

ATTENDANCE SCIENCE

TIER 3 SCHOOL AVOIDANCE AND REFUSAL

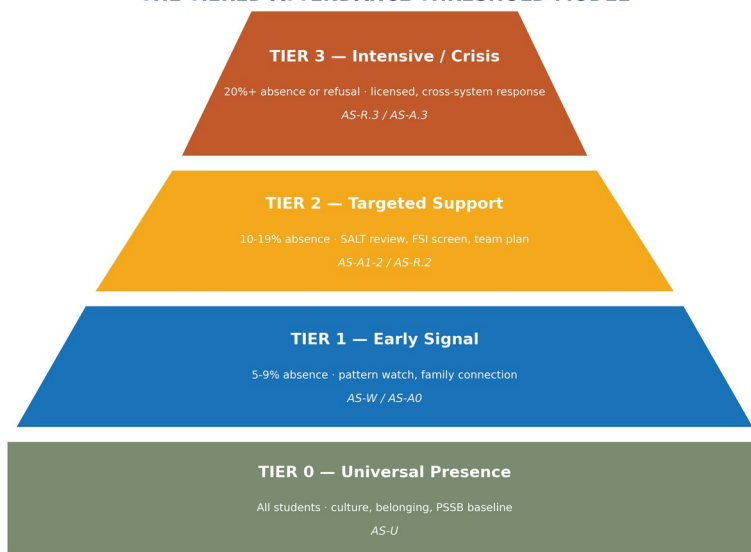
The Evidence Base for Attendance Science Practice

A Training and Reference Document

Developed by Dr. Carolyn Gentle-Genitty, Founder & CEO

Attendance USA, Inc. • Certified Attendance Professional Training Series

THE TIERED ATTENDANCE THRESHOLD MODEL



Attendance Science™ - Attendance USA

Version 1.0 • September 2026

Purpose and Audience

This document gives Attendance Science™ practitioners, school teams, district leaders, and community partners the evidence base for the hardest cases on any attendance caseload: students whose absence is driven by avoidance or refusal rather than by circumstance. It is written for Tier 3, the top of the Tiered Attendance Threshold Model, where a student's absence has become intensive or crisis-level and standard supports have not resolved it.

It answers three questions a practitioner is asked to answer every day: what is actually happening with this student, why is it happening, and what does the evidence say works. It does this in the same voice as every Attendance Science™ product: evidence-centered, practice-informed, and built around one governing belief: a rising tide raises all boats, and no student is a number.

 *Don't just count absence. Understand it. (Attendance Science™)*

This is a training and reference document, not a clinical or diagnostic manual. It supports school-based decision-making and coordination; it does not replace assessment, diagnosis, or treatment by a licensed mental health or medical professional. Where a case reaches Tier 3, coordination with such a professional is part of the standard, not an exception to it.

Who Should Use This Document

- School and district attendance teams, counselors, social workers, and administrators managing Tier 3 caseloads
- Certified Attendance Professional™ training participants completing Attendance USA's certificate series
- Community and health-system partners coordinating care with schools under the Attendance as a Vital Sign model
- University Attendance Science™ certificate faculty and students

How This Document Is Organized

- Part I: Foundations: the four-category classification and the theory underneath it
- Part II: The Evidence Base: prevalence, risk factors, and the research on what works
- Part III: The Tiered Attendance Threshold Model: where Tier 3 sits and how a case gets there
- Part IV: The Four Commitments applied to Tier 3 practice
- Part V: The Response Pathway: function-informed intervention selection
- Part VI: Equity Considerations
- Part VII: Implementation Checklist and Evidence Foundation

I. Foundations

Attendance Science™ starts from a distinction most systems skip: attendance is the tally, absenteeism is the reasons. A school that only counts empty seats can see the crisis; it cannot see the cause. Attendance USA classifies every absence into one of four categories, first before consequence, so a school responds to what is actually happening rather than to the number alone.

Category	Definition	Typical Driver
Truancy	Unexcused absence, the last-resort punitive category	Non-compliance, disengagement
Withdrawal	Caregiver-condoned absence	Family decision, work, caregiving duties
Avoidance	Environment- or anxiety-driven absence (EBSA)	School climate, safety, systemic barriers
Refusal	Psychologically driven absence, child-initiated	Anxiety, functional reinforcement (see Part II)

The four-category absence classification, Attendance Science™.

This document is about the last two categories, avoidance and refusal, because they are the two most often mislabeled as truancy, and the two most likely to escalate to Tier 3 when they are punished instead of understood.

The Theoretical Base

Attendance Science™ is grounded in Travis Hirschi's (1969) Social Control Theory, which holds that a person's bond to a social institution has four elements: **Attachment, Involvement, Belief, and Commitment**. A weaker bond on any of these elements correlates with a higher likelihood of disengagement, including from school.

The Perception of School Social Bonding instrument operationalizes this theory as a 10-item, APA-endorsed self-report measure across three sub-scales (attachment, involvement, and belief), validated on a published sample of 3,507 students (Gentle-Genitty, Keppens, & Kearney, 2025, Contemporary School Psychology). It gives a school a bond score, not just an attendance percentage, so a team can measure the relationship, not only the seat.

Where the PSSB® score is low and absence is climbing, the four-category classification and the functional model in Part II tell a team which of avoidance or refusal is in play, and which response fits it.

II. The Evidence Base

Scale of the Problem

Chronic absenteeism has not returned to pre-pandemic levels. RAND's American School District Panel found approximately 22 percent of K-12 students, roughly 10.8 million children, were chronically absent in the 2024-2025 school year, down from a 28 percent pandemic-era peak but still well above the 15 percent pre-pandemic baseline. Nearly half of urban districts reported extreme chronic absenteeism, 30 percent or more of students, making them five to six times more likely than rural or suburban districts to reach that severity.

School refusal specifically, as distinct from chronic absenteeism generally, is estimated at approximately 1 to 5 percent of all school-aged children, with similar rates across sexes and a concentration in the 5-to-10 age range, based on the pooled findings of a 2024 systematic review (Current Psychology). This is a small share of a large problem, but it is disproportionately represented at Tier 3, because refusal that goes unclassified tends to escalate rather than resolve on its own.

The Perception Gap

A student's absence and an adult's read of that absence are often not the same event. RAND's 2024-2025 data found that 26 percent of youth believed missing three weeks of school is "mostly OK," while only 10 percent of students cited anxiety or depression as their reason for missing school, and 67 percent cited illness, a figure researchers flag as likely inflated by post-pandemic over-caution rather than a true reflection of need. Older students, ages 15 to 17, were more likely than younger students to report an emotional reason for absence.

This gap matters for classification. A student who reports "sick" may be accurately describing a stomachache that is itself a symptom of school-related anxiety, a pattern well documented in the school refusal literature. Classify before you consequence means a team asks what happened before it accepts the presenting reason at face value.

Kearney's Functional Model of School Refusal Behavior

Christopher A. Kearney, Attendance Science's PSSB co-author and one of the field's most published researchers on school refusal, developed a four-function model that explains not what a student's refusal looks like, but what it does for the student, psychologically. This is the same logic Attendance Science™ applies more broadly: classify by function, not just by symptom.

Code	Function	Reinforcement	What It Looks Like
AS-R1	Avoidance of negative affectivity	Negative	Anxiety, dread, or panic tied to the school setting itself
AS-R2	Escape from aversive social/evaluative situations	Negative	Bullying, peer conflict, tests, public speaking or performance
AS-R3	Pursuit of attention from significant others	Positive	Separation anxiety, caregiver over-involvement, reassurance-seeking
AS-R4	Pursuit of tangible reinforcement outside school	Positive	Screens, sleep, work, caregiving duties, preferred activities

Kearney's four functions of school refusal behavior, coded for Attendance Science™ use (Part III explains the AS-R coding system in full).

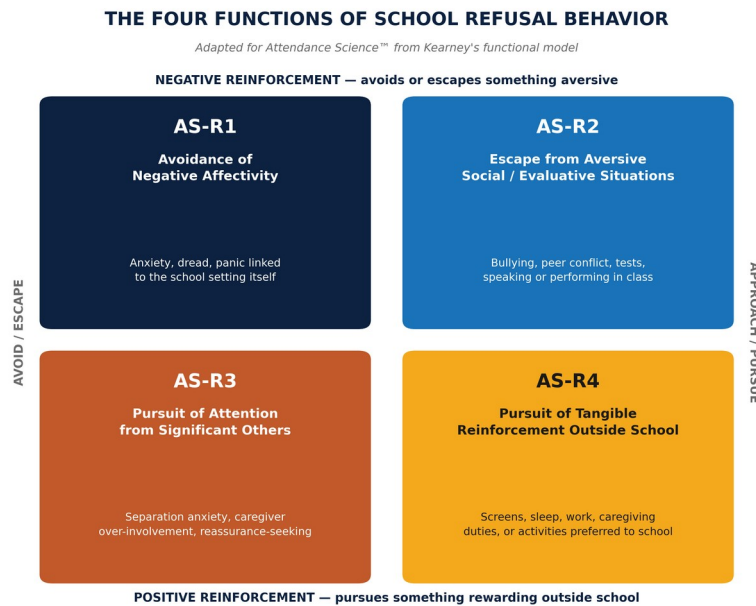


Figure 1. The four functions, mapped by reinforcement type.

Kearney's School Refusal Assessment Scale (SRAS, revised as the SRAS-R) operationalizes this model as a 16-to-24-item rating scale completed by both child and parent. The highest-scoring function, or functions within 0.25 points of each other when more than one applies, identifies the primary driver, which then determines the intervention: anxiety-management techniques for functions 1 and 2, contingency management with caregivers for functions 3 and 4. Function, not category alone, should drive the plan.

Emotionally Based School Avoidance: What Intensive Care Looks Like

Emotionally Based School Avoidance (EBSA) is the term used across much of the international literature for the same phenomenon Attendance Science™ classifies as avoidance and refusal. A 2026 scoping review (Ratnamohan et al., *Frontiers in Psychiatry*) examined 19 publications describing 17 samples across 13 intensive intervention programs, specifically for young people whose EBSA had not responded to standard outpatient care, the population that defines Tier 3.

The review found four program intensity levels and five recurring therapeutic mechanisms:

Program Type	Structure	Reported Outcome
Intensive outpatient	Daily clinic-based CBT or DBT, 3-16 weeks	60% reached 90%+ attendance post-treatment (Hannan, 2019, n=25)
Alternative education	School-based, embedded mental-health support	7 of 7 achieved successful return; 5 of 7 maintained 70%+ attendance at 6 months (McKay-Brown, 2019)
Day hospital	4-5 days/week, integrated mental health + classroom, 15-30 weeks	96% returned to full-time school (Denis, 2018)

Program Type	Structure	Reported Outcome
Inpatient hospital	5-7 days/week residential, 8-12 weeks	82-86% reached 90%+ attendance at 2 months; 64% maintained gains at 9 months (Walter, 2010)

Intensive EBSA program types and outcomes (Ratnamohan et al., 2026 scoping review).

A separate prospective cohort of 65 adolescents with severe anxious school refusal found 53 percent achieved 80 percent or higher attendance at six months (Denis, 2026). Across the reviewed programs, psychiatric comorbidity was common, ranging from 37 to 88 percent of participants, and anxiety and depressive disorders were the most frequent diagnoses. The mean duration of EBSA before intensive intervention began was 3 to 24 months, a finding with a direct implication for practice: the earlier a case is classified and escalated appropriately, the shorter and less intensive the eventual intervention tends to be.

The five therapeutic mechanisms that recurred across effective intensive programs give Tier 3 teams a checklist independent of any single program model:

- **High-intensity graded exposure:** a structured, stepped re-entry to the school environment rather than an all-or-nothing return
- **Educational scaffolding:** ongoing calibration of academic demands to the student's current capacity, through smaller classes and tailored expectations
- **Therapeutic peer milieu:** peer-based learning and social normalization within a group setting
- **Health-education systems coordination:** deliberate effort to mobilize and prepare the student's home school for their return
- **Transitional space:** an intermediate setting that bridges intensive care and full return to the home school

What the Treatment Literature Shows

A 2024 systematic review (Current Psychology) found cognitive-behavioral therapy (CBT) is the dominant and most consistently effective intervention across the school refusal literature, with additional support for dialectical behavior therapy for youth needing broader emotional-regulation skills, parent-child interaction therapy for preschool-age children, parental counseling, and school-based rapid-return approaches. The review's clearest practice implication is that younger children benefit more from intervention, which argues for early classification and response over a wait-and-see approach at every tier, not only Tier 3.

Risk factors identified across the review cluster into three levels, consistent with Attendance Science's own systems view of the student:

Level	Risk Factors
Individual	Anxiety (general, school-related, social), depression, bullying exposure, low self-efficacy, emotional dysregulation, neurodevelopmental disorders, trauma
Family	Parental depression, high performance pressure, low parental education, single-parent households, dysfunctional family processes
Environmental / School	School transitions, inadequate teacher support, social inequalities, minority status and cultural barriers

Risk factors for school refusal, by level (Current Psychology, 2024 systematic review).

These three levels map directly onto the Family Stability Index™ domains (Safe, Housed, Nourished, Connected, Supported) and reinforce a finding already published from Attendance USA's own work with the Fight For Life Foundation: family stability is the leading measure of success for student attendance. Consistent, stable caregiving households show a significant reduction, in some cases a near-disappearance, of attendance issues.

III. The Tiered Attendance Threshold Model

Attendance Science™ replaces the single 10 percent chronic-absenteeism cut point with a tiered model, because a flat threshold treats a student missing 11 percent of school the same as one missing 45 percent, and treats withdrawal the same as refusal. The Tiered Attendance Threshold Model borrows its structure from Multi-Tiered Systems of Support (MTSS), already familiar to most school teams, and layers the four-category classification and coding system on top of it.

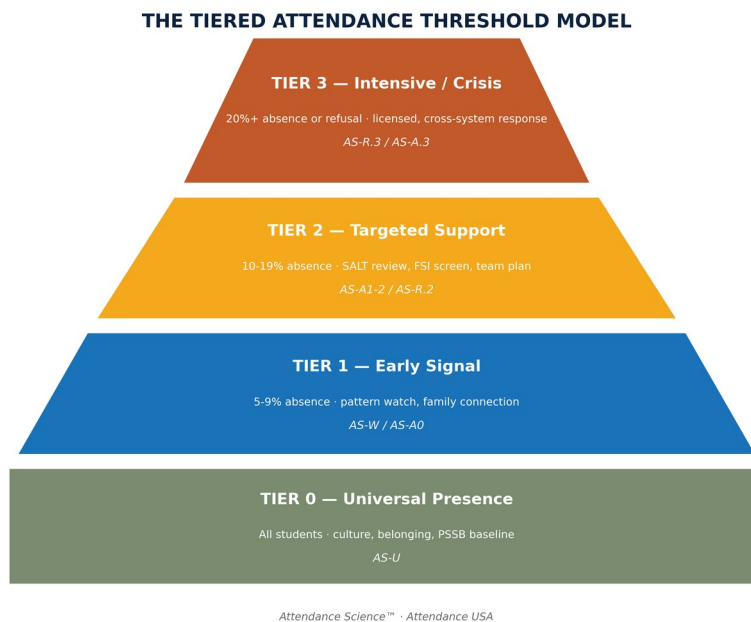


Figure 2. The Tiered Attendance Threshold Model.

The ASC-AR Coding System

The Attendance Science Classification of Avoidance and Refusal (ASC-AR) gives a school team a short, shared code for what would otherwise be described inconsistently from one staff member to the next. It is a new operational tool built for Attendance USA's implementation work, modeled on Kearney's peer-reviewed functional model and the four-category classification above; it is **not** a clinical or medical diagnostic instrument, and a Tier 3 code is never a substitute for evaluation by a licensed provider. The full coding manual is delivered as a companion document to this brief.

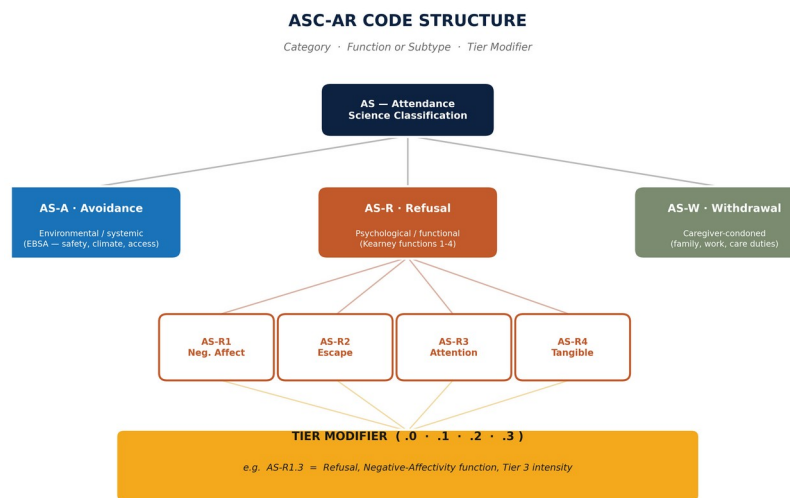


Figure 3. The ASC-AR code structure: category, function, tier modifier.

Why Tier 3 Requires a Different Standard of Evidence

Attendance USA's own published case study offers a useful caution against over-escalating. In a K-means clustering analysis of roughly 30,000 reported behaviors for 300+ K-6 students, later validated on a further 30,000 data points (Gentle-Genitty, Bowen, Kearney, Jackson, & Lashbrook, 2024, in *Supporting and Accommodating Students with Special Health Care Needs*, Rowman & Littlefield), about 80 percent of students needed only Tier 1, universal supports plus being present. Of the full sample, 71 percent were classified low risk, 11 percent medium, and 18 percent high risk, with medium and high risk concentrated at ages 7 to 9. Attendance-related behavior, not test scores and not demographics, was the factor that separated low-risk from high-risk students.

The practice implication: Tier 3 is not the default response to a hard case. It is reserved for students whose presentation is severe, whose standard supports have already failed to resolve it, and where coordinated, licensed-provider involvement is the evidence-supported next step, consistent with the intensive-program population described in Part II.

IV. The Four Commitments, Applied to Tier 3

Attendance USA's Four Commitments, first published in *Schools Spared, Children Punished*, are the operating standard for every tier. At Tier 3 they carry the most weight, because the cost of getting them wrong is highest.

1. Classify before you Consequence

A Tier 3 case is not disciplined into attendance. Before any consequence is considered, a team applies the four-category classification and, where refusal is suspected, a function screen (Part II). Punitive response to an anxiety-driven or functionally reinforced absence reliably worsens it; the evidence in Part II shows escalation, not compliance, is the typical result of enforcement-first responses to refusal.

2. Measure the Bond, Not just the Seat

A PSSB® screen belongs in every Tier 3 case file alongside the attendance record. A student can be present with a broken bond, and a student in intensive intervention can rebuild the bond before attendance fully normalizes; both numbers are needed to see the whole picture.

3. Respond with SALT, Not Enforcement First

SALT, Strengths, Areas of focus, Limitations, other Theories, structures the practitioner's own review of a Tier 3 case before a plan is written. Limitations means both the limitations of a punitive response and the limitations of the systems the student moves through, school, family, health care, not only the student's own limitations.

SALT Element	Guiding Question at Tier 3
Strengths	What is already working, in the student, the family, and the school, that a plan should build on rather than replace?
Areas of focus	Which ASC-AR function(s) and which FSI domain(s) are driving this case right now?
Limitations	What can this school realistically deliver, and where does the case require a licensed partner?
other Theories	Does another explanation, medical, developmental, cultural, fit the presentation better than the first read?

4. Coordinate across every system touching the student

No single system resolves a Tier 3 case alone. The evidence in Part II is consistent on this point: every intensive program model that produced strong outcomes combined school, family, and licensed mental-health or medical involvement. A Tier 3 plan names an owner for each system's piece of the work, using the O*NET + RASCI role-clarity method already standard across Attendance USA's training materials, so responsibility does not depend on which staff member happens to answer the phone.

V. The Response Pathway



Figure 4. The Tier 3 decision pathway, Attendance Science™.

Function-Informed Intervention Selection

Because functions 1 and 2 are maintained by negative reinforcement and functions 3 and 4 by positive reinforcement, the same intervention will not work for both, and a school that applies one standard “attendance plan” to every Tier 3 case is working against the evidence, not with it.

Code	Function	Evidence-Supported Response Direction
AS-R1	Avoidance of negative affectivity	Anxiety-management skills, graded exposure, CBT; reduce avoidance reinforcement without forcing flooding
AS-R2	Escape aversive social/evaluative situations	Address the specific stressor (bullying response, testing accommodations, social-skills support); graded re-entry to the triggering setting
AS-R3	Attention from significant others	Caregiver-focused contingency management; scheduled, predictable attention that does not require staying home to obtain
AS-R4	Tangible reinforcement outside school	Contingency management reducing the reward value of staying home; clear, consistently enforced routines

Avoidance (AS-A) cases, distinct from refusal, are driven by the environment itself, climate, safety, access, rather than by an internal function, so the response starts with the system, not the student: safety audits, climate repair, and access barriers (transportation, housing, health) addressed directly, cross-referenced against the Family Stability Index™ domains.

The Tier 3 Response Set

Drawing on the intensive-program evidence in Part II, a Tier 3 response set, sequenced and combined based on severity, typically includes:

- Graded exposure, a stepped school re-entry plan rather than an immediate full return
- Educational scaffolding, temporarily reduced academic demands matched to current capacity
- Individual and, where indicated, family therapy with a licensed provider (CBT is the best-supported modality; DBT for broader regulation needs)
- Case management, one named coordinator across school, family, and outside providers
- A transitional placement or program, where the home school setting itself is currently not tolerable
- Scheduled re-screening of PSSB© and attendance at 6 to 9 weeks, to step a student down a tier as gains hold

VI. Equity Considerations

Tier 3 caseloads are not evenly distributed, and the evidence base says so plainly. A team applying this brief should expect, and plan for, the following documented disparities:

Population	Finding	Source
Children with disabilities	14.8% chronically absent for health reasons, vs. 4.4% of children without disabilities	CDC NCHS Data Brief No. 498 (2024)
Children in fair/poor health	28.7% chronically absent for health reasons, vs. 5.1% in good-to-excellent health	CDC NCHS Data Brief No. 498 (2024)
Students with disabilities / Hispanic English learners	Highest overall absence rates of any subgroup studied (26% and 24.1%)	Economic Policy Institute (2018)
Teen girls	20% cannot afford menstrual products; 25% report missing school for lack of access	Thinx/PERIOD.org "State of the Period" study
Teen mothers	Only 50% earn a high school diploma by age 22, vs. 90% of peers who did not give birth	Annie E. Casey Foundation

None of these disparities are reasons to assign a punitive classification. They are reasons a Tier 3 team screens for the underlying, addressable condition, health access, disability accommodation, economic barrier, before assuming the presentation is purely psychological refusal. This is the practical meaning of Classify before you Consequence at scale: a system that consequences first will consequence its most vulnerable students first.

VII. Implementation Checklist

Take this back to your organization. A Tier 3-ready team can answer yes to each of the following:

- We classify every high-absence case into Truancy, Withdrawal, Avoidance, or Refusal before any disciplinary step
- We screen PSSB® alongside the attendance record for any student approaching Tier 2
- We have a function screen in place (SRAS-style) for any case showing refusal-pattern behavior
- We apply SALT before writing a Tier 3 plan, and the plan names a limitation the school itself cannot resolve alone
- We have a named, RASCI-clear owner for the school, family, and outside-provider pieces of every Tier 3 case
- We re-screen PSSB© and attendance at 6 to 9 weeks and have a documented step-down pathway
- We screen for disability, health, and economic barriers before defaulting to a refusal classification

Evidence Foundation

Source	Key Contribution
Gentle-Genitty, Keppens, & Kearney (2025), Contemporary School Psychology	PSSB validation, n=3,507
Kearney (SRAS / SRAS-R, functional model)	Four-function model of school refusal behavior
Ratnamohan et al. (2026), Frontiers in Psychiatry	Scoping review of 13 intensive EBSA programs
Current Psychology (2024) systematic review	School refusal prevalence, risk factors, CBT evidence
RAND (2025), American School District Panel	2024-2025 chronic absenteeism national data
CDC NCHS Data Brief No. 498 (2024)	Health-related chronic absence disparities
Gentle-Genitty, Bowen, Kearney, Jackson, & Lashbrook (2024), Rowman & Littlefield	Attendance USA / Fight For Life Foundation K-6 risk-tier case study
Economic Policy Institute (2018)	Absenteeism by subgroup and academic impact
Heyne & Brouwer-Borghuis; Halligan & Cryer, Continuity in Education (2022)	School refusal signposts; Emotionally Based School Avoidance

A rising tide raises all boats. (Attendance Science™)