

The Functional Assessment of School Refusal Behavior

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School refusal behavior refers to child-motivated refusal to attend school and/or difficulty attending classes for an entire day (Kearney & Silverman, 1996). As such, the term represents an umbrella construct for many historical ones that have been used to describe youths with problematic absenteeism, including truancy, psychoneurotic truancy, school phobia, separation anxiety, and anxiety-based school refusal. School refusal behavior refers to a spectrum of problematic, illegitimate absenteeism that includes youths who miss school for extended periods of time, youths who miss school sporadically, youths who skip certain classes or who are tardy to school, youths with severe morning misbehaviors to attempt to miss school, and youths who attend school with great anxiety and somatic complaints that precipitate ongoing pleas to miss school in the future (Kearney, 2003).

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School refusal behavior affects about 5-28% of school-aged youths at one time or another and is present fairly equally across gender, racial, and income groups (Kearney, 2001). The behavior is more common among students entering a certain school building for the first time. As such, youths entering kindergarten/first grade, middle school, and high school are particularly at risk. Attendance problems in this population generally occur for 1-2 years before treatment, but a large percentage of youths with school refusal behavior have attendance problems that last longer than two years (Bernstein, Svingen, & Garfinkel, 1990; Hansen, Sanders, Massero, & Last, 1998).

A key characteristic of this population is its heterogeneity, as youths with school refusal behavior generally show a confluence of many internalizing and externalizing behavior problems. Common internalizing problems include general and social anxiety, fear, fatigue, depression and suicidality, and somatic complaints. Common externalizing problems include noncompliance to parents and teacher commands, defiance and aggression, running away from school or home, clinging, and temper tantrums (Kearney, 2001). Indeed, school refusal behavior is highly comorbid with many different mental disorders, particularly separation anxiety disorder, generalized anxiety disorder, oppositional defiant disorder, and depression (Kearney & Albano, 2004).

School refusal behavior is often triggered by specific stimuli such as family and marital conflict and transitions, illness, school-based changes and threats, and traumatic experiences (e.g., Torma & Halsti, 1975). However, many cases of school refusal behavior are not triggered by any clear stimuli (Timberlake, 1984). School refusal behavior can be markedly debilitating for a child and family, and common consequences include distress, conflict, and problems with academics, legal standing, and finances (Kearney, 2001). Of course, extensive school refusal behavior is linked to potential dropout as well, which may lead to severe long-term economic, psychiatric, and interpersonal difficulties (e.g., Berg & Jackson, 1985; Hibbett & Fogelman, 1990).

Because school refusal behavior is a serious and debilitating problem, proper assessment and treatment of these youths is critical. Unfortunately, the field has been fractured by a lack of theoretical focus as well as various terms and clinical strategies that apply to some but not all youths of this population. For example, many researchers have developed assessment and treatment procedures for youths with anxiety-based school refusal, but these procedures do not apply well to the many youths who refuse school without anxiety. In addition, the heterogeneous

nature of this population presents obstacles to those who wish to categorize and assess these youths based on some stable form of school refusal behavior.

A functional model of school refusal behavior

To address these problems, a functional model of school refusal behavior has been developed that focuses more on the function or maintaining variables of the behavior rather than its myriad forms (Kearney & Silverman, 1996). Specifically, youths are considered to refuse school for one or more of the following reasons (functional conditions):

- To avoid school-based stimuli that provoke a general sense of negative affectivity (anxiety and depression)
- To escape aversive school-based social and/or evaluative situations
- To pursue attention from significant others
- To pursue tangible reinforcers outside of school

The first two functional conditions refer to school refusal behavior maintained by negative reinforcement, or the reduction of unpleasant physical arousal or emotional states triggered by school-based stimuli. The first functional condition often refers to younger children who refuse school to avoid somatic complaints and other general aversive states. These children sometimes identify specific triggers to their school refusal behavior, such as peer-based threats, but more often stipulate that they simply “feel bad” at school and wish to pursue home schooling. In other cases, the stimuli that provoke negative affectivity are transitions the child must make from one situation to another, such as the car/bus to class, class to cafeteria, or playground to art class. Many children of this functional condition attend school sporadically and plead with their parents to remove them from school.

The second functional condition often refers to older children and adolescents who refuse school to escape aversive social and/or evaluative situations there. Common problematic social situations include starting and maintaining conversations with peers, cooperating or playing games with others, participating in other group activities, and eating in a cafeteria with others. Common problematic evaluative situations include tests, oral presentations, writing on a blackboard, walking in a hallway or into a classroom, and participating athletically or musically before others (e.g., basketball, recital). Youths of this functional condition often refuse school only during a key evaluative situation, such as a test, although others display more extensive absenteeism. In many cases, youths refuse school for a combination of the first and second functional conditions.

The latter two functional conditions refer to school refusal behavior maintained by positive reinforcement. In many cases of school refusal behavior maintained by positive reinforcement, the child has no qualms about school per se, but rather is drawn to more enticing stimuli outside of school. Specifically, the third functional condition often refers to younger children who miss school to seek attention from primary caregivers. These children usually want to stay home or attend work with their parents, and often display severe morning misbehaviors in an attempt to do so. Separation anxiety is sometimes present in this group, but the main characteristic is attention-seeking behavior.

The fourth functional condition often refers to adolescents who miss school to seek positive tangible reinforcement outside of school. Such tangible reinforcers usually include activities with friends, riding a bicycle, staying home to sleep or watch television, or engaging in drug use or delinquent acts. School refusal behavior in this group tends to be more chronic than the other

functional groups, and is often associated with extensive family conflict or otherwise problematic family dynamics (Kearney & Silverman, 1995).

Youths may miss school as well for a combination of two or more of these functional conditions. For example, a child may initially refuse school to avoid aversive stimuli there, but subsequently discover the many positive amenities of staying home. Many youths with school refusal behavior, therefore, especially those with chronic absenteeism, often present with two or more functional conditions. The functional model has several advantages over previous taxonomic strategies for this population, including its theoretical basis, coverage of all youths who miss school, and amenability to specific recommendations for assessment and treatment (Kearney & Albano, 2000).

Because the main focus of this article is assessment in general and functional assessment in particular, these processes are emphasized in remaining sections. However, the reader is referred to other sources for more detail regarding these procedures (see Kearney, 2001, 2002; Kearney & Albano, 2000).

Introduction and assessing the form of school refusal behavior

Given the heterogeneity of school refusal behavior, many assessment methods have been applied to this population. These methods include structured diagnostic interviews, questionnaires, behavioral observations, daily ratings, and review of school-based records, among others (Heyne, King, & Tonge, 2004). In general, the best assessment for this diverse population must include multiple methods and sources of information as well as developmentally sensitive and appropriate measures. In addition, questions surrounding the form of school refusal behavior are certainly important, and should focus on history, duration, impairment, internalizing and externalizing symptomatology, external stressors, and other critical topics (Kearney, 2001).

For assessing the form of school refusal behavior, a good structured interview is the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Versions (ADIS for DSM-IV: C/P) (Silverman & Albano, 1996). This interview assesses for a wide variety of internalizing and externalizing childhood disorders and contains a section on school refusal behavior with questions about intensity and frequency of absenteeism and stimuli that provoke anxiety and avoidance. The interview has shown good psychometric properties (Silverman, Saavedra, & Pina, 2001; Wood, Piacentini, Bergman, McCracken, & Barrios, 2002). Forms of school refusal behavior can also be assessed via child self-report and parent/teacher questionnaires; comprehensive lists of these for this population are available elsewhere (Kearney, 2001, 2003). Review of school-based records and discussions with school officials are critical as well.

Assessing the function of school refusal behavior

The functional assessment of school refusal behavior, as derived from the functional model outlined above, concentrates heavily on a descriptive process to provide initial hypotheses about a child's behavior and an experimental process to test the validity of these hypotheses. These two processes are described separately next.

Descriptive functional assessment of school refusal behavior: Introduction

Very few measures have been designed specifically for youths with school refusal behavior, but one that has garnered much interest is the School Refusal Assessment Scale and its revision (SRAS/SRAS-R) (Kearney, 2002; Kearney & Silverman, 1993). The SRAS/SRAS-R was modeled after the Motivation Assessment Scale (MAS), a descriptive measure of the relative strength of different functions for youths with self-injurious behavior (Durand & Crimmins, 1988). The MAS was based on caregiver or teacher ratings of a child's self-injurious behavior to identify whether the

behavior was motivated by sensory reinforcement, escape from aversive situations, attention, and/or tangible reinforcement.

Descriptive functional assessment of school refusal behavior: SRAS

The initial version of the School Refusal Assessment Scale consisted of 16 items, 4 for each functional condition mentioned earlier. Separate child and parent versions were developed, and items are rated on a 7-point Likert-type scale from never (0) to always (6). Following administration of the scale to a child and his or her parents, item means for each functional condition are tabulated and averaged across each version. For example, if (1) total item means for a child SRAS was 5.50, 3.75, 1.00, and 1.50, (2) total item means for a mother SRAS was 3.75, 0.00, 1.00, and 1.50, and (3) total item means for a father SRAS was 6.00, 0.50, 0.50, and 1.00, then mean item scores across all of these administrations would be 5.08, 1.42, 0.83, and 1.33. In this case, the first functional condition (avoidance of stimuli that provoke a general sense of negative affectivity) would be initially hypothesized as the primary maintaining variable for that child's school refusal behavior. Functional scores within 0.25 points of one another are considered equivalent, although this cutoff has been raised to 0.50 points for a treatment study (Kearney & Silverman, 1999).

The psychometric strength of the SRAS was initially based on 42 youths with school refusal behavior who were assessed at a specialized clinic. Child test-retest (item mean = .59), parent test-retest (item mean = .66) and interrater (item mean = .47) reliability were modest but statistically significant. With respect to construct validity, the correlation between scores of the first two functional conditions (negatively reinforced school refusal behavior) was statistically significant as expected, the correlation between scores of the second two functional conditions (positively reinforced school refusal behavior) was statistically significant as expected, and the correlation between scores of the first two and second two functional conditions was not statistically significant, as expected.

With respect to concurrent validity of the SRAS, measures of negative affectivity and internalizing behavior were generally more associated with negatively reinforced than positively reinforced school refusal behavior, as expected. This was also the case for internalizing diagnoses derived from a structured interview. In addition, measures of externalizing behavior problems were generally more associated with positively reinforced than negatively reinforced school refusal behavior, as expected. This was also the case for externalizing diagnoses derived from a structured interview.

Descriptive functional assessment of school refusal behavior: SRAS-R

The SRAS was revised in 2002 (SRAS-R) for several reasons, including a desire for better psychometric strength and stability, improved clinical utility via item expansion, and closer accordance with evolutionary changes in the functional model (see Kearney, 2002). In particular, the scale was expanded to 24 items, 6 per functional condition, and several wording changes were made. The psychometric strength of the revision was examined across two child samples: one consisted of 115 youths at a juvenile detention facility for school refusal behavior and one consisted of 53 youths assessed at a specialized clinic.

Child test-retest (item mean = .68), parent test-retest (item mean = .67), and parent interrater (item mean = .54) for the SRAS-R were somewhat improved over the original version. With respect to construct validity, factor analysis revealed three main SRAS-R factors: negative reinforcement (an amalgam of the first two functional conditions), attention-seeking, and pursuit of tangible reinforcement. In addition, internalizing measures and diagnoses were largely associated with the negative reinforcement functions, mixed internalizing and externalizing diagnoses were

associated with attention-seeking, and externalizing measures and diagnoses were largely associated with tangible reinforcement.

Descriptive functional assessment of school refusal behavior: Use of the SRAS-R

The SRAS-R was designed to be one part of a comprehensive functional assessment approach for school refusal behavior. Specifically, the scale can provide a clinician with an initial direction for understanding what variables maintain a child's school refusal behavior. Although the scale has been shown to predict effective and ineffective treatment for this population (Kearney, Pursell, & Alvarez, 2001; Kearney & Silverman, 1999), it should be used in conjunction with other data such as child and parent ratings, interview and questionnaire information, and records. This is especially the case in situations where wide discrepancies occur across SRAS-R versions or administrations. In addition, initial hypotheses derived from the SRAS should be confirmed via experimental functional analysis/behavioral observation. This process is described next.

Experimental functional assessment of school refusal behavior: Behavioral observation

If a clinician wishes to confirm that child is refusing school for a particular functional condition, then external and in-session observations may be useful. In particular, conditions may be established to determine whether school refusal behavior abates under key circumstances, thus providing evidence for a particular function. For youths with school refusal behavior possibly motivated by two or more functional conditions, then a more complex, innovative approach will be necessary. Independent behavioral observations are also especially useful in cases that involve informant variance and/or multiple functions of school refusal behavior. In this section, suggestions are made for behavioral observations with respect to each functional condition.

Avoidance of stimuli that provoke a general sense of negative affectivity

For youths thought to refuse school to avoid stimuli that provoke a general sense of negative affectivity, a child's school attendance may be compared on days when he or she is asked to attend school under more favorable circumstances. For example, the child may be required to attend school during times that are relatively free of stress, such as lunchtime or recess, or on days when attendance in class is not required (e.g., child is allowed to stay in the school library all day). If the child attends school more willingly under these conditions, then support is derived for the hypothesis that he or she is refusing school to avoid stimuli that provoke a general sense of negative affectivity. In addition, such an observation, which must be closely tailored to a child's particular clinical presentation, can be used to provide support against other functions. For example, if a child easily attends lunch and library at school, then he or she is not likely refusing school for attention or tangible reinforcement outside of school.

If a formal behavioral observation such as this is not feasible, then in-session observations may be conducted to help provide evidence for this functional condition. In particular, clinicians should be watchful of crying, shyness, withdrawal, and refusal to speak. Unfortunately, in-session observations for this particular functional condition are not as valuable as they are for other functional conditions because these behaviors are general and could be linked to many other types of problems. Therefore, external observations are strongly recommended if a child is suspected of refusing school to avoid stimuli that provoke a general sense of negative affectivity.

Escape from aversive social and/or evaluative situations

For youths thought to refuse school to escape aversive social and/or evaluative situations, a child's school attendance may also be compared on days when he or she is asked to attend school under more favorable circumstances. For example, a child may be asked to attend school when no other people are present or attend specific classes that do not require any tests or performance before others. Facilitated school attendance under these circumstances tends to support the

hypothesis that the child is refusing school to escape aversive social and/or evaluative situations. In addition, such an outcome would help rule out school refusal behavior motivated by attention or tangible reinforcement outside of school.

If a formal behavioral observation such as this is not feasible, then in-session observations may be conducted to help provide evidence for this functional condition. In particular, clinicians should be watchful of child distress when interacting with new people in a clinical setting. Some of these youths, for example, will have great difficulty establishing eye contact, speaking audibly, or managing physical symptoms of anxiety. However, for youths whose social anxiety is more peer-than adult-based, such observations may be of limited value.

Attention-seeking

For youths thought to refuse school for attention, introducing parents into the behavioral observation is critical. In particular, the ease with which a child attends school can be observed on days when his or her parents accompany or not accompany the child to school. In addition, a child's attendance can be charted on days when he or she is or is not allowed to contact his or her parents during the day. Many children of this functional condition are able to attend school as long as their parents are there or with the knowledge that parents can be reached at any time. Facilitated school attendance under these circumstances tends to support the hypothesis that the child is refusing school for attention. In addition, such an outcome would help rule out school refusal behavior motivated by negative or tangible reinforcement outside of school.

If a formal behavioral observation such as this is not feasible, then in-session observations may be conducted to help provide evidence for this functional condition. In particular, clinicians should be watchful of a child's difficulty separating from a parent, temper tantrums, willful behavior, and running away. Many of these children will speak to a clinician only if a parent accompanies them, and many will not allow their parents to speak to a clinician alone without their presence.

Pursuit of tangible reinforcers outside of school

For youths thought to refuse school for tangible reinforcement outside of school, the introduction of incentives into the behavioral observation is critical. For example, a child could be asked to attend school on a particular day with the promise of a highly valuable incentive. Conversely, one could evaluate a child's attendance on a particular day when a strong disincentive is promised for school refusal behavior, but we have not generally found this approach to be clinically helpful. If a child attends school following a powerful reinforcer to do so, then evidence supports the hypothesis that he or she is refusing school for tangible reinforcement.

If a formal behavioral observation such as this is not feasible, then in-session observations may be conducted to help provide evidence for this functional condition. In particular, clinicians should be watchful of family conflict and attempts on the part of members to coerce one another. In addition, adolescents of this functional condition are typically quite resistant to changes in their rather valuable status quo, so their attempts to sabotage treatment should be closely observed as well. A brief case example is presented next to illustrate the procedures mentioned in this article.

Case example

Jonathan was a 13-year old boy referred to a specialized clinic for extensive school refusal behavior over the past several months. In particular, Jonathan had recently entered middle school and was having inordinate difficulties adjusting to the many changes there. During his interview, Jonathan spoke in a low voice and said that he often felt overwhelmed by increased numbers of

peers and homework assignments and more extensive travel to classes. In addition, he said he felt isolated from friends from his elementary school, many of whom had moved to another school or were on a different class schedule than his.

Over a period of four months, Jonathan became increasingly anxious about interacting with, and performing before, peers and others. His anxiety peaked in settings where many people were present, such as the school cafeteria, and when he had to perform in front of others. Jonathan's evaluative anxiety was particularly intense when he had to write on the blackboard, take tests, give oral presentations, and participate in physical education class. His dread of these situations became so intense that Jonathan began to skip classes or come home early from school. He tried assiduously to hide these absences from his parents, but they were eventually informed and asked to attend a school conference. During the assessment session, Jonathan's parents largely confirmed their son's report.

To assess the form of Jonathan's school refusal behavior, the clinician administered various child self-report and parent and teacher questionnaires. These measures covered a wide range of internalizing and externalizing behavior problems, many of which were endorsed by Jonathan and his parents but not his teachers. Indeed, the surreptitious nature of school refusal behavior, especially by youths with distress, often renders teacher reports less than valuable. In general, though, Jonathan and his parents indicated that the youth had extensive social and evaluative anxiety, although Jonathan's parents endorsed some noncompliance with respect to their son as well.

To assess the function of Jonathan's school refusal behavior, the clinician administered child and parent versions of the School Refusal Assessment Scale-Revised. Scores from these versions did not match exactly, but did indicate that Jonathan's primary reason for missing school was to escape aversive social and evaluative situations there. However, Jonathan's parents endorsed an equally salient function as well: tangible reinforcement outside of school. Specifically, they believed that Jonathan was partly exaggerating his anxiety to stay home from school and to watch television and play videogames.

To help confirm these initial hypotheses, the clinician conducted two main behavioral observations. The first consisted of requiring Jonathan to attend school only on those days when he did not have a test, oral presentation, or group activity in physical education class. This lasted for three days, during which Jonathan's overall attendance was sporadic but somewhat better than before. The second behavioral observation extended the first but required Jonathan's mother to stay home from work and ensure that her son, if he missed any school, worked at home doing chores. This observation lasted four days and Jonathan's attendance improved even more so. The clinician thus concluded that Jonathan's school refusal behavior was indeed primarily motivated by escape from aversive evaluative situations at school but secondarily motivated by tangible reinforcement at home.

Linkage to treatment

Although not a focus of this article, each condition within the functional model is linked to a prescriptive treatment package that is designed to eliminate the reinforcement derived for school refusal behavior and to enhance skills necessary for anxiety management and family problem-solving. Treatments within this model are described in detail elsewhere (see Kearney, 2001; Kearney & Albano, 2000). In Jonathan's case, for example, his treatment eventually consisted of modeling, role playing, cognitive restructuring, and exposure-based practices to reduce anxiety during evaluative situations and to refine social and performance skills. In addition, contingency

contracts were designed between Jonathan and his parents to increase appropriate incentives for school attendance as well as disincentives for absenteeism.

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