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School Refusal: Characteristics, Assessment, and Effective Treatment: A Child and Parent Perspective

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Philadelphia College of Osteopathic Medicine

School Psychology

Department of Psychology

SCHOOL REFUSAL: CHARACTERISTICS, ASSESSMENT, AND EFFECTIVE
TREATMENT: A CHILD AND PARENT PERSPECTIVE

Lydia D. Brill

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Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of School Psychology

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Dissertation Approval

This is to certify that the thesis presented to us by Lydia Baill
on the 9th day of June, 2009, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
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Abstract

School Refusal: Characteristics, Assessment, and Effective Treatment: A Child and Parent Perspective.

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The present study, using shelf data, described a quantitative research project which attempted to propound and answer questions about the nature of school refusal in a Pennsylvania school district. The study analyzed shelf data that surveyed 40 students and parents in grades 2 through 11th who missed more than ten percent of 2007-2008 school year. Using shelf data collected by the GNA school district which consisted of parent and student surveys, this study investigated the different reasons why students refuse to attend school. Furthermore, this study also examined common characteristics found among school-refusing students in the Greater Nanticoke Area School District. Results of this study did not support previous findings of a positive correlation between parents' permissive parenting styles and higher rates of school refusal. Although results revealed a relatively equal representation of school refusal across grades, slightly higher rates of school refusal behavior was noted among 6th grade students. No differences in gender were reported. Limitations of the study and suggestions for future research were also discussed.

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Chapter 1

Introduction

School refusal can be defined as any refusal by a child to attend school or to have difficulty attending classes for an entire day by a child (Kearney & Silverman, 1996). Youths who miss long periods of school time, skip classes, arrive to school late, miss sporadic periods of school time, display severe morning misbehaviors in attempts to refuse school, attend school with great dread and somatic complaints that precipitate pleas for future nonattendance, fall along the school refusal spectrum (Kearney & Bates, 2005). According to Kearney & Silverman (1995), school refusal is present in approximately 5% of school-aged children. Left untreated, school refusal may lead to many long-term dysfunctions. According to Kearney & Albano (2004), school refusal behavior is highly comorbid with a number of different mental health disorders such as separation anxiety disorder (SAD), generalized anxiety disorder (GAD), oppositional defiant disorder (ODD) and depression. In fact, approximately 6% of those clients referred for mental health services presented with a primary concern of school refusal behavior (Kearney & Beasley, 1994). According to a survey conducted in 1993 by the National Association of Social Workers in Education, at least half a million children are truant from school every day (Webb, 1993).

Many children with school refusal behavior show a number of internalizing and externalizing problems. Internalizing problems include general and social anxiety, fear, fatigue, suicidality, and somatic complaints. Externalizing problems consist of noncompliance with parent and teacher commands, defiance and aggression, running away from school or home, clinging, and temper tantrums (Kearney, 2001).

Common elements among anxiety-based school refusal at the high school level include a high level of anxiety, a power struggle between students and one or both parents about the students' perceptions of helplessness, an inability to resist a powerful parent or parents, fear of not measuring up, thoughts that love is conditional on meeting parental standards, tendency to ignore or avoid difficult situations, and a fear of criticism and failure (Brand & O'Conner, 2004).

Anxiety disorders in children and adolescents are the most prevalent psychiatric disorders of childhood and adolescence. There is no question that these disorders have a significant impact on functioning. And although there is growing recognition of the need to improve the capacity to treat anxiety disorders effectively in children and adolescents, few studies have attempted to identify the predictors of treatment response in adolescents with school refusal. This is a serious problem; left untreated, the long-term outcomes of anxiety disorders in adolescence include later risk of additional anxiety disorders, major depression, illicit drug use, and reduced likelihood of attending college (Layne, Bernstein, Egan, and Kushner, 2003).

Review of the Literature

In order to treat school refusal, it is important to have an understanding of the function of a child's school refusal. According to Kearney and Albano (2000), there are several advantages of a functional model. Advantages include its theoretical basis, its coverage of all youths who miss school and its amenability to specific recommendations for assessment and treatment (Kearney et al., 2004). Based on Kearney and Silverman's model (1996), youths typically refuse school for one or more of the following functional conditions, including: to avoid school-based stimuli that provoke a general sense of

negative affectivity; to escape aversive school-based social and/or evaluative situations; to pursue attention from significant others, or to pursue tangible reinforcers outside of school (Kearney et al., 2004).

Etiology. There is a fairly equal representation of gender, racial, and income groups among children who refuse school. However, school refusal tends to be more prevalent among young adolescents and students entering a new school building for the first time (Kearney & Bates, 2005). More specifically, children entering kindergarten/first grade, middle school, and high school are at an increased risk of school refusal behavior (Kearney, Lemos, & Silverman, 2004). It is disturbing to realize that children often exhibit attendance problems for at least 1 to 2 years before receiving treatment (Kearney & Bates, 2005). This is important to note because the longer a child stays out of school, the more difficult it is for the child to return (Kennedy, 1965). Brand & O'Conner (2004) reported that in their experience, girls express more school refusal than do boys. Last & Francis (1988) examined the issue of gender even further and determined that although separation-anxious children are primarily female, the vast majority of school phobic and anxious children tend to be male.

Onset. There is usually a gradual onset of school refusal symptoms in youth. These symptoms sometimes begin after a holiday or illness. In addition, some children may have trouble returning to school after weekends or vacations. Although some children leave home in the morning and develop difficulties as they approach school making it difficult to proceed, others make no attempt at all to get to school (Fremont, 2003).

According to Strauss (1990), phobic and anxious school refusers tend to have a later age of onset and show more pervasive school refusal compared with those school refusers with separation-anxiety.

Triggers. Although some cases of school refusal behavior are not triggered by any clear stimuli (Timberlake, 1984), many cases are often triggered by specific stimuli. Specific stimuli include academic underachievement, family and marital conflict and transitions, illness, school-based challenges and threats and traumatic experiences (Kearney, Lemos, & Silverman, 2004). Certain characteristics such as phobias, depression, and dysfunctional relationships are also common among school refusers (Kearney & Silverman, 1995). According to Kearney (1993), a proportion of school-avoidant cases demonstrate severe depressive symptomatology.

In a number of cases, specific triggers may not be obvious and, if left untreated, can lead to severe short-term and long-term consequences. Short-term consequences include child and family distress, legal and financial difficulties, family conflict and disruption, and lack of supervision of the child. Long-term consequences include economic deprivation, marital and occupational problems, need for psychiatric assistance, and social maladjustment (Kearney & Bates, 2005).

Prevalence. The prevalence of unexcused absences from school outshines that of major childhood behavior disorders (Kearney, 2007). This is disturbing because school refusal is a key risk factor for violence, injury, substance use, psychiatric disorders, and economic deprivation (Kearney, 2007). Although the rates of school absenteeism appear to be higher in some urban areas, school refusal occurs in approximately 5% of all school age children (King & Bernstein, 2001).

In a study of 61 children, Heyne, King, Tonge, and Cooper (2001) found that most commonly, refusals are seen during the 7th grade (38%) or 8th grade (20%) years of school. Students in these grades are typically ages 12 to 14. In fact, research has shown a higher prevalence of school refusal in preadolescence and adolescence as opposed to early or middle childhood.

Classification

In the past, school refusal behavior has been used interchangeably with a number of misleading and inaccurate labels such as school phobia, separation anxiety, and truancy. Today, the term school refusal behavior is more appropriately used to describe excessive absenteeism (Stickney & Miltenberger, 1998). The National Association of School Psychologists (NASP) has expressed a preference for the term “school refusal” because it better reflects the multiplicity of explanations for the etiology of the condition (Brand & O’Conner, 2004). Because of the nebulous nature of school refusal symptomology, researchers have encountered significant problems in developing an appropriate and adequate classification system (Kearney & Silverman, 1995).

There is no classification system to determine whether or not a child has anxiety based school refusal, nor is there an information system to distinguish among the different subtypes of school refusal disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR in American Psychiatric Association, 2000); this fact makes categorizing school refusal behaviors rather difficult. However, the following criterion postulated by Berg, Nichols, and Pritchard (1969) is generally accepted by professionals.

This criteria includes severe difficulty attending school, often resulting in prolonged absence; severe emotional upset, including excessive fearfulness, temper outbursts, or complaints of feeling ill when faced with the prospect of going to school; staying home from school with their parents' knowledge; absence of antisocial characteristics such as stealing, lying, and destructiveness, and a self-report of heightened level of negative affect and emotional distress.

Categories of School Refusal

A number of researchers (review by Lee & Miltenberger, 1996) have suggested labeling school refusers either as truant, social phobic, specific (school) phobic, or having separation anxiety disorder (King, Heyne, Tonge, Gullone, & Ollendick, 2001).

When absent from school, truants typically are away from home. In addition, truants often attempt to conceal their absences from their parents (Hersov, 1985). According to Berg and Nursten (1996), truants often exhibit poor academic progress and tend to display various anti-social behaviors (King et al., 2001).

Students with a social phobia have a fear of social situations in which they may become embarrassed. As a result, individuals avoid such situations. Children, who have a fear of negative evaluation in specific situations with peers or teachers and therefore avoid school, would likely meet the DSM-IV diagnostic criteria for social phobia (Last & Strauss, 1990). However, when a child has a specific fear related to an object or situation in school, the probable diagnosis is a specific phobia (King, Ollendick, & Tonge, 1995).

A number of school refusers fall into the category of separation anxiety (King, Tonge, Heyne, Young, Meyerson, Rollings, & Pritchard, 1998b).

This category involves excessive anxiety in response to separation from the primary caregiver (American Psychiatric Association, 1994). In order to address the obstacles that exist because of the heterogeneous nature of this population, Kearney and Silverman (1996) have developed a functional model of school refusal behavior that focuses more closely on the functioning or maintaining variables of the behavior rather than on its numerous forms (Kearney et al., 2004).

The Functional Model of School Refusal

As mentioned earlier in this chapter, based on Kearney and Silverman's model (1996), youths typically refuse school for one or more of the following functional conditions: to avoid school-based stimuli that provoke a general sense of negative affectivity; to escape aversive school-based social and/or evaluative situations; to pursue attention from significant others, or to pursue tangible reinforcers outside of school (Kearney et al., 2004).

Avoidance of school-based stimuli. The first condition involves younger children who avoid school in order to escape peer-based threats and indicate that they "feel bad" at school. In addition, these children avoid school because of transitions they must make from one situation to another. These transitions include car/bus to class, class to cafeteria, or playground to class. It is very common for children in this group to attend school sporadically and plea with their parents to remove them from school (Kearney et al., 2004).

Escape aversive school-based social and/or evaluative situations. Youth in this group are often older children and adolescents who refuse school in order to escape situations.

Specific situations include starting and maintaining conversations with peers, cooperating or playing games with others, participating in group activities, and/or eating in a cafeteria with others. In addition, youth may also refuse school in order to escape evaluative situations such as tests, oral presentations, writing on a blackboard, walking in a hallway or into a classroom, and performing athletically or musically in front of others. Youths who refuse school in order to escape situations typically refuse school only during a key evaluative situation. However, some youth in this group display more frequent and excessive absenteeism. In addition, there are some youth who refuse school due both to escape and to avoidance (Kearney et al., 2004).

Pursue attention from significant others. Youth in this group usually do not have reservations about school, but rather, are drawn to more enticing stimuli outside of school. This condition often refers to younger children who miss school as a means of obtaining attention from primary caregivers. It is very common for these children to attend work with their parents and exhibit severe morning misbehavior in order to do so. Although separation anxiety is sometimes present in this group, the main functionality is attention-seeking behavior (Kearney et al., 2004).

Pursue tangible reinforcers outside of school. The last functional condition of school refusal consists of children who refuse school in order to pursue tangible reinforcers outside of school; this group usually seeks activities with friends, riding bicycles, staying home to sleep or watch television, or engaging in drug use or delinquent acts. This type of school refusal tends to be more chronic than the other functional groups and is commonly associated with extensive family conflict or problematic family dynamics (Kearney & Silverman, 2005).

Maladaptive parent-child relationships are of particular interest because such relationships comprise other issues such as separation anxiety, which is an integral part of school refusal (Kearney & Silverman, 1995).

Types of Parenting Styles

There are a number of family variables that may serve as important risk factors of a child's school refusal. Recent findings throughout the literature indicate that families of youths with school refusal behavior are often characterized by poor cohesion and conflict, enmeshment, isolation, and detachment (Kearney, 2007). Recent research has linked increased school absenteeism with alcoholism (Casasgil & Navarro-Guzman, 2002). In addition, divorce, child self-care, problematic neighborhoods, and maltreatment have also been linked to absenteeism; however, greater empirical data to support such claims are needed. Additionally, maltreated youths are more likely than their non-maltreated peers to miss school (Kearney, 2007).

Over the past 25 years, there have been a number of studies pertaining to the family-school connection, which investigated the impact of specific types of parenting styles and specific parental practices on student school-based outcomes (Spera, 2005). More recently, attention has been given, within the socialization literature, to investigating links between a child's home environment (i.e. family) and a child's school environment (Spera, 2005). Adolescents are influenced by the multiple arrays of socialization agents with whom they interact, such as their parents, teachers and peers. Adolescence, in particular, is a period of human development in which the boundary of the school and home contexts gain importance because it is not only a time of change for adolescents, but also a time of change for the family unit.

During this period, there is a move towards an increasing sense of self-exploration and autonomy away from the highly dependent and controlled period of childhood (Spera, 2005).

Based on Baumrind's (1971, 1989, 1991, 1991b as cited in Smetana, 1995) extensively used typology, parenting styles vary along two orthogonal dimensions of demandingness and responsiveness. Specifically, four different parenting styles are yielded when these dimensions are crossed. Baumrind coined these different parenting styles as follows: Authoritative, authoritarian, permissive, and rejecting-neglecting (Smetana, 1995). According to Spera (2005), parental education and number of parents in the home are related to parental disciplinary practices. More specifically, young mothers who are less educated and who are raising children alone are more likely to implement an authoritarian style than parents who are older, more highly educated, and who are raising children in a two-parent home. Thus, research suggests that socioeconomic factors also play a role in parenting styles.

Authoritative Parenting Style. Authoritative parents are both responsive and demanding. According to Lee, Daniels, and Kissinger (2006), a keystone to the psychosocial wellness of children and adolescents is the authoritative parenting style, which combines warmth and support within an established disciplinary framework that is flexible enough to accommodate a child's developmental needs. This type of parenting style is closely associated with middle-class values and incorporates children into the decision making process as these authoritative parents guide their children through two-way decisions. In doing so, parents help raise their children's self-concept and allows functional communication between parents and children.

As these children grow in responsibility and in age, they are able to detach themselves from parental control; this makes for successful, happy, and high achieving individuals (Bateman and Karr-Kidwell, 1995).

It is important to note that although the research is very clear that authoritative parenting generally predicts positive adjustment among children and adolescents, the strength of this relationship varies considerably across cultures and across subcultures in America (Jackson, Pratt, Hunsberger, and Pancer, 2005). Research shows that the relationship between parents' authoritative parenting styles and the adjustment of their children is strong for young children and is maintained into adolescence (Jackson et al., 2005). There are a number of reasons why authoritative parenting might be related to positive child outcomes. First, authoritative parents provide a high level of emotional security, which creates a sense of comfort and independence for their children. Next, authoritative parents also offer explanations for their actions, which provide children with a sense of awareness and understanding of their family's values, morals, and goals. Finally, authoritative parents engage in two-way communication, which nurtures skills in interpersonal relationships (Spera, 2005). Because adolescents of authoritative parents tend to display rather positive behaviors, they usually attract and are attracted to other well-adjusted individuals who are also likely to reinforce positive behaviors (Jackson et al., 2005).

Authoritarian Parenting Style. Parents who exhibit an Authoritarian parenting style are demanding but relatively unresponsive. Children from an authoritarian home are given very little freedom. Often times a "military" type of discipline is implemented at home. Children are expected to obey their parents without question.

This type of parenting style has been noted more often in lower class families than in middle class families. Children who come from authoritarian households tend to be exceedingly self-conscious and rebellious. Many times this rebellious streak leads to substance abuse. In addition, children from authoritarian upbringings also tend to be distrustful, more hostile, and resentful towards their parents and are seldom high achieving children (Bateman & Karr-Kidwell, 1995).

Permissive Parenting Style. Permissive parents are responsive but not demanding. Parents with a Permissive parenting style allow their children to run free while they remain relatively passive and uninvolved. Because very few controls or demands are present in this type of household, children often develop a sense of omnipotence. Children raised under a Permissive parenting style tend to exhibit less self-control and often are aggressive in their relationships with others. Although boys from permissive homes tend to be low achievers, girls sometimes do well in school. In general, children from permissive homes are often found to be self-centered, domineering, and tend to feel insecure and uncertain about the future. The use of authoritarian and permissive parenting styles often results in poorly adjusted children ((Bateman & Karr-Kidwell, 1995).

Rejecting-Neglecting Parenting Style. Rejecting parents are disengaged and are neither demanding nor responsive. This ineffective parenting style tends to produce at-risk youth who negatively influence both the community and the educational system with their dysfunctional perceptions (Bateman & Karr-Kidwell, 1995). In a study conducted by Richard Vito (1993 as cited in Bateman & Karr-Kidwell, 1995), middle school students identified as at-risk of withdrawing from school reported less parent and

teacher involvement than their not at-risk peers. Conclusions of this study suggest that both home and school play significant roles in whether or not students become at-risk and whether or not they remain at-risk or improve their school performances.

In addition to parenting styles, research has found that parental aspirations, goals, and values are also related to their offsprings' setting of academic goals, persistence in school, course enrollment, achievement, intellectual accomplishments and college attendance (Spera, 2005).

Kearney's Familial Relationship Subtypes

Kearney and Silverman (1995) described five familial relationship subtypes that are descriptive of children and adolescents with school refusal. Kearney and Silverman (1995) suggest grouping families in the correct subtype in order to determine effective treatment strategies.

The enmeshed family. Among the literature devoted to subtypes of families of youngsters who refuse school, a strong focus has been on the enmeshed, over involved parent-child relationship (Kearney & Silverman, 1995). Child dyads in this family tend to exhibit dependency and overindulgence. Although the notion of the enmeshed relationship continues to be a popular schematic for describing families of children with school refusal, criticisms have been made of the relationship's primary characteristic, separation anxiety. More specifically, some research (Pilkington & Piersel, 1991) argues that there is a lack of clear methodology in earlier studies, limited generalization from mother-child dyads to the entire family, little representation of families with youngsters with school refusal behavior and inclusion of several concurrent variables with separation anxiety or enmeshment (Kearney & Silverman, 1995).

The conflictive family. Two of the key characteristics of the conflictive family type include hostility and conflict among families with youngsters who display school refusal behavior (Kearney & Silverman, 1995). Additional characteristics include high levels of coercion, noncompliance, and aggression. One of the first studies to evaluate parent-child hostility as a variable separate from dependency was conducted by Waldron, Shrier, Stone, & Tobin (1975). This study found that families of youngsters with school phobia displayed greater hostility than families of youngsters with other disorders (Kearney & Silverman, 1995). Makihara, Nagaya, and Nakajma (1985) assessed single-parent families of children with school refusal behavior and discovered that 54% of the mother-child dyads were of the “conflictive type” (p. 315). In addition, according to research conducted by York and Kearney (1993), parents of youngsters with school refusal behavior reported significantly higher levels of conflict than did normative families (Kearney & Silverman, 1995).

The detached family. As defined by Foster and Robin (1989), a detached family is one whose constituents are not well involved with one another’s activities or attentive to one another’s thoughts and needs. Typically, parents within this family subtype are not heedful when it comes to their child’s activities or problems until these reach a severe level (Kearney & Silverman, 1995). Unlike the enmeshed mother, the withdrawn mother seeks more independence from her child. This often results in the child refusing school in order to stay home because of fears of parental abandonment (Kearney & Silverman, 1995). In one study conducted by Bernstein, Svingen, and Garfinkel (1990), the researchers found that families of children with school phobia who had no anxiety or depressive disorder were more dysfunctional in communication, affective expression,

and involvement, than families of children with school phobia who had an anxiety or depressive disorder. In addition, they found that mothers of children who had an anxiety and depressive disorder also reported poor familial communication. Therefore, the researchers concluded that greater detachment within a family might occur when a child with an attendance problem meets the criteria for more than one formal diagnosis (Kearney & Silverman, 1995).

The isolated family. An isolated family is one in which there is little extra-familial contact on the part of its members. Wahler (1980) reported that problematic mother-child interactions have been related to isolated families. One prime consideration when developing a treatment protocol should involve the integration of families of youngsters with school refusal behavior into the community (Kearney & Silverman, 1995). Although some preliminary research indicates that isolated families are common among the school refusal population (York & Kearney, 1993), little information actually exists regarding the prevalence of such families (Kearney & Silverman, 1995). It is important to note that isolated families may account for the exorbitant number of families who do not seek treatment. They may also be a greater source of the excessive number of individuals who initially inquire about available services, but for whatever reason, do not pursue scheduled assessment, consultation, or treatment sessions (Kearney & Silverman, 1995).

The healthy family. According to Moos and Moos (1986, p.14), a healthy “relationship-oriented” family may be defined as one that shows higher than normal levels of cohesion and expressiveness, low levels of conflict, and appropriate problem-

solving strategies (Kearney & Silverman, 1995). In healthy families most members are intact, although an individual child may suffer from psychopathology.

Bernstein et al. (1990) suggests that a healthy family dynamic may be frequent among children with easily identifiable, restricted school refusal behaviors or other related diagnoses (Kearney & Silverman, 1995).

The mixed family. Families with this profile exhibit two or more interaction patterns. “Mixed familial profiles” refers to the considerable overlap that exists among the various family profiles. It is very important that educators and health professionals consider the presence of mixed familial profiles when assessing and treating families of children with school refusal behaviors (Kearney & Silverman, 1995).

Assessment of School Refusers

The assessment and management of school refusal requires a collaborative approach involving a family physician, school staff, parents, and mental health professionals. Because children with school refusal often present with physical symptoms, it is also important to rule out any underlying medical problems a child may have (Fremont, 2003). When assessing children with school refusal behavior, one should always identify and emphasize variables such as mixed parental psychopathology, increased familial conflict, and poor group communication; these variables can guide a clinician in obtaining a more precise definition of the problem, treatment targets, and an increased awareness on parent-child agreement about specific end-state functioning goals (Kearney & Silverman, 1995).

When working with families, it is also important to assess changes in family dynamics. For example, it is not at all uncommon for siblings of children who refuse to go to school to notice the added attention given to the school refusing child.

As a result, they too may consequently avoid school or cling to home in order to obtain similar reinforcement (Kearney & Silverman, 1995). Whether assessing children, families, or both, the best assessment would include multiple methods and sources of information, and developmentally sensitive and appropriate measures.

Kearney (2001), suggests asking questions that focus on history, duration, impairment, internalizing, and externalizing symptomatology, external stressors, and other significant topics. Useful assessments may include structured self-report instruments or less structured methods including observations during an interview (Kearney & Silverman, 1995).

Structured interviews. One common structured diagnostic interview used to assess children with school refusal behavior is the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Versions (ADIS for DSM-IV: C/P) (Silverman & Albano, 1996). This tool contains a section on school refusal behavior that includes questions about school-based anxiety, stimuli that may lead to fear or avoidance, and intensity and frequency of absenteeism. It is important to note that the ADIS for DSM-IV: C/P has good reliability (Silverman, Saavedra, & Pina, 2001); however, the interview is time consuming, may not be sensitive to developmental differences among children, and to anxiety-based school refusal behavior at the expense of other characteristics (Kearney & Bates, 2005).

Examining the relative function of school refusal behavior or the reasons why children continue to refuse school is a critical component of the assessment of school refusal behaviors. To help with this, The School Refusal Assessment Scale-Revised (SRAS-R) (Kearney, 2002) may be used.

This scale is based on Kearney and Silverman's Functional Model of School Refusal (1996) and is used to assess which functions are most relevant to a particular case of school refusal behavior (Kearney & Bates, 2005). Specific functional conditions include avoiding school-based stimuli that provoke a general sense of negative affectivity; escaping aversive school-based social and/or evaluative situations; pursuing attention from significant others, or pursuing tangible reinforcers outside of school (Kearney et al., 2004).

Child self-report measures. Examples of specific, child self-report questionnaires that have been designed to assess the fear, general and social anxiety, depression and externalizing behavior problems often associated with absenteeism include: Fear Survey Schedule for Children-Revised (Ollendick, 1983); Multidimensional Anxiety Scale for Children (March, 1997); Social Anxiety Scale for Children-Revised (La Greca & Stone, 1993; and the Youth Self Report (Achenbach & Rescorla, 2001). In addition, there are a number of measures of negative affectivity that are pertinent to school refusal. These measures include the following: Revised Children's Manifest Anxiety Scale (RCMAS: Reynolds & Richmond, 1978); Children's Depressive Inventory (Kovacs, 1981), and the Negative Affect Self-Statement Questionnaire (NASSQ; Ronan, Kendall, & Rowe, 1994). The NASSQ, an inventory of anxious and depressive self-statements, has child and adolescent versions (King et al., 2001).

Parent/teacher questionnaires. In order to assess the various internalizing and externalizing behavior problems associated with school refusal, a number of parent and teacher questionnaires have been designed. Specific examples include the Child Behavior Checklist and Teacher's Report Form (Achenbach & Rescorla, 2001) and the Conners' Parent and Teacher Rating Scales (Conners, 1997). Overall, these questionnaires have been found to demonstrate excellent reliability and validity.

Review of records. Accessing school-based records and interviewing school-based personnel knowledgeable about a particular child are key aspects of assessing school-refusing youth. These records and interviews often contain useful information related to attendance, course schedules, grades, make-up work, disciplinary actions, legal status, and past attempts to rectify absenteeism (Kearney & Bates, 2005).

Behavior observations. Another technique useful in assessing youths with school refusal behavior, involves behavioral observations. Specific protocols often call for detailed descriptions and ratings of a child's behavior before going to school in the morning.

One advantage of using behavioral observations is that an abundance of data can be obtained within a child's natural environment. However, the need for substantial time and for other resources and the reaction by the child being observed are a few of the disadvantages of using these measures (Kearney & Bates, 2005). In order to confirm the fact that a child is refusing school for a specific functional condition, external and in-session observations may be quite useful. These observations are especially helpful in those cases that involve informant variance and/or multiple functions of school refusal behavior (Kearney et al., 2004).

Abbreviated assessment. An abbreviated assessment may be used when there is not enough time, or not enough resources, etc. to complete a comprehensive assessment. An abbreviated conceptualization assessment approach should provide important information regarding case conceptualization and should always involve determining three critical components. First, one must determine the nature or form of the problem. Next, the function of the problem needs to be assessed. Last, the abbreviated assessment is completed after the best intervention for the problem is selected.

Treatment

The treatment of youth with school refusal behavior is critical because of the seriousness and debilitating nature of these behaviors (Kearney et al., 2004). Using a multidimensional approach, child-based strategies aim at educating children about the nature of their anxieties and school refusal behaviors. In addition, it is useful to teach somatic control exercises such as relaxation training and breathing retraining in order to control the physical anxiety symptoms (Kearney & Bates, 2005). Furthermore, cognitive restructuring is needed in order to help children modify their irrational thoughts and to think more realistically. Exposure-based techniques should gradually reintroduce children to school as they practice methods of controlling their anxieties (Kearney & Albano, 2000).

Parent-based strategies involve the establishment of regular morning, daytime, and evening routines for the school-refusing child. In addition, training in the implementation of contingency management procedures to reward attendance and to punish non-attendance is often necessary. Also, reducing excessive reassurance-seeking behavior and pursuing forced school attendance when appropriate (Kearney & Bates,

2005) are very useful treatment strategies that parents need to learn in order to treat their child's school refusal behavior effectively.

Methods used in family-based treatment include communication and problem solving training, increased supervision, class-to-class escorts, and peer refusal skills training. Peer refusal skills are essential in order to help a child refuse temptations from others to miss school (Kearney & Albano, 2000). It is likely that treatment focus and technique are influenced or mediated by significant familial dynamics (Kearney & Silverman, 1995).

Treatment for school refusal in less healthy functioning families is frequently related to complex diagnostic patterns and/or other functions of school refusal. In this case, the primary treatment focus should ideally be on both parents. Initially, the therapeutic strategy should be presented to both parents but can later be modified to accommodate different parenting styles. In addition, the use of contingency management may be useful in order to reestablish the parents as "co distributors" of commands to the child to go to school and as co-reinforcers of attendance. Last, differences in parental approaches to the school refusal problem should also be addressed (Kearney & Silverman, 1995).

Treating the enmeshed family. By encouraging over involved mothers to decrease excusing a child's behavior, to provide verbal and physical attention to her child only when appropriate, and to co-implement contingent punishment or reinforcement routines at the end of the day, the mother-child relationship may be reshaped into one with more appropriate and clearly defined boundaries (Kearney & Silverman, 1995).

Treating the conflictive family. School refusal behavior is encompassed by an assortment of ill defined emotional and behavior problems in many conflictive families. One useful measure in addressing this varied psychopathology involves the assessment of school absenteeism. Because families can readily agree to its measurement, it is easily monitored, and an increase in the behavior appears related to lessened conduct problems (Zigler, Taussig, and Black, 1992), school attendance is an efficient focal point of treatment. Focus of treatment should be on the family as a whole. Prior to the development of a treatment protocol, Kearney and Silverman (1995) suggest initially addressing inter-parent or parent-child hostility or conflict. This can be done by using techniques such as communication and reattribution training (Kearney & Silverman, 1995).

Treating the detached family. When working with detached families, Kearney and Silverman (1995) recommend that the main focus of treatment also be on the family as a whole. Although a number of therapeutic techniques will likely be needed, Kearney and Silverman (1995) suggest contracting to reduce the child's school refusal behavior. Contracting requires communication among family members and provides these families with a means of usefully negotiating a successful resolution to a school refusal or other problems while improving communication skills.

Treating the isolated family. There exists less information regarding the treatment of families of the isolated type. Kearney and Silverman (1995) recommend developing separate treatment plans for parents and children. Because children from isolated families may have been prevented from interacting with their peers, one therapeutic goal should be aimed at increasing integration into extracurricular activities,

with parent permission. Prior to this integration, however, the child should receive social-skills training via modeling, role-play, and cognitive behavior therapy.

It is important that a more directive therapeutic approach be used with these families in order to maintain the family's attendance at therapy. Sessions should be scheduled frequently. In addition, telephone contact is essential in order to keep parents motivated in resolving their child's school attendance problem (Kearney & Silverman, 1995).

Treating the healthy family and the mixed family. Within healthy functioning families, the primary treatment focus should be on the child. More specifically, procedures such as relaxation training, systematic desensitization, and return to school, whether gradual or sudden, are useful techniques in treating school refusal behaviors (Kearney & Silverman, 1995). However, when dealing with the mixed family type, a clinician should select a combination of procedures to resolve the immediate behavior problem effectively and to improve family functioning in the process. Kearney and Silverman (1995) recommend that the treatment focus initially on the most problematic dyads or absentee behaviors. After these issues are addressed, the clinician can then address the other problematic family subsystems and related maladaptive behaviors.

Cognitive behavioral therapy. According to Heyne, King, Tonge, and Cooper (2001), cognitive behavioral therapy (CBT) should be the first line of treatment in school refusal cases. Also when appropriate, adjunctive or successive pharmacological treatment should also be employed. King et al. (1998b) found that brief cognitive-behavioral intervention was found to be efficacious on nearly all measures relative to wait list controls (King, Heyne, Tonge, Gullone, Ollendick, 2001). However, although there is accumulating evidence regarding the immediate short-term efficacy of CBT

strategies used in the treatment of school refusal, no studies that discuss the long-term efficacy of this treatment strategy have been reported yet (King, Tonge, Heyne, Turner, Pritchard, Young, Rollings, Myerson, & Ollendick, 2001). In an intensive 4-week CBT treatment program conducted by King et al. (2001), the long-term benefits of CBT were observed in 15 of 17 school refusing children. Although these overall findings appear to be encouraging, it is important to note that these results should be interpreted with caution because extensive clinical assessments were not undertaken with the children, with their parents, and/or with their teachers in the study. Last, according to recent evidence regarding the treatment of childhood and anxiety disorders, parent “involvement” has been shown to enhance the effectiveness of child CBT (Barrett, Dadds, Rapee, & Ryan, 1996).

Medical and pharmacological treatment. Obviously, the main goal of treatment for most children with school refusal is the early return to school. Therefore it is important that physicians avoid writing excuses for children to stay out of school unless, of course, a medical condition makes it necessary for the child to stay home. Because children who refuse to go to school often present with physical symptoms, a physician may need to inform parents that the problem is a manifestation of psychological distress and not a sign of illness (Fremont, 2003).

When considering pharmacological treatment for school refusal, it is important to remember that medication should never be used as a sole intervention. Rather, this form of treatment should always be used in conjunction with behavioral or psychotherapeutic interventions (Fremont, 2003). Although several controlled studies are currently in progress, very few double blind, placebo-controlled studies have actually

evaluated the use of psychopharmacologic agents in the treatment of school refusal. Preliminary research has suggested that Selective Serotonin Reuptake Inhibitors (SSRIs) are effective and safe in the treatment of childhood anxiety disorders and depression (Compton, Grant, Chrisman, Gammon, Brown & March, 2001). Therefore, SSRIs have now replaced tricyclic antidepressants as the first-line of pharmacological treatment for anxiety disorders in children and adolescents (Fremont, 2003).

In some cases, benzodiazepines have been used on a short-term basis for children with severe school refusal. In order to target the acute symptoms of anxiety, a benzodiazepine may initially be prescribed with an SSRI. The benzodiazepine should be discontinued after the SSRI has had time to produce beneficial effects. Because of their side effects, which include sedation, irritability, behavior disinhibition and cognitive impairment, benzodiazepines should not be used for more than a few weeks (Riddle, Bernstein, Cook, Leonard, March, & Swanson, 1999).

Treatment in school. Depending on the function that a child's school refusal serves, a prescriptive treatment package is linked to each condition with the function model. Each package is designed to eliminate the reinforcement derived from school refusal behavior and to enhance the skills necessary for anxiety management and family problem solving (Kearney et al., 2004). In order to make parents aware of the school refusal problem, Kearney and Bates (2005) suggest that a good strategy for notifying parents of absenteeism is a polite "letter of concern." This letter should outline the current situation; potential risks of continued nonattendance, school-based efforts to address the situation, and an invitation to parents to participate in a consultation with school officials should they chose to do so. Kearney and Bates (2005) have found that

many parents are receptive to this feedback and are willing and interested in remediating the problem quickly.

Often times, reluctant parents tend to prefer a quick fix to the problem and prefer to leave the problem in the hands of school personnel. Other reluctant parents truly fear that their child will be harmed by coerced attendance. With this in mind, Kearney and Bates (2005) recommend that school personnel always provide detailed rationales for immediate and intense intervention. More specifically, family members should be well informed of the dangers of ongoing absenteeism. After some resistant parents understand that school-based intervention could be customized to help them address a variety of other problems, they become more responsive to treatment. However, in some extremely resistant cases, a referral to the legal system may be warranted because of noncompliance issues (Kearney & Bates, 2005).

When told that school officials will work closely with them to improve a child's attendance, parents are more responsive to treatment. Offers of daily communication regarding attendance and homework, regular conferences about intervention and its progress, delay of legal referrals contingent upon cooperation and necessary adjustments to a child's class schedule are often appreciated by reluctant parents (Kearney & Roblek, 1998). Highly resistive parents pose the strongest challenge to school personnel who are focused on resolving a school refusal problem. When dealing with resistive families, it is highly recommended that school staff be persistent when contacting these families.

In addition, staff should also offer to work closely with the family. This could include providing families with referrals to social services and/or mental health agencies in order to address severe behavior problems. If a family is already involved with another agency,

the school should work closely and cooperatively with the agency (Kearney & Bates, 2005).

The Importance of the Investigation of Treatment Options for School Refusal Behaviors

Because of the degree to which absenteeism may lead to delinquency, social disorder, and educational failure, media interest has been fueled in trends, effects and responses to the problem of school refusal. However, throughout the literature base, there remains a notable lack of empirical research regarding issues pertaining to school refusal (Rayner & Riding, 1996). School refusal behavior is of serious concern to professionals in a school district because it is usually the responsibility of school-based social workers, principals, and other personnel to identify this behavior in children. As a result, school staff members need to be able to assess the severity and scope of a child's school refusal behavior in order to provide appropriate and available treatment options (Kearney & Bates, 2005).

Based on the research of Bateman and Karr-Kidwell (1995), there were a number of factors that influenced a student's decision to miss or withdraw from school. More specifically, students who withdrew from school were frequently a year older than their peers because of retention. In addition, students reported a difference or inconsistency in grading practices by different teachers. Also, cultural differences were evident between the way in which at-risk students perceived the school's expectations, and the way in which teachers viewed the school's perceptions and expectations.

According to Bateman and Karr-Kidwell (1995), young people in middle school are at a greater chance for being at-risk of withdrawing from school than at any other time because of the cognitive, psychosocial, and physical changes that take place during

their early teen years. Therefore, if educators do not begin to focus on middle school as a critical target for programs dealing with self-esteem and academic achievement, then there is a good chance that these youth could unnecessarily become the dropouts of tomorrow.

Something must be done so that school refusers do not continue to “inhabit their own murky world of violence, drugs, and crime and talk about their life of crime as others would their careers (Wilkinson, 1995, p.16).” Investigating the most effective approaches aimed at treating school refusal behavior may be exactly what school refusers need in order to create an existence full of academic success and promise. The time for educational systems to begin to make programs available that fit the child, and not the school is now (Bateman & Karr-Kidwell, 1995).

According to Stan Friedland (1992 as cited in Bateman & Karr-Kidwell, 1995), schools are long overdue in developing and implementing programming which addresses the needs of today’s at-risk youth. In redesigning today’s schools, school officials have the unique opportunity of revitalizing the future of tomorrow’s youth. And although educators can never become the parents for at-risk students, it is up to teachers and administrators to help these children find ways to be positive in what may appear to some as a dismal future. This is important because for some at-risk youth, just knowing that someone cares is enough to make a difference (Bateman & Karr-Kidwell, 1995).

And in the end, research shows that the happier a student is in his or her school, the more motivated and eager they will be to attend class rather than to miss class (Munoz, 2001).

Specific Effective School-Based Programs Aimed at Targeting At-Risk Youth

There is a clear need for schools to begin to provide more effective programs for at-risk students at the middle school level. These programs must focus on issues such as self-esteem. In doing so, research has shown that academic achievement will improve and retention rates for middle school students will decrease. It is essential to provide programs not only to the students, but to also provide effective at-risk training and program development for staff members as well. In addition, it is critical that educators are made aware not only of the programs available in their schools, but also exactly how these programs should be implemented (Bateman & Karr-Kidwell, 1995).

Building Self-Esteem. This program is used in middle schools throughout the United States and has been successful at reducing discipline referrals. The program is designed as a step-by-step process aimed at addressing the personal needs of the students. *Building Self-Esteem* builds on self-respect and increases self-esteem and academic achievement. In this program, students discuss, write, and participate in a number of activities that are designed to allow students to have input into diverse areas of their lives. In addition, it allows at-risk youth to consider the viewpoints of students not at-risk. Students partaking in this program reported that they felt better about themselves and experienced fewer social problems with other students. Furthermore, these students also became more highly motivated and cooperative in the classroom. As a result, this increase in student self-esteem also had a positive impact on school climate and on the attitudes of the students (Bateman & Karr-Kidwell, 1995).

Power of Positive Students (POPS). Developed by William Mitchell, this is a structured, planned program that focuses on a variety of activities aimed at elevating young peoples' self-esteem. Focusing on trust, respect and optimism, this program creates a positive and self-motivated climate. In addition, another key component to this program is community-service. It is the program's belief that if our youth is to become "civic-minded", they must be exposed to community-service activities sooner rather than later. According to the research, a very effective technique for helping at-risk youth is to put them into a situation in which they are helpers themselves (Bateman & Karr-Kidwell, 1995).

Striving to Achieve Resiliency for Adolescents (STAR). This program was developed by the Texoma Council on Alcoholism and Drug Abuse in 1990. It focuses on reducing the risk of substance abuse by incorporating group participation in structured, curriculum-based activities. The four main goals of this program are as follows: creating an atmosphere that fosters resiliency; assisting students in creating or developing coping skills; providing appropriate information such as referrals and recommendations, and building relationships through learning and fun. This program usually consists of small groups of eight or fewer students. It has been very effective in keeping potential dropouts in school. STAR's strengths center on the consistency in the implementation of the program and the flexibility in adapting to the needs of the students (Bateman & Karr-Kidwell, 1995).

Esteem Team. This is an experiential program from Texan Camp Fire which targets 7th grade students. The objective of this program is to promote self-esteem in students by empowering young people to be positive role models for their peer group.

This group meets once every two weeks during history class and includes all 7th grade students. This program allows students to interact with those who may or may not be part of their immediate peer group (Bateman & Karr-Kidwell, 1995).

Success Strategies for At-Risk Students. This program was developed by the Center for Success in Learning and is centered on learning style theory. According to the developers of this program, if the at-risk student is taught in the appropriate learning style, academic achievement will improve. This improvement will therefore lead to a better self-concept, thus enhancing self-esteem. Prior to implementing this program, educators must attend a five-day training session. During this training period, not only materials, but also the rationale for the program is provided. The training teaches appropriate use of the materials for kinesthetic, auditory, and visual learning styles. In this program, students are allowed to use a variety of games, which covers the material on tests (Bateman & Karr-Kidwell, 1995).

Natick, Massachusetts School District. The program in this school district, implemented approximately 15 to 20 years ago, utilizes a prevention-intervention approach and is used at the elementary, middle, and high school levels. The program aims at preparing all students to function independently and successfully at different levels of education. In addition, teachers and students are trained in counseling skills including peer training for students. In this program, each day began with Period A and B. During Period A, students most at-risk were welcomed each morning in order to let them know they were wanted at the school. Period B was reserved for self-esteem building.

Students worked with activities that dealt with feeling good about themselves and about life in general. Guidance counselors were assigned a roster of students and parents were included in the program (Bateman & Karr-Kidwell, 1995).

Program started by Christine Nolen, Special Education Instructor of the Whitesboro ISD. This program was developed after Ms. Nolen recognized the need for some “tender loving care” with eight to ten at-risk students. This program has been shown to be effective with students in grades 6th through 8th. The first step in implementing this program is to identify eight to ten students from one grade level who are in danger of failing. Next, parents are notified and permission is obtained to pull the students into a study-hall type setting. The study hall occurs during the regularly scheduled day, so that the student loses an elective. During this study hall, the teacher works with the students on study skills, homework, problems they may have, and learning to get along with their peers. According to Bateman and Karr-Kidwell (1995), this program has led to improved academic achievement and self-esteem among at-risk students.

Statement of the Problem

It is quite obvious that there is an urgent need for schools to combat problematic absenteeism. However, the way in which a successful response might be made is less clear (Rayner & Riding, 1996). The idea that schools are primarily responsible for varying levels of school refusal has been supported in recent research (Department of Education, 1993). According to Reid (1985), students consistently blame themselves, their schools and their teachers for their school refusal rather than blaming their homes or

social or economic status. Therefore, Reid (1985) argued that school policies and teachers are in fact largely responsible for students' school refusal.

Based on research about problematic absenteeism that has elicited pupil perspectives, young school refusers have typically cited causes that describe a negative reaction to schooling (Schostak, 1983). In addition, Galloway (1985) indicated that school refusers often identified concerns such as boring lessons, poor relationships, unsuitable curriculum, lack of personal attention, feelings of rejection and authoritarianism in school as major contributions to their school refusal. With these contributors in mind, it is crucial that school personnel determine what they can do, specifically, to make the lives of their students a little easier and a little less painful.

One need that has been pointed out frequently in the literature on school refusal (Galloway, 1985; Reid, 1985; Whitney, 1994) is the necessity for the development of more flexible curricula that considers the individual differences of students. In addition, Reid (1985) argues that every school refuser requires a "tailor made approach" (p.50). Furthermore, according to Griggs (1991, p.3), educational interventions for school refusal need to consider children's learning styles (Rayner & Riding, 1996).

Although there is an urgent need to investigate the student-school relationship when studying school refusal, very little discussion on this topic appears in the literature base. Rather, the focus of the literature discussions tends to be on school systems. If school refusal occurs as a result of a negative interaction among the student, curriculum, and social relationships, then it seems quite logical to consider the individual psychology of the student, in addition to the social psychology of the institution itself (Rayner & Riding, 1996). Because family-based treatment methods for conceptualizing, assessing,

and treating children with school refusal have flourished in the past few years, mental health professionals now have a proven set of techniques and approaches for addressing school refusal. However, because these strategies have typically been designed for therapists in specialized settings, little information is available regarding how these procedures may be tailored to educational settings for use by social workers and psychologists.

In order to tailor educational programs effectively to meet the specific needs of the children who refuse to attend school as well as the families of these children, it is critical to determine the factors that contribute to children's school refusal behavior. The purpose of the proposed study is to propound and answer questions about the nature of school refusal in a specific school district - the Greater Nanticoke Area School District.

Research Questions

Research Question 1. What is the incidence rate of school refusal among students in the Greater Nanticoke Area School District?

Research Question 2. Is there a relationship between specific demographic variables and school refusal behavior?

Research Question 3. What do students who refuse to attend school and the parents of these children perceive as the reasons for students' school refusal behavior?

Research Question 4. What perceptions about parenting style are reported by students who refuse to attend school and by the parents of students who refuse to attend school and what is the relationship among reported reasons for school refusal and parenting styles?

Chapter 2

Methods

Overview of Research Design

This study involved the analysis of data collected by the Greater Nanticoke Area School District during the 2008-2009 school year. The shelf data consisted of surveys, questionnaires, and interviews which were analyzed to examine the relationships among variables associated with school refusal behavior.

Participants

The Greater Nanticoke Area School District's Special Education Department collected data during the 2008-2009 school year. In hopes of identifying a representative sample of the school-refusing students in the Greater Nanticoke Area School District, the Special Education Department sent participation requests to a random sample of 75 of the 348 families identified as having students who missed 18 or more days of school (10% of the total number of days that compose a full school year) during the 2007-2008 school year. The data collected did not include information from any students who were in Kindergarten through 1st grade or who missed fewer than 18 days of school.

Measures

The data collected by the Greater Nanticoke Area School District utilized two instruments: The School Refusal Assessment Scale-Revised (SRAS-R) and the Parental Authority Questionnaire (PAQ).

The School Refusal Assessment Scale-Revised (SRAS-R). The SRAS-R is an instrument designed by Kearney and Silverman (1993) to assess the motivating conditions in children with school refusal. The SRAS is based on clinical and research evidence that children refuse or have difficulty attending school for a number of different reasons associated with negative and positive reinforcement (Kearney and Silverman, 1991). The instrument is composed of sixteen questions, four per maintaining condition. Each question is rated on a scale of 0 to 6, from never to always. After the scale is administered to children and parents separately, means for each condition are computed and ranked. The highest-scoring condition is considered to be the primary maintaining variable of school refusal behavior for a specific child (Kearney and Silverman, 1993) (Appendix A).

The Parental Authority Questionnaire - Adapted Student Version (PAQ – ASV). Buri (1991) developed the PAQ for the purpose of measuring Baumrind's (1971) three prototypes of parental authority. These three prototypes include permissiveness, authoritarianism, and authoritativeness. The questionnaire is composed of 30 items and yields permissive, authoritarian, and authoritative scores both for the mother and for the father. Each item is rated on a scale of 1 to 5, ranging from strongly disagree to strongly agree. This scale has been field-tested and found to be a valuable tool in the investigation of correlates of parental permissiveness, authoritarianism, and authoritativeness (Buri, 1989).

For the purpose of the GNA's data collection, the PAQ was adapted for use with younger children and their parents (Appendix B). On the student scale, items were reworded so that young children would understand them more easily; e.g. a change was

made from “As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline” to “My mother/father use reasoning and discipline to direct my activities and decisions.”). Also, the survey was given to students using an interview format in order to provide clarification of the meaning of items to the students, if needed.

The Parental Authority Questionnaire - Adapted Parent Version (PAQ – APV). A parent version of the PAQ was created by rewording phrases on the student scale so that they would apply to parents’ perceptions of their own personal parenting styles (e.g., changed from, “As I was growing up my mother/father did not allow me to question any decision that he or she had made” to “As my children grow up, I allow them to question the decisions I make.”).

Statistical Analysis

The collected data was analyzed using descriptive, correlational and nonparametric (chi-square) analysis techniques.

Chapter 3

Results

This chapter presents a description of the sample demographics and the results of the analysis of the school refusal data collected from students and their parents by the Greater Nanticoke Area School District (GNASD) during the 2008-2009 school year. Results are organized according to the research questions stated in Chapter 1.

Research Question 1. What is the incidence rate of school refusal among students in the Greater Nanticoke Area School District?

The GNASD is composed of 2,360 students in grades Kindergarten through 12th. According to attendance records on file in the district, 348 students missed 18 or more days throughout the district during the 2007-2008 school year. As a result, the incident rate of school refusal among students in the GNASD was determined to be 14.75% during last year. Of the 348 students missing 18 or more days of school, 11.5% (n = 40) of these students and their parents responded to the set of questionnaires used in this study; these questions were provided to them by the school district in February, 2009.

Research Question 2. Is there a relationship between specific demographic variables and school refusal behavior?

Demographic Characteristics of the Sample

The sample consisted of 24 male and 16 female students and their parents in grades 2-11 who missed 18 or more days of school during the 2007-2008 school year. The majority of the sample was Caucasian (92.5%). Of the 40 students, 24 students were from single-parent homes (60%). Half of the students in the sample were from middle-class households and half were from low-income households.

The majority of students in the sample, who were distributed with relative evenness across grades 3rd-9th (87.5%), missed 18-23 days of school (75%). Of the 40 students in the sample, eight had a Chapter 14 disability (20%) and nine students reported having a medical illness (22.5%).

The relationship between specific demographic variables and school refusal behavior was examined through non-parametric chi-square tests. There were no significant differences between the number of school days missed and male or female students in the sample, $\chi^2(1, n=40) = 1.60, p > .05$. In addition, no significant differences in school refusal behavior were found among the ten different grades in the sample $\chi^2(9, n=40) = 12.0, p > .05$. With regards to parental status, there were no significant differences found between school refusal behavior and students from single-parent or two-parent households $\chi^2(1, n=40) = 1.60, p > .05$. Last, no significant differences were found between school refusal behavior and students from middle-class or lower-class households $\chi^2(1, n=40) = .000, p > .05$.

Table 1

Characteristics of the Sample

Demographic	Frequency	Percent
Gender		
Male	24	60.0
Female	16	40.0
Ethnicity		
Caucasian	37	92.5
African America	3	7.5
Parent Status		
Single-Parent	24	60.0
Two-Parent	16	40.0
Socioeconomic Status		
Middle-Class	20	50.0
Lower-Class	20	50.0
Grade		
2 nd	1	2.5
3 rd	9	22.5
4 th	5	12.5
5 th	3	7.5
6 th	4	10.0

Characteristics of the Sample Continued

Demographic	Frequency	Percent
7 th	4	10.0
8 th	6	15.0
9 th	4	10.0
10 th	2	5.0
11 th	2	5.0
Absences		
18	2	5.0
19	8	20.0
20	3	7.5
21	6	15.0
22	5	12.5
23	6	15.0
24	2	5.0
25	1	2.5
26	1	2.5
29	2	5.0
36	1	2.5
65	1	2.5
67	1	2.5
95	1	2.5

Characteristics of the Sample Continued

Demographic	Frequency	Percent
<hr/>		
Disability		
Speech and Language	4	10.0
Specific Learning Disability	3	7.5
Emotional Disturbance	1	2.5
Gifted	1	2.5
Medical Illness		
Allergies	6	15.0
Head Lice	1	2.5
Female Reproductive Issues	2	5.0

Research Question 3. What do students who refuse to attend school and the parents of these students perceive as the reasons for students' school refusal behavior?

Results indicated that 15 students in the sample endorsed all items on the student SRAS as occurring infrequently or never (37.5%). Of the 40 students in the sample, 24 reported missing school in order to pursue tangible reinforcers (35%). Occurring less often in the sample were students missing school in order to attain attention from a parent or caretaker and to pursue tangible reinforcers (7.5%). Students who frequently missed school in order to avoid certain situations in school and those students who missed school because of avoidance and the pursuit of tangible reinforcers made up 5% of the sample.

The majority of parents in the sample indicated that their child missed school primarily in order to obtain tangible reinforcements (37.5%). Next, 12 parents endorsed all items on the parent SRAS as occurring infrequently or never (30%). Of the 40 parents in the sample, four indicated that their children frequently missed school in order to avoid certain situations at school and to pursue tangible reinforcement outside of school (10%). Frequent avoidance of certain situations at school was the cause of 5% of the samples' school refusal behavior, as perceived by the parents in the study.

Table 2

Function of School Refusal Behavior as Rated by the Student (SRAS-Student)

Function	Frequency	Percent
All Functions Rated Infrequent or Never	15	37.5
Frequent Tangible Reinforcement	14	35.0
Frequent Attention and Tangible Reinforcement	3	7.5
Frequent Avoidance and Tangible Reinforcement	2	5.0
Frequent Avoidance	2	5.0
Some Avoidance	1	2.5
Some Avoidance and Some Attention	1	2.5
Some Attention and Some Tangible Reinforcement	1	2.5
Frequent Avoidance and Attention	1	2.5

Table 3

Function of School Refusal Behavior as Rated by the Parent (SRAS-Parent)

Function	Frequency	Percent
Frequent Tangible Reinforcement	15	37.5
All Functions Rated Infrequent or Never	12	30.0
Frequent Avoidance and Tangible Reinforcement	4	10.0
Frequent High Avoidance	2	5.0
Frequent Avoidance, Escape, Attention, and Tangible Reinforcement	2	5.0
Some Attention	1	2.5
Some Avoidance and Attention	1	2.5
Frequent Avoidance and Escape	1	2.5
Frequent Avoidance and Attention	1	2.5
Frequent Avoidance, Attention, and Tangible Reinforcement	1	2.5

Research Question 4. What perceptions about parenting style are reported by students who refuse to attend school and the parents of students who refuse to attend school and what is the relationship among reported reasons for school refusal and parenting styles?

Of the 40 students in the sample, 15 (35%) perceived their parents' parenting style as the Authoritative Type, as measured by the adapted version of the student PAQ. Six rated their parents as having an Authoritarian and an Authoritative parenting style (15%). In addition, four students in the sample perceived their parent as having an Authoritarian parenting style (10%).

Of the 40 parents in the sample, a majority of the parents in the sample rated their parenting style as being Authoritative in nature ($n = 24$, 60%), as measured by the adapted parent PAQ. Eleven parents rated their parenting style as a combination of Authoritarian and Authoritative (27.5%). Parents endorsing an Authoritarian style made up 7.5% of the sample, whereas parents endorsing a Permissive style composed 2.5% of the sample.

Results indicated that the majority of students (35%) and parents (37.5%) in the sample indicated that the pursuit of tangible reinforcement outside of school was the most frequently occurring reason for the school refusal behavior. The parenting style perceived most often by students (35%) and parents (60%) was the Authoritative parenting style.

Table 4

Perceptions of Parent's Parenting Style as Rated by the Student (PAQ-Adapted-Student)

Parenting Style	Frequency	Percent
Authoritative	14	35.0
Authoritarian and Authoritative	6	15.0
Authoritarian	4	10.0
Not Permissive or Authoritarian	4	10.0
Not Permissive or Authoritative	2	5.0
Not Permissive, Authoritarian, or Authoritative	2	5.0
Not Authoritarian	2	5.0
Not Permissive	2	5.0
High Authoritarian, Authoritative, and Permissive	2	5.0
All Styles Rated Equally	1	2.5
Permissive	1	2.5

Table 5

Perceptions of Parenting Style as Rated by the Parent (PAQ-Adapted-Parent)

Parenting Style	Frequency	Percent
Authoritative	24	60.0
Authoritarian and Authoritative	11	27.5
Permissive	1	2.5
Authoritarian	3	7.5
Permissive and Authoritative	1	2.5

Chapter 4

Discussion

This study analyzed shelf data collected by the Greater Nanticoke Area School District (GNASD) in an attempt to propound and to answer four questions regarding the nature of school refusal in the GNA School District. In sum, the study answered the following questions.

Research Question 1. What is the incidence rate of school refusal among students in the Greater Nanticoke Area School District?

Results of this study revealed that the incident rate of school-refusing students in the GNA School District was 14.75% during the 2007-2008 school year. This rate is alarming because it is almost three times the rate reported by Kearney and Silverman in 1995; they reported at that time that the incidence rate of school refusal in school-aged children was 5%. These results suggest that school refusal behavior is a very serious issue that needs to be addressed by the GNA School District. High rates of school refusal behavior may lead to increased illicit drug use, higher drop-out rates, and the reduced likelihood of students in the GNA School District attending college (Layne, Bernstein, Egan & Kushner, 2003).

Of the 40 students in the shelf data sample, only eight (20%) had a Chapter 14 disability. Although this number seems low, the percentage is fairly representative of the overall special education population of the GNA School District (18.3%). Surprisingly, only nine students in the sample reported having a medical illness. It is possible that some students may have been embarrassed of or reluctant to disclose personal information regarding a medical illness.

As a result, this number may be underrepresented in the sample. On the other hand, some students may have falsely reported having a medical illness in order to make an excuse for their excessive absenteeism.

Research Question 2. Is there a relationship between specific demographic variables and school refusal behavior?

The shelf data sample collected by the GNA School District consisted of 24 male and 16 female students and their parents. Results revealed no significant differences between the numbers of school days missed by male or female students in the sample. These results are consistent with prior research findings that suggest there is a comparatively equal representation of gender among children who refuse school (Kearney & Bates, 2005). With regards to race, 92.5% of the sample was composed of Caucasian students and the remaining 7.5% of students were African American. Although these findings are not consistent with findings that suggest school refusal behavior is equal among races, these results are fairly representative of the overall student population in the GNA School District (Caucasian Students = 93.6% and African American Students = 3.5%).

Most of the students in the shelf data sample, who were distributed evenly across grades 3^{r-9}th, missed 18-23 days of school. Non-parametric chi-square tests indicated that no significant differences in school refusal behavior were found among the ten different grades in the sample. Research suggests that school refusal behavior is most prevalent during transition years in school (Heyne, Tonge, & Cooper, 2001). It is interesting, although not statistically significant, that the highest percentage of school refusing students (22.5%) in the shelf data sample was in 3rd grade.

Third grade is a transition year for students in the GNA School District, because they enter the Elementary Center for the first time after attending 2nd grade at the Kennedy Elementary school building. The Elementary Center consists of two floor levels and is much larger than Kennedy Elementary. In addition, Kennedy Elementary houses only 2nd grade students. The Elementary Center contains students in grades 3rd through 5th. These changes may be overwhelming to some students and may lead to an increase in students' school-refusing behavior.

Past research findings suggesting that the most common year of school refusal behavior occurs in 7th and 8th grades were not replicated by this study's findings (Heyne, Tonge, & Cooper, 2001). Results of this study indicate that students in grades 7 and 8 made up 25% of the shelf data sample. One explanation for this disparity may be that students in grades 6 through 8 are considered middle school students. In some districts, students in 7th grade enter high school, making it a major transition year. However, students in the GNA School District attend the Educational Center (middle school) for grades 6 and 7 and then transition to the high school for grade 8. Students in 8th grade attend the high school but are considered to be middle school students. Overall, school refusal behavior was found to be independent of grade in this sample.

Results of this study found no significant differences between school refusal behavior and students from single-parent or two-parent households. Although more students in the sample were from single-parent homes (60%), the difference was not statistically significant. According to Kearney, Lemos, & Silverman (2004), family and marital conflict may trigger school refusal behavior.

It is possible that the students from two-parent households may have experienced just as much, if not more, family and marital conflict as those students who lived in single parent households. In addition, it is not clear if the parents of students living in single-parent households lived with a paramour or significant other.

Last, students from middle-class (50%) and lower-class (50%) families were represented equally across the shelf data sample. This sample is representative of the overall student population of the GNA School District because 50% of the student population lives at or below the poverty level. No significant differences were found between school refusal behavior and socioeconomic status. These results are congruent with past research findings regarding the etiology of school refusal behavior (Kearney & Bates, 2005).

Research Question 3. What do students who refuse to attend school and the parents of these students perceive as the reasons for students' school refusal behavior?

Of the 40 students in the sample, 24 reported missing school in order to pursue tangible reinforcers (35%). Of the four possible functions of school refusal behavior, the pursuit of tangible reinforcers occurred most frequently. Congruently, the majority of parents in the sample indicated that their children missed school primarily in order to obtain tangible reinforcements. These results suggest that both students and parents seem to have the same perceptions regarding the primary function of the school refusal behavior. This is a matter of concern because research shows that this function of school refusal tends to be more chronic than the others and is commonly associated with extensive family conflict or problematic family dynamics (Kearney & Silverman, 2005).

It is important to keep in mind that many students in the GNA School District come from households in which only one or no parents are employed. Rather, many parents receive government issued income. Students who grow up in this type of household are less likely to have aspirations of attaining gainful employment or of pursuing higher education upon graduation from high school. As a result, these students are less likely to value education and are more likely to pursue more immediately pleasurable experiences during the school day. In addition, unemployed parents may be less likely to stress the importance of an education to their children and may not hold their children accountable for attending school on a regular basis.

Another issue that must be taken into consideration is the fact that 50% of the GNA School District population lives at or below the poverty level. As a result, students may be more likely to seek employment to earn money to supplement the household income rather than to attend school. It is possible that some parents may encourage their children to earn a living rather than attend school.

Next, 7.5% of the student sample reported missing school in order to attain attention from a parent/caretaker and to avoid certain situations at school. Many of the parents living in the GNA School District are unemployed and therefore more likely to be home throughout the day. Similarly, 10% of the parent sample reported avoidance of certain situations at school and the pursuit of tangible reinforcement outside of school as the function of their child's school refusal.

Worth noting is the fact that 37.5% of the student sample and 30% of the parent sample endorsed all items on the SRAS as occurring infrequently or never. These findings suggest that response bias may have affected both the students' and parents'

ratings on the SRAS. It is likely that students and parents endorsed the desired responses on the SRAS rather than selecting the response that was most closely related to their situation.

In closing, results of this study suggest that parents and students seem to perceive the same functions of the school refusal behavior. It may be beneficial for the GNA School District to investigate further the specific situations that school-refusing students are trying to avoid. By identifying the functions of school refusal, the GNA School District may be able to create a more “student friendly” environment that may lead to a decrease in school refusing behavior among students.

Research Question 4. What perceptions about parenting style are reported by students who refuse to attend school and the parents of students who refuse to attend school and what is the relationship among reported reasons for school refusal and parenting styles?

The Parental Authority Questionnaire (PAQ) was used to measure student and parent perceptions of parenting style. The GNA School District used this scale because it is reasoned that the actual parental behavior that an individual has been exposed to will greatly affect that individual in the way and to the extent that he or she perceives that behavior (Buri, 1991). The PAQ was adapted to measure parent perceptions of their own parenting style in order to determine if students and parents accurately perceived the parenting style of the household.

The majority of students (35%) and parents (60%) perceived the parenting style of the household as the Authoritative Type. This type of parenting style is closely associated with middle-class values and incorporates children into the decision making process as authoritative parents guide their children through two-way decisions.

These results are not consistent with the research indicating that authoritative parenting generally predicts positive adjustment among children and adolescents (Bateman & Karr-Kidwell, 1995). One possible explanation for these findings may be due to response bias on the PAQ. Both students and parents may have endorsed the responses that they thought would be more desirable. As a result, these findings may not be an accurate representation of students' and parents' true perceptions regarding parenting style.

Next, 15% of the student sample and 27.5% of the parent sample perceived their family's household parenting style as Authoritarian and Authoritative in nature. The Authoritarian parenting style has been noted more often in lower class families than in middle class families. Children who come from authoritarian households tend to be exceedingly self-conscious and rebellious. Many times, this rebellious streak leads to substance abuse. In addition, children from authoritarian upbringings also tend to be distrustful, more hostile, and resentful towards their parents and are seldom high achieving children (Bateman & Karr-Kidwell, 1995).

Surprisingly, only four students (10%) perceived their parent as having solely an Authoritarian parenting style and no students perceived their parent's parenting style as Permissive in nature. Similarly, 7.5% of the parent sample perceived their parenting style as Authoritarian. Last, only 2.5% of the parent sample endorsed having a Permissive parenting style. Results indicated that both students and parents generally perceived the same types of parenting styles in their households. Results of this study did not support previous findings suggesting a positive correlation between parent's permissive parenting style and higher rates of student school refusal.

Limitations of the Study and Suggestions for Future Research

As with all research methodologies, there are limitations to the design of the present study. Specifically, the small sample size obtained from the shelf data was from a single school district which limits the extent to which generalizations can be made to the overall population in the United States. Also, this study had access only to shelf data relating to parenting style and its effect on school-refusing students in grades 2 through 11. As a result, this data may not generalize to the early elementary school population (K-1st) of school-refusing students.

Another limitation of the present study is that the shelf data relied on the assessment of parenting styles as measured by self-reports. Parents may have answered questions regarding their parenting practices in a way that they thought was the “right answer” versus the answer that was the true answer. Also, when assessing parent and children perceptions of parenting style, the question arises of whose perceptions should be studied and how discrepancies, should they exist, be taken into account. Another limitation to this study is that it looked only at shelf data of the children and parents who agreed to participate in the GNA’s data collection process. These willing participants may differ from their unwilling counterparts.

Next, only one parent from each household was included in the shelf data. In two-parent households, parenting styles may have differed between parents. An additional limitation to the shelf data involves the rating scales used in the GNA data collection. More specifically, it is possible that the verbiage used in the adapted version of the student PAQ scale may have been too difficult for younger students to understand.

Based on this study's limitations, future research should expand the current research exploring the impact of different ethnic and cultural backgrounds on parenting practices and adolescent outcomes. Also, future research should strive to refine the procedures used in this study and to include more school districts from various geographical areas. Next, future research should look more extensively at specific family dynamics such as alcoholism, divorce, family conflict, etc. In addition, future research examining the parental goals, values, informational assumptions and judgments that underlie different parenting styles is warranted. This would be useful in further understanding the impact of parenting on adolescent behavior and development.

Future research may also wish to investigate executive functioning in children who refuse school. Last, research on parental school involvement and its potential decline during adolescence is warranted because research shows that when parents are involved in their children's education and monitor their after-school activities, they facilitate their child's achievement and educational attainment.

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