What I want to do is review what we are doing since we have established the 504.

He is still not attending class.

Tanya: May I

Cathy: Yes

Tanya: He is maintaining in school but with a system that is not sustainable.

Megan: [after looking at his grades] I don't think it's maintaining his performance,

Tanya pointed out that the 504 Plan was able to get the student to attend school but that he was not attending class which still made this a case of SRB. Megan reinforced the point that the SRB was affecting his grades therefore he was not "maintaining his performance.

The committee's discussion prior to inviting the parents into the meeting made it clear that the school personnel saw this as a legitimate case of SRB but that the parents were responding inappropriately. The creation of a recent 504 plan showed that the school believed the case of SRB was legitimate and had granted some accommodations to encourage the student to come to school. Cathy began the discussion by saying, "We are gonna have a frank adult to adult conversation, we won't bring student in. Student doesn't need to go through that rollercoaster of a conversation." The decision not to include the child in the discussion reflected the school's belief the parents were actually the problem. This is in direct contrast with the previous I&RS meeting where the school personnel viewed the case as legitimate and the parents responded appropriately. That meeting was dominated by a conversation asking the child what they needed to get them to come to school regularly while this meeting focused on discussing what the parents should be doing differently.

In this conversation, Betty, the teacher that organized the I&RS meetings, asked what the other school personnel, what they thought the student needed in the following exchange:

Betty: What do you think he needs?

Cathy: a greater level of care

Tanya: He could use an out of district placement

Megan: Are the parents and therapist aware of this? Do they agree?

Cathy: Not really, they go to therapy once a week and they skip it for his sister's volleyball games and other things

Henry: What is the diagnosis?

Cathy: Anxiety, fear of vomiting, we just learned he has issues with the health office cause of germs.

This exchange showed that the school personnel believed the case of SRB was legitimate however they and the parents had conflicting views on the seriousness of the situation. The school personnel suggested two very extreme accommodations, a higher level of care meaning a partial day, mental health program or an Intensive Outpatient Program, and an out of district placement. Neither of these options would be available unless the case of SRB was legitimate and had clear and specific documentation, while the extreme nature of the suggestions showed they believed the problem made educating the student impossible without these interventions. The school personnel believed the parents simply were not taking the problem serious enough because they allowed the student to skip therapy sessions for unjustified reasons.

As the committee wrapped up this part of the meeting, Tanya, the SAC, said, "We need to get the parents on board," which was another indication the school personnel did not approve of the parents' response to the case of SRB. Finally, the Director of Guidance, who was filling in for the vice principal and acting as the process manager, said out of frustration:

He isn't going to get credit for his classes. He isn't receiving instruction and that is the bottom line. If one of you are going to say it or you want me to say it. I will. But either he goes to class or her gets a higher level of care.

In her role as the process manager, the Director of Guidance used the threat of sanctions, losing course credit, to end the SRB by getting the student to go to class or force the parents to respond appropriately to the SRB and send the child for a higher level of mental health treatment.

When the committee met with the parents, Cathy, his counselor, reviewed the situation in her role as caseworker for the parents and the committee. She said:

I figured I would kick this off, I wanted to explain to the committee about what has happened since you met the 504 committee in December. We talked about 3 strategies, headspace, walking and transcribing as strategies to keep student in class. Then had strategies for teachers to try to keep student in class. Things since December were on an upswing including whole days in class which hadn't happened since October. Then there was a bad panic attack in school and shortly following that he had a tailspin where he was spending the entire day in guidance. But slowly he has pulled out of that but we are back where we were in December.

Again, it was clear that the school believed the case of school refusal was legitimate by offering a 504 plan that focused on allowing him to utilize the three strategies, headspace, walking and transcribing, to remain in school and in class. However, the student was not remaining in class or using the three strategies.

The school personnel spent most of the meeting showing that the current plan was not working and that the parents responded inappropriately to the student's efforts to avoid class. They also consistently emphasized that the student was not being educated in the current

situation. In one exchange, the school personnel directly questioned whether the student saw the therapist enough:

Tanya: He only sees a therapist once a week. Have you considered increasing it?

Mom: Therapist doesn't have availability. He is a State University professor, he sees patients as a side business.

Dad: I am not sure if that would help anyway, I wanted to do it every other week 'cause it doesn't seem to have an impact

Cathy: Let me interrupt. When therapist was here he gave student a new strategy to use in the moment and not having follow up makes using it harder

Mom and Dad: We don't know what it is. We will ask him about that.

Cathy: [After explaining the strategy] He needs to mentally walk himself through some alternative thoughts...Oh my god, I am going to throw up...

The school personnel made it clear that they believed the student needed to see the therapist more often not less often. Cathy, the school counselor, had no problem interrupting the father when she thought he was wrong and explained the value of additional therapy sessions. Finally, the fact that the parents were not even aware of the new strategy further diminished their credibility with the staff. Nancy, a social worker on the I&RS committee, said after the meeting, "Nancy: When dad said he was going to switch therapy to every other week, I was like what the heck." The school personnel genuinely believed the parents' lack of commitment to the student attending therapy was inappropriate and contributed to the SRB.

At one point the mother recounted the steps they had taken to address the SRB aside from therapy. She said:

Ambilify has a side effect of being restless, I contacted the doctor and asked if there was a different medication. But the doctor cut it in half he is back on it and we have seen a little improvement but we don't know if it is in full effect. I appreciate what everyone is doing here but I don't 'think it was the appropriate solution to send him to the nurses' office if he can't go to the guidance office. I know he has to be supervised, maybe he could go to the library. We never heard back whether the library was okay. We will continue the Ambilify then try another medication. He is going through exposure therapy, he has been watching vomiting videos, he will be touching vomit next week. He got very upset and showed the doctor what he really does. He had never freaked out in front of the doctor before.

Here the mother recounted the different steps that they have taken to address the SRB, such as medication adjustments and aversion therapy. She also wanted to know if their son could sit in the library since he was no longer allowed to sit in the guidance office unsupervised. This and other statements by the parents made it clear that they did not understand that the school personnel were not questioning the legitimacy of their child's problems but were questioning the appropriateness of some of the parental responses to the SRB. School personnel believed the mental health issues were legitimate and were not questioning them. The school personnel believed their decision not bringing their son to therapy every week, and the solution they proposed, letting him sit in the library instead of going to class, were not appropriate.

Later in the meeting when the mother revisited her request to allow her son to sit in the guidance office or library, the school personnel looked to the Director of Guidance, as the administrator and the process manager, to handle it in the following exchange:

Mom: We were told that [sitting in the guidance or the library] was not an option.

Megan: Why can't he go to the library? DOG?

DOG: The problem is going to the guidance office is a stop gap measure. He has spent most of the day in the guidance office, he is not receiving instruction. I know he is teaching himself but he isn't receiving instruction, so he can't really receive credit. But the bottom line is he is not functioning here and he needs a higher level of care. He isn't having panic attacks.

Mom: He is having anticipatory anxiety.

DOG: You are right, but he can't function here and we need a solution.

Mom: What is your suggestion?

DOG: He needs a higher level of care. You need to take him to an intake for an IOP, so he can get intensive therapy. What can we implement here? He is developing patterns that are keeping him out of class. What can we do to redirect him into class? Can we do it with check-ins, a particular script? If we can't then he needs a higher level of care?

Mom: What programs are out there?

DOG: I will let the SACs explain

At this point the Director of Guidance had to act as the "heavy" and explain why that the school would not grant this accommodation. The mother, knowing that the person that could authorize the accommodation said no, and that her son was facing losing course credit, relented and asked what programs were available to provide a higher level of care. The SACs then explained the type of mental health programs the school was recommending.

This I&RS meeting clearly followed the Conceptual Framework. The school personnel believed the case of SRB was legitimate because of the documentation of mental health concerns and what they witnessed in school. However, they also believed that the parents' response to the

SRB was inappropriate. They believed the child needed more therapy not less and that allowing the student to sit in an office rather than class was not a viable option. As a result of their belief about the parents' responses, the school threatened to sanction the student with a loss of credit, in order to get the parents to comply with the school's request for a higher level of care and to drop the request to allow the student to leave class. At the end of the meeting, the parents agreed to look into these programs for their son. Interestingly, following the meeting the student stopped avoiding class and began to attend class regularly. While in this case the sanctions may have altered the student's behavior, the school personnel recounted many other similar situations, where sanctions failed to produce positive change.

Illegitimate Cases of SRB

An observation of back to back attendance appeals demonstrated HHS's systemic response to cases of SRB that the school personnel believed were illegitimate. The back to back attendance appeals were for a sister and brother, a senior and freshman respectively. The attendance appeals were held because the sister had been late to school 80 times and lost credit in her first period class and the brother had been late to school 83 times and lost credit in his first and second period classes. Their vice principal had reviewed the records, determined the cases to be illegitimate and withheld course credits. At the two appeals the family was given an opportunity to explain why their absences were justified, or in the language of the Conceptual Framework the case of SRB was legitimate, to the attendance appeal committee. If the attendance appeal committee felt the case of SRB was legitimate they could restore the students' credit. Typically, the committee would also consider the appropriateness of the parental response before deciding to restore credit in a case they felt was legitimate but, in these cases, it was clear the school personnel believed they were illegitimate.

The attendance appeal committee was made up of a vice principal, teacher and a school nurse. Ned was the vice principal at the attendance appeals, he was not the sister's and brother's vice principal since they were appealing their vice principal's decision that the case was illegitimate. Ned would run the meeting in his role as process manager. Nick, an art teacher, was there to represent the teaching staff while the school nurse, there in their role as medical professional to evaluate any medical documentation provided to legitimize the case of SRB. There were different nurses in each appeal, Zoey, a school nurse not interviewed, attended the first appeal with the sister but was replaced by Steph for the brother's appeal. The appeals both followed the procedures in place for attendance appeals. The students and parents were given an opportunity to explain why they should have their credit restored and the committee members asked questions of the family. After the family left, the school counselor, in their roles as caseworker, was given a chance to give her thoughts about the situation. Then committee discussed the cases and made decisions.

The sister began her appeal with the following exchange explaining why she was late to school 80 times:

Ned: You have been tardy a lot. Which means your absences are in your first period class? Can you speak to us about that?

Sister: About my tardiness. I am not good at catching the bus. It comes at different times every day, so when we get out there it's already gone, then it comes late when we do get there on time. The other day I was actually out there and it drove past us

Nick: So when was the last time you took the bus?

Sister: I haven't taken it since September [the appeal took place in May]

Teacher: Then of course they weren't expecting you.

Sister: Yes

Teacher: How do you get to school when you miss the bus?

Sister: We try to get a ride

Zoey: How often do you need to get a ride?

Sister: Whenever I have to

The sister went on to explain that she had trouble getting up in the morning but also revealed that she was often late for work in the afternoon too. Nick, the art teacher on the committee, finally said “I am sympathetic but for credit reinstatement we need more than I have trouble getting up and I miss the bus.” Ned sensed the committees growing belief there was no legitimate reason for the SRB, simply said “Do you know how many times you have been late to school? 80 times.” The following exchange between the sister, mother and Zoey resulted:

Sister: *Long awkward pause* Yes. But I did turn in some doctor’s notes.

Zoey: I only have two doctor’s notes.

Sister and Mom: There should definitely be notes in there. *the sister and mother responded simultaneously*

Zoey: You have a very thin chart.

Sister: I handed at least one note to the attendance office

The sister and mother tried one final excuse, doctor’s notes, but there was no evidence of a specific medical or mental health concern anywhere in the files nor did they directly claim one. At this point it was clear the family had nothing new to present the committee and Ned ended this part of the appeal.

The brother’s meeting with the attendance appeal committee went similarly. The brother began by saying, “In the beginning of the year, I had a bunch of lates, mostly like three minutes.

Then after that it was like 10 minutes. Then it got worse.” The brother’s statement that it just got worse with no further explanation prompted the following exchange:

Steph: Is there something that keeps you from being here on time?

Brother: My sister is late and she is supposed to take me.

Nick: What will you do next year, she is graduating?

Brother: I will take the bus, I only need her if I miss the bus

The committee became frustrated with the brother’s inability to give them any legitimate reason to restore credit just like the sister. This led to the following exchange:

Ned: This is your attendance folder. Each one of these notes or papers represent a time you are late. There are no doctor’s notes in this folder

Steph: and we don’t have any in our file

Nick: I have to correct something I said earlier, a lot of your first semester absences are not marked correctly, they are marked tardy explained but they should be absences because you came in after 8 am. [Boy was actually technically absent over 20 times]

Steph: I am still trying to flush out why you aren’t here. You say you oversleep but are you oversleeping for all these days.

Boy: No, I miss the bus and then I am waiting around. I am up I could be here.

Steph: Then you need to be up on time to get the bus. Getting here has to be a priority

Nick: Getting here matters, you can do well but you have to be here

Ned: You have to rectify this

In this exchange the committee tried to probe further into the problem but also made it clear that since there appeared to be no legitimacy to the case of SRB, he simply needed to fix the problem

and come to school on time. At this point, Ned ended this part of the appeal because it was clear there was nothing left to add.

During both meetings with the family, the mother tried to legitimize the SRB by blaming the school. In the sister's appeal she did this in the following exchange:

Mom: I think the bus is really crowded, I don't even think there is a seat for her. It is ridiculous that the bus just drove passed them.

Sister: They have assigned seats on the bus, which is weird.

Mom: Yes, the bus is a problem.

In this exchange, she blamed the bus for being too crowded and not picking up the sister when she tried to catch the bus for the first time in months. The sister's statement "They have assigned seats on the bus, which is weird" was an attempt to legitimize her inability to make the bus on time. In the case of the brother, mom said, "He is like a couple of minutes late and then he has to leave and get a pass. If he gets there and the bell is ringing, its ridiculous that he then has to go get a pass." Here she blamed the fact that the school required him to sign in and get a late pass when he was late for school and that this additional time made him even later. The committee simply ignored these statements when they were made and moved on since they clearly viewed them as excuses. They certainly didn't lend legitimacy to the case of SRB for the committee.

The discussions that followed the meetings with the family made it clear that the school personnel did not think these cases of SRB were legitimate. After the sister was done, the committee and counselor, who was there to contribute her knowledge of the case as caseworker, had the following exchange:

Nick: Is there any reason to give her credit back?

Ursula: Other than she needs the class to graduate.

Nick: That isn't a good enough reason for me. She was late 80 times.

Zoey: Me either

Ursula: She knew this was a possibility. I mean she already went to the Superintendent last year.

Nick: Then she can go to him and he can give her credit back if he wants but I won't.

Ursula: I don't think he will, since he already dealt with this before.

In this interaction, Ursula points out that the sister had lost credit in courses the previous year and had met with the Superintendent about it, he upheld the committee's decision to withhold credit the previous year. The sister had already felt the impact of sanctions for this behavior before and the consensus on the committee was that she should have known better and have fixed the problem not that the sanction was ineffective at changing the behavior. This view only further confirmed for the committee that the case was illegitimate.

After the brother's meeting the following discussion took place:

Steph: His only reason is he oversleeps.

Ursula: They don't seem to get this is a problem

Ned: What is wrong with the mother? She doesn't seem to have any idea what is going on.

Ursula: The older sister died in a car accident. She was driving the other sister. [not the sister in the appeal and the accident had occurred 8 years prior to this meeting]

Ned: I remember that

Nick: It sounds like they went to private school before coming here.

Steph: Can we use this as an opportunity to teach him a lesson? His only excuse is oversleeping, he doesn't even claim to have insomnia. There just isn't any reason for this.

Ned: There is nothing wrong with holding him accountable in one course and tell him we didn't want to do it in two.

Nick: Like arbitrarily pick one class

Ursula: As freshmen they have three years to make it up if you deny credit.

This exchange provides valuable insight into both the systemic response and the Conceptual Framework. Ursula had not mentioned the family tragedy during the discussion of the older sister's meeting and only brought it up when prompted by Ned's question. As caseworker, she had clearly decided that this tragedy was not related to the case of SRB and did not use it to advocate for the legitimacy of the SRB. The committee agreed with Ursula's assessment, because of some combination of Ursula's deeper knowledge of the case as the caseworker, the fact that the family did not bring it up during the meeting, and the absence of any claims of mental health concerns for either child. This agreement was evident since immediately after getting that information the discussion focuses on denying him credit for the class. Steph talks about teaching the brother a lesson by withholding credit, despite the knowledge that the lesson did not work for the sister. Ned then suggested a compromise of withholding credit in one not both courses. He offered the compromise because of the long-term impact of losing course credit in two courses not because he thought the case had legitimacy. There was no effort by anyone on the committee to argue the family tragedy legitimized either case of SRB.

Following both discussions, the committee made the decision to uphold the students' vice principal's decision to withhold course credit. After deciding to withhold credit for the brother Nick, an art teacher on the appeal committee said, "There just isn't any reason for this level [of lateness]" and Steph, a school nurse, said "I think this is a pretty egregious case. It is just hard to give him his credit back." In these two attendance appeals, the school personnel followed the

Conceptual Framework. They heard the evidence presented to them and viewed the cases of SRB as illegitimate. Once that determination was made, they sanctioned the students by withholding credit, which was the response in both the Conceptual Framework and school policy, in hopes of forcing the students to end the SRB. Sadly, in this case prior experience with sanctioning the sister made it unlikely that the SRB would end. This was also a clear example where both the school policies and the Conceptual Framework prevented the school from assisting the family despite the fact that they were clearly in crisis or at minimum struggling to function from day to day, given that both children were late 80 or more times to school, the sister had already been sanctioned, and nobody in the family seemed to grasp the seriousness of the problem. The school personnel could not assist despite the clear need because the family provided no documentation, or didn't even attempt, to legitimize the SRB.

No Consensus on Legitimacy of SRB or Appropriateness of Parental Response

When school personnel could not come to a consensus on the legitimacy of a case of SRB or the appropriateness of the parental response the staff members would deliberate further to try to reach a consensus. If they still could not reach a consensus, they would either, request more information about the case or delay a decision to see if the situation changed. They could also choose to do both. The deliberations from two observed attendance appeals give examples of these deliberations and gave insight into the types of debates that occurred and how school personnel moved forward to create consensus in order to implement the systemic response and fit a situation into the Conceptual Framework.

The first attendance appeal was for a senior that had claimed she was battling major depression and “unconscious migraines” caused by bullying she experienced at her previous school because of her Islamic faith. The appeal committee consisted of Ned, Nick and Steph as

the vice principal, teacher and school nurse respectively while John filled in for Diane, the student's school counselor and case worker for the case of SRB, because she had a family emergency. After meeting with the family, the appeal committee could not come to a consensus regarding the legitimacy of the case of SRB.

The committee and John, filling in for the student's counselor, had the following deliberation:

John: Doing well in all classes, signed up for on-line Algebra 2 class.

Ned: We had an appeal in January. I didn't remember, now I do

John: She finally got help

Steph: They are not totally being honest. I am not saying they didn't have problems in her previous school. They are trying to pass off an old neurologist note, I have a new one where she is totally cleared.

Ned: The last time they focused on a urinary track infection not the racism. I would have written that down.

John: The uncle wasn't here, I don't think she or her family were as articulate as he was.

Do you want to put her on probation or whatever you call that?

Steph: I want her to have to appeal to Jorden. He will give her, her credit back. But attendance has to mean something.

John: Diane would give you an earful if you just give her, her credit back.

Ned: We essentially inherited a high school senior

Nick: What do you mean Diane would give you an earful?

John: She may not want her to just get her credit back?

Steph: Last time, we talked about her passing Algebra. She talked about how early it was in the morning.

Ned: Here is what I see, her junior year here was three months. We practically inherited a senior. She had a January attendance appeal. In April she had 1 day out in school because she knew she had an appeal. What are we trying to accomplish?

Steph: She has been out one day since spring break, that's not true.

Ned: No in April

Steph: Okay

Ned: I want to be careful not to send too many people to Jordan

Nick: It's hard, I feel like we never have all the information, It's possible that we are suckers

Steph: We know her pretty well. She comes to our office a lot. I am going to vote to deny.

Nick: See I don't have all the info.

Ned: Another student has been in school 11 days' prior to Jordan meeting she was only in school no more than 4 days in a row

Nick: If we delay we aren't giving her, her credit. It's like the zero policy. She needs to actually be here to get her credit.

Ned: I am going to delay

Nick: Me too

Ned: That is 2-1, Let's say delay until June 13. And she isn't going to the senior cut day.

John: I will tell her that. Here are my notes...She was delayed based on good attendance recently, she must be here senior cut day, she must be here unless she is on her deathbed.

The school personnel made a variety of arguments in this deliberation which aligned with their roles. Steph, a school nurse, argued that the case was illegitimate based on the family's attempt to use old medical notes and was skeptical of the severity of the girl's condition based on her medical expertise. Diane, in her absence, had John communicate her belief that the case of SRB was illegitimate. As the case manager she would have the clearest picture of what was going on, so her absence probably contributed to the lack of consensus. Nick, the teacher representative on the committee, felt the family presented a case that sounded legitimate but was less certain after hearing that Diane and Steph had concerns. He clearly wanted more information. Ned, the vice principal, used a process argument to support his belief the girl should have her credit restored. He believed the threat of losing credit had ended the SRB based on her attendance since April, the meeting took place in the beginning of May. In his mind the system had worked and there was no need to make the sanction permanent.

The result of this situation was a vote to delay a decision and impose another sanction, she must attend school on Senior Cut Day. John's final statement showed that the group hoped that time would show that the SRB had ended and that they could lift the sanction of loss of credit. In June, when the case was reviewed by the committee, the student had continued to come to school, so the committee restored her credit since the SRB had ended. In this case of SRB, the choice to delay a decision gave the student time to demonstrate that the SRB was over and allowed the group to avoid coming to a consensus over legitimacy. However, had the SRB not ended, the school policies and Conceptual Framework would simply make the sanction of losing course credit permanent.

The other attendance appeal was for an underclassman claiming to suffer from a variety of mental health issues and physical ailments, including bi-polar disorder, sleep apnea, anxiety

and stomach issues related to medication. The appeal committee included Faith, Nick and Zoey as the vice principal, teacher and school nurse respectively while both Dave, the student's school counselor, and Ruth, a school psychologist were in attendance as the caseworkers for this case of SRB. Tanya, a SAC, also attended the meeting because she regularly counseled the student in school in her role as mental health counselor. After meeting with the family, the appeal committee could not come to a consensus regarding the appropriateness of the mother's response to the SRB.

The school personnel in the meeting had the following deliberation:

Tanya: She has a lot of problems. Her diagnosis has varied a lot. I had schizophrenia as a diagnosis

Ruth: I asked mom to provide documentation but I don't know if it ever came in.

Tanya: She has been struggling. They provided me with some documentation but was asked not to share it with anyone. She knows now that I am sharing. But she knows that teachers push her. We have tried to work on that with her. Her mother has Lupus that is hard. They have moved twice in the last few years. There are also extended family issues as well. Some grief, a couple of uncles had passed away. She was friends with the girl in Montgomery that died. It was her birthday yesterday. She has a lot of things going on. It is hard for her. She has a lot going on and mom doesn't push her

Zoey: Student has anger issues, if student doesn't get her bagel in the morning. She gets upset and mom has to bring it in for her. She gets really mad.

Tanya: I spoke to the VP, he felt she had so many absences that he felt she needed to go to the appeal. She goes to a therapist, you go when you get an appointment. She is on her second therapist. We were hoping this committee can help us stabilize her treatment. She

may have been better served with a higher level of care but it doesn't seem to be in the cards.

Nick: I don't want to dismiss her problem. I have a brother with bipolar, and I have seen him when he was down. You have seen her get upset? *(to Nurse)*

Zoey: Yes, I have seen her get upset. Mom is afraid of her

Tanya: I have never seen that.

Zoey: I don't think she is afraid in that way but afraid of her freaking out.

Ruth: If she is getting up at 5:30 and coming in at 10. I doubt she is vomiting for five hours. I am not sure what she is doing with 5 hours.

Tanya: I don't think she has the familial support to get here. They live with the grandmother, the cousin that visits actually lives there.

Ruth: Looking at her schedule next year, she should have PE in the morning.

Clark: Or study skills

Nick: This is hard, I only get to meet these students one time. Is there documentation in the file?

There is a back and forth from Tanya, Zoey, Clark and Quinn about what limited documentation exists.

Ruth: I think we can restore credit if she gets the documentation and comes to school by 7:45 each day.

Tanya: I don't think asking her to be her at 7:45 is setting her up for success. She has self-esteem issues. that is setting her up for failure. You can only throw up until 7:40.

Nick: I like the idea of waiting for documentation. I like the idea of delaying and asking to see the documentation.

Ruth: Her IEP meeting is coming up. We can put in her IEP to fix the schedule and the other issues. She has done well this year. How much additional stress did she have because she misses her academic classes?

Side conversation teacher and nurse about delaying and asking for documentation of condition and side effects. Then the group reviews a script that alludes to the side effects of medication and her being late.

Ruth: This is just a script, we don't know what type of doctor this is.

Tanya: I can look and see what I have in my office.

Faith: We need to make a decision. I voted to restore.

Nick and Zoey: We voted to delay and ask for specific documentation

Again, in this case, the school personnel argued a number of positions about the appropriateness of the parental response which aligned with their roles at the school. None of the school personnel appeared to question the legitimacy of the case of SRB but they differed on whether or not the mother's response was appropriate enough to make accommodations for the student by restoring her course credit. Tanya, the SAC, recognized the mother's response was not effective but believed that the mother was doing the best that she could in a difficult family situation and therefore was responding appropriately. As a mental health provider, she believed the parental effort was good enough to warrant accommodation. Zoey, a school nurse, believed that mom was not responding appropriately and believed the mother was not being entirely honest especially given the lack of documentation. Her experience as a nurse made her skeptical of what she was told unless the documentation aligned with it. Steph had a similar response in the previous attendance appeal. Ruth, the school psychologist and case manager, and Nick, the teacher, both wanted additional information in order to make a decision about the appropriateness of mom's

response. The fact that neither Ruth nor Clark, her school counselor, had a strong feeling about the appropriateness of the parent's response, showed that the school personnel probably did lack the information necessary to make a decision about the appropriateness of the mother's response to the SRB. The mother's earlier request that Tanya withhold information from the caseworkers and school nurse furthered the groups suspicions she was not responding appropriately.

The result of this deliberation was a vote to delay a decision and ask for additional documentation to support the appropriateness of the mother's response. The mother eventually provided additional documentation that confirmed the side effects of the medications and demonstrated more severe mental health issues than the mother or daughter disclosed at the meeting. After reviewing this additional information, a consensus developed that the mother was responding as best she could and therefore appropriately, to her daughter's very serious mental health issues. With the consensus that the case was legitimate and the parent's response was appropriate enough, the school personnel accommodated the case of SRB and restored course credit. In this case the school policies and Conceptual Framework's focus on documentation and concern about the parental response only served to delay the appropriate outcome given that nobody really questioned the legitimacy of the problem.

These two examples demonstrated how school personnel responded when they were unable to reach consensus regarding a case of SRB. In both cases, without consensus school personnel could neither implement school policy and procedures or work through the Conceptual Framework. This halted the systemic response and the school personnel was forced to find a way to develop consensus so they could return to the systemic response and use the Conceptual Framework.

Chapter 7: Conclusions

The purpose of this case study was to understand school personnel's experiences addressing school refusal behavior at Harvey High School, an upper middle class, suburban high school. The author set out to answer the four research questions and confirm or disconfirm whether all the school personnel at HHS followed the same Conceptual Framework for Analysis of and Response to SRB as the school counselors, identified in the pilot study and outlined in Figure 1. The artifacts, observations and interviews gave a clear picture of how the school personnel at HHS thought about and responded to SRB and produced an understanding of the school personnel's experiences addressing SRB. The findings demonstrated how the school personnel, as individuals, all played their specific roles within the bureaucratic structure as they implemented the school's policies and procedures to create the systemic response to SRB. Finally, both the school personnel as individuals and the school's systemic response followed the Conceptual Framework found in Figure 1. The following is an overview of the findings of this study and the implications of these findings.

School Personnel's Response to School Refusal Behavior

The school personnel discussed school refusal behavior in a variety of formal, such as I&RS meetings and attendance appeals, and informal, such as phone calls home and colleague to colleague conversations, settings. The school personnel played specific roles directly related to their positions in the bureaucratic structure of HHS when responding to a case of SRB and a consensus existed about what each individual position's role in the process. The school counselors and CST members served as case workers and investigated each individual case, pulled resources together and coordinated the school's response. The difference between the school counselors and CST members was that CST members also believed they had more

responsibility to individually counsel students demonstrating SRB. The SACs saw themselves as mental health providers in a school setting without the academic responsibilities of school counselors and CST members. While the school nurses acted as medical professionals and brought their medical expertise to cases of SRB. Finally, the vice principals oversaw the school's response in their role as process manager, where they made sure everyone effectively played their roles and made final decisions regarding school policies and procedures as well as accommodations.

It was evident in the observations and interviews that school personnel's academic understanding of SRB aligned with the research, which included a connection between SRB and mental illness (Egger et al., 2003; Kearney & Silverman, 1993; Kearney, 2007; Kearney, 2008; Wood et al., 2012), mental health issues manifesting as medical issues, academic and school factors that contributed to SRB (Corville-Smith et al., 1998; Hallfors et al., 2006; Henry, 2007), and family dynamics that perpetuated SRB (Corville-Smith et al., 1998; Egger et al., 2003; Hallfors et al., 2006; Henry, 2007; Pina et al., 2009). In addition, school personnel's professional backgrounds and experiences shaped their beliefs and responses to SRB. School counselors, CST members and SACs tended to gravitate towards providing mental health assistance and coordinating their responses with outside agencies, while the vice principals looked to make accommodations through their administrative powers or to use sanctions to encourage improved attendance. School Nurses spent a great deal of time examining medical documentation and distinguishing between legitimate medical issues and illegitimate excuses. All of the school personnel focused on the cause of the SRB rather than the form, how students refused school, or the function, what student got out of refusing school.

The focus on the cause of a case of SRB, rather than the form or function, led all of the staff members to view school refusal through the same Conceptual Framework. School personnel initially analyzed whether or not the case of SRB was legitimate and then if legitimate, analyzed whether or not the student's parents were responding appropriately. The answer to these two questions determined if the school personnel would make accommodations for the student and assist in coordinating an appropriate response with the parents and typically outside providers. However, if the school personnel believed the case was illegitimate the school would sanction the student to either correct the behavior or force the parents to respond appropriately. The staff members maintained a number of beliefs about cases that were either illegitimate or the parental response was inappropriate. They typically believed these students were not connected to the school, kids or families were "gaming the system" or the family was simply incapable of responding appropriately.

Collaboration

School personnel collaborated with their colleagues as part of the systemic response to school refusal behavior at HHS. Every member of the sample agreed that addressing SRB was a collaborative effort in which the different school personnel brought their positional expertise to the collaboration. In formal settings, the school counselors or CST members, in their role as caseworkers, typically presented the case to the larger group of school personnel and then the information was analyzed and discussed to build consensus. These internal collaborations among school personnel often focused on the documentation provided and the steps already taken to address the SRB. The school personnel evaluated the situation and made recommendations to either accommodate a legitimate case of SRB, offer additional interventions to assist a student

demonstrating school refusal behavior, or sanction families and students in cases of illegitimate SRB.

These collaborations were key to mapping out how the school responded to a case of SRB however, the school personnel knew that they needed buy in and assistance from the parents to effectively respond to SRB. Therefore, collaboration with the parents and guardians was crucial which created a paradox for the school personnel dealing with SRB. They viewed the parents as the key to resolving cases of SRB but often found them to be the biggest impediment to correcting the behavior. This paradox was supported by the research, which showed that collaborative work with parents was crucial to resolving SRB (Pina et al., 2009; Sheldon & Epstein, 2004) but that parents could also negatively contribute to SRB (Corville-Smith et al., 1998; Egger et al., 2003; Hallfors et al., 2006; Keeley & Wiens, 2008).

The findings made it clear that if the parents were able to produce documentation that legitimized the SRB, the school would collaborate with the parents to accommodate the student's situation and assisted the family. If parents were unable to provide effective documentation this prevented the school from collaborating with the parents to resolve the issue and the school sanctioned the student and parents instead. Even in legitimate cases of school refusal behavior, it became clear that the school personnel's view of effective collaboration with parents was in reality parental compliance with school and outside provider recommendations. As long as the parents were compliant, the school personnel effectively collaborated with parents. However, if the parents were not compliant with school or outsider provider the school would sanction the student or family. These sanctions were often ineffective at forcing parents to provide documentation or altering student or parental behaviors. In fact, the school personnel in the

study believed that the school's primary sanction, loss of course credit, was not an effective response to most cases of SRB because it simply did not work.

The Systemic Response

At HHS, the school personnel, as individuals, all played their specific roles within the bureaucratic structure as they implemented the school's policies and procedures to create the systemic response to SRB. The school personnel within the bureaucratic structure relied on the school policies and procedures to address cases of school refusal behavior and this reliance shaped and limited their responses. These policies set expectations for student attendance and outlined requirements for accommodations, while procedures were in place respond to SRB. These policies and procedures emphasized the need for documentation in order for the school district to accommodate students demonstrating SRB and primarily relied on the sanction of losing course credit to address school refusal behavior and encourage good attendance. Since the school policy relied on documentation, the school personnel used documentation provided by parents, or lack thereof, to guide their decision making related to SRB. The school personnel and the systemic response worked smoothly when parents were able to provide appropriate documentation however in cases without appropriate documentation the school struggled to respond because their only response was sanctions.

The policies and procedures emphasis on documentation contributed to the school personnel's skepticism about many cases of school refusal behavior. The inability of many parents to provide documentation to the school meant that many cases of SRB were illegitimate according to the school's policies and the in eyes of school personnel. Even in cases where parents were able to provide documentation to legitimize the case of SRB, the procedures in place presented another opportunity for school personnel to critically evaluate the case. School

personnel used this documentation and their professional expertise to decide if the parents were responding appropriately and in many cases the school personnel judged the parental response was inappropriate. The school policy and procedures dictated that the school personnel sanction the student and family, usually by losing course credit, in illegitimate cases of SRB or legitimate cases with an inappropriate parental response. In this way the school policies and procedures both reinforced and codified the mental model of SRB and contributed to the skepticism found in school personnel.

Conceptual Framework for Analysis of and Response to SRB

All the school personnel and the systemic response itself followed the Conceptual Framework and the Conceptual Framework shaped how school personnel internalized how they felt about each individual case. The interviews and deliberations in the observations showed how school personnel evaluated and chose to respond to cases of SRB based on the documentation provided and actions already taken by the parents. These decisions were supported by the school policies and procedures and were a built-in part of the systemic response. The outcomes of the I&RS meetings and attendance appeals that were observed, as well as the specific cases referred to in the interviews, directly reflected the end result of the school personnel working through the Conceptual Framework to handle each case of SRB. In illegitimate cases of SRB the school did not accommodate the student and used sanctions to change the student's behavior. In legitimate cases of SRB where the parents responded appropriately the school willingly accommodated the student and collaboratively designed interventions for the student with the family. In legitimate cases where parents responded inappropriately to the SRB, the school also used sanctions to force the parents to comply with school and outside provider requests. If school personnel could not come to a consensus as they moved through the Conceptual Framework they would continue

to deliberate about the case in a formal setting because without a consensus through the Conceptual Framework they were unable to implement school policies and procedures.

Therefore, they did one of two things, push off a decision or request more information with the hope that either additional time or information made a consensus possible and they could then implement the school's policies and procedures.

Challenges to responding to SRB

The school personnel felt they were able to effectively respond to SRB when it fit neatly into their bureaucratic processes but were less effective when they did not. The school personnel believed that the various aspects of school policies and procedures limited their ability to respond effectively to all cases of SRB. Specifically, school personnel felt that the school's use of credit loss as the primary way to encourage good attendance was reactive and did not have an impact on most students demonstrating SRB. They also found that the hard limitations, such as an 18 absence limitation, set in the policy hurt students in legitimate cases of SRB by setting expectations too high. The biggest challenge staff cited was the policy requirement that cases of SRB be legitimized through adequate documentation in order for school personnel to make accommodations. This made it impossible for the staff to assist all students demonstrating SRB. These policy limitations could be external, such as meeting legal thresholds to provide a student with home instruction or a 504 plan, or internal, providing documentation that the administration would find acceptable to modify a student's schedule or excuse absences.

The school personnel clearly wanted more flexibility than they had in the school's policies and procedures, however there were situations when they did have latitude to bend policy or make accommodations, at least with permission of the vice principals, the process managers. This flexibility was typically only granted in cases with appropriate documentation

and compliant and cooperative parents. This created a situation where some cases of SRB school personnel had the ability to free themselves of the limitations of the school's policies and be flexible while in other cases they struggled to find an appropriate course of action given these limitations. This challenge created an environment where the school personnel felt they could respond effectively and flexibly to some cases of SRB but could not apply those same solutions to other cases of SRB. This led to frustration among the staff and manifested itself in the negative view of parents seen throughout the data, since the staff were being constrained by the parents' inability to produce appropriate documentation. When parents could not or would not provide this information, the school personnel struggled to address the case of SRB and resorted to sanctions, which the school personnel believed would most likely be ineffective, as their only means to force the student and family to comply. The policies rewarded families with the resources and ability to provide documentation and punished those families that could not. Unfortunately, the families could not provide documentation were often the ones that needed the most help because they were often in crisis as a family and the school's inability to assist compounded the problem in their eyes.

The challenges created by school's policy and procedures when addressing cases of SRB were reflected in the questions about legitimacy in the Conceptual Framework. The Conceptual Framework, which all the school personnel went through when addressing SRB, created another challenge for the school personnel, responding to a legitimate case of SRB with an inappropriate parental response. The documentation provided by parents to demonstrate a case of SRB was legitimate was also used by the staff to judge whether the parents responded appropriately to the case of SRB. The school personnel's focus on the parental response to SRB was driven by the fact that the school was not equipped to effectively address the underlying causes of SRB

internally. Since the school could not effectively act as a mental health provider, they relied on outside providers to address the underlying mental health concerns that fueled many cases of SRB. The reliance on outside health providers meant school personnel had to rely on parents to get the student the necessary help. The failure of parents to ensure their children received this treatment made it more difficult for the school to address SRB, contributed to the negative feelings towards parents found in the school personnel and forced the school to again use sanctions to force compliance.

Implications

This case study has the following implications for school personnel responding to school refusal behavior at a variety of levels.

The Research Site

The findings from this case study provided the school personnel with valuable feedback about HHS's response to students demonstrating school refusal behavior. This feedback led to some recommendations to improve the school personnel's ability to respond to SRB. The school personnel need to recognize that their use of the Conceptual Framework and the limitations of the school's policies were intertwined. The combination of the school policies' focus on documentation and the school personnel's need to define cases of SRB as legitimate and assess the parental response prevented the school from responding to many cases of SRB and left the school personnel with sanctions as the only tool to address many cases of SRB. The end result was that the school policies and personnel were unable to help in the cases where students and families needed assistance most. For example, families in crisis, such as homelessness, unemployment, a parental mental health crisis, were often unable to produce documentation

legitimizing the case of SRB, most likely because of the crisis they were facing, and therefore unable to get adequate assistance from the school.

HHS should adjust policies and procedures to allow the school personnel to respond to any case of SRB whether or not the family can provide documentation to legitimize the case. School personnel should have the freedom to implement accommodations and interventions they know could be effective even without appropriate documentation. Some accommodations, such as home instruction or a formal 504, could not be utilized because they are governed by state laws and statutes. However, the school should amend policies at the school and district level to allow school personnel to more easily implement accommodations they believe will be effective in a case, such as modifying schedules, loosening of attendance requirements and increased access to school-based counseling. This would allow the school personnel to truly engage in collaboration with families and the student by shifting the focus from documenting and assessing the problem to developing solutions. This open dialogue would also increase the likelihood that the school would be able to assist families in crisis engage in outside resources.

Policy changes that deemphasize the need for documentation would also help facilitate another recommendation. The findings made it clear that school personnel primarily focused on the underlying cause of the SRB and the need for documentation legitimizing each case codified that focus. However, the findings also made clear that the school did not have the capacity to address underlying causes of SRB because they were not a mental health provider. The school personnel should shift their primary focus from the underlying cause of SRB to the function, what the student gets from of refusing school. Addressing the function of SRB rather than the underlying cause would allow the school to set up structures to remediate the behavior rather than employing counseling interventions. This behavioral approach to the SRB would focus on

accommodations to address the stimuli causing the SRB, which is within the ability of the school, rather than focus on mental health treatment and accommodations to get around SRB, such as credit restoration. The school also has the policy tools aligned with a behavioral approach, both positive, a token system or other earned privileges, and negative, punishments, the ability to restrict a student's movements, to address the function of SRB. This would make the collaboration between parents and the school less dependent on the family's ability to navigate outside providers and more reliant on simpler goals, such as getting the child into the school building where staff could implement interventions to encourage regular attendance.

State Policy

State of New Jersey policies placed a lot of emphasis on school attendance but provided little to no support to schools to encourage good regular attendance. According the New Jersey Department of Education's webpage on Attendance, Truancy and Chronic Absenteeism, "the compulsory education law (*N.J.S.A.* 18A:38-28 through 31) requires all children between the ages of 6-16 attend school" (n.d.a, para. 1) but the state leaves setting specific policies, interventions and sanctions to individual districts. The New Jersey Department of Education published a report in May of 2018, titled *Getting students to school: Strategies for improving attendance and reducing chronic absenteeism*, to provide schools guidance on SRB and recommended a tiered response that fit into the Department of Education's tiered framework of academic and behavioral supports, called the New Jersey Tiered System of Supports or NJTSS. The first tier of recommendations were primarily best practices for attendance policies, such as clarifying expectations and goals of the attendance policy, educating students and families about the importance of school attendance, accurately record and monitor attendance, and recognize good attendance. The second tier involved interventions that aligned with those identified in the

findings at HHS, including making personnel connections with students, provide access to resources at the school, such as a SAC and home instruction, use existing programs in the school and such as I&RS, as well as other interventions to target different marginalized groups, such as increased breakfast programs, the creation of culturally responsive classrooms, and more effective engagement of English Language Learners and their families. The third tier called for utilizing existing mental health and support staff to screen and treat students demonstrating SRB, implementing formalized behavioral plans, referring parents to outside social service agencies and legal interventions (New Jersey Department of Education, 2018a).

The New Jersey Department of Education (2018a) recommendations found in *Getting students to school: Strategies for improving attendance and reducing chronic absenteeism* was of limited use to schools responding to cases of SRB. The first-tier interventions were simply best practices that should be in place in most schools and were in place at HHS, except for recognizing good attendance. The school personnel in the study felt they effectively used some of the second-tier interventions, such as making personnel connections and referring students to see the SAC, however, at HHS using other second tier interventions, such as home instruction and I&RS, required the parents to be able to provide adequate documentation. The findings showed, with the exception of implementing formalized behavioral plans, that the third-tier interventions were problematic for school personnel and these same problems would be present in most New Jersey public schools. The school psychologists, school social workers and school counselors in most schools are under the same academic driven, bureaucratic and legal pressures that take away from their abilities to directly counsel students. The challenges and resistance that struggling families have negotiating mental health and social services the school personnel in this case study experienced would exist elsewhere and may be even more difficult in school's

with larger at-risk populations. Finally, bringing cases of SRB into the legal system as truancy charges against the parents were seen as ineffective by the sample in this study and the research literature (Fantuzzo et al., 2005; Hendricks et al., 2010).

The challenges addressing SRB identified in the findings of the case study at HHS would present themselves to any school trying to implement the recommendations found in *Getting students to school: Strategies for improving attendance and reducing chronic absenteeism*. Therefore, there are a number of recommendations for changes to state policies to help school districts address SRB more effectively. The state should push county based mental health and social services for youth into the school districts. This would remove one of the biggest practical barriers to addressing school refusal in the findings, the difficulty of coordinating with and getting families to follow through with outside services. The research literature makes it clear that school is the primary vehicle for students to receive mental health treatment (Burns et al., 1995) and that it can be effective at treating students' mental health concerns (Hoagwood & Erwin, 1997). Moving social services into the schools could also streamline the delivery of services. The state should also improve truancy proceedings in the courts by giving judges alternatives to fines and jail time, such as empowering judges to compel student and family cooperation with mental health and social services. While research indicates truancy court alone was ineffective at correcting SRB, combining truancy courts with other interventions can have an impact over time (Fantuzzo et al., 2005; Haight et al., 2014). Finally, the tier 3 recommendation of using formalized behavioral plans actually aligns with the previous recommendations in this study. Based on this connection, State of New Jersey should emphasize that school personnel set up structures to remediate the behavior rather than employing counseling interventions since that fits better into the overall structure of the school.

Finally, New Jersey has chosen to use excessive absenteeism as an indicator of school quality and success under ESSA (Chen & Rice, 2017; New Jersey Department of Education, 2018b). Specifically, in New Jersey 15% of a school's grade or score under ESSA will be based on excessive absenteeism (Clark, 2017). This policy only encourages school districts to disenroll students that are excessively absent or inaccurately report attendance data. The state should move away from using excessive absenteeism and focus on grading schools on whether students demonstrating excessive absenteeism show improvement in their attendance over the course of the year or from year to year. This would encourage districts to actively try to address the problem and is in line with the student academic growth measures used to evaluate teachers and schools in the most recent iteration of teacher's summative evaluations and the school performance reports respectively.

Future research

There is plenty of room for continued research into how schools and school personnel respond to SRB since the research was extremely limited and this case study provides three clear avenues. First, additional studies should be completed to establish if the Conceptual Framework is generalizable beyond the research site. In order for schools to successfully respond to SRB there must be a clear understanding of how school personnel think about school refusal behavior. The Conceptual Framework aligned with the only other research on school personnel which found that school personnel, primarily school nurses in the study, looked to assign blame for school refusal behavior, and this shaped the interventions or lack thereof taken by the school (Torrens Armstrong et al., 2011). The consistent findings in these two studies made it clear that how school personnel evaluate a case of SRB impacts how they responded and this must be explored further to improve how schools respond.

The second area for continued research is how school policies, procedures and their bureaucratic structures impact school's ability to respond to school refusal behavior. This study built off of the quantitative studies by Stickney and Miltenberger (1998) and Sheldon and Epstein (2004). Stickney and Miltenberger (1998) studied when and how school's responded to cases of SRB while Sheldon and Epstein (2004) analyzed the effectiveness of common attendance policies and interventions. This case study added to this research through its qualitative analysis of how policies, procedures and bureaucratic structure impacted the way school personnel responded to SRB. A combination of continued quantitative and qualitative research is necessary to understand what policies, procedures and bureaucratic structures can most effectively respond to SRB.

The final area of the further study that this case study points to is additional research on how school districts can use the Functional Model of SRB (Kearney & Silverman, 1993; Kearney & Albano, 2004; Kearney et al., 2004; Kearney, 2007; Kearney & Graczyk, 2014) and a behavioral approach to working with students demonstrating SRB. The findings made it clear that employing counselling interventions within a school setting was ineffective and difficult for school personnel. They did not have the time, resources or bureaucratic directives to do so and it was challenging to coordinate with outside agencies that could provide counselling interventions but the school did have the rules and structure to implement behavioral plans. Case studies of schools willing to implement a behavioral approach based on the Function of SRB would provide invaluable insight into addressing SRB.

Overall, this case study gave an in-depth look into how school personnel responded to school refusal behavior at an upper middle class, suburban high school. The findings showed how the individuals thought about and responded to students demonstrating SRB and the impact

the school's policies, procedures and bureaucratic structures had on the ability of both those individuals and the institution itself responded to SRB. Throughout the study the school personnel experienced both personal and systemic successes and failures trying to assist students demonstrating SRB. The findings of this study provided new information to the limited knowledge base regarding how schools respond to school refusal behavior and should be a strong jumping off point for further research. I am grateful to the school, school district and individuals that participated in this case study and their willingness to share their experiences with me and the larger academic world.

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Appendix A: Informed Consent Form

Principal Investigator: Steven R. Jablonski

Project Title: The High School Response to School Refusal

INFORMED CONSENT FORM

You are being asked to participate in a research study by Steven R. Jablonski, who is an Ed.D. student at the Graduate School of Education of Rutgers University. The purpose of this study is to understand how school personnel think about students with school refusal behavior and how they try to assist these students and their parents.

During this study approximately 10 school administrators, school nurses and mental health professionals will be interviewed about their experiences working with students with school refusal behavior. This interview is designed to take approximately 45 minutes. However, please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, whichever you prefer.

This research is confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that some linkage between your identity and the response in the research exists. Some of the information collected about you includes position, age and years of experience. Please note that we will keep this information confidential by limiting individual's access to the research data and keeping it in a secure location, which will be encrypted and password protected.

The research team and the Institutional Review Board at Rutgers University are the only parties who will be allowed to see the data, except as may be required by law. There will not be a report published from this study. If the results are presented, only group results will be stated. All study data will be kept for six years, then destroyed through shredding and deletion.

You are aware that your participation in this interview is voluntary. You understand the intent and purpose of this research. If, for any reason, at any time, you wish to stop the interview, you may do so without having to give an explanation.

There are no foreseeable risks to participation in this study. No information from this study will be used for evaluative purposes whatsoever, which eliminates risk to you. The benefits of the research may be an improved understanding of how you and your colleagues think about and approach assisting students with school refusal behavior. However, you may receive no direct benefit from taking part in this study.

The interview will be recorded and the recording will be used for analyzed by the principal investigator. The recording will include your voice and your name. If you say anything that you believe at a later point may be hurtful and/or damage your reputation, then you can ask the

interviewer to rewind the recording and record over such information OR you can ask that certain text be removed from the dataset/transcripts.

The recording will be stored electronically on a password protected hard drive. The recordings will be kept for six years, then destroyed through shredding and deletion.

If you agree to participate, you must be given a signed copy of this document. You may contact me at:

Steven R. Jablonski
466 Raider Blvd.
Hillsborough, NJ 08844
(908) 431-6600 x3305
stj74@scarletmail.rutgers.edu

You may contact my advisor at:

Beth Rubin, PhD.
10 Seminary Place
New Brunswick, NJ 08901-1183
Tel: 848-932-0732
Email: beth.rubin@gse.rutgers.edu

You may contact the Rutgers University Institutional Review Board with questions about your rights as a research subject at:

Arts & Sciences Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866
Email: human-subjects@ored.rutgers.edu

Your participation in this research is voluntary, and you will not be penalized or if you refuse to participate or decide to stop. You may withdraw from the study at any time without penalty.

Signing this document means that the research study, including the above information, has been described, and that you voluntarily agree to participate.

You will be given a copy of this consent form for your records.

Sign below if you agree to participate in this research study:

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

Appendix B: Interview Protocol

The High School Response to School Refusal Interview Protocol

My name is Steven Jablonski, as you know I am completing my dissertation, a case study on the high school response to school refusal behavior, as part of a doctoral program at Rutgers University Graduate School of Education. In addition to observations, I would like to ask you a few questions about your experiences with students with school refusal behavior. When you are answering the questions, please speak about your overall experiences with school refusal behavior without mentioning specific cases or students.

I want to make sure you understand, that your answers to these questions will not be used for any evaluative purpose. They are solely for this case study and will not be shared with anyone at Hillsborough High School or Hillsborough Township Public Schools. The interview will take about 45 minutes to an hour, do you have the time? Is it alright if I record this interview?

- How long have you been a school counselor? At Hillsborough High School?
- What is your background prior to becoming a school counselor?

Thank you for that background information, now I would like to move onto discussing your experiences with students with school refusal behavior.

- How often do you work with students with school refusal behavior?
 - Can you explain how these students are brought to your attention?
 - What role do school policy and procedures play in identifying students with SRB?
 - What are the different ways you describe students with SRB?
- In your experience, what are the most common reasons students do not come to school regularly?
 - Can you describe the different reasons students do not come to school?
 - How would you group these reasons?
 - What do you think are the most common root causes of SRB?
 - Be prepared to probe on a number of possible answers including mental health, parenting, drug use, motivation...
 - Trying to get at what organizing principals, framework or system, (formal or informal) help you think about and respond to these different scenarios. Be prepared with an example.
- What specific coursework, trainings or experiences have provided you with the necessary knowledge and experience to help students with school refusal behavior?
 - Walk me through what you do when you have a student with SRB.
 - Tell me about a time when you were able to help a student with SRB change their behavior.
 - What type of trainings might help you deal more effectively with these situations?

- Are there any changes to school policies or procedures that you think would help?

We have covered your experiences with students with school refusal behavior, let's move to how the school responds to these students.

- What do you think the role of (your position) is when a student is not coming to school regularly?
 - How does your view align with the practices at Hillsborough High School?
- Aside from the (your position), who else plays a crucial role in helping students with school refusal behavior?
- What role do school policy and procedures play in addressing students with SRB?
- What type of interventions do you or the team around the student typically suggest when working with parents and students with school refusal behavior?
 - What role do the parents play in this process?

Thank you for your time. I genuinely appreciate the valuable insight you have provided.

Appendix C: Observation Protocol

The High School Response to School Refusal Observation Structure

Event:

Date:

Time:

Location: Guidance Conference Room

Observer: Steven R. Jablonski

Participants:

Diagram of Room

Visual Description of Participants

Dialogue