9-24-2009

A Survey of School Psychologists' Knowledge of School Refusal Behavior and Intervention Strategies

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A SURVEY OF SCHOOL PSYCHOLOGISTS' KNOWLEDGE OF SCHOOL REFUSAL BEHAVIOR AND INTERVENTION STRATEGIES

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Education

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December 2009

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Title: A Survey of School Psychologists' Knowledge of School Refusal Behavior and Intervention Strategies

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The purpose of this study was to expand on the work of Mitchner (1998) by gaining a better understanding of school psychologists' knowledge of school refusal behavior and the interventions used to address school refusal. Participants included 500 practicing school psychologists who were randomly selected from the National Association of School Psychologists membership database.

Results indicated that school psychologists maintained a traditional, anxiety-based definition of school refusal behavior that was derived from their professional experience. While participants were not familiar with Kearney and Silverman's research in the area of school refusal, similarities in their conceptualization of characteristics and interventions were identified. Implications for school psychologists' training in this area were discussed.

ACKNOWLEDGEMENTS

I would like to begin by thanking Dr. Mary Ann Rafoth, my committee chair, for her willingness to continue her work with me after leaving the Department of School Psychology to assume her position as the Dean of the College of Education and Educational Technology. Her quick wit could make me smile regardless of how concerned I was about the completion of this project. She also had a miraculous way of offering just the right suggestion to solve a problem after I had pondered it for weeks. I would also like to thank each of my committee members, Dr. Damiani, Dr. Levinson, and Dr. Kovaleski, for their assistance throughout this process. I am grateful for their feedback, which I have no doubt resulted in a finished product far better than I could have accomplished alone. I would also like to thank Karen Wolff for her ongoing support during my time in the School Psychology Department at Indiana. She always seemed to be in the right place at the right time to offer encouragement and a funny story to lift my spirits.

I would not have been able to attain the educational goal of completing my dissertation without the love and support of my parents, Louis and Kay DeAngelis. They have provided me with support in every way possible, from

financial to emotional, during the course of this long commitment. They have always believed that I could accomplish whatever I set out to do even when I myself had doubts. Words cannot sufficiently express my gratitude for the sacrifices they have made which have allowed me to pursue my education. Also, I would like to thank my siblings (Douglas, Deedra, and Damian), extended family, and closest friends (namely Heather) who have supported me in a number of ways over the years. This support has ranged from serving as testing subjects to allowing me to experiment with their children in testing and behavior modification projects. Thank you all for your help and encouragement along the way. One of my greatest motivators for the completion of this work was finally being able to answer the question asked of me by so many, “So…when do you think you’ll be done?”

Lastly, I would like to thank State College Area School District for the financial support they provided to me as I continued the work on my dissertation. I have had the great fortune of working for a school district and for a director, Mr. Patrick Moore, that values excellence in education and encourages staff to pursue life long learning. A very special thanks to Dr. Daniel Duffy and Dr. Neal Hemmelstein

who each voluntarily supervised me as I completed the internship experiences required for the doctorate program. I am grateful to count these men as friends, colleagues, and as great professional resources. Lastly, I would like to thank my colleagues that I am also glad to count as close friends who continued to provide support and encouragement throughout this process.

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CHAPTER I

INTRODUCTION

School refusal is a fairly common phenomenon among school-age children (Burke & Silverman, 1987). The estimated prevalence of school refusal behavior in school age children is reported to be between 1% to 5% (Granell de Aldaz, Vivas, Gelfand, & Feldman, 1984; Kearney & Roblek, 1989; Pellegrini, 2007). King, Ollendick, and Tonge (1995) suggest that school refusal occurs in approximately 5% of clinical populations and 1% of school-aged populations. However, Kearney (2001) suggests that the prevalence of school refusal behavior may range between 5%-28% if tardiness and class cutting are included in the definition. Because of the variability in the school refusal literature regarding the definition, it has been difficult to determine the prevalence rate of this behavior.

School absenteeism has been a topic found in the literature since at least the early 1930s (Broadwin, 1932). From the earliest writings on the subject, distinctions were made between children who did not attend school as an act of defiance versus those that did not attend due to neurotic (anxiety based) symptoms (Broadwin, 1932). The characterization of absenteeism was refined as researchers continued to explore the psychopathology behind children who did not attend school and experienced a variety of anxiety

related symptoms (Johnson, 1957; Johnson, Falstein, Szurek, & Svendsen, 1941). Since that time, several terms continued to be used interchangeably in the literature to refer to children that do not attend school including school phobia, school refusal due to separation anxiety, and truancy.

In an effort to distinguish truancy from school refusal, Guevermont (1986) stated, "…A useful distinction between types of persistent school absence depends on whether the absence is a correlate of a larger class of antisocial and delinquent activity, or is associated with affective states (e.g., anxiety) without coexisting antisocial behavior" (p. 581). Unfortunately, even within subgroups such as truancy and school refusal, there continues to be a lack of universally accepted definitions. For example, Mitchner (1998) stated, "Truancy is generally defined as excessive, illegitimate absence from school, though there are many variations on the definition" (p.12). Mitchner further attempted to define truancy based on associated characteristics such as involvement of delinquent acts, academic deficits, and lack of affective response in regard to school attendance.

In an attempt to reconcile the challenges that the field has faced when trying to define school absenteeism and delineate the various types of children that refuse to attend school, Kearney and Silverman developed a definition

that incorporates all children who willfully do not attend school. Their definition of “school refusal behavior” delineates subgroups of children based on the function of the school refusal as opposed to trying to categorize children based on characteristics such as associated deviant behavior, academic achievement, parental knowledge of the absence, etc. (Kearney & Silverman, 1996). The four underlying functions of school refusal behavior included: avoidance of stimuli provoking general negative affectivity, escape from aversive social or evaluative situations, attention seeking, and pursuing tangible reinforcement outside of school (Kearney & Silverman, 1990, 1996, 1999). Kearney and Silverman (1996) stated, “The term ‘school refusal behavior’ thus coalesces outdated terms such as truancy, psychoneurotic truancy, school avoidance, and school phobia” (p. 345). Because “school refusal behavior” includes all children refusing to attend school, it will be the definition used in this investigation (Kearney & Silverman, 1996).

Although there has been variability in the terminology, definitions, and prevalence rates cited in the literature, refusal to go to school can seriously interfere with an individual’s educational, occupational, and social-emotional development (Berg, 1970; Berg & Jackson, 1985; Doobay, 2008; Flakierska, Linstrom, & Gillberg, 1988, 1997; Hibbett

& Fogelman, 1990; Hibbett, Fogelman, & Manor, 1990; King et al., 1998; Moonie, Sterling, Figgs, & Castro, 2008; Valles & Oddy, 1984). Unfortunately, despite the frequent occurrence of school refusal behavior in school-age children, there has been little consensus in the literature regarding how to intervene with this behavior.

Kearney and Beasley (1994) suggested that the problems surrounding the assessment and treatment of school refusal behavior have resulted in a gap between academic research and practice. "Despite the frequency and importance of school refusal behavior, the identification of primary presenting characteristics and relevant treatment practices is somewhat unclear to school psychologists and others who initially address this population" (Kearney & Beasley, 1994, p.128).

This problem led to Kearney and Silverman's (1990, 1993, 1996, 1999) creation of a model of identifying school refusal behavior which focuses on categorizing school refusers based on the function of their behavior instead of categorizing them based on the symptoms of their behavior. They have also conducted research that suggests that intervention may be more effective when it is prescriptively assigned based on the function of the child's school refusal behavior (Chorpita, Albano, Heimberg, & Barlow, 1996; Kearney, 2002; Kearney, Pursell, & Alvarez, 2001; Kearney &

Silverman, 1990; Kearney & Silverman, 1999; Ollendick & King, 1999).

Statement of the Problem

The estimated prevalence rates of school refusal behavior (5% to 28%) are comparable to or exceed other conditions affecting school age children such as Attention Deficit Hyperactivity Disorder (3% to 7%) and Reading Disorder (4%) (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders- Text Revision, 2000). Although research has shown effective ways of intervening with the behavior, practicing school psychologists must be aware of these developments if they are to translate them into practice. Based on a literature review (focusing on educational and clinical psychology journals) conducted by this investigator using EBSCOhost in 2007, little is known regarding how practitioners define and intervene with school refusal behaviors.

Mitchner (1998) investigated school psychologists' knowledge of and use of interventions with truant students. In this investigation, Mitchner randomly surveyed 500 practicing school psychologists from the Directory of Nationally Certified School Psychologists. Mitchner used a survey of practice, "…to survey school psychologists regarding their knowledge and interventions with truant children and adolescents" (p. 112). More specifically,

Mitchner indicated that the survey was designed to collect information regarding whether school psychologists were prepared to use interventions that were documented to be most successful with truants and to determine if school psychologists identified characteristics that differentiated truants from other school refusing children.

Results illustrated that the majority of school psychologists were able to identify the most salient characteristics of truant children and were able to differentiate truants from children who missed school for other reasons such as separation anxiety or a school phobia (Mitchner, 1998). Mitchner also reported that school psychologists were found to be knowledgeable in the implementation of interventions (e.g., counseling of the student, curriculum modification, behavioral modification, parent/teacher consultation, etc.) that could be used to address this problem. Nearly half of the school psychologists in Mitchner's study indicated that they provided services to truant students, but that they did not serve as the primary interventionist for this population. For those responding that they did not provide services to truants, most reported that it was not a responsibility of their current position.

Mitchner's (1998) work highlighted the knowledge base of school psychologists in correctly identifying and

intervening with truant youth. Because only a little over half (54.4%) of the school psychologists surveyed indicated that they provided services to truant students, Mitchner felt that school psychologists were not playing an active role in the resolution of such a significant problem.

Purpose of the Study

The purpose of this study was to gain a greater understanding of school psychologists' knowledge of school refusal behavior and interventions. Additionally, this study investigated school psychologists' level of familiarity with Kearney and Silverman's model of classifying and intervening. This model has been shown to be effective (Chorpita, Albano, Heimberg, & Barlow, 1996; Kearney, 2002; Kearney, Pursell, & Alvarez, 2001; Kearney & Silverman, 1990; Kearney & Silverman, 1999; Ollendick & King, 1999). The impact of research about school refusal behavior on the practice of school psychologists was examined using a survey of practice.

Instrumentation

The survey used in this study is adapted from the survey used in the Mitchner (1998) study. The most significant difference is that the survey used in Mitchner's study focused on assessing school psychologists' knowledge of truancy and how to intervene with truants. In contrast, the survey used in this study collected information

regarding the significantly broader concept of school refusal behavior as defined in the model by Kearney and Silverman. Specifically, survey questions have been included to assess the respondent's knowledge of Kearney and Silverman's model of school refusal behavior and of the characteristics associated with each of the four underlying functions of school refusal behavior (i.e., avoidance of stimuli provoking general negative affectivity, escape from aversive social or evaluative situation, attention seeking, and tangible reinforcement outside school).

In regard to interventions, the current survey gathered information as to whether school psychologists differentiate the types of interventions that can be effectively used with school refusers depending on the function of the behavior. Mitchner (1998) focused specifically on treatment strategies that school psychologists used with truants and how effective the strategy was judged to be by the respondents themselves.

Inclusion of demographic information is common to both surveys. Both surveys requested demographic information such as sex of the respondent, age, highest level of training, years practicing, and population(s) of children served. The survey used in this investigation did not include other demographic information requested in the survey used by Mitchner (1998) (e.g., type of school

district in which the individual is employed and percentage of time the individual engages in various professional responsibilities).

Research Questions

The purpose of this study was to obtain information regarding how school psychologists define and intervene with school refusal behavior. Specifically, this investigation determined if school psychologists attributed specific characteristics to children depending on the underlying reason for school refusal behavior. This study also investigated whether school psychologists differentiate between interventions depending on the underlying function of the child's school refusal behavior. Additionally, demographic information was collected from respondents and compared to a recent study by Curtis et al. (2008). The study by Curtis et al. provided the most current description of demographic variables relevant to the NASP population. This helped to confirm whether the sample in the current study was similar to the sample in the Curtis et al. study. The demographic information was also utilized to determine if there were variables associated with the types of interventions used to intervene with school refusal behavior.

The study was descriptive and investigated the following research questions:

1. How do school psychologists define school refusal behavior?
2. Do school psychologists define school refusal behavior in a manner consistent with Kearney and Silverman's functional model and how familiar are they with the model?
3. Are intervention strategies selected as most effective by school psychologists for students with school refusal behavior consistent with Kearney and Silverman's functional analysis?
4. What are the experiences of school psychologists related to school refusal behavior in terms of interventions used, risk factors, training, and interventionists in the school setting?
5. What do school psychologists report as barriers to their involvement with school refusal behavior?
6. What is the impact of demographic variables and frequency of annual referrals involving school refusal behavior on the interventions used by school psychologists to address school refusal behavior?

Research Hypotheses

Appendix A includes a summary of the research questions and related hypotheses. Because there is no universally

accepted definition of school refusal behavior, no hypothesis was tenable as to how school psychologists would define school refusal behavior or what they used as the source of their definition. Thus, it was also unknown as to whether or not school psychologists would define school refusal behavior in a manner consistent with Kearney and Silverman's functional analysis. However, because Kearney and Silverman's work in this area is fairly recent, (beginning largely in the 1990's) many school psychologists may not be familiar with school refusal behavior being conceptualized in this way.

Similarly no hypothesis regarding the consistency between the intervention strategies used by school psychologists to reduce school refusal behavior and the strategies proposed by Kearney and Silverman's model was made. A study by Mitchner (1998) found a moderate amount of consistency in the interventions school psychologists used to aid children identified as truant. An examination of clinical and educational psychology literature in 2007 using EBSCOhost revealed no research examining the types of interventions implemented by school psychologists practicing in the schools using the broader definition of school refusal behavior.

Additionally, no hypothesis was feasible in regard to the experiences of school psychologists related to school

refusal behavior in terms of frequency of referral, provision of services, risk factors, training, and interventionists in the school setting. While Mitchner (1998) found a high degree of consistency among school psychologists who were surveyed regarding their work with individuals considered to be truant, many in Mitchner's investigation (93.4%) indicated that working with truants was not a responsibility of their job. It was unknown if school psychologists would respond similarly when asked to report barriers to intervening with children displaying school refusal behavior.

The relationship between demographic characteristics of the school psychologist sample (e.g., age, years of experience, sex, population of student served, and highest degree earned) and frequency of referrals to intervene with children displaying school refusal behavior and the types of interventions used to modify school refusal behavior, was also not able to be predicted.

Significance of the Problem

Refusal to attend school can have a variety of short-term and long-term consequences for the child and the child's family. Some of the negative short-term consequences include severe emotional distress, difficulty with homework, and declining grades (Goldstein, Little, & Akin-Little, 2003; Kearney, 2001). Additionally, Kearney

suggests that these children risk social alienation as the result of not attending school with their peers. Because a child's problems exist as part of a family system, Kearney proposes that family conflict may escalate with frequent disruptions to the family's daily routine potentially leading to child-maltreatment and decreased levels of supervision.

Research for over a quarter of a century has suggested that individuals displaying school refusal behavior may suffer consequences reaching beyond childhood (Berg, 1970; Berg & Jackson, 1985; Flakierska, et al., 1988, 1997; Hibbett & Fogelman, 1990; Hibbett, et al., 1990; Valles & Oddy, 1984). In a long-term follow-up of individuals treated for school refusal, Berg (1970) found that approximately one year following discharge from treatment, 33% of the individuals continued to have family problems and poor peer relations later in life. In another long-term follow-up of individuals treated for school refusal, Berg and Jackson (1985) found that after an average of ten years from the time of discharge from treatment, 44% of the school refusers were considered healthy or as much improved. In contrast, nearly 31% of the individuals in the study received later psychiatric treatment (Berg & Jackson, 1985). Participants in this study were 23.9 years old on average at the time the investigation was conducted. Hibbett et al.

(1990) also found those with histories of chronic school absenteeism to exhibit greater career instability and higher unemployment rates compared to those who attended school consistently.

Valles and Oddy (1984) suggested that school refusers who had not returned to school had “less harmonious” relationships with their family members (p.39). Similarly, Hibbett and Fogelman (1990) found that individuals with histories of chronic absenteeism were more likely to experience marital problems later in life. Valles and Oddy found statistically significant differences suggesting that those who had not returned to school reported higher levels of boredom and less interest in dating as young adults. The researchers also found a trend suggesting that those individuals who were not able to return to school had fewer friends, experienced higher levels of loneliness, and were more sensitive to criticism. Other pertinent findings of this investigation suggested that when compared to school refusers that returned to school, the individuals that did not return to school reported significantly higher levels of anxiety, had significantly higher conviction rates, and made more visits to their physician.

Individuals displaying school refusal in their youth may be at risk for later psychopathology as adults (Flakierska et al., 1988, 1997; Hibbett & Fogelman, 1990).

Specifically, Flakierska et al., (1988) found that individuals in the school refuser group were more likely to receive outpatient psychiatric care when compared to the control group (31 percent vs. 11 percent).

Previous research in the area of school refusal indicated that there are a number of negative consequences that can have both immediate and long-standing effects on the child and his or her family (Berg, 1970; Berg & Jackson, 1985; Doobay, 2008; Flakierska et al., 1988, 1997; Hibbett & Fogelman, 1990; Hibbett, et al., 1990; Kearney 2001; King et al., 1998; Moonie et al., 2008; Valles & Oddy, 1984). This research supported that interventions to eliminate school refusal behavior should be implemented as soon as possible both to increase the child's school attendance and to help thwart the potential negative outcomes that may result in adulthood.

Definition of Terms

Separation Anxiety Disorder

According to the DSM-IV-TR, Separation Anxiety Disorder is, "Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached. The duration of the disturbance is at least four weeks. The onset is before age 18 years. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other

important areas of functioning” (American Psychiatric Association, 2000, p. 125).

Specific Phobia “School Phobia”

According to the DSM-IV-TR, Specific Phobia is described as a “Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation” (American Psychiatric Association, 2000, p. 449). In the case of School Phobia, the feared or anticipated situation is school.

School Refusal Behavior

“School refusal behavior refers to youth ages 5-17 years who exhibit one or a combination of the following characteristics:

1. Are completely absent from school
2. Attend but then leave school at some time during the day (e.g., skip classes)
3. Attend school following severe misbehaviors in the morning (e.g., tantrums, clinging, aggression, running away, refusal to move, dawdling)
4. Attend school under great duress that may precipitate pleas for future nonattendance to parents or others” (Kearney, 2001, p. 7).

Functional Model of School Refusal Behavior

The Functional Model of School Refusal Behavior created by Kearney and Silverman (1990, 1993, 1996, 1999) proposes

that children refuse to attend school as the result of four possible reasons or functions. The functions of school refusal behavior serve to maintain the behavior or motivate the child's sustained refusal to attend school. The functions are maintained by either positive or negative reinforcement. Functions, including avoidance of stimuli that provoke a sense of general negative affectivity and escape from aversive social or evaluative situations, are maintained via negative reinforcement because children refuse school to escape or avoid something at school. Conversely, the functions including attention seeking behavior and pursuit of tangible reinforcers outside of school are maintained via positive reinforcement because the student refuses to attend school to attain a more desired reinforcer outside of school (Kearney, 2001).

Avoidance of Stimuli that Provoke a Sense of General Negative Affectivity (SPNA)

This is defined as a function of school refusal behavior in which children refuse to go to school to avoid something in the school environment that provokes general negative affectivity, or feelings of fear/ depression/ anxiety (Kearney, 2001). Kearney states that some of these children report feeling a general sense of "misery" without being able to specify the origin of these feelings.

Escape from Aversive Social or Evaluative Situations

This is defined as a function of school refusal behavior in which children refuse to go to school to escape social or evaluative situations which may result in stress, anxiety, or depression such as public speaking, social interactions, or test taking (Kearney, 2001).

Attention-Seeking Behavior

Kearney (2001) defines this as a function of school refusal behavior in which children refuse to go to school to gain access to attention or sympathy from family or others. He further indicates that attempts to gain attention may include manipulative behaviors such as tantrums, clinging, exaggerated somatic complaints, seeking reassurance, etc.

Pursuit of Tangible Reinforcers Outside of School

This is defined as a function of school refusal behavior in which children refuse to go to school to gain access to tangible reinforcers such as sleeping late or being with friends (Kearney, 2001). Kearney proposes that individuals in this group may skip specific classes or miss an entire school day.

Summary

This chapter outlined the importance of investigating school refusal behavior. School refusal behavior is a phenomenon among school age children with a prevalence rate

ranging from 1% to 28% depending on the definition. As a result of the frequency with which school refusal occurs, educators, mental health professionals, and school psychologists in particular need to be familiar with this topic. It is especially important for practicing school psychologists to be knowledgeable about school refusal behavior because they may be one of the first professionals with mental health training in the schools to encounter students with these needs. This may present the opportunity for school psychologists to aid in the early intervention and resolution of school refusal behavior. This chapter discussed the short and long-term effects of school refusal behavior to further emphasize the significance of this problem.

Kearney and Silverman's model of school refusal behavior that categorizes a child's school refusal based on the function of the behavior was discussed. This model is unique because it classifies school refusal behavior according to the function of the behavior, rather than behavioral symptoms. This comprehensive model seeks to link specific treatment interventions with the function of the behavior to improve treatment effectiveness. The focus of this study will be to investigate how a national sample of school psychologists define and intervene with children who display school refusal behaviors. It will also provide

information regarding practicing school psychologists' awareness of Kearney and Silverman's conceptualization of school refusal.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Introduction

There has been extensive research in the area of school refusal. However, as Kearney and Beasley (1994) highlighted, despite all the research in the area, there is little agreement in the field regarding assessment and treatment practices. Considering the variety of short and long-term consequences associated with school refusal behavior, it is vital that practitioners look to the research to guide practice in this area. Chapter II will review relevant research regarding school refusal including the history of the term, classification strategies, interventions, referral sources, predictors, short and long-term risk factors associated with school refusal, and Kearney and Silverman's model of school refusal behavior and intervention.

Evolution of the Terms Used to Describe Children who Refuse to Attend School

Attempts at developing terms to differentiate children who refuse to attend school from children described as truant can be found as early as the 1930s (Broadwin, 1932). The term "school phobia" can be found in an article by Johnson, Falstein, Szurek, and Svendsen in 1941(p.702). The term was developed to describe children who met the

following criteria: the child refused school, mother and child displayed acute anxiety, and the mother-child relationship was enmeshed (Johnson et al., 1941). In this scenario proposed by Johnson et al., the child experiences an acute anxiety (attending school) and reacts to this anxiety by reengaging the mother in an overly dependent relationship. The mother, who also is experiencing acute anxiety, copes by indulging the child and returning to a more satisfying, overly dependent relationship.

Johnson et al. (1941) differentiated school phobia from truancy by indicating that when compared to truant children, school phobic children experience acute anxiety, are in a rush to return home to their mothers, and receive more love from their parent. Similar to current research, practitioners dealing with school phobic children found that if symptoms were severe and untreated, serious life long problems could occur (Johnson et al., 1941).

Later, Johnson (1957) revised the definition of school phobia by indicating that the primary diagnostic criterion was the separation anxiety experienced by the mother and child. “School phobia is a misnomer. Actually, it is separation anxiety which occurs not only in early childhood but also in later years, even to the age of 50 or more years” (Johnson, 1957, p. 307). However, Johnson continued

to use the term “school phobia” when referring to children who refused to attend school.

Other researchers including Coolidge, Hahn, and Peck (1957) and Sperling (1967) accepted and expanded the conceptualization of school phobia and separation anxiety. Coolidge et al. (1957) will be discussed later in the text regarding his contribution to the concept of school phobia by differentiating children into subgroupings. In a review of the history of terms used to describe children who refuse to attend school, Kearney, Eisen, and Silverman (1995) note, “…School phobia became ensconced in the literature as the primary psychological explanation for general school refusal behavior” (p.67).

Although the concept of school phobia remained into the 1960s, the conceptualization of the term was altered as the result of the behaviorist movement (Kearney, Eisen, & Silverman, 1995). Specifically, Kearney et al. (1995) identified three primary changes to the concept including considering school phobia to be a learned behavior, focusing on avoidance behavior, and a greater effort to empirically define school phobia symptoms. This was illustrated by the definition of school phobia devised by Lazarus, Davison, and Polefka (1965) that described it as “Avoidance behavior motivated by intense fear of the school situation, and avoidance behavior maintained by various secondary

reinforcers" (p.228). According to Kearney et al., although both the psychodynamic and the more specific behavioral conceptualizations of school phobia remained, the term school phobia continued to be used interchangeably in the literature and by professionals in the field.

Kearney et al. (1995) suggested that the association between school phobia and separation anxiety as causes for school refusal behavior was strengthened by the development of the Diagnostic and Statistical Manual of Mental Disorders III, III-R, IV, Text Revision (DSM; American Psychiatric Association, 1980, 1987, 1994, 2000). In the *DSM-IV-TR* (2000), refusal to attend school continues to be a diagnostic criterion for separation anxiety (American Psychiatric Association, 2000). Specifically, the *DSM-IV-TR* designates the following as one of the criteria for Separation Anxiety Disorder, "Persistent reluctance or refusal to go to school or elsewhere because of fear of separation" (*DSM-IV-TR*, 2000, p. 125). The *DSM-IV-TR* designates the following as one of the criteria of Specific Phobia, "Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation" (*DSM-IV-TR*, 2000, p. 449). While refusal to attend school does not specifically appear in the diagnostic criteria in the case of school phobia, school is the situation that triggers the unreasonable fear

in a child. Kearney et al. suggested that his blending has resulted in school refusal being attributed to separation anxiety or a specific fear of the school setting.

Despite the confusion it has caused in the research, the intertwining of the terms school refusal, school phobia, and separation anxiety continues to appear frequently in the literature (Bootzin, Acocella, & Alloy, 1993; Comer, 1992; Sue, Sue, & Sue, 1994). Consistently, the terms school phobia and separation anxiety are used interchangeably to explain a child's school refusal (Bootzin et al., 1993; Comer, 1992; Sue et al., 1994). Specifically, children either refuse school to avoid that particular setting, or they avoid school to remain close to their caregiver (Kearney et al., 1995).

The intermingling of terms such as school phobia and separation anxiety used to describe school refusal has been associated with internalizing symptoms such as fear and anxiety. However, Kearney and Silverman (1996) point out that another disorder listed in the *DSM* also includes refusal to attend school in the diagnostic criteria. The *DSM*-IV-TR includes the following as a diagnostic criteria for Conduct Disorder, "Is often truant from school, beginning before age 13 years" (DSM-IV-TR, 2000, p. 99). This contributes yet another label, "truant," to describe

children refusing to attend school. Hersov (1985) used this term as a mechanism to classify school refusers.

Historical Classification Strategies Devised to Describe Children Who Refuse to Attend School

Researchers have made a variety of attempts in the past to categorize the symptoms related to school refusal (Kearney, 2001). The first examined school refusal behaviors in the context of two dimensions: overcontrolled /undercontrolled and internalizing/externalizing (Kearney, 2001). According to Achenbach and Edelbrock (1978), overcontrolled-internalizing behaviors included fears, anxiety, and symptoms associated with depression, while undercontrolled-externalizing behaviors were associated with delinquent acts.

The second method used to classify school refusal behavior attempted to identify diagnostic categories of school absenteeism (Kearney, 2001). Bernstein and Garfinkel (1986) suggested that school refusal behavior could be grouped according to DSM diagnostic categories including: affective disorder only, anxiety disorder only, both disorders, neither an affective nor anxiety disorder.

The third method utilized dichotomous categories to classify school refusal behaviors. Coolidge, Hahn, and Peck (1957) grouped children with school phobia into two groups, “neurotic and characterlogical.” The “characterlogical”

type displayed less acute symptom onset, and were “...more deeply disturbed and severely crippled” (Coolidge et al., 1957, p. 297). Coolidge et al. identified many differences between the groups of children including the mental stability of the mother, social skill development, and personality differences. While differences between the two groups were discussed, the presenting behaviors of all the children were fairly consistent.

Berg, Nichols, and Pritchard (1969) suggested that school refusal behavior could be classified as acute or chronic. Children classified as acute school refusers had no attendance problems for at least three years before their school refusal behavior started, while chronic school refusers did not have that history (Berg et al., 1969). Chronic school refusers tended to be more attached to their mothers and spend more time at home when compared to acute school refusers.

Kennedy (1965) distinguished between types of school refusal by asserting that school refusers could be categorized as Type 1 or Type 2. Type 1 school refusers were characterized by Kennedy as having acute onset absenteeism, generally well adjusted parents, good relationships with their parents, and concerns about death. Type 2 school refusers were characterized as having multiple incidences of school refusal, a more subtle onset of

symptoms, poor relationships between the parents, and no death related concerns. Kennedy noted that both types were characterized by similar symptoms including fears, separation anxiety, and somatic complaints.

Most methods to categorize children who refuse school have attempted to identify children based on the form of their behavior (e.g., length of the school refusal, internalizing or externalizing behaviors displayed, presence or a lack of presence of anxiety)(Kearney, 2007). Unfortunately, dichotomous classification strategies have been unable to produce empirically homogeneous subtypes or aid in the prediction of a child's responsiveness to treatment (Kearney & Silverman, 1996). Children exhibiting school refusal behaviors often display a heterogeneous profile of symptomology (Kearney, 2002). Thus, they do not "fit" neatly into historical categories. Kearney and Silverman suggest that previous methods for categorizing school refusers have failed to produce a definition, subtypes for symptoms displayed by children who refuse school, or a method for determining which assessment and treatment strategies are most appropriate depending on the subtype.

Predictors Associated with School Refusal

A study by Hansen, Sanders, Massaro, and Last (1998) examined the predictors associated with the severity of

school refusal in a sample of children who were diagnosed with an anxiety disorder and displayed school refusal behavior. This investigation included 76 children ranging in age from 6 to 17 years that had been diagnosed with an anxiety disorder (Hansen et al., 1998). Subjects in this study had participated in a treatment investigation at the Anxiety Treatment Center of Nova Southeastern University. Data collection occurred via parent and child interview, review of school records regarding absenteeism, and completion of questionnaires including the Fear Survey Schedule for Children-Revised, Modified State-Trait Inventory for Children, Children's Depression Inventory, and the Family Environment Scale.

Hansen et al. (1998) found older children were absent more frequently than younger children. The researchers also found there was a correlation between absenteeism and family activity. Results suggested that children displayed higher levels of absenteeism when they were members of families who engaged in fewer recreational activities outside the home (. Finally, children who reported lower levels of fear displayed higher absenteeism. Hansen et al. suggested that children not attending school may have reported lower levels of fear because by not attending school, they were avoiding the feared stimulus. No relationship was found between rate of absenteeism and the child's sex or severity of somatic

symptoms. Hansen et al. concluded that children displaying school refusal behavior should be treated as soon as possible considering that absenteeism increased with age.

Another predictor of school refusal behavior is homelessness. According to Rafferty (1991), homelessness is associated with a variety of educational problems including severe absenteeism, disciplinary actions, and poor academic achievement. Rafferty indicated that absenteeism increased from elementary to high school for children who were homeless.

Abuse in the home is another factor which is associated with school refusal. Asher (1988) found that school absenteeism was linked to the sexual abuse of a child. Kearney (2001) suggested that parental neglect may also be associated with school refusal behavior. Kearney further hypothesized that abuse from peers in the school setting may also contribute to school refusal as children withdraw from school to prevent victimization.

Although there is no direct evidence suggesting that divorce leads to school refusal behavior, divorce is a factor that is found disproportionately in school refusers (Torma & Halsti, 1975). Torma and Halsti indicate that, although the link between divorce and school refusal is unclear, it is possible that divorce can instigate behaviors

such as attention seeking in children, which manifests as school refusal behavior.

Teenage pregnancy is another domestic situation that has been historically associated with school refusal. In the late 1990s, teen pregnancy was estimated to occur in 10% to 12% of American females ranging in age from 15 to 19 and was associated with school dropout preceding and subsequent to the birth (Dennison & Coleman, 1998). Recently, a report by the National Center for Health Statistics indicated that in 2005, there were 40.5 births per 1000 girls ages 15 to 19 (Martin et al., 2007). According to Martin et al., teen birthrates have continued to decline since the 1990s. This suggests that teen pregnancy may be less of a factor associated with school refusal behavior now than it has been in the past.

A study by Blackorby and Edgar (1991) found that identification as learning disabled or behaviorally disordered may also present as a risk factor for school non attendance. Examining students with special needs, Kortering (1992) found differences in the dropout rates experienced by students identified as behavior disordered. Moreover, Kortering found that students were less likely to attend school when they experienced a greater number of school transfers and changes in their educational placements. Thus, these researchers suggest that not only

are special education identifications associated with failure to attend school, changes in placement and school transfer may exacerbate school refusal.

Short and Long-Term Effects of School Refusal

Kearney (2001) suggested that there are a considerable number of short-term effects on a school refuser and his or her family. Aside from severe emotional distress, which is common, many individuals may be unable to complete homework and experience declining grades (Kearney, 2001; Kearney & Bensaheb, 2006; Kearney, Pursell & Alvarez, 2001). Moonie et al. (2008) found decreased academic achievement when comparing students with chronic absenteeism to those that attended school regularly. Additionally, children risk social alienation as the result of not attending school with their peers (Kearney, 2001; Kearney & Bensaheb, 2006; Kearney et al., 2001). Family problems and conflicts may also arise from the disruption of morning schedules (Kearney, 2001; Kearney et al., 2001). This can lead to child-maltreatment and decreased levels of supervision (Kearney, 2001). Lastly, families may experience financial and legal consequences resulting from a child who refuses to attend school (Kearney et al., 2001; Kearney & Bensaheb, 2006). This may take the form of sanctions imposed by the school including fines or missed work time by parents who remain home to supervise their child.

Berg has conducted a considerable amount of research in the area of the long-term adjustment of school refusers-school phobics. Berg (1970) completed a study examining the long-term success of adolescents hospitalized on a psychiatric unit for exhibiting school phobia. Of the 29 adolescents undergoing treatment in the inpatient setting, 23 had been discharged and were eligible to participate in this study. Hospitalization was used to treat these adolescents because they did not respond to other less intrusive treatment methods such as immediate return to school or "customary child guidance methods" (Berg, 1970, p. 38). Berg did not expand on what was meant by child guidance methods.

The 23 adolescents in the study remained on the inpatient unit five days per week and attended school (Berg, 1970). They were permitted to return home on the weekends. Each individual was assigned an adult staff member ("social therapists") to manage day-to-day issues. Other members of the treatment team included psychiatrists, a psychologist, psychiatric social workers, nurses, and teachers.

The adolescents attended a school located at the hospital each morning (Berg, 1970). In the afternoon, the adolescents engaged in therapeutic activities (e.g., group meetings, meetings with their individual "social therapist") and activities of their choosing (e.g., games, spending time

with other children on the unit). While the adolescents in this study were treated on an inpatient basis, Berg indicated that the psychiatric social workers worked with the families to ensure success when each adolescent was released. To transition an adolescent back to his or her regular school setting, the individual's social therapist attended school for a limited time until the student was showing signs of successful attendance. Discharge only occurred when consistent school attendance appeared to be likely. The treatment team remained in contact with the family to whatever degree possible after discharge.

In this study, Berg (1970) examined return to school or work, family adjustment, and peer adjustment. The psychiatric social worker collected the data used in this study by interviewing the mothers of the discharged adolescents and by collecting information from the school. Of the 23 adolescents, follow-up information was available on only 21. The average age of the participants was 13.7 years at the time of discharge, with an average hospital stay of 9 months. The average time that lapsed between hospitalization and follow-up was 13 months, with a range from three months to two years.

Berg (1970) found that at the time of follow-up, the majority of participants were consistently attending school (12 of 15 participants) or work (4 of 6 participants).

However, 14% of the individuals continued to have both family problems and poor peer relations. Berg found that by parent report, 52% of the adolescents experienced problems in either their relationships with their family or their relationships with peers.

Berg and Jackson (1985) completed a study including 143 adolescents that were hospitalized at an inpatient psychiatric unit in Yorkshire, England as the result of school refusal behavior. Individuals were identified for inclusion in the study if they had been hospitalized for school refusal behavior between 1965 and 1974. The follow-up was completed approximately 10 years following the participants' hospitalization. Information was collected by interviewing previous patients and/or their parents and sending questionnaires to the previous patients and their family doctors.

These researchers found that 43.6% of the school refusers were considered "healthy" or as "much improved" (Berg & Jackson, 1985). In contrast, nearly 45% of the individuals in the study received later psychiatric treatment. Many of the school refusers continued to be depressed, had difficulty with social relationships, and had poor employment histories. The researchers also found that treatment prior to age 14 and intelligence significantly predicted positive outcomes for the individuals in this

study. Positive outcomes in the Berg and Jackson study reflected a participant that at the time of follow up had minimal or no social impairment and few if any symptoms of psychiatric illness.

Similar to the findings of Berg and Jackson (1985), more recent investigations have found that individuals with significant absenteeism experienced higher rates of marital problems, depression, and unemployment later in life compared to those who attended school regularly (Hibbett & Fogelman, 1990; Hibbett, Fogelman, & Manor, 1990).

Valles and Oddy (1984) also followed the long-term outcomes of children that had been treated for school refusal in an inpatient setting. Of the 34 participants, 16 of the students had returned to school and 18 continued to have attendance difficulties. The average time between the follow-up interview and the individual's discharge from the hospital was seven years-two months. Comparing the group that had returned to school to those that had not, Valles and Oddy found that those who had not returned to school had "less harmonious" relationships with their family members at the time of the follow up. Specifically, this group reported more conflict with their parents, maintained less contact with family members living outside the home, and reported higher levels of resentment towards their parents.

Valles and Oddy (1984) also compared the later occupational status of those who returned to school versus those with sustained attendance difficulties. They found no difference between the groups in the number of jobs held between the time that they left school and the time of the follow up. Only two people from each group were unemployed at the time of the follow-up. Although Valles and Oddy did not find significant occupational differences in their investigation, Hibbett, Fogelman, and Manor (1990) found that individuals with chronic absenteeism had less stable career histories and were more often unemployed compared to those who attended school regularly.

Valles and Oddy (1984) found statistically significant differences suggesting that those who had not returned to school reported higher levels of boredom and less interest in dating as young adults. The researchers also indicated that those individuals who were not able to return to school had fewer friends, experienced high levels of loneliness, and were more sensitive to criticism. However, these individuals had developed more solitary interests.

Other pertinent findings of this investigation suggested that when compared to school refusers that returned to school, the individuals that did not return to school reported significantly higher levels of anxiety, had significantly higher conviction rates, and made more visits

to their physicians (Valles & Oddy, 1984). But, the school refusers that were able to return to school were more likely to be married at the time of the follow-up. No differences were found between the groups in respect to the number of individuals who had sought later psychiatric treatment. Valles and Oddy reported the 10% of the participants sought later psychiatric treatment.

Flakierska, Linstrom, and Gillberg (1988) completed a 15 to 20 year follow-up of children ages 7 to 12 years who had been treated for school refusal. Of the 35 participants included in this investigation, 14 had received inpatient service and 21 had received outpatient services. Flakierska et al. (1988) also included a matched sample of children from the general population to serve as the comparison group. No long-term differences were found in regard to school completion, criminal offenses, or marital status. However, the researchers did find differences in psychiatric care. Specifically, Flakierska et al. found that the school refusers were more likely to receive outpatient psychiatric care when compared to the control group (31 percent versus 11 percent). Because this information was gained via a records review, the nature of the psychiatric care was unknown. However, it does suggest that many school refusers may experience psychopathology in adulthood.

Flakierska, Linstrom, and Gillberg (1997) completed a 20 to 29 year follow-up of the school refusal group used in their study from 1988. In this study, the school phobia group was compared to two other samples, one sample from the general population and a sample that received psychiatric treatment. All three groups were matched for sex, amount of schooling, social class, and age. Of the 35 participants in the school refusal group, 14 had received inpatient service and 21 had received outpatient services. The non-school refusal psychiatric group committed more criminal offences when compared to the school refusal and general population groups (Flakierska et al., 1997).

The researchers also found differences when comparing the groups on the variable of psychiatric care (Flakierska et al., 1997). Specifically, Flakierska et al. found that the school refusers were more likely to receive outpatient psychiatric care in adulthood when compared to the general population sample. This is consistent with previous findings that suggested that school refusers may experience psychopathology in adulthood (Flakierska et al., 1988). School refusers had fewer children compared to both the general population and psychiatric groups. Flakierska et al. suggested that because school refusers had fewer children this might

theoretically be an indicator that they have, "…A somewhat limited sphere of social relationships" (p.21).

Intervention Strategies for School Refusal Behavior

There are a number of intervention strategies that can be used to reduce school refusal behavior in children and adolescents. Depending on the needs of the child, interventions can range in intensity from using behavior management techniques (e.g., rewards and negative consequences) to medication or hospitalization. Intervention strategies may also vary in regard to the amount of family involvement required to implement the intervention. Cognitive behavioral therapy typically focuses on the child, while other intervention strategies, such as communication skills training or family therapy, usually involve other family members. Interventions to reduce school refusal behaviors are discussed in greater detail in this section.

Behavioral Interventions/Contingency Management

"At the individual level, behavioural techniques based on classical conditioning aim to teach children to relax and face feared stimuli calmly" (Pellegrini, 2007, p.72). Generally speaking, current behavior management practices help individuals learn new behaviors by providing reinforcement for desired behaviors and negative consequences or punishment for undesired behaviors.

Researchers have suggested a number of behavioral intervention strategies to reduce school refusal behavior (Kearney, 2001; Kearney & Albano, 2000; King and Ollendick, 1989; Lee & Miltenberger, 1996; Phelps, Cox, Bajorek, 1992; Place et al., 2000).

Behavioral exposures. Behavioral exposures provide children and adolescents the opportunity to practice coping skills in anxiety producing situations (Kearney, 2001; Phelps et al., 1992). According to Phelps et al., exposure to a feared situation can be done through the use of imagery until the child in willing to confront anxiety provoking situations. This can also be done through role-play where the child could use his/her coping skills and learn social skills if necessary via modeling (Kearney, 2001; Kearney & Albano, 2000). Some common role-playing situations could include taking a test, reading in front of others, or talking with peers. With exposure to a stressful situation and increased success at using coping skills, Kearney suggests that a child should begin to experience less distress in the situation. Using behavioral exposures teaches children that while they may encounter anxiety-provoking situations, they are able to cope and their worst imagined outcome is unlikely to occur (Kearney & Albano, 2000). As children become better able to manage their anxiety, school attendance will increase (Kearney, 2001).

Self-Reinforcement. With the encouragement of people in the child's environment (e.g., parents, teachers, family members), a child engaging in school refusal behavior can be instructed to employ self-praise for his or her effort and success when practicing relaxation techniques and exposure-based exercises (Kearney, 2001). This can help to ensure that the child is taking pride in his or her progress and that this progress is maintained (Kearney, 2001).

Restructuring parent commands. The restructuring of parental commands can be a vital treatment component when working with children who refuse school for attention (Kearney, 2001; King & Ollendick, 1989). Often times, parental commands are nonassertive, vague, too complicated, or the command results in a discussion with the child that serves to reinforce noncompliance (Kearney & Albano, 2000). Parental education regarding the use of appropriate commands can be very useful. According to Kearney, good commands are simple, specific, define when the behavior should be executed, lack criticism/sarcasm, and are not given while the child is distracted. Depending on the child's compliance or noncompliance with a command, either reinforcement or a negative consequence should be provided. Kearney suggested that if a child refuses to comply with a directive, parents should physically assist the child with follow through (e.g., carrying a child to the car to go to

school). This technique can be facilitated through the use of a parental command log, corrective feedback, and role-playing (Kearney, 2001).

Ignoring simple inappropriate behaviors. According to Kearney (2001), parents need to learn to attend to positive behaviors and ignore inappropriate, attention-seeking behaviors. These behaviors can include somatic complaints, tantrums, whining, and crying. Parents may use simple methods to ignore these behaviors including: minimized eye contact, attending to the behavior of siblings, and using time out. If a child is actually sick and must stay home, he/she should receive little attention, remain in bed, and not be permitted any privileges. Lee and Miltenberger (1996) suggest ignoring of attention seeking behaviors when attention is the reason for the school refusal behavior. They recommend pairing this with the differential reinforcement of appropriate behaviors to increase behaviors consistent with school attendance and reduce those behaviors consistent with school refusal.

Establishing fixed routines. Another potential area of intervention for children displaying school refusal behavior is to help the parents establish fixed morning routines to facilitate a child's transition to school (Kearney, 2001; Kearney & Albano, 2000; King & Ollendick, 1989). With the help of the parents, a log of morning events should be kept

in 10-minute increments (Kearney, 2001; Kearney & Albano, 2000). This can help establish a schedule that is structured, but flexible enough to allow parents adequate time to address negative behaviors and prepare for their day. Kearney recommended that a child's morning routine should begin between 1 ½ to 2 hours before school begins and that the child not be permitted to stay in bed for more than 10 minutes after he/she is asked to get up.

If the child is able to comply with the morning schedule, he/she should receive positive reinforcement, if not, negative consequences should be introduced (Kearney, 2001). Kearney contends that the child should be taken to school even after school begins to ensure that the child understands that his or her behavior will not result in staying home. Finally, a morning routine should be followed even if the child is not currently attending school to help prepare the family for eventual school reentry (Kearney, 2001). Kearney suggested that this will help to ensure that the child and family do not persist in behaviors that will be counter productive to treatment, such as sleeping late and engaging in fun activities. Additionally, this intervention can help remind the child and family of the eventual goal of consistent school attendance.

Negative consequences for school refusal behavior. Lee and Miltenberger (1996) suggest that when children refuse school for other types of reinforcers, the school refusal behavior should result in a punishment. Kearney (2001) recommended that five specific school refusing behaviors (i.e., crying, recurring reassurance seeking, screaming, refusing to move, aggression) should be identified and targeted for negative consequences. Parents should make a list of negative consequences (e.g., time out, loss of privileges, removal of attention) that have been effectively used in the past (Kearney, 2001; Kearney & Albano, 2000). The parents should begin by implementing a specific punishment for the two least severe behaviors to improve the likelihood of success (Kearney & Albano, 2000). Moreover, it is essential that both parents consistently punish the behavior if it occurs in the morning or evening (Kearney, 2001).

Rewards for school attendance. Positive reinforcement should be used in combination with punishment to eliminate school refusing behaviors (Kearney, 2001; Lee & Miltenberger, 1996;). Rewards should be employed when a child displays two selected behaviors consistent with school attendance (Kearney & Albano, 2000). Parents need to determine what is most reinforcing for the child (Kearney, 2001). For example, attention or a one-to-one activity may

be the most reinforcing for children that refuse school for parental attention or extended privileges may be rewarding for children that refuse school for tangible reinforcers. It is essential that the parents explain the use of positive and negative consequences to the child and ensure that the consequences are implemented consistently (Kearney, 2001).

Contracting. Behavioral family therapy is indicated for some individuals displaying school refusal behavior (Kearney, 2001). According to Kearney, the goal is for the family to learn to independently resolve conflict (i.e., the school refusal). Behavioral contracts with tangible reinforcement can be effective when dealing with individuals who refuse school (Kearney, 2001; Kearney & Albano, 2000).

Behavioral contracts should outline the series of positive reinforcement for school attendance and negative consequences for absence as agreed upon by the child and parents (Kearney, 2001). Kearney proposed a method of contract creation ranging from simple contracts to more complex contracts focusing on school attendance. The first stage of contract building does not involve any discussion of the school attendance and would only last for a few days (Kearney, 2001; Kearney & Albano, 2000). An initial activity could involve introducing a simple, non-volatile household problem that can be easily solved by the family. For the initial session, the adolescent and parents are

separated and asked to individually define the problem and brainstorm solutions (Kearney, 2001; Kearney & Albano, 2000). This is followed by a ranking of the family members as to which solutions are the most practical and agreeable. Additionally, the family must come to an agreement regarding appropriate rewards and consequences, each person's responsibilities, and the criteria for task completion.

For an initial school attendance contract, the contract should focus on a prerequisite skill for attending school such as developing a morning routine, not actually attending school (Kearney, 2001; Kearney & Albano, 2000). Other responsibilities can also be included to help structure the child's day when he or she is not attending school. Kearney suggested that like other practice contract situations, this contract should only last 3-5 days. For children who attend school, but engage in problematic morning behaviors, this contract may meet the child's needs (Kearney, 2001). If the initial contract experiences are successful, a school attendance contract can be negotiated. In a school attendance contract, if the child attends school for a specified period of time (a few periods per day at first) he/she is given the opportunity to complete a household task in exchange for a highly prized reinforcer (Kearney, 2001; Kearney & Albano, 2000). With increased success, contracts can extend the amount of school attendance required.

Escorting students to school and classes. Many times, despite the incentives available in contract-based treatment, children and adolescents do not fulfill their obligations (Kearney, 2001). In such cases, an escort (parent, trusted adult, or school official) can follow a child to school and from class to class if necessary (Kearney, 2001; Kearney & Albano, 2000). If the individual is able to comply with the goals of his/her contract, even with the escort, he/she should receive the reward (Kearney, 2001; Kearney & Albano, 2000). However, Kearney suggested that if the individual is able to elude the escort, a negative consequence should be implemented. The goal is to eventually fade the escort, while ensuring that the individual constantly feels as though his/her school attendance is monitored.

Communication/Social Skills Training

Social skill or communication deficits may place a child at risk for bullying, which has been associated with school refusal (Place et al., 2000). According to Place et al., the ability to cope with stressful situations is a key skill for children who refuse school. Training in social or communication skills can influence a child's perception of their competency in social situations and make them less aversive (Lee & Miltenberger, 1996).

Individual or group based social skills training can be employed to facilitate a child's reentry into school (King & Ollendick, 1989; Place et al., 2000). King and Ollendick point out that upon return to school, children maybe teased by peers or confronted with questions regarding their absence. Specific coaching in how to respond to student questions/teasing may serve to reduce a child's anxiety in the classroom.

Place et al. (2000) identified bullying as a primary contributor to children's school refusal. As a result, "The strained quality of peer relationships within these children makes it important to determine if the young person has the appropriate skills to develop good relationships with peers, and if not, then improving them becomes the primary task" (Place et al., 2000, p.352). The goal of preparing children to respond in situations that may provoke anxiety is to make the child more confident and provide realistic situations in which to practice and improve social skills.

Communication skills may be an area that interferes with the contract-based intervention and with the individual's ability to interact with others in general (Kearney, 2001; Kearney & Albano, 2000). One possible area of intervention is to improve the individual's and family members' communication skills (Kearney, 2001; Kearney & Albano, 2000). Kearney suggests that at the first level,

basic communication skills are addressed including turn taking, listening, and paraphrasing. These skills are typically facilitated through role-playing and corrective feedback (Kearney, 2001; Kearney & Albano, 2000).

The next level of communication training focuses on helping family members identify and discuss conflict appropriately (Kearney, 2001). Kearney suggests that this can be accomplished by establishing rules for the conversation such as maintaining regular vocal volume, not using sarcasm or insulting the other person, and maintaining eye contact. Initially, this includes only two family members at a time and is closely monitored by the psychologist. Overall, this level is geared to allow families to discuss problems/frustrations appropriately.

The final level of communication training is to expand the appropriate interaction among multiple family members, and if possible, help facilitate the problem-solving process within the family (Kearney, 2001). At this level, the goals are to extend the positive interactions to the home environment, to use the skills to facilitate the development of contracts, and to begin generating solutions for identified problems.

Cognitive Behavioral Therapy

Phelps at al. (1992) suggested that the fundamental assumption of cognitive-behavioral interventions is that by

changing one's beliefs or thoughts about a feared situation, behavioral change will follow. Cognitive-behavioral therapy has been shown to effectively reduce symptoms of anxiety based disorders in children (Anderson et al., 1998; Kendall, 1994; Kendall et al., 1997).

Anderson et al. (1998) conducted a study with a 13-year-old school refuser to determine if cognitive-behavioral therapy could be used to effectively treat the anxiety symptoms of the individual and improve his school attendance. In this study, treatment was completed over the course of seven weeks in which the adolescent had seven treatment sessions and his parents took part in seven treatment sessions. Treatment of the adolescent centered on reconstructing maladaptive thoughts regarding school and peers. The adolescent was taught to identify unhelpful thoughts and to replace them with helpful, coping thoughts. In addition, the boy was provided social skills training to help him make friends and manage the teasing of his peers. The skills were taught through the modeling of the therapist and practiced during weekly sessions.

An additional component of the treatment in the Anderson et al. (1998) study involved parent training. This component was not included in the cognitive-behavioral treatment of a sample of children with anxiety disorders performed in the research by Kendall (1994) and Kendall et

al. (1997). Treatment sessions involving the adolescent's parents focused on behavior management techniques (Anderson et al., 1998). Specifically, the parents were taught to ignore somatic complaints, reduce the reinforcement available to the boy if he stayed home, rehearse instructions for getting him to school, and implement positive reinforcement contingencies when he attended school. Moreover, Anderson et al. involved the school so that they could provide positive reinforcement for school attendance and so they could establish a buddy system to help the boy acclimate to school again.

Anderson et al. (1998) found that this treatment was effective at the end of the treatment sessions and at a five-month follow-up. The adolescent was attending school full time with reduced symptoms of anxiety. The treatment completed in the Anderson et al. study was effective and completed in seven weeks as compared to the sixteen weeks of cognitive-behavioral therapy completed in the studies by Kendall (1994) and Kendall et al. (1997). Anderson et al. indicated that the inclusion of the family and the school in the treatment may have increased the efficacy of treatment.

A more extensive investigation completed by King et al. (1998) utilized cognitive-behavioral therapy to treat 34 school refusers over a period of four weeks. As in the study by Anderson et al. (1998), parental training was a key

element of therapy, as well as frequent follow-ups with the children's teachers. Cognitive-behavior therapy in the King et al. study was carried out in a similar fashion to the therapy conducted in the studies by Anderson et al. and Kendall et al. (1997), but was condensed to six sessions over four weeks. Additional differences in therapy included assertiveness training for the children, as well as the inclusion of coping skills to aid in relapse prevention.

The treatment by King et al. (1998) focused on identifying negative cognitions, developing coping skills to manage anxiety, and practicing the skills using imagery and in vivo experiences, which was congruent with the treatments done in the studies by Anderson et al. (1998) and Kendall et al. (1997). The treatment regimen described by King et al. also included parent training in contingency management, developing household routines, and the use of positive reinforcement. The children's teachers were involved in treatment by ensuring that they understood the intervention techniques, requesting their assistance to establish a buddy system to acclimate the children back into the school atmosphere, and by asking them to monitor the children's progress.

King et al. (1998) found that cognitive-behavioral therapy was efficacious in treating the school refusers. Almost 90% of those in the treatment condition were able to

achieve regular school attendance at the end of treatment as opposed to 30% of those who were on the waiting list. Like Anderson et al. (1998), King et al. emphasized the importance of including the caregivers in treatment and providing training in the behavior management of the school refuser. The researchers felt that the efficacy of this short-term therapy was attributable to the inclusion of parents and teachers and may not have been as successful without caregiver participation.

In contrast to the majority of research regarding the effectiveness of cognitive-behavioral therapy to treat school refusal (Anderson et al., 1998; King et al., 1998), a study completed by Last, Hansen, and Franco (1998) found that cognitive-behavioral therapy did not produce more clinically significant improvements in school refusal symptoms when compared to educational supportive therapy. In this study, cognitive-behavioral therapy was comprised of replacing maladaptive thoughts, in vivo exposure, and therapist contact with parents and the school. The control group was treated using educational supportive therapy, which was comprised of supportive psychotherapy and educational presentations about fears and anxiety.

At the end of 12 therapy sessions, both treatments were equally effective in assisting children to return to school (Last et al., 1998). According to Last et al. educational

supportive therapy may be preferable based on the greatly reduced drop out rate compared to the cognitive-behavioral therapy. Last et al. suggested that cognitive-behavioral therapy might have been more anxiety provoking during the in vivo components, which likely resulted in the 16% drop out rate.

Pharmacotherapy

Medication is often included in the treatment of severe cases of school refusal to help alleviate the psychological symptoms and reduce the school refusal behaviors (King et al., 1995). Psychotropic medication, namely antidepressants and anxiolytics, have been used to treat children displaying severe school refusal behaviors associated with separation anxiety and depression (King, Ollendick, & Tonge, 1995). There has been some research to suggest that imipramine, a tricyclic antidepressant, has been effective in increasing school attendance for children displaying school refusal behaviors (Bernstein et al., 2000; Gittelman-Klein & Klein, 1971). Moreover, research regarding selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine found that SSRIs can be effective in treating symptoms of depression and anxiety commonly associated with school refusal behavior (Black & Uhde, 1994; Emslie et al., 1997).

According to King and Bernstein (2001), anxiolytics such as benzodiazepines may be considered in combination

with SSRIs or tricyclics to quickly address acute anxiety symptoms in children displaying severe school refusal behaviors. However, Riddle et al. (1999) suggested that benzodiazepines should be used only on a short-term basis due to their addictive properties. King et al. (1995) suggested that psychotropic medications should only be used as a treatment for school refusal behaviors if the child is experiencing extreme levels of anxiety, there is substantial comorbidity, and if the child is unresponsive to other forms of treatment.

A study by Bernstein et al. (2000) explored the efficacy of imipramine plus cognitive-behavioral therapy with school refusers who also had a comorbid affective disorder. Subjects in this study underwent eight sessions of cognitive-behavioral therapy, which included parental training. Cognitive-behavior therapy in this study was similar in scope to the treatment in the study by Kendall et al. (1997).

Bernstein et al. (2000) found that imipramine in combination with cognitive-behavioral therapy was more effective than cognitive-behavioral therapy with a placebo. The combination of imipramine with cognitive-behavioral therapy was efficacious in decreasing depressive symptoms and helping children return to school. Although cognitive-behavioral therapy has been found in the past to be

effective in treating school refusal, Bernstein et al. contended that the addition of imipramine may increase treatment efficacy when a comorbid affective disorder is present. Bernstein et al. suggested that the symptoms of depression in children with school refusal might make them unable to benefit from cognitive-behavioral therapy. Thus, the addition of an antidepressant in conjunction with cognitive-behavioral therapy will be more useful as it addresses the depressive symptoms as well as the symptoms of anxiety related to school refusal.

Family Therapy

In some cases, children with school refusal do not respond to cognitive-behavior therapy, behavior modification, or to the addition of a medication such as imipramine. Place et al. (2000), states that as part of a comprehensive intervention approach to address school refusal, family factors, namely "…The enmeshed overinvolved relationship which exists between the parent and child" needs to be addressed (p.351). According to Place et al., the focus of such an intervention would be to manage the dependency needs of the parent and allow the child to become increasingly independent.

A study done by Cerio (1997) explored the use of a family systems approach as an alternative treatment for these children. Cerio indicated that an assumption of the

family systems intervention is that the child's anxiety is related to one or both levels of parental anxiety. Moreover, if the child's school related anxiety is to dissipate, the family system has to function sufficiently. With this in mind, Cerio's family systems intervention focused on the family-school system, as opposed to the child's symptom remission.

The family systems intervention proposed by Cerio (1997) was implemented by treating an eleven-year-old suffering from school anxiety. Treatment was completed over four weekly family sessions and treatment efficacy was tested two months after the final session, at the beginning of the next school year, and two years after the intervention.

Cerio (1997) defined the necessary steps in the family systems intervention. Initially, it was important to meet with as many family members as possible, including siblings, so family interaction patterns could be observed. Following this, each family member was asked to define the problem and who typically managed the child's school refusal behavior. According to Cerio, the next step in the process was to reframe the child's behavior into a concept that the parents felt they had some control over such as referring to the child's behavior as excessive worrying. At this point, it was crucial to determine who was most involved in managing

the child's behavior because Cerio hypothesized that the over involved parent maintained the anxiety in the child.

According to Cerio (1997), it is critical that the parents commit to ensuring that the child did not miss school and this was made clear to the child. It was at this point that the parent who previously managed the child's behavior least would be the person primarily responsible for managing the child's complaints, taking the child to school, and talking with the school personnel. Additionally, it was emphasized that the parents needed to present a united front and carry out what they said so the child respected their authority. In the final steps of the intervention, the parents and child were taught techniques to help relieve anxiety such as relaxation training. Finally, school personnel such as teachers and the school nurse were involved in the intervention to ensure they were aware of treatment goals and to input any information they felt was relevant.

Cerio (1997) found that the child remained symptom free at a two-month follow-up, at the beginning of the following school year, and at a follow-up two years after the intervention. This research suggested that a family systems intervention could be effective in managing the symptoms of school refusal.

Hospitalization

Treatment of school refusal can, if severe enough, necessitate inpatient hospitalization. As the result of the increased symptom severity, individuals hospitalized for school refusal behavior were found to receive more treatment modalities (e.g., individual therapy, group therapy, and medication) compared to those involved in outpatient interventions (Borchardt, Giesler, Bernstein, & Crosby, 1994).

A study by Borchardt et al. (1994) attempted to differentiate between those school refusers that required inpatient hospitalization as opposed to outpatient hospitalization. The researchers found that, although there was a high rate of comorbidity between affective disorders and school refusal, the frequency of affective disorders was far more prevalent among the inpatient sample. Moreover, inpatient school refusers had an increased number of Axis I diagnoses as compared to outpatient school refusers, although the groups did not differ in their prevalence of anxiety disorders. In addition, subjects in the inpatient group were more likely to be physically abused and come from single parent homes as opposed to school refusers being treated on an outpatient basis.

The findings by Borchardt et al. (1994) suggest that children with school refusal who have a severe affective

disorder should be treated intensely and as early as possible. If symptoms are left untreated, they may increase in intensity and require more costly therapeutic interventions such as hospitalization.

Kearney and Silverman's Functional Model of the Categorization & Treatment of School Refusal Behavior

As indicated previously, there have been several problems with methods of categorizing children that refuse to attend school (Kearney, 2001, 2002, & 2007; Kearney & Silverman, 1996). Namely, these methods did not include all children refusing to attend school, and these methods were not connected to efficacious assessment and intervention strategies (Kearney, 2007; Kearney & Silverman, 1996).

In an attempt to reconcile past problems in the classification, assessment, and treatment of school refusal behavior, Kearney and Silverman (1993, 1996) developed a theoretical model to differentiate school refusers based on the function of the school refusal behavior. This model of categorization addresses the weaknesses of historical methods by providing a definition and subtypes of school refusal behavior including all children. The model also links assessment of this population to effective intervention strategies.

Kearney and Silverman (1993, 1996) suggest that there are four reasons that motivate school refusal behaviors,

which can fall into two main categories of either positive or negative reinforcement. Kearney (2001) states, "…Children who refuse to attend school for negative reinforcement are thought to do so more specifically to (a) avoid stimuli that provoke a sense of general negative affectivity or somatic complaints, (b) escape aversive social or evaluative situations, or (c) both" (p. 89). Conversely, children who refuse to attend school for positive reinforcement do so for (a) attention or (b) tangible reinforcers outside of the school environment, or (c) both (Kearney, 2001).

Descriptions of the Four Functions of School Refusal Behavior

Avoidance of stimuli that provoke a sense of general negative affectivity. Children falling in this category display school refusal behaviors to avoid something in the school environment which provokes general negative affectivity, or feelings of fear/ depression/ anxiety (Kearney, 2001). Some children are able to identify specific feared stimuli such as a teacher or riding the school bus, while other children report feeling a general sense of "misery" without being able specify the origin of these feelings (Kearney, 2001). Kearney further describes this category as typically consisting of younger children who present with anxiety, depression, and/or somatic

complaints. Moreover, these children display lower levels of delinquent behavior. Kearney and Silverman (1995) suggested that children in this category tend to come from healthy families that are cohesive, communicate, and are active.

Escape from aversive social or evaluative situations. Some children display school refusing behaviors to escape situations that are more specific than children who refuse to go to school to avoid stimuli that provoke negative affectivity (Kearney, 2001). According to Kearney, children in this group typically refuse to go school to escape social or evaluative situations which may result in stress, anxiety, or depression such as public speaking, social interactions, or test taking. Individuals in this group are likely to display symptoms associated with somatic complaints, anxiety and/or depression, and lower levels of delinquent behavior. The families of these children tend to be socially isolated and engage in few activities outside of the family (Kearney & Silverman, 1995).

Attention seeking behavior. Children in this group engage in school refusal behaviors to gain access to attention or sympathy from family or others (Kearney, 2001). Attempts to gain attention typically occur in the morning and include manipulative behaviors such as tantrums, clinging, exaggerated somatic complaints, seeking

reassurance, etc. Although these children may experience, fears and anxiety, Kearney suggested that they may "…Exaggerate internalizing symptoms to make themselves appear more dysfunctional then they are" (p. 94). Kearney and Silverman (1995) suggested that the families of these children tended to be enmeshed with a lack of independent family functioning.

Pursuit of tangible reinforcers outside of school. Individuals in this group tend to be older children and adolescents who engage in school refusal behavior such as skipping class or missing an entire day to gain access to tangible reinforcers (Kearney, 2001). There are a variety of potential reinforcers available to individuals in this group including sleeping late, playing video games, hanging out with friends, and potential opportunity for drug or alcohol use. These children and adolescents were further described by Kearney as less likely to display symptoms associated with fears, anxiety, or depression when compared to the other groups of school refusers. This group tends to display more delinquent and aggressive behaviors compared to children displaying school refusal behavior to avoid or escape aversive situations at school. These individuals typically seek reinforcement outside of home and school (Kearney, 2001). Families of these children were

characterized by higher levels of detachment, hostility, and familial conflict (Kearney & Silverman, 1995).

School Refusal Assessment Scale

Kearney and Silverman developed the School Refusal Assessment Scale (SRAS; Kearney & Silverman, 1993). This 16-item scale includes both parent and child versions and was developed to help identify which of the four functions primarily motivated a child's school refusal. According to Kearney and Silverman (1993, 1996, 1999), once the function of a child's school refusal behavior is identified, treatment can be prescriptively assigned depending on if the behavior is positively or negatively reinforced. It was determined that both the parent and child versions of the SRAS were reliable across time and between raters for the parent scale (Kearney & Silverman, 1993). The validity of the SRAS was also supported (Kearney & Silverman, 1993). According to Kearney and Silverman (1993), "…Functional dimensions of school refusal behavior- namely, negative and positive reinforcement- could be established and that each dimension was generally correlated with measures of internalizing and externalizing behavior problems, respectively, and with assigned diagnoses" (p.92).

It was also noted in the investigation by Kearney and Silverman (1993) that approximately one fourth of the children did not display behaviors that clearly fit into one

of the functional categories. For these children, there may be more than one function motivating their behavior. Kearney and Silverman suggested the use of a functional behavior assessment to identify intervening variables and to use a combination of treatment techniques to address the behaviors. Overall, the study suggested that the SRAS can assist in identifying the function of a child's school refusal behavior and treatment may be prescriptively assigned to eliminate the behavior.

In 2002, Kearney published an article discussing the need for revisions to the School Refusal Assessment Scale (SRAS). According to Kearney (2002), revisions were needed to address concerns which included the need to better differentiate between functions, to improve the reliability of specific items, and to reflect the reconceptualization of the first function (Avoidance of general negative affectivity). To address these concerns, six items were included to address each function, bringing the total to 24. In addition to adding items, the wording of items was altered to mirror changes in the model, particularly the change in the definition of the first function. Specifically, the first function was initially thought to reflect a child's avoidance of school due to a specific fear of a stimulus (i.e. Avoidance of negative affectivity-provoking objects or situations) (Kearney & Silverman,

1993). Over time, it was determined that many children could not identify a specific fear, but rather experienced a general dread (combined depression/anxiety) associated with school, which is more reflective of the current conceptualization of the first function (Avoidance of general negative affectivity) (Kearney, 2002).

It was determined that the School Refusal Assessment Scale-Revised (SRAS-R) displayed adequate test-retest reliability for both parent and child versions and inter-rater reliability for parents (Kearney, 2002). In regard to validity, Kearney found that the SRAS-R differentiated between three constructs similar to the original version. Based on factor analysis, the constructs of tangible reinforcement, attention seeking, and negative reinforcement were supported. The two functions that are motivated by negative reinforcement (Avoidance of general negative affectivity and escape of social/evaluative situations) were thought to overlap to such a degree that they could not be separated. Based on the results, Kearney stated that the SRAS-R could be successfully used as a tool to assist in identifying the functions underlying school refusal and prescribing treatment based on the most prevalent function(s).

Prescriptive Treatment

A study by Kearney and Silverman (1990) examined the utility of using the School Refusal Assessment Scale (SRAS; Kearney & Silverman, 1993) to determine the variable maintaining a child's school refusal behavior. Maintaining variables included avoidance of general negative affectivity, escape from aversive social and/or evaluative situation, attention seeking, and pursuit of tangible reinforcement. Once the maintaining variable for each child was identified through the functional assessment, Kearney and Silverman (1990) prescribed specific treatment interventions based on the maintaining variable identified. Kearney and Silverman (1990) stated, "A major conclusion that may be drawn about the clinical treatment of school refusal behavior in children and adolescents is that a need exists to prescriptively assign specific therapeutic strategies to individual cases" (p.343).

The four functional categories of prescriptive treatment included systematic desensitization/ relaxation training, modeling and cognitive restructuring, shaping and differential reinforcement of other behavior, and contingency contracting (Kearney & Silverman, 1990). Treatment was prescribed in this study such that a child identified as fearful and overanxious was treated with imaginal or in vivo desensitization and relaxation training.

A child identified as avoidant of aversive social situations was treated with cognitive behavior therapy and/or modeling to address social skill deficits. The treatment of attention seeking/ separation anxious children focused on teaching the parents to differentially reinforce other behaviors and to shape appropriate behaviors. Lastly, a child who exhibited school refusal behavior to pursue external reinforcement was treated through contingency contracting with the family.

Kearney and Silverman (1990) found that using assessment data to identify the function of a child's school refusal behavior and implementing treatment interventions to address the specific function was effective. Specifically, they reported, "Six of 7 children who were experiencing difficulties attending school for less than one year were able to resume full-time school attendance without significant levels of distress when behavioral treatment was assigned in accordance with composite SRAS scores" (Kearney & Silverman, 1990, p.361). In regard to the seventh subject, somatic complaints and family conflict were reduced, but the individual withdrew from school and began employment.

Results also suggested, "some degree of correlation may exist" regarding the effectiveness of the treatment intervention and the agreement between observations on the

SRAS (Kearney & Silverman, 1990, p.361). Specifically, Kearney and Silverman suggested that if the SRAS displayed conflicted results regarding the function of a child's school refusal behavior based on opposing observations by teachers and parents, treatment may be less effective because it may not be targeting all the necessary behaviors. Alternatively, when there was a high level of agreement by multiple informants on the SRAS, the effectiveness of treatment was increased.

Chorpita, Albano, Heimberg, and Barlow (1996) conducted an investigation that utilized prescriptive treatment to treat a child displaying school refusal behavior. Using the School Refusal Assessment Scale (SRAS; Kearney & Silverman, 1993), the child was identified as refusing school primarily for attention seeking purposes and was prescriptively assigned shaping and differential reinforcement (Chorpita et al., 1996). Parent training was also employed to facilitate the ignoring of target behaviors. A multiple baseline design was employed to measure treatment progress for target behaviors including somatic complaints, tantrums, crying, and other low frequency complaints.

Chorpita et al. (1996) found that school refusal behaviors were reduced significantly by the end of treatment. At a two-year follow up assessment, the child's school refusal behaviors continued to be in full remission.

According to Chorpita et al., “The data suggest that in cases of school refusal, a functional, prescriptive approach directed primarily at the child’s school refusal behavior may be the most parsimonious strategy” (p. 288).

Kearney and Silverman (1999) conducted a follow-up to their 1990 study investigating the utility of functionally based prescriptive and nonprescriptive treatment for children displaying school refusal behavior. The investigation included eight children displaying school refusal behavior, four of which received prescriptive treatment and four that received nonprescriptive treatment (Kearney & Silverman, 1999). Kearney and Silverman assigned prescriptive treatment based on the function of the school refusal behavior as identified by the School Refusal Assessment Scale (SRAS; Kearney & Silverman, 1993). In the 1999 investigation, the researchers found that prescriptively assigned treatment was successful in eradicating school refusal behavior. Moreover, nonprescriptively assigned treatment was not only ineffective, but in some cases resulted in a worsening of school refusal behaviors.

An additional finding of this study was that short-term treatment could be used to effectively treat school refusal behavior (Kearney & Silverman, 1999). Kearney and Silverman indicated that for those who received prescriptively

assigned treatment, the median number of sessions was four. The researchers suggested that for a child to be successfully transitioned back to school, exposure to the school setting was crucial. However, the manner in which this exposure takes place should be determined based on the function of the child's behavior. Kearney and Silverman also noted that while the use of the SRAS was helpful for identifying the function of a child's school refusal behavior, other assessment methods such as observation or interviews should also be incorporated to complete a thorough functionally based assessment.

Much of the early research examining the use of prescriptive treatment with children that refuse school involved children displaying one primary function (Chorpita et al., 1996; Kearney & Silverman, 1990). However, Kearney and Silverman (1993) found that up to 25% of the children examined did not display one primary function when using the SRAS.

An investigation by Kearney, Pursell, and Alvarez (2001) addressed the effectiveness of using prescriptive treatment to address children motivated to refuse school as the result of multiple functions. This investigation examined the treatment of two children with complex school refusal. The two children in this study refused to attend school due to a combination of positive and negative

reinforcement. As a result, treatment focused on anxiety reduction and eliminating the rewards and parental attention when the child was not in school (Kearney et al., 2001). Following the treatment sessions, both children reported less anxiety and full-time school attendance was established. In a one-year follow up of the children's attendance, both children maintained regular attendance with few absences.

Kearney (2002) attempted to explore the use of prescriptive treatment with a child whose school refusal was motivated by three functions including avoidance of stimuli provoking general negative affectivity, attention seeking, and tangible reinforcement. In accordance with the prescriptive treatment strategies designed by Kearney and Albano (2000) to address specific underlying functions, the child's intervention incorporated a variety of elements.

To help address the subject's anxiety, psychoeducation regarding the nature of anxiety was discussed, a hierarchy of anxiety provoking situations was developed, relaxation strategies were introduced to help combat somatic symptoms, and gradual reentry into school to expose him to the feared setting was included (Kearney, 2002). To address the attention-seeking/tangible reinforcement functions, work was conducted with the child's parents to implement a system of contingencies for cooperative and uncooperative behavior in

regard to school attendance, a morning schedule was implemented, time spent at home was limited to school related activities only, and parental attention was reduced (Kearney, 2002). This treatment was conducted over five sessions and resulted in the child's return to school and reduced anxiety. This result was maintained after a one-month follow up and suggests that prescriptive treatment can be used to address complex school refusal motivated by multiple functions.

Thus, although there have been numerous research studies documenting the effectiveness of treatments for school refusal behavior including psychopharmacology, cognitive-behavioral, individual, and family therapies, research suggests that treatment is more efficacious when implemented prescriptively (Chorpita et al., 1996; Kearney, 2002; Kearney et al., 2001; Kearney & Silverman, 1990, 1999; Ollendick & King 1999).

Current Perspectives on School Refusal Behavior by Those Working in the Field

Although a variety of efficacious interventions are available to reduce or eliminate school refusal behaviors, it is quite possible that in reality, school personnel are not properly responding to students displaying these behaviors. In a survey of elementary and secondary school principals from North Dakota schools, Stickney and

Miltenberger (1998) attempted to assess schools' responses to school refusal, as well as gather information regarding the characteristics and prevalence of this behavior. Stickney and Miltenberger used Kearney and Silverman's (1990) definition of school refusal behavior as difficulty attending or staying in school for the entire day.

The researchers found that 2.3% of students were identified as school refusers (Stickney & Miltenberger, 1998). While 79% of the students in this study presented with somatic complaints, only 30% of these students had a verified medical condition. Of the students who exhibited school refusal, the majority reported doing so to pursue preferred activities. Following this, the most frequently reported reason for school refusal included depression/emotional problems. Specific school phobia/social anxiety/desire to be with caregiver were the least likely reported reasons for school refusal behavior.

Stickney and Miltenberger (1998) found that about 90% of the school refusers were confronted and 89% had parents notified about the behavior. The behavior was addressed in a meeting between the teacher or school administration and the child's parents in only 58% of the cases. Most frequently, children met with school counselors in 64% of the cases of school refusal. School psychologists met with the students refusing to attend school 11% of the time.

Stickney and Miltenberger noted that only 57% of the schools involved in the study reported having an available school psychologist. This may have been a significant factor contributing to school psychologists' limited involvement with school refusers when compared to school counselors. Stickney and Miltenberger found that schools made referrals to outside agencies in only 60% of the cases. Referrals sources included social workers (22%), juvenile courts (18%), mental health professionals (19%), physicians (7%), and psychiatrists (4%). The researchers were unclear as to what measures were taken with the other students identified as displaying school refusal behaviors.

Based on this research, it appears that school officials need to be educated on the importance of intervening with school refusal behavior. Education regarding the availability of community mental health resources to aid children exhibiting this behavior may also be beneficial.

An article by Kearney and Beasley (1994) highlighted the problems surrounding the assessment and treatment of school refusal behavior due to the gap that exists between academic research and the use of this information by practitioners. In an attempt to close the information gap, Kearney and Beasley gathered data from psychologists specializing in children and families regarding the clinical

prevalence, presenting characteristics, and treatment practices associated with children displaying school refusal behavior. Eighty percent of the psychologists participating in the study worked in a private practice and none were identified as school psychologists.

The results of the study suggested that nearly 1 of 16 children referred to a psychologist as the result of any emotional or behavioral disorder presented primarily with school absenteeism (Kearney & Beasley, 1994). Over half of the children refused school for less than three months. Of the children presenting with school refusal behavior, the majority displayed moderate to severe symptoms. Kearney and Beasley found a high level of agreement in the symptom severity ratings between therapists and parents/children, which suggested that parent/child ratings should be considered when determining the course of treatment.

When examining the demographic data of the children displaying school refusal behavior, Kearney and Beasley (1994) determined that the behavior was found more often in males between the ages of 7 and 12. Additionally, the data suggested that attempting to avoid social situations and wanting to stay home with parents were the most common causes of school refusal behavior. Pursuit of tangible rewards was the least common reason.

Kearney and Beasley (1994) suggested that if the child's school refusal behaviors are mild or last less than two weeks, parent training and forced attendance should be considered as forms of intervention. If the school refusal behavior is severe or occurs for longer time periods, the parents should consider seeking the services of a mental health professional as quickly as possible.

In regard to treatment, 47.5% of the psychologists surveyed indicated that children were successfully treated in less than 3 months (Kearney & Beasley, 1994). Additionally, both parents and children were involved in the treatment. When examining treatment interventions, the researchers found that parent training/contingency management was the most frequently used intervention followed by conducting cognitive restructuring with the child. Interventions including forced attendance and pharmacotherapy were less frequently utilized, but were rated as highly effective.

A survey conducted by Mitchner (1998) explored school psychologists' knowledge of interventions with truant children. This study surveyed a random sample of 500 certified school psychologists from across the nation that worked in public schools. Thirty-four percent of the surveyed school psychologists provided usable results. Mitchner found that most of the respondents were females

that worked in suburban school districts and possessed a Certificate/Specialist degree. In a further description of the sample, Mitchner indicated that most participants were 50 years of age or older and had been practicing school psychologists for 16 years or more.

According to Mitchner's (1998) survey results, most school psychologists' associated truancy with students that were absent for the entire school day (96.6% of respondents) or specific classes (80.7% of respondents). The vast majority of school psychologists (96.6% of respondents) indicated that the absences occurred without the parents' knowledge or consent. School psychologists also indicated that students described as "truant" were more likely to engage in delinquent behavior when absent (98.6% of respondents) and were less likely to exhibit anxiety related to school attendance (13% of respondents). The characteristics attributed to truant youth by school psychologists' in Mitchner's study were consistent with Kearney's (2001) description of children who display school refusal behavior to pursue tangible reinforcers outside of school (e.g., skipping specific classes or entire school days, experiencing lower levels of anxiety, more frequently engaging in delinquent activity).

When examining the overall manner in which school psychologists conceptualized truancy, Mitchner (1998)

indicated that most school psychologists were able to identify the four most common characteristics used to describe truancy in the literature (e.g., excessive absence, illegitimate absence, and absence without parental knowledge and consent). However, Mitchner noted that variation in school psychologists' conceptualization of truancy continued to exist based on the responses of some school psychologists which associated truancy with school phobia and separation anxiety.

Mitchner (1998) reported that 54.4% of school psychologists provided services to truant students. However, school psychologists in this study reported that the school principal was most often the primary interventionist. Of the 54.4% of school psychologists that reported providing services to truant youth, 46.3% reported conducting interventions as opposed to engaging in assessment or prevention based activities. When school psychologists did intervene, they spent most of their time counseling students, consulting with teachers/parents, conducting behavior modification interventions, and doing parent education. Of the interventions used by school psychologists, Mitchner found that at least 85% of the school psychologists surveyed believed counseling students/families, remedial programs, consulting with teachers/parents, conducting behavior modification

interventions, curriculum modification, and doing parent education were effective.

Mitchner (1998) investigated whether there were any differences in the provision of services to truants by school psychologists associated with the demographic variables of the school psychologists (e.g., age, gender, type of school district at which employed, level of education, age/grade levels at which employed, and years of practice). No relationship was found between the demographic characteristics of the school psychologists and whether or not they provided services to truant students.

An extensive literature review by this investigator to determine what school psychologists know about the identification of school refusal behavior and intervening with school refusers yielded a surprisingly low frequency of articles on the subject in journals focusing on topics in educational psychology (e.g., *Psychology in the Schools, School Psychology Review, School Psychology Quarterly, Journal of School Psychology, British Journal of Educational Psychology and Journal of Educational Psychology*). Moreover, in *Best Practices in School Psychology-Fourth Edition (Vol. 1 & Vol. 2)*, there are no chapters devoted to the topic of school refusal behavior or truancy. Of the 141 chapters contained in the six-volume set of *Best Practices in School Psychology-Fifth Edition* (2008), no chapters are

specifically devoted to school refusal or truancy; although, one chapter does specifically address the related topic of increasing high school completion.

When a variety of key search terms (e.g., school refusal, school phobia, truancy, separation anxiety, school refusal behavior) were used in a computer based literature review, variability in the frequency of articles existed. The numbers of identified articles varied significantly after entering the previously mentioned search terms into EBSCOhost in the spring of 2008. For example, after entering the key term of "school refusal behavior," only 86 articles were identified as compared to the 7887 articles identified when the search term "truant" was used. When comparing highly similar search terms, the elimination of one word was also found to make a significant difference in the number of references yielded by the EBSCOhost search engine. When the term "school refusal" was entered as the search term, 1315 items were identified. As stated previously, confusion in the nomenclature of school refusal behavior seems to only exacerbate the challenge of investigating the topic.

Pellegrini (2007) noted that the topic of children who refuse to attend school appears widely in journals which have a clinical focus (e.g., *Journal of the American Academy of Child and Adolescent Anxiety, British Journal of*

Psychiatry, Clinical Psychology and Psychiatry), but to a lesser degree in educational psychology journals. Pellegrini stated, “Without denying the emotional component in extended school non-attendance, there appears to be a bias towards a clinical construction of this behaviour in the research and academic discourses” (p. 66). Pellegrini suggested that this reflects a bias towards focusing on the child as the origin of the problem as opposed to examining the interaction of the child and environmental factors, which may also be involved in the child’s nonattendance. These observations serve to further emphasize the need for research regarding what school psychologists know about school refusal an how to manage the behavior.

Contemporary research in the area of school refusal suggests that school refusal occurs as a reaction to some variable within the school environment itself (Kearney, 2001). School refusal has been linked to attempts to escape or avoid situation causing emotional upset such as fear of evaluative situations, victimization as the result of peer teasing or bullying, or specific things/experiences associated with the school setting (e.g., riding the bus, fire drills, etc.)(Kearney, 2001; Place et al., 2000). For some children, these experiences resolve fairly quickly. For other children, school refusal becomes a chronic problem resulting in frequent absenteeism and a variety of short-

term negative consequences such as falling grades and difficulties with peers (Kearney & Bensaheb, 2006; Moonie et al., 2008). Some children who displayed school refusal in their youth were also found to be at-risk for future problems as adults including difficulties in employment, troubled family relationships, and the increased need for psychiatric treatment (Berg & Jackson, 1985; Flakierska et al., 1988; Hibbett et al., 1990; Valles & Oddy, 1984).

Because events in or related to the school setting often serve as the antecedent for the school refusal behavior, personnel within this setting can be key players in helping to address this behavior. If school personnel are able to target the underlying motivator of a child's school refusal, in many cases they may be able to provide the child with skills training or make environmental changes to help alleviate the situation (e.g., communication skills training, bullying prevention programs, test-taking strategies) (Place et al., 2000). The school personnel would also be in the best position to collaborate with families to seek additional resources if the student and family require assistance by health care providers with more specialized training. In such cases, school involvement as a component of a child's treatment has yielded positive results in eradicating school refusal behavior (Anderson et al., 1998).

Summary

School refusal is a condition that impacts many school-age children. This chapter reviewed literature regarding the history of school refusal and attempts at the classification of school refusal symptomatology. In addition, predictors associated with school refusal and eventual school dropout were discussed. A substantial amount of research was also reviewed regarding the effective treatment of school refusal behavior. The importance of treating school refusal as the result of the serious negative ramifications to the educational and social development of children was highlighted.

In an attempt to provide a method to organize the assessment and treatment of school refusal, the work of Kearney and Silverman was examined. Kearney and Silverman (1990, 1993, 1999) presented a new model of assessment and treatment of school refusal in which the function of the behavior is determined and treatment is prescriptively assigned to address these behaviors. Lastly, research surveying individuals encountering school refusers (e.g., principals, psychologists, school psychologists) on topics such as characteristics of school refusal and interventions to address school refusal was presented.

CHAPTER III

METHODOLOGY

Introduction

This chapter includes a description of the methods used to examine the research questions addressed in this investigation. This investigation was descriptive in nature and used a survey of practice. The instrument used in this investigation is a modified version of the survey constructed by Mitchner (1998). Modifications were made by the investigator to collect specific information regarding school refusal behavior.

The survey was sent to a random sample from the population of practicing school psychologists who were members of the National Association of School Psychologists in 2007. These randomly selected individuals were sent a cover letter explaining the study, a survey to complete, a small non-monetary incentive, and a self-addressed, postage paid envelope. Two weeks later, a postcard was sent out to serve as both a thank you to those who had already completed the survey and as a reminder to those who had not. Four weeks after the initial mailing, a cover letter, replacement survey, and postage paid envelope were sent to individuals who had not returned a survey or had not requested to be removed from the mailing list.

After the data were collected, the data were coded and entered into a Microsoft Excel database. The data were statistically analyzed using SPSS. The results of the statistical analysis will be discussed in Chapter IV.

Sample

Participants in this study included 500 randomly selected school psychologists from the National Association of School Psychologists (NASP) 2007 membership database. NASP is a professional organization comprised of 21,057 members, which represents school psychologists and related professionals both in the United States and abroad. NASP's mission indicates that it, "…Represents and supports school psychology through leadership to enhance the mental health and educational competence of all children" (http://www.nasponline.org/about_nasp/mission.aspx). Individuals that participated in this study were also designated by the NASP database as school psychologists practicing in public schools. Practicing school psychologists were targeted as the sample for this study because of their increased likelihood of encountering school refusers as compared to school psychologists holding faculty or administrative positions.

Demographic characteristics of the respondents were surveyed so that a comparison with NASP's membership demographics was possible. The demographic characteristics

included sex, age, highest degree earned, and years practicing as a school psychologist. Each participant was also asked to define the population(s) of students with whom the psychologist worked. This variable was included to determine if it is related to the types of interventions used by school psychologists to address school refusal behavior. The characteristics of the sample will be described in the demographic information section of Chapter IV.

Survey Procedure

Participants in this study included 500 school psychologists practicing in public schools who were members of the National Association of School Psychologists (NASP) identified on the NASP database. In an effort to secure access to the mailing addresses of NASP members, this investigator engaged in a rigorous application process implemented by the NASP Research Committee. The policies, procedures, and a detailed outline of the necessary components of the NASP application process to access the membership database are available on the NASP website (http://www.nasponline.org/about_nasp/researchpolicies.pdf).

To complete the process, the principle investigator submitted an outline of this investigation including the purpose and potential contributions of the research, specific research questions to be answered, the type of data

needed, documentation of approval by the Indiana University of Pennsylvania Institutional Review Board (see Appendix B), and the audience of the work or possibilities for publication. The investigator worked with the NASP Research Committee to refine the application, improve the format of the included survey, and to clarify questions included in the survey. Following revisions to the application and survey, the NASP Research Committee approved access to the membership database on 10/31/2007 (see Appendix C). Mailing addresses of a random sample of 500 NASP members designated as school psychologists working in public school settings was provided by Beth Donley of Infocus Marketing upon request. After the mailing list of participants was secured by this investigator, each school psychologist was given a code to ensure confidentiality upon return of the questionnaire.

The data for this study were collected via a mail survey to randomly selected NASP members who are currently school psychologists practicing in public school settings. This investigation included three independent contacts with potential participants and a non-financial incentive (see Figure 1). The first mailing included a cover letter and survey (see Appendixes D and E), postage paid return envelope, and a packet of tea to serve as a token of appreciation for participation. The mailing packets were

coded to assist data entry and to ensure that individuals were not included in later mailings. Confidentiality was facilitated by ensuring that respondent names or other identifying information was not at any time requested by the investigator. For interested participants, the initial cover letter also described the procedure for receiving a summary of the study. Participants were instructed, when returning their surveys, to indicate on a separate piece of paper if they would like a summary of the results sent to them by mail. If the respondent indicated that they would like a summary, he or she was sent a copy of the study's abstract at the conclusion of the study.

Two weeks later, a postcard (see Appendix F) was sent out to serve as both a reminder and as a thank you for those who had already completed and returned the survey. Four weeks subsequent to the initial mailing, a letter (see Appendix G) and replacement survey were sent to school psychologists who had not responded. After the third mail contact, no further attempts were made to contact possible respondents to ensure there were no ethical violations associated with coercive data collection.

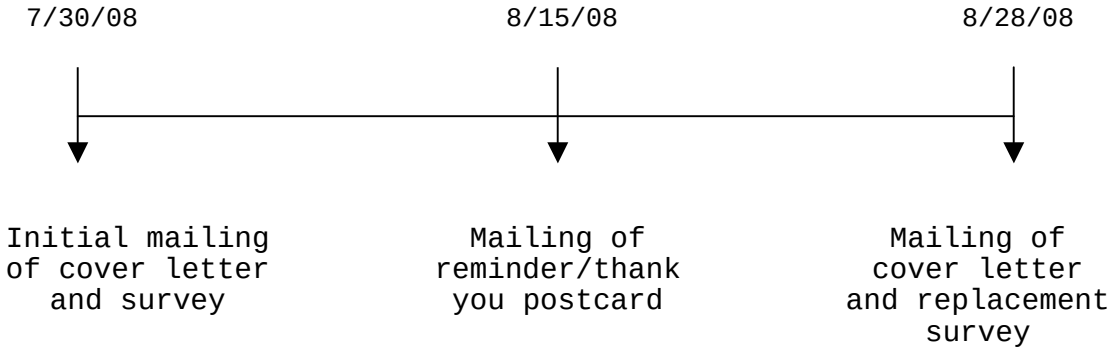

Figure 1. Timeline for the mailings included in this investigation.

Instrument

The survey (see Appendix D) used in this study was adapted from a survey created by Mitchner (1998) in an investigation of school psychologists' knowledge of truancy. The most significant difference between the surveys is that the survey used in Mitchner's study focused on assessing school psychologists' knowledge of truancy and how to intervene with truants. In contrast, the survey used in this study collected information regarding the significantly broader concept of school refusal behavior as defined in the model by Kearney and Silverman.

While some overlap existed in regard to topics assessed (e.g., precipitating factors, sources of definitions, barriers to involvement) in both surveys, Mitchner's (1998) survey is specific to children identified as truant. The current survey expanded the questions by including all children and adolescents displaying school refusal behavior,

not just those identified as truant. Specifically, survey questions were included to assess the respondent's knowledge of Kearney and Silverman's model of school refusal behavior and of the characteristics associated with each of the four underlying functions of school refusal behavior (i.e., avoidance of stimuli provoking general negative affectivity, escape from aversive social or evaluative situation, attention seeking, and pursuing tangible reinforcement outside of school). Mitchner also included a question assessing characteristics of truants versus other school refusing children, but her categories included Truants, Separation Anxiety, Social Phobia, and Specific Phobia.

In regard to interventions, the current survey collected information as to whether school psychologists differentiate the types of interventions that can be effectively used with school refusers depending on the function of the behavior. Mitchner (1998) focused specifically on treatment strategies school psychologists used with truants and how effective the strategy was judged to be by the respondent.

Inclusion of demographic information was common to both surveys. Both surveys requested demographic information such as sex of the respondent, age, highest level of training, years practicing, and population(s) of children served. The survey used in this investigation did not

include other demographic information requested in the survey used by Mitchner (1998) (e.g., Type of school district in which the individual is employed and percentage of time the individual engages in various professional responsibilities.

Prior to the initial mailing, a pilot of the survey was provided to approximately 15 school psychologists who were similar to those targeted in the sample. The school psychologists involved in the pilot group were currently enrolled as doctoral level graduate students attending the School Psychology Program at the Indiana University of Pennsylvania. The investigator received both written and verbal feedback regarding survey items and the amount of time required to complete the survey. The researcher used this feedback to refine the instrument and to make the instrument more “user friendly.” Survey modifications included changes in the formatting and wording of questions as well as the elimination of items to reduce the length of the survey. The modifications were made to increase the response rate and decrease the number of surveys that were unusable due to participant error while completing the instrument.

In addition to the feedback generated during the pilot study, alterations to the survey were also influenced by Dillman’s (2000) Tailored Design Method, which focuses on

designing surveys to increase response rates. According to Dillman, this can be achieved by creating respondent trust and reducing the respondents' perceived cost, while highlighting the reward and value of the study. In accordance with the Dillman's Tailored Design Method, the investigator sought to increase responses rates by explaining the purpose and importance of the study, why the respondent was selected, and by providing the opportunity for the respondent to receive the results. Other formatting issues addressed to help improve response rates in the design of the instrument included the wording, spacing, and organization of survey questions.

Analysis

Data in this investigation were analyzed descriptively through the use of frequencies, percentages, and rank ordering. To further define the level of consistency or agreement in the responses of the school psychologists, a quartile system was utilized. Specifically, responses endorsed by 25% or less (i.e., lower quartile) of the respondents were determined to indicate little to no consistency or agreement. Responses endorsed by 26% to 50% of respondents were identified as indicating minimal consistency or agreement. Responses selected by 51% to 75% of participants were considered to indicate moderate levels of consistency. Items chosen by more than 75% of

participants (i.e., upper quartile) were considered to indicate a considerable or high amount of consistency. Quartiles were used because they provided specific, consistent boundaries to describe the data while remaining broad enough to allow conclusions to be drawn. The lower and upper quartiles were of primary interest because they signified the lowest and highest levels of agreement on survey items.

The following descriptive method was devised to analyze the data that compared the responses of participants to the key characteristics that Kearney and Silverman associated with each specific function of school refusal. This method was also used to describe the degree to which the interventions selected by participants for each function of school refusal behavior compared to the interventions recommended in the research of Kearney and Silverman. Specifically, participant responses were categorized as displaying a low, moderate, or high level of agreement when comparing their responses to the work of Kearney and Silverman.

The three categories were defined by the following criteria. A high degree of consistency was indicated when more than 75% of the respondents endorsed all of the primary characteristics or recommended interventions associated with a specific function of school refusal in accordance with the

work of Kearney and Silverman. A moderate level of agreement was indicated when more than 75% of the participants identified two or more characteristics or interventions proposed by Kearney and Silverman. Lastly, a low level of agreement was designated when more than 75% of the respondents identified one or zero characteristics or interventions identified in the research of Kearney and Silverman.

Nonparametric statistical analysis was used to explore the relationships between the types of interventions used by school psychologists to address school refusal behavior, demographic variables (e.g., sex, age range of participant, populations of students served, years of professional experience, highest degree earned), and the number of yearly referrals for school refusal behavior. Specifically, for each demographic variable and number of annual referrals, a series of Pearson Chi-Square Tests, including Likelihood Ratio, Fisher's Exact Test, and Linear-by Linear Association were conducted.

Summary

This chapter described the research methods that were used to conduct this investigation. The following areas including the sample, procedure, instrument, and analysis were discussed to ensure that the method of data collection

was understandable. The results of the data collection and analysis will be discussed in Chapter IV.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to investigate what school psychologists working in public school settings know about school refusal behavior and how to intervene with students displaying these behaviors. Further, this investigation examined the degree to which school psychologists characterized and intervened with school refusers compared to the research on this topic by Kearney and Silverman. Data were collected through the use of a survey of practice.

This chapter will compare information about the demographic characteristics of participants in this study to existing information regarding the National Association of School Psychologists (NASP) membership. It will also summarize the results of how school psychologists define and intervene with school refusers, as well as their knowledge of Kearney and Silverman's functional model of school refusal behavior. Lastly, this chapter will describe the demographic characteristics of the respondents (e.g., sex, age, years practicing as a school psychologist, populations of students served, highest degreed earned, and number of annual referrals for students displaying school refusal behavior) and determine if these variables are related to

the types of interventions used to intervene with school refusal behavior.

Response Rate

Of the 500 practicing school psychologists randomly selected from the NASP membership database to be included in the mailing, a total of 154 individuals responded after receiving the reminder post card and replacement survey. This resulted in a preliminary response rate of 30.8%. Of the 154 returned surveys, 22 (14.3% of returned surveys) could not be included in the survey results because of the 22 unusable surveys, nine school psychologists (40.9% of the unusable surveys) returned uncompleted surveys or specifically indicated that they did not wish to participate in the investigation. Thirteen of the 22 surveys (59.1% of the unusable surveys) were eliminated because of insufficient survey completion or recent occupational changes indicated by the respondents. Respondents who indicated that they were no longer practicing school psychologists had recent occupational changes including retirement, had recent appointments to a university setting or administrative position, or had made transitions to related fields (e.g., behavior specialist). The results of this study will be based on 132 usable surveys completed by practicing school psychologists, which resulted in a final response rate of 26.4%.

Demographic Summary

The demographic information of the participants in this study is summarized in Table 1. Of the 132 participants in this investigation, 75.8% (*n* = 100) were female and 24.2% (*n* = 32) were male. The mean age of participants was 44.9 years with the largest percentages of respondents falling in the age ranges of 31-35 (17.4%) and 51-55 (15.9%). No school psychologist participating in the study reported being younger than 26 years of age and only 2.3% were age 66 or older.

Twenty-eight percent of school psychologists reported holding a Masters degree plus 30 additional graduate credits, while 14.4% reported holding only a Master's degree. Additionally, 26.5% held a Doctorate degree and 23.5% reported holding an Educational Specialist degree. Approximately 7.6% of respondents indicated that they held a degree identified as "Other" on the survey form. Additional degrees listed by participants endorsing the "Other" degree category included Certificate of Advanced Graduate Study, Specialist in School Psychology, Masters plus 90 additional graduate credits, and Psychology Specialist. With the exception of those endorsing the Master's only and Doctoral degree categories, the other degrees listed (e.g., Educational Specialist, Specialist in School Psychology, Certificate of Advanced Graduate Study, Psychology

Specialist) share the educational requirement of approximately 30 or more credit hours of post-Master's graduate study to become certified as school psychologists.

In terms of the number of years of professional experience reported by school psychologists, 23.5% (*n* = 31) of the participants endorsed having six to ten years of experience. This was followed in frequency by 21.2% of school psychologists indicating they had between one and five years of experience (*n* = 28). Approximately 30% of the sample reported having between 11 to 20 years of experience (i.e., 11-15 [*n* = 22] and 16-20 [*n* = 18]). One quarter of participants indicated having 21 or more years of professional experience (e.g., 21-25 [6.8%] and 26 or more [18.2%]). The average years of experience held by participants in this study was 14.3 years.

Of the school psychologists surveyed, 76.5% (*n* = 101) indicated that they worked with elementary students, 68.2% (*n* = 90) indicated working with junior high/middle school students, 58.3% (*n* = 77) indicated working with students in high school, and 43.2% (*n* = 57) indicated that they worked with preschoolers. The frequency of responses does not sum to 132 because school psychologists were permitted to indicate multiple populations of students if appropriate based on their current role.

Table 1

Demographic Characteristics of the Sample

Demographic Characteristic	Frequency	Percentage
Gender		
Female	100	75.8
Male	32	24.2
Age		
21-25	0	0.0
26-30	16	12.1
31-35	23	17.4
36-40	14	10.6
41-45	15	11.4
46-50	13	9.8
51-55	21	15.9
56-60	18	13.6
61-65	9	6.8
66+	3	2.3
M	44.9	
SD	11.8	
Range	48.0	
Highest Education Degree Earned		
MA,MS, or MED	19	14.4
MA,MS,MED + 30	37	28.0
EdS	31	23.5
EdD,DEd,PsyD, or PhD	35	26.5
Other	10	7.6
Years of Experience		
1–5 years	28	21.2
6–10 years	31	23.5
11–15 years	22	16.7
16-20 years	18	13.6
21-25 years	9	6.8
26 or > years	24	18.2
M	14.3	
SD	9.3	
Range	35.0	

(table continues)

Population(s) of Students Served[a]		
Preschoolers	57	43.2
Elementary	101	76.5
Middle School/Junior High	90	68.2
High School	77	58.3

Note. [a]Ns do not sum to 132 (total number of respondents) for the variable population(s) of students served because participants were permitted to endorse multiple responses to this question.

Referral and Service Provision

Frequency of Referral

Results in Table 2 illustrate the responses of school psychologists in regard to receiving referrals for students displaying school refusal behaviors. Of the 129 individuals responding to this question, 78.3% reported that they received referrals for students displaying school refusal. In contrast, 21.7% indicated that they did not receive referrals.

Provision of Interventions

Results in Table 2 display the responses of school psychologists in regard to providing interventions for students displaying school refusal behaviors. Of the 130 school psychologists responding to this question, 78.5% reported that they provided interventions for students displaying school refusal. Conversely, 21.5% indicated that they did not provide interventions for students exhibiting these types of behaviors.

Number of Yearly Referrals

For those school psychologists participating in the investigation that provided services to students displaying school refusal behaviors, 82.0% (*n* = 91) indicated that they received between one to five referrals per year. This was followed by 12.6% (*n* = 14) of those surveyed indicating that they received six to ten referrals each year. Only 5.4% (*n* = 6) of participants indicated receiving 11 or more referrals for children displaying school refusal behavior each year.

Table 2

School Psychologists Report of Receiving Referrals for and Intervening with Students Displaying School Refusal Behavior

Variable	Frequency	Percentage
Report of Receiving School Refusal Referrals		
Yes	101	78.3
No	28	21.7
Report of Providing Interventions to School Refusers		
Yes	102	78.5
No	28	21.5

(table continues)

Number of School Refusal Behavior Referrals Each Year[a]		
1-5 referrals	91	82.0
6-10 referrals	14	12.6
11-15 referrals	3	2.7
16-20 referrals	1	0.9
21-25 referrals	0	0.0
26+ referrals	2	1.8

Note. [a]Ns do not sum to 132 (total number of respondents) for the variable number of referrals because some participants did not provide services for students displaying school refusal behaviors.

Comparison of Existing Demographic Information of the NASP Membership with the Current Sample

This investigator contacted the National Association of School Psychologists (NASP) directly to determine if they maintained current demographic information regarding their membership similar to that being requested in this study. According to Dr. Jeffery Charvat, NASP's Director of Research and Information Services, NASP does not keep detailed demographic information on its membership.

Therefore, information used to describe the NASP population was derived from a recent study by Curtis et al. (2008). Curtis et al. (2008) conducted a survey of randomly selected NASP members during the 2004-2005 school year in accordance with NASP's policy of gathering such information every five years. The demographic information available in the investigation by Curtis et al. regarding practicing school psychologists and comparable information of the

participants in this study are included in Table 3. Statistical comparison of the demographic data in Curtis et al. to the demographic information in this study was not possible because Curtis et al. did not report standard deviations in the data summary. However, a qualitative comparison was made to determine if the sample of respondents in the current study is representative of the NASP membership sample as defined in the study by Curtis et al.

Based on the results of Curtis et al. (2008) presented in Table 3, the majority of practicing school psychologists are female (77%), holding a Master's or Specialist degree (75.6%), with an average age of 45 years, and 14 years of professional experience. Respondents in this study were also practicing school psychologists, largely female (75.8%), holding a Master's or Specialist degree (65.9%). Respondents had been in professional practice for an average of 14.3 years and were 44.9 years of age on average. This suggests that the school psychologists in this study are very similar to Curtis' description of NASP's practicing school psychologists. These data, in conjunction with the nation-wide random sampling used in this study, lends support for the generalization of these results to the larger population of practicing school psychologists across the country.

Table 3

Demographics of the Sample and NASP Members

Demographic Characteristics	Participant %	NASP %
Gender		
Female	75.8	77.0
Male	24.2	23.0
Age		
M	44.9	45.2
SD	11.8	Not Available
Range	48.0	Not Available
Highest Education Degree Earned		
MA,MS, or MED	14.4	35.7
MA,MS,MED + 30	28.0	Not Available
EdS	23.5	39.9
EdD,DEd,PsyD, or PhD	26.5	24.4
Other	7.6	Not Available
Years of Experience		
M	14.3	14.0
SD	9.3	Not Available
Range	35.0	Not Available

Research Questions

Research Question 1

How do school psychologists define school refusal behavior?

School psychologists' definition of school refusal behavior. Because there is no universally accepted definition of school refusal behavior in the literature, no hypothesis was made in regard to how school psychologists would define school refusal behavior. School psychologists

participating in this study were asked how they defined school refusal behavior. They identified various descriptors that they would include in the definition. Table 4 summarizes the descriptors that 130 of the school psychologists responding to this question included in the definition. There was considerable agreement on some of the descriptors. Nearly 75% or more of school psychologists included student absence due to fear of social/evaluative situations (86.2%, *n* = 112), school phobia (83.8%, *n* = 109), separation anxiety (81.5%, *n* = 106), and absence occurring with parental knowledge (74.6%, *n* = 97) as part of the definition. School psychologists less consistently included the following descriptors in the definition of school refusal behavior: absence to pursue tangible reinforcers outside of school (43.1%, *n* = 56), absence from specific class/classes (43.1%, *n* = 56), absence condoned by parents (40.0%, *n* = 52), absence without parental knowledge (29.2%, *n* = 38), and attending school following misbehavior (23.1%, *n* = 30).

Table 4

Rank Order of Descriptors that School Psychologists Endorsed as Defining School Refusal Behavior

Rank	Variable	Frequency	Percentage
1	Student is absent due to fear of social or evaluative situations	112	86.2
2	Student is absent due to school phobia	109	83.8
3	Student is absent due to separation anxiety	106	81.5
4	Student is absent with parental knowledge	97	74.6
5	Student is absent for a full school day	86	66.2
6	Student attends school under great duress	82	63.1
7	Student is illegitimately absent from school	73	56.2
8	Student absence is not condoned by parents	66	50.8
9	Student displays excessive tardiness	62	47.7
10	Student absence occurs to pursue tangible reinforcers	56	43.1
10	Student is absent from specific class or classes	56	43.1
11	Student absence is condoned by parents	52	40.0
12	Student is usually absent without parental knowledge	38	29.2
13	Student attends school following misbehavior	30	23.1

Note. Ns do not sum to 132 (total number of respondents) because participants were permitted to endorse multiple responses to this question.

School psychologists completing the survey used in this study were asked to identify the source of their definition for school refusal behavior as well. Participants were permitted to select more than one option resulting in frequencies totaling greater than the 130 individuals that responded to this item. Table 5 shows that the majority of respondents (90.8%, *n* = 118) indicated that they relied on their own professional experience when defining school refusal behavior in children and adolescents. This was followed distantly by relying on research in the field (18.5%, *n* = 24). Less than 10% of school psychologists referred to a state or district definition. Of the 130 respondents, seven indicated looking to "Other" sources for the definition of school refusal behavior, such as professional workshops, graduate work, reports of other mental health professionals, and personal experience.

Table 5

Rank Order of Source(s) of School Psychologists' Definition of School Refusal Behavior

Rank	Variable	Frequency	Percentage
1	Professional Experience	118	90.8
2	Research in the Field	24	18.5
3	District Definition	10	7.7

(table continues)

4	Other	7	5.4
5	State Definition	1	0.8

Note. Percentages do not sum to 100 because respondents were permitted to select more than one response.

Research Question 2

Do school psychologists define school refusal behavior in a manner consistent with Kearney and Silverman's functional model of school refusal behavior and how familiar are they with this model?

No hypothesis was established in respect to whether school psychologists would define school refusal behavior in a manner consistent with Kearney's Silverman's functional analysis. Table 6 displays the responses of the participants regarding the characteristics that they attributed to each function of school refusal behavior: to avoid feelings of anxiety or depression (stimuli that provoke a sense of general negative affectivity), to escape aversive social or evaluative situations, to gain attention from family or others, and to gain access to tangible reinforcers outside the school setting.

The selection of a characteristic by greater than 75% of the survey participants was considered as an indication of general agreement that the characteristic was associated with a particular function of school refusal behavior. In

contrast, the endorsement of a characteristic by 25% or fewer of the survey participants was considered as suggesting that a characteristic was not believed to be associated with a specific function of school refusal behavior. The lower and upper quartiles were used because they provided specific, consistent boundaries to describe the data while remaining broad enough to allow conclusions to be drawn.

The level of consistency between the responses of participants compared to the main characteristics identified by Kearney and Silverman for each function was described in the following way. A high degree of consistency or agreement was indicated when greater than 75% of participants selected all of the main characteristics identified by Kearney and Silverman. A moderate degree of consistency was defined by the selection of two or more characteristics by greater than 75% of participants. Lastly, a low amount of agreement was defined by only one or zero characteristics being chosen by greater than 75% of participants.

Table 6

Frequency of the Characteristics Attributed to the Four Functions of School Refusal Behavior by School Psychologists

Characteristic	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Early onset of school refusal				
N	74	33	58	21
%	56.1	25.2	44.6	16.3
Late onset of school refusal				
N	26	72	49	81
%	19.7	55.0	37.7	62.8
Absence from school occurs *with* parental knowledge				
N	101	78	112	59
%	76.5	59.5	86.2	45.7
Exhibiting anxiety about attending school				
N	122	99	44	12
%	92.4	75.6	33.8	9.3

(table continues)

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Characteristic				
Child fearing separation from caregivers				
N	90	16	44	4
%	68.2	12.2	33.8	3.1
Absence from school occurs *without* parental knowledge				
N	22	50	22	84
%	16.7	38.2	16.9	65.1
Absence from school occurs to gain sympathy/ attention from family				
N	29	27	119	15
%	22.0	20.6	91.5	11.6
Engaging in home-based activities when absent				
N	59	55	68	125
%	44.7	42.0	52.3	96.9
Engaging in delinquent activities				
N	18	25	45	70
%	13.6	19.1	34.6	54.3

(table continues)

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Characteristic				
Refusing to attend school due to a fear of an object in/near the school				
N	67	34	9	2
%	50.8	26.0	6.9	1.6
Refusing to attend school to escape aversive social/ evaluative situations				
N	108	124	15	10
%	81.8	94.7	11.5	7.8
Displaying somatic complaints when school attendance is anticipated				
N	121	102	76	37
%	91.7	77.9	58.5	28.7
Engaging in disruptive behaviors when in school				
N	34	56	76	82
%	25.8	42.7	58.5	63.6
***Not* engaging in disruptive behaviors when in school**				
N	62	48	22	13
%	47.0	36.6	16.9	10.1

(table continues)

Function of School Refusal Behavior				
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Characteristic				
Absence occurs to avoid something in the school that provokes fear/anxiety				
N	114	93	13	3
%	86.4	71.0	10.0	2.3
Absence occurs to pursue preferred activities				
N	18	26	47	112
%	13.6	19.8	36.2	86.8
Child/adolescent is *less* likely to display symptoms of fear/anxiety/depression				
N	14	19	53	78
%	10.6	14.5	40.8	60.5

Avoidance of stimuli that provoke a sense of general negative affectivity. Of the 132 school psychologists responding to this survey question, more than 75% endorsed the following as characteristics of children refusing to attend school to avoid a sense of general negative affectivity (feelings of anxiety or depression). These characteristics included: exhibiting anxiety about attending school (92.4%, *n* = 122), displaying somatic complaints when school attendance is anticipated (91.7%, *n* = 121), absence from school occurring to avoid something in the school environment that provokes fear or anxiety (86.4%, *n* = 114), refusing to attend school to escape aversive social/evaluative situations (81.8%, *n* = 108), and absence from school occurring *with* parental knowledge (76.5%, *n* = 101).

Characteristics that the respondents were less likely to attribute to this function of school refusal behavior included: absence occurring to gain sympathy or attention from family (22.0%, *n* = 29), late onset of school refusal (19.7%, *n* = 26), absence occurring *without* parental knowledge (16.7%, *n* = 22), absence occurring to pursue preferred activities (13.6%, *n* = 18), engaging in delinquent activities (13.6%, *n* = 18), and child/adolescent being *less* likely to display symptoms of fear, anxiety, or depression (10.6%, *n* = 14).

Kearney and Silverman (1990, 1993, 1996, 1999) identified characteristics such as refusal to attend school to avoid something the child finds unpleasant in or near the school, anxiety, somatic complaints, and sadness as being associated with this function of school refusal. Children refusing school due to this function were also described as displaying lower levels of aggressive or delinquent behavior (Kearney, 2001). Greater than 75% of respondents identified this function as being associated with children that are anxious about school attendance, attempt to avoid something at school that provokes anxiety, and display somatic complaints. Participants less often described these children as pursuing tangible reinforcers outside of school or engaging in delinquent activities (see Table 6). For this function, responses of school psychologists were considered to be highly consistent with the description provided in the work of Kearney and Silverman because participants endorsed all of the primary characteristics identified by these researchers with a high degree of consistency.

Table 7

Rank Ordering of Characteristics Endorsed by Participants for Children Refusing School to Avoid Feelings of General Negative Affectivity

Rank	Characteristic
1	Exhibiting anxiety about attending school
2	Displaying somatic complaints when school attendance is anticipated
3	Absence occurs to avoid something in the school that provokes fear/anxiety
4	Refusing school to escape aversive social/evaluative situations
5	Absence from school occurs with parental knowledge
6	Child fearing separation from caregivers
7	Early onset of school refusal
8	Refusing school due to a fear of an object in/near the school
9	Not engaging in disruptive behaviors when in school
10	Engaging in home-based activities when absent
11	Engaging in disruptive behaviors when in school
12	Absence occurs to gain sympathy/attention from family
13	Late onset of school refusal
14	Absence occurs without parental knowledge
15	Engaging in delinquent activities
15	Absence occurs to pursue preferred activities
16	Child/adolescent is less likely to display symptoms of fear, anxiety, or depression

Escape from aversive social or evaluative situations. Of the 131 school psychologists responding to this survey question, three primary characteristics were endorsed to describe children who display school refusal behavior to escape aversive social or evaluative situations. The characteristics included refusing to attend school to escape aversive social/evaluative situations (94.7%, *n* = 124), displaying somatic complaints when school attendance is anticipated (77.9%, *n* = 102), and exhibiting anxiety about attending school (75.6%, *n* = 99). Less than one quarter of those responding to this question indicated that the following characteristics were associated with this function: absence occurring to gain sympathy or attention from family (20.6%, n = 27), absence occurring to pursue preferred activities (19.8%, n = 26), engaging in delinquent activities (19.1%, *n* = 25), child/adolescent being *less* likely to display symptoms of fear, anxiety, or depression (14.5%, *n* = 19), and child fearing separation from caregivers (12.2%, *n* = 16).

Kearney and Silverman (1990, 1993, 1996, 1999) described this function of school refusal behavior as an attempt to avoid or escape aversive social or evaluative situations. Kearney (2001) suggested that children refusing school for this reason may be older, display symptoms of anxiety/depression, and may vary in their display of somatic

complaints. Kearney also indicated that children that are motivated to refuse school for this reason are less likely to engage in delinquent behaviors.

Greater than 75% of school psychologists identified this function as being associated with children that are attempting to escape aversive social/evaluative situations, display somatic complaints, and exhibit anxiety about attending school. Also similar to Kearney (2001), participants less often described these children as engaging in delinquent activities (see Table 6). Nearly half of participants endorsed late onset as a characteristic of children refusing school for this reason. Because participants identified four of the five characteristics proposed by Kearney and Silverman for this function, a moderate degree of agreement was indicated.

Table 8

Rank Ordering of Characteristics Endorsed by Participants for Children Refusing School to Escape Social/Evaluative Situations

Rank	Characteristic
1	Refusing school to escape aversive social/evaluative situations
2	Displaying somatic complaints when school attendance is anticipated

(table continues)

3	Exhibiting anxiety about attending school
4	Absence occurs to avoid something in the school that provokes fear/anxiety
5	Absence occurs with parental knowledge
6	Late onset of school refusal
7	Engaging in disruptive behaviors when in school
8	Engaging in home-based activities when absent
9	Absence occurs *without* parental knowledge
10	*Not* engaging in disruptive behaviors when in school
11	Refusing to attend school due to a fear of an object in/near the school
12	Early onset of school refusal
13	Absence from school occurs to gain sympathy/attention from family
14	Absence occurs to pursue preferred activities
15	Engaging in delinquent activities
16	Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression
17	Child fearing separation from caregivers

The gain of attention from family or others. One hundred thirty school psychologists responded to this survey item. The respondents identified two primary characteristics as being associated with school refusers that fail to attend school due to attention seeking. Those characteristics included absence occurring to gain sympathy or attention from family (91.5%, n = 119) and absence occurring *with* parental knowledge (86.2%, n = 112).

School psychologists responding to this question identified a number of characteristics they believed were

not associated with this function of school refusal behavior. These characteristics included absence occurring *without* parental knowledge (16.9%, *n* = 22), *not* engaging in disruptive behaviors when in school (16.9%, *n* = 22), refusing to attend school to escape aversive social/evaluative situations (11.5%, *n* = 15), absence occurring to avoid something in the school environment that provokes fear or anxiety (10.0%, *n* = 13), and refusing to attend school due to a fear of an object in/near the school (6.9%, *n* = 9).

Kearney and Silverman's (1990, 1993, 1996, 1999) description of this function indicated that children refuse to attend school to gain attention from family or others. Children refusing school for this reason were further described by Kearney (2001) as being younger and often displaying misbehavior prior to attending school. Kearney portrayed these children as often making exaggerated somatic complaints and reporting elevated levels of fear and anxiety. Kearney suggested that children may make such claims to appear more distressed and gain attention.

Similar to Kearney and Silverman's (1990, 1993, 1996, 1999) description of this function, school psychologists responding to this survey item largely identified children as attempting to gain sympathy or attention from family. They did not typically associate this function of school

refusal with a child exhibiting anxiety about attending school (33.8%, *n* = 44), early age of onset (44.6%, *n* = 58), or displaying somatic complaints (58.5%, *n* = 76). The display of misbehavior prior to school was not an available response item. In all, only one of the five key characteristics highlighted in the work of Kearney and Silverman was identified with a high degree of frequency by participants. This indicated a low level of consistency between the characteristics selected by participants compared to those associated with this function by Kearney and Silverman.

Table 9

Rank Ordering of Characteristics Endorsed by Participants for Children Refusing School to Gain Attention

Rank	Characteristic
1	Absence occurs to gain sympathy/attention from family
2	Absence occurs *with* parental knowledge
3	Displaying somatic complaints when school attendance is anticipated
3	Engaging in disruptive behaviors when in school
4	Engaging in home-based activities when absent
5	Early onset of school refusal
6	Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression
7	Late onset of school refusal

(table continues)

8	Absence occurs to pursue preferred activities
9	Engaging in delinquent activities
10	Exhibiting anxiety about attending school
10	Child fearing separation from caregivers
11	Absence occurs *without* parental knowledge
11	*Not* engaging in disruptive behaviors when in school
12	Refusing to attend school to escape aversive social/evaluative situations
13	Absence occurs to avoid something in the school environment that provokes fear or anxiety
14	Refusing to attend school due to a fear of an object in/near the school

Access to tangible reinforcers outside the school setting. Of the 129 school psychologists responding to this question, two characteristics were endorsed by more than 75% of the respondents to describe children motivated to refuse school for this reason. The two primary characteristics attributed to this function of school refusal behavior included engaging in home-based activities (e.g., playing video games, watching TV) when absent from school (96.9%, *n* = 125) and being absent from school to pursue preferred activities (86.8%, *n* = 112).

There were a number of characteristics not identified by school psychologists as being attributed to this function of school refusal behavior as evidenced by being selected by 25% or fewer of those responding to this item. These characteristics included early onset of school refusal

(16.3%, *n* = 21), absence from school occurs to gain sympathy or attention from family (11.6%, *n* = 15), *not* engaging in disruptive behaviors when in school (10.1%, *n* = 13), exhibiting anxiety about attending school (9.3%, *n* = 12), refusing to attend school to escape aversive social/evaluative situations (7.8%, *n* = 10), child fearing separation from caregivers (3.1%, *n* = 4), absence from school occurring to avoid something in the school environment that provokes fear or anxiety (2.3%, *n* = 3), and refusing to attend school due to a fear of an object in/near the school (1.6%, *n* = 2).

In regard to this function of school refusal behavior, Kearney and Silverman (1990, 1993, 1996, 1999) indicated that school refusal behavior is displayed to gain access to more rewarding items/activities outside of school (e.g., sleeping later, watching TV, spending time with friends). Kearney (2001) stated, “Many of these older children and adolescents either skip classes, whole sections of the school day (e.g., an afternoon), or the entire day to pursue reinforcers that are more powerful than those at school” (p. 95). When compared to children motivated by the other functions, Kearney indicated that these children exhibit less emotional distress (e.g., depression, anxiety, fear). Although after an extended absence from school, many of these children do display symptoms of emotional distress.

Children pursuing more reinforcing activities outside of school tend to display higher levels of aggression and delinquent behavior.

The primary characteristics attributed to children in this group by school psychologists were comparable to Kearney and Silverman's (1990, 1993, 1996, 1999) characterization. Specifically, pursuit of preferred activities outside of school and engaging in home-based activities were endorsed by 85% or more of the respondents. School psychologists described these children as presenting with the following characteristics: late onset of school refusal (62.8%, *n* = 81), child being less likely to display emotional distress (60.5%, *n* = 78), and engaging in delinquent behavior (54.3%, *n* = 70). Because two of the primary characteristics were identified with a high level of consistency, this suggested that a moderate amount of agreement existed between the characteristics selected by participants compared to those identified in Kearney and Silverman's work.

Table 10

Rank Ordering of Characteristics Endorsed by Participants for Children Refusing School to Access Reinforcers Outside of School

Rank	Characteristic
1	Engaging in home-based activities when absent
2	Absence occurs to pursue preferred activities
3	Absence occurs *without* parental knowledge
4	Engaging in disruptive behaviors when in school
5	Late onset of school refusal
6	Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression
7	Engaging in delinquent activities
8	Absence occurs *with* parental knowledge
8	Displaying somatic complaints when school attendance is anticipated
9	Early onset of school refusal
10	Absence occurs to gain sympathy/attention from family
11	*Not* engaging in disruptive behaviors when in school
12	Exhibiting anxiety about attending school
13	Refusing to attend school to escape aversive social/evaluative situations
14	Child fearing separation from caregivers
15	Absence occurs to avoid something in the school environment that provokes fear or anxiety
16	Refusing to attend school due to a fear of an object in/near the school

Research Question 2 also examined whether school psychologists differentiated the characteristics they attributed to each underlying function of school refusal behavior. For each of the four functions, characteristics were ranked based on the frequency of selection by respondents (see Tables 7, 8, 9, and 10). Based on the responses of the school psychologists, some general patterns emerged. After examining all four functions, a child fearing separation from a caregiver (Rank = 6th) was most consistently attributed to children refusing school to avoid a sense of general negative affectivity. Anxiety associated with school attendance was most consistently attributed to children refusing school to avoid a sense of general negative affectivity and to escape aversive social/evaluative situations (see Tables 7 and 8). Lastly, when comparing all functions of school refusal, engaging in home-based activities when absent (Rank = 1st) and absence from school without parental knowledge (Rank = 3rd) were most commonly indicated as characteristics of children refusing school to gain access to tangible reinforcers outside of school (see Table 10).

School psychologists' familiarity with Kearney and Silverman's functional model. It was hypothesized that school psychologists' familiarity with Kearney and Silverman's functional model of school refusal behavior may

be limited because work in this area is fairly recent, beginning largely in the 1990's. Results in Table 11 indicate that 79.1% (*n* = 102) of respondents said they had no knowledge of Kearney and Silverman's model of identifying the function of school refusal behavior and prescriptively implementing an intervention based on the function. Approximately one in five respondents reported having minimal (14.7%, *n* = 19) to moderate (6.2%, *n* = 8) knowledge of the model. No school psychologist surveyed reported having advanced knowledge in this area.

Table 11

Rank Order of School Psychologists Familiarity with Kearney and Silverman's Functional Model of School Refusal Behavior

Rank	Variable	Frequency	Percentage
1	No Knowledge	102	79.1
2	Minimal Knowledge (Read 1 to 2 articles on the topic)	19	14.7
3	Moderate Knowledge (Read 3 or more articles or a book about the model, or attended a conference/workshop on the topic)	8	6.2
4	Advanced Knowledge (Conducted research or a presentation on the model)	0	0.0

Note. Ns do not sum to 132 (total number of respondents) because not all participants responded to this question.

Research Question 3

Are intervention strategies selected as most effective by school psychologists for students with school refusal behavior consistent with Kearney and Silverman's functional analysis?

No hypothesis was made in respect to whether school psychologists would select interventions to address school refusal behavior consistent with Kearney and Silverman's functional analysis. Table 12 displays the responses of the participants regarding the interventions that they would select depending on the function of school refusal behavior (i.e., to avoid stimuli that provoke a sense of general negative affectivity, to escape aversive social or evaluative situations, to gain attention from family or others, to gain access to tangible reinforcers outside the school setting).

The selection of an intervention by greater than 75% of the survey participants was considered as suggesting general agreement that the intervention method was thought to be highly effective in the management of school refusal. In contrast, endorsement of an intervention by 25% or fewer of the survey participants was considered as indicating school psychologists found the intervention method a less effective way to address this function of school refusal behavior. When comparing the responses of participants to the

interventions identified by Kearney and Silverman for each function, the level of consistency was identified as low, moderate, or high in accordance with the parameters used in Research Question 2.

Table 12

Frequency of Intervention Strategies Selected by School Psychologists to Address School Refusal Behavior as Determined by the Function

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Intervention				
Teacher consultation				
N	93	108	69	63
%	71.5	83.1	53.5	48.5
Parent education/training				
N	99	93	128.0	120
%	76.2	71.5	99.2	92.3
Contingency contracting				
N	42	56	80	102
%	32.3	43.1	62.0	78.5
Systematic desensitization				
N	83	40	2	3
%	63.8	30.8	1.6	2.3
Relaxation techniques				
N	105	74	7	0
%	80.8	56.9	5.4	0.0

(table continues)

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Intervention				
Counseling the child				
N	109	107	78	67
%	83.3	82.3	60.5	51.5
Curriculum modification				
N	41	51	4	13
%	31.5	39.2	3.1	10.0
Pharmacotherapy				
N	81	20	4	3
%	62.3	15.4	3.1	2.3
Role-playing				
N	49	80	26	9
%	37.7	61.5	20.2	6.9
Developing household routines				
N	33	12	89	82
%	25.4	9.2	69.0	63.1
Social skills training				
N	48	97	27	19
%	36.9	74.6	20.9	14.6

(table continues)

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	**2. To escape social or evaluative situations in school**	**3. To gain attention from family or others**	**4. To gain access to tangible reinforcers outside of school**
Intervention				
Child education about anxiety				
N	91	59	11	4
%	70.0	45.4	8.5	3.1
Self-reinforcement				
N	44	42	37	44
%	33.8	32.3	28.7	33.8
Cognitive restructuring				
N	74	64	32	30
%	56.9	49.2	24.8	23.1
Behavioral exposures				
N	48	39	13	15
%	36.9	30.0	10.1	11.5
Restructuring parental commands				
N	33	19	92	83
%	25.4	14.6	71.3	63.8
Ignoring inappropriate behaviors				
N	14	14	48	22
%	10.8	10.8	37.2	16.9

(table continues)

	Function of School Refusal Behavior			
	1. To avoid feelings of anxiety/ depression related to the school	2. To escape social or evaluative situations in school	3. To gain attention from family or others	4. To gain access to tangible reinforcers outside of school
Intervention				
Rewards for school attendance				
N	71	73	92	103
%	54.6	56.2	71.3	79.2
Negative consequences for inappropriate behavior				
N	5	8	47	80
%	3.8	6.2	36.4	61.5
Escorting students to class				
N	37	35	27	40
%	28.5	26.9	20.9	30.8
Communication skills training				
N	42	71	34	16
%	32.3	54.6	26.4	12

Avoidance of stimuli that provoke a sense of general negative affectivity. Of the 130 school psychologists that responded to this item, counseling the child (83.8%, *n* = 109), the use of relaxation techniques (e.g., deep breathing) (80.8%, *n* = 105), and parent education/training (76.2%, *n* = 99) were identified as the primary interventions to address this function of school refusal. In contrast, school psychologists infrequently identified ignoring inappropriate behavior (10.8%, *n* = 14) and negative consequences for inappropriate behavior (3.8%, *n* = 5) as effective interventions to address school refusal occurring for this reason.

Kearney and Silverman recommend a variety of intervention techniques to aid children refusing to attend school to avoid stimuli that provoke a sense of general negative affectivity. Systematic desensitization is recommended to reduce a child's anxiety related to school attendance (Kearney & Silverman, 1990, 1999). This intervention technique consists of building a hierarchy of anxiety provoking situations related to school, teaching the child relaxation strategies, and behavioral exposures to the anxiety provoking situations. Additional components of an intervention for children refusing school for this reason include child education about anxiety, the use of self-reinforcement by children to reinforce the progress they

make, and the development/maintenance of household routines (Kearney, 2001).

Consistent with Kearney and Silverman's (1990, 1999) functionally based treatment model, over 80% of the respondents indicated the effectiveness of relaxation strategies for use with these children. Other intervention strategies consistently reported by school psychologists in this study included more general techniques such as counseling the child and parent education/training. As Table 12 indicates, child education about anxiety (70.0%, *n* = 91) behavioral exposure (36.9%, *n* = 48), self-reinforcement (33.8%, *n* = 44), and development of household routines (25.4%, *n* = 33) were not consistently endorsed as highly effective for use with children refusing school for this reason. The use of systematic desensitization to intervene with school refusers with this motivation was selected by 63.8% of the school psychologists suggesting only a moderate amount of consistency. Because only the teaching of relaxation strategies was selected by over 75% of respondents, responses indicated a low amount of consistency with Kearney and Silverman's prescriptive treatment of school refusal to avoid stimuli that provoke a sense of general negative affectivity.

Table 13

Rank Ordering of Interventions Endorsed by Participants for Children Refusing School to Avoid Feelings of General Negative Affectivity

Rank	Characteristic
1	Counseling the child
2	Relaxation techniques
3	Parent education/training
4	Teacher consultation
5	Child education about anxiety
6	Systematic desensitization
7	Pharmacotherapy
8	Cognitive restructuring
9	Rewards for school attendance
10	Role-playing
11	Social skills training
11	Behavioral exposures
12	Self-reinforcement
13	Contingency contracting
13	Communication skills training
14	Curriculum modification
15	Escorting students to class
16	Developing household routines
16	Restructuring parental commands
17	Ignoring inappropriate behavior
18	Negative consequences for inappropriate behavior

Escape from aversive social or evaluative situations. As indicated in Table 12, teacher consultation (83.1%, *n* = 108) and counseling the child (82.3%, *n* = 107) were most consistently selected by the 130 respondents as the most effective interventions to address school refusal behavior occurring to escape aversive social or evaluative situations. Social skills training (74.6%, *n* = 97) approached the classification of highly consistent as an effective intervention to address this function of school refusal. Pharmacotherapy (15.4%, *n* = 20), restructuring parental commands (14.6%, *n* = 19), ignoring inappropriate behavior (10.8%, *n* = 14), developing household routines (9.2%, *n* = 12), and negative consequences for inappropriate behavior (6.2%, *n* = 8) were infrequently endorsed as effective in managing school refusal occurring for this reason.

For children that refuse to attend school for this reason, the functionally based treatment model proposed by Kearney and Silverman (1990, 1999) involves similar techniques to those refusing school to avoid stimuli provoking a sense of general negative affectivity. Specifically, Kearney and Silverman (1990, 1999) advocated the use of educating the child about anxiety, systematic desensitization techniques (e.g., development of an anxiety hierarchy and behavioral exposures), and cognitive

restructuring. Kearney (2001) also indicated that for some children, social skill training and the use of role-play may be needed if this type of skill deficit is contributing to their anxiety (Kearney, 2001; Kearney & Silverman, 1990).

Consistent with Kearney and Silverman's prescriptive treatment of children refusing school for this reason, school psychologists responding to this item endorsed the use of social skills training (74.6%, *n* = 97) and role-play (61.5%, *n* = 80) with a moderate degree of consistency. They selected teacher consultation (83.1%, *n* = 108) and counseling the child (82.3%, *n* = 107) as highly effective interventions with greater frequency. Other key intervention techniques supported by the work of Kearney and Silverman (1990, 1999) were selected with a minimal amount of consistency by respondents as highly effective for children with this underlying function of school refusal. These included cognitive restructuring (49.2%, *n* = 64), child education about anxiety (45.4%, *n* = 59), systematic desensitization (30.8%, *n* = 40), and behavioral exposure (30.0%, *n* = 39). None of the interventions recommend by Kearney and Silverman for this function were endorsed by more than 75% of participants. Thus, the responses of school psychologists in this study indicated a low degree of consistency with Kearney and Silverman's conceptualization

of prescriptive treatment for children refusing school for this reason.

Table 14

Rank Ordering of Interventions Endorsed by Participants for Children Refusing School to Escape Aversive Social/Evaluative Situations

Rank	Characteristic
1	Teacher consultation
2	Counseling the child
3	Social skills training
4	Parent education/training
5	Role-playing
6	Relaxation techniques
7	Rewards for school attendance
8	Communication skills training
9	Cognitive restructuring
10	Child education about anxiety
11	Contingency contracting
12	Curriculum modification
13	Self-reinforcement
14	Systematic desensitization
15	Behavioral exposures
16	Escorting students to class
17	Pharmacotherapy
18	Restructuring parental commands

(table continues)

19	Ignoring inappropriate behavior
20	Developing household routines
21	Negative consequences for inappropriate behavior

The gain of attention from family or others. Of the 129 school psychologists responding to this item, the only intervention selected by more than 75% of the respondents to address school refusal occurring to gain attention was parent education/training (99.2%, *n* = 128). As seen in Table 12, the only other interventions selected with a moderate amount of consistency included restructuring parental commands (71.3%, *n* = 92) and providing rewards for school attendance (71.3%, *n* = 92).

There were a number of interventions that 25% or fewer of the responding school psychologists selected to address school refusal occurring for this reason including: cognitive restructuring (24.8%, *n* = 32), social skills training (20.9%, *n* = 27), escorting students to class (20.9%, *n* = 27), behavioral exposures (20.2%, *n* = 26), child education about anxiety (10.1%, *n* = 13), relaxation techniques (8.5%, *n* = 11), curriculum modification (5.4%, *n* = 7), pharmacotherapy (3.1%, *n* = 4), and systematic desensitization (3.1%, *n* = 4). This might suggest that for this function, the school psychologists responding to this item found more agreement on what interventions were less

effective and consistently reported only a few interventions to effectively address school refusal.

Kearney and Silverman identify a number of interventions to intervene with children refusing to attend school to gain attention. They suggested the use of behavioral techniques such as rewarding attendance by providing reinforcement for the absence of school refusal behaviors, providing negative consequences for school refusal behaviors, and ignoring misbehavior/exaggerated somatic complaints (Kearney, 2001; Kearney & Silverman, 1990, 1999). Also recommended is the establishment of fixed routines and restructuring parental commands (Kearney & Albano, 2000; Kearney & Silverman, 1999). In specific circumstances and with an issue of caution, Kearney acknowledged the use of forced attendance if other methods of intervention have been ineffective.

Consistent with Kearney and Silverman's approach, school psychologists in this study selected parent education/training (99.2%, *n* = 128) as a highly effective intervention. Other interventions such as restructuring parental commands (71.3%, *n* = 92), providing rewards for school attendance (71.3%, *n* = 92), and establishing household routines (69.0%, *n* = 89) were selected with a moderate amount of consistency to use with children attempting to gain attention. As illustrated in Table 12,

respondents identified techniques such as ignoring inappropriate behavior (37.2%, *n* = 48) and providing negative consequences for inappropriate behavior (36.4%, *n* = 47) as highly effective interventions with only a minimal amount of consistency. Because only one recommended intervention was selected by over 75% of participants, this suggested a low degree of consistency between Kearney and Silverman's prescriptive model and the interventions selected by school psychologists sampled in this study.

Table 15

Rank Ordering of Interventions Endorsed by Participants for Children Refusing School to Gain Attention

Rank	Characteristic
1	Parent education/training
2	Restructuring parental commands
2	Rewards for school attendance
3	Developing household routines
4	Contingency contracting
5	Counseling the child
6	Teacher consultation
6	Ignoring inappropriate behavior
7	Negative consequences for inappropriate behavior
8	Self-reinforcement
9	Communication skills training
10	Cognitive restructuring

(table continues)

11	Social skills training
11	Escorting students to class
12	Role-playing
13	Behavioral exposures
14	Child education about anxiety
15	Relaxation techniques
16	Curriculum modification
16	Pharmacotherapy
17	Systematic desensitization

Access to tangible reinforcers outside the school setting. For children displaying school refusal behavior to pursue more highly valued items/activities outside of school, parent education/training (92.3%, n = 120), rewards for school attendance (79.2%, n = 103), and contingency contracting (78.5%, n = 102) were identified with a high degree of consistency as effective interventions by the 130 respondents. Interventions including cognitive restructuring (23.1%, n = 30), ignoring inappropriate behavior (16.9%, n = 22), social skills training (14.6%, n = 19), communication skills training (12.3%, n = 16), behavioral exposures (11.5%, n = 15), curriculum modification (10.0%, n = 13), role-playing (6.9%, n = 9), child education about anxiety (3.1%, n = 4), systematic desensitization (2.3%, n = 3), pharmacotherapy (2.3%, n = 3), and relaxation techniques (0.0%, n = 0) were infrequently selected by school

psychologists to address this function of school refusal behavior.

Interventions recommended by Kearney and Silverman to address school refusal motivated by this reason, included contingency contracting, escorting children to class, and communication skills training for the family (Kearney, 2001; Kearney & Silverman, 1990, 1999). Results in Table 12 indicate that few survey respondents selected escorting children to class (30.8%, *n* = 40) or communication skills training (12.3%, *n* = 16) as highly effective interventions for this group of children. Contingency contracting was selected by over 75% of respondents. Because participants endorsed only one of three interventions with a frequency greater than 75%, this suggested a low level of consistency between the school psychologists sampled in this study and Kearney and Silverman's prescriptive model for this function.

In an overview of participant responses to questions relating to interventions with school refusers, results in Table 12 suggest that school psychologists did not frequently endorse interventions typically associated with the treatment of anxiety (e.g., systematic desensitization, behavioral exposures, cognitive restructuring) for the final two functions which are motivated by positive reinforcement. This might suggest that similar to Kearney and Silverman's

functional model (1990, 1999), the respondents identified the need to select alternative intervention techniques when school refusal was motivated by the desire to gain something (e.g., attention, sleeping late, computer access) as opposed to interventions to address the school refusal of children motivated by negative reinforcement (e.g., to avoid or escape something associated with school). However, in a departure from Kearney and Silverman's model for intervening with children whose school refusal behavior is maintained by avoiding or escaping feelings of anxiety or fear (i.e., negative reinforcement), school psychologists in this study did not consistently advocate the use of interventions targeted at the cognitive behavioral treatment of anxiety.

Table 16

Rank Ordering of Interventions Endorsed by Participants for Children Refusing School to Gain Access to Reinforcers Outside of School

Rank	Characteristic
1	Parent education/training
2	Rewards for school attendance
3	Contingency contracting
4	Restructuring parental commands
5	Developing household routines
6	Negative consequences for inappropriate behavior

(table continues)

7	Counseling the child
8	Teacher consultation
9	Self-reinforcement
10	Escorting students to class
11	Cognitive restructuring
12	Ignoring inappropriate behavior
13	Social skills training
14	Communication skills training
15	Behavioral exposures
16	Curriculum modification
17	Role-playing
18	Child education about anxiety
19	Systematic desensitization
19	Pharmacotherapy
20	Relaxation techniques

Research Question 3 also investigated whether school psychologists differentiated the types of interventions they selected depending on the underlying motive of the school refusal behavior. For each of the four functions, interventions were ranked based on the frequency of selection by respondents (see Tables 13, 14, 15, and 16). Responses of the school psychologists in this study show an infrequent selection of pharmacotherapy for three of the four functions. Specifically, Tables 14, 15, and 16 show that this intervention ranked very low for addressing school refusal motivated by the avoidance of social/evaluative

situations (Rank 17th), to gain attention (Rank 16th), and to gain access to tangible reinforcers outside of school (Rank 19th). Only for the motive of avoidance of stimuli that provoke a sense of general negative affectivity (Rank 7th), did pharmacotherapy rank in the top ten in terms of the most effective interventions. Other interventions, including child education about anxiety and systematic desensitization, were also more commonly selected for children attempting to avoid feelings of general negative affectively associated with school.

For the functions of avoidance of stimuli that provoke a sense of general negative affectivity and the escape from aversive social/evaluative situations, teaching children relaxation techniques was more commonly selected as an effective intervention strategy when compared to the remaining functions. To aid children who refuse school to escape aversive social/evaluative situations, school psychologists more often selected social skills training (Rank 3rd) when compared to the remaining functions.

An additional area of consistency among respondents was the reported effectiveness of parent education/training as an intervention for all underlying functions of school refusal (see Tables 13, 14, 15, and 16). This intervention ranked within the top four interventions selected for each function. For functions motivated by positive reinforcement

(i.e., gain of attention or tangible items/activities outside of school), this intervention was the most frequently selected intervention in regard to effectiveness. Lastly, the restructuring of parent commands was more consistently selected as an effective intervention to reduce school refusal that was maintained through positive reinforcement versus school refusal motivated by negative reinforcement (i.e., avoidance/escape of emotional distress related to the school environment).

Research Question 4

What are the experiences of school psychologists related to school refusal behavior in terms of interventions used, risk factors, training, and interventionists in the school setting?

No hypothesis was tenable in regard to the experiences of school psychologists related to school refusal behavior in terms of interventions school psychologists have the professional training to use, risk factors, training experiences, and interventionists in the school setting.

Interventions school psychologists' reported as being prepared to use with school refusers. School Psychologists were asked to identify what intervention strategies they felt competent to employ based on their professional training. Table 17 displays the results of the 130 participants responding to this question. The most commonly

identified intervention that school psychologists felt capable of employing was teacher consultation (92.3%, *n* = 120). Greater than 75% of respondents also reported competency in the utilization of child counseling (83.1%, *n* = 108), rewards for school attendance (82.3%, *n* = 107), parent education/training (78.5%, *n* = 102), and contingency contracting (76.2%, *n* = 99). In contrast, 50% or fewer of the respondents reported feeling prepared to use the following interventions based on their professional training: gradual exposure to fearful situations (50.8%, *n* = 66), systematic desensitization (46.9%, *n* = 61), counseling the parents (46.9%, *n* = 61), cognitive restructuring (40.8%, *n* = 53), role playing (40.0%, *n* = 52), self-reinforcement (39.2%, *n* = 51), restructuring parental commands (39.2%, *n* = 51), negative consequences for inappropriate behavior (31.5%, *n* = 41), and communication skills training(31.5%, *n* = 41).

Table 17

Rank Order of Interventions used by School Psychologists to Address School Refusal Behavior

Rank	Intervention	Frequency	Percentage
1	Teacher consultation	120	92.3
2	Counseling the child	108	83.1

(table continues)

3	Rewards for school attendance	107	82.3
4	Parent education/training	102	78.5
5	Contingency contracting	99	76.2
6	Curriculum modifications	86	66.2
7	Teacher education/training regarding school refusal behavior	85	65.4
8	Escorting youth to class	80	61.5
9	Social skills training	79	60.8
10	Relaxation techniques	78	60.0
11	Developing household routines with parents	69	53.1
12	Ignoring inappropriate behaviors	68	52.3
13	Gradual exposure to fearful situations	66	50.8
14	Systematic desensitization	61	46.9
14	Counseling the parents	61	46.9
15	Cognitive restructuring	53	40.8
16	Role playing	52	40.0
17	Self-reinforcement	51	39.2
17	Restructuring parental commands	51	39.2
18	Negative consequences for inappropriate behaviors	41	31.5
18	Communication skills training	41	31.5

Note. Ns do not sum to 132 (total number of respondents) because participants were permitted to select multiple responses for this question.

Risk factors. When asked to identify factors that precipitate or exacerbate school refusal behavior, 131 school psychologists provided responses summarized in Table 18. Seventy percent or more of the respondents indicated the following as risk factors of school refusal behavior:

performance anxiety (79.4%, *n* = 104), school victimization (76.2%, *n* = 100), fear of separation from caregiver (74.8%, *n* = 98), family discord (71.8%, *n* = 94), and family stress (71.0%, *n* = 93). Family poverty (26.0%, *n* = 34), neglect (22.1%, *n* = 29), and teen pregnancy (16.8%, *n* = 22) were the least consistently endorsed risk factors suggesting that these were not frequently observed by school psychologists as being related to school refusal in children. The two most commonly endorsed risk factors, performance anxiety and school victimization, are events that occur within the school setting.

Table 18

Rank Order of Risk Factors Identified by School Psychologists as Precipitating and/or Precipitating School Refusal Behavior

Rank	Risk Factor	Frequency	Percentage
1	Performance anxiety	104	79.4
2	School victimization	100	76.2
3	Fear of separation from caregiver	98	74.8
4	Family discord	94	71.8
5	Family stress	93	71.0
6	Social skill deficits	84	64.1
7	Academic/cognitive delay	66	50.4
8	Behavior problems	59	45.0

(table continues)

9	Peer pressure	49	37.4
10	Rebellion	47	35.9
11	Substance abuse	46	35.1
12	Family poverty	34	26.0
13	Neglect	29	22.1
14	Teen pregnancy	22	16.8

Note. Ns do not sum to 132 (total number of respondents) because participants were permitted to select multiple responses for this question.

Training experiences. Of the 124 individuals responding to this question, the majority (51.6%, *n* = 64) reported that school psychologists were not adequately trained to intervene with children displaying school refusal behavior. For those that thought school psychologists were adequately trained to intervene with school refusers, Table 20 displays the professional experiences believed to be the most helpful. Individual exploration of the topic (72.6%, *n* = 53), graduate school training (58.9%, *n* = 43), and conference attendance (52.1%, *n* = 38) were identified by over half of those responding to this item. School in-service training (20.4%, *n* = 15) was selected by few school psychologists as an experience that helped prepare them to intervene with school refusers. Of the school psychologists endorsing the category of "Other," experience working with school refusers and consultation with more experienced

colleagues were reported as experiences that helped prepare them.

Table 19

Respondents Report of Whether School Psychologists are Adequately Trained to Provide Interventions to Children Displaying School Refusal Behavior

Response	Frequency	Percentage
Yes	60	48.4
No	64	51.6

Note. Ns do not sum to 132 (total number of respondents) because not all participants responded to this question.

Table 20

Rank Order of Professional Experiences Identified by School Psychologists as Preparing Them to Intervene with School Refusers

Rank	Experience	Frequency	Percentage
1	Individual exploration	53	72.6
2	Graduate school training	43	58.9
3	Conference attendance	38	52.1
4	Internship experience	35	47.9

(table continues)

5	School in-service training	15	20.5
6	Other	13	17.8

Note. Percentages do not sum to 100 because participants were permitted to select multiple responses for this question.

Individuals involved in intervention. When asked what individuals were typically involved in the implementation of an intervention to address school refusal, school psychologists most frequently identified school counselors (85.5%, *n* = 112) and themselves (84.7%, *n* = 111) as being involved in intervention implementation. Of the 131 participants responding to this question, Table 21 also identifies parents (77.1%, *n* = 101) and the classroom teacher (72.5%, *n* = 95) as frequent participants in interventions to reduce school refusal behavior. Nearly 31% of school psychologists identified “Other” team members that might also be included in intervention implementation. In order of the frequency of report by the respondents, these team members included the school social worker, community mental health providers, school truancy officer, school administrators (e.g., attendance director, assistant principal), and a special education teacher.

Table 21

Rank Order of Individuals Identified by School Psychologists as Typically Involved in Interventions with School Refusers

Rank	Individual	Frequency	Percentage
1	School counselor	112	85.5
2	School psychologist	111	84.7
3	Parents	101	77.1
4	Classroom teacher	95	72.5
5	Student	89	67.9
6	Principal	82	62.6
7	School nurse	51	38.9
8	Other	40	30.8

Note. Percentages do not sum to 100 because participants were permitted to select multiple responses for this question.

Research Question 5

What do school psychologists report as barriers to their involvement with school refusal behavior?

When attempting to predict what school psychologists would report to barriers to their involvement with students displaying school refusal behavior, no hypothesis was possible. Table 22 displays the results reported by school psychologists. Of the 63 participants responding to this question, the majority (54.0%, n = 34) reported that that they were not involved with students displaying school refusal behavior because other team members responded

appropriately. Only a small proportion of school psychologists reported limited skill or lack of knowledge in how to assess (7.9%, *n* = 5) or intervene (11.1%, *n* = 7) with school refusers as a barrier to working with school refusing students. "Other" barriers reported by 11.1% of the individuals responding to this question included not having a way to determine if a student displayed an excessive number of absences, lack of availability due to servicing five school districts, management of school refusal by an at-risk counselor, and student issues not being identified as school refusal.

Table 22

Rank Order of Barriers to School Psychologists Involvement with Students Displaying School Refusal Behavior

Rank	Variable	Frequency	Percentage
1	Others intervene appropriately	34	54.0
2	Lack of Referral	31	49.2
3	Lack of time due to assessments	23	36.5
4	Not a Responsibility in Current Job	17	27.0
5	Limited Skill/Knowledge About Intervention	7	11.1
5	Other	7	11.1
6	Limited Skill/Knowledge About Assessment	5	7.9

Note. The percentages do not sum to 100 because participants were permitted to select multiple responses for this question.

Research Question 6

What is the impact of demographic variables and frequency of annual referrals involving school refusal behavior on the interventions used by school psychologists to address school refusal behavior?

This study examined the relationships between the types of interventions used by school psychologists to address school refusal behavior and demographic variables (i.e., sex, age range of participant, populations of students served, years of professional experience, highest degree earned). The relationship between interventions used by participants and the number of yearly referrals for school refusal behavior was also examined.

A series of Pearson Chi-Square Tests, including Likelihood Ratio, Fisher's Exact Test, and Linear-by Linear Association, were used to examine the relationships between demographic variables, number of yearly referrals to provide services to school refusers and the types of interventions used by school psychologists to address school refusal. At times, the expected distribution of individuals in each cell did not meet the minimum expectation of five, which is the minimum recommendation when using the Pearson Chi-Square analysis. As a result, the Fischer's Exact Test was used in these situations.

To fulfill another recommendation when using Chi-Square analysis, some categories of variables (e.g., age range of participant, highest degree earned, and years of professional experience) were combined to help ensure 80% or more of the cells in each analysis had an expected five or more individuals represented (Elzey & Cloward, 1987). Because multiple comparisons were being conducted on 21 specific interventions, a Bonferroni Correction was used to reduce the likelihood of making a type one error. By dividing the original alpha level of .05 by 21, the alpha level used in this analysis to determine significance was 0.0024.

When analyses produced significant results, post hoc analysis was conducted to identify any specific relationships between cells. In this study, post-hoc analysis was conducted by examining the standardized residuals in each cell. For post-hoc analysis to be considered significant an alpha level of .05 and its corresponding critical values of –1.96 and + 1.96 were used.

No significant relationships were found between the gender of the school psychologists, types of populations served (e.g., preschool, elementary, middle, and high school), highest degree earned, and number of yearly school refusal referrals and any of the 21 interventions used by school psychologists to address school refusal. A

significant relationship was found using Linear-by-Linear Association between the age range of survey participants and the intervention of parent counseling Linear-by-Linear Association (1, *N* = 130) = 13.280, *p* = .000. Post hoc analysis revealed that no standardized residual within any of the cells was significant. Thus, no specific conclusions can be made in regard to age of the participant and parent counseling.

A significant relationship was found using Likelihood Ratio between the years of experience of survey participants and the intervention of social skills training *LR* (4, *N* = 130) = 16.497, *p* = .002. Post-hoc comparisons of standardized residuals within each cell revealed a significant relationship such that among school psychologists with 1 to 5 years of professional experience, fewer individuals than expected indicated that they do not use social skills training (standardized residual= -2.1). School psychologists with 11 to 15 years of professional experience were more likely than expected not to use social skills training with school refusers (standardized residual= 2.2). No other significant differences were found.

Summary

This chapter summarized the results of the research questions proposed in this study through the use of frequencies, percentages, and Chi-squared techniques. Of

the 500 randomly selected practicing school psychologists who were surveyed, 132 individuals provided usable responses. Demographic variables of the 132 respondents were comparable to a recent study by Curtis et al. (2008) in regard to gender, degree earned, years of professional experience, age, and job setting. Specifically, respondents in this study were practicing school psychologists with an average of 14.3 years of professional experience, largely female, holding a Master's or Specialist degree, and were approximately 44 years of age on average. While the majority of school psychologists participating in this study were unfamiliar with Kearney and Silverman's functional model of school refusal behavior, they identified some key descriptors of school refusal behavior in a manner consistent with this model. Most often, professional experience was identified as the source of school psychologists' definition of school refusal behavior.

This study examined whether school psychologists differentiated between characteristics displayed by children depending on the underlying function of school refusal behavior in a manner consistent with Kearney and Silverman's model. There was considerable consistency between the primary characteristics identified by this sample depending on the underlying function and those proposed by Kearney and Silverman. There was less consistency between the

prescriptive treatment recommendations provided by Kearney and Silverman in comparison to the manner in which school psychologists would intervene with school refusers depending on the function of the behavior.

Over 75% of the sample reported receiving referrals and providing interventions to school refusers, although most reported receiving only one to five referrals each year. School psychologists identified themselves as often being involved in interventions with these students, falling second only to school counselors. When asked what barriers school psychologists experienced in providing intervention to school refusers, the primary reasons identified included others intervening appropriately and lack of referral. The majority of respondents did not believe that school psychologists were adequately trained to address school refusal behavior. The primary method of professional preparation to intervene with school refusers was individual exploration.

The most commonly identified risk factors for school refusal reported by the sample included performance anxiety, school victimization, and fear of separation from caregivers. To help reduce school refusal behavior, school psychologists most frequently reported using interventions including teacher consultation, counseling the child,

rewards for school attendance, parent education/training, and contingency contracting.

Demographic variables and the number or annual school refusal referrals played little role in the types of interventions used by school psychologists. The only significant relationship found involved years of professional experience and the use of social skills training to address school refusal behavior.

CHAPTER V

DISCUSSION

School refusal can be a serious problem with a prevalence rate ranging from 1% to 28% of the school age population if tardiness and class cutting are included in the definition (Kearney, 2001; King, Ollendick, & Tonge, 1995). Research has shown that refusal to go to school can significantly interfere with an individual's educational, occupational, and social-emotional development. Kearney and Beasley (1994) suggest a divide exists between the academic research and the implementation of this research into the practice of those in the field. Kearney and Silverman have provided a model of assessment and intervention with school refusers that was developed to help bridge the divide and has been shown to be effective (Chorpita, Albano, Heimberg, & Barlow, 1996; Kearney, 2002; Kearney, Pursell, & Alvarez, 2001; Kearney & Silverman, 1990; Kearney & Silverman, 1999; Ollendick & King, 1999).

The purpose of this study was to gain a greater understanding of practicing school psychologists' knowledge of school refusal behavior, interventions, and familiarity with the work of Kearney and Silverman. A survey of practice was used to gather this information from 500 randomly selected practicing school psychologists who were members of the National Association of School Psychologists in 2007.

Chapter Five will provide a summary of the results of the six research questions addressed in this study as well as a discussion of the practical implications of the findings to the field of school psychology. Limitations negatively affecting the generalization of the findings to the field will also be reviewed. Finally, suggestions for future research will be addressed.

Summary of Results

Definition of School Refusal Behavior

Research Question 1 investigated how school psychologists defined school refusal behavior. Results in Table 4 illustrated that nearly 75% or more of school psychologists included student absence due to fear of social/evaluative situations, school phobia, separation anxiety, and absence with parental knowledge as part of their definition of school refusal behavior. School psychologists less consistently included descriptors such as absence occurring to pursue tangible reinforcers outside of school, absence from specific class/classes, absence without parental knowledge, and school attendance following misbehavior in the definition.

Thus, what school psychologists participating in the survey included in the definition of school refusal behavior was more restrictive than the definition proposed by Kearney and Silverman, which also included children missing only

specific classes or attending school following misbehavior. Responses also suggested that school psychologists may continue to draw a distinction between children that refuse to attend school due to underlying feelings of anxiety versus children that would be considered more traditionally "truant" (e.g., skipping classes and attempting to access reinforcement outside of school).

When school psychologists were asked to identify the source of their definition for school refusal behavior, 90.8% indicated that they relied on their own professional experience. Research on the topic of school refusal was identified by less than 20% of respondents as a definition source. District and state definitions were also infrequently cited as sources of definitions. The low percentage of school psychologists identifying research in the field as a source of information defining their conceptualization of school refusal substantiates Kearney and Beasley's (1994) observation of the gap existing between professional practice and available research.

The vast majority of school psychologists participating in this study (79.1%) reported that they had no knowledge of Kearney and Silverman's model of identifying the function of school refusal behavior and prescriptively implementing an intervention based on the function. Approximately 20% of participants reported having minimal to moderate knowledge

of the model. This may offer a possible reason as to why the characteristics that school psychologists would include in a definition of school refusal behavior were more restrictive than the definition offered by Kearney and Silverman. As previously stated, school psychologists more frequently considered fear and anxiety-based traits as central to the definition of school refusal behavior in comparison to traits more often associated with unruly behavior such as skipping classes, absence occurring without parental knowledge, or attendance following misbehavior. School psychologists' conceptualization of school refusal as primarily characterized by fear and anxiety has been shaped by longstanding attempts to differentiate it from "truancy" since school psychology was emerging as a field (Coolidge et al., 1957; Johnson et al., 1941; Lazarus et al., 1965).

In a review of the journal articles by Kearney and Silverman that were used as sources in this investigation, only two of the eleven were published in journals most often associated with the field of school psychology (e.g., *Psychology in the Schools*, *School Psychology Quarterly*). This might suggest that even when practicing school psychologists consistently read current research, they may not be exposed to some of the most current studies addressing interventions with school refusal behavior. This finding was consistent with previous research that noted

that much of the research concerning children refusing to attend school was published in clinical journals as opposed to journals of educational psychology (Pellegrini, 2007). If school refusal behavior continues to be viewed as primarily associated with anxiety/fear occurring within the child, the clinical view of this behavior and subsequent publishing of research in clinical journals will be unlikely to change. This may result in the continued perpetuation of a cycle in which school psychologists working in the schools (making them more likely to encounter school refusers) are not informed of the most current research practices to intervene with children displaying these behaviors.

Characteristics Associated with Each Function of School Refusal Behavior

Research Question 2 examined the degree to which school psychologists identified characteristics associated with each function of school refusal as proposed by Kearney and Silverman's functional model.

Avoidance of stimuli that provoke a sense of general negative affectivity. In regard to school refusal behavior occurring to avoid stimuli provoking feelings of fear, anxiety, and depression, Kearney and Silverman (1990, 1993, 1996, 1999) identified the following associated characteristics: refusal to attend school to avoid something the child finds unpleasant in or near the school,

anxiety/sadness, and somatic complaints. Table 6 illustrated the percentage of item participants endorsing these characteristics as associated with this specific function of school refusal behavior: exhibiting anxiety about attending school (92.4%), displaying somatic complaints (91.7%), and avoiding something in school that provokes fear or anxiety (86.4%). Because participants identified all characteristics with a high level of agreement, this suggested that school psychologists were highly consistent with Kearney and Silverman's model in regard to the characteristics they attributed to school refusers motivated by this underlying function. This was consistent with participants' general conceptualization of school refusal being characterized by fear and anxiety.

Escape from aversive social or evaluative situations. When considering school refusal behavior occurring to escape aversive social or evaluative situations, Kearney and Silverman identified the following associated characteristics: attempting to avoid or escape aversive social or evaluative situations, displaying symptoms of anxiety/depression, varying displays of somatic complaints, being less likely to engage in delinquent behaviors, and being older (Kearney, 2001; Kearney & Silverman, 1990, 1993, 1996, 1999).

Table 6 illustrated the percentage of item participants endorsing these characteristics as associated with this specific function of school refusal behavior: escaping aversive social or evaluative situations (94.7%), displaying somatic complaints (77.9%), displaying symptoms of anxiety/depression (75.6%), later age of onset (55.0%), and engaging in delinquent behaviors (19.1%). School psychologists in this study endorsed three of the main characteristics identified by Kearney and Silverman with a high degree of consistency. This suggested that for this function of school refusal responses of participants were moderately consistent with the characteristics identified by Kearney and Silverman. Similar to the previous function, this conceptualization was consistent with the manner in which school psychologists generally defined school refusal behavior. Specifically, over 80% of participants indicated that, in general, they associated school refusal behavior with fear of social/evaluative situations, school phobia, and separation anxiety.

The gain of attention from family or others. For children displaying school refusal behavior to gain attention, Kearney and Silverman identified characteristics such as refusing to attend school to gain attention from family or others, being younger, displaying misbehavior prior to attending school, exaggerating somatic complaints,

and reporting elevated levels of fear and anxiety as being associated with this function (Kearney, 2001; Kearney & Silverman, 1990; 1993; 1996; 1999). Table 6 illustrated the percentage of item participants endorsing these characteristics as associated with this function of school refusal: gaining attention from family or others (91.5%), displaying somatic complaints (58.5%), early age of onset (44.6%), and exhibiting anxiety about attending school (33.8%). Display of misbehavior prior to school was not a response choice provided to participants.

When compared to Kearney and Silverman's model, participants' responses displayed a low level of overall agreement because school psychologists only consistently identified the primary characteristic of attention seeking. Respondents did not display consistent agreement in identifying other key characteristics such as display of somatic complaints and displays of anxiety. Kearney (2001) noted that these behaviors are often exaggerated and fulfill the function of attention seeking with these children as opposed to other functions, which are motivated by the actual presence of anxiety and desire to avoid/escape school. This may account for the lack of consistency in school psychologists' identification of these characteristics for this function of school refusal.

Access to tangible reinforcers outside the school setting. Kearney and Silverman identified characteristics such as refusing school to gain access to more rewarding items/activities outside of school, being older, exhibiting less emotional distress, and displaying higher levels of aggression and delinquent behavior as being associated with children refusing school for this reason (Kearney, 2001; Kearney & Silverman, 1990; 1993; 1996; 1999). Table 6 illustrated the percentage of item participants endorsing these characteristics as associated with this function of school refusal behavior: engaging in home based activities when absent from school (96.9%) absence occurring to pursue preferred activities (86.8%), late age of onset (62.8%), child being less likely to display symptoms of fear/anxiety/depression (60.5%), and engaging in delinquent activities (54.3%).

Kearney (2001) noted that while some children displaying school refusal for this reason do not display emotional distress initially, these symptoms might arise after children have been out of school for an extended period. When confronted with the eventuality of returning to school, these school refusers may be faced with challenges such as declining grades, backlogged schoolwork requiring completion, and the reactions of peers/teachers. These natural consequences of the student's decision to skip

school or specific classes may precipitate the emotional distress identified by many of the school psychologists in this study.

The responses of school psychologists indicated a high degree of consistency with only two key characteristics highlighted in the work of Kearney and Silverman. Respondents did not display consistent agreement in identifying other significant characteristics such as age of onset, symptoms of distress, and involvement in delinquent activities. This suggested a moderate amount of consistency between the characterization provided in the work of Kearney and Silverman and the responses of participants.

School psychologists in this study were less likely to attribute characteristics to school refusers that have been associated with truant students (e.g., skipping only specific classes, being absent without parental knowledge, skipping classes to pursue a preferred activity). Participant responses for this function may have been only moderately consistent with Kearney and Silverman's research because this function shared descriptors typically attributed to truant students.

Research Question 2 also examined whether school psychologists differentiated the characteristics they attributed to each underlying function of school refusal behavior. Participants were asked to endorse the

characteristics they thought were the most reflective of school refusers depending on four possible underlying functions (i.e., avoidance of stimuli provoking general negative affectivity, escape from aversive social or evaluative situation, attention seeking, and tangible reinforcement outside school). For each of the four functions, characteristics were ranked based on the frequency of selection by respondents.

Based on the responses of the school psychologists, some general patterns emerged. When examining all four functions, a child fearing separation from a caregiver was most consistently attributed to children refusing school to avoid a sense of general negative affectivity. Anxiety associated with school attendance was more consistently attributed to children refusing school to avoid a sense of general negative affectivity and to escape aversive social/evaluative situations. Lastly, absence from school without parental knowledge and engaging in home-based activities when absent were most commonly indicated as characteristics of children refusing school to gain access to tangible reinforcers outside of school. The response patterns of school psychologists in this investigation were likely attributed to the influence of traditional ways of thinking about school refusal in which anxiety and fear based symptomatology were distinguished from school absence

as a deviant behavior attributed to truancy. (Coolidge et al., 1957; Johnson et al., 1941).

Intervention Strategies Selected by School Psychologists as a Function of School Refusal Behavior

Research Question 3 investigated the interventions school psychologists endorsed as highly effective in managing the school refusal behavior of children depending on the underlying function of the behavior. Specifically, the investigator was interested in how practicing school psychologists differentiated their interventions for school refusers and how their practice compared to Kearney and Silverman's prescriptive treatment model for school refusers.

Avoidance of stimuli that provoke a sense of general negative affectivity. To intervene with school refusal behavior occurring to avoid feelings of fear, anxiety and depression, Kearney and Silverman (1990, 1999) recommended a combination of strategies. Systematic desensitization was found to successfully reduce school refusal for this subgroup of children. Additional components of an intervention proposed by Kearney and Silverman included child education about anxiety, the use of self-reinforcement by children to reinforce the progress they make, and the development/maintenance of household routines.

Table 12 illustrated the percentage of item participants endorsing these interventions as highly effective: teaching relaxation strategies (80.8%), child education about anxiety (70.0%), systematic desensitization (63.8%), self-reinforcement (33.8%), and development of household routines (25.4%). Because respondents endorsed only one recommended intervention strategy with a high level of consistency, results suggested that a low amount of consistency existed between the interventions selected participants when compared to those recommended by Kearney and Silverman. However, it is encouraging that the majority of respondents identified teaching relaxation strategies, systematic desensitization, and child education about anxiety as highly effective interventions for this subgroup given the documented effectiveness of these interventions (Kearney, 2002; Kearney & Silverman, 1990, 1999; Kearney et al., 2001; King et al., 1998)

Escape from aversive social or evaluative situations. To intervene with school refusal behavior occurring to escape aversive social or evaluative situations, Kearney and Silverman advocated the use of intervention techniques similar to those used with children refusing school to avoid a sense of general negative affectivity. Specifically, they advocated the use of educating the child about anxiety, systematic desensitization techniques, and cognitive

restructuring. It was also indicated that for some children, social skills training and the use of role-play may be required (Kearney, 2001; Kearney & Silverman, 1990).

Table 12 illustrated the percentage of item participants endorsing these interventions as highly effective to address this function of school refusal behavior: social skills training (74.6%), role-playing (61.5%), cognitive restructuring (49.2%), child education about anxiety (45.4%), and systematic desensitization (30.8%). Of the interventions considered by participants, social skills training was the only intervention which approached the criteria defining a high degree of consistency (i.e., greater than 75% response rate). Overall, there was a low degree of consistency between the interventions selected by school psychologists to aid children refusing school for this reason compared to the prescriptive approach of Kearney and Silverman. School psychologists in this study were more likely to rely on child counseling, teacher consultation, and social skills training to address children fearing social/evaluative situations. They did not consistently identify anxiety-reducing interventions found to be effective for children with fear of social/evaluative situations (Kearney, 2002; Kearney et al., 2001; Kearney & Silverman, 1990, 1999). Based on the responses of the sample, school psychologists

encountering children refusing school for this reason may employ interventions addressing specific skills deficits, but fail to address the underlying anxiety motivating the desire to refuse school.

The gain of attention from family or others. Kearney and Silverman identified a number of effective interventions to intervene with children refusing to attend school to gain attention (Kearney, 2001; Kearney & Albano, 2000; Kearney & Silverman, 1999). They endorsed parent training, the use of behavioral techniques such as rewarding attendance by reinforcing the lack of school refusal behaviors, providing negative consequences for school refusal behaviors, and ignoring misbehavior/exaggerated somatic complaints. Additional intervention components included the establishment of fixed routines and restructuring parental commands.

Table 12 displayed the percentage of item participants endorsing these interventions as highly effective to address this function of school refusal behavior: parent training (99.2%), rewarding attendance (71.3%), restructuring parental commands (71.3%), establishment of fixed routines (69.0%), ignoring misbehavior/exaggerated somatic complaints (37.2%), and providing negative consequences for school refusal behaviors (36.4%). Results indicated that there was a low amount of overall consistency between interventions

selected by school psychologists and those advocated by Kearney and Silverman because only parent training was selected by participants with a high degree of consistency. However, it is encouraging that nearly 70% of respondents endorsed three of the other recommended strategies to reduce school refusal motivated to gain attention. These results suggest that school psychologists were aware of the need to change the manner in which parents interacted with their children if the school refusal behavior was to be eliminated. However, school psychologists may not be addressing specific behavioral techniques (particularly negative consequences or ignoring behavior) that have been found to be effective. (Chorpita et al., 1996; Kearney & Silverman, 1990; Kearney et al., 2001).

Access to tangible reinforcers outside the school setting. For children displaying school refusal behavior to pursue more highly valued items/activities outside of school, contingency contracting, escorting students to class, and communication skills training for family members had been shown to be effective in reducing school refusal (Kearney, 2001, 2002; Kearney & Silverman, 1990, 1999). Table 12 displayed the percentage of item participants endorsing these interventions as highly effective to address this function of school refusal behavior: contingency contracting (78.5%), escorting students to class (30.8%),

and communication skills training for the family (12.3%). The highly consistent selection of only contingency contracting suggested that a low level of agreement existed between the interventions supported by the research of Kearney and Silverman to manage this function of school refusal and those identified by school psychologists in this study. School psychologists in this investigation also endorsed parent training and rewards for school attendance with a high degree of consistency. This suggested that school psychologists recognized the need to include the family and behavioral contingencies as part of an intervention for children motivated to refuse school for this reason. Results also implied they may fail to address family factors contributing to the school refusal (e.g., poor communication).

Research Question 3 also examined whether school psychologists differentiated the interventions they found to be effective depending on the underlying function of school refusal behavior. Participants were asked to endorse the interventions they thought were the most effective to address school refusal depending on four possible underlying functions (i.e., avoidance of stimuli provoking general negative affectivity, escape from aversive social or evaluative situation, attention seeking, and tangible reinforcement outside school). For each of the four

functions, interventions were ranked based on the frequency of selection by respondents.

For each of the four functions, the intervention of parent education/training emerged as a consistently selected intervention ranking within the top four interventions for each of the four functions. This suggested that school psychologists in this investigation recognized the need for parent involvement to effectively reduce school refusal behavior regardless of the underlying motivation.

Interventions including child education about anxiety, systematic desensitization, and pharmacotherapy have been established as effective interventions to reduce anxiety and depression in children (Berstein et al., 2000; Kendall, 1992; Kendall et al., 1997). These interventions were more frequently selected by participants for children refusing school to avoid stimuli provoking a sense of general negative affectivity. This suggested that school psychologists recognized the feelings of anxiety and depression associated with this specific function of school refusal behavior. Although they did not select these interventions with a high level of consistency, they recognized the need to reduce feelings of anxiety/depression for these children.

Social skills training was more frequently selected as highly effective to address school refusal behavior

motivated by avoidance of aversive social or evaluative situations. This intervention choice was consistent with interventions proposed in the literature to reduce social anxiety (Sareen & Stein, 2000).

For children motivated to refuse school to avoid feelings of general negative affectivity and to avoid social or evaluative situations, teaching relaxation techniques was more consistently selected as effective when compared to the remaining functions. Again, this suggested the recognition of the school psychologists in this study of the need to address underlying feelings of anxiety or distress that a child may be experiencing in the school environment.

Participants more frequently endorsed the restructuring of parent commands as a highly effective intervention when children engaged in school refusal behavior to gain attention or access to tangible reinforcers outside of school. For children that refuse to attend school to gain access to something highly desired, school refusal is positively reinforced by gaining access to the things that they want. Respondents' selection of altering how parents place demands on their child reflects a behavioral approach to addressing this behavior.

School Psychologists' Experiences with Students Displaying School Refusal Behavior

Research Question 4 explored the experiences of school psychologists as to the types of interventions they felt competent to implement, training experiences, risk factors associated with school refusers, and interventionists in the school setting.

Interventions school psychologists report feeling competent to employ with school refusers. Results indicated that 78.5% of school psychologists provided interventions to students displaying school refusal. Participants were asked to identify what interventions strategies they felt competent to employ based on their professional training. The most commonly identified intervention was teacher consultation (92.3%). Greater than 75% of respondents also reported competency in the utilization of child counseling, rewards for school attendance, parent education/training, and contingency contracting. In contrast, less than half of the respondents reported feeling prepared to use interventions such as systematic desensitization, cognitive restructuring, role-playing, self-reinforcement, restructuring parental commands, negative consequences for inappropriate behavior, and communication skills training. Research indicates that these interventions are highly effective in reducing school refusal behavior (Chorpita et

al., 1996; Kearney & Silverman, 1990, 1999; Kearney et al., 2001; King et al., 1998). Unfortunately, these findings suggest that school psychologists do not feel they are adequately trained to implement many of the most effective interventions to reduce school refusal behaviors.

Professional training to intervene with school refusal behavior. Previous findings highlighted specific interventions that school psychologists did not feel they had sufficient training to implement. When participants were asked if they felt school psychologists were adequately trained to provide interventions to children displaying school refusal behavior, 51.6% indicated that school psychologists were not adequately trained in this area. This finding suggested that, although participants' consistently selected five interventions that could be used to aid school refusers, many school psychologists are keenly aware of their limitations in intervening with school refusers. This indicates that if school refusal behavior is to be addressed in the school setting by school psychologists, additional training experiences will be needed to help practitioners develop intervention skills in this area.

For those that thought school psychologists were adequately trained, individual exploration of the topic was most frequently identified as a helpful professional

experience. The majority of those responding to this survey item also identified graduate school training and conference attendance as helpful experiences. Professional experiences such as school in-service training, working with school refusers, and collaboration with more experienced colleagues were infrequently selected as helpful in preparing school psychologists to intervene with school refusers.

Risk factors associated with school refusal behavior. When asked to identify factors that precipitate or exacerbate school refusal behavior, 70% or more of the respondents endorsed factors such as performance anxiety, school victimization, fear of separation from caregiver, family discord, and family stress. Table 18 illustrated that rebellion, substance abuse, family poverty, neglect, and teen pregnancy were the least consistently endorsed risk factors. The two most commonly endorsed risk factors, performance anxiety and school victimization, are events that occur within the school setting. These situations could be targeted by school psychologists and other school personnel as areas of prevention to help reduce incidences of school refusal behavior.

The participants' responses emphasized factors associated with fear or emotional distress. Mitchner's (1998) work in exploring school psychologists' experiences with truancy revealed that school psychologists frequently

endorsed substance abuse and rebellion as risk factors contributing to absenteeism. This provided further evidence that school psychologists in this study drew a distinction between students refusing school due to underlying anxiety or depression versus students considered as "truant." This continued distinction in the conceptualizations of anxious school refusers and truants may result in a subgroup of students that are not helped resulting in continued school absenteeism.

Interventionists in the school setting. When asked what individuals were typically involved in the implementation of an intervention to address school refusal, school psychologists most frequently identified school counselors (85.5%) and themselves (84.7%) as being involved in intervention implementation. This indicates that school counselors may also have a strong likelihood of encountering and intervening with students displaying school refusal behavior. The results suggest that consideration should be given to expanding training opportunities in school refusal interventions to include other school personnel who are likely to encounter children with these needs. Having multiple persons equipped to help address school refusal behavior may also create opportunities for school personnel to specialize in particular interventions (e.g., contingency contracting, systematic desensitization, parent training in

establishing home schedules, etc.) that could be specifically implemented depending on the reason the child is refusing school.

Other consistently identified intervention participants included parents (77.1%) and the classroom teacher (72.5%). Other team members that might also be involved included the school social worker, community mental health providers, school truancy officer, school administrators (e.g., attendance director, assistant principal), and a special education teacher. Inclusion of the student and classroom teacher as part of the intervention team was selected by 67.9% and 72.5% of participants, respectively. This appeared inconsistent with the report of school psychologists in terms of interventions they feel competent implementing. Specifically, teacher consultation (92.3%) and counseling of the child (83.1%) were the two most commonly selected interventions school psychologists felt competent employing with school refusers.

Barriers to Involvement

Research Question 5 examined what barriers were reported by school psychologists not working with school refusers. Results indicated that 21.5% of school psychologists reported that they did not provide interventions to students displaying school refusal. Nearly 50% or greater reported others intervening appropriately and

lack of referral as reasons that they did not provide interventions to children refusing to attend school. With school psychologists identifying themselves among the top two school personnel involved in interventions, it would be interesting to know what other individuals are providing the interventions and what interventions are being provided.

Limited skill/knowledge in the area of assessment and intervention were selected as barriers to involvement by 7.9% and 11.1% of school psychologists, respectively. This finding was surprisingly low given that over half of the respondents indicated that school psychologists are not adequately trained to intervene with school refusers.

Limited time due to assessment responsibilities was selected as a barrier by 36.5% of school psychologists. Mitchner (1998) previously identified this as a barrier in her work investigating school psychologists' involvement with truant students. Mitchner (1998) stated, "…Whether they worked with truants or not, many school psychologists also indicated that they were too overburdened with their other job duties (especially evaluations) to work to a considerable degree with truants" (p.106). This suggests that assessment related job responsibilities continued to be a hurdle for school psychologists in providing assistance to children displaying these behaviors.

The Relationship of Demographic Variables to School Refusal Interventions Employed by School Psychologists

Research Question 6 explored the relationships between the demographic variables of the participants and the frequency of annual referrals involving school refusal behavior on the interventions used by school psychologists to address school refusal. Demographic variables of the participants included sex, age range of participant, populations of students served, years of professional experience, and highest degree earned.

A significant relationship was found between the age range of survey participants and the intervention of parent counseling, post-hoc analysis indicated that no specific conclusions could be drawn. A significant relationship was also found between the years of experience of survey participants and the intervention of social skills training LR (4, N = 130) = 16.497, p = .002. Post-hoc comparisons revealed that school psychologists with 11 to 15 years of professional experience were more likely than expected not to use social skills training with school refusers. Conversely, fewer individuals than expected indicated that they did not use social skills training among school psychologists with one to five years of professional experience.

Practical Implications

The primary objective of this study was to investigate the knowledge base and experiences of practicing school psychologists in regard to school refusal behavior. Further, the investigator explored the consistency of school psychologists' intervention practices with school refusers to that recommended in the research by Kearney and Silverman.

School psychologists in this investigation appeared to retain a more traditional definition of school refusal behavior characterized by fear, anxiety, missing a full school day, and parental knowledge of the student's absence. This stands in contrast to more encompassing definitions such as the one proposed by Kearney and Silverman, which also includes children that refuse school for reasons beyond school-related anxiety and children that skip only certain class periods. Because practicing school psychologists continue to maintain a fairly narrow view of children considered as being school refusers, it is possible that a number of children with emotional or behavioral concerns related to attending school will go unidentified. Consequently, these children will be unlikely to be involved in interventions to reduce these emotional or behavioral issues (e.g., excessive tardiness, class skipping,

experiences of emotional duress when in the school environment).

School psychologists most often indicated that their definition of school refusal behavior was derived from professional experience as opposed to research in the field. This is not surprising given the confusion of terms within the literature (e.g., school refusal behavior, truancy, school phobia) and the observation that much of the work in this area is published in clinical journals.

Performance anxiety and school victimization were chosen by over 75% of school psychologists as risk factors that may precipitate or exacerbate school refusal in children. This may suggest areas for school-wide prevention programs, such as anti-bullying or stress management for students. As statewide standardized achievement testing increases, this may become an area of even greater concern. School psychologists could be involved in the development and implementation of such programs, which could have the added impact of reducing school refusal behavior in addition to reducing bullying or test-related anxiety experienced by students.

School psychologists frequently identified the key characteristics of each underlying function of school refusal behavior proposed in Kearney and Silverman's model. School psychologists' ability to differentiate the

characteristics associated with each function was somewhat surprising given their reported lack of familiarity with the research of Kearney and Silverman. This finding may be attributable to school psychologists' understanding and support of the use of functional behavioral assessment (Nelson, Roberts, Rutherford, Mathur, & Aaroe, 1999). Functional behavioral assessment promotes the recognition that a problematic behavior, such as refusing to attend school, can be motivated by a variety of reasons. This is consistent with Kearney and Silverman's model that maintains that school refusal is motivated by a variety of differing reasons.

When considering the most effective interventions to reduce school refusal, school psychologists displayed some differentiation in the specific interventions they endorsed depending on the underlying motivation for the school refusal. There was a general consensus among school psychologists that parent training was highly effective regardless of the underlying function. For children seeking attention or positive reinforcement outside of school, restructuring of parent commands was among the most frequently endorsed intervention technique. The teaching of relaxation techniques was frequently endorsed as an effective intervention for children refusing school to avoid feelings of distress or attempting to avoid aversive

social/evaluative situations. Use of social skills training was more consistently endorsed as effective for children attempting to avoid or escape aversive social/evaluative situations than for children refusing school due to the remaining underlying functions.

Overall, the responses of the school psychologists reflected a multifaceted approach to intervening with school refusers drawing upon interventions to address both within-child factors (e.g., anxiety management, social skill deficits) and individuals in the environment affecting their behavior (e.g., parent training and teacher consultation). This seems to reflect the ability of school psychologists to examine multiple factors contributing to a child's behavior, and the ability to intervene in a variety of ways to modify a behavior.

Although the responses of the school psychologists participating in this study reflect a differentiation in what techniques were considered effective depending on the function of school refusal, their intervention selections were not highly consistent with current research in this area. This was particularly true when underlying feelings of anxiety motivated school refusal. School psychologists did not consistently endorse interventions (e.g., systematic desensitization and behavioral exposures), which have been determined to be effective in the treatment of anxiety in

general, and specifically for school refusal (Kendall, 1994). Moreover, cognitive-behavioral interventions have been successful in the reduction of school refusal behavior in a brief treatment model (Anderson et al., 1998; Chorpita et al., 1996; Kearney & Silverman, 1999; King et al., 1998). The provision of psychological services such as this over a brief time period (4 to 7 weeks or up to 10 sessions) is consistent with the role and function of the school psychologist practicing in the school setting.

Failing to consistently select these interventions may be related to a lack of knowledge in how to implement some of the cognitive-behavioral interventions most effective in addressing anxiety. This may also reflect a lack of professional experience in the implementation of such interventions despite a theoretical understanding of the techniques. Less than half of participants indicated that they could competently employ interventions such as systematic desensitization, cognitive restructuring, and exposure to fearful situations. Other interventions identified as highly effective (e.g., role-play, restructuring parent commands) were endorsed by 40% or less of school psychologists as interventions they feel competent using.

This finding suggests that despite the well-established effectiveness of cognitive-behavioral interventions to

reduce anxiety, school psychologists' reported lack of expertise in these interventions might result in a lack of consideration of such techniques. Even if these interventions were considered for a child displaying school refusal behavior, school psychologists may feel incapable of ethically implementing the intervention based on their professional training. This would appear to be supported by the results of this study in which 51.6% of participants reported that school psychologists were not adequately trained to intervene with school refusers.

Provided that the role of the school psychologist is a balance between evaluator and interventionist, these findings may have implications for school psychology training programs and for practitioners in the field. Specifically, training programs should consider the importance of providing practicum experiences in the implementation of mental health interventions in addition to coursework emphasizing the theory of such interventions. For those school psychologists already practicing in the field, it becomes the professional responsibility of the practitioners to seek educational opportunities to improve skills in needed areas and to maintain skills consistent with current practice.

Approximately 75% of practicing school psychologists hold Master's or Educational Specialist degrees (Curtis et

al., 2008). During the two to three years of graduate study needed to attain these degrees, school psychology programs have 11 areas of professional competency in which students must be prepared. It is little wonder that the school psychologists participating in this study, the majority of which hold Master's or Specialist level degrees, did not have the opportunity to gain competency in the delivery of cognitive-behavioral interventions as applied to school refusal.

Once graduate students enter the field as practicing school psychologists, the ability to reconcile job responsibilities with continuing education and professional development in each of the 11 areas becomes increasing challenging. A study conducted by Miller, Maricle, and Deornellas (2009) highlighted the growing concern of school psychologists regarding the ability to maintain competency in all areas of current practice. Specifically, they found that 52.7% of the school psychologists in their study were in support of recognizing subspecialties within the field of school psychology (Miller et al., 2009). The top five areas of specialization identified in the study included autism spectrum disorder, early childhood/preschool services, applied behavioral analysis, school neuropsychology, and counseling/crisis intervention.

The findings within the present study may be further support of a need to develop subspecialties within field of school psychology. This would allow practitioners to develop intervention skills in specific areas of practice and be better prepared to aid children such as school refusers. Movement towards subspecialization in the field of school psychology could result in better service delivery for all children and prevent the field from falling prey to the famous expression, “Jack of all trades and master of none.”

Limitations of the Study

Although substantial time and consideration were devoted to the planning and execution of this study, threats related to statistical conclusion and external validity remain which limit the generalization of the findings. The primary threat to the statistical conclusion validity of this study involves issues of instrumentation. The instrument used in this investigation was significantly adapted from a survey designed by Mitchner (1998) in her study of truancy. Mitchner’s survey did not include any specific information related to the validity or reliability of the instrument itself. The survey used in the present study carries with it similar limitations in that no research investigating the reliability or validity of the tool has been conducted. As a result, the ability of the

survey to validly collect information regarding school refusal behavior in a reliable manner is unknown.

An additional limitation involving instrumentation includes the survey design. The investigator conducted a pilot of the survey incorporating both written and verbal feedback from a focus group to help reduce survey design related issues. However, it is possible that the wording of questions and the length of the survey affected participants' responses and the response rate. Although 154 individuals returned surveys, only 132 surveys were included in the results of this investigation. This was due in part to respondents skipping questions or writing other statements on the survey itself qualifying their answers. The investigator eliminated some of the returned surveys due to insufficient completion of survey items.

A final threat to the statistical conclusion validity of this study involved the number and presentation of interventions included in survey questions to be analyzed. Specifically, the investigator analyzed the relationships of demographic variables of the participants and 21 specific interventions used to address school refusal. This resulted in the need for using the Bonferroni Correction during the analysis, reducing the alpha level to .0024. Consequently, very few analyses reached statistical significance raising the possibility of inflating type II error. It is possible

that relationships between these variables exists, but were unidentified due to the number of analyses conducted.

An additional concern, which may have affected the results of this study, involved the presentation of the interventions used in the survey. Because interventions were not operationally defined, it is possible that respondents had difficulty correctly reporting the specific interventions they are professionally trained to utilize. For example, a participant may have endorsed the intervention “child counseling” with the belief that other interventions listed separately (e.g., cognitive restructuring, systematic desensitization, teaching relaxation skills) would be subsumed under this intervention category. Another possibility is that school psychologists utilize specific intervention techniques in practice, but they may use different terminology than what was used in this survey. These issues could have resulted in an underestimate of school psychologists’ ability to implement more specific intervention techniques.

Threats to the external validity of this research exist which may also limit the ability to generalize the findings to the population of school psychologists practicing in public schools. As mentioned previously, the final response rate of this study was 26.4% despite multiple mailings of the survey and the addition of a small incentive. A

response rate of this size calls into question the characteristics associated with those that did not participate and the impact this might have had on the results of the study. With such a large proportion of individuals choosing not to participate, any generalization of these findings must be made with caution.

Lastly, the Hawthorne Effect represents an additional consideration that may have impacted the results of this study and the validity of the findings to the greater population of practicing school psychologists. The survey used in this investigation requested information pertaining to school psychologists' training and abilities to implement interventions with school refusers. Although participants were informed that responses would be kept confidential, individuals may still have felt compelled to respond in a manner that cast them in a more positive light or in a way that they believed was desirable to the investigator.

To address the limitations identified in this investigation, changes to the instrument and in the survey procedure could be taken. Specifically, the instrument could be condensed, which might increase participation and survey completion. Reducing the number of item choices (e.g., number of interventions listed) may also result in the increased possibility of finding relationships between interventions used and demographic variables (e.g., years of

professional experience, population(s) of students served). Response choices that are used could be operationally defined to aid in the clarity of the instrument and reduce the impact of respondent error on the results. Lastly, adding additional contacts with the school psychologists included in the sample, through either an additional mail or phone contact, may increase the overall response rate and improve the ability to generalize the results.

Suggestions for Future Research

The results of this study raise a number of questions that could be explored in future research. More than half of the participating school psychologists did not feel they were adequately trained, in general, to provide interventions to school refusers. Further, school psychologists in this study did not consistently identify cognitive behavioral interventions as highly effective for children motivated to refuse school to avoid/escape anxiety associated with school. Fifty percent or less of the participants indicated having the professional training to comfortably use these interventions with children. This might suggest that school psychologists' lack of training in these techniques results in the selection and implementation of less effective interventions. An area of future research could explore the types of training experiences school

psychologists believe would benefit them in preparation to work with students displaying school refusal behaviors.

Much of the research reviewed for this investigation examined the effectiveness of interventions conducted in clinical settings as opposed to occurring within school settings. Over 75% of the school psychologists in this study reported feeling prepared to work with parents as part of an intervention, and they consistently identified parent education/training as a highly effective intervention. A second area of future research could examine the effectiveness of intervening with school refusers using interventions coordinated between the home and school settings. This would help to further clarify the efficacy of short-term, prescriptive, school-based interventions in reducing school refusal behavior.

As a related issue, a third area of future research could explore what factors may be related to intervention ineffectiveness within the school setting. If these risk factors could be isolated, it might provide additional guidance to school psychologists to identify cases of school refusal behavior that would be more resistant to school-based intervention. Some factors identified by school psychologists in this investigation as precipitating or exacerbating school refusal (e.g., substance abuse, family stress, discord, poverty) lie beyond the reach of school

based interventions. In these situations, outside referrals to the appropriate social service, community medical or mental health agencies could be made more efficiently. This would also help to ensure that the interventions used to reduce school refusal are best suited to meet the needs of children and their families.

Summary and Conclusions

Results of this study suggested that school psychologists largely continue to define school refusal behavior as missing a full school day with parental knowledge as the result of emotional distress (e.g., fear, anxiety). The source of their definition was most frequently derived from professional experiences as opposed to research or state/district guidelines.

School psychologists were not highly familiar with Kearney and Silverman's prescriptive treatment model for reducing school refusal behavior. Although school psychologists were not specifically familiar with the work of these researchers, results suggested that they did differentiate the characteristics associated with the underlying functions of school refusal. They also differentiated the types of interventions they believed to be most effective depending on the underlying motivation for the behavior. This finding is consistent with the widely accepted practice of using functionally based assessment to

identify environmental antecedents or consequences that might maintain an undesirable behavior in an effort to develop the most appropriate and effective intervention.

Nearly 75% of school psychologists reported receiving referrals for and intervening with children displaying school refusal behavior, although the vast majority only received five or less referrals annually. Although school psychologists reported that they were commonly involved in implementing interventions addressing school refusal, others intervening appropriately and lack of referral were reported as barriers by those not working with school refusers.

Although school psychologists associated school refusal behavior with anxiety or fear related to school, cognitive-behavioral techniques were not consistently identified as effective intervention strategies. Cognitive-behavioral interventions were also not consistently endorsed as interventions school psychologists felt they had the professional training to use. More often, school psychologists reported using techniques such as teacher consultation, counseling the child, parent education/training, and contingency management to address school refusal behavior. Demographic variables and the number of annual referrals received involving school refusal behavior were not strongly associated with the types of

interventions used by school psychologists working with school refusers.

Over half of the school psychologists participating in this study indicated that school psychologists are not adequately trained to intervene with school refusers. Given the variety and potential severity of the short and long term consequences associated with school non-attendance, intervention for such behavior is critical to children's well-being. The reported lack of training in this area is extremely unfortunate given the research indicating that a brief treatment model can be used effectively to reduce school refusal. It is possible that changes within the field of school psychology may support increased specialization in particular areas of practice. This may lead to greater opportunity for school psychologists to receive advanced training in the interventions that have been shown to be highly effective in reducing school refusal behavior.

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Appendix A

Research Questions, Hypotheses, Variables, and Statistical Analyses

Research Question	Hypotheses	Variables	Statistic
1. How do school psychologists define school refusal behavior?	No hypothesis is feasible.	Question 7: Behaviors included in school psychologists' definition of school refusal behavior.	Show the distribution of responses including frequency, percentage, and rank for each response in a table format.
2. Do school psychologists define school refusal behavior in a manner consistent with Kearney and Silverman's functional analysis and how familiar are they with Kearney and Silverman's Functional Model?	No hypothesis is possible.	Questions 6, 10, 11, 12, and 13: Characteristics of the functions of SRB. Familiarity with the Kearney and Silverman Model.	For each function of SRB, show the distribution of responses including frequency, percentage, and rank for each response in a table format.
3. Are intervention strategies selected as most effective by school psychologists for students with school refusal behavior consistent with Kearney and Silverman's functional analysis?	No hypothesis is tenable.	Questions 21, 22, 23, and 24: Intervention strategies most appropriate depending on the function of the SRB.	For each function of SRB, show the distribution of responses including frequency, percentage, and rank for each response in a table format.

(table continues)

Research Question	Hypotheses	Variables	Statistic
4. What are the experiences of school psychologists related to school refusal behavior in terms of interventions used, risk factors, training, and interventionists in the school setting?	No hypothesis is feasible.	Questions 9, 14, 19, 20: Types of interventions employed, risk factors, professional training experiences, typical interventionists	For each question, show the distribution of responses including frequency, percentage, and rank (where appropriate) for each response in a table format.
5. What do school psychologists report as barriers to their involvement with school refusal behavior?	No hypothesis is tenable.	Question 16: Barriers to involvement	Show the distribution of responses including frequency, percentage, and rank for each response in a table format.
6. What is the impact of demographic variables and frequency of annual referrals involving school refusal behavior on the interventions used by school psychologists to address school refusal behavior?	No hypothesis is possible.	Questions 1, 2, 3, 4, 5, 17, 19: Sex, age, population of students served, years of experience, highest degree earned, number of annual referrals for students displaying SRB, interventions used to reduce SRB	For each of the six variables: Chi-square test for independence using a Bonferroni correction

Appendix B

Indiana University of Pennsylvania Institutional Review Board Approval Letter

Indiana University of Pennsylvania

School of Graduate Studies and Research
Office of the Assistant Dean for Research
Stright Hall, Room 113
210 South Tenth Street
Indiana, Pennsylvania 15705-1048

724-357-7730 - Assistant Dean for Research
724-357-2224 - Thesis and Dissertation
724-357-2439 - Centers and Institutes
724-357-2715 - FAX
Internet: *http://www.iup.edu/graduate/research*

October 17, 2006

Danielle DeAngelis
517 West 19th Street
Tyrone, PA 16686

Dear Ms. DeAngelis:

Now that your research project has been approved by the Institutional Review Board for the Protection of Human Subjects, I have signed your Research Topic Approval Form. Based on this form, your anticipated graduation date is May 2007. You must apply for graduation by March 1, 2007. This means that your dissertation must be submitted to the School of Graduate Studies and Research by April 15, 2007.

Please read your Thesis/Dissertation Manual carefully and follow it exactly. Calendar requirements for your expected graduation are listed on page seven. If you do not adhere to the dates specified, or if you do not follow the guidelines on how the dissertation should be formatted, the School of Graduate Studies and Research will not approve the dissertation.

If you find that you are not going to be able to complete your dissertation in time for the scheduled graduation, please contact Beverly Obitz (724/357-2224 or bobitz@iup.edu) so that we can update our records. In addition to assistance provided by your Graduate Coordinator and Committee Chairperson, Ms. Obitz can also answer any questions you may have regarding formatting guidelines.

If you change your topic or your committee, a new Research Topic Approval Form must be completed.

I wish you well and hope you find this experience to be rewarding.

Sincerely,

Michele S. Schwietz

Michele S. Schwietz, PhD
Assistant Dean for Research

xc: Dr. Mary Ann Rafoth, Interim Dean
Dr. Joseph Kovaleski, Graduate Coordinator
Dr. Mary Ann Rafoth, Dissertation Advisor
Ms. Julie Bassaro, Secretary

MS:bjo/afterirb.dis

Appendix C

National Association of School Psychologists Research Committee Approval to Access Membership Database

From: “Jeff Charvat” <JCF-IARVAT@naspweb.org>
Subject: RE: application resubmission
Date: October31, 2007 2:29:53 PM EDT
To: “DEANGELIS, DANIELLE’ <dld15@scasd.org>
~ Attachments, 421 KB

Dear Danielle,

Good news! The NASP Research Committee has approved your request for a sample of NASP members for research purposes. The Committee offers these recommendations for you to consider:

1. To ensure the targeted sample size of 250, consider increasing the sample size.

2. The application materials state that the survey will be conducted anonymously, while the cover later indicates that the results will be confidential. Because there are identification numbers on the survey, the respondents could conceivably be identified. Thus, the survey should be identified as confidential rather than anonymous.

3. The name of a person who represents the IRB should be on the cover letter.

4. Reviewers wondered about the practical significance of research question two. How does having this question answered assist in furthering our

practical knowledge of working with school refusal behavior?

5. In question 7 of the survey, the researchers may want to provide a short description of the model (e.g., functional approach to school refusal) rather

than only the authors’ names, as very few practitioners are likely to recognize “Kearney and Silverman”.

6. In question 9 of the survey, reviewers wondered about “legal” definitions of school refusal behavior. This may need to be clarified.

7. consider adding a column in questions 11 and 24 for “don’t know” or “not applicable.”

8. Consider moving Q20 to follow Q17 in order to increase flow of the survey.

9. For question 23, consider including another response option that would indicate that other team members appropriately intervene.

10. Consider beginning question 25 with the word “how.” This facilitates a broader response rather than eliciting a “yes” or “no” response.

11. Rewording the last question may be helpful. One suggestion might be, “What do we, as researchers, need to know about school refusal behavior or interventions that was not included on this survey?”

These are suggestions for you to consider. You may order mailing labels from Infocus by contacting Beth Donley of Infocus at 1-800-708-LIST, ext. 3248 or bdonley0~infocusnet.com. I have attached Infocus’ new information sheet and order form, for your information, though much of it applies to commercial vendors (a special rate of $65 for a maximum of 1,000 labels applies for researchers).

Best of luck with your research,
Jeff

Jeffrey L. Charvat, PhD
Director, Research and Information Services
National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270, ext. 244
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Appendix D

Cover Letter

July 30, 2008

Dear School Psychologist:

I am a doctoral student enrolled in the Indiana University of Pennsylvania's school psychology program. I am interested in obtaining information regarding how school psychologists classify school refusal behaviors and intervene with youths who exhibit school refusal behaviors. Research suggests that the refusal to attend school has a number of negative short-term and long-term consequences for children and adolescents, which makes this a vital area for research. Along with other educational professionals and parents, school psychologists are uniquely trained to assess this behavior and to implement interventions to reduce school refusal behavior.

The enclosed survey was developed to examine school psychologists' knowledge regarding the identification of specific types of school refusers and the types of interventions provided to these youths. This survey is adapted from a survey by Mitchner (1998), which was circulated nationally to school psychologists.

This survey was mailed to a sample of 500 school psychologists randomly selected from the National Association of School Psychologist (NASP) membership database. Your participation in this investigation is **strictly voluntary** and there are no known discomforts or risks associated with this research. Please be aware that even if you agree to initially participate in this study, you may withdraw at any time without penalty by contacting the principal investigator. The enclosed survey should take about 20 minutes to complete. All information that is collected will be kept confidential and will only be reported as group data. There is an identification number located on the survey and return envelope, which is used to verify returned surveys and prevent duplication of subsequent mailings. Your name will not be placed on a survey, nor will your name be linked back to your responses. Please complete and return the survey in the enclosed, postage paid envelope by **8/15/08**. Your return of a completed survey implies consent. If you would like to receive an abstract containing the results of the study, please indicate this **on a separate piece of paper** when you return the questionnaire.

Please feel free to contact me or my advisor at the numbers listed below if you have any questions or need additional information.

If you choose not to participate, please return the incomplete survey in the enclosed envelope.

Thank you for your time and cooperation in the completion of this research project.

Sincerely,

Danielle L. DeAngelis
Doctoral Candidate
Educational & School Psychology
246 Stouffer Hall
Indiana, PA 15701-9985
(814) 935-3187
dldeangelis75@atlanticbb.net

Dr. Mary Ann Rafoth, Dissertation Chair
Dean, College of Education and Educational Technology
104 Stouffer Hall
Indiana, PA 15705
(724) 257-2480
mrafoth@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects chaired by Dr. Michele Schwietz (Phone: 724/357-7730).

NOTE: Survey adapted from a survey by Mitchner (1998), circulated nationally to school psychologists.

Appendix E

Survey

A Survey of School Psychologists' Knowledge of School Refusal Behavior and Intervention Strategies

INSTRUCTIONS: Please complete the following questions to the best of your abilities by placing a check mark in the space provided.

Demographic Information

1. Please indicate your sex.

____Female
____Male

2. Please indicate your age.

_____

3. What types of populations do you serve (please check all that apply)?

____Preschoolers
____Elementary
____Middle school/junior high
____High school

4. Please indicate the highest degree you have earned.

____Ed.S.
____MA/MS/M.Ed.
____ Psy.D., Ph.D., Ed.D., D.Ed.
____MA, MS, M.Ed.+30 Hrs
____Other (please specify)

5. Please indicate the number of years you have been a practicing school psychologist.

_____

The basis for some of the questions included in this survey can be found in the survey constructed by Mitchner (1998)

Knowledge of Defining School Refusal Behavior

6. To what degree are you familiar with Kearney and Silverman's model of identifying the function of school refusal behavior and prescriptively implementing an intervention based on the function of the behavior?

____I have no knowledge of this model
____Minimal (read 1 to 2 articles on the topic)
____Moderate (read 3 or more articles, read a book regarding the model, or attended a conference/workshop on the topic)
____Advanced (Conducted research or a presentation on the model)

7. How do you define school refusal behavior (check all that apply)?

____Student is illegitimately absent from school
____Student absence is condoned by parents
____Student absence is not condoned by parents
____Student is absent due to separation anxiety
____Student is absent due to school phobia
____Student is absent due to fear of social or evaluative situations
____Student is absent to pursue tangible reinforcers (e.g. sleeping late, spending time with peers)
____Student is usually absent with parental knowledge
____Student is usually absent without parental knowledge
____Student displays excessive tardiness
____Student is absent from specific class or classes
____Student is absent for a full school day
____Student attends school under great duress
____Student attends school following misbehavior (e.g. tantrum)

8. What is the source of your definition(s)?

____State definition
____District definition
____Research in the field
____Professional experience
____Other (please specify)_____

9. Which of the following risk factors most often precipitate and/or exacerbate school refusal behavior among students (check all that apply)?

____Academic/cognitive delay
____Family discord
____Family poverty
____Rebellion
____Performance anxiety
____Behavior problems
____Fear of separation from caregiver
____Substance abuse
____Teen pregnancy
____Neglect
____Peer pressure
____Family stress
____School victimization
____Social skill deficits

10. Which of the following characteristics are associated with youths that refuse to attend school to avoid feelings of anxiety or depression related to the school setting (check all that apply)?

____Early onset of school refusal
____Late onset of school refusal
____Absence from school occurs *with* parental knowledge
____Exhibiting anxiety about attending school
____Child fearing separation from caregivers
____Absence from school occurs *without* parental knowledge
____Absence from school occurs to gain sympathy or attention from family
____Engaging in home-based activities (i.e. video games, watching TV) when absent from school
____Engaging in delinquent activities
____Refusing to attend school due to a fear of an object in/near the school
____Refusing to attend school to escape aversive social/evaluative situations
____Displaying somatic complaints when school attendance is anticipated
____Engaging in disruptive behaviors when in school
____*Not* engaging in disruptive behaviors when in school
____Absence from school occurs to avoid something in the school environment that provokes fear or anxiety
____Absence from school occurs to pursue preferred activities
____Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression

11. Which of the following characteristics are associated with youths that refuse to attend school to escape social or evaluative situations in the school setting (check all that apply)?

____Early onset of school refusal
____Late onset of school refusal
____Absence from school occurs *with* parental knowledge
____Exhibiting anxiety about attending school
____Child fearing separation from caregivers
____Absence from school occurs *without* parental knowledge
____Absence from school occurs to gain sympathy or attention from family
____Engaging in home-based activities (i.e. video games, watching TV) when absent from school
____Engaging in delinquent activities
____Refusing to attend school due to a fear of an object in/near the school
____Refusing to attend school to escape aversive social/evaluative situations
____Displaying somatic complaints when school attendance is anticipated
____Engaging in disruptive behaviors when in school
____*Not* engaging in disruptive behaviors when in school
____Absence from school occurs to avoid something in the school environment that provokes fear or anxiety
____Absence from school occurs to pursue preferred activities
____Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression

12. Which of the following characteristics are associated with youths that refuse to attend school to gain attention from family or others (check all that apply)?

____Early onset of school refusal
____Late onset of school refusal
____Absence from school occurs *with* parental knowledge
____Exhibiting anxiety about attending school
____Child fearing separation from caregivers
____Absence from school occurs *without* parental knowledge
____Absence from school occurs to gain sympathy or attention from family
____Engaging in home-based activities (i.e. video games, watching TV) when absent from school
____Engaging in delinquent activities
____Refusing to attend school due to a fear of an object in/near the school
____Refusing to attend school to escape aversive social/evaluative situations
____Displaying somatic complaints when school attendance is anticipated
____Engaging in disruptive behaviors when in school
____*Not* engaging in disruptive behaviors when in school
____Absence from school occurs to avoid something in the school environment that provokes fear or anxiety
____Absence from school occurs to pursue preferred activities
____Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression

13. Which of the following characteristics are associated with youths that refuse to attend school to gain access to tangible reinforcers (e.g., sleeping late, playing video games, etc.) outside the school setting (check all that apply)?

____Early onset of school refusal
____Late onset of school refusal
____Absence from school occurs *with* parental knowledge
____Exhibiting anxiety about attending school
____Child fearing separation from caregivers
____Absence from school occurs *without* parental knowledge
____Absence from school occurs to gain sympathy or attention from family
____Engaging in home-based activities (i.e. video games, watching TV) when absent from school
____Engaging in delinquent activities
____Refusing to attend school due to a fear of an object in/near the school
____Refusing to attend school to escape aversive social/evaluative situations
____Displaying somatic complaints when school attendance is anticipated
____Engaging in disruptive behaviors when in school
____*Not* engaging in disruptive behaviors when in school
____Absence from school occurs to avoid something in the school environment that provokes fear or anxiety
____Absence from school occurs to pursue preferred activities
____Child/adolescent is *less* likely to display symptoms of fear, anxiety, or depression

Treatment of School Refusal Behavior

14. Which individuals in your school are typically involved in the implementation of an intervention to address a child's school refusal (check all that apply)?

____Principal
____School nurse
____Classroom teacher
____School counselor
____Parent(s)
____School psychologist
____Student
____Other (please provide details)_____

15. Do you receive referrals for students identified as displaying school refusal behavior?

____Yes
____No

16. If not involved in cases with youths displaying school refusal behavior, please indicate which of the following are barriers to your involvement (check all that apply):

____Lack of referral
____Not a responsibility in current job
____Limited skill/knowledge about appropriate interventions
____Limited skill/knowledge in assessment
____Other team members intervene appropriately
____Lack of time due to conducting assessments
____Other (please elaborate)_____

17. If you do provide services for youths displaying school refusal behavior, approximately how many referrals do you receive each school year?

____1 – 5 referrals
____6 – 10 referrals
____11 – 15 referrals
____16 – 20 referrals
____20 – 25 referrals
____26 + referrals

18. Do you provide interventions for youths displaying school refusal behavior?

____Yes
____No

19. The following is a list of interventions that research has shown to be effective in aiding youths displaying school refusal behavior. Based on your professional training, please check the interventions that you feel comfortable using to address school refusal behavior (check all that apply):

____Teacher consultation
____Counseling the child
____Parent education/training
____Contingency contracting
____Systematic desensitization
____Relaxation techniques
____Counseling the parents
____Cognitive restructuring
____Curriculum modifications
____Teacher education/training regarding school refusal behavior
____Negative consequences for inappropriate behaviors
____Role playing
____Social skills training
____Escorting youth to class
____Self-reinforcement
____Ignoring inappropriate behaviors
____Rewards for school attendance
____Communication skills training
____Developing household routines with parents
____Restructuring parental commands
____Gradual exposure to fearful situations

20. Do you think that school psychologists are adequately trained to provide interventions for students displaying school refusal behavior?

____Yes
____No

If you answered yes, what professional experiences were the most helpful?

____Graduate school training
____Internship experiences
____Conference attendance
____School in-service training
____Individual exploration (e.g., reading journals or books)
____Other (please provide details)_____

21. Which of the following intervention strategies most effectively address youths that refuse to attend school to avoid feelings of anxiety or depression related to the school setting (check all that apply)?

____Teacher consultation
____Parent education/training
____Contingency contracting
____Systematic desensitization
____Relaxation techniques (i.e. deep breathing)
____Counseling the child
____Curriculum modification
____Pharmacotherapy
____Role-playing
____Developing household routines
____Social skills training
____Child education about anxiety
____Self-reinforcement
____Cognitive restructuring
____Behavioral exposures
____Restructuring parental commands
____Ignoring inappropriate behavior
____Rewards for school attendance
____Negative consequences for inappropriate behavior
____Escorting students to class
____Communication skills training

22. Which of the following intervention strategies most effectively address youths that refuse to attend school to escape social or evaluative situations in the school setting (check all that apply)?

____Teacher consultation
____Parent education/training
____Contingency contracting
____Systematic desensitization
____Relaxation techniques (i.e. deep breathing)
____Counseling the child
____Curriculum modification
____Pharmacotherapy
____Role-playing
____Developing household routines
____Social skills training
____Child education about anxiety
____Self-reinforcement
____Cognitive restructuring
____Behavioral exposures
____Restructuring parental commands
____Ignoring inappropriate behavior
____Rewards for school attendance
____Negative consequences for inappropriate behavior
____Escorting students to class
____Communication skills training

23. Which of the following intervention strategies most effectively address youths that refuse to attend school to gain attention from family or others (check all that apply)?

____Teacher consultation
____Parent education/training
____Contingency contracting
____Systematic desensitization
____Relaxation techniques (i.e. deep breathing)
____Counseling the child
____Curriculum modification
____Pharmacotherapy
____Role-playing
____Developing household routines
____Social skills training
____Child education about anxiety
____Self-reinforcement
____Cognitive restructuring
____Behavioral exposures
____Restructuring parental commands
____Ignoring inappropriate behavior
____Rewards for school attendance
____Negative consequences for inappropriate behavior
____Escorting students to class
____Communication skills training

24. Which of the following intervention strategies most effectively address youths that refuse to attend school to gain access to tangible reinforcers (e.g., sleeping late, playing video games, etc.) outside the school setting (check all that apply)?

____Teacher consultation
____Parent education/training
____Contingency contracting
____Systematic desensitization
____Relaxation techniques (i.e. deep breathing)
____Counseling the child
____Curriculum modification
____Pharmacotherapy
____Role-playing
____Developing household routines
____Social skills training
____Child education about anxiety
____Self-reinforcement
____Cognitive restructuring
____Behavioral exposures
____Restructuring parental commands
____Ignoring inappropriate behavior
____Rewards for school attendance
____Negative consequences for inappropriate behavior
____Escorting students to class
____Communication skills training

We appreciate your time in completing this survey. Please include any additional comments you might have, and indicate whether you would like a summary of the results on an attached sheet.

THANK YOU

Appendix F

2-Week Follow Up Postcard

Dear School Psychologist,

Approximately two weeks ago you should have received a survey requesting your input regarding school psychologists' knowledge of classifying and intervening with school refusal behaviors. The survey was sent to a random sample of practicing school psychologists who are members of the National Association of School Psychologists.

If you have already completed and returned the survey, thank you. If not, please do so as soon as possible. Your input is vital. Although your participation is solicited, it is strictly voluntary.

If by some chance you did not receive the survey, or it was misplaced, please call me at (814) 935-3187 or e-mail me at dldeangelis75@atlanticbb.net and I will immediately mail you another survey.

Sincerely,

Danielle L. DeAngelis
Doctoral Candidate
Educational & School Psychology
246 Stouffer Hall
Indiana, PA 15701-9985
(724) 357-2480
dldeangelis75@atlanticbb.net

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mrafoth@iup.edu

Appendix G

Four Week Follow Up Letter

August 28, 2008

Dear School Psychologist,

Approximately four weeks ago, you should have received a survey requesting your input in regards to the classification and treatment of school refusal behaviors. As of today, I have not received your completed survey. I would greatly appreciate your participation.

The purpose of the study is to: (1) determine how school psychologists define school refusal behavior, (2) determine whether school psychologists differentiate between various types of school refusers based on the types of behaviors the individual displays, (3) determine what intervention strategies school psychologists use to aid students exhibiting school refusal behavior, (4) determine whether school psychologists differentiate between intervention strategies that they implement depending on the specific school refusal behaviors that a student exhibits, and (5) determine school psychologists' familiarity with Kearney and Silverman's model of classifying and prescriptively treating school refusal behavior.

Your input is very valuable. Although your participation is solicited, it is strictly voluntary. Please consider returning the enclosed survey as soon as possible. If you choose not to participate, please return the incomplete survey in the enclosed envelope.

Please contact me at (814) 935-3187 or at dldeangelis75@atlanticbb.net if you have any questions.

Thank you for your contribution!

Sincerely,

Danielle L. DeAngelis
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