

Play and Graded Exposure Psychotherapies on School Refusal Behaviour among Lower Basic Pupils in Public Schools in Ogun State, Nigeria

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Keywords

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play therapy, graded
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Abstract

This study examined the effects of Play Therapy (PT) and Graded Exposure Therapy (GET) on School Refusal Behaviour (SRB) among Lower Basic Pupils (LBP) in public schools in Ogun State, Nigeria. The moderating effects of gender and Academic Self-efficacy (ASE) was also examined. A pretest-posttest, control group quasi-experimental design with a 3x2x3 factorial matrix was adopted. The multistage sampling procedure was used. Three Local Government Areas were randomly selected. Three schools (one per Local Government Area) were randomly selected and assigned to treatment and control groups. The pupils were screened with the School Avoidance Scale ($\alpha=.76$) and School Attendance Register. 45 pupils who scored above 30.0% were assigned to PP (16), GET (15) and Control (14) groups. The instruments used were School Refusal Assessment ($\alpha=.75$) and ASE ($\alpha=.87$) scales. The intervention lasted eight weeks. Analysis of Covariance and Bonferroni post hoc test were used to analyse data at 0.05 level of significance. There was a significant main effect of treatment on SRB among the pupils ($F_{(2, 28)}=91.10$; partial $\eta^2=0.87$). The participants in control group had the highest post mean score (80.56), followed by GET (39.65) and PT (36.15). This implies that the PT reduced SRB most among LBP followed by GET. There were no significant interaction main effects of treatments and gender, treatments as well as gender and ASE on SRB. The three-way interaction effect was also not significant. PT and GET were effective in reducing SRB among LBP in Ogun State, Nigeria, irrespective of their gender and academic self-efficacy. Counselling and educational psychologists should make use of this intervention when dealing with such pupils.

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INTRODUCTION

School refusal describes students' unwillingness or inability to attend school as a result of underlying problems, mental anguish, fear, or anxiety. The intellectual, social, and emotional development of a child may suffer significantly as a result of this occurrence. Although schools play a vital role in giving young people the environment, they need to develop the numerous skills and information needed for modern life, there is growing evidence worldwide of issues with attachment to schools and troublesome attendance (Seçer & Ulaş, 2020).

This may make it difficult for them to go and, in certain cases, result in a high rate of absenteeism. A youngster that engages in school refusal behaviour is one who is unable to stay in class the whole day or refuses to go to school. This refusal is often the consequence of worry brought on by the loss of a significant attachment figure or by apprehension over an unpleasant circumstance at school, such bullying or an oral presentation. This broad term encompasses a child's deliberate unwillingness to attend school, remain there, or show overt and evident challenges in doing so (Kearney, 2008).

School refusal behaviour describes unexcused absences from school, or more precisely, child-motivated absences from courses, difficulties in attending classes, or staying in school all day (Ogundokun & Oderinde, 2021). One issue that is common among pupils in lower basic schools is school refusal behaviour, which is when a child willfully skips school for a number of days in a row because they find attending to school upsetting emotionally. Learners who exhibit school refusal behaviour often exhibit elevated emotions and anxiety related to their education, which may have ramifications for them outside of the classroom.

The behaviour of a child refusing to attend school is a complicated issue with several underlying reasons that have been identified by researchers (Thambirahah, Grandison & De-Hayes, 2008). School refusal might develop gradually and have no clear cause, or it can develop in response to a particular trigger at school. As discussed by Karissa, Virginia, Anne-Marie, and Camille (2022) emotional anguish is often the driving force behind school refusal behaviour, significant mental discomfort related to having to go to school and a lack of significant antisocial behaviour are its defining characteristics.

Pupils who refuse to attend school may also meet the criteria for a variety of internalizing and externalizing behaviour issues, including anger management, anxiety, melancholy, phobias, aggressiveness, separation anxiety, temper tantrums, and non-compliance (Egger, Costello & Angold, 2003). Tantrums, anger, clinging, non-compliance, refusing to move, and running away are examples of externalizing behaviour. Additional internalizing behaviour includes somatic problems, anxiety, despair, fear, and exhaustion. Refusing to attend school may have detrimental effects on students, including sadness, anger, anxiety, and fits of rage, as well as a lack of interest in extracurricular activities and poor academic achievement. Furthermore, engaging in school refusal behaviour may result in suicidal thoughts or even suicide. Students who struggle with school refusal behaviour are not far from delinquency and rude behaviour. This implies that if nothing is done to assist the situation, there might be danger in the future for the child, the parents, and the nation. Most significantly, persistent absences from school are closely linked to low academic performance. As a consequence, school refusal behaviour becomes a problem that has to be addressed right away to prevent disappointing outcomes. Therefore, this study focused on investigating the effect of play and graded exposure psychotherapies on school refusal behaviour among lower basic pupils in public schools in Ogun State, Nigeria.

Play therapy is a type of psychotherapy where pupils mostly express themselves via play and art materials when addressing emotional and mental health issues. A useful therapeutic tactic to momentarily reduce anxiety is play psychotherapy. It helps pupils to evaluate their feelings and

discuss them with the therapist or the parents (Althy, 2005). According to Landreth (2002), play is acknowledged as the one fundamental childhood activity that is enjoyable, unplanned, voluntary, and unguided by objectives. By engaging in games, a child may gain control over objects and establish a link between their internal concepts and the external environment. Pupils may share experiences, thoughts, emotions, and behaviours that they believe might be harmful (Wethinton, Hahn & Fugua-Whitley, 2008). Play therapy is a kind of therapy that helps pupils analyse their life experiences and explore their thoughts and feelings. A child's development greatly benefits from play since it shapes critical social, creative, linguistic, emotional, cognitive, and physical processes. Play is a very effective way for children to 'play out' things that they may find hard to articulate since it is a natural activity for them to learn, explore, and communicate. Play psychotherapy may thus be helpful to pupils in different method on the particular needs of each child.

The Association of Play Therapy (2020) established the clinical definition of play therapy as systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients achieve development and prevent/resolve psychosocial difficulties. Pupils get several advantages from play therapy, apart from getting emotional support, children might also get a deeper comprehension of their own thoughts and feelings. Play psychotherapy helps children recover and develop new thinking and behaviour patterns that will make them more resilient in day-to-day situations. Play also assists children in letting go of negative experiences and emotions that obstruct their learning and growth, enabling them to see the world more positively (Punnett, 2016).

Graded exposure psychotherapy is another intervention used in the management of school refusal behaviour. Exposure-based therapies, originating from the classical conditioning paradigm, attempt to reduce a young person's anxiety throughout school, making it easier for them to learn. Examples of these interventions include imaginal and in vivo systematic desensitization, as well as emotional imagery. One psychological strategy known as graded exposure psychotherapy was developed to help people face their anxieties (American Psychological Association, 2015). A fearful person will often avoid the objects, persons, or situations that make them nervous. This avoidance may momentarily diminish feelings of fear, but it may also cause long-term dread to increase. In these situations, a psychologist could recommend a graded exposure psychotherapy programme to help break the worry and avoidance pattern. Psychologists provide their patients a safe place to be "exposed" to the things they avoid or are scared of. A psychologist working with the client develops an exposure fear hierarchy in graded exposure psychotherapy, which places feared objects, situations, or activities in order of difficulty. In the therapeutic interaction, the therapist will work with the client to go from mildly to moderately challenging exposures to more severe ones.

Graded exposure psychotherapy has been shown to be beneficial in many trials, especially when treating anxiety, phobias, emotional disorders, and other associated conditions (Steven & Giorgio, 2009). Furthermore, Wolitzky-Taylor, Horowitz, Powers, and Telch (2008) did a meta-analytic investigation that verified the efficacy of graded exposure psychotherapy in several trials. There are several factors that can influenced school refusal behaviour, such factors include, parenting styles, socio-economic status, school climate and media to mention a few. This study also focused on moderating factor of gender and academic self-efficacy. Gender is described as the roles, attitudes, and actions that different civilizations identify with a person's biological sex. Bravo-Baumann (2000) defines gender as the process by which a culture or society determines the identities, positions, and advantages that men and women have in relation to one another.

Behaviour of school refusal by boys and girls often do not differ much. Diverse behaviour in school refusal has also been reported in earlier research. About 5-28% of children in school have encountered school refusal behaviour at some time, and it is frequent across all ethnic, gender, and socioeconomic groups very equally (Kearney, 2001). Samples of young individuals displaying

problematic patterns of non-attendance do not show substantial gender inequalities. Kearney, Eisen, and Silverman (1995) discovered that school refusal behaviour is gender-neutral and equally widespread in boys and girls, which lends credence to this notion. Gender has been shown to be predictive of a number of behavioural outcomes, including school refusal behaviour (Kearney, 2001). These consistent findings have led some researches to conclude that gender is not a significant factor in cases of school refusal (Kearney, 2001).

Academic self-efficacy is another moderator variable in this study that could have an effect on children's behaviour related to school refusal. Self-efficacy, according to Bandura (1994), is the belief that one can organize and execute the activities required to deal with future situations. Put another way, it speaks to individual belief capability to succeed in a particular situation. It serves as a gauge of a person's ability to complete tasks and meet goals (Ormrod, 2006). Previous research has shown that pupils with high self-efficacy feel peaceful or at ease when faced with challenging tasks, while pupils with low self-efficacy may think the task is harder than it is, which can cause stress, anxiety, and a limited understanding of the most effective way to approach problem-solving (Downey, Eccles & Chatman, 2005). Academic self-efficacy is built upon the principles of self-efficacy theory. It is believed that task perceptions, which impact performance, are influenced by self-efficacy. Nursalim, Hidayah, Atmoko and Radjah, (2018) revealed that individuals with high self-efficacy feel peaceful or at ease while taking on demanding activities instead of running away or avoiding them. However, low self-efficacy individuals may overestimate the difficulty of a task, which can cause worry, tension, and a limited comprehension of the most effective approach to problem-solving or activity.

However, students who exhibit school refusal behaviour often exhibit elevated emotions and anxiety related to their education, which may result in suicidal thoughts or suicide, delinquency and rude behaviour. This implies that if nothing is done to assist the situation, there might be danger in the future for the kid, parents and the nation. The study, therefore, examined the efficacy of play and graded exposure psychotherapies on school refusal behaviour among lower basic pupils in public schools in Ogun State, Nigeria. The moderating effect of gender and academic self-efficacy was also investigated.

Hypotheses

The following null hypotheses were tested at 0.05 level of significance;

1. There is no significant main effect of the treatment Play therapy on school refusal behaviour among lower basic pupils in public schools in Ogun State, Nigeria.
2. There is no significant main effect of academic self-efficacy on school refusal behaviour among lower basic pupils in public schools in Ogun State, Nigeria.
3. There is no two-way significant interaction effect of treatment and academic self-efficacy on school refusal behaviour of among lower basic pupils in public schools in Ogun State, Nigeria.
4. There is no two-way significant interaction effect of treatment and gender on school refusal behaviour of among lower basic pupils in public schools in Ogun State, Nigeria.
5. There is no two-way significant interaction effect of treatment and academic self-efficacy on school refusal behaviour of lower basic pupils in public schools in Ogun State, Nigeria.
6. There is no two-way significant interaction effect of gender and academic self-efficacy on school refusal behaviour of among lower basic pupils in public schools in Ogun State, Nigeria.
7. There is no three-way significant interaction effect of treatments, gender and academic self-efficacy on school refusal behaviour among lower basic pupils in public schools in Ogun State, Nigeria.

METHODS

Design

This study adopted the pretest-posttest, control group quasi-experimental design with a 3x2x3 factorial matrix. Specifically, this includes two experimental groups (Play psychotherapy and Graded Exposure psychotherapy) and one control group. The columns consist of moderating variables (gender and academic self-efficacy). Gender varied at two levels (male and female); and academic self-efficacy was varied at three levels (high, moderate and low).

Participants

The population of this study comprised both male and female pupils of lower classes that is attending public basic schools in Ogun State, Nigeria. Ogun State consists of twenty local governments and three senatorial districts which are Ogun Central with six local governments, Ogun East with ten local governments and Ogun West with five local governments. At the time of the study, there were a total of 1566 public basic schools in Ogun State, Nigeria, with a population of 8545 pupils, 4314 (50.49%) were males and 4231 (49.51) females, while their age was 7.0 ± 9.0 years. The simple random sampling technique was used to select three local governments from Odeda, Abeokuta South and Abeokuta North Local Government Areas of Ogun Central Senatorial District. Three basic schools (one per local government area) were randomly selected. The pupils were screened with the School Avoidance Scale and School Attendance Register. During the first stage of screening, 68 lower basic pupils with less than 75% attendance on the register were selected. Afterwards, School Avoidance Scale was used to screen 45 participants who scored above the threshold of 30.0. the schools were randomly assigned to Play therapy (15), Graded exposure therapy (15) and Control (15) groups.

Instrumentation

The instruments used in this study were:

1. School Avoidance Scale by Smith (2011). (For screening the participants)
2. School Refusal Assessment Scale-Revised-Child (SRAS-R-C) by Kearney (2002)
3. Academic Self-Efficacy Scale (ASES) by Klobas, Renzi, and Nigrelli (2007)

School Avoidance Scale (Screening Instrument)

The 14-item School Avoidance Scale, developed by Smith (2011), was modified for this investigation. The subjects' level of like and avoidance of school was gauged using this scale. The choices for the respondents to choose from in this survey ranged from 4=Always Often to 1=Never. Each participant received a score ranging from 14 to 56, with all items required to be completed. A score of 30 or more indicates a high degree of school refusal behaviour among the participants, while a score below the norm indicates a low level of school refusal behaviour. Both positive and negative remarks were identified by the codes applied to the objects. Reliability coefficient was 0.84, and the researchers' test-retest reliability was 0.76.

School Refusal Assessment Scale-Revised-Child (SRAS-R-C)

This research used an adaptation of Kearney's (2002) 24-item SRAS-R-C scale, which assesses the relative intensity of four functional conditions of school refusal behaviour. The four main purposes covered by the scale are: (1) avoiding school-related stimuli that elicit negative affectivity; (2) escaping unpleasant social and/or evaluation circumstances connected to school; (3) receiving attention from important people; and (4) receiving concrete reinforcement outside of school. Respondents to this survey were given a choice of four answers, ranging from strongly disagree (1) to strongly agree (4). The amount of refusal behaviour at school was calculated by adding together the completed questionnaires from the participants. The reported score positively correlated with the

level of school refusal behaviour. The validity and reliability of the SRAS-R-C are sufficient. The reliability assessment yielded a 0.75 Cronbach Alpha.

Academic Self-Efficacy Scale

The academic efficacy measure created by Klobas, Renzi, and Nigrelli (2007) served as the model for this scale. To better suit the students' level and requirements, several of the other questions were rephrased. The purpose of the scale was to gauge students' confidence in their academic achievement. Ten items range in intensity from Strongly Agree to Strongly Disagree, using a Likert scale. When this scale was put to the test for reliability in this research, the results showed a Cronbach Alpha of 0.87.

Procedure

The treatment procedure lasted for eight weeks. A forty minutes session was held in each group. The participants were randomly assigned to three groups; two experimental and one control group. Participants in the experimental groups were exposed to (Play Psychotherapy) and (Graded Exposure Psychotherapy). The following is the brief description of the sessions:

Experimental Group 1: Play Psychotherapy

Session I: General introduction, establishing an appropriate relationship with the child in a way that the child feels comfortable and pretest administration.

Session II: Importance of education, description and symptoms of school refusal problem.

Session III: Introducing play therapy to participants; techniques of play therapy; and the benefits the participants could derive from it.

Session IV: Assessing the child's understanding and knowledge of emotions and also teaching major emotions (fear, anger, sadness and happiness) about school refusal behaviour.

Session V: Awareness of different emotions about school refusal behaviour and acting based on different emotions.

Session VI: Allowing negative emotions to be out.

Session VII: Providing comparative methods and positive monologues in the participants about school refusal behaviour.

Session VIII: Increasing the child's awareness of his/her emotions and actions in anxiety-causing situations, conclusion and administration of posttest.

Experimental Group 2: Graded Exposure Psychotherapy

Session I: General introduction and pretest administration.

Session II: Importance of education, description and symptoms of school refusal problem.

Session III: Introducing graded exposure therapy to participants.

Session IV: Development of anxiety/avoidance hierarchy table on school refusal behaviour.

Session V: Repeated and controlled graduated exposures to physical threat in school.

Session VI: Repeated and controlled graduated exposures to psychological threat in school.

Session VII: Reinforcement and verbal feed-back for overcoming school refusal avoidance behaviour

Session VIII: Conclusion and administration of posttest.

Control Group

Session I: General introduction and pretest administration.

Session II: National Symbols.

Session III: Conclusion and administration of posttest

Data Analysis

Analysis of Covariance (ANCOVA) was used to analyze the data from this research. To examine the differences between the individuals in the experimental and control groups, the ANCOVA was used to evaluate the differences between the participants at the 0.05 level of significance. To ascertain the direction of the differences found, the Bonferroni Post-hoc test was used.

Ethical Consideration

For the purpose of this study, ethical approval was obtained from Ogun State Universal Basic Education Board with assigned number: SUBEB/815/VOL.3/772 based on the following ethical considerations: confidentiality of data, beneficence to the participants, non-maleficence and voluntariness.

RESULT AND DISCUSSION

Result

Table 1. Summary of 3x2x3 ANCOVA of Main Effects
of treatment, gender and academic self-efficacy on school Refusal Behaviour of lower basic pupils.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	20220.216 ^a	16	1263.764	32.058	.000	.948
Intercept	721.076	1	721.076	18.292	.000	.395
Pre-school Refusal	11.866	1	11.866	.301	.588	.011
<i>Main effect</i>						
Treatment	7182.086	2	3591.043	91.095	.000	.867
Sex	6.273	1	6.273	.159	.693	.006
Self-efficacy	52.549	2	26.275	.667	.521	.045
<i>2-way interaction</i>						
Treatment * sex	27.352	2	13.676	.347	.710	.024
Treatment * Self-efficacy	136.070	4	34.017	.863	.498	.110
sex * Self-efficacy	32.448	2	16.224	.412	.667	.029
<i>3-way interaction</i>						
Treatment * sex * Self-efficacy	14.111	2	7.055	.179	.837	.013
Error	1103.784	28	39.421			
Total	146144.000	45				
Corrected Total	21324.000	44				

a. R Squared = .948 (Adjusted R Squared = .919)

The table 1 shows that the therapy (Play and Graded Exposure psychotherapies and Control group) has a significant main effect on Ogun State lower basic school pupils' school refusal behaviour ($F_{(2, 28)} = 91.10$; $p < 0.05$; partial $\eta^2 = 0.87$). Thus, the first hypothesis is significant. The partial eta squared, which gives the effect size, shows that the intervention contributed 87% of the total variance in school refusal behaviour.

Table 2. Bonferroni Post Hoc Analysis Showing Pairwise Comparison

Treatment Groups	Mean	Play	Graded	Control
Play	36.153			*
Graded	39.651			*
Control	80.564	*	*	

*Represent the significance relationship among treatment groups and the control group

In order to determine the magnitude of the effect, Table 2 shows the estimated marginal means for each group. Play therapy was shown to have the lowest mean score for school refusal behaviour (36.15), followed by Graded Exposure (39.65), and Control (80.56). This suggests that Play Therapy and Graded Exposure were the main factors in the reduction of school refusal behaviour, with the Control group experiencing the least amount.

In order to know the sources of the significant main effect of treatment and its implication, a Bonferroni pairwise comparison was performed. Table 2. revealed that the significant main effect shown on Table 1 was as a result of significant difference between (i) Play Therapy and the Control group and (ii) Graded Exposure and the Control group. However, there is no significant difference between Graded Exposure and Play Therapy. The implication of this significant main effect of treatment was that, in terms of decreasing school refusal behaviour, the two introduced interventions (Play Therapy and Graded Exposure) were more effective than the conventional teaching used in the schools.

Table 1 also demonstrates that, there was no significant main effect of gender on the behaviour of school refusal ($F_{(1; 28)} = 0.16$; $p > 0.05$; partial $\eta^2 = 0.01$). This indicates that when male and female pupils in lower basic school were compared, there was no significant difference in the mean gender score on school refusal behaviour. This suggests that there is little variation in school refusal behaviour across genders. Put differently, during the pretest and posttest, the study's male and female participants exhibited almost identical levels of school refusal behaviour.

The results on table 1 also indicates that, there was no significant main effect of academic self-efficacy on the behaviour of school refusal ($F_{(2; 28)} = 0.67$; $p > 0.05$; partial $\eta^2 = 0.05$). This implies that academic self-efficacy at different levels had little influence on lower basic pupils' school refusal behaviour in public schools. Table 1 also reveals that, there was no significant two-way interaction effect of treatments (Play therapy and Graded exposure psychotherapy) and gender on school refusal behaviour ($F_{(2; 28)} = 0.35$; $p > 0.05$; partial $\eta^2 = 0.02$). This indicates that there was no significant interaction between Play therapy, Graded exposure psychotherapy and gender on lower basic school pupils' school refusal behaviour. It was also demonstrated that the Psychotherapies and academic self-efficacy did not significantly affect the school refusal behaviour of lower basic school pupils in a two-way interaction ($F_{(4; 28)} = 0.86$; $p > 0.05$; partial $\eta^2 = 0.11$). This denotes that there was no significant interaction between the play therapy, graded exposure psychotherapy and academic self-efficacy with regard to lower basic school pupils' refusal behaviour. Table 1 indicates that among Ogun State's basic school Pupils, there was no significant 2-way interaction effect of gender and academic self-efficacy on school refusal behaviour ($F_{(2; 28)} = 0.41$; $p > 0.05$; partial $\eta^2 = 0.03$). This suggests that there was no significant gender interaction effect on the lower basic school Pupils' school refusal behaviour. Table 1 demonstrates that the school refusal behaviour of lower basic school pupils was not significantly affected by the three-way interaction of treatment, gender, and

academic self-efficacy ($F_{(2,28)} = 0.18$; $p > 0.05$; partial $\eta^2 = 0.01$). This indicates that the play therapy, graded exposure psychotherapy, gender, and academic self-efficacy did not significantly interact with the school refusal behaviour of lower basic school pupils.

Discussions

The results of this study revealed that the main effect of play therapy and graded exposure psychotherapy was observed on school refusal behaviour among lower basic pupils. By implication, both play therapy and graded exposure psychotherapy were effective in reducing school refusal behaviour among lower basic pupils. This finding corroborates Weis (2020) who revealed that play therapy seems to be useful in helping pupils develop intrinsic resilience abilities. In addition, a child's intrinsic talents are their natural capacity to lessen their tendency to refuse education. Play therapy also works well to decrease pupil's rejection behaviour. Dauda and Aminu (2022) also found that play therapy is beneficial in raising attendance and learning. Play therapy may assist pupils with school refusal behaviour in developing more social and emotional competence.

Similarly, Isabel, Paul, Dwi Harinto, Williem-Paul, Bonne and Nexhmedin (2013) found graded exposure psychotherapy to be an effective means of reducing pupils generalized social anxiety disorder. This was further corroborated by Afsoon, Josef, Craig, Mark and Bradley (2013) who found that graded exposure psychotherapy was helpful in reducing symptoms of persistent PTSD and sadness. The possible explanation of this finding is that graded exposure psychotherapy will considerably reduce the symptoms and uneasy feelings experienced by the pupils, reducing their fear of attending schools.

The study also showed that no significant effect of gender on school refusal behaviour among lower basic pupils. By implication, gender difference has no significant effect on school refusal behaviour of lower basic pupils. This finding supports Dauda and Aminu (2022); Abubakar and Halliru (2020); Maric, Heyne, De Haus, Widenfelt and Westenberg (2012) that no significant gender difference in the forms of school refusal behaviour shown by pupils in basic school. Also, Tukur and Mohammed (2017) found no significant difference in school-phobia behaviour between male and female. The findings also corroborate Oliha (2013) and Nwankwo and Onyali (2011) that no gender differences in pupil's behaviour related to school truancy and that truancy rates for both genders are comparable. Given their shred interest, it follows that absenteeism by male and female pupils are evident. The probable reason for this finding is that both boys and girls participated in various activities during the play therapy sessions and both genders may have learned the same amount and developed similar interest and levels of enjoyment from play, which might have led to equal interest in playing at school. As a result, their behaviour regarding school refusal was almost identical.

The result also revealed that academic self-efficacy had no significant primary influence on pupil's school refusal behaviour. This finding contradicts Purwanti, Wangid and Siti (2019) who found that pupil's academic anxiety is reduced when they have greater levels of academic self-efficacy. In other words, academic anxiety decreases with increasing academic self-efficacy. Poor self-efficacy often causes an increase in a number of issues, including social and emotional issues that are related to mental health (Karineh & Niloufar, 2011). It has been shown that pupils who face challenges have higher aspirations, feel less stress, have better health, acclimate to school better and are more satisfied with school life. These pupils also had a high degree of optimism, which had an impact on their academic performance and aspirations. It suggests that effective prevention and intervention must go beyond enhancing self-beliefs and instead address the school climate, emotional well-being, parental involvement, and systemic challenges that shape pupils' desire and ability to attend school.

No significant interaction effect of play therapy, graded exposure psychotherapy and gender on the school refusal of lower basic school pupils. This simply means that gender will not have a

substantial interaction impact on the school refusal behaviour, since gender, as a moderating variable, has no influence on the behaviour. This finding is in line with Oliha (2013) who found no interaction of treatments and gender on their truant behaviour. This suggests that both male and female benefitted from play therapy and graded exposure psychotherapy. Primary school pupils' school refusal behaviour was not significantly influenced by their gender (Rukmani and Hari, 2019). This indicates that pupils' school refusal behaviour is independent of gender. It also suggests that both male and female pupils are impacted by school refusal behaviour, and that the therapies were beneficial for both groups. No gender differences in the correlation between school fears shown by in-school adolescents (Abubakar & Halliru, 2020; Oladejo & Ogunyemi, 2019). According to Purwatia, Amrul and Laili (2019), play therapy is more successful in lowering pupil's aggressive behaviour because of its potency in counteracting the influence of gender. This indicates that both interventions are equally effective across genders. In the Nigerian context where school refusal is driven by environmental, emotional, and systemic challenges, gender does not substantially alter how pupils respond to therapeutic strategies. This finding encourages the implementation of inclusive, school-wide, non-gendered interventions that target the psychological and contextual factors contributing to school refusal behaviour.

No significant interaction effect of play, graded exposure psychotherapies and academic self-efficacy on the school of lower basic school pupils. This means that academic self-efficacy did not moderate the effect of play therapy and graded exposure on the school refusal of lower basic school pupils. The possibility of play therapy that the pupils experienced throughout the intervention provides a logical explanation that allows the pupils the autonomy to express their worries via play without fear of judgement or worry. Play therapy and graded exposure psychotherapy helps the pupils overcome some academic obstacles influencing their school refusal behaviour. As a result, their academic self-efficacy increases and they are more likely to attend class activities because learning has become easier. However, this contradicts Mohammed and Yunus (2017) who found that academic performance is influenced by academic self-efficacy. Also, Bamidele, Haliso and Onuoha (2016); Jennifer, Samantha and Carrie (2013) found a strong positive correlation between academic success and self-efficacy. This suggests that a decline in self-efficacy may trigger behaviour related to school refusal, which may ultimately result in poor academic achievement and student dropout rates. This indicates that pupils' belief in their academic abilities does not meaningfully modify how they respond to therapeutic interventions aimed at reducing school refusal. In the Nigerian context where school avoidance is largely driven by environmental, emotional, cultural, and systemic challenges, academic self-efficacy is not a major determinant of therapeutic effectiveness. This finding supports the use of emotion-focused, non-academic, school-wide interventions to address school refusal behaviour in Nigeria.

It is shown from the outcome that no significant interactive effect of gender and academic self-efficacy on school refusal of lower basic school pupils was found. This finding contradicts Yazachew (2013) that lower self-efficacy may cause pupils to behave in a way that rejects education and eventually drop out. Besides, Hayat, Shateri, Amini and Shokrpour (2020), has revealed that pupils' academic performance is influenced by their self-efficacy, which also affects their learning-related emotions and metacognitive learning techniques. Cassidy (2015), also found that pupils' academic resilience was significantly predicted by their academic self-efficacy and that they were more resilient in the face of vicarious hardship than they were in the face of personal adversity. The possible explanation for this is that the lack of interaction between gender and academic self-efficacy stems from the fact that neither gender nor academic self-efficacy has an impact on the school refusal behaviour. No significant interactive effect of play therapy, graded exposure psychotherapy, gender and academic self-efficacy on school refusal of lower basic school pupils was found. This finding corroborates Maric, Heyne, De Haus, Widenfelt and Westenberg (2012) who found no interaction

effect of gender on the behaviour of the pupils. Abubakar and Halliru (2020) also found that gender is not a major contributing element to school refusal behaviour. This may be explained by the fact the pupils attend the same public school in separate places but are enrolled in lower basic education. They had the same difficulties in school and in the surroundings. These pupils were receptive to the same educational school policies and comparable school experiences regardless of their gender or level of academic self-efficacy. By implication, it shows that play therapy and graded exposure therapy are effective, child-friendly, and feasible for addressing school refusal behaviour among lower basic pupils in Nigeria. Their integration into schools can significantly improve emotional wellbeing, attendance patterns, and overall academic engagement.

Practical Implications

1. Play therapy helps children process underlying emotional distress, such as anxiety, fear, or separation difficulties, in a non-threatening and developmentally appropriate manner. Through symbolic and expressive play, the child becomes emotionally regulated and better able to articulate concerns about school while graded exposure therapy complements this by offering a step-by-step behavioural framework that gradually reintroduces the child to school-related situations, starting from the least anxiety-provoking to the most challenging. The emotional readiness gained from play therapy enables the child to participate more confidently in exposure tasks, while the structured behavioural progression ensures measurable improvements in attendance behaviour.
2. The interventions equip teachers and parents with practical strategies such as reinforcement techniques, supportive communication, and simple exposure steps that can be incorporated into daily routines. Teachers also, become more skilled at identifying early warning signs like withdrawal, excessive crying, somatic complaints, or avoidance of classroom activities. Parents learn how to respond calmly to morning school-related distress, avoid reinforcing avoidance behaviour, and provide consistent support during the child's exposure tasks. With the knowledge gained from participating in or observing the intervention process, teachers and parents can implement timely, coordinated responses that prevent escalation into chronic absenteeism.
3. Effective use of play therapy and graded exposure therapy leads to a noticeable decline in school refusal behaviour, which translates into more consistent school attendance. When students return to school regularly and with reduced anxiety, overall classroom functioning improves. Teachers spend less time managing behavioural disruptions linked to distress, allowing a more productive learning environment. Over time, these interventions support better social integration, improved academic participation, and positive school climate. Schools also benefit institutionally, as improved attendance contributes to enhanced performance indicators and compliance with educational expectations.
4. Play therapy fosters emotional expression, self-regulation, and confidence, helping children understand and manage difficult feelings associated with school. Graded exposure therapy, on the other hand, teaches coping strategies through gradual confrontation of feared situations, promoting resilience and problem-solving. As pupils progress through the interventions, they develop stronger social competence such as communication, collaboration, and conflict resolution because they gain courage to engage with peers and classroom activities.

CONCLUSION AND RECOMMENDATIONS

The counselling centres with the focus of helping to reduce school refusal behaviour in lower basic school pupils should maximize the rudiments of the psychological interventions used in this study to help in reducing school refusal behaviour of lower basic school pupils. The fact that play therapy and graded exposure psychotherapy were effective in reducing the school the school refusal of lower basic school pupils should make the principles embedded in the interventions to be incorporated in to the school curriculum which will help the pupils overcome some of the academic obstacles influencing their school refusal behaviour.

Future research should adopt broader, more culturally nuanced, and methodologically diverse approaches to better understand and address school refusal in Nigerian primary schools. Exploring these directions will strengthen evidence-based interventions and support the development of more effective, context-sensitive therapeutic programmes for young learners.

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