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PATTERN OF SCHOOL REFUSAL BEHAVIOR ON STUDENTS; BACKGROUND, TRIGGERS, FAMILY PROFILE AND TREATMENT

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Abstract:
School refusal behavior refers to the avoidance of a child attending school and/or persistent difficulty staying in the classroom throughout the school day. Based on a review of the scientific literature, the purpose of this study are: first, examine the pattern of school refusal from the perspective of psychoanalytic theory; the theory of behavioral and cognitive theory. Recognizing the background, trigger school refusal and intervention strategies. This paper concludes that: first, the school refusal background in psychoanalytic is from separation anxiety and hallucinations, in the cases studied student are frightened to his teacher manifested as though seeing a ghost in the classroom and outside the classrooms. In Cognitive view, the background of the school refusal i.e.: affected by irrational beliefs of students to the school. In behavioristic theory argues that school refusal as a learned response to specific stimuli associated with the school environment. The triggering factors of the school refusal i.e.: a) the child has anxiety, such as (separation anxiety), b) the fear experienced by children related to academic activities, c) a parent is sick or conflict in the family, d) the intensity of stress while at school in caused because teachers or a friends at school. Parents profile who triggered the school refusal i.e.: the parents who often took his son away and let their children do not attend school, and parents quarrel. Interventions for reducing school refusal behavior can vary in strategies i.e.: cognitive restructuring, reframing, exposure (systematic desensitization, in vivo desensitization), differential reinforcement, modeling, and extinction.

Keywords: pattern of behavior, school refusal, triggers, interventions

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1. Introduction

At present, the school has become an essential environment that cannot be separated from the child's life because most of the time children spent on activities at that place. But there are some children who cannot enjoy school activities because of excessive fear feeling (Beidel & Turner 2005). This fear may be caused by less pleasant events associated with teachers, friends, lessons, or even a problem with the family, which makes the child feel uncomfortable to go to school. Unfortunately, not all children are able to express the problem to others and tend to hide his fear itself (Wenar & Kerig, 2005). It makes them do not get help to resolve his problem although, on the other hand, they are also difficult to find a way to overcome his fears. Quite often children end up refusing to go to school to avoid the things that he feared.

School refusal peaks at ages 5-6 and 14-15, however, the mean age falls around 10. Overall, school refusal is equally distributed among gender, socioeconomic status (SES), and intelligence (Kearney & Albano 2000). There are, however, some demographic variables that are associated with specific subtypes of school refusal. For example, children with a low SES tend to be more anxious or fearful of social elements of school (teachers and peers), whereas those from higher SES's are more afraid of evaluative situations such as grades and exams. Further, school refusal with or resulting from separation anxiety seems to be comprised of more females, while school refusal associated with a specific phobia seems dominantly male (King, Ollendick, & Tonge 1995).

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

Kearney (2007) suggests, or whether school refusal behavior should be distinguished from truancy as a different type of school attendance problem, as Heyne and colleagues (2001) recommend. Although there is no definitive consensus, there seems to be general agreement among a number of scholars in this area that there are different types of "nonattenders" (Elliott, 1999; Heyne et al., 2001). Scholars have described school refusal behavior fairly consistently, with a few exceptions (e.g., Kearney, 2008), as a subtype of nonattender: students who have attendance difficulties resulting from emotional distress. Although there is a lack of consistency in the literature regarding the operationalization of school refusal, this review will adopt the definition of school refusal as school non-attendance associated with anxiety or distress. The prevalence of school refusal is similar across socioeconomic groups and gender but is more common between the ages of 5 and 8 and 10 and 15, when children are either starting school or experiencing transitions between schools (Fremont, 2003; Heyne et al.,

2001; Last & Strauss, 1990). Children who present with school refusal may meet criteria for multiple internalizing and externalizing behavior problems, including anxiety, depression, phobia, separation anxiety, aggression, temper tantrums, and non-compliance (Egger, Costello, & Angold, 2003; Heyne et al., 2001; Kearney, 2001).

School refusal is a complex problem that has been found to have multiple causes and be maintained by factors across the child's ecology (Thambirahah, Grandison, & De-Hayes, 2008). The onset of school refusal can occur gradually, either with no obvious etiology or as a result of a specific trigger. Stressors implicated in the onset of school refusal behavior include illness, problematic family dynamics, traumatic experiences, and school-related factors (Kearney & Bates, 2005). Individual factors associated with school refusal include personality characteristics, such as introversion, temperament, low self-confidence, and behavioral inhibition (Thambirajah et al., 2008). Family factors include increased rates of panic disorder and agoraphobia in parents of children with school refusal behavior, dysfunctional family interactions (e.g., overdependency, conflict, detachment, and isolation of family members), and poor communication (Bernstein & Borchardt, 1996; Martin, Cabrol, Bouvard, Lepine, & Mouren-Simeoni, 1999). Individual, family, and school context appear to be important to understanding the causes as well as the maintenance of school refusal behavior.

2. Characteristics of students with school refusal

Anxiety, depression, and physical complaints are frequently associated with school refusal. 1) Anxiety, Students with school refusal often exhibit separation, social/performance, or more generalized anxiety reactions as well as other anxiety disorders. Separation anxiety. Students with separation anxiety, which is most common in younger children, become preoccupied with thoughts of harm befalling a loved one and are overly dependent on parents and other caregivers. They may cry, kick, or run away to avoid coming to school. Many young children experience separation anxiety in preschool or when starting kindergarten. However, if the behavior continues for weeks or even months, it is more serious and needs to be promptly addressed. 2) Social/performance anxiety. Students with social/performance anxiety worry about what others think, are concerned about how they will be judged, and fear humiliation. They may have intense anticipatory anxiety about giving speeches, taking tests, or participating in sports. 3) Generalized anxiety disorder. Students with a generalized anxiety disorder (GAD) have excessive anxiety and worry about any number of situations and events. Their worry and anxiety is over and above

3. Etiology

The origin of school refusal shows heterogeneity similar to its behavioral presentation. Different factors that may influence the development of school refusal include a genetic predisposition, the home and family environment, the school environment and social pressures, as well as learning theories that emphasize the role of social reinforcement

and modeling (King, Ollendick, & Tonge, 1995). It is possible that the four functions of school refusal may have distinct patterns of contributing factors, however, this research is only in the early stages (Kearney, 2007).

A genetic predisposition is an inborn vulnerability that would place a child at higher risk for anxiety or emotional disturbances. Essentially, some expression of the genetic code makes these children more susceptible to developing school refusal behavior in response to anxiety or fear-provoking situations. This may be seen more dominantly in the first three profiles; avoidance, escape and attention seeking (Kearney & Albano, 2000). Temperament is another genetic factor that has been implicated in school refusal. Emotional reactivity, activity level, mood, and adaptability are components of temperament that can influence how we handle difficult situations. Finally, separation anxiety has been shown to have a weak genetic component (Doobay, 2005; Masi, Mucci, & Millepiedi, 2001). This means that if someone in the child's family has difficulties with anxiety, the child may be a greater risk to develop separation anxiety, and in turn more likely to refuse school.

3.1 School refusal as an overview of the perspective of "unconscious" Freud theory

Freud with his psychoanalysis has been the approach in the interpretation of behavior. Freud is a figure of the most widely discussed for the existence of the subconscious or the unconscious. According to Freud, the subconscious full deep thoughts and emotions and sometimes can express in various forms, one of which hallucinations. Freud said that although the subconscious is a part that missing from sight and its existence is often not realized, instead he is a deep conflict which will affect the behavior of individuals (Freud in Sharon, 2005). Thus, Freud's approach is one approach that gives contribution individuals psychic who are often difficult to be understood by the naked eye.

On this basis, Freud's approach will be used to analyze one case of school refusal which is based on hallucinations, namely the students fear to go to class and school that caused the students as if seeing a ghost. The approach will be one of the foundations in the reading and study of conversation between the counselor and counselee.

One of the concepts developed by Freud is about the unconscious. According to Freud, the basic schematic of the individual soul is divided into three parts, namely conscious containing matters is based, natural pre-conscious that contain memory which can be recalled in conscious with little effort, and unconscious into place for the wishes, desires, thoughts, and emotions within the individual that cannot appear in consciousness, either caused by painful or desire. Freud strongly emphasizes the existence of the unconscious because although it is not realized, the unconscious is actually mostly affected individual behavior.

According to Freud, the unconscious material that contains something painful or desires through repression mechanism that is essentially a mechanism that closes minds, attitudes, and memories from conscious. However, as revealed by Freud, "*everything that is repressed is unconscious; but we cannot assert that everything unconscious*

is repressed" (Freud, 1956) which means that it does not always matter which is in repressing the unconscious.

3.2 School refusal based on behavioral perspective

The behavioristic theory argues that school refusal as a reaction to a specific stimulus learned related to the school environment. If the stimulus gets reinforcement associated with school refusal, then the behavior will be stronger / survive. According to Walker and Robert (1992: 168) school refusal is a form of behavior that cannot adapt to the learning, which is a school refusal behavior maladaptive with learning, is basically a behavior arising from the stimulus arising from the interaction of the mother and child. Kids who learn that school refusal stimulus acquired while he was at school was not fun when compared to the time he shared with his mother. This behavior is reinforced by reward or reinforcing factors (reinforcement) of mothers' behavior (parenting) is likely to increase if the child does not go to school, and so on then, the child develops a school refusal behavior.

At school refusal behavior, anxiety factor originated from low self-reliance among the interaction of parents and children who are too dependent on each other, so that when the parent and child interaction is experiencing a bottleneck, then it can cause anxiety in children in particular. When a child who always wants to be close to her mother can create a variety of reasons to stay at home, and the mother succumbs to these reasons, the child will receive reinforcement that is a pleasure to stay at home. If the behavior occurs repeatedly, then the child will learn from the response that each time the child's mother will not go to school for various reasons, his mother would allow. In accordance with the behavioristic theory, in which the mother's behavior unconsciously occur as conditioning the child's behavior. The relationships formed between parents and children were also able to affect the incidence of school refusal behavior in children. One example of the relationship between children and parents are parenting, which can also lead to breaking down the school (school refusal) in children. Inadequate parenting as a discipline is lacking, over-involvement or neglect of parents can raise or strengthen school refusal in children.

3.3 School refusal based on cognitive perspective

The etiology of school refusal behavior is complexly determined, however, temperament, family influences, and school experiences have been identified in the etiology of school refusal (King, at all, 1995). In additional stressful live events at home or school frequently, occasion the onset of school attendance difficulties. Regardless of the initial cause of school refusal, the anxiety reduction associated with avoidance and/ or positive reinforcement received for staying at home become a powerful motivating condition for the child to continue to refuse to go to school.

The reciprocity between these factors and the child's perception and cognitions must also be emphasized. Clinical evidence suggests that school-refusing children have low self-efficacy and engage in anxiety-arousing thought in ambiguous or threatening situations. Parents may fail to work consistently as a team in helping their child and or

lack the requisite child behavior management skills to ensure that the child return to school (King, at al., 1995).

4. The trigger of the school refusal

School refusal is often the result of separation anxiety, social anxiety, or performance anxiety (e.g., about speaking in front of others), or anxiety related to test-taking, athletic competition, or academic difficulties. Students may refuse to attend school to escape from a situation that causes anxiety or to gain attention from a parent or other caregiver. Some students may feel that the school environment is cold and unwelcoming and a place where they experience failure. Consequently, they give up and just stop coming. Some students feel unsafe at school due to bullying or gang activity, and experience emotional difficulties associated with coming to school.

School refusal has been found to occur more often after vacations, weekends, or at the beginning and end of the school year. Events that prompt school refusal includes the death of a loved one, a prolonged illness, moving or changing schools, entering kindergarten, and the transition from elementary to middle school. The problem is more severe in older children than younger children.

The cause of school refusal but in general Setzer & Salzhauer (2006) cites four reasons for avoiding school, namely: (1) to avoid the object or situation that is associated with the school that brings distress; (2) to avoid the situations that bring discomfort both in interactions with peers or in academic activities; (3) to seek attention from significant others outside out of the school; and (4) to look for pleasure outside school.

The home environment can be a cause of significant stress, and this stress can result in school refusal behavior. For example, moving to a new house or city may mean changing schools. This can be very difficult for children, especially if they did not want or expect to change. As a result, they may refuse to go to the new school as a way of fighting that change (King, Ollendick, & Tonge, 1995). Family stress can also play a role in school refusal. Illnesses, accidents, operations or deaths within the family can be a cause of acute school refusal, which may develop into chronic refusal if the child gains access to reinforcement from not attending school. Another consideration of the home environment is any marital conflict or parental psychopathology. These issues can lead to school refusal because they cause stress to the child, and also have an impact on parenting practices. Worse still, they can impact the effort and willingness of the parents to find solutions and resources for their child's school refusal. In these situations, it is important to find a therapist who understands how to work with the parents as well as the child (Kearney & Albano, 2000).

Although school factors are more straightforward, there is a substantial number of potential problems. Tests, homework, social pressures, bullying, and public speaking can all be sources of anxiety or fear leading to school refusal. The problem lies in understanding which factor is responsible for the refusal behavior. Bullying, homework, and social pressures can be consistent or daily, whereas tests, presentations

and public speaking are less frequent. This is when soliciting the teacher is most helpful, as they can provide a schedule of homework, tests, and presentations while also giving insight into the classroom dynamic. If there is an issue of bullying, there is a good chance the teacher knows about it, or can at least make an educated guess. Using information from both the child and the teacher should be a priority in determining the cause of school refusal (Kearney & Albano, 2000).

5. Parents profile that triggered the school refusal

The emergence of the school refusal is usually associated with family factors. A school refusal children have been found to be associated with different patterns of interaction that are less healthy in the family, such as the presence of excessive dependence between family members, communication problems and the issue of the division of roles in the family (Fremont, 2003; Hogan, 2006).

Children experiencing schools refusal usually also show distinctive personality types. Hogan (2006) report that they tend to have personalities that are sensitive, sensitive to criticism and evaluation. They are less able to manage emotions. Gelfand and Drew (2003) state that most children who have school refusal are a perfectionist who shows excessive concern about academic performance. Treatments in school refusal children should be directed to school back as early as possible (Fremont, 2003).

The cause of school refusal is very diverse and varies between children. The specific stimulus that can trigger a schools refusal include (Piliang 2004, Brill, 2007): Problems in the family school refusal in children may occur due to the problems being experienced by families. For instance, event suffering ill of family members makes the child does not want to leave the house for fear of something bad happening to the family members. Besides squabbling parents also triggered the children school refusal, children are reluctant to leave parents to feel responsible for assisting parents who are troubled.

6. The Intervention

Learning theories can also be used to understand the initiation and maintenance of school refusal. Most of these theories focus on the role of reinforcement; however, there is also a social learning theory that includes modeling and shaping of behavior (King, Ollendick, & Tonge, 1995). For example, mothers are often seen as a safe place during early childhood development.

Fear can be learned through direct conditioning, vicarious conditioning (modeling), or the transmission of fear messages (King, Ollendick, & Tonge, 1995). A fear of school and school-related stimuli can be developed in a child by watching their older siblings or friends display a fear reaction (modeling), or simply by listening to their parents discuss a fearful element of school (transmission of fear messages). While it is possible to develop a strong fear simply by observations or based on accounts of others, it seems that direct conditioning is more likely to be involved in fear-based cases

of school refusal (King, Ollendick, & Tonge, 1995). This type of learning includes the child experiencing the feared situation or stimuli his or herself. This experience can lead to the development of a specific phobia, which would propagate the avoidance of that stimulus. If the stimulus is within the school environment, school refusal behavior may follow.

Psychosocial interventions for youth who exhibit school refusal behavior generally fall into one of four categories: behavioral approaches, cognitive-behavioral therapy (CBT), family therapy, and non-behavioral, non-CBT individual therapy. All psychosocial interventions that aim to increase attendance and decrease anxiety in school-age youth who exhibit school refusal behavior will be eligible for inclusion in this review.

Psychosocial interventions for reducing school refusal behavior can vary in format, duration, setting, treatment components, and intervention targets. The formats can include individual, group, and/or family interventions. Duration can vary from brief interventions (6–8 weeks) to interventions that span across a school semester or school year. Interventions are most commonly delivered in a school or clinic setting. Treatment components can vary as well. Although most school refusal interventions involve CBT, they employ a number of different strategies that vary from program to program. School refusal interventions are generally either child or parent-focused. Master's or doctoral therapists generally deliver school refusal behavior interventions to children individually or in a group setting and to parents in the form of parental skills training.

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

Behavioral interventions such as in vivo exposure and contingency management have been successfully used in the management of school refusal (Kennedy, 1965; Lazarus et al., 1965; Blagg and Yule, 1984). Reflecting a more contemporary clinical approach, Mansdorf and Lukens (1987) used cognitive-behavioral procedures in the treatment of two separation-anxious youngsters exhibiting school refusal. In addition to graduated school return and contingency management, subjective anxiety was successfully reduced through cognitive restructuring. More recently, we proposed a treatment model involving child therapy and parent/ teacher training (King et al., 1996). Child therapy entails the use of behavioural and cognitive procedures directly with the youngster. This level of intervention aims to help the child cope with the stressors (e.g. separation from mother, peer bullying and teasing) associated with school return or regular school attendance. However, the involvement of parents and teachers is usually essential for

Table 1: Functional profiles of school refusal

Functional Profile	Description	Associated Associated	Prescriptive Treatment
Avoidance	To avoid school-related objects or situations that cause general distress/ negative affectivity	Generalized anxiety disorder; specific phobia; panic disorder; emotional disturbance; depression; agoraphobia	Psychoeducation; exposure; systematic, desensitization; self, reinforcement
Escape	To escape aversive social and/or evaluative situations at school	Social phobia; depression; social issues or anxiety; shyness	Psychoeducation; role play; modeling; cognitive therapy; social skills groups
Attention	To receive attention from significant others outside of school	Separation anxiety disorder; oppositional defiant disorder; noncompliance	Parent training; contingency management; differential reinforcement
Rewards	To pursue tangible reinforcement outside of school	Oppositional defiant disorder; conduct disorder; substance abuse	Contingency contracting; response cost

Note: Adapted from "When Children Refuse School: A Cognitive-Behavioral Therapy Approach," by C.A. Kearney and A.M. Albano, 2000, p. 3-5.

Since the development of the four functional profiles of school refusal, prescriptive treatment plans now exist and are receiving growing empirical support (King, Heyne, Tonge, Gullone, & Ollendick, 2001). Once a functional profile is found to be the primary contributor to the school refusal behavior, the prescriptive treatment plans offer a simplistic program for that functional profile (see table 1). These prescriptive treatments utilize evidence-based cognitive and behavioral methods to alleviate the fear or anxiety associated with the school, or they attempt to combat the positive reinforcement provided by either attention or tangible rewards. These treatments are designed to provide a heuristic approach; however, every treatment program should be tailored to the individual child or family. This section will focus mainly on these treatments provided by Kearney and Albano (2000), followed by a short summary of other treatments which have been used historically.

Profile 1: Avoidance

Treatment for children who refuse school as a method of avoidance of school-based stimuli should focus on changing that stimulus so that it no longer produces a feeling of dread, fear, or anxiety. Some elements of this treatment include building an anxiety/avoidance hierarchy of specific stimuli, teaching relaxation skills to help decrease somatic arousal, and conducting systematic exposure to the desensitize the child to the stimulus.

Anxiety/avoidance hierarchy: An anxiety/avoidance hierarchy is a table that includes space for a situation or object and a place for the child to rate it both in terms of the amount of anxiety it produces and the degree to which they avoid it. To create an anxiety/avoidance hierarchy, the therapist should compile index cards with situations or objects that the child fears or avoids. Once presented to the child, the therapist can

ask him or her to rank them in terms of how they feel about that situation or object. Some education may be necessary for the child to understand the anxiety or fear process, but it will have great benefit in both understandings what makes the child refuse school and how to direct treatment. When the child is ready to begin systematic exposure, the therapist can begin with the item that causes the least amount of anxiety and works his or her way up the hierarchy.

Relaxation Training: There are many different methods of relaxation training available. While many of these are well-established techniques, a combination of progressive muscle relaxation and deep diaphragm breathing is preferred. Deep diaphragm breathing is achieved by inhaling through the nose and exhaling through the mouth. Progressive muscle relaxation is a technique in which a muscle group is isolated and contracted for five seconds, and then released. You can start with any muscle group, but the process should be linear (e.g. feet to head to hands, hands to head to feet).

Systematic desensitization: Systematic desensitization is the process of gradually introducing a feared stimulus in a small, stepwise fashion. A stimulus is presented to the child in imaginal form, often just the thought of the stimulus in the beginning stages. The child is instructed to raise his or her hand once the level of anxiety becomes excessive. As treatment continues, more realistic representations of the stimulus are introduced as the child learns to cope with them. Once the child is comfortable with any imaginal representation of the stimulus, it is possible to introduce *in vivo*, or real life desensitization, in which the child is placed in the context of that stimulus. Rather than listening to or viewing descriptions of the stimulus, the child and therapist role-play the situation. The process continues in the same stepwise fashion, slowly increasing the realism of the stimulus until the child no longer experiences anxiety in the presence of that stimulus. Because this is such a delicate process, it is important to begin it only after teaching relaxation and coping strategies, as well as reviewing the anxiety and avoidance hierarchy, beginning desensitization with the lowest stimuli.

Profile 2: Escape

Children who refuse school to escape situations in which they are being evaluated (e.g. oral reports, public speaking, taking a test) often feel extensive amounts of anxiety in these situations, so much that it makes them unbearable. Treatment for these children should identify any negative cognitions or thoughts they may have, teaching coping mechanisms to change those thoughts, and gradually exposing them to the anxiety-producing situations.

Identifying negative thoughts: Depending on the age of the child, a STOP program can be useful in determining what negative thoughts occur and in what situations. STOP is an acronym with four components: S- am I feeling Scared?, T-what am I Thinking?, O- Other helpful thoughts, and P- Praise for using this model and Plan for next time. If a child is younger, simply imagining a stop sign can be helpful in decreasing anxiety. Once any negative thoughts are identified, they can be labeled and targeted.

Challenging and changing negative thoughts: Once the negative thoughts are identified, the therapist and child or adolescent must work together to change them. One commonly used strategy is to ask questions that can help refute negative and anxiety-provoking thoughts. These questions can include challenging the likelihood of the feared situation, questioning if the person actually knows what others are thinking, or determining the most realistic consequence or outcome of a situation. It will be important to practice a variety of these types of questions, as they apply to different situations.

Behavioral exposure (role playing): Exposure is a process of imagining a stressful situation and acting it out with another person. For treatment of school refusal, the therapist and the child or adolescent will decide upon a situation that produces anxiety. It is best to start with mild situations and gradually progress into more feared situations. During these role plays, the therapist should help the child practice the STOP techniques to cope with any anxiety they may be feeling. By going through a variety of these anxiety-producing situations, the therapist can help the child understand his or her own negative thoughts, and develop a way to cope with or challenge them. The overall goal of these sessions is that once confronted in the real world, the child will still possess the coping strategies and be better suited to handle the situation.

Profile 3: Attention

Children who refuse school for attention often exhibit noncompliance and disruptive behaviors, clinging, tantrums, refusing to move, and guilt-inducing behavior. Treatment for these children differs from the previous two profiles in that it is focused on parent education and training, as opposed to child-focused strategies. Namely, prescriptive treatment for these individuals involves restructuring parent commands, establishing routines, and setting up punishments and rewards for school attendance.

Changing parent commands: In some cases of school refusal, the child who is seeking attention is extremely adept at negotiations, and is often able to change rules and guidelines set by parents. This treatment component focuses on eliminating these negotiations by providing parents with simple and specific commands. For most cases, a list is made of commands issued by the parents that are commonly refused by the child. This list is then expanded on to include when the command should be carried through, reducing the command to its simplistic form, and ensuring that nothing will interfere with that command. Parents are also trained to deliver the request in command form, as opposed to a question, and eliminate criticism and excessive speaking. This kind of training will establish the requests as commands that need to be followed, and not optional chores that can be negotiated. This component is combined with effective consequences and rewards described below.

Establishing routines: Having a routine makes a child's day more predictable, which can limit behavioral outbursts. In establishing routines, parents are asked to make a detailed schedule of the day (every 10 minutes) that they spend with their child. It is common that there is no regular schedule, and in this case, a general outline can still be beneficial. From this, the parents and therapist work to create a basic routine for

all activities. The morning routine is most relevant to going to school, and as such should be the primary focus; however, it will be of benefit to have regular routines for all parts of the day to limit non-compliance. Having a more rigid schedule can promote a smooth transition to school. Once a routine is set and the child is used to it, consequences can be instated for deviation from the routine.

Setting up punishments and rewards: This treatment begins with the parents listing what disciplinary actions and rewards have been used in the past, and how successful they were. Then, with the help of the therapist, appropriate consequences and rewards are selected. After this, another list of negative and positive behaviors is made, and these behaviors are ranked in order of severity. Then the parents and therapist match punishments and rewards to the negative and positive behaviors, respectively. Because this child is assumedly refusing school for attention, it is helpful to include ignoring negative behavior and praising positive behavior as a consequence. Attention should be paid to what consequences seem to work, but a special emphasis should be directed to the consistency with which the consequences are applied.

Profile 4: Rewards

Children and adolescents who refuse school to pursue tangible reinforcement outside of school are often secretive about their refusals and may demonstrate behaviors such as aggression, running away, disruptive behavior, and substance use. Again, like the child refusing school for attention, treatment in this area is focused on immediate and relevant family members. The goal of this treatment is to improve problem-solving within the family through contingency contracting.

Contingency contracting: The first step in contingency contracting is setting up a specific time and place to negotiate problems. This will help prevent arguments and disputes from erupting at undesirable times. Setting time aside also shows a commitment to problem-solving and a desire to improve communication within the family. The next component involves clearly defining the problem behavior and related influences from both the parents and the child's perspective.

These perspectives will often be very different and will require a compromise for everyone to agree on the behavior. After the target behavior has been clearly defined, a contract should be developed that is satisfactory to both parents and child. This contract will include rewards and punishments for how the child follows through with the behavior. Each contract should be considered final, but there can be a progression of contracts throughout therapy, each with more complex behaviors and consequences. It is generally best to start simple and small to ensure that every party is willing to participate in the treatment. Once the contract is designed, every member of the family should read and be familiar with it before they sign it. It is important that any disagreement regarding the contract be addressed prior to implementation. Once signed, each family member should be given a copy, and a master copy should be placed somewhere where the family can see it. As therapy progresses, new contracts will be continuously made, to the point that the child or adolescent is able to attend

school with little encouragement and family members are able to communicate and problem-solve any issues that may arise.

7. Conclusion

First, the school refusal background in psychoanalytic is from separation anxiety and hallucinations, in the cases studied student are frightened to his teacher manifested as though seeing a ghost in the classroom and outside the classrooms. In Cognitive view, then the background of the school refusal i.e.: affected by irrational beliefs of students to the school. In behavioristic theory argues that school refusal as a learned response to specific stimuli associated with the school environment. The triggering factors of the school refusal i.e.: a) the child has anxiety, such as (separation anxiety), b) the fear experienced by children related to academic activities, c) a parent is sick or conflict in the family, d) the intensity of stress while at school in caused because teachers or a friends at school. Parents profile who triggered the school refusal i.e.: the parents who often took his son away and let their children do not attend school, and parents quarrel. Interventions for reducing school refusal behavior can vary in strategies i.e.: cognitive restructuring, reframing, exposure (systematic desensitization, in vivo desensitization), differential reinforcement, modeling, and extinction.

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