
Understanding school truancy among students from broken-home families: A case study of an integrated psychoanalytic, SFBC, and CBT approach

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Abstract

Student truancy is commonly viewed as a disciplinary issue, although studies integrating multiple counseling approaches to address its underlying psychological causes remain limited. This study aimed to examine behavioral change in a truant student from a broken-home family through an integrated Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT) approach. A qualitative case study design was employed using observation, semi-structured interviews, documentation, and the Beck Depression Inventory-II (BDI-II), with data analyzed through the Miles, Huberman, and Saldaña model. The findings revealed that truancy resulted from the interaction of family breakdown, economic hardship, limited transportation access, and low social support, which developed into emotional conflict and depression. The integrated intervention reduced the participant's BDI-II score from 25 to 9, accompanied by improved school attendance, emotional openness, and classroom engagement. This study contributes by proposing a conceptual model explaining behavioral change in truancy through the integration of Psychoanalysis, SFBC, and CBT.

Keywords: Truancy; Broken home; Psychoanalysis; Solution-Focused Brief Counseling; Cognitive Behavioral Therapy.

Abstrak

Perilaku membolos pada peserta didik sering dipandang sebagai persoalan kedisiplinan, padahal penelitian mengenai integrasi berbagai pendekatan konseling untuk mengatasi akar psikologis perilaku tersebut masih terbatas. Penelitian ini bertujuan menganalisis perubahan perilaku membolos pada siswi yang mengalami *broken home* melalui pendekatan integratif Psikoanalisis, *Solution-Focused Brief Counseling* (SFBC), dan *Cognitive Behavioral Therapy* (CBT). Penelitian menggunakan pendekatan kualitatif dengan desain studi kasus melalui observasi, wawancara semi-terstruktur, dokumentasi, dan *Beck Depression Inventory-II* (BDI-II) yang dianalisis menggunakan model Miles, Huberman, dan Saldaña. Hasil penelitian menunjukkan bahwa perilaku membolos dipengaruhi oleh *broken home*, tekanan ekonomi, keterbatasan transportasi, dan rendahnya dukungan sosial yang berkembang menjadi konflik emosional dan depresi. Intervensi integratif berhasil menurunkan skor BDI-II dari 25 menjadi 9, disertai meningkatnya kehadiran di sekolah, keterbukaan emosional, dan keterlibatan belajar. Penelitian ini berkontribusi dengan menawarkan model konseptual perubahan perilaku membolos melalui integrasi Psikoanalisis, SFBC, dan CBT.

Kata Kunci: Perilaku membolos; *Broken home*; Psikoanalisis; *Solution-Focused Brief Counseling*; *Cognitive Behavioral Therapy*.

Introduction

School truancy remains one of the most prevalent challenges across educational levels because it not only contributes to declining academic achievement but also adversely affects students' psychological well-being, social development, and character formation (Mireles-Rios et al., 2020). Persistent absenteeism increases the risk of school dropout, reduces engagement in the learning process, and may contribute to the emergence of various forms of adolescent delinquent behavior (Gottfried, 2019). In educational practice, truancy is often regarded as a disciplinary issue resulting from low learning motivation or poor compliance with school regulations (Anderson et al., 2019). However, truancy does not always arise from students' internal characteristics; rather, it may develop as a response to psychological distress and complex environmental circumstances. Therefore, school truancy should be understood from a more comprehensive perspective so that interventions target not only the observable behavior but also the underlying factors that give rise to it.

One condition that may increase students' vulnerability to school truancy is growing up in a *broken-home* family (Sarnoto et al., 2024). Changes in family structure are often accompanied by diminished emotional support, economic hardship, inadequate parental supervision, and psychological conflicts that negatively affect adolescents' mental well-being (Umberson & Thomeer, 2020). Under these circumstances, students frequently experience difficulties regulating their emotions, declining motivation, sleep disturbances, social withdrawal, and reduced readiness to participate in school activities. The accumulation of these challenges may gradually develop into school truancy as a coping mechanism for the pressures they experience. Consequently, truancy among students from *broken-home* families should be understood as a manifestation of complex psychological dynamics rather than merely a violation of school discipline.

Given this complexity, addressing school truancy requires a counseling approach that extends beyond behavioral modification to identify the underlying emotional conflicts and contextual barriers experienced by students. In school counseling practice, interventions are frequently based on a single theoretical approach, limiting their ability to address the multifaceted nature of students' problems (Hofmann & Hayes, 2019). In reality, school truancy is shaped by the interaction of emotional, cognitive, behavioral, and environmental factors (M.-T. Wang et al., 2018). Therefore, an integrated counseling approach offers a relevant alternative by enabling counselors to systematically combine the strengths of multiple therapeutic perspectives. The integration of Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT) is considered capable of addressing these multiple dimensions through the exploration of emotional conflicts, the development

of realistic solutions, and the restructuring of maladaptive thoughts and behaviors (Corey, 1991).

Research on school truancy has been widely conducted across educational settings and school counseling services. A study by C. Wang et al. (2025) demonstrated that behavioral interventions effectively improved student discipline by promoting positive behavioral habits. Johnsen et al. (2024) found that Cognitive Behavioral Therapy (CBT) effectively reduced negative thoughts associated with poor school attendance. Similarly, a study by Aprila et al. (2023) reported that Solution-Focused Brief Counseling (SFBC) successfully assisted students in identifying practical solutions to academic and social challenges. Giacolini and Sabatello (2019) also showed that Psychoanalysis was effective in uncovering hidden emotional conflicts that influence individual behavior. Nevertheless, most previous studies have implemented these approaches independently, leaving limited understanding of how their integration may function synergistically in addressing school truancy influenced by both psychological and environmental factors. Therefore, there remains a need to develop a more comprehensive counseling model for understanding behavioral change in school truancy.

Based on this research gap, the present study aimed to examine behavioral change in a female student from a *broken-home* family through an integrated approach combining Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT). Unlike previous studies that primarily focused on evaluating the effectiveness of a single counseling approach, this study sought to explain how each therapeutic approach contributes distinct yet complementary functions in facilitating behavioral change. Furthermore, the study developed a conceptual model illustrating the relationships among predisposing factors, psychological problems, the integrated counseling process, and behavioral change in school truancy based on empirical findings. The findings are expected to contribute to the theoretical development of school counseling while providing school counselors with a more comprehensive intervention framework for addressing similar cases.

Method

This study employed a qualitative approach with a case study design to gain an in-depth understanding of the process of behavioral change in school truancy experienced by a female student from a *broken-home* family (Hamel et al., 1993). The study was conducted in June 2026 at MTs Wahid Hasyim Balung. A case study design was selected because it enabled the researchers to comprehensively explore the relationships among predisposing factors, psychological dynamics, and the effectiveness of counseling interventions within a real-life context. The participant was selected using purposive sampling based on the following criteria: (1) a female student who had repeatedly engaged in school truancy; (2) came from a *broken-home* family; (3)

was referred by the school counselor as requiring intensive counseling; (4) was willing to participate in the entire counseling process; and (5) obtained parental or guardian consent to ensure compliance with ethical research principles (Etikan, 2016). To protect the participant's confidentiality, her identity was anonymized using the initials DW.

Data were collected through participant observation, semi-structured interviews, counseling documentation, and the Beck Depression Inventory-II (BDI-II) to assess the participant's psychological condition before and after the intervention. Interviews were conducted with DW, the school counselor, and the homeroom teacher to obtain comprehensive perspectives on the participant's behavioral changes. The counseling intervention consisted of four sessions integrating Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT) according to the characteristics of the problems identified during the assessment stage. Data were analyzed using the qualitative analysis framework proposed by Miles et al. (2019), which includes data condensation, data display, and conclusion drawing and verification. The credibility of the findings was enhanced through source triangulation (DW, the school counselor, and the homeroom teacher), method triangulation (participant observation, interviews, documentation, and the BDI-II), and an iterative analytical process conducted continuously from the initial assessment to the post-intervention evaluation, thereby ensuring a consistent and comprehensive interpretation of the participant's behavioral change.

Results and Discussion

Mapping student challenges before the intervention

The initial assessment was conducted to obtain a comprehensive understanding of the participant's psychological condition and the underlying factors contributing to her school truancy before the counseling intervention was implemented. The assessment took place on June 10, 2026, in the Counseling Office of MTs Wahid Hasyim Balung using three complementary data collection techniques: participant observation, semi-structured interviews, and the Beck Depression Inventory-II (BDI-II). The combination of these methods enabled the participant's condition to be examined holistically by integrating observable behaviors, subjective experiences reported during the interviews, and contextual information obtained from the school. Consequently, the assessment findings not only described the participant's emotional condition but also provided important insights into the factors underlying her truancy.

The initial meeting revealed that the participant arrived neatly dressed in her school uniform and appeared physically healthy; however, she demonstrated a tendency to withdraw throughout the assessment process. Her responses were brief and delivered in a soft tone, while eye contact remained limited during the early stages of the conversation. As the counseling atmosphere became more comfortable, the participant gradually became more open and was able to describe her personal experiences more

coherently. When the discussion shifted to her family circumstances, her facial expression became noticeably more subdued, and she paused several times before continuing her account. Nevertheless, she remained cooperative and willingly participated throughout every stage of the assessment. These response patterns suggest that family-related issues remained emotionally sensitive for the participant. The detailed results of the initial observation are presented in Table 1.

Table 1. Initial observation results

Observation aspect	Findings
Appearance	The participant arrived wearing a clean and neat school uniform. She appeared physically healthy, and no physical condition interfered with the assessment process.
Initial attitude	The participant appeared hesitant, spoke softly, and frequently lowered her head while responding to questions.
Eye contact	Eye contact was limited at the beginning of the interview but gradually improved as the counseling atmosphere became more comfortable.
Emotional expression	Her facial expression was generally neutral but became noticeably sad when discussing her family circumstances.
Verbal communication	Responses were initially brief but became more detailed as rapport with the researcher was established.
Concentration	The participant was able to follow the interview, although she occasionally appeared distracted before answering.
Behavior	She remained cooperative throughout the assessment and showed no signs of resistance.
Openness	By the end of the observation session, the participant demonstrated greater trust and expressed her willingness to continue the counseling process.

Source: Authors' observation (2026).

The participant's psychological condition became more evident through the Beck Depression Inventory-II (BDI-II) assessment. This instrument was administered to identify her level of depression before the intervention and served as the basis for designing an appropriate counseling plan. The participant obtained a total score of 25, indicating a moderate level of depression. The highest scores were observed in the dimensions of loss of pleasure, feelings of punishment, irritability, sleep disturbances, and difficulty concentrating. In contrast, relatively low scores were found for pessimism, loss of energy, and fatigue. This pattern indicates that the participant's psychological distress was primarily reflected in emotional, behavioral, and daily functioning rather than in physical complaints. A detailed summary of the pre-intervention BDI-II results is presented in Table 2.

Table 2. Pre-intervention Beck Depression Inventory-II (BDI-II) results

No.	Measured dimension	Score
1	Sadness	2
2	Pessimism	0
3	Past failure	2
4	Loss of pleasure	3
5	Guilty feelings	1
6	Feelings of punishment	3
7	Self-dislike	2
8	Self-criticalness	0
9	Suicidal thoughts or wishes	1
10	Crying	2
11	Agitation	0
12	Loss of interest	0
13	Indecisiveness	0
14	Worthlessness	0
15	Loss of energy	0
16	Changes in sleeping pattern	2
17	Irritability	3
18	Changes in appetite	2
19	Difficulty concentrating	2
20	Tiredness or fatigue	0
21	Loss of interest in sex	0
Total score		25

Source: Authors' analysis based on the Beck Depression Inventory-II (BDI-II) assessment (2026).

The findings obtained through observation and psychological assessment were further explored through interviews with the school counselor, the homeroom teacher, and the participant. These three sources of information provided complementary perspectives on her behavioral changes, family circumstances, and the experiences underlying her school truancy. The school counselor was the first to notice changes in the participant's attendance and engagement at school. According to the school counselor, *"DW was previously known as a diligent student who had never experienced disciplinary problems. However, over the past few months, she has frequently been absent from school without a clear reason. Even when she attended school, she appeared less enthusiastic during lessons and spent more time daydreaming than before."* The counselor further

explained that the participant's *broken-home* family background was believed to be one of the primary factors contributing to these behavioral changes.

These observations were reinforced by the homeroom teacher, who interacted directly with the participant during classroom learning. Before these behavioral changes occurred, the participant was recognized as an active student who learned quickly and maintained positive relationships with her classmates. As the homeroom teacher stated, *"DW was an active student who understood lessons well and interacted positively with her classmates. She was also quite disciplined in attending classes."* However, this pattern had changed during the previous few months. The homeroom teacher further explained, *"DW's attendance gradually declined. During class, she appeared less focused, remained quiet most of the time, and was no longer as active as she used to be."* These observations indicate that the decline in school attendance was accompanied by reduced participation in classroom learning.

A more comprehensive understanding of the participant's difficulties emerged through the in-depth interview. She explained that she lived with her father and two younger siblings after her mother moved away and established a new family. At the same time, her father's declining health created financial instability that affected the family's daily life. The participant stated, *"I live with my father and my two younger siblings. My mother moved away a long time ago and now has a new family. Since then, I have felt that I lost my mother's presence, and everything in our family has changed."* She also explained that financial limitations prevented her from having transportation to school, saying, *"If the friend who usually gives me a ride is absent, I cannot go to school because I have no transportation."* These findings demonstrate that her school attendance was influenced not only by psychological factors but also by practical constraints related to transportation.

During the interview, the participant also revealed that she tended to suppress her personal problems because she felt she had neither a trusted friend nor a teacher with whom she could openly share her experiences. She further reported persistent sadness, difficulty concentrating, and sleep disturbances that occurred almost every night. As she explained, *"I often feel sad, have difficulty concentrating, and spend a lot of time thinking about my family situation. I also struggle to sleep until morning, so when it is time to go to school, I feel extremely sleepy."* These experiences indicate that the challenges she faced extended beyond academic difficulties, affecting her emotional well-being, social relationships, and everyday functioning. To provide a concise overview of the interview findings, the main themes identified from each informant are summarized in Table 3.

Table 3. Summary of the initial assessment findings based on interviews

Source	Key findings
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School counselor	Increased school absenteeism, declining learning motivation, and noticeable behavioral changes compared with the participant's previous condition.
Homeroom teacher	The participant had previously been active, disciplined, and academically capable but had recently become quieter and less engaged during classroom learning.
Participant	Experienced a <i>broken-home</i> family situation, financial hardship, lack of transportation to school, sleep disturbances, emotional suppression, persistent sadness, and difficulty concentrating.

Source: Authors' interviews (2026).

Overall, the initial assessment indicates that the participant's school truancy did not emerge as an isolated behavioral problem but was closely associated with emotional changes, family dynamics, financial hardship, and barriers affecting her daily functioning. These findings served as the foundation for designing a counseling intervention tailored to the participant's needs, which is presented in the following section on the implementation of the intervention.

Student behavioral change during the counseling intervention

The counseling intervention was implemented after the initial assessment had been completed and all relevant information regarding DW's condition had been identified. Based on the assessment findings, the intervention focused on three interrelated issues: emotional distress resulting from her *broken-home* family background, persistent school truancy, and sleep disturbances that negatively affected her learning activities. To address these concerns, the intervention adopted an integrated counseling approach that combined Psychoanalysis through the free association technique, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT). These three approaches were implemented progressively across four counseling sessions, with each session serving a distinct purpose, beginning with problem exploration, followed by solution development, and concluding with the establishment of more adaptive behavioral patterns.

The first counseling session focused on establishing a therapeutic relationship (*rappport*) while providing DW with a safe environment to express experiences that she had suppressed for a long time. At the beginning of the session, DW appeared cautious in responding to questions and frequently paused before speaking. However, after the counselor encouraged her to speak freely without fear of judgment, she gradually became more open. DW stated, "At first, I was afraid to talk because I had never shared my family problems with anyone. After talking for a while, I felt calmer, and telling everything made me feel much lighter." This experience indicates that a trusting counseling relationship had begun to develop, allowing DW to engage more comfortably in the deeper exploration conducted during the subsequent sessions.

The exploration of DW's personal experiences continued in the second session through the free association technique. During this stage, she became increasingly able to

explain the relationship between her family circumstances, emotional changes, and her habitual school truancy. She described her mother's departure, her father's declining health, and her family's financial difficulties in a more coherent manner than during the previous session. DW also realized that she had been coping with her problems alone instead of seeking support from others. As she explained, *"I always thought I had to face all my problems by myself. After talking about them, I realized that there are people who are willing to listen and help me find solutions."* This increased openness provided the counselor with a more comprehensive understanding of her situation, enabling the development of intervention strategies that better matched her needs.

After the underlying causes of DW's difficulties had been identified, the third session focused on developing practical solutions using the Solution-Focused Brief Counseling (SFBC) approach. The discussion revealed that one of the primary reasons for her frequent absence from school was not merely a loss of academic motivation but also limited transportation to school. Based on the available resources, the counselor helped DW identify existing sources of support, including an uncle who was willing to lend her a motorcycle and a classmate who had regularly given her rides to school. Through collaborative discussion, they agreed on an alternating transportation arrangement so that DW would no longer depend on a single friend. DW explained, *"Now Hikmah and I have agreed to take turns going to school. When I use my uncle's motorcycle, I pick her up, and when she uses her motorcycle, she picks me up. Now I feel more confident that I can attend school every day."* This agreement provided a practical solution that could be immediately implemented in her daily life.

The fourth session focused on developing more adaptive thinking patterns and daily habits through Cognitive Behavioral Therapy (CBT). Together, the counselor and DW established a sleep schedule, agreed to reduce mobile phone use before bedtime, and replaced late-night screen time with more relaxing activities such as reading, light relaxation exercises, and keeping a daily sleep journal. Throughout the monitoring process, DW gradually attempted to follow these agreements, although she acknowledged that she had not yet been fully consistent. As she explained, *"I have started trying to stop using my phone before going to bed. I haven't succeeded every day yet, but now I fall asleep earlier more often and can wake up in time to go to school."* This statement reflects the emergence of positive behavioral changes resulting from the continuous practice carried out throughout the counseling process.

The improvements reported by DW were also confirmed by both the school counselor and the homeroom teacher after the counseling intervention had been completed. According to the school counselor, the frequency of DW's absences had decreased compared with her condition before receiving counseling services. The counselor explained, *"DW has started attending school more regularly. When she comes to the counseling office, she also appears much calmer and is no longer as withdrawn as she*

used to be." Similarly, the homeroom teacher observed noticeable improvements during classroom learning. The homeroom teacher stated, "*DW has not completely returned to her previous condition, but she is now more focused during lessons and has started interacting with her classmates again.*" These observations corroborate the behavioral improvements reported directly by DW during the evaluation process.

The progression of DW's condition throughout the intervention can be observed through improvements across several behavioral domains, including openness in communication, school attendance, sleep patterns, and engagement in classroom learning. These changes did not occur abruptly but developed gradually over the course of the counseling sessions. A summary of DW's behavioral changes during the intervention is presented in Table 4.

Table 4. Behavioral changes during the counseling intervention

Aspect	Before intervention	After intervention
Openness	Reserved and provided brief responses	More willing to express experiences and emotions openly
School attendance	Frequently absent from school	More regular attendance
Transportation	Depended on a single friend	Established an alternating transportation arrangement with support from family and a friend
Sleep pattern	Difficulty sleeping until early morning	Began following a more regular sleep schedule
Learning concentration	Frequently daydreamed and had difficulty concentrating	Demonstrated improved concentration during classroom learning
Emotional condition	Frequently sad and socially withdrawn	Better able to regulate emotions and communicate with others

Source: Authors' analysis based on observations, interviews, and counseling documentation (2026).

In addition to the behavioral improvements observed throughout the counseling process, DW's psychological condition was evaluated using the Beck Depression Inventory-II (BDI-II) after the completion of all intervention sessions. The post-intervention assessment showed that her total BDI-II score decreased from 25 to 9. Score reductions were observed across most dimensions, particularly sadness, loss of pleasure, feelings of punishment, crying, irritability, and difficulty concentrating. However, several indicators, including feelings of failure and self-dislike, remained relatively unchanged, suggesting that these areas require continued support during future counseling. A comparison of the BDI-II scores before and after the intervention is presented in Table 5.

Table 5. Comparison of Beck Depression Inventory-II scores before and after the intervention

Dimension	Before	After
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Sadness	2	0
Pessimism	0	0
Past failure	2	2
Loss of pleasure	3	0
Guilty feelings	1	1
Feelings of punishment	3	0
Self-dislike	2	2
Self-criticalness	0	0
Suicidal thoughts or wishes	1	0
Crying	2	0
Agitation	0	0
Loss of interest	0	0
Indecisiveness	0	1
Worthlessness	0	0
Loss of energy	0	0
Changes in sleeping pattern	2	2
Irritability	3	0
Changes in appetite	2	1
Difficulty concentrating	2	0
Tiredness or fatigue	0	0
Loss of interest in sex	0	0
Total score	25	9

Source: Authors' calculation based on the Beck Depression Inventory-II (BDI-II) assessment (2026).

Overall, the intervention demonstrated positive outcomes based on DW's self-reported experiences, observations from the school counselor and homeroom teacher, and the post-intervention BDI-II assessment. DW became more willing to express her emotions openly, identified practical solutions to her transportation difficulties, developed healthier sleep habits, and demonstrated improvements in both school attendance and classroom participation. These findings provide the empirical basis for examining the effectiveness of integrating Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT) in facilitating behavioral change in school truancy, as discussed in the following section.

Understanding behavioral change in school truancy through an integrated Psychoanalysis, SFBC, and CBT approach

School truancy has long been viewed primarily as a disciplinary issue or a consequence of low academic motivation, leading interventions to focus predominantly on modifying observable behaviors (Weathers et al., 2021). However, this perspective does not fully explain why some students continue to engage in truancy despite receiving school-based guidance and support. The findings of the present study suggest that school truancy develops through a far more complex process. Empirical evidence indicates that truancy results from the interaction of predisposing factors, psychological dynamics, and environmental barriers that reinforce one another. Consequently, behavioral change cannot be achieved through a single counseling approach alone but requires an intervention capable of addressing emotional conflicts, contextual barriers, and maladaptive cognitive patterns simultaneously. Based on the synthesis of the study findings, the relationships among these components were conceptualized into the model presented in Figure 1.

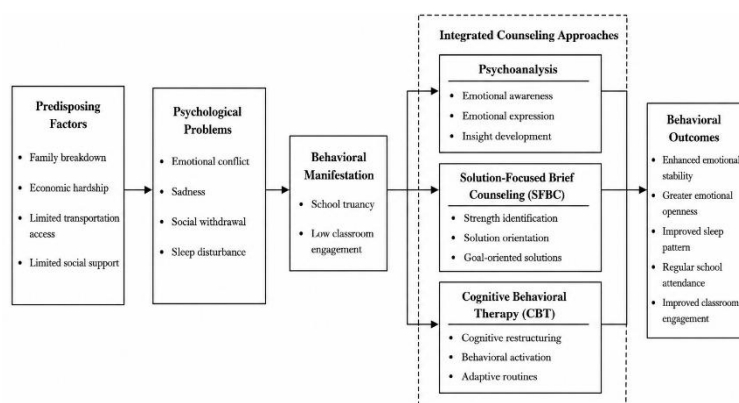


Figure 1. Conceptual model of behavioral change through an integrated Psychoanalysis-SFBC-CBT counseling approach

Source: Developed by the authors (2026).

Figure 1 represents a conceptual synthesis developed from the complete body of empirical evidence, including observation findings, interview data, BDI-II assessments, the counseling process, and post-intervention evaluation. Rather than illustrating the procedural stages of counseling, the model explains the causal relationships identified throughout the study. The conceptual framework demonstrates that behavioral change in school truancy does not occur in a linear manner but progresses through interconnected stages, beginning with predisposing factors, followed by the emergence of psychological problems, the development of truancy behavior, and ultimately psychological and behavioral improvements following the intervention. Therefore, Figure 1 serves as an interpretative framework illustrating how behavioral change emerged based on the empirical findings of this study.

The interpretation of Figure 1 indicates that *predisposing factors* constitute the primary foundation of vulnerability to school truancy. The findings demonstrate that family breakdown, economic hardship, limited transportation access, and inadequate social support did not directly produce truancy but instead generated cumulative psychological distress over time. This finding is particularly important because it challenges the conventional assumption that school truancy is primarily driven by low academic motivation. In the present study, transportation barriers contributed as substantially as family conflict in sustaining truancy behavior. These findings are consistent with the study by Marlow and Rehman (2021), which identified family dysfunction as a strong predictor of increased school absenteeism. Likewise, Butnaru et al. (2021) reported that economic hardship increases students' risk of disengagement from educational activities. However, the present study extends these findings by demonstrating that transportation constraints and limited social support function as additional triggers that accelerate the development of school truancy. In other words, school truancy should be understood as the result of multiple interacting predisposing factors rather than the consequence of a single dominant cause.

Furthermore, Figure 1 illustrates that these predisposing factors gradually evolve into *psychological problems* before ultimately manifesting as school truancy. The interpretation of the observation, interview, and BDI-II findings indicates that emotional conflict, persistent sadness, social withdrawal, and sleep disturbances constituted a sequence of psychological conditions preceding truancy behavior. This deterioration in psychological functioning was supported by the participant's initial BDI-II score of 25, indicating moderate depression, with the highest scores observed in loss of pleasure, feelings of punishment, irritability, sleep disturbances, and difficulty concentrating. These findings suggest that school truancy is more appropriately understood as a manifestation of psychological distress rather than merely a disciplinary violation. This interpretation is consistent with the findings of Finning et al. (2020), who reported that depression and difficulties in emotion regulation significantly increase the risk of school absenteeism. Similarly, Turnbull et al. (2022) demonstrated that sleep disturbances directly impair students' readiness to learn. Nevertheless, the present study expands upon these findings by showing that these psychological symptoms interact dynamically to produce school truancy as an adaptive response to prolonged psychological distress.

The principal contribution of this study lies in demonstrating that behavioral change in school truancy was achieved not through a single counseling approach but through the integration of Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT). The interpretation of the intervention process indicates that each therapeutic approach fulfilled a distinct yet complementary function. Psychoanalysis facilitated the exploration of unresolved emotional conflicts, leading to greater insight and emotional openness. Once these conflicts had been

identified, SFBC shifted the focus from problem exploration toward realistic solution development by identifying the participant's available personal and social resources. Within the present study, this approach generated a practical solution to transportation barriers, which had previously been one of the primary causes of school absenteeism. Subsequently, CBT reinforced behavioral change through cognitive restructuring and the establishment of healthier behavioral routines, particularly by improving sleep habits that had previously interfered with learning activities. These findings are consistent with the study by Saracoglu et al. (2022), which highlighted the effectiveness of multimodal interventions in enhancing counseling outcomes. Similarly, Scoones et al. (2020) demonstrated that combining multiple therapeutic approaches produces more stable behavioral changes than relying on a single intervention. Unlike these previous studies, however, the present findings demonstrate more explicitly that each counseling approach performs a specific function: Psychoanalysis promotes emotional awareness, SFBC addresses contextual barriers, and CBT sustains behavioral change through cognitive and behavioral modification.

The interpretation of the *behavioral outcomes* presented in Figure 1 further indicates that behavioral improvement was consistently preceded by psychological change. Following the intervention, the participant demonstrated greater emotional openness, improved sleep patterns, resolution of transportation barriers, and increased school attendance and classroom engagement. These improvements were supported by the BDI-II assessment, which showed a reduction in the participant's score from 25 to 9, reflecting a transition from moderate depression to minimal depressive symptoms. This substantial decrease indicates that the intervention affected not only observable behaviors but also the affective processes underlying school truancy. These findings reinforce the work of Pascual-Leone (2018), who argued that successful counseling is typically characterized first by emotional transformation before behavioral change becomes evident. Nevertheless, the present study offers an important contribution by demonstrating that these improvements resulted from the sequential and complementary integration of three counseling approaches rather than from the application of a single therapeutic model.

Overall, the interpretation of Figure 1 confirms that school truancy is a multidimensional phenomenon that cannot be reduced to a simple disciplinary issue. The findings demonstrate that sustainable behavioral change can only be achieved when counseling interventions simultaneously address emotional conflicts, resolve the practical barriers faced by students, and foster adaptive patterns of thinking and behavior. The principal contribution of this study is reflected not only in the reduction of the participant's BDI-II score from 25 to 9 but also in the development of a conceptual model explaining the relationships among predisposing factors, psychological dynamics, the integrated counseling process, and behavioral change.

This model offers a new perspective by suggesting that the effectiveness of school counseling services depends not on adherence to a single theoretical orientation but on the strategic integration of multiple counseling approaches tailored to the complexity of students' needs.

Conclusion

This study demonstrates that school truancy cannot be understood merely as a disciplinary issue or a consequence of low academic motivation but rather as a manifestation of the interaction among multiple predisposing factors, including *broken-home* family circumstances, economic hardship, limited transportation access, and inadequate social support, which gradually developed into emotional conflict, sleep disturbances, and declining psychological well-being. These findings indicate that sustainable behavioral change can only be achieved when interventions extend beyond observable behaviors to address their underlying causes. Through the integration of Psychoanalysis, Solution-Focused Brief Counseling (SFBC), and Cognitive Behavioral Therapy (CBT), this study demonstrates that exploring emotional conflicts, resolving contextual barriers, and restructuring maladaptive thoughts and behaviors function complementarily in facilitating long-term behavioral change. The effectiveness of this integrated intervention is reflected in the reduction of the participant's Beck Depression Inventory-II (BDI-II) score from 25 to 9, accompanied by greater emotional openness, improved sleep patterns, increased school attendance, and stronger engagement in classroom learning.

This study contributes theoretically by developing a conceptual model that explains the relationships among predisposing factors, psychological problems, integrated counseling approaches, and behavioral change in school truancy more comprehensively than single-approach counseling models. From a practical perspective, the findings highlight the importance of multidimensional assessment as the foundation for determining appropriate intervention strategies for students experiencing school truancy. Nevertheless, this study is limited by its single-case design, which restricts the transferability of the findings to broader student populations. Therefore, future research is encouraged to include participants from more diverse backgrounds, evaluate the long-term sustainability of behavioral change, and examine the effectiveness of the proposed integrated counseling model using comparative or *mixed-methods* research designs to strengthen its empirical validity.

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