School Refusal: A Case Study

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DECLARATION

This thesis contains no material which has been submitted for examination in any other course or accepted for the award of any other degree or diploma in any tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person except where due reference is made in the text.

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Robert Wylie Rennie

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ABSTRACT

According to the literature school refusal is a complex disorder. Whilst the condition only occurs in 2% of the general school population, more interestingly the problem accounts for about 8% of clinically referred children (Burke & Silverman, 1987).

This study focuses on the school refusal of a young adolescent male. This thesis has examined the degree to which school refusal can be minimised through employing a whole school approach underpinned by effective pastoral care (WSA/PC intervention program).

The research questions were as follows:
To investigate the effects the WSA/PC intervention program has on the:

- minimisation of school refusal;
- replacement of the mother/figurehead in the mother-child relationship relative to separation anxiety; and
- improved emotional, social and intellectual wellbeing of the school refuser.

The methodology adopted for the study of school refusal regarding a young adolescent male was based on a grounded theory approach and also included a combination of action research and case study methods. Qualitative paradigms measured the degree of the participant's school refusal. A variety of instruments were employed to measure the participant's perceptions of school refusal. The implementation of multiple strategies were based upon data collected and evaluated, both as a result of intentional efforts, or as an unintentional by-product of the study with the expressed aim of maximising the participant's school attendance.

The evidence presented in this study indicates the strategies employed via the WSA/PC intervention program were helpful in improving the participant's attendance at school. The results give an insight into the level of comprehension for the sample of school refusal and its response in terms of understanding the reasons for such thinking. The limitations of single case methodology are acknowledged in the study and suggestions for further research discussed.

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CHAPTER 1
SCHOOL REFUSAL: A CASE STUDY

Introduction

At some point in time a student will be absent from school, but in the majority of cases this is normally short-lived. In all likelihood this non-attendance may have resulted from being ill-prepared for an exam, lack of interest in a sporting event, uncompleted homework, or being unwell. However, the child who refuses to attend school because of extreme anxiety faces an emotional crisis that is detrimental to his own social, emotional and intellectual wellbeing. This failure to meet legal obligations regarding school attendance represents a challenge to his family and to educational systems.[1]

Aims

This study presents relevant research in relation to the complex behavioural disorder known as "school refusal" and is an attempt to:

- identify students who are deemed to be "at risk" i.e. not reaching their maximum potential, and in particular, those suffering "school refusing behaviours";
- improve teaching practices; and
- inform and instruct others.

Issues

Moreover, this study raises wider issues that aim to invite constructive criticism from parents, politicians, pedagogues and psychologists such as:

- caregivers being held more accountable for persistent non-attendance of their child from school;
- the curriculum being more challenging and interesting for middle school students or for students with learning difficulties;
- schools providing more time and space in the curriculum to enhance pastoral care programs;

[1] Throughout this thesis male pronouns have been used to refer to the school refuser without any intending gender bias.

- the perception of a Church education being more holistic than a State education; and
- a global network being established to compare case studies for behavioural disorders such as school refusal.

Key Research Question

With the abovementioned aims and issues in mind, the key research question is developing an effective and ongoing intervention strategy i.e. a whole school approach underpinned by effective pastoral care (WSA/PC) to minimise school refusing behaviours exhibited by middle school students.

Significance of Study

Widespread independent studies have shown that school refusal is an escalating global problem. For example, in the USA clinical referrals for school refusal behaviour is on the increase being the third most common cause of non-attendance at school (www.cincinatichild.org). In the United Kingdom the government is taking a tough stance by shifting the onus onto parents for their child's responsibility to attend school (Batt, 2002). As a result of school refusal escalation:

- more children are being identified `at risk';
- more family units are suffering stress to comply with legal obligations regarding children's attendance at school;
- more socio-political pressures are placed on schools to ensure children attend; and
- more resources are required for clinical treatments.

  The significance of this study is to present a viable socio-economic intervention strategy to minimise school refusing behaviours and thereby:

- reduce number of children deemed to be `at risk';
- reduce family stress;
- reduce socio-political pressure on schools; and
- reduce the ongoing need for clinical treatment.

WSA/PC Intervention Program

Outline

The WSA/PC intervention program is an ongoing process of action and re-action in linking intervention strategies with pastoral care initiatives relevant to the minimisation of school refusing behaviours exhibited by middle school students. The WSA/PC intervention program is underpinned by grounded theory, action research and humanistic psychology. A whole school approach underpinned by effective pastoral care (WSA/PC) is based on the key principles of humanistic psychology that incorporate some of the key elements of humanistic psychology such as: self-esteem, self-efficacy and self-actualisation as the significant links in the identity formation process. From a teaching and learning perspective humanistic psychology helps to develop each student's individuality (Hamachek, 1995).

In relation to the participant, the key aims of the WSA/PC intervention program are to achieve:

- a significant increase in school attendance;
- a significant decrease in the level of fears in relation to the school situation;
- a significant decrease in the level of emotional distress in relation to separation anxiety; and
- a significant increase in emotional, social and intellectual wellbeing.

Theoretical Basis

The methodology used in the study employs both action research and case study methods and incorporates elements of grounded theory.

The primary objective of grounded theory is to expand upon an explanation of a phenomenon, such as school refusal, by identifying the key elements and then catergorising the relationship of those elements to the context of the process of the experiment. In other words, the goal is to go from the general to the specific without losing sight of what makes the subject of the study unique.

Grounded theory begins with a research situation. Within that situation it is the task of the researcher to understand what is happening there, and how the participants manage their roles. In the study this is mostly done through observation, conversation and interview. What differentiates grounded theory from much other research is explicitly emergent. It does not test a hypothesis. It sets out to discover what theory accounts for the research situation it is. In this respect it is similar to action research. The objective of this study as Glaser (1992) states it, is to discover the theory implicit in the data.

Practicum

The WSA/PC intervention program is designed on a whole school approach underpinned by effective pastoral care being implemented across four academic quarters. During the first academic quarter multiple strategies such as: participant cooperation; caregiver commitment; changeover of school; repeating the year; escort procedure curriculum adjustment; and school consultation were employed to allow the participant a rapid return to school. For example, the first step employed was to gain the participant's cooperation.

This strategy allowed for data to be collected via interviews (both formal and informal), surveys and observations as to the extent of school refusing behaviours, but it was also the first indication if the participant was willing to return to school. Then each selected step regarding the WSA/PC intervention strategy was employed until the participant had achieved regular school attendance.

Over the second academic quarter outcome measures were utilised to assess fear and anxiety levels via reliable research instruments such as: the Fear Thermometer (Walk, 1956); Children's Depression Inventory (Reynolds & Richmond, 1978); and Self-Efficacy Questionnaire for Schools (Heyne, King, Tonge, Rollings, Pritchard, Young & Myerson, 1998). Here, the aim was to measure the success of the WSA/PC intervention program regarding the participant's anxiety levels displayed at home and cognitive coping skills exhibited within the school situation.

Across the third and fourth academic quarters follow-up procedures were implemented such as: a rewards system to keep the participant motivated and a positive reinforcement schedule to maintain regular school attendance. The WSA/PC intervention program gains were monitored over a six-month period. An outline of the WSA/PC intervention program is presented in Table 1.1.

Table 1.1

Outline of WSA/PC intervention program

Session	Intervention	Objective
First academic quarter	Multiple strategies: (1) Participant cooperation (2) Caregiver commitment (3) Changeover of school (4) Repeating the year (5) Escort procedure (6) Curriculum adjustment (7) School consultation	Rapid return to school
Second academic quarter	Outcome measures:	
Participant instruments:	(1) School attendance register(s) (2) Student report(s)	(1) Reduction in anxiety levels; (2) Cognitive coping skills
Child self-report measures:	(1) Fear Thermometer (2) Fear Survey Schedule for Children – 11 (3) Revised Children's Manifest Anxiety Scale (4) Children's Depression Inventory (5) Self-Efficacy Questionnaire: School Situation	
Parental report measures:	(1) Child Behaviour Checklist (2) Self – Statements: Parent Form	
Teacher report measures:	(1) Teacher's Report Form (2) Teacher's Questionnaire	
Other report measures:	(1) Self – Statements: Child Form (2) Pastoral Care: Transition Survey	
Third academic quarter	Follow-up procedures: Rewards system	(1) Motivation; (2) Monitoring attendance
Fourth academic quarter	Follow-up procedures: (1) Rewards system; (2) Reinforcement schedule for positive behaviour	(1) Goal setting; (2) Maintaining attendance

Some of the aspects reflecting the WSA/PC intervention strategy include:

- a holistic approach: while addressing impediments to school attendance each student's full development, physically, mentally emotionally and spiritually is addressed;
- a school community approach: takes into account the ethos of each school community, its cultural, occupational, and socio-economic circumstances;
- an individual student approach: a school community approach must also involve a focus on individual students, on the specific skills, interests, associated talents and learning needs of each student; and
- a cooperative approach: guiding principles are brought together in a cooperative approach involving students, their families, school personnel and the wider community.

Content and Organisation of Thesis

Rationale of Recent Research

This current research has its genesis in an English method assessment conducted by the researcher as a trainee teacher. Over a three week period whilst on teaching rounds, a middle-school student was observed experiencing literacy and learning difficulties. This young adolescent was identified as being "at risk" because of his poor academic performance. It was evident the student was being "integrated" into the school curriculum in order to receive a "regular" education in this situation and as a consequence presented a challenge to his subject teachers.

According to Westwood (1993) "regular" teachers must develop the confidence and competence to deal with the personal, societal and educational needs of students who are identified "at risk". A conclusion was reached that the subject of the study was "at risk" because he displayed irregular attendance at school. This topic warranted further investigation and thus, the parameters were provided for this current study regarding "school refusal".

Focus of Study

This study presents an intervention program in relation to a young adolescent male who is experiencing difficulty in attending school associated with emotional distress, and in particular separation anxiety. The protective possibility of making such connections with young adolescents is defined in *The Whole School Approach to Pastoral Care: The Road beyond the Gatehouse* which is advocated by the Catholic Education Office (Stainsby, 2001).

The purpose of the current study is to investigate whether a whole school approach underpinned by effective pastoral care can minimise school refusal experienced by a young adolescent male enrolled in a Catholic boys' college. A further aim was to discover if the student demonstrated an improved sense of emotional, social and academic wellbeing post-WSA/PC. It also investigated the effectiveness of pastoral care as a determining factor in the amelioration of school refusal, either intentionally or as an unintentional by-product. An expected outcome was the identification of ways in which the pastoral care component of addressing the issue of non-attendance at school could be made more relevant in the treatment of school refusal behaviours. The current study attempts to identify what aspects of pastoral care are perceived by the student as helpful in assisting him in achieving regular attendance at school.

This study aims to be a catalyst for the minimisation regarding school refusal through the pastoral care programs of the college, and further, to suggest ways in which effective pastoral care can be interrelated within the WSA/PC intervention program.

Finally, the study offers a justification for building on and expanding the pastoral care life of a school as a vital strand of wellbeing that minimises school refusal behaviours and promotes the intrinsic values of education. This would help determine if the WSA/PC intervention program being offered is indeed a positive intervention for school refusal behaviour and what is its impact on the results within this study.

Role of Researcher

The researcher judiciously examines, explores and explains patterns of social life to inform and improve educational practice (Burns, 2000). In this study, the role of a researcher is to analyse critically the strengths and limitations regarding the employment of qualitative paradigms through the systematic collection and analysis of empirical data. This is a primary aim of this study in relation to school refusal.

This study focuses on the merits of a qualitative approach. An attempt is made to measure the strengths and limitations of the WSA/PC intervention program in order to present a balanced argument. Moreover, an assessment is presented acknowledging an argument that educational researchers may come closer to the "truth" by triangulation i.e. verifying findings through cross-checking with other research methods.

This research is underpinned by qualitative paradigms and is orientated towards action research and case study methods in relation to a "school refuser". In all likelihood for a researcher to seek the "truth" the assumption here is that a researcher's methodology must be credible. Therefore, a prudent researcher is obliged to put the necessary checks and balances into place to ensure the "truth" is reflected in the findings (McMillan & Schumacher, 1993).

Hypothesis Testing Versus Emergence

This distinction between "emergence and forcing" is fundamental to understanding the methodology employed in this study. According to Glaser (1992) employing grounded well is partly a matter of unlearning some of what we have been taught or have acquired through either quantitative or qualitative approaches. Therefore, if one judges grounded theory by the criteria one has learned to use for hypothesis testing research one is likely to misjudge it badly. Glaser suggests two main criteria for judging the adequacy of the emerging theory:

- that it fits the situation; and
- that it works and that it helps the people in the situation to make sense of their experience and manage the situation better.

This study attempts to answer the research questions regarding what effects the WSA/PC intervention program has on:

- the minimisation of school refusal;
- the replacement of the mother/figurehead in the mother-child relationship in relation to separation anxiety; and
- the improved emotional, social and intellectual wellbeing of the school refuser.

The WSA/PC intervention program is considered effective if it leads to the resumption of regular school attendance, the reduction of levels of emotional distress and improved wellbeing of the school refuser associated with the school situation.

It is not sufficient that the participant is effectively returned to school by the end of the WAS/PC intervention program. There must be continuity of attendance, reduced emotional distress and increased wellbeing to ensure that the participant's social, emotional and academic developments are not compromised. Follow-ups help to determine the durability of program gains and may avoid relapses (King & Ollendick, 1989a).

The literature suggests that the improved functioning of the family is associated with improved emotional, social and academic wellbeing of the school refuser (Yule et al., as cited in Hersov & Berg, 1980).

Therefore, using elements of the grounded theory methodology in conjunction with action research and case study methods it is envisaged that a more holistic approach towards pastoral care will make a difference regarding the minimisation of school refusing behaviours.

Chapter Outlines

Chapter One of this thesis sets out to define the following themes underpinning this study:

- rationale and focus of research;
- nature of school refusal;
- ideology and application of pastoral care; and
- concerns regarding middle school student non-attendance.

Chapter Two: Review of Literature presents key definitions and descriptions associated with school refusal relevant to the context of this current study. A clinical perspective of the symptoms associated with school refusal is presented. It also reviews the literature related to earlier studies that have investigated school refusal.

It discuses specifically the etiology and epidemiology attributed to school refusal, and outlines the significance of major theories associated with school-refusing behaviours. Further, a summary of relevant literature is presented in relation to the WSA/PC intervention program.

Chapter Three: Method focuses on the methodology in relation to action research and case study methods. It describes the participant and setting of the study. Reasons are given for the use of particular paradigms, intervention strategies, outcome measures and data collection.

Chapter Four: Results present the findings of action research and case study methodology relative to school refusal. It aims to describe the participant as fully as possible in relation to the results regarding the WSA/PC multiple intervention strategies, outcome measures and follow-up procedures. Further, Chapter 4 highlights the participant's preference regarding his learning environment and identifies factors the participant found helpful in addressing his school-refusing behaviours.

Chapter Five: Discussion presents the main findings of the current study. It critically analyses the selection and the significance regarding the WSA/PC intervention program. It also offers recommendations for future research. Furthermore, Chapter 5 summarises the strengths and limitations underpinning the WSA/PC intervention program relevant to the minimisation of school refusal.

Nature of School Refusal

Concept and Historical Overview of School Refusal

According to researchers such as Hersov (1977), the concept of school refusal is an enigma as there is a lack of uniformity in its identification. This study presents an overview of the concept of school refusal behaviour and its symptoms, and acknowledges a continued growth of research into this field.

The concept of school refusal has radically changed over the past century. Until the 1930s the different forms of prolonged absence from school were considered as truancy (Hersov, 1985), and any child with problematic attendance was deemed to be a delinquent (Berecz, as cited in Chess & Thomas, 1969).

Past studies have indicated that persistent non-attendance at school has been the subject of considerable concern across the wider spectrum of society. This complex behavioural disorder affecting children and adolescents has been the subject of valuable research investigations since the start of the twentieth century (Broadwin, 1932; Johnson et al, 1941; Hersov, 1977).

The earliest confirmed study into phobic components of school refusal was conducted by Broadwin (1932). Broadwin described an obsessional-neurotic type of truancy that highlighted a major feature of persistent non-attendance at school. According to Broadwin (1932) school refusing behaviour stems from the child fearing something may happen to his mother because of the strong "infantile love attachment" to her. Therefore, non-attendance from school relieves the anxiety and remaining at home offers the child reassurance because his avoidant behaviour can be reinforced by contact with the mother. Broadwin's early diagnosis and description of school refusal provided the catalyst for further research.

In 1941 Johnson, Falstein, Szurek and Svedsen coined the term "school phobia" which was used to describe a separation anxiety in children refusing to attend school (Kearney & Silverman, 1995.).[2] Further, Kearney and Silverman (1995) argued the term "school phobia" is inappropriate for this phenomenon because even when there is a fear of something at school it is not necessarily of phobic proportion.

Johnson et al, (1941) provided a psychodynamic account of this behavioural disorder and highlighted the role of the mother-child relationship. According to Johnson there are two common factors that lead to the development of "school phobia". Events are believed to occur in the mother's life, which bring about feelings of resentment and hostility towards the child. At the same time, acute anxiety develops in the child, who begins to feel guilty about leaving the mother to attend school. The teacher who is considered "a diluted fear form of the mother" soon becomes the phobic object.

Warren (1948) conducted a study that indicates school refusers suffered from symptoms of anxiety and depression. Warren also found that school-refusing behaviours often occur in dysfunctional family settings that experience marital problems, maternal anxiety and parental inconsistency.

[2] In this study the term "school refusal" is preferred to other definitions and descriptions in order to achieve consistency and facilitate clarity.

Hersov (1977) put forward the notion that school refusal was not a valid clinical condition per se, but rather a number of symptoms reacting with a variety of psychiatric disorders.

According to Rettig and Crawford (2000), the concept of school refusal is a complex disorder as evidenced by numerous symptoms as identified by the American Psychological Association (APA). Some symptoms of school refusal identified by the American Psychological Association, and discussed throughout this current study, include:

- worry about harm befalling a parent or pet;
- reluctance or refusal to go to school;
- reluctance or refusal to sleep or to sleep away from home;
- physical health complaints on school days;
- excessive display of distress upon separation from parent(s);
- nightmares involving separation;
- withdrawal, apathy, sadness, or poor concentration when separated;
- avoidance of being home alone; trembling, sweating, and fidgeting on school mornings;
- changes in activity levels, causing the child to appear sluggish, withdrawn, or hyperactive;
- preoccupation with fear;
- loss of appetite;
- excessive eating;
- sleep disturbances, including insomnia or intense nightmares;
- obsession with morbid thoughts;
- spending excessive time with the school nurse or counsellor;
- avoidance of certain places, people, or situations;
- fear of being humiliated or embarrassed;
- excessive self-doubt about meeting the expectations of others;
- overwhelming anxiety when speaking in public or responding to teacher questions;
- at the adolescent level, fear of letting others watch them eat, undress for gym, or use rest-room facilities.

Pastoral Care

The notion of pastoral care is an important aspect of the WSA/PC intervention program regarding the minimisation of school refusal. In this sense pastoral care is seen as promoting a holistic approach to the emotional, social and academic wellbeing of a young adolescent suffering from school refusal behaviour.

In order to understand the degree of pastoral care a school is willing to offer its students the Judaic-Christian origins of pastoral care are considered in the context of Church and State school environment. To understand the meaning of pastoral care in both secular and church-based schools a historical overview is presented.

According to Treston (1997) the notion of Pastoral Care is underpinned by:

- the expression of the ethos and philosophy of the school and the expression of the members of the school community (students, staff, parents,) in caring for one another;
- the integration of the academic, social, religious dimensions of a school's curriculum so that an atmosphere of care pervades the whole culture of the school;
- the direction of the energies of the school towards a holistic development of each person in the school community;
- the seeking to fulfill the great yearning of Jesus;
- the summation of the school's mission to educate holistically;
- the facilitating of learning within an environment of care;
- the integral feature of good learning and teaching;
- the responding to developmental needs of people in the school community; and
- the exploration of the meaning of `care' as it is understood and practised in a diversity of cultures and traditions.

Here, Treston is promoting a Catholic view towards the notion of pastoral care. Moreover, this religious dimension is an important factor underpinning the notion of pastoral care in the WSA/PC intervention program.

Origins

According to Biblical tradition, the term Pastoral Care stems initially from the Hebrew people. The notion of pastoral care is derived from the Biblical image of God as a shepherd caring for his flock.

In the Christian tradition pastoral care is given a particular focus in Jesus who is portrayed as the good shepherd in the gospel of St John. In the early history of the Church, pastoral care focused primarily on reconciliation with God through confession and penance which was offered to the faithful through the ministry of the Church (Carr, 1997).

According to Treston (1997), Christians believe they are created in the image and likeness of God (Gen 1:27.), and pastoral care is an invitation to realise the potential of being formed in God's image and likeness.

Pastoral care assumes a oneness and interaction in the way education is experienced by the school community. School policies such as: the facilitation of learning, school yard supervision, interviews with parents, multicultural situations, staff relations, all demonstrates the quality of pastoral care in that school (Treston, 1997).

In one sense all schools offer pastoral care for its students and staff. However, holistic education rejects any dualistic view of education which separates the academic dimension from other aspects of the school's curriculum or differentiates education into categories being religious and secular.

This study acknowledges the differences in the ideology of pastoral care offered by schools. Moreover, this study seeks to investigate if the effect of the WSA/PC intervention program underpinned by a holistic approach towards pastoral care is a determining factor in the minimisation of school refusal exhibited by a young adolescent male in a Church-based college.

Ideological Functioning

In order to understand the difference between Church-based and State-based education systems, it is important to consider their history as this still affects their educational policies today.

The nineteenth century was a critical period in Australian history. Australia had begun to move from a slowly evolving rural economy with its politics dominated by possessors of wealth to the first notions of democracy and the start of an industrial economy and society marked by urbanisation rather than by one spread evenly across the country (Brick, as cited in Conroy, 2001).

According to Brick (as cited in Conroy, 2001), serious issues about the relationship between individual and state were raised during this period, and education was one area where questions of who is the state and what duties it might have were being debated.

In 1872 the Victorian Parliament passed an Act making education in the state free, compulsory and secular. It was free because it was available to all its citizens without payment of fees. It was compulsory in that all parents were required to educate their children to a certain standard either at a public school or private school. All schools receiving public funds were to exclude religious matters from the school day hence making public education secular. However, Catholic schools were able to receive funding on the basis that religious education was not taught as part of the curriculum (Grundy, 1972).

The main purpose of religiously aligned schools was to educate students towards a better understanding and a deeper awareness of the faith tradition of the Church school. Education in faith was often concerned with much more than religious education it also involved social as well as educational values and community service (Rossiter, 1981).

The mission of Catholic education was exemplified in the Annual Report of the National Catholic Education Commission (NCEC), 1995. One of its terms of reference states that, `It shall as a premise that the Church has and must be seen to have a deep and systematic concern for the quality of education available to all Australians. It shall maintain the Church's traditional special regard for the spiritually, culturally, physically and financially disadvantaged or deprived' (NCEC, as cited in Conroy, 1999).

This stance gives a clear picture of an organisation which is engaged with the wider Australian community in a cooperative partnership rather than continue with an antagonistic stance of the Church with other churches and the state.

In practical terms it may be difficult (and probably neither desirable or feasible) to have this image of holistic curriculum at the forefront of each individual lesson. None-the-less, each school conducts its business within an ethos, and if regular opportunities are not taken to revisit the philosophical and theological foundations of the school, narrow day-to-day preliminary concerns may, by default, become the definers of the school's vision (Brick, as cited in Conroy, 1999).

Application

Schools aim to offer the students the best environment in which they can learn and develop. It is important for schools to develop a pastoral care program which conveys and creates a caring setting for students.

Although one of the primary functions of school is the acquisition of cognitive skills so that viable and rewarding outcomes are achieved, this is not the only legitimate end in the education equation. Most teachers recognise that school for many of our students is merely a background to the more immediate issues in their lives. However, it is the social links and experiences within the school that form the connections that ultimately lead to the acceptance, adjustments and adaptations to the norms of the adult world.

In some cases pastoral care programs fail to recognise the range of developmental difference in a single year level. For example, some Year 8 students are still quite immature, both physically and emotionally, whilst others are three or four years ahead of them and are quite assured young men. Therefore, if a pastoral care program is to be successful it must meaningfully engage them by catering to their needs and interests.

The Church and State offer both their students pastoral care and although aims may be similar in real terms outcomes may differ. For example, one could expect that there would be problems created by the introduction of pastoral care underpinned by religious dogma in State schools.

The difficulties were created by the historical context. Two factors with traditional standing have bearing on the Australian context - first the separation of Church and State, and second the legal privilege given to churches to enter the public schools to teach to the young people of their particular denomination. The second factor is related to the recognised right of parents to choose whether their children will receive regular religious instruction or not (Rossiter, 1981).

However, there does appear to be some common ground in relation to the notion of pastoral care between State and Church schools as set down in their respective guidelines.

- `It must never be forgotten that the purpose of instruction at school is education, that is, the development of man from within, freeing him from that conditioning which would prevent him from becoming a fully integrated human being. The school must begin from the principle that its educational program is intentionally directed to the growth of the whole person' (Congregation for Catholic Education, 1977 in Rossiter, 1981).
- `Increasingly, the colleges are aiming their education at the individual and social development of the student, not solely at transmitting a religious and cultural heritage' (Hayes, 1978 in Rossiter, 1981).

- `Structural arrangements at the school allow for the possibility of becoming a community that builds up its school by shaping curriculum through which values are both clarified and affirmed as a basis upon which the community builds and refines its lifestyle' (Norman, 1977 in Rossiter, 1981).
- `Pastoral care provides an element of continuity throughout a student's life at school...No secondary school can ignore the increasing significance of its responsibility for the pastoral care and guidance of its pupils' (Western Australian Department of Education, 1969 in Rossiter, 1981); New South Wales Government, 1958 in Rossiter, 1981).
- `Schools should assist every child to acquire the greatest possible understanding of himself and an appreciation of his worth...to acquire habits and attitudes associated with responsible citizenship...a set of personal values which include honesty, compassion for the less fortunate, a respect for the individuality and rights of others and a habit of fair dealing, (taking into account) the attitudes and interests related to the community from which students are drawn...the ethnic, cultural, religious background of the students and their parents' (South Australian Department of Education, 1976 in Rossiter, 1981).
- `Any analysis of what might be considered to be components of a life recognised as worthwhile cannot stop short of a recognition of values which are best termed as spiritual' (New South Wales Government, 1958 in Rossiter, 1981).

There appears to be a consistency throughout these statements with no distinct polarities, as if there were a common perspective or common underlying assumptions.
All of the statements refer to the aims of education. The first three statements are from Church-based schools and the last three are from Government schools.
It is apparent that the aims for education proposed by secular authorities give a high priority to the personal and social development of the individual within the context of a community, whilst Church-based schools are more religious in nature.

Pastoral care is an integral part of the WSA/PC intervention program as it provides a holistic approach to the minimisation of school refusal behaviour. Therefore, it is a major aim of the current study to investigate a catholic boys' college demonstrating its application of pastoral care towards a student who suffers severe school refusal.

Middle Years of Schooling

According to Blagg and Yule, (1984). school refusal is particularly prevalent in distinct age groups: 5-7 years, 10-12 years and 13-14 years. The current study investigates the onset of school refusal regarding a young adolescent male, and views the middle years of schooling as difficult years for adolescents with emotional and social behaviour seeming unstable.

In order to understand what the adolescent goes through in the teenage years a comprehensive outline including Havinghurst's eleven developmental tasks of adolescent transition is presented. Progress and challenges within the adolescent's physical, psycho-social and cognitive development are highlighted.

According to Braggett (1997), understanding young adolescents' tremendous diversity, for example, culture, gender, development, and sexual orientation continues to be an essential prerequisite to creating developmentally appropriate educational experiences. It also provides a developmental basis for education practices (Manning, 2002).

Adolescent Functioning

According to Ingersoll 2002, Professor Robert Havinghurst of the University of Chicago, the validity of whose work is widely acknowledged by scholars, proposed that stages in human development can be best thought of in terms of the developmental tasks that are part of the normal transition. Havinghurst identified eleven developmental tasks relevant to adolescent transition:

- adjusting to a new physical sense of self;
- adjusting to new intellectual abilities;
- adjusting to increase cognitive demands at school;
- developing expanded verbal skills;
- developing a personal sense of identity;

- developing increased impulse and behavioural maturity.

According to Havinghurst, over the past decade there has been a growing awareness of the value of paying particular attention to the needs of young adolescents in terms of curriculum, teaching and learning styles (Havinghurst, as cited in Ingersoll, 2002).

Challenges

According to Manning (2000), the Middle School has grown beyond its infancy stage. It is now a school in and of itself, with its own identity. Essentially, the middle school has "come of age". Over the past decade, several indicators suggest progress toward the goal of providing young adolescents with effective middle level schools.

Middle level advocates recognize the tremendous progress made during the last several decades, but they also realize that middle level schools continue to face challenges. Middle level educators have a responsibility to maintain the momentum of reforming and improving schools for young adolescents, even in the midst of critics who claim middle schools focus too much on the child, emphasize cooperation rather than competition, and lack an emphasis on a college preparatory curriculum (Beane, 1999; Saks,1999).

It is prudent to this study to ascertain the physical, psycho-social, cognitive, emotional and spiritual developmental pressures adolescents are under during the middle years of schooling as this is the time school refusal becomes prevalent.

Physical Development

There are tremendous physical differences that can be found in a group of young adolescents. Selected developmental characteristics include growth spurts and the onset of puberty. While all young adolescents experience the same developmental sequence, their individual developmental rates and growth spurts vary widely. All adolescents will experience a growth spurt that results in rapid increases in body size, as well as readily apparent skeletal and structural changes. With the onset of puberty, they also experience physiological changes associated with the development of the reproductive system (Jackson & Davis, 2000).

According to Jackson and Davis (2000), in their efforts to address the physical development of young adolescents, middle level educators have suggested strategies to:

- provide physical activities that avoid competition between early- and late-maturing students;
- implement educational experiences (direct instruction, exploratory programs, and advisory programs) that teach young adolescents about their changing bodies;
- educate students about nutrition, healthful living, and proper exercise;

  plan educational experiences that allow for students' active participation, rather than long periods of passive sitting; and
- provide developmentally appropriate instruction on AIDS, pregnancy, and sexually transmitted diseases.

Psycho-social Development

While less obvious than physical changes, significant psycho-social changes also are a part of young adolescents' experiences. Young adolescents shift their allegiance and affiliation from parents and teachers toward the peer group, which becomes their primary source for standards and models of behavior. They make friends and interact socially, a characteristic crucial to psycho-social development. Seeking freedom and independence from adult authority becomes almost commonplace with this age group. Finally, young adolescents' preoccupation with themselves leads to an examination of all aspects of their development and overall "self" (Jackson & Davis, 2000).

According to Jackson and Davis (2000), in their efforts to address psycho-social development of young adolescents, middle level educators have suggested strategies to:

- encourage classroom friendships through cooperative learning exercises and other social opportunities;
- provide educational experiences that boost self-esteem, emphasise trust, help build personal identities, and teach socialization skills;
- recognise the ways that gender and culture affect sex and cultural roles, without stereotyping;
- help young adolescents understand that it is normal for them to shift their allegiance and affiliation from parents to peers and friends;

- encourage young adolescents to understand that although the desire for independence is normal and to be expected, the process of becoming independent should not include engaging in dangerous or unsafe practices; and
- provide direct opportunities through curricular experiences, organizational patterns, instructional approaches, exploratory programs, and advisory programs to build self-esteem.

Cognitive Development

Young adolescents begin to develop the ability to make reasoned moral and ethical choices. Similarly, depending on their developmental rate, they begin to think hypothetically, abstractly, reflectively, and critically, what Piaget termed as a progression from the concrete operations stage to the formal operations stage.

Still, middle level educators, in their efforts to address adolescents' cognitive development, should understand (and plan accordingly) for considerable cognitive diversity. Since all young adolescents do not reach the formal operations stage at the same time, educators should avoid over-challenging late developers to think beyond their capacity (Jackson & Davis, 2000).

According to Jackson and Davis (2000), in their efforts to address the cognitive development of young adolescents, middle level educators have suggested strategies to:

- provide formal operational thinkers with challenging activities (e.g., higher order thinking skills and cause-and-effect relationships), and provide concrete operational thinkers with developmentally appropriate activities (e.g., non-abstract learning);
- adapt educational experiences to changing interests through such methods as exploratory programs;
- encourage young adolescents to consider the ethics and morality of social and personal situations;
- encourage young adolescents to explore concepts of justice and equality, as well as social issues such as sexism, racism, and discrimination;
- adapt educational experiences to students' varying attention spans, learning styles, multiple intelligence, and left brain/ right brain capacities; and
- implement peer-tutoring and cross-age tutoring sessions to teach students to help other students, in the process providing students with different perspectives and social interactions.

Young adolescents are in a period of transition. A transition from junior to secondary school, and a transition from childhood to young adulthood. The evidence suggests that this is a time, which can be on the one hand exciting and enjoyable but at other times fearful and alienating. Throughout their progression through the education system, young adolescents have much to think about as they strive to establish their independence, identity formulate their own views and values and discover their place in the community.

Progress

Adolescents do not progress through these multiple developmental tasks separately. At any given time, adolescents may be dealing with several tasks. According to Ingersoll (2002), early adolescence is marked by rapid physical growth and maturation. The focus of adolescents' self concepts is thus often on their physical and self evaluation of their physical acceptability. Middle adolescence is marked by the emergence of new thinking skills. The intellectual world of the young person is suddenly greatly expanded. Late adolescence is marked to be the final preparations for adult roles. The developmental demands of late adolescence often extend into the period that we think of as young adulthood.

Manning (2000) is of the opinion that once middle level educators recognize and understand young adolescents' physical, psycho-social and cognitive developmental characteristics, they can plan and implement educational experiences that are developmentally appropriate.

Such understanding provides insight into young adolescents' concerns and questions about overall development, body changes, and the onset of puberty. However, the discussion whilst recognising the affective strand of education and the spiritual and moral development of the adolescent rarely mentions the pastoral care connotations of these aspects of their education as a whole.

Pastoral Care Programs

The focus on the physical, psycho-social and cognitive development in relation to young adolescents draws attention to the need for more adequate pastoral care in the middle schooling years (Schools Council, 1992).

According to Bragget (1997), if pastoral care is to be an important aspect of the school's welfare policy, it deserves more than a passing reference it can receive in the 10-15 minutes devoted to roll call each day. The interest in pastoral care follows out of, and heightens awareness of, the affective strand of the curriculum and a greater recognition of "Psychological Characteristics and Needs" in the adolescent (Braggett, 1997). These characteristics include emotional swings, sensitivity to criticism, attitudes, values and the search for identity.

As the adolescent's ability to reason increases there is often a growing interest in the world of ethics and morals. Students frequently see aspects of their universe as fair or unfair and wider social issues of poverty and injustice become topics of concern and discussion. Authority, including that of parents, teachers and institutions such as the school, the church and government authorities, is questioned and challenged. Imposed values are also questioned with young adolescents rejecting and opposing pronouncements from parents and teachers (Braggett, 1997).

There is a need for schools to take seriously the psychological needs of young people and to develop programs. These programs support and encourage the development of positive attitudes and values, to build self-esteem, particularly as the young adolescent searches for answers to social issues, spiritual concerns, and tries to make sense of the complexity of relationships (Braggett, 1997).

Young adolescents are developing in a number of areas: physical, psycho-social and cognitive, and those persons and institutions with which they come in contact will also influence how each individual experiences the process of development. They learn through their experiences within the school situation. Therefore, the child who refuses to attend school because of extreme anxiety faces an emotional crisis. His failure to meet legal requirements for school attendance creates a further crisis for his family and his school. This behaviour represents a challenge not only to family and educational systems, but also to his own social, emotional and intellectual development.

Summary

This study investigates a student who is deemed to be "at risk" and in particular suffering "school refusal". Further, this study describes an intervention program designed to investigate whether a whole school approach underpinned by effective pastoral care (WSA/PC) conducted over four academic quarters will minimise school-refusing behaviours in a male middle school adolescent.

The rationale for this research stems initially from a previous case study associated with school refusal behaviour that warranted further investigation. As an intentional or an unintentional by-product the study raises wider issues such as caregivers being held more accountable for persistent non-attendance of their child from school.

The study points out that most students at some point of their schooling have been absent from school for a short time whilst others are perennial non-attenders. The down-side of school refusal behaviour is that the school refuser not only challenges the family and the school situation, but further deters from his own social, emotional and intellectual development.

The aim of the current study is to raise the issue of educators to offer a cognitive curriculum adjusted to suit the learning style of school refusers in conjunction with effective pastoral care. In the State system pastoral care is often understood in terms of the personal and social development of the individual within the context of a community. However, the Christian schools' concern to offer the best possible pastoral care to their students is underpinned by their particular philosophy or ethos, which is embedded in their Mission statement.

In response to the work of scholars such as Havinghurst, there is recognition by educators that adolescence is a difficult time for most students and, in particular those with school refusing behaviours. Over the past decade, more and more middle level schools have adopted middle level concepts (e.g., advisory programs, exploratory curricula, interdisciplinary teaming, and positive school climates). Undoubtedly, progress still needs to be made in the quest for schools that are designed to meet the developmental needs of young adolescents. If young people are to make a successful transition to adulthood they need to have a school experience which affirms them as individuals and gives them a sense of confidence and competence with which to take on the endeavours of the adult world.

CHAPTER 2
REVIEW OF LITERATURE

Definitional Issues

According to the literature school refusal is a complex disorder. Whilst the condition only occurs in 2% of the general school population, the problem accounts for about 8% of clinically referred children (Burke & Silverman, 1987). The clinical importance and significance of this problem is evident by the increased number of recent publications concerned with this behavioural disorder. According to Blagg (1987a) the ratio of papers on school refusal to that of other childhood fears has been estimated to be in the order of 25:1.

The terms "school refusal", "school phobia", "school avoidance", "reluctance to attend school" and "separation anxiety" have been used interchangeably throughout the literature review. Although researchers have used similar diagnostic criteria many of these reported studies provide a different definition of the disorder. Therefore, it may be difficult to reach a consensus in the clear definition of school refusal.

Therefore, determining what constitutes a case of school refusal can be a difficult task (Bools et al., 1990). For example, long-standing school refusal may be mistaken for school withdrawal; i.e. where parents appear not to be interested in their child's attendance when, in fact, they have willingly given up their futile attempts to get their child to attend school (Bools et al., 1990). In some cases there may be a mixture of other phobias, anxieties and anti-social behaviour such as truancy associated with attendance problems. Therefore, it is prudent to suggest any future research work undertaken on school refusal must take into consideration these different definitional issues and state the diagnostic criteria associated with each case.

Definitions and Descriptions of School Refusal

In a recent study, Kearney and Silverman (1995) defined school refusal behaviour as `child-motivated refusal to attend school or experiencing difficulties with remaining in school for an entire day'.

Further, King and colleagues (1996) expanded on Kearney and Silverman's definition to include `youths who are completely absent from school, who initially attend school but then leave during the school day, who go to school after having behavioural problems such as morning tantrums or psychosomatic complaints, and who display marked distress on school days and plead with their caregivers to allow them to remain home from school'.

School refusal behaviour disorder is first recognised when a child begins to resist regularly attending school. At first the signs of reluctance may be disguised. The child may try to delay departure for school by staying in bed, not getting dressed or fiddling with his food. It is common for the child to complain about physical symptoms such as stomachaches, headaches or nausea. If pressure to attend school is removed these symptoms usually disappear. It becomes evident that these symptoms indicate anxiety about school attendance rather than real physical problems (Bools et al., 1990).

According to Berg and colleagues (1969) the criteria for school refusal includes:

- severe difficulties in attending school, often amounting to prolonged absence;
- severe emotional upset – shown by such symptoms as excessive fearfulness, undue tempers, misery or complaints of feeling ill without obvious organic cause on being faced with the prospect of going to school;
- staying at home with the knowledge of the parents when they should be at school at some stage of the course of the disorder; and
- absence of significant anti-social disorders such as stealing, lying, wandering, destructiveness and sexual misbehaviour.

Further, to a study conducted by Last and Strauss (1990), there seemed to be two primary diagnostic subgroups of school refusing children, these being separation anxious children and phobic children. Key components of differentiating school phobia from separation anxiety are firstly the significance of the child's attachment figure, and secondary, the specificity of the anxiety or phobia (Phelps et al., 1992).

The literature indicates clinicians tend to link school refusal to a combination of genetic factors and environmental factors. A process for solving this problem includes assessing the student's mental and physical health and including the child in decision making and intervention procedures, and hence school refusal gives rise to the notion it is a comprehensive and complex behavioural disorder.

It is not unusual for children to develop fears or anxiety about people or events. Usually, these childhood fears diminish as the child matures and do not cause problems in everyday life. However, the literature suggests if phobias about school continue over time, they can create a complex and serious interruption in a child's development.

The literature review highlights various operational definitions of the criteria have been employed. These serve to clarify the nature of the sample studies and thus facilitate systematic research in this area. A common feature in the various definitions and descriptions of school refusal is the presence of fear or anxiety of an irrational nature.

The principle component of the problem is the child's reluctance to attend school and parental knowledge of ensuing absences. Moreover, the literature points out that there are ongoing debates as to whether or not the construct of school refusal should also include truancy, school attendance problems associated with anti-social behaviour, and conduct problems.

Truancy

A number of investigations have sought to delineate the two behavioural disorders of truancy and school refusal. In one of the earliest studies, Hersov (1960a) examined referrals to an established hospital for children who had a history of non-attendance. It was hypothesised that various characteristics would separate the two groups; those with a "psychoneurotic syndrome" (or school refusal), and those with a conduct disorder (or truancy). School refusers were found to have higher rates of neurosis within their family, were characterised with more passive and dependent personality features, and no learning or behavioural difficulties existed at school. In contrast, those referred for truancy tended to be from larger families with inconsistent parental discipline regimes. They were also reported to have frequently changed schools and struggled academically (Hersov, 1960a).

Similarly, Gordon and Young (1976) differentiated school refusers from truants on the basis of four factors. In this study school refusers were found to:

- be academically superior;
- tend to stay at home while absent from school;
- remain absent from school continuously for lengths of time; and
- have parental awareness for absences.

Conversely, truants were described as poor students, with a tendency to avoid both home and school without their parents' knowledge. Although not providing empirical evidence for the basis of this distinction, Gordon and Young's description endeavoured to show that truancy and school refusal are separate entities. Hersov (1960a) conducted a study in which he compared truants and school refusers. The findings revealed that school refusers came from families with a higher incidence of neurosis, had less experience of maternal absence in infancy and childhood, were more passive, dependent, overprotected and had higher levels of social and academic functioning. Hersov (1960a) also concluded that school refusal was a manifestation of a neurotic disorder in which anxiety and depression predominated.

Moreover, Goldberg (1953) made an interesting distinction between the truant and the school refuser. He found the truant avoids both his parents and school authorities, whereas the school phobic will cling to his parents who always know the child's whereabouts. According to Goldberg (1953), truancy, stems predominantly from social patterns whereas school refusal stems from emotional patterns. Further, truants came from larger families, where home discipline was inconsistent. They had experienced at times parental absence during stages of their lives and presented with poor functioning at school both behaviorally and academically (Hersov, 1960a).

Clinical Presentation

In relation to school-refusing behaviours clinicians have reported some aspects of other anxiety disorders. For example, school refusal often results as a complication of Overanxious Disorder (OAD) where the child refuses to attend school in an effort to avoid situations which are confronting and elicit anxiety (Last et al., 1987a). It is therefore important for those working with children exhibiting school refusal behaviour to ensure they identify what particular type of diagnostic criteria a child fits into to ensure that the child is treated in an appropriate and sensitive manner according to the issues relevant to them.

The literature points out just because a child refuses to attend school, it does not follow that the child is suffering from school refusal. Some students are fearful of attending school for one reason or another. Most, however, are afraid to be away from the safety of home. The child may complain of a headache, stomach-ache or a sore throat shortly before it's time to leave for school. The illness usually subsides after the child is allowed to stay at home, only to re-occur the next morning before school, and the child often refuses to leave the home. In either case the child gets sick at the thought of attending school and is well when at home. However, if a child is ill at home, or gets ill when she goes out to play with her friends, or gets ill from the exertion of a family outing, the problem is not school refusal (Last et al., 1987b).

Clinical Characteristics

The most distinctive features of school refusal centres on a child's refusal to attend school with extreme anxiety (Hersov, 1977; King & Ollendick, 1989a). These anxieties are generally identified by various types of psycho-physiological complaints. This includes somatic and emotional and social characteristics (McDonald & Sheperd, 1976).

Somatic Manifestations

According to McDonald and Sheperd (1976), somatic manifestations are the most prominent trait elicited by the school refuser. In many cases an increased level of arousal in relation to the autonomic nervous system is evinced by various physiological responses, such as an increased heart rate and respiration, nausea and sweaty palms. Insomnia, lethargy, headaches and diarrhea have also been noted as autonomic responses of the behavioural disorder (McDonald & Sheperd, 1976).

The literature acknowledges symptoms, such as stomach-aches or nausea being displayed by the younger school refuser in the morning. Older children or adolescents usually exhibit symptoms in the form of headaches, sore throats, pallor and complications of the cardiovascular system. These symptoms may increase in severity on school days and diminish altogether on weekends and during school holidays (Eisenberg, 1958a).

Emotional and Social Complaints

In addition to the psychosomatic complaints shown by the school refuser, non-compliance, temper tantrums and crying are also typical responses to parental pressure on the child to return to school (King & Ollendick, 1989a). These responses may inadvertently contribute to the development of aggressive or destructive behaviour towards siblings, peers, teachers and parents. Some children show depressive and withdrawn behaviour (Blagg, 1987a). According to Gittelman-Klein and Klein (1980), these secondary complications shown by school refusers are manipulative measures in order to protect them from confronting the anxiety-provoking situation. These signs are usually non-existent once the pressure to return to school is removed.

Diagnoses Associated with School Refusal

Of somewhat of a contentious nature, as it is not purely a school-orientated issue, is Separation Anxiety Disorder (SAD). Here the child is fearful of being separated from a major attachment figure, usually the mother, and in response refuses to attend school (Phelps et al., 1992). Moreover, Separation Anxiety Disorder is an integral part of this study as it is envisaged the WSA/PC intervention program will replace the major attachment figure in relation to separation anxiety thereby allowing the school refuser not only a rapid return to school, but also maintaining regular school attendance. Therefore, it is of paramount importance to understand the nature of Separation Anxiety Disorder and its relationship to school-refusing behaviours.

Separation Anxiety Disorder is characterised by excessive anxiety concerning separation from home or loved ones. Features include unrealistic worry about harm to self or significant others during periods of separation, reluctance to sleep alone or be alone, physical complaints and signs of distress in anticipation of separation. School refusal behaviour is another common feature of Separation Anxiety Disorder. During a controlled study Berg and colleagues (1993) found the existence of SAD among forty percent of unexplained absences.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-1V-TR, 2000) was intended as a major advance in psychiatric studies. The multi-axial scheme of classification was an attempt to provide a standardised and systematic classification of childhood disorders (Aitkinson & Quarrington, 1985).

However, school refusal is not defined as a separation anxiety disorder within this manual. Instead this syndrome is included as one of the operational criteria for Separation Anxiety Disorder under the heading of "Anxiety Disorders of Childhood or Adolescence".

Separation Anxiety Disorder is defined as "excessive anxiety concerning separation from those to whom the child is attached" (American Psychiatric Association, 2000, p. 124.). Typically, a child with separation anxiety disorder may be reluctant to attend school in order to remain at home with the significant adult figures. In the diagnosis a reluctance to attend school is only one of eight symptoms of separation anxiety disorder. In real terms, although DSM-1V-TR may establish a universal language for psychiatric disorders, it does not provide a clear guidance and adds little to the understanding of school refusal behaviours. Diagnostic criteria for Separation Anxiety Disorder (DSM-1V-TR) are presented in Table 2.1.

Table 2.1

Diagnostic criteria for Separation Anxiety Disorder (DSM-IV-TR)

A.	Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual child is attached, as evidenced by at three (or more) of the following:
(1)	recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated;
(2)	persistent and excessive worry about losing, or about possible harm befalling, major attachment figures;
(3)	persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped);
(4)	persistent reluctance or refusal to go to school or elsewhere because of fear of separation;
(5)	persistently and exclusively fearful or reluctant to be alone without major attachment figures at home or without significant adults in other settings;
(6)	persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home;
(7)	repeated nightmares involving the theme of separation; and
(8)	repeated complaints of physical symptoms (such as headaches, stomach-aches, nausea, or vomiting) when separation from major attachment figures occurs or id anticipated.
B.	Duration of disturbance of at least two weeks.
C.	Onset before the age of 18.
D.	The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
E.	The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or any other Psychotic Disorder With Agoraphobia.

SOURCE: American Psychiatric Association (2000)

According to the American Psychiatric Association (2000), separation anxiety can be an associated feature of pervasive Developmental Disorders, Schizophrenia, or other Psychotic Disorders. Separation Anxiety Disorder is distinguished from General Anxiety Disorder in that anxiety predominantly concerns separation from home and attachment figures. Some cases of school refusal, especially in adolescence, are due to School Phobia or Mood Disorders rather than separation anxiety. Children with Separation Anxiety Disorder may be oppositional in the context of being forced to separate from attachment figures.

Therefore, clinical judgment must be used in distinguishing developmentally appropriate levels of separation anxiety from clinically significant concerns about separation as seen in Separation Anxiety Disorder.

In relation to the current study it is prudent to be aware that school refusal may often be confused with other anxieties or phobic disorders (http://www.msbp.com/ *Knowing What School Refusal is Not*!). The most common types of fears and anxiety problems exhibited by children and adolescents are described below.

Specific Phobia is characterised by an extreme and unreasonable fear of a specific object or situation such as dogs, loud noises, or the dark, whereas Social Phobia is characterised by an extreme and unreasonable fear of being embarrassed or humiliated in front of other children or adults. Children with a Social Phobia may avoid such places as school, restaurants, and parties.

Generalised Anxiety Disorder is characterised by persistent and excessive worry about a number of events or activities. Children may worry about their school performance, their social relationships, and their health or the health of others. Children with Generalised Anxiety Disorder may seek constant reassurance and approval from others to help alleviate their worry.

Obsessive Compulsive Disorder is characterised by recurrent thoughts or behaviour patterns that are severe enough to be time consuming, distressful and highly interfering. The most common obsessions are repeated thoughts about contamination, repeated doubts, a need to have things in a particular order, and aggressive or horrible impulses.

Panic Disorder is characterised by sudden and severe attacks of anxiety. These attacks may consist of shortness of breath, heart palpitations, dizziness, upset stomach, sweating and fear of dying or losing control. Children with panic disorder may also show "Agoraphobia" in which they avoid situations in which the attacks have occurred, such as shopping malls, theatres, and stadiums.

Munchausen Syndrome is a bizarre condition in which a person deliberately makes himself sick, in order to get medical treatment, including major operations. It is a rare but very serious and quite dangerous illness.

Depression is a mood disorder. If there isn't a bad or low mood, there is no depression. The depressed person feels sad even in pleasant circumstances, is often tearful for no particular reason, does not enjoy normally pleasurable activities. There is also a loss of motivation; the depressed child does not want to do such normal things as get out of bed or go out and play.

Anxiety is the medical word for unreasonable fear. If a child is afraid of a large, aggressive, and unfriendly dog, that's not anxiety. If he is afraid of all dogs, no matter how small and friendly, that is anxiety. Some children suffer from what used to be called overanxious disorder. This is now part of Generalised Anxiety Disorder, but the overanxious name is still a very apt description of the child who worries excessively about everything. Overanxious children often have bodily symptoms, particularly stomach aches and headaches. They may experience diarrhoea or constipation, sleep poorly, have appetite problems, even worry themselves into low grade fevers.

Malingering means deliberately avoiding work or school. A child who invents a headache to get out of school is malingering. Probably most children do this occasionally. Very few children malinger more than occasionally. Those who do unquestionably suffer from some kind of serious emotional disorder and should be seen professionally. Children with fatiguing illnesses are often called "lazy." Some children are more active that others, and they certainly like to do some things (such as play) more than others (such as chores), but laziness itself is not natural in children (or adults either). Calling a child lazy just puts a label on a problem that needs to be understood.

Although school refusal has been found to occur in the absence of anxiety disorders (e.g. Berg et al., 1993) not all children with an anxiety disorder display school refusal behaviour (Last & Strauss, 1990). However, studies concerned with clinic-referred children with school refusal indicate a strong link between school refusal and anxiety disorders. When the school refuser displays a phobic response it is more often in relation to social and evaluative situations (e.g. an excessive and/or irrational fear of being teased) than to specific objects with the school situation (Kearney et al., 1995). Symptoms of depression and behaviour disturbance have been reported in school refusers and may require clinical diagnoses. In the main, however, anxiety appears to be the predominant feature.

Categories of School Refusal

The various categories of school refusal and the prevailing nuances in the literature classifications of this disorder will be highlighted in the section to follow. Although the literature contains numerous references to school refusal a clear classification of the disorder has been far from achieved. Categories within school refusal are presented in Table 2.2.

Table 2.2
Categories within school refusal

Source	Categories	Personality	Prognosis
Coolidge et al. (1957)	Neurotic	Basically sound	Good
	Characterological	Chronic, complex disorders	Guarded
Kennedy (1965)	Type 1	Basically stable	Good
	Type 2	Chronic, complex	Excellent
	Mild acute school refusal	Basically stable	Good
	Chronic severe school refusal	Chronic maladaptive disorders	Guarded
Nichols & Berg (1970)	Acute	Basically sound	Good
	Chronic	chronic, neuroticism and isolationism	Guarded
Marine (1968)	Simple separation anxiety	Sound	
	Childhood psychosis with school refusal symptoms	Psychoses: depressive and compulsive reactions	Poor

SOURCE: McDonald and Sheperd (1976).

Neurotic and Characterological

Coolidge and colleagues (1957) dichotomised school refusers into two sub-types which they termed “neurotic” and “characterological”. According to Coolidge et al. the neurotic group comprised mostly younger children who were predominantly female.

An abrupt onset of the disorder was a common characteristic of this group. In contrast the chronic group of school refusers consisted of older adolescent males whose condition was incipient and gradually developed.

Type 1 and Type 2

According to Blagg (1987b) a diagnosis of Type 1 or Type 2 school refusers was dependent upon the child portraying at least seven of the ten behavioural symptoms of each group. Kennedy (1965) following on from past research using a differential diagnosis successfully distinguished an acute and chronic type of school refusal. This typology expanded the neutrotic-characterololgical dichotomy proposed by Coolidge et al (1957). Kennedy (1965) proposed 10 criteria by which difficult symptoms of school refusal could be identified within Type 1 and Type 2 school refusers. Criteria for Type 1 and Type 2 school refusal is presented in Table 2.3.

Table 2.3
Criteria for Type 1 and Type 2 school refusal

(1)	The present illness is the first episode	(1)	Second, third or fourth episode
(2)	Monday onset, following an illness on the previous Thursday or Friday	(2)	Monday onset following a minor illness, not a prevalent antecedent
(3)	An acute onset	(3)	Incipient onset
(4)	Lower grades most prevalent	(4)	Upper grades most prevalent
(5)	Expressed concern about death	(5)	Death theme not present
	Mother's physical health in question: Actually ill or child thinks so	(6)	Health of mother not an issue
(7)	Good communication between parents	(7)	Poor communication between parents
(8)	Mother and father well adjusted in most areas	(8)	Mother shows neurotic behaviour Father shows a character disorder
(9)	Father competitive with mother in household management	(9)	Father shows little interest in household or children
(10)	Parents achieve understanding of dynamics easily	(10)	Parents very difficult to work with

SOURCE: Kennedy (1965)

Acute and Chronic

Berg and colleagues (1969) distinguished another two patterns of symptomatology. They classified school refusers as "acute" or "chronic" depending upon the child's history, prior to the onset of school avoidance. Acute school refusers are diagnosed if the behaviour is preceded by at least three years of trouble-free attendance, regardless of the ensuing duration of the condition, whereas chronic school refusers constituted all other children portraying school refusal behaviour.

Marine's Diagnostic Categories

Marine (1968) expanded the two-factor typology into a four-fold classification scheme: simple separation anxiety; mild school refusal; chronic severe school refusal; and childhood psychosis with school refusal symptoms. This classification is elaborated in Table 2.4.

Table 2.4
Marine's Diagnostic Categories

Diagnosis	Treatment Modality	Change agents
1. Simple Separation Anxiety	Primary prevention by school personnel	Teacher, principal
2. Mild School Refusal	Crisis intervention using structured treatment	Teacher,principal, school nurse, pediatrician guidance counsellor
3. Chronic Severe School Refusal	Family therapy, close collaboration between therapist and teacher gradual return to school	School social worker school psychologist, psychiatric team, mental health team
4. Childhood Psychosis with School Refusal Symptoms	1. Residential treatment 2. Special class for emotionally Disturbed plus psychotherapy for Each child and casework for parents	Psychiatric team

SOURCE: Marine (1968)

Simple Separation Anxiety

According to King and colleagues (1988), simple separation anxiety is prevalent in young children experiencing their first major separation from the attachment figure. This is not uncommon in the case of a child's first entry into school.

McDonald and Sheperd (1976), however, questioned whether this category is indeed a type of school refusal due to its transient nature and spontaneous remission because the anxiety generally dissipates after one week. However, the problem is distressing for the child and can both be prevented and treated by the parents (Marine, 1968).

Mild School Refusal

Children diagnosed with mild school refusal exhibited an acute and dramatic occurrence of symptoms. This type of school refusal corresponds to Kennedy's (1965) Type 1 differential diagnosis. Generally, such children are indifferent to parental reasoning or discipline associated with school attendance (McDonald & Shepherd, 1976). Marine (1968) suggested parents, school personnel and other professions be involved in the treatment.

Chronic Severe School Refusal

Chronic severe school refusal correlates to Kennedy's Type 2 criteria. Typically these children are older and often are adolescent. The development of school refusal was usually incipient and viewed to be only one symptom of a more pervasive and complex disordered personality (King et al., 1988). Individual therapy, family counseling and close collaboration and communication between professionals is necessitated in this type of intervention (Marine, 1968).

Childhood Psychosis with School Refusal Symptoms

According to Marine (1968), the school refusal symptom of these children is part of a chronic complex psychopathology. Yet it has been well documented in the literature that this category is rare in comparison with other types of school refusal (King et al., 1988; McDonald & Sheperd, 1976). Marine (1968) advocated a residential-based treatment for children in this category due to the close pathological relationship between the child and the parent. The prognosis for this category, as with all psychotic children, is guarded. Marine's Diagnostic Categories are presented in Table 2.4.

Etiology

Etiology is concerned with the exploration of causes regarding school-refusing behaviours. The literature indicates there is no single etiology of school refusal, rather the given etiology varies from child to child. Ollendick and Mayer (1984) found a broad range of precipitating factors associated with the home, the school and the individual may contribute to the development of school refusal in a child who may be vulnerable as a consequence of biological and environmental factors.

School Refusal Theories

Theories associated with school refusal behaviour can be broadly classified as follows: psychoanalytical; social learning; cognitive-behavioural; and interaction.

Psychoanalytic Theory

School refusal has a complex etiology (Blagg, 1987a) which involves immediate interaction with child, family and school factors (Berg & Jackson, 1985) Psychoanalysts put forward the theory that the child's school phobia is a problem of separation anxiety and intrafamilial difficulties (Shapiro & Jegede, 1973).

Burke and Silverman (1987) suggest school refusal can stem from anxiety about separation from parents, excessive fear of something in the school environment, or a parenting problem where the child's behavior is maintained by secondary gain from the parents. On the basis of clinical experience psychoanalysts have developed hypotheses in relation to the etiology of school refusal (Gordon & Young, 1976).

The basic psychoanalytical position is that school refusal reflects disturbance in family relationships particularly the mother-child relationship (Shapiro & Jegede, 1973). According to the psychoanalysts view, although the child appears to be afraid of attending school, his primary fear is being separated from his mother (Johnson, 1957). Eisenberg (1958a) saw school refusal as a "clinical variant" of separation anxiety. If fear of school is to be acknowledged it is interpreted as anxiety about separation which has been displaced onto the school (Coolidge et al., 1957). Talbot (1957) suggested that the child's resentment is "projected" onto the teacher and the school.

Johnson and colleagues (1941) noted three factors common to the eight children studied in their investigation. These are:

- acute anxiety in the child precipitated by a change in the family or school situation;
- simultaneous increase in anxiety in the mother due to a threat to her satisfactions; and
- poorly resolved dependency relationship between the child and the mother.

Psychoanalytical theories have suggested that pathology in the mother is central to the development of school children. The mothers were said to have been emotionally deprived in childhood (Goldberg, 1953; Eisenberg, 1958a) and caught in unresolved dependency relationships with their own mothers (Johnson et al., 1941; Coolidge et al., 1957; Talbot, 1957). They were also described as perfectionists (Davidson, 1960), depressed and neurotic (Hersov, 1960b). However, as with many studies in relation to school refusal, there is a lack of standard measurements. Therefore the relationship between mother and participant is regarded as highly subjective.

There is very little to comment on the role of the father in the etiological studies. The most common picture of the father of the school refuser portrays him as passive, and ineffectual or peripheral (Hersov, 1960b). Skynner (1974) in a study on the role of the father described the inability of the father to fulfill the paternal role. He suggested that the problem lies in both parents' failure to help the child relinquish his excessive demands for the exclusive attention of the mother.

According to the literature psychoanalytic theories regarding school refusal are predominantly based on clinical studies, and although they provide important information for the generation of hypotheses they do not represent an adequate sample of the school-refusing population (Trueman, 1984).

Social Learning Theory

Over the recent years therapists have looked towards social learning theories to explain school-refusing behaviours. A review of the literature in relation to the behavioural management of school refusal is based upon the principles derived from the classical, vicarious and operant conditioning models.

According to a study conducted by Garvey and Hegrents (1966), it was suggested a child's fear of loss of his mother can become associated with going to school if this fear is associated with ominous verbal comments about rejection and abandonment by the mother. Although this phobia is predominantly associated with social learning theory similar fears can be attributed to psychoanalytical theories.

Classical Conditioning Model

An early behavioual conceptualisation based on the classical conditioning principle speculated that anxiety about separation from parents was paired with the school setting, leading to the development of a specific phobia of school (Kearney & Silverman, 1990). Further studies have suggested that specific upsetting or traumatic events at school have also contributed to the development of school refusal (Lazarus et al., 1965). Similarly, Ollendick and King (1990) provided the example of a child who is bullied at school and whose fear of the bully generalises to other children at school, such that the school becomes an extremely anxiety-provoking situation which is avoided by the child. However, the classical conditioning principle is not able to explain how only one of several children (who were exposed to the same traumatic events at school) may go on to develop school refusal behaviours.

Vicarious Conditioning Model

According to the vicarious conditioning principle, a child's school refusal behaviour may stem from the observation of other children who are afraid of school and refuse to attend, and the consequences they receive for such behaviour (Ollendick & Mayer, 1984). Observation of parental behaviour may also contribute to the development of school refusal.

Miller (1972) suggested parents with low social skills might serve as role models of how their children interact with others, which ultimately may lead to a child's school refusal within the school situation. The transition of fear messages may also lead to school refusal. For example, a child may overhear his parents talking about the negative aspects of school and subsequently display fear or anxiety to the school situation (King et al., 1995). Further, the literature highlights the fact, as with the psychoanalytic principle, this theory fails to account for situations where only one sibling in the family displays school refusal behaviours.

Operant Conditioning Model

Operant conditioning is frequently held to be responsible for the development and maintenance of school refusal (Ollendick & Mayer, 1984), such conditioning being intentional or inadvertent (Thyer & Sowers-Hoag, 1986). For example, the expectable mild anxiety experienced by children when first attending school may develop into a fear of school depending upon the parents' response to the child's fears and availability of anxiety-competing reinforcers in the school setting (King & Ollendick, 1989b). The same could be said for children confronted with anxiety-invoking situations at any stage of their schooling. Children may receive much attention from their parents when they make negative statements about school and discuss how they feel there (King & Ollendick, 1989b). The child may be allowed to stay at home, negatively reinforcing the avoidance of school. At home the child may enjoy such things as watching television and receiving extra attention from parents, which positively reinforces the school behaviour.

Once school refusal has developed, parents may lack the requisite child behaviour management skills to ensure school return (Mansdorf & Lukens, 1987). For example, when parents attempt to return the child to school but are met with complaints, crying and tantrums which lead them to allow the child to remain at home, they negatively reinforce the child's school refusal behaviour.

Parents may fail to work as a team in helping their child, hindered by misconceptions about the origin, nature or severity of the problem (Bryce & Baird, 1986). Social learning theories emphasise the role of positive reinforcement. For example, regarding school-refusing behaviours, behaviourists have often accepted the psychoanalysts' separation anxiety hypotheses but use learning concepts from both classical and operant principles to account for the role of the mother-child relationship in the development and maintenance of the disorder. Therefore, it can be seen the principles of classical, operant and vicarious conditioning have been usefully employed in discussions about the etiology of school refusers.

Cognitive-Behavioural Theory

Cognitive-behavioural theory explores the relationship between cognition, behaviour, affect and the social context in which the individual resides (Kendall et al., 1988). Cognitive-behavioural theory focuses on how individuals interpret their cognitive experiences as opposed to the experience itself or the environment. For example, two children who are subjected to the same situation of being bullied will interpret the event differently and this may lead to one child becoming fearful or anxious of school and not the other child, and how thoughts and behaviours are related (Clark & Beck, 1988). Children fearful of school would be expected to focus on the negatives such as a school bully or complaining of too much homework, whereas children who like school would focus on positive things such as making friends or playing games. Contingency contracting treatment studies often describe school refusal as a parent management problem (Last & Francis, 1988). The implication is that school refusal develops or is exacerbated because parents perhaps unwittingly reinforce their child's school- avoidant reactions and they need assistance to understand and implement appropriate behavioural techniques (Hersen, 1970).

In the school refusal situation, watching television, access to the refrigerator and parental attention when the child is at home and not at school make staying home a positive and rewarding experience for some children (King et al., 1995). This has been referred to as secondary gains (McDonald & Shepherd, 1976).The reciprocity between the above factors and the child's cognition must also be emphasised.
According to social learning theory, school refusal can be due to classical, operant or vicarious conditioning, but the final common pathway involves the child's learned expectation about his inability to cope with school (Ollendick & King, 1990).

Interaction Theory

Yates (1970) presented an interaction theory based on learning principles. He argued that through childhood parents, particularly mothers, become very strong reinforcers for their children. Thus, if the mother has reinforced the child's anxiety about separation in the past, separation problems are likely to rise on the child's transition to school.

In his framework Yates suggested that the school refusal may be determined by one or more of the following factors:

- separation anxiety leading to overdependence on the home as a safe refuse;
- insufficient rewards or actual anxiety-arousing experiences at school; and
- actual traumatic events at school.

It is highlighted in the literature that Yates' theory is a valuable contribution to etiological theories of school refusal. It has the advantage of focusing broadly on relevant factors and allowing for the interaction of a number of conditions or the primacy of one condition. In many theoretical explanations particularly from the psychoanalytical perspective school factors have been viewed as precipitating events triggering existing disturbances in the mother-child relationship (Johnson et al., 1941). This emphasis has prohibited consideration of school factors perhaps as capable of beginning a cycle of school refusal in their own right.

Causal Contingencies

The literature indicates much of the data on school refusal has come from clinical observations and investigations of the school refuser and his mother.
The role of school factors, family related factors, and cognitive factors in the development of this disorder needs serious re-evaluation.

School Related Factors

In a number of studies over half the children indicated a school related fear such as: a strict sarcastic teacher or an academic failure, prior to the onset of symptoms (Hersov, 1960b). School related factors precipitating school refusal behaviours are presented in Table 2.5.

Table 2.5
School related factors precipitating school refusal

Source	Factors
Granell de Aldaz et al., (1987)	Going to a new school; failure, exams, having to undress to use showers; beginning of a school year; difficulties with teacher; problems with other children
Thyer and Sowers-Hoag (1986)	The presence of bullies and rough sports
Torma and Halsti (1975)	A change of teacher or class
Berg in Hersov & Berg (1980)	Transition from primary to secondary school
Hersov (1985)	The departure or loss of a school friend Leaving home for a school holiday or camp
Ollendick and King (1990)	Disappointing experiences at school
Blagg (1987a)	Absence from school due to an illness
Ollendick & Mayer (1984)	Academic and social inadequacies or fears
Buitelaar et al. (1994)	Insufficient peer contacts

Family Related Factors

School refusal has a complex etiology (Blagg, 1987a) involving interplay of child, family and school factors (Berg & Jackson, 1985). According to Aitkinson et al. (1985) four major fear sources emerge from the literature including:

- fear of maternal separation;
- fear of failure;
- fear of the school situation; and
- a generally fearful approach to life.

Each fear source or etiological factor may contribute to the development of any one case, and according to Thyer and Sowers-Hoag (1986) it is rare for school refusal to have just one etiology.

Cognitive Factors

The cognitive-behavioural perspective of childhood psychopathology focuses primarily on learning processes and information. It acknowledges biological, neurological and genetic factors and while not elaborating upon them, it avoids exploration of unconscious conflicts (Kendall et al., 1988). There is no unified cognitive-behavioural theory of the etiology of school refusal, but different conceptualisations of its etiology (Burke & Silverman, 1987), together with consideration of the additional role that cognitive processes play in the development and maintenance of the problem (King et al., 1998).

Predisposition

King and colleagues (1996) suggest in all probability there is a biological vulnerability or predisposition for the development of emotional problems including school refusal. According to Ollendick and King (1990) the child who is endowed with a labile autonomic nervous system is considered to be at greater risk for the development of school refusal. When faced with stresses at home or school, the vulnerable child may become highly anxious which an result in a school refusal episode (Blagg, 1987a). However, King, Hamilton and colleagues (1988) have suggested the multiplicity factors in school refusal is encompassed by the various phobic and anxiety disorders of childhood.

Other Precipitating Factors

In school refusal when a child clings to his mother and resists separation verbally or non-verbally psychoanalysts' theories invoke separation anxiety as an explanatory concept. However, from the same observable situations it is possible to reach different conclusions.

For example, the child may have a new sibling and is jealous of the extreme attention given to the sibling in his absence and therefore seeks to return home to the mother (Shapiro & Jegede, 1973). Other precipitating factors associated with school refusal are presented in Table 2.6.

Table 2.6

Other precipitating factors associated with school refusal

Source	Factors
Ollendick and King (1980)	Degrees of stress experienced by the child at the time of conditioning
Ollendick & Mayer (1984)	A broad range of stressful life events at school or at home may bring on the onset of school attendance difficulties
Blagg (1987a)	Illness or death of a family member Relative or a friend may operate to precipitate school refusal
Berg (1996)	Following a holiday period
Johnson et al. (1941)	Accident to parent
Torma & Halsti (1975)	Marital crisis, separation or divorce, other family crisis, moving to a new area
Ollendick & Mayer (1984)	Mother beginning work
Berg (1996)	Stressful events within the peer group outside of the school setting

The literature indicates a rather heavy emphasis on intrapsychic and familial factors in the development of school refusal. This approach has resulted in the neglect of the social context, school in which the problem occurs. It has also meant that the treatment goal of returning the child to school has been pursued without consideration of that environment and its possible contribution to the original problem. A few writers such as Kahn and Nursten (1968); Bolman (1970) and Shapiro and Jegede (1973) have argued for a broader focus which allows for the possibility that the school environment, as well as the child and his family, may need to be carefully investigated and perhaps modified.

Epidemiology

Epidemiology is concerned with the incidence and distribution regarding school refusers. Research data on the epidemiological factors of school refusal suggests there is considerable heterogeneity in the presentation of school refusal (Ollendick & Mayer, 1984). Many studies have reviewed data on school refusal in terms of variables such as prevalence rates, age of onset, gender distribution, socio-ecomomic status, intellectual capacity, and family factors.

Prevalence Rates

The prevalence rates of school refusal can only be approximated given the differing definitional criteria (Ollendick & Mayer, 1984) and the diversity of methodology used to determine the criteria of the behavioral disorder (King & Ollendick, 1989a). Clinical studies have suggested that school refusal only occurs in a small percentage of the general school population (Burke & Silverman, 1987). However, Kearney and Beasley (1994) suggest that school refusal occurs in 5 percent of all school aged children.

Age of Onset

School refusal can occur throughout the various levels during the life of a student (King & Ollendick, 1989a). According to the literature school refusal occurs through the entire range (i.e., from five to mid-teens). Kennedy (1965) indicated that the mean age was between 9 and 10.

It appears school refusal is particularly prevalent in distinct age groups: 5-7 years, 10-12 years and 13-14 years (Blagg & Yule, 1984; Ollendick & Mayer, 1984; Hersov in Rutter & Hersov, 1977). A summary of these studies shows that school refusal can occur at any school age, but is most prevalent in the 5-7 years and 10-12 years age group (Hersov in Rutter & Hersov, 1977). These studies suggest school refusal is more prevalent as problems of transition are experienced from home to the school situation for the first time and from primary to secondary school situation (Eisenberg, 1958a; Coolidge et al., 1960).

Gender Distribution

In relation to gender some studies have reported that school refusal is distributed equally in both males and females (Blagg, 1987a; Gordon & Young, 1976; Kennedy, 1965). Other researchers have found there is a greater percentage of boys suffering from school refusal rather than girls (Berg, 1970), whilst reports from other studies indicate a greater percentage of school refusal in girls (Berg et al., 1969).

Socio-economic Status

The evidence of most studies regarding school refusal is inconclusive. Hersov (1960) indicated a prevalence of school refusers within families at the higher socio-economic levels. However, Talbot (1957) reported that socio-economic status had little impact on the incidence of school refusal whilst Blagg (1987a) found that where both parents had achieved a lower educational level school refusers were prevalent.

Intellectual Capacity

The majority of investigations suggest that school refusers possess average or above average intelligence (Baker & Wills, 1978; Eisenberg, 1958a), although a study conducted by Talbot (1957) found that it may occur in children with a wide range of IQ's. However, according to Rodriguez and colleagues (1959) and Levanthal & Sills (1964) school refusal has been reported to occur more often in children with average to bright IQ's.

Family Dynamics

Although Gordon and Young (1976) reported that birth order did not seem to impact on the incidence of school refusal other researchers have suggested that only the youngest child in the family may be disproportionately represented in the school refusal category (Blagg & Yule, 1984). Berg and colleagues (1972) found that school refusers tended to be late in the birth order when they came from families with three or more children.

This review of epidemiological factors acknowledges the fact this study has taken into consideration the complexity of factors that operate in the development of school refusal disorder.

Onset may be acute or chronic, and for some school refusers attendance may be sporadic while others may be absent for weeks or even months. School refusal is equally common in boys as it is in girls occurring across the age range, and may occur at any age during a child's schooling with notable peak periods at 5-7 years, 10-12 years and 13-14 years. There is some suggestion of a higher prevalence in pre-adolescent and adolescent. It may be more prevalent in the only and youngest child within the family unit. There is a normal distribution of intelligence and no clear evidence that learning disabilities are over-represented in the general school population. Socio-economic level and marital status do not appear to be associated with the incidence of school refusal. Parents and educators are usually the first ones to notice the symptoms which occur with school phobia. Other than poor attendance and emotional outbursts, children identified with school phobia are usually good students, well mannered, and respectful at school.

Review of WSA/PC Intervention Program Literature

As the present study promotes a holistic approach to the minimisation of school refusing behaviours being exclusive of clinical studies, there is little literature to confirm or contradict the methodology, results or findings associated with the WSA/PC intervention program. However, as described in Chapter One, multiple strategies, outcome measures and pastoral care initiatives underpinning the WSA/PC intervention program have been acknowledged by some educational researchers and clinicians.

Writers who reflect positively on strategies employed in the WSA/PC intervention program include:

- Caregiver Commitment: (King et al, 1995; Blagg, 1987a; Masters et al, 1987);
- Changeover of School: (King et al, 1998);
- Escort Procedure Blagg 1987a; Miller 1972); and
- School Consultation (Kennedy cited in Ammerman & Hersen, 1995).

Literature presenting reliable clinical outcome measures employed by the WSA/PC intervention program to measure the participant's self-esteem, self-efficacy and self-actualisation include:

- Revised Children's Manifest Anxiety Scale (Reynold's & Richmond, 1978);
- Children's Depression Inventory (Kovacs, 1981); and
- Self-Efficacy Questionnaire for School Situations (Heyne et al, 1998).

Some of the recent publications promoting a holistic approach towards pastoral care initiatives as described in the WSA/PC intervention program include:

- *The Whole School Approach to Pastoral Care: The Road beyond the Gatehouse* (Catholic Education Office, cited in Stainsby, 2001); and
- *Mindmatters* (Commonwealth Department of Health and Aged Care, 2001).

Summary

The nature of school refusal as highlighted by the review of literature is presented hereunder. The literature suggests no agreed-upon set of criteria for determining school refusal exists, despite the importance of this for the assessment and treatment of the problem (Olendick & Mayer, 1984). However, criteria commonly used in the recruitment of participants for research purposes are those proposed by Berg et al. (1969), whether in their original form or an adaptation thereof.

In this study, it is important when a child is not attending school to discriminate between a refusal to attend school and truancy. A strong link was found between truancy and anti-social conduct tendencies and between school refusal and anxiety symptoms, thus further adding to the distinctiveness of these two disorders. The implication of separating these conditions is that there are important treatment applications associated with them.

According to the literature school refusal has proved to be rather a complex phenomenon in relation to its clinical presentation. Coolidge and colleagues (1957) attempted to subdivide school refusers. The result was a dichotomy of two types that were termed the "neurotic" and the "characterological". Kennedy (1965) renamed this group to "type 1" and "type 2" whilst Berg and colleagues preferred the terms "acute" and "chronic" to identify subtypes of school refusers. Marine (1968) expanded this dichotomy into a four-fold classification.

After reviewing the available literature on the clinical characteristics of school refusal disorder several conclusions can be drawn. Typically, the school refuser displays marked anxiety about the prospect of attending school. School refusal whilst not defined by the presence of an anxiety disorder is often accompanied by one or more phobic or anxiety disorder. Somatic manifestations are common and are accompanied by other social and emotional symptoms. The expression of the symptoms may vary over the course of the school refusal problem, and indeed over the course of a school day. Symptom clusters may lead to phobic and anxiety disorder diagnoses.

The literature suggests there is no single etiology of school refusal; rather the etiology varies from child to child (Ollendick & Mayer, 1984). It is apparent that a broad range of precipitating factors associated with the home, school and the individual may contribute to the development of school refusal in a child who may be vulnerable as a consequence of biological environmental factors. Commonly cited precipitating factors include separation anxiety, fear of some aspect of the school situation, and secondary gains associated with non-attendance at school. Various theories have been used both independently and interactively to account for the development and maintenance of school refusal. In sum, however, the etiology of school refusal remains incompletely understood (King & Ollendick, 1989b).

The literature reports features of school refusal are clearly dependent upon the sample studied and the criteria used to identify the relevant features. Consequently there is considerable variation across reports with several characteristic epidemiological features emerging from the literature. School refusal appears to affect around 2% of the general school aged population, and is common in clinical settings, accounting for about 5% of referrals. Further, the literature shows that the incidence of school refusal has escalated (Kahn & Nursten, 1962), although there is no direct evidence to suggest this conclusion.

Moreover, the literature does suggest more children are being referred to childhood clinics due to a greater awareness of the disorder as a psychiatric condition. However, the literature does report that features associated with the WSA/PC intervention program promote positive effects relevant to the minimisation of school refusing behaviours.

CHAPTER 3
METHOD

Design

In this study the educational research design employs both action research and case study methods and incorporates some of the key elements of humanistic psychology such as: self-esteem, self-efficacy and self-actualisation. Moreover, this study incorporates elements of a grounded theory approach. Further, this study constitutes a triangular design whereby the participant, parents and school personnel participation were employed in order to determine the impact regarding the minimisation of school refusal in relation to the participant.

Research Methodology

The objective of action research in this study is to provide an ongoing effective approach for school personnel to implement multiple strategies to minimise school refusal behaviours both in the classroom situation and in the area of professional development. The research design employed qualitative paradigms. The key features of action research in this current study focus upon:

- the study of a social situation;
- collaboration with others;
- action taken to improve the situation;
- critical examination i.e. observation; and
- reflection on the effects of the action and learning from one's own experience.

Action Research Theory

The term "action research" was coined by the social psychologist Kurt Lewin towards the end of the Second World War. He used the term to describe a form of research that could combine the experimental approach of social science with programs of social action in response to major social problems of the day.

Through action research, Lewin argued, advances in theory and needed social changes might simultaneously be aligned (Burns, 2000).

Burns (2000) described Lewin's action research as proceeding in a spiral of steps, each of which is comprised of planning action and the evaluation of the result of action. In principle, the process begins with a general idea that some kind of improvement or change is desirable. As described in Chapter One, these steps are an integral part of the multiple strategies underpinning the WSA/PC intervention program.

In accordance with the principle of Lewin's theory, the general plan in this study is to consider what steps are achievable and in which particular order they would be implemented. For example, the first action step aims not only at improvement, in school-refusing behaviours, but for a greater understanding about what will be possible to achieve at a later stage. However, before taking this first step, it is necessary to devise a method of monitoring the effects of the first action step, the circumstances in which it occurs, and what the strategy begins to look like in practice.

As a step is implemented, new data starts coming in, and the circumstances, action and effects are described and evaluated. This evaluation stage amounts to a fresh reconnaissance that can prepare the way for new planning. The general plan is to revise in the light of this new information and the action step can be built on the first along with appropriate monitoring procedures. The second action step is then implemented, monitored and evaluated: and the spiral of action, monitoring and evaluation and re-planning continues.

The cyclic nature of the Lewinian approach recognises the need for action plans to be flexible and responsive. It recognises that, given the complexity of real social situations, in practice it is never possible to anticipate everything that needs to be done. Lewin's deliberate overlapping of action and reflection was designed to allow changes in plans for action as the people involved learned from their own experience (Burns, 2000). Put simply, action research is the way groups of people can organise the conditions under which they can learn from their own experience and make this experience accessible to others.

Action Research Practicum

Action research in its application presents fact finding to practical problem solving in a social situation in order to facilitate a more effective policy and decision making at the local level (Zajda, 2001).

This practical aspect regarding action research is centered on a whole school approach underpinned by effective pastoral care. This action research will involve active participation by a student, teachers, parents and school personnel.

The objective is to allow the participants to make a critical analysis of their own particular experiences with the overall view to improve the social situation within an educational framework for students, teachers, school and society in general.

In this current study, the role of the action researcher is one of an "agent of change". In looking at how the researcher is able to implement change the first thing to be considered is that the researcher was in a position to do so. The authority to orchestrate a change provided was in consultation with the participant, parents, teachers and school personnel. Their approval was gladly given and their input was warmly welcomed. Action research needs to be a democratic activity, which is empowering at the collective level for all stakeholders. Therefore the usual resistance to change is ameliorated because the balance between stability and change has been held (Burns, 2000).

In the present study, it is recognised teachers play a pivotal role in wellbeing of students trusted to their care, although primarily concerned with passing on the content and knowledge skills in a number of curriculum areas. Here, there is a realisation this cannot be done effectively if the real needs, interests and input of students are denied. Moreover, good learning can be achieved when students are emotionally settled and identify some purpose in their educational endeavours (King et al., 1995). However, for some children Burke and Silverman (1987) inform us school attendance is so distressing emotionally they have difficulty attending school, a problem that often results in prolonged absence from school. The WSA/PC intervention program will be implemented not only to identify the student suffering school refusal behaviours, but will endeavour to manage it better.

Case Study

Bogdan and Bilken (1982) suggest that characteristics of high-quality case study research are intense contact with the subject and data collection from multiple sources. Case study research involves a detailed and in-depth study of a 'single group, individual, situation or site' (Wiersma, 1995, p. 163).

According to Zajda (2001), the case-study research involves the following four major stages:

- sampling: case studies can research a single subject or phenomena or a large number of cases;
- planning data collection: the use of open interviews, narrative interviews, observations, documents (life-story methods, biographic method), archival data, observations and the like;
- planning data analysis: in quantitative analysis it involves assigning meanings to data and devising relevant concepts; and
- interpreting and reporting: a checklist for data analysis.

Following these four major stages this case-study research will centre on a controlled study of a young adolescent male suffering from severe school refusal. The initial data will be collected via interviews, questionnaires and observations involving the participant, parents and teachers before valued judgments are considered regarding the implementation of the WSA/PC intervention program. Moreover, this case study will involve consideration of classification issues, interpretation of assessment implements such as fear surveys, anxiety scales, depression inventory, child behaviour checklist and family assent; review of intervention strategies; and examination of relevant research.

Grounded Theory

As with grounded theory the explanations emerge gradually from the data as the study proceeded. All interviews begin in an open-ended manner. In the later interviews there are more probe questions, and more of those probes are specific. The theory emerges from the data, from the informants. In the early stages it consists primarily of themes. These become more elaborated as the study develops. In this study the elements in grounded theory data collection are set out as follows:

- Data- collection;
- Note-taking;
- Coding;
- Memoing;
- Sorting; and
- Writing

Triangulation

According to Burns (2000) triangulation contributes to verification and validation of qualitative analysis by:

- checking out the consistency of findings generated by different data-collection methods; and
- checking out the consistency of different data sources within the same method.

Triangulation is a commonly used technique to improve the internal validity of a study (Burns, 2000). Exclusive reliance on one method may result in bias or distort the "truth". In this study there were different viewpoints relative to a similar situation, for example, observations were conducted by parents, teachers and the researcher. This produced different data, but the contrast in data assists the researcher being more confident with the findings.

In this study the use of multi-method strategies, multi-source evaluations, incorporating well-researched assessment devices alongside newer instruments, promoted and presented the valid, reliable, and comprehensive assessment of change.

Although the internal validity of the study was threatened by its subjectivity as parents, teachers, and researcher were somewhat emotionally involved in the nature of school refusal, this was countered by the use of an objective measure of change found in the participant's attendance at school.

Triangulation was further achieved by employing several outcome measures that were compared against study conducted by Rollings and colleagues (1998). This showed some common ground existed between the studies.

Participant

The key participant of this study is a fourteen year old boy, Adam (name is a pseudonym), a Year 8 student attending a Catholic boys secondary college. Adam, with express permission from his parents, participated willingly in this case study over four academic quarters. Assessments were undertaken primarily outside school hours. During the period prior to this study a partial life history (Wolcott, 1988) was compiled for the participant, providing patterns in evidence prior to immediate data collection.

Considering participant characteristics in some detail is important in case study research to discern the degree to which interpretations based on a single case have a basis for generalisation to other subjects (Van Dalen, 1973).

Participant history involves obtaining parental knowledge through interviews, questionnaires and reports concerning student's history of school refusal, description of school refusal, contributing and maintaining factors and attempts at resolution of outcomes. Information regarding the student incorporates physical and/or psychological problems, previous schooling problems, social behaviour, and issues with parents or other family issues.

Setting

The present research was conducted in a school underpinned by the tradition of the Christian Brothers. This school was selected as the researcher was employed as a teacher at the school. The researcher is well known to the school community, and a level of trust already existed with the subject of this study through previous research.
Convenience to the researcher in terms of access to the site and sample was also taken into account when the research paradigms were being devised. Tacit approval was granted by the college to conduct the research in this way.

Christian Brothers' College (CBC) is located in an inner southern suburb of Melbourne. Most of the students come from working class areas. A good majority of the parents chose the school because of its religious tradition and its reputation for the pastoral care of its students. Although CBC's academic results are generally "average" it provides a nurturing learning environment that is not too highly pressured. CBC is not an "elitist" school. Rather it is a good, solid, traditional school which aims to instill Christian values, confidence and social awareness in its students via the Christian Brothers' charism.

Staff at CBC are committed and caring and the climate at the school is generally perceived to be a happy one. Staff are acknowledged for their efforts, especially as many of these efforts are unpaid and in their own time. The "goodwill" aspect that so many schools rely on is evident at CBC. The staff at CBC believe in the importance of pastoral care activities and innovation is actively supported by ongoing professional development.

The college was an ideal site for this study as it boasts an infrastructure that caters for the individual students who are considered to be 'at risk'. As well as a counsellor, the school has a special education department that utilises specific programs to assist students develop academic and life skills required by society when students leave the college. To further assist in making the data collection manageable, the questionnaires and observations were carried out with the participant outside school hours. The sample could be described as purposeful (Wiersma, 1995) as neither the site nor the sample was chosen randomly.

Data Collection

Ollendick and King (1998) note at the clinical level the best understanding of the factors contributing to an individual school refusal behaviour is gained by conducting a thorough assessment with the parents, the child, and significant others such as teachers, using a multi-method, multi-source problem solving approach.

Pre-WSA/PC both formal and informal interviews were conducted with the participant, his mother, his Year level 9 coordinator and Student Welfare Officer, his occupational clinician at the Royal Children's Hospital, and his previous primary school principal to ascertain the participant's past difficulties in relation to the school situation. Questions were designed to cover the participant's primary and secondary school history, the onset, maintenance and presentation of school refusal behaviour; stressful situations in the life of Adam and his family; and previous attempts to manage the problem.

In this current study data were collected from participant observation, written documents, formal and open-ended interviews and standard tests plus other measurement procedures. When referring to participant observation in educational research Wolcott (1988) suggests there be a distinction between "active observers", "privileged observers", and "limited observers". Active observers are parents, privileged observers the researcher and school counsellor whilst limited observers are teachers.

To increase reliability, triangulation (Stake 1988) was accomplished in several ways. Conferences were held between Adam's subject teachers and the researcher; between teachers and the school counsellor; between college counsellor and the researcher; and between college House Heads and the researcher in which Adam's behavioural and academic interpretations were compared.

Each semester, according to college policy, subject teachers and House Heads prepared student reports for parents and this information was verified against the researcher's field notes. In addition this information was compared to Adam's previous school report and patterns and/or contrasts were noted.

Before proceeding with the WSA/PC intervention program it was of paramount importance to ascertain what the caregivers considered was at the heart of the school refusing behaviours, and how this had an impact on the functioning of the immediate family. Interviews were conducted to obtain background information regarding the participant, the participant's family, the participant's history of school refusal and the issues of treatment regarding the participant's school refusal behaviours.

Background Information

It is an important aspect of the study to confirm if the participant did indeed exhibit school-refusing symptoms rather than a withdrawal from school. Therefore, the following questions were asked relative to the participant's background:

a. Developmental history

- What other problems has the child experienced?

For example, physical/psychological; present/past; severity/resolution.

a. Schooling

- How many schools has the child attended?
- When did the child start at the current school?
- What has the child's attitude to schooling been like (e.g. academic/career/ambitions)?

b. Behaviour

- What is the child's behaviour like at home/school, in general?
- What changes have you noticed in your child's behaviour since refusing to attend school?

c. Socially

- How much time does your child spend with school friends outside school hours?
- How much time does he spend with other children not at the same school?
- What is the mature/quality of this social involvement?
- Does your child find it easy/hard to make and keep valuable friendships?
- Are any of your child's friends school refusers or truants?
- Is your child currently on any medications for school refusal or any other conditions?

Family

Many familial situations can trigger a condition of school refusal such as a troubled marriage being experienced by the child's parents, serious illness in the family, substance abuse on the part of family members, sibling disputes, child abuse and domestic violence.

Clinicians tend to link school refusal behaviours to a combination of genetic factors and environmental factors. The genetic link is suggested by the fact that there are a number of children with school phobia who have one or even two parents with anxiety disorders. This genetic link can also produce separation anxiety disorder.

The parents were asked the following questions regarding some of their memories of being at school.

- Did you like/dislike school?
- How far did you go with your schooling?
- What are your thoughts about your child's school/teacher?
- Were there ever times when you were anxious about attending, or wagged school?
- Do you, or have you ever experienced high anxiety/very low mood/other difficulties?

  In relation to family issues the following questions were asked.
- Are there other children in the family with attendance difficulties?
- How does your child get along with his/her siblings?
- How would you describe the relationship between yourself and the child?
- How would you describe your child's relationship with your partner?
- How are things between you and your partner?
- Has your child ever been separated from you/your partner for any length of time?

Onset of School Refusal

School refusal is described as anxiety and fear related about going to school. This can lead to prolonged absences from school, developmental deficiencies in academic performance, and impaired social adjustment (Ollendick & King, 1990; King et al, 1995). Therefore, parents, educators, medical personnel, and mental health professionals need to be alerted, educated, and prepared to assess and provide successful intervention and support for children who are experiencing school refusal.

The following information was sought regarding the participant's: onset of school refusal, description of school-refusing behaviours, contributing/maintaining factors, and attempt(s) to resolve school refusal and the outcomes.

a. Background

- When did this episode of school refusal start?
- How was the child generally last year?
- How did the child cope with kindergarten and each successive year of schooling?
- Have there been any previous episodes of school refusal. If so, when?
- How does the child appear towards the end of the school holidays?
- Has there been any running away from home or school?

b. Description

- How is the child the night before school and on school mornings?
- How does your child get to school?
- What is the child's level of attendance?
- Is there a pattern of non-attendance? (e.g. specific times of the day; days of the week; times of the year)
- How does your child come across when faced with attendance? (e.g. signs of anxiety; depression; oppositionalism)
- Are there any problems with sleeping, eating or bowel or bladder?
- Has there been a medical assessment of symptoms?

c. Contributing/Maintaining factors

- How would you explain these absences – what led to them?
- Have there been any stressing events during the holidays?
- Have there been any changes at home (e.g. relational; financial; pet dying)?
- Has the child reported difficulty with aspects of school situation (e.g. bullying; teachers; school-work and the like)?
- What does your child do during the day, when not at school?
- How do you respond to the child when anxious, depressed or oppositional?

d. Attempt(s) to resolve and outcomes

- What other help have you received?
- What has worked, and what has not been so helpful?
- What role has each parent played in managing the problem?

Treatment Issues

Because of the complex nature of school refusal careful selection of strategies for use with school refusers must be carefully considered when implementing interventions, or further complications in behavioural patterns may be imminent. Therefore it was prudent to gain from the caregivers an understanding of treatment issues.

In relation to treatment issues the caregivers were asked the following questions.

- What general and/or specific changes would you like to see?
- What solutions do you think should be tried?
- What expectations do you have of the WSA/PC intervention program?
- What other assistance, if any, is currently being received to assist the school refusing behaviour?
- Who provides the greatest support for you?

First Academic Quarter: Intervention

Before any intervention procedure, such as WSA/PC multiple intervention strategies or pastoral care initiatives, can be considered it is prudent and crucial to the outcomes of this study for the researcher to ascertain if the participant was exhibiting symptoms of separation anxiety disorder.

According to the American Psychiatric Association (2000), the Separation Anxiety Disorder (DSM-1V-TR) criteria is deemed to be excessive when anxiety concerning separation from those to whom the child is attached is evidenced by at least three of the ten symptoms. The data pre-WSA/PC confirmed the participant displayed four out of ten symptoms regarding DSM-1V-TR criteria. These were:

- persistent reluctance or refusal to go to school in order to stay with major attachment figure at home;
- complaints of physical symptoms, e.g. stomachache or nausea;
- recurrent signs of complaints of excessive distress when separated from home or maternal figure e.g. wants to return home, needs to call mother when he is away from home; and
- duration of disturbance for more than two weeks.

Therefore, it was deemed the participant is suffering school refusing behaviours and, in particular, separation anxiety.

WSA/PC Multiple Intervention Strategies

The WSA/PC multiple intervention strategies were designed in relation to Adam's problems with non-attendance at school, and other associated school-refusing behaviours such as bullying and separation anxiety.

As outlined in Chapter One, the WSA/PC intervention program emerges from data in qualitative research thus there are no prior theoretical preconceptions.
Therefore the "spiral" steps (associated with Lewin's action research theory), regarding the multiple strategy intervention procedure are created, revised and refined. These steps include participant cooperation, caregiver commitment, changeover of school, repeating the year escort procedure curriculum adjustment and school consultation.

The extent to which each step was incorporated into the WSA/PC intervention program and the ordering of its components was in real terms varied to suit needs of the participant, parents and school considerations. The participant's response level greatly impacted upon which intervention issues were addressed and the selection of program resources (Kendall et al., 1992).

Step 1: Participant Cooperation

A review of literature indicates many middle school students (Years 5-9) have a negative attitude towards school attendance. Perhaps the thinking here is that, 'it is cool to hang out with mates in amusement arcades or staying at home playing computer games rather than admitting a good education is important for future prospects'. However, according to the literature review it is understood that:

- the majority of middle school students understand that it is a legal requirement to attend school;
- many students realise the value of an academic education thereby recognising the expectations of society of becoming a responsible citizen upon which actions they will be judged; and
- some students do not perceive attending school as satisfying their individual needs in terms of academic curricula.

After conducting an interview with Adam it was apparent Adam is such a student who does not realise the value of education nor is he concerned, at this stage, about his future prospects. He prefers to stay at home and play computer games than get involved in school activities. With the participant's attitude towards the school situation in mind, discussing non-related-school topics often helped in the early stages to develop a good rapport with the school refuser. To get Adam "on side" was the first step of the WSA/PC intervention program to be implemented.

Step 2: Caregiver Commitment.

The second step of the WSA/PC intervention program was to secure the caregivers' commitment. It is of paramount importance to the success of this study to ascertain that caregivers were cooperative. The caregivers expressed their sense of urgency in addressing the participant's non-attendance problem at school. This was facilitated by allowing the participant's anxious and distressed mother to recount her frustrations in trying to manage her son's school refusal behaviour. Adam's parents were frustrated when Adam often complained of illness without physical basis. According to King and colleagues (1995) crying protests, negotiation, or tantrums are all likely to occur when parents are being firm about school attendance.

It is important that parents react in ways that help their child to cope with the situation and do not strengthen their child's school refusal behaviour. Simply offering comfort and reassurance at those times when the child needs to face the feared situation could feed into the child's problem and insecurity. Therefore, it is recommended that parents ignore behaviours such as complaining of feeling unwell, crying, tantrums, and the child's efforts to persuade his parents that he is not ready to go to school (Blagg, 1987a). If consistently ignored, these behaviours are likely to decrease over time in accordance with the principle of extinction (Masters et al., 1987).

It is evident that parents need to be absolutely clear in their communication with the child about school attendance (Blagg, 1977). The question is not "whether" he will attend school but "when" (Eisenberg, 1958b). Clear firm commands can facilitate a child's compliance (Sanders, 1992), and as necessary, parents are helped to effectively issue instructions associated with the child getting out of bed, dressing for school, and getting in and out of the car. Instruction-giving is also important in establishing a smooth household routine prior to the day of school return (King, et al., 1988).

If the child does not respond to his mother's initial instructions to get out of bed, such actions would follow – opening the curtains, turning up the radio, or pulling back the bed clothes.

To further eliminate some of the hassle associated with the day of school return, parents were advised to ensure that the child's school clothes and bag were ready the night before. In cases where parents encouraged their child to prepare things the night before and the child refused, the parents were encouraged to prepare these things, indirectly conveying the message that school attendance was expected the next day. The overriding principle was to prevent too much tension on the night before school return, or the next morning for that matter (Blagg, 1987a).

Step 3: Changeover of School

The participant's confidence and the caregivers' cooperation and commitment to return Adam to school were gained. Children are often quite anxious about answering peers' questions about why they have been away from school (King et al., 1988), particularly if their non-attendance has been consistent for weeks or even longer.

Anecdotal reports and in particular the participant's response to both formal and informal interviews informed the researcher of the likelihood that facing questions about his absence was impeding the participant's return to school. As he was reticent about returning to his present school a changeover of school was agreed to by his caregivers.
Therefore, the third step of the WSA/PC intervention program was implemented. The new school was contacted and the researcher met with personnel nominated by the principal being the school counsellor, House Head, Tutor Group teachers, and some subject teachers who were made aware of the participant's emotional, social and intellectual status regarding his school refusal behaviour. At this point the teachers were handed a Teacher's Report Form (Achenbach, 1991b) and the Self-Efficacy Questionnaire for School Situations (Heyne et al., 1998) for completion during the second academic quarter.

This provided general information such as the student's classroom situation (e.g. size; number of friends) academic functioning, school attendance behaviour (e.g. late for class) and the student welfare services available at the school. The next step to be considered centred on the Year level the participant would feel comfortable with both socially and academically.

Step 4: Repeating the Year

The fourth step of the WSA/PC intervention program considered the option for the participant to repeat Year 8 at his new school. From his school reports it was evident the participant had fallen well behind in Year 9. However, before opting for the suggestion to repeat the year it was agreed to assess, in particular, the participant's literacy skills to ascertain his year level.

After establishing the participant's personal and academic particulars the Brigance Diagnostic Comprehensive Inventory of Basic Skills (Brigance, 1983) was employed to:

- identify areas of strengths and weaknesses;
- identify basic skills within these areas that have or have not been mastered; and
- identify instructional objectives that should be met by the student in order to master a specific skill.

Using the Brigance Diagnostic Comprehensive Inventory of Basic Skills (Brigance, 1983), the methods chosen to assess the participant's basic literacy skills were: Spelling; Listening Vocabulary Comprehension; Reading Vocabulary Comprehension; Oral Reading; Sentence-Writing; and Speech. These methods are comparable to the English CSF 11 Level 5 Key Learning Areas: Reading; Writing; Speaking; and Listening.

- Method 1: Spelling Grade Placement (pp. 177, 179).

This assessment is made by dictating words from the spelling word lists and asking the participant to write each word. A score of 60% represents achievement of a grade/year level. The results and observations are examined in Chapter 4.

- Method 2: Listening Vocabulary Comprehension Grade Placement (Form A p.155).

This assessment is made by the participant reading aloud the words in each of three lists for a grade level on Form A and asking the student to nominate the word in each list that does not belong. A score of 67% represents achievement in a grade/year level. The results and observations are examined in Chapter 4.

- Method 3: Sentence-Writing Grade Level Placement (Form S-199).

This assessment is made by asking the participant to use the given words to construct and write a sentence. A score of 50% represents achievement in a grade/year level. The results and observations are examined in Chapter 4.

- Method 4: Oral Reading (S-73/S-74).

This assessment is made by asking the participant to read orally from the sixth-seventh year level and the eight-nine year level readings. A score of 97% represents achievement of a grade/year level. The results and observations are examined in Chapter 4.

- Method 5: Reading Vocabulary Comprehension Grade Placement (Form A/S-79).

This assessment is made by asking the student to read silently three lists of words for a grade level on Form A and to identify the word in each list that does not belong. A score of 67% represents achievement of a grade/year level. The results and observations are examined in Chapter 4.

- Method 6: Speech.

During the informal and open-ended interviews the participant's speech was observed. The results and observations are examined in Chapter 4.

Step: 5: Escort Procedure

The fifth step involved implementing a process to ensure that the participant did indeed arrive at school. According to Blagg (1987a), an important aspect of management of school refusal is the blocking of the child's school refusal behaviour by taking him to school. Often the father's involvement in the escort procedure was novel, perhaps requiring him to rearrange work commitments, thus emphasising the seriousness of the parents intent to return the child to school and resulting in a shift in control over the child (Blagg, 1987a). Further, it was suggested by the participant's mother, that he reside with his father for the first two weeks of the new term until he settles into his new school. His father would escort Adam to and from school each day. To ensure that the parents could develop skills for managing their child's behaviour independently, it was not practicable to involve both parents, friends, neighbours, relatives or school staff. Sometimes it was advantageous to expose the child to a feared situation prior to school return (Miller, 1972). Adam's father accompanied Adam to his new school during the term break where he was fitted out for his uniform. The required text books were purchased and school fees were paid.

Step 6: Curriculum Adjustment

After being enrolled at his new school and agreeing to repeat a year a curriculum adjustment was needed as at his previous school Adam had learned German as a language.

The new school only offered Italian and Japanese which were compulsory. It was permissible for Adam to take one language and replace the other with Language and Learning Skills (LALS). Adam chose to learn Italian, and his timetable was altered accordingly.

There are many school refusers who experience social skills problems in general (Blagg, 1987a). Social skills training was employed where school refusal may have been related to school withdrawal, for example, in Adam's case being uncertain about how to handle teasing and bullying. This fear and anxiety was also determined through interviews and assessment implements such as the Fear Thermometer; FT (Walk, 1956) and the Self-Efficacy Questionnaire for School Situations; SEQ-SS (Heyne et al., 1998).

The aim of Language and Learning Skills was to facilitate the development of a collaborative working relationship with the child, where the teacher was seen to be interested to help make things better for the child in the area of his academic load. In most cases this included school-related goals – but the teacher needed to attend at first to the child's non-related school goals in order to be in a position to foster his interest in working towards homework which was an issue for Adam.

Step 7: School Consultation

The final step of the WSA/PC multiple intervention strategies was to establish lines of communication between Adam and his House Head, Tutor Group teachers and subject teachers; between parents and teachers; and between researcher and school staff.

Caregivers were provided with education materials about the development, nature and course of school refusal, anxiety, and behavioural problems, together with information about the effectiveness of current approaches to treatment. In particular they were helped to understand:

- avoidance of school and secondary reinforcement at home are powerful reinforcers for the child's school refusal to attend;
- a central and effective program for the reduction levels in anxiety without clinical intervention is needed; and
- levels of anxiety may not be initiated by the child without parental management of the child's attendance.

Educational handouts were employed as necessary. The need for education about school refusal, anxiety disorders, and behaviour management is reflected in the parents' well intentioned but often unsuccessful attempts to manage school refusal behaviour. The unsuccessful approaches typically include persuasion, punishment, bribery, and seeing if the child's school refusal might dissipate over time (Kennedy in Ammerman & Hersen, 1995).

Pastoral Care Initiatives

The review of literature indicates that some students, who suffer severe school refusal experience learning difficulties, are often described as inactive learners. They neither involve themselves actively in the learning process nor routinely engage in appropriate cognitive activities that facilitate task performance (Cole & Chan, 1990), and therefore may be considered to be "at risk" i.e. not reaching their maximum potential. This current research is based on a real concern that pastoral care is of crucial importance to the intellectual, emotional and social well being of students suffering school-refusing behaviours. As part of the WSA/PC intervention program staff were strongly encouraged to reinforce the child's appropriate behaviour, for example, through regular school attendance, use of coping skills and being involved in the pastoral care programs of the college.

In addition to increasing the likelihood of the behaviour reoccurring and helping the child develop a favorable view of himself, this strategy served to make the school environment more inviting for the school refuser thereby reducing his anxiety or fear levels of the school situation. Staff were encouraged to select one or two suitable peers who could be "special buddies" to help with Adam's social and academic integration. According to Blagg (1987a), in the classroom buddies could sit with the child, help him with classwork, and select him for group activities. Between classes, buddies may involve the child in activities, support him in the face of potential conflict, and help secondary college students in particular to make sense of the timetable and to find their way around the school.

Second Academic Quarter: Assessment

In keeping with the multi-method, multi-source evaluation of school refusal (Ollendick & King, 1998) the range of dependent variables included in the child's attendance register, the child's self-reports of emotional distress and self-efficacy, parent and teacher reports of the child function, and the child academic reports. Additional dependent variables included parent self-reports regarding educational status, marital adjustment and the child and parent reports of family functioning.

Outcome Measures

Outcome measures employed in this study includes:

- school instruments;
- participant self-report instruments;
- parental instruments;
- teacher report instruments; and
- other report measures.

School Instruments

School instruments employed in this study includes:

- attendance registers; and
- student reports.

School attendance is the yardstick of successful outcome in the treatment of school refusal. The school attendance register constitutes a simple yet reliable and valid behavioural method of the student' school attendance (King et al., 1998). At CBC morning tutor group teachers observe and record each student's absence or attendance in accordance with the policy enforced by the Department of Education. Further, at the commencement of each class the subject teacher is required to mark the relevant class-roll in particular noting any student absence. In relation to this current study an attendance register was obtained from the participant's previous and present schools for a comparison during the assessment periods.

Attendance Registers

School attendance was measured by school personnel who recorded the student's attendance or non-attendance on a daily basis. The school attendance registered was examined at the commencement and termination of each academic quarter where the number of days was totalled. Assessment periods were the two consecutive weeks before and after each academic quarter. Therefore, a period of 10 days was assessed each academic quarter. A day was rated as attended by the child if he attended school both in the morning and afternoon of that particular day.

As one of the major aims of this current study is to have the child return to regular attendance, this measure was used to assess whether this aim was achieved or otherwise. The Attendance Registers across the four academic quarters are presented in Appendices B, C, D, and E respectively. The results are analysed in Chapter 4.

Student Reports

The Semester 2, 2001 the student report reflected the academic progress Adam had made in Year 8 English. Physical Education and Study Of Society and Environment (SOSE), in particular, while attending a Government secondary school. The Student Reports are presented in Appendices F and G respectively. The results are analysed in Chapter 4.

The Semester 1, 2002 report highlighted the academic endeavours Adam had achieved in Year 8 English, Physical Education, language and Learning Skills (LALS) and Manual Arts, in particular, while attending a Christian Brothers' college. The Student Reports are presented in Appendices H, I, J and K respectively. The results are analysed in Chapter 4.

Participant Self-Report Instruments

Participant self-report instruments employed in this study includes:

- Fear Thermometer;
- Fear Survey Schedule For Children–11;
- Revised Children's Manifest Anxiety Scale;
- Children's depression Inventory;

- Self-Efficacy Questionnaire for School Situations.

The most comprehensive picture of a child's mental health is gained by obtaining information from multi-sources, included the student himself (Anderson, 1994). The current study obtained participant child self-report measures via longstanding and widely used procedures and instruments that assess emotional functioning, together with a more recent development in the assessment of the conditions of school refusers.

Fear Thermometer

The student provided a rating of his emotional distress with school attendance using a visual analogue scale (FT: Walk, 1956). The scale ranged from 0 (not scared about attending school) to 100 (very scared about attending school). The participant identifies his level of fear by making a mark on the picture of the thermometer.

First the participant was asked to identify the worst day about attending his previous school and to rate how scared he felt about attending school on the particular day. The participant was then asked to identify his worst day about attending his present school and once again to rate how scared he felt about attending school on that day.

This procedure aimed to sample the student's greatest level of emotional distress over the two academic quarters where his attendance/non-attendance had been recorded. To account for any present levels of emotional stress the student was asked to rate how scared he would be about attending school "tomorrow" thereby sampling a more immediate level of emotional stress.

Kleinknecht and Bernstein (1988) note that the Fear Thermometer and its variants have been shown to posses adequate reliability and validity. However, although the Fear Thermometer is widely used to measure fear behaviour and fear reduction very few studies have assessed the intensity of fear experience by children when they attend school (Kearney et al., 1995). In the current study the Fear Thermometer was administered on three separate occasions at the beginning of the second academic quarter and at the end of the third academic quarter being approximately 10 weeks apart. This measure was used to ascertain whether the participant's fear of attending school after involvement in the WSA/PC intervention program showed improvement. The Fear Thermometer is presented in Appendix L. The results are analysed in Chapter 4.

Fear Survey Schedule for Children–11

The Fear Survey Schedule for Children (FSSC–11: Gullone & King, 1992) is a 75-item instrument which permits a standardised and comprehensive assessment of the specific fears of children and adolescents. Each item is rated on a 3-point scale according to the level of fearfulness i.e. (1 = "not scared"; 2 = "scared"; 3 = "very scared").

The total score provides an overall measure of fearfulness, and five sub-scale scores respectively measure Fear of Death and Danger, Fear of the Unknown, Fear of Failure and Criticism, Animal Fears, and Psychic Stress-Medical fears. The total fear scores were determined before and after treatment, and examined to see if there was a decrease in overall fear after involvement in the WSA/PC intervention program. The Fear Survey Schedule for Children is presented in Appendix M. The results are analysed in Chapter 4.

Revised Children's Manifest Anxiety Scale

The Revised Children's Manifest Anxiety Scale (RCMAS: Reynolds & Richmond, 1978) is a 37-item instrument designed to assess the level and nature of how children and adolescents think they feel about certain situations.

The RCMAS provides a measure of total anxiety together with three sub-scale scores which represent different areas in which anxiety is manifested, i.e. Psychological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration. Nine items constitute a lie sub-scale designed to detect acquiescence, social desirability, or deliberate faking of responses. Researchers indicated the RCMAS is regularly employed in treatment outcome studies of childhood anxiety and school refusal (Kearney & Silverman, 1990; King et al., 1998). There is also strong empirical support in terms of its normative data, reliability and validity (Reynolds & Paget, 1983). An overall score of anxiety was determined before and after involvement in the WSA/PC intervention program to see if anxiety decreased. The Revised Children's Manifest Anxiety Scale is presented in Appendix N. The results are analysed in Chapter 4.

Children's Depression Inventory

The Children's Depression Inventory (CDI: Kovacs, 1981) is a 37-item instrument which qualifies a range of recent depressive symptoms for children and adolescents. Each item consists of three descriptive sentences, and the student selects the sentence which best describes the extent to which he has displayed that symptom during the past two weeks. The sentences are keyed in the following manner: 0 = "absence of symptom"; 1 = "mild symptom"; and 2 = "definite symptom". Some of the items pertain to difficulties in functioning in school which are presumably a consequence of depression (Kovacs, 1981).

The CDI is widely used in the measurement of childhood depression and it has been employed in the assessment of school-refusing children. Researchers have indicated the CDI has been considered as having an acceptance test reliability and concurrent validity (King et al., 1998). The Child Depression Inventory is presented in Appendix O. The results are analysed in Chapter 4.

Self-Efficacy Questionnaire for School Situations

The Self-Efficacy Questionnaire for School Situations (SEQ-SS: Heyne et al., 1998) was developed to assess the school refuser's beliefs about his ability to cope with specific situations at school which may provoke anxiety. This instrument encompasses 12 situations (e.g. doing things in front of the class; being teased or bullied) and each is rated on a 5 point scale (from 1 = "definitely couldn't cope" to 5 = "definitely could cope". It yields a total self-efficacy score along with the sub-scale scores for Academic/Social Stress and Separation/Discipline Stress. Psychometric evaluation suggests the instrument has promising reliability (Heyne et al., 1998).

Overall self-efficacy was assessed before and after the WSA/PC intervention program to determine whether self-efficacy expectations for specific school situations increased. The Self-Efficacy Questionnaire for School Situations is presented in Appendix P. The results are analysed in Chapter 4.

Parental instruments

Parental instruments employed in this study includes:

- Child Behavior Checklist;

- Self-Statements: Parent Form; and
- Parental Academic Form.

Child Behavior Checklist

The Child Behavior Checklist (CBCL: Achenbach, 1991a) is a behavioural checklist which is designed to provided standardised descriptions of children's behaviour as described by the parent. Caregivers completed separate copies of the CBCL.
This instrument is used to assess the student's social competency and behaviour problems from the parent's perspective. In the current study were the 118 behaviour problem items that are rated on a 3-point scale according to how well each describes the child (0 = "not at all true as far is known" 1 = "somewhat or sometimes true"; and 2 = "often true"). The CBCL has nine scales which examine the aspects of withdrawal, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior and aggressive behaviour. These items yield Total Behaviour Problems score and scores for two broadband behavioural dimensions – Internalising and Externalising. To standardise administration of the instrument caregivers were instructed to complete the questionnaire based on the child's behaviour over two given academic quarters.

Researchers have shown the CBCL is widely respected (Kearney & Silverman, 1990), with well established reliability and validity (Daughtery & Shapiro, 1994), including its frequent use in treatment evaluations with anxious or school-refusing children (King et al., 1998). The Child Behavioral Checklist is presented in Appendix Q. The results are analysed in Chapter 4.

Self-Statements: Parent Form

The Self-Statements: Parent Form provides an insight for educational researchers to gain an understanding regarding the caregivers' perception in regarding the nature of school refusal and their ideas of how it can be minimised.

Parents were asked to provide information along the lines of:

- why your child does not attend school voluntarily;
- how important is it for parents to be involved in dealing with a child who has school attendance difficulties;

- what things you as a parent can do to help your child with school attendance difficulties;
- who ought to be the most responsible for the child's attendance at school;
- how your child would cope with regular school attendance;
- how quickly a child ought to return to school after having been absent due to school refusal; and
- the fact that when your child is at school he/she is separated from you.

The results of the Self-Statements: Parent Form are analysed in Chapter 4.

Parental Academic Form

To ascertain an overall picture of the academic history of the family regarding the participant' school-refusing behaviours the Parental Academic Form was implemented. The Parental Academic Form ascertains the level of academic achievement for each parent. The parent is required to circle the highest level of education achieved as being:

- Primary School
- Part Of High School
- All Of High School
- Technical College
- University Degree
- Post-Graduate Qualification

The parent was also asked to circle their relationship to the child as being:

- Natural
- Step
- Foster
- Adoptive

The parent is to indicate their marital status as being:

- Single
- Married
- Separated
- Divorced
- Widowed
- Defacto

The results of the Parental Academic Form are analysed in Chapter 4.

Teacher Report Instruments

Teacher report instruments employed in this study include:

- Teacher's report Form; and
- Teachers' Questionnaire.

Teachers often play a crucial role in identifying the problem of school refusal and in consulting parents and psychologists about treatment for it. The Teacher's Report Form and The Teachers' Questionnaire are important instruments for gathering information regarding the functioning of students within the school situation.

Teacher's Report Form

The Teacher's Report Form (TRF: Achenbach, 1991b) assesses the student's functioning and problem behaviours from the perspective of the teacher. The 118 problem behavioural items in the TRF are rated in a similar manner as the CBCL problem behaviour items. They yield scores for Total Behaviour Problems and the Internalising and Externalising broadband scales.

The TRF was completed by the subject teacher who was most familiar with the participant. This questionnaire was used to gain another perspective of the child's behavioural functioning and to assess whether there was a decrease in the child's internalising and externalising behaviours in the school situation, after the implementation of the WSA/PC intervention program. The Teacher's Report Form is presented in Appendix R. The results are analysed in Chapter 4.

Teachers' Questionnaire

An initial questionnaire was constructed for staff who taught the participant and agreed to participate in the study. The aim was to provide feedback to keep all subject teachers informed regarding the behavioural aspect and academic progress of the participant. This feedback would allow subject teachers to monitor the participant's school refusal behaviour within the classroom situation. There were 3 items for response:

a. Item 1 was divided into 4 parts with each part to be responded to on a 4 point interval scale of intensity i.e. Likert scale (Wiersma, 1995).

The scale indicated the strength of agreement with the statements, i.e. Very Good – 4; Good – 3; Inconsistent – 3; Poor – 1; Improving was optional. The responses were evaluated by aggregating the number of responses for each level on each item.

b. Item 2 was divided into 9 parts leaving staff to offer a constructive response to enhance the needs the student ought to adhere to in the area of the following Learning Objectives:

- Ask the teacher for help more frequently
- Complete work requirements fully
- Read more widely in the subject area
- Participate more fully in classroom activities
- Develop research skills more fully
- Be adequately prepared for class
- Be more reliable in meeting demands
- Make better use of study time
- Ensure work is clear and thoroughly checked

c. Item 3 was open-ended allowing for an indicative comment from Tutors on the participant's overall progress (Wiersma, 1995).

The results of the pre-determined responses to the Teachers' Questionnaire are analysed in Chapter 4.

Other Report Measures

Other report measures employed in this study include:

- Self-Statements: Child Form; and
- Year 8 Pastoral Care: Transition Survey.

Self-Statements: Child Form

The Self-Statements: Child Form endeavours to elicit information from the child what their thoughts are regarding:

- going off to school;
- being separated from mum and/or dad;
- school work;
- how clever you are;

- other kids at school;
- teachers;
- the Principal; and
- (Anything else the child would like to nominate regarding why he/she doesn't want to go to school.)

The results of the Self-Statements: Child Form are analysed in Chapter 4.

Year 8 Pastoral Care: Transition Survey

The Year 8 Pastoral Care: Transition Survey was developed to assess the participant's beliefs in relation to being part of the pastoral care program and any fears about the transition into Year 9. The survey is divided into three parts. The first set of questions (1-4) relate to the participant being seen as part of the pastoral care program. The second set of questions (5-7 relate to any concerns the participant has for the following year's transition from Year 8 to Year 9. The third set of questions (8-11) relate to the participant's connectedness with the school, and in particular the friendships made and if there are any particular concerns within the school situation. The Year 8 Pastoral Care: Transition Form is presented in Appendix S. The results are analysed in Chapter 4.

Third and Fourth Academic Quarters: Follow-up

Given the return to school after a holiday period is a high-risk time that might precipitate relapse, follow-ups were planned for the third and fourth academic quarters i.e. during post-WSA/PC. The follow-ups were conducted in the first two weeks of the academic quarters and were based upon the participant's functioning in the preceding academic quarter. The procedure during follow-ups were identical to that of post-WSA/PC. The relevant parties associated with the WSA/PC intervention program including Adam, his mother, House Head, Tutor Group teachers, school counsellor and school personnel were involved in the monitoring and maintaining of program gains.

Follow-up Measures

The school counsellor pointed out the participant sees a range of possible rewarding aspects of staying at home, including the fact that the child can use time in his own way, he may have access to the refrigerator, television. computer, games, pets and toys, and he may also enjoy having the undivided attention of a parent. The school counsellor further explained that by staying at home, the child is escaping from the school situation into familiar and comfortable surroundings, which can be quite powerful in maintaining school refusal. Parents were encouraged to identify those aspects of home-life which might be reinforcing their child's non-attendance, and to reduce those reinforcers to a minimum.

Rewards System

Educational research suggests the child be involved in developing the menu for a positive reinforcement system, in which the child is rewarded after successfully attending school for one hour, one day, or one week. A child might also find it comforting to bring to school a picture of parents or a pet. An example of a Reward Selection worksheet is presented in Appendix T.

Reinforcement Schedule for Positive Behaviour

Positive reinforcement is an integral aspect of the WSA/PC intervention program being aimed at the increasing desired behaviours in the child such as preparing for school, attending school, or using coping skills, in fact, any effort the child makes to tackle and cope with school attendance (Blagg, 1987a). Because of its importance, considerable time was spent helping parents appreciate the potential value of appropriately administering positive reinforcement. This was especially relevant when parents berated positive reinforcement because they perceived it as bribery or had questionable success using it at other times.

It was suggested the child be reinforced for each day of attendance in the first few days of school return, and that the schedule of reinforcement gradually be modified, such that the child might be reinforced for three consecutive days of attendance, and then four, and so on.

In some cases reinforcement contracts were developed between the parents and their child (Martin & Pear, 1988). An example of a Reinforcement Schedule for Positive Behaviour is presented in Appendix U.

Summary

The focus of the methodology with particular reference to action research and case study methods are presented hereunder.

The Fear Thermometer (FT) is a visual analogue scale whereby the participant is measured to ascertain how scared he would be attending school tomorrow (Walk, 1956). The RCMAS is a 37-item instrument which consists of three anxiety factors: physiological anxiety, worry/oversensitivity, and social concerns/concentration. There is strong support for its reliability and validity (Reynold's & Richmond, 1978). The CDI is widely used in the assessment of depressive symtomology and possesses sound psychometric properties (Kovacs, 1981).

The SEQ-SS allows the participant to estimate his ability to cope with 12 anxiety-provoking situations associated with school attendance. Items are rated on a 5 point Likert scale from 1 "really sure I couldn't cope" to 5 "really sure I could cope". Preliminary research suggests that the instrument has good internal consistency and test-related reliability (Heyne et al., 1998). Caregiver reports of Adam's internalising and externalising behaviour were assessed via the Child Behaviour Checklist (CBCL; Achenbach, 1991a) and the Teacher's Report Form (TRF; Achenbach, 1991b).

The present study focused upon changes in the participant's school attendance, levels of emotional distress and perception of coping with school. School attendance is a problem-specific behavioural measure which is readily assessed via school attendance records. The participant's emotional distress was thoroughly assessed via child, parent, and teacher reports on a set of widely used and researched instruments (e.g. Fear Thermometer, Fear Survey Schedule for Children–11, Revised Children's Manifest Anxiety Scale, Children's Depression Inventory, Child Behaviour Checklist, and Teacher's Report Form).

The Self-Efficacy Questionnaire was used to assess the child's perceptions of his ability to cope with attendance at school. Of additional interest other report measures included a Pastoral Care: Transition Survey to gauge the participant's interest in the college's pastoral care programs.

Action research is always done in a social and situational context and its results can be shaped by organisational and structural forces. Action Research has the capacity to create structures and procedures that can improve the human condition. Action research is a type of research conducted by a teacher, a researcher, or any other professional in the field that focuses on the solution of day-to day problems at the local level.

Case-study research, like "participant observation", and "direct observation" is another example of field research that involves a detailed and in-depth study. This case-study methodology employs a number of relevant paradigms and has the following five features:

- it studies units in their totality;
- it employs several methods
- it often studies single units;
- it perceives the respondent as an expert, not just a source of data; and
- it studies a typical case.

Recent research suggests school refusal is a serious problem because aside from a socio-legal perspective school refusal poses significant and adverse consequences including poor academic performance, family difficulties and peer relationship problems. If school refusal behaviour and associated problems are not managed successfully long-term consequences may include fewer opportunities to advance to higher education, employment opportunities, social difficulties and increased risk for future psychiatric illness.

This study focused upon changes in the participant's school attendance, levels of emotional stress, and perceptions of coping with school. School attendance is a problem specific behaviour measure that is readily assessed via school attendance records. The student's emotional distress was thoroughly assessed via child, parent and teacher reports on a set of widely used research instruments.

Three intervention procedures were administered across the four academic quarters with the expressed desire to allow Adam a rapid return to school and remain at school:

- Multiple strategies
- Clinical outcome measures; and
- Follow-up measures.

Multiple strategies commenced during the final two weeks of the first academic quarter where background data were collected to make an informed judgment on research directions of the study. Outcome measures were employed during the first two weeks and the final two weeks of the second academic quarter. The follow-up measures were assessed also during the first two weeks and final two weeks of the third and fourth academic quarters, respectively. The WSA/PC intervention program was monitored and managed, and gains in school attendance maintained over a six month period (i.e. April – October). Each of the three intervention procedures were conducted on an individual basis for approximately 6 months with variations in length being largely due to the occurrence of school holidays. The goal of each intensive intervention was the resumption of regular, voluntary school attendance, the monitoring of Adam's emotional distress, and the maintenance of gains during follow-up.

Once parents had decided upon a date, they were encouraged to choose a suitable time and place to inform the child about the date of school return. This was usually best done just before a few days before the return date, so as to reduce the time in which the child was likely to become anxious about the event whilst still giving him some time to get used to the idea.

Although the responsibility for student wellbeing lies with the college counsellor and staff, students are encouraged to participate in pastoral care initiatives; for example, leadership is a positive initiative within the school pastoral care program. The aim here is to allow students to gain insights into the responsibilities of teamwork, to gain perceptions and to participate in school community enriching their own lives.

Teachers as professionals need to acknowledge the tension in many students' lives where they still want to please their parents, but also want to assert their independence and connect with their peers. With this in mind, schools need to develop safe learning environments where the young person feels secure and confident and can be given the responsibility entailed with growing independence and the dignity and respect that goes with the acknowledgment of that self-direction. This is one way that a young adolescent learns to belong in the classroom.

CHAPTER 4
RESULTS

Data Collection

Background data relevant to the participant's school refusal were obtained via observations, questionnaires, written school records and interviews with parents and former primary and secondary school teachers. An objective of the study is to present an historical picture of the participant's educational and social conditions relative to the onset of his school-refusing behaviours. Moreover, it is an important aspect of this study to confirm if the participant did exhibit school refusal symptoms rather than that of a withdrawal from school.

Background Information

The data collected from parents and teachers are presented hereunder:

a. Developmental history;

Problems experienced:

- slight tremor in both hands;
- ingrown toe nails; and
- biting nails to the quick.

b. Schooling;

Enrollments:

- Glenroy Primary School – Pre to Grade 5;
- Oak Park Primary School – Grade 6; and
- BPSC – Year 7 to Year 9.
- Current school enrollment: BPSC Year 9

Attitude to schooling and career prospects:

- Exhibits little interest in school and shows no forward thinking.

c. Behaviour

Within school/Outside school hours:

- well behaved at school;
- demanding and antagonistic at home.

School refusal behaviour:

- wants to stay at home; and
- refuses to do anything.

d. Social involvement:

Time spent with school friends outside of school hours:

- none

Time spend with friends not at the same school:

- weekends; and
- holidays.

Quality of social involvement:

- good relationship with adolescents of his own age.

Retaining valuable friendships:

- makes friends easily; and
- has kept valuable friendships from early days of schooling.

Friends as school refusers:

- none

Medications

- none

Family

Data was obtained from the participant's father regarding some of his memories of being at school and information regarding family issues is presented hereunder:

a. School memories

Impressions:

- did not like academic aspect of schooling.

Level reached:

- Year 10.

Thoughts regarding child's teachers:

- trying to do the best job they can in view of son's irregular school attendance.

Attendance record:

- during exams.

Anxiety/mood experiences:

- none

b. Family issues

Other children experiencing attendance difficulties:

- none.

Sibling interaction:

- older brother continually teases Adam.

Mother/child relationship:

- child is close to mother.

Father/child relationship:

- child only sees father occasionally due to sibling rivalry with younger step-sister.

Parents' relationship:

- divorced – do not get along.

Child separation from parents:

- child does not want to be separated from mother for any length of time.

Onset of School Refusal

The following data were collected regarding the participant's onset of school refusal: background information; description of school-refusing behaviours; contributing/maintaining factors; and attempt(s) to resolve school refusal and the outcomes.

a. Background information

Commencement of school refusal:

- Year 8

Behaviour last year:

- refused to attend school; and
- refused to do homework.

Overall coping with previous schools:

- seemed to cope well; and
- made new friends.

Previous episodes:

- no previous episodes; and
- escorted to and from school until Year 7.

Behaviour at end of school holidays:

- bored.

Running away from home:

- none.

b. Description

Situation night before and on school mornings:

- stays up late; and
- tired in mornings.

Getting to school:

- train, tram and walking (approximately 1hour).

Level of attendance:

- irregular attendance.

Pattern of non-attendance:

- beginning of school terms; and
- end of school weeks.

Demeanor with attendance:

- oppositional-defiant behaviour; and
- perceived physical symptoms, such as stomachaches and nausea.

Medical problems:

- bladder.

Medical assessment:

- none.

c. Contributing/Maintaining factors

Explanation of absences:

- teasing by classmate; and
- refusal to complete homework.

Stresses during holidays:

- none.

Changes within home situation:

- moving addresses.

School-based fears/anxieties:

- teasing by classmate.

Occupies time at home:

- computer games; and
- watching TV.

Response to school-refusing behavious:

- confrontation – child gets angry then cries.

d. Attempt(s) to resolve and outcomes

Outside assistance:

- Royal Children's Hospital – no resolution.

Types of strategies:

- banning TV; and
- withholding of pocket money.

Role of parents:

- mother dominates, and
- father kept in the "dark".

In summary, from the data collected it is apparent there could be a number of factors for the onset relative to the participant's school-refusing behaviours. These factors include:

- parental separation;
- sibling rivalry;
- bullying and teasing at school;
- low self-efficacy regarding the school-situation;
- slow maturer; and
- being separated from mother during the day.

A summary of the participant's school history is presented in Table 4.1.

Table 4.1

A summary of the participant's school history

School year	School attendance	Teacher	Other events	Family
Kindergarten	Cried consistently when dropped off	-	Older brother teases	Father - focus on business Mother – part time work Older brother
Grade 2,3, &4	Attended school	Adam seen as a slow maturer	Mother did not agree with school	Parental split
Grade 5/6	Changed school	Issued excessive homework	did not want to complete homework	Mother under stress as a single parent
Year 7	Progressive reluctance leading to school refusal	Failure to do homework	Ingrown toenails	Mother seeking full-time work
Year 8	Some school refusal	Low level of Achievement	Complains of stomachaches	Mother under stress due to school refusal
Year 9	Outright school refusal	No follow-up by school	Frequently says is unwell	Family under stress due to school refusal

Treatment Issues

In relation to treatment issues the participant's mother's response to the following questions were.

1. What general and/or specific changes would you like to see?

- Child returned to school.

2. What solutions do you think should be tried?

- Reside with father and changeover to another school, if necessary.

3. What expectations do you have of the WSA/PC intervention program?

- At best some improvement in school attendance.

4. What other assistance, if any, is currently being received to assist the school refusing behaviour?

- None.

5. Who provides the greatest support for you?

- Nobody – that's why I've "given up".

Interviews

Participant: In the initial interview with Adam there was absolutely no pressure for him to disclose any perceived problems with the school situation. For the first few minutes the topic centered on his obvious interest in "Lego". The focus then turned to issues such as: legal obligations; future work prospects; social aspects; and management of time. Adam exhibited little interest in forward thinking. When asked to elaborate on things Adam wanted to change about school he responded by saying `a late start would be a good idea'. When asked what aspects of school he disliked. Adam stated `there was too much homework'.

Adam indicated he could see no real value in attending school preferring to stay at home and play computer games. It is apparent he is a student who cannot understand the notion of the `deferred purpose' of education. The immediate focus of the study was to return Adam to his current school until he mentioned he was afraid of being bullied by a student at his school.

Adam's mother: According to Adam's mother, Adam has a severe behavioural problem because he does not want to attend school. When she endeavoured to force Adam go to school he would have a temper tantrum.

Often he would stay in bed and complain of being unwell, usually a stomachache, but the ailment would disappear when allowed to stay at home. There was also concern expressed by Adam's mother the school was not properly addressing his behaviour problems.

Adam's mother described her son as "stubborn" if he didn't get his own way. She said he was difficult to control physically as he got older. She indicated his older brother made matters worse by constantly teasing Adam. This had resulted in further family dysfunction.

According to Adam's mother, Adam's refusal to attend school began in Year 8. As his school-refusing behaviours escalated and she had little success in forcing Adam to attend school, she "gave up". Her final option was to send Adam to live with his father and attend another school.

School teachers: Adam was enrolled at kindergarten at the age of 4. He had not been retained in a grade prior to the commencement of this study. His primary school principal noted in an interview that Adam was a slow maturer and may have to repeat a level. She said he was extremely social, made friends easily and was well liked by his peers.

Academically, Adam was an average student, if he liked a subject he did well, but if he didn't he did poorly. It was also noted that in Grade 3 the school excluded Adam from the Learning Assessment Program (LAP) set by the Victorian government to gain an idea of student academic level. Adam's mother felt the school was at fault holding Adam back and not his perceived "slow learning". Adam's mother described him as a child who ought to have entered primary school a year later as he was younger than most in his class and was physically smaller. She changed Adam's primary school at Grade 6.

The School Welfare Coordinator, at Adam's previous secondary school, was aware of Adam's absenteeism, tardiness with homework and lack of class participation, but had not instigated any strategies to address Adam's inappropriate behaviours. The school had failed to notify Adam's mother when he was absent for ten consecutive days.

According to Adam's Year Level Coordinator the main reason given for his poor academic performance centered upon his irregular attendance at school. His subject teachers' agreed he usually failed to submit assessment work on time or was unmotivated in class or failed to complete homework.

It is apparent that many familial situations can trigger a condition of school refusal such as a troubled marriage being experienced by the child's parents, serious illness in the family, substance abuse on the part of family members, sibling disputes, child abuse and domestic violence (Refer: Table 2:6).

Clinicians tend to link school refusal behaviours to a combination of genetic factors and environmental factors. The genetic link is suggested by the fact that there are a number of children with school refusal who have one or even two parents with anxiety disorders. This genetic link can also produce separation anxiety disorder (Skynner, 1974).

At the commencement of this current study the participant was starting to withdraw from his peer grouping as he was not attending school. He continued to mix socially with his friends outside school. As the participant remained in high spirits and showed no signs of depression, therefore, it was felt, individual therapy at a clinic was not an option during the WAS/PC intervention program, and besides the participant was adamant he would refuse this suggestion.

An attempt was made by the participant's mother to seek professional help for her son. The participant attended the Occupation and Health Services department at the Royal Children's Hospital to receive treatment (writing exercises) for a slight tremor in both hands and to receive professional advice on making some decisions about his future after his schooling was completed. The participant failed to return after three voluntary visits.

First Academic Quarter: Intervention

After establishing the participant was exhibiting some school refusal symptoms, in particular irregular attendance, intervention procedures were implemented with the expressed aim of ensuring a rapid return to school and maintaining regular attendance.

WSA/PC Multiple Intervention Strategies

As described in Chapter One, the multiple intervention strategies are implemented as follows:

- participant cooperation;
- caregiver commitment;
- changeover of school;

- repeating the year;
- escort procedure;
- curriculum adjustment; and
- school consultation.

Step 1: Participant Cooperation

The strategy here is to include the participant in the decision making and intervention procedures may help them to feel more capable, respected, and responsible for the success of the plan. As a school-refuser he may even be able to prescribe practical alterations to the plan, such as alternative schedules, different teachers and classmates, half-day attendance, or the use of a private classroom to retreat and regroup.

According to Adam he had a circle of friends and was satisfied with his social relationships. Adam had previously admitted he was not scared of going to school, however, when asked if he didn't like anyone at school, Adam said he was scared of a classmate who constantly teased him. Asked if he would return to his present school he uttered an emphatic `no way'!

The overall result of the interviews between the researcher and participant showed he was prepared to cooperate with the expressed view regarding a return to school, but not necessarily his current school.

Step 2: Caregiver Commitment

Following interviews with both parents there was a real sense of urgency displayed to return Adam to school. From their respective comments it was apparent there was enough family dysfunction without the added pressure of Adam's school-refusing behaviours. Besides, they acknowledged it was their legal obligation to make certain their child arrived at school and remained there. It was clear the parents needed a starting point to return Adam to school.

Parents were helped to make a decision about an appropriate date for the child's return to school and whether the child ought to commence attending full time or gradually build up their time in attendance at school. It was decided Adam would return to school at the commencement of the second term and on a full time basis.

The school counsellor advised Adam's parents to be firm with their instructions, and on occasions, if necessary, back up them by gently physically guiding the child to perform the required behaviour (King et al., 1996). For example, the parent might place a hand on the child's shoulder and guide him towards school clothes or the car, In addition to helping with school return, a kind but firm approach could give children security. Here the child can learn to rely on their parents to support them through a crisis and that their parents mean what they say.

Step 3: Changeover of school

This strategy had an immediate impact regarding the participant's rapid return to school. Adam had arrived at school wearing his new school uniform, although seeming somewhat nervous and the end of the day he was in a happy mood. He had admitted he was enjoying school, and had made several friends, had some good teachers and there were even some subjects he enjoyed.

Parents were encouraged to discuss with the school counsellor any doubts about their child's placement. A child's current school is usually convenient to the family and cooperative about plans for intervention, but occasionally a change in schools is indicated when the child's relationship with school staff has become so problematic that planning for attendance at the same appears unfitting (Blagg 1977).

Pre-WSA/PC Adam's mother confirmed he had refused to attend school outright, and preferred to stay at home only mixing with close friends. According to Adam's father, Adam's demeanor seems to have improved since the changeover of schools. When the issue of homework was raised Adam admitted completing homework during class time. He said the teachers understood and he did not worry about it too much. It seemed this attitude gave Adam a boost in his confidence. He indicated he could do well, even achieve B grades in some subjects.

In an interview with Adam, during the first two weeks of the second academic quarter, he was asked to write down the positive and the negatives pertaining to both his previous school and his present school. The participant's thoughts regarding the changeover of school are presented in Table 4.2.

Table 4.2

The participant's thoughts regarding the changeover of school

School	Positives	Negatives
Previous school	not being teased	miss friends
Present school	new kids	new teachers
	repeat year	more travel time
	easier work	get up earlier

Step 4: Repeating the Year

Repeating the year proved a successful strategy. Adam's School report indicated he was struggling at Year 9 level. The outcomes of this recent research are presented in Appendix A. Adam's mother suggest he repeat Year 8 at the new school. The *Brigance Diagnostic Comprehensive Inventory of Basic Skills* (Brigance, 1983), was employed to ascertain Adam's year level in relation to his literacy skills.

The test results are presented hereunder:

Method 1: Spelling Grade Placement (pp. 177, 179)

Level:	Grade 5	Grade 6	Year 7	Year 8
Score:	80%	40%	10%	10%
Result: Grade 5 Level				

A score of 60% represents achievement of a grade/year level.

Method 2: Listening Vocabulary Comprehension Grade Placement (Form A p.155)

Level:	Grade 5	Grade 6	Year 7	Year 8
Score:	67%	100%	33%	0%
Result: Grade 6 Level				

A score of 67% represents achievement in a grade/year level.

Method 3: Sentence-Writing Grade Level Placement (Form S-199)

Level:	Grade 5	Grade 6	Year 7	Year 8
Score:	100%	50%	50%	0%

Result: Year 7 Level

A score of 50% represents achievement in a grade/year level.

Method 4: Oral Reading (S-73/S-74)

Level:	Grade 6	Year 7	Year 8	Year 9
Score:	98%	98%	98%	100%

Result: Year 9 Level

A score of 97% represents achievement of a grade/year level.

Method 5: Reading Vocabulary Comprehension Grade Placement (Form A/S-79)

Level:	Grade 5	Grade 6	Year 7*	Year 8
Score:	100%	67%	0%/67%	67%

Result: Year 8 Level

* Re-tested: Score 67%

A score of 67% represents achievement of a grade/year level.

Method 6: Speech

Although his vocabulary was simple his pronunciation of words was adequate and articulate.

Result: Year 8 Level

It is noticeable Adam's spelling was grade 5 level whilst his reading was at year 9 level. This is confirmed in Adam's mid year Student Report. It is apparent aside from his oral reading, Adam was below Year 9 level.

Furthermore, according to his entrance exam into CBC, the Special Education Department, using different testing criteria, confirmed Adam was an average year 8 Student, particularly with his literacy skills.

Step 5: Escort Procedure

Adam resided with his father for the first two weeks and was escorted to and from school. This short-term strategy proved to be successful. The escorting procedure represented the crux of the problem for the parents. This was the point in the previous attempts to return the child to school which had been most challenging and unsuccessful. Gaining the support of the school, and being aware of the legal requirement in relation to their child's school attendance was sufficient to prompt them to attempt to return their child to school on a regular basis.

However, parents were advised the child's imminent exposure to the feared situation meant that he was likely to protest, throw tantrums, and complain of illness when they proceeded to escort him to school. Whilst residing with his father, and being escorted to and from school, Adam displayed regular school attendance. However, when returned to his mother Adam again exhibited school-refusing behaviours, so he was returned to his father. There was conflict when Adam refused to go to school, and he wanted to return home to his mother. When Adam was returned to his mother following the initial two weeks he again exhibited school-refusing behaviours. In this case Adam was given the option of staying home and suffering the consequences or going to school.

It was acknowledged that planned ignoring is easier said than done, as such behaviours are very unpleasant for parents to endure. Also the child may test the parents out by protesting even more loudly, throwing even more severe tantrums, and physically resisting the parents' efforts (Blagg, 1987a). At this point parents may have felt like giving up, believing that things would not work and it was not worth the struggle.

Parents were advised not to give up despite the discomfort they may feel, and during this testing time the child needed to be shown that the parents were confident in his ability to cope and had no doubt that he would return to school. On the whole their children would come to learn that the parents meant what they said, and the problematic behaviour would be likely to decrease.

The results since Adam's return to school are varied i.e. arrived on time; arrived late; or refused to attend school. However, his attendance on the whole became regular. Although initially displaying chronic lateness this was addressed by the schedule for positive behaviour during follow-up. The results relevant to the escort procedure are presented in Tables 4.3.1; 4.3.2; 4.3.3; and 4.3.4.

Table 4.3.1

Adam resided with father - escorted to and from school

Week	Day	Observations
1	1	pupil free day
1	2	arrived at school on time
1	3	arrived at school on time
1	4	arrived at school on time
1	5	arrived at school on time
2	1	arrived at school on time
2	2	arrived at school on time
2	3	arrived at school on time
2	4	ANZAC Day holiday
2	5	arrived at school on time

Table 4.3.2

Adam returned to mother - not escorted to school

Week	Day	Observations
3	1	unwell – stayed at home
3	2	arrived at school on time
3	3	arrived at school on time
3	4	refused to attend school
3	5	arrived at school on time

Table 4.3.3

Adam returned to father – escorted to and from school

Week	Day	Observations
4	1	arrived at school on time
4	2	refused to attend school

Table 4.3.4

Adam returned to mother - not escorted to school

Week	Day	Observations
4	3	arrived at school on time
4	4	refused to attend school
4	5	late for school

Step 6: Curriculum Adjustment

The curriculum adjustment strategy proved to be invaluable in developing Adam's organistaional skills. Adam's timetable incorporated the Language and Learning Skills (LALS). LALS is cognitive-based subject that allowed Adam, on one level, extra time to complete homework, but on another level contributed to his overall intellectual, social and emotional wellbeing.

Step 7: School Consultation

Research with the parents was supplemented with the school counselor who aimed at ensuring consistency of management between caregivers and facilitating the child's smooth transition into regular school attendance.

Similar to the parent strategies, the school consultation involved education and the facilitation of a pastoral care approach with the school return.

The school counsellor:

1. provided instructive and informative literature for the:

a. Participant

- School Attendance Plan (Refer to Appendix V).
- Ways to Build Positive Esteem (Refer to Appendix W).
- `Changing my Anxious and Fearful Thoughts' Refer to Appendix X).

b. Parents

- Strategies For Managing School refusal (Parent Version) (Refer to Appendix Y).

c. School

- Strategies For Managing School refusal (School Version) (Refer to Appendix Z).

2. facilitated discussion about the fundamental treatment strategies; and
3. presented information about the clinical treatments focusing on the more specific social, emotional and academic needs of the child.

The House Head aimed to help the administration appreciate the value of matching special temporary arrangements at the school to the child's current needs (Blagg, 1987a) For example, keeping Adam in same class.

Furthermore, the educational literature pointed out:

1. School psychologists and educators may need to develop a continuum of school intervention strategies, so that if one plan proves to be ineffective, the next one is ready to be used. It may be necessary to place children with school refusal into a special education program.

2. Where possible, intervention should be directed by a specific person, such as a counsellor, a special education teacher, or a school nurse, who is aware of the child's school phobia. This person should monitor, evaluate, and positively reinforce the child's attendance.

3. There are things teachers can do for the purpose of helping to ease the child's school refusal in the morning, which is usually the most stressful period. Actions which teachers can take are greeting the child as the child gets off the bus or out of the car, walking the child into class, later enlisting the child for the performance of special duties, and complimenting positive behaviour.

Pastoral Care Initiatives

Adam's transition into his new school included being integrated into the pastoral care program. This entailed being settled into a new class, introduction to a peer group, curriculum adjustments and in general finding his way around the school.

CBC regards itself as a family and within this family welcomes and includes other cultures and traditions as the gifts of everyone are valued and nurtured. They commit themselves to pastoral programs that promote the wellbeing of all and encourage and enhance cooperation and participation between parents, staff and students and the wider school community. (CBC Mission Statement: 1999-2003).

Pastoral care is embedded into the timetable for Period 3, day F of the ten-day academic cycle. The introduction of a Mentorship Scheme was a pastoral care initiative. The aim was to promote a sense of leadership. This involved all students and staff. The Tutor Group teacher as acts a mentor for his Year 12 students and in turn the Year 12 students act as mentors for the Year 11 students and so on down the line to Year 7. This system applies to each Tutor Group. The CBC holistic approach to pastoral care for the Year 8 level is presented in Table 4.4.

Table 4.4

CBC pastoral care program

Year 8 Term 2

Date	Week No	Cycle Day	Event	Reflection
26/04	1	E	ANZAC Day: school assembly	sense of sacrifice of remembrance
29/04	1	F	Pastoral Care (period 3): Mentorship Scheme	sense of leadership
03/05	2	A	Casual Clothes Day: Raising funds for charity	sense of belonging to community
13/05	4	F	Pastoral Care (period 3): Self-esteem	sense of positive self regard
28/05	6	F	Pastoral Care (period 3): Positive pastoral care House Assembly	sense of belonging to community sense of belonging to CBC
13/06	8	F	Pastoral Care (period 3): Collection of pledged money for charity	sense of belonging to community
21/06	9	B	Walkathon Assembly: Presentation of pledged money to charities	sense of belonging to community
28/06	10	F	Casual Clothes Day/Red nose Day: Raising money for charity Pastoral Care (period 3): Clean-up	sense of belonging to community sense of belonging to Tutor Group

Second Academic Quarter: Assessment

The analysis of the WSA/PC intervention program relative to the functioning of the school refuser is in keeping with the multi-method, multi-source evaluation of school refusal (Ollendick & King, 1998). This includes the assessment of:

- school attendance registers;
- the participant's self-reports of emotional distress and self-efficacy;
- parent and teacher reports of the child function; and
- the child academic reports.

Additional dependent variables include:

- school reports;
- parent self-reports regarding educational status;
- marital adjustment; and
- the child and parent reports of family functioning.

Outcome Measures

Outcome measures employed in the analysis this study includes:

- school instruments;
- participant self-report instruments;
- parental instruments;
- teacher report instruments; and
- other report measures.

School Instruments

School instruments employed in the analysis of this study includes:

- attendance registers; and
- school reports.

Attendance Registers

According to King and colleagues (1998), the school attendance register constitutes a simple yet reliable and valid behavioural method of the student' school attendance.

The extent to which the participant produced clinically significant improvements in attendance was assessed. Based on a cutoff value (Kearney & Silverman, 1990; King et al., 1998), children were deemed to be in the non-clinical range if their school attendance was 90% or greater.

This cutoff concurs with Blagg and Yule's (1984) suggestion that non-school refusing students are frequently absent from school and it is therefore unreasonable to expect that treated children return to 100% attendance.

The school attendance registers indicate Adam was frequently late for school. Adam offered a variety of excuses for his chronic lateness, of course, this never being his fault. The most common excuse was that the train was late. However, Adam's mother confirmed that Adam was a "slow starter" in the morning and was rarely on time to catch his train. A summary of the participant's attendance levels pre-WSA/PC, post-WSA/PC and follow-up is presented in Table 4.5.

Table 4.5
A summary of the participant's attendance levels pre-WSA/PC, post-WSA/PC and follow-up.

	Days Absent	Times Late	Total
Pre-WSA/PC: First Academic Quarter	24	1	25
Post-WSA/PC: Second Academic Quarter	8	18	26
Follow-up: Third Academic Quarter	2	26	28
Follow-up: Fourth Academic Quarter	1	13	14

The participant showed a pre-WSA/PC attendance rate of virtually 0%. After changing schools there was a significant increase in attendance. Post-WSA/PC assessment the participant's attendance rate had increased to 95% or 100% (Refer: Blagg & Yule, 1984). This 100% attendance rate was maintained during follow-up assessments.

Student Reports

According to the literature review (Refer: Chapter 2) there is no evidence to suggest school refusers are poor students. However, this study does suggests if a student does not attend school on a regular basis, ultimately his learning will be affected, and therefore this will be reflected in his school reports. In this study the participant's academic reports were assessed as an indication of improved educational functioning, or otherwise, relative to the pastoral care component of the WSA/PC intervention program.

The subjects highlighted in this study include:

1. Year 8 English;
2. Language and Learning Skills (LALS);
3. Physical Education; and

Pre-WSA/PC and post-WSA/PC student reports are presented as follows:

1a. Pre-WSA/PC the Year 8 English report reflected the following outcomes:

Assessed learning outcomes:	Grade:
1. Writing Folio	D
2. Text Response	D
3. Issues and Arguments	D
4. Oral Activities	D

According to the Student Report comments, Adam is an E-level English student. The report highlighted Adam's absence in general and tardiness on a regular basis. It noted his homework was either late or not handed in for assessment.

1b. Post-WSA/PC the Year 8 English report reflected the following outcomes:

Assessed Learning Outcomes:	Grade
1. Writing Folio	C+
2. Text Response – 1	N/A
3. Film as Text Response – 2	B
4. Oral Work	N/A
5. Reading Log	Satisfactory

According the Student Report comments, Adam produced pleasing work relative to his Year 8 standard.

There is no conclusive evidence to suggest through the WSA/PC intervention program that Adam's academic standard has improved. Although his English results appear better at his new school it must be taken into account Adam is repeating Year 8.

2. Post-WSA/PC Adam the Language and Learning Skills (LALS) subject was assessed in the areas of: writing, spelling, reading and expression and meaning, and oral language and listening. According to his Student Report comments, Adam proved to be a keen and cooperative student who applies himself diligently in class and contributes regularly and meaningfully to class discussions.

The Student Report indicates Adam is demonstrating cognitive-behavioural skills within the classroom situation. Therefore, it may be suggested the WSA/PC intervention program relative to pastoral care initiatives and curriculum adjustment have been successful strategies towards the minimisation of Adams' school refusal. This also offers support for the third hypothesis stated that `a combination of a whole school approach and effective pastoral care will be associated with greater measures of child functioning (i.e., emotional, social and intellectual) than a whole school approach per se'.

3. Pre-WSA/PC the Year 8 Physical Education (PE) reflected a low level of achievement in physical education. According to the Student Report comments, Adam was frequently unprepared for class, had inadequate participation levels and completed few assessment tasks.

Post-WSA/PC the Year 8 Physical Education Report (PE) further highlighted poor level of participation in physical education. According to the Student Report Adam skills were not properly assessed as he was absent from class on a number of occasions.

According to the Student Reports comments, Physical Education was a subject which was disliked by Adam at both his previous and present school.

4. Post-WSA/PC the Manual Arts Report (Woodworking) reflected the following outcomes:

Work Requirements	Grade:
1. Journal	A
2. Investigative Work	A
3. Folio	A

According to the Student Report comments, Adam worked well in all set tasks, and reflected due care and precision in the application of a wide range of skills ensuring his work was of a high standard.

This study suggests Adam is single-minded (displaying signs oppositional-defiant disorder) when he wants to or does not want to do something. It is also suggests relative to the Student Reports that Adam may be more suitable to pursue a TAFE-based education rather than persist with mainstream curriculum subjects in the future.

Participant Self-Report Measures

Pre-WSA/PC, post-WSA/PC and follow-up standard measurements of fear, anxiety, depression and coping were derived via the Fear Thermometer (FT; Walk, 1956), the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978)), the Children's Depression Inventory (CDI; Kovacs, 1981) and the Self-Efficacy Questionnaire for School Situations (SEQ-SS; Heyne et al., 1998).

Fear Thermometer

According to Webster-Stratton & Hammon (1997) previous sample test data using the Fear Thermometer FT), in absence of a normative data reduction in fear of at least 30 scale points is deemed to represent a clinically significant improvement in a child's self-reported fear level.

The Fear Thermometer measured fear levels during pre-WSA/PC, post-WSA/PC and follow-up regarding the participant's:

- fear of attending school over the past two; and
- fear of attending school tomorrow.

The results relative to fear of attending school over the past two weeks and attending school tomorrow across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.6.

Table 4.6

FT results across pre-WSA/PC, post-WSA/PC and follow-up

	Pre-WSA/PC	Post-WSA/PC	Follow-up
Fear attending school over the past two weeks	50	5	0
Fear attending school tomorrow	50	10	0

Pre-WSA/PC the participant reported a fear level score of 50 on the Fear Thermometer. There was no significance difference in the self-reported levels of fear between attending his present school over the past two weeks nor with having to attend school tomorrow. Post-WSA/PC the participant reported a level of fear of 5 relative to school attendance over the last two weeks and a fear level of 10 if he were to attend school tomorrow. The post-WSA/PC data indicated a significant improvement being a reduction of 45 points (i.e. from 50 to 5) and 40 points (i.e. from 50 to 10) for the respective measurements. During follow-up the participant reported a level of fear of 0 relative to school attendance over the last two weeks and a fear level of 0 if he were to attend school tomorrow. The follow- up data indicated a further improvement of a reduction of 5 points (i.e. from 5 to 0) and 10 points (i.e. from 10 to 0) for the respective measurements.

The participant exhibited a clear improvement between pre-WSA/PC (i.e. from 50 to 5) and follow-up (from 5 to 0) in self-reported fear of attending school. Across the three assessment periods a significant difference between the transition between the previous school to the present school was revealed.

Conversely, there are no significant differences found over the last two weeks or attending school tomorrow between post-WSA/PC and follow-up.

Fear Survey Schedule for Children-11

The Fear Survey Schedule for Children–11 (FSSC–11) assessed the participant's overall fearfulness using the normative data reported by Gullone & King (1993). According to Gullone & King (1993), should the participant's scores be at least one standard deviation above the mean (i.e. Total Fear score of 162 or greater), this is deemed to be in the clinical range, and decreases in the Total Fear scores to less than 162, this is deemed to represent a significant clinical change.

Overall fearfulness levels were measured during pre-WSA/PC, post-WSA/PC and follow-up regarding the participant's:

- total fear;
- fear of death and danger; and
- fear of the unknown.

The results outlining the Total scores and differences on the predetermined sub-scales of the FSSC–11; Fear of Death and Danger Fear of the Unknown across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.7.

Table 4.7
FSSC–11 results across pre-WSA/PC, post-WSA/PC and follow-up

	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total Score	138	124	112
Fear of Danger and Death	51	44	41
Fear of the Unknown	30	29	28

The participant's overall fearfulness measured via the Total score on the FSSC–11 showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. -14 points), and some significant difference between pre-WSA/PC and follow-up (i.e. -12 points. This is an overall reduction of 26 points (i.e. from 138 to 112).

The participant's overall fearfulness measured via the Total score on the FSSC–11 in relation to Fear of Death and Danger showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. -7 points), but differed slightly between pre-WSA/PC and follow-up (i.e. –3 points). This is an overall reduction of 10 points (i.e. from 51 to 41).

The participant's overall fearfulness measured via the Total score on the FSSC–11 in relation to Fear of the Unknown showed little significant difference between pre-WSA/PC and post-WSA/PC (i.e. -1 point), and little difference between pre-WSA/PC and follow-up (i.e. –1 point). This is an overall reduction of 2 points (i.e. from 30 to 28).

Revised Children's Manifest Anxiety Scale

The Revised Children's Manifest Anxiety Scale (RCMAS) assessment of clinically significant improvement was based upon Reynolds and Paget's (1983) recommendation that a cutoff score of one standard deviation from the mean be used to distinguish normal from non-normal expressions of anxiety as measured on the RMCAS.

Overall anxiety levels were measured during pre-WSA/PC, post-WSA/PC and follow-up. The pre-determined sub-scales of the RCMAS examined across the three assessment periods are:

- Psychological anxiety;
- Worry/Oversensitivity; and
- Social Concerns/Concentration.

The results outlining the Total scores and differences on the predetermined sub-scales of the RCMAS; Psychological anxiety, Worry/Oversensitivity or Social Concerns/Concentration across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.8.

Table 4.8

RCMAS results across pre-WSA/PC, post-WSA/PC and follow-up

	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total Score	56	44	41
Psychological anxiety	12	9	9
Worry/Oversensitivity	11	8	6
Social Concerns/ Concentration	10	7	7

The participant's overall anxiety measured via the Total score on the RCMAS showed a significant difference between pre-WSA/PC and post-WSA/PC (i.e. -12 points), but showed a slight increase between post-WSA/PC and follow-up (i.e. +3 points). This is an overall reduction of 13 points (i.e. from 56 to 41).

The participant's overall anxiety measured via the RCMAS in relation to Psychological anxiety showed little significant difference between pre-WSA/PC and post-WSA/PC (i.e. –3 points), and showed no difference between pre-WSA/PC and follow-up. This is an overall reduction of 3 points (i.e. from 12 to 9).

The participant's overall anxiety measured via the RCMAS in relation to Worry/Oversensitivity showed a slight difference between pre-WSA/PC and post-WSA/PC (i.e. -3 points), and showed a slight decrease between pre-WSA/PC and follow-up (i.e. -2 points). This is an overall reduction of 5 points (i.e. from 11 to 6).

The participant's overall anxiety measured via the RCMAS in relation to Social Concerns/Concentration showed a slight difference between pre-WSA/PC and post-WSA/PC (i.e. -3 points), but showed no difference between pre-WSA/PC and follow-up. This is an overall reduction of 3 points (i.e. from 10 to 7).

Post-WSA/PC total anxiety measured via the total T score on the RCMAS did not differ significantly across the assessment periods. Furthermore, there are no significant differences regarding any of the anxiety sub-scales at the pre-planned comparisons.

Children's Depression Inventory

The Children's Depression Inventory (CDI) assessed any significance of change in total depressive symptomology of the participant across pre-WSA/PC, post-WSA/PC and follow-up using a cutoff score of 13 (Barret et al., 1996).

The results outlining the Total scores across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.9.

Table 4.9

CDI results across pre-WSA/PC, post-WSA/PC and follow-up

	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total Score	12	8	6

The participant's overall depressive symtomology measured via the CDI showed a slight difference between pre-WSA/PC and post-WSA/PC (i.e. –4 points), and decreased slightly between pre-WSA/PC and follow-up (i.e. 2 points). This is an overall reduction of 6 points (i.e. from 12 to 6). According to the CDI depressive symptomology measured across the assessment periods did not differ significantly.

Self-Efficacy Questionnaire for School Situations

The Self-Efficacy Questionnaire for School Situations (SEQ-SS) determined any clinically significant change shown by the participant (Heyne et al., 1998). A cutoff score of 41 was selected for use in the current study.

The results outlining the Total scores and on the predetermined sub-scales of the SEQ-SS; Academic/Social Stress or Separation/Discipline Stress across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.10.

Table 4.10

SEQ-SS results across pre-WSA/PC, post-WSA/PC and follow-up

	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total Score	41	48	52
Academic/Social Stress	20	23	25
Separation/Discipline Stress	20	25	27

The participant's overall self-efficacy measured via the SEQ-SS showed a slight difference between pre-WSA/PC and post-WSA/PC (i.e. +7 points), and increased slightly between pre-WSA/PC and follow-up (i.e. +4 points). This is an overall increase of 11 points (i.e. from 41 to 52).

The participant's overall Academic/Social Stress measured via the SEQ-SS showed a slight increase between pre-WSA/PC and post-WSA/PC (i.e. +3 points), and increased slightly between pre-WSA/PC and follow-up (i.e. +2 points). This is an overall increase of 5 points (i.e. from 20 to 25).

The participant's overall Separation/Discipline Stress measured via the SEQ-SS showed a slight increase between pre-WSA/PC and post-WSA/PC (i.e. +5 points), and increased slightly between pre-WSA/PC and follow-up (i.e. +2 points). This is an overall increase of 7 points (i.e. from 20 to 27). According to the SSQ-SS self-efficacy measured across the assessment periods did not differ significantly.

Parental Instruments

Parental instruments employed in this study includes:

- Child Behavior Checklist;
- Self-Statements: Parent Form; and
- Parental Academic Form.

Child Behavior Checklist

The Child Behavior Checklist (CBCL) criteria for significance of changes in total behaviour problems is a T score of 60 or greater at pre-WSA/PC program and less than 60 at the subsequent assessment period (post-WSA/PC and follow-up). Identification for this T score cutoff for categorical discrimination between normal and clinical samples is relative to Achenbach (1991a) assessment criteria. The criteria for significance of changes in Internalising behaviour and Externalising behaviour was similarly a T score of 60 or greater at pre-WSA/PC and less than 60 at post-WSA/PC or follow-up.

Overall behaviour problems were measured during pre-WSA/PC, post-WSA/PC and follow-up. The pre-determined sub-scales of the CBCL examined across the three assessment periods are:

- Internalising behaviour; and
- Externalising behaviour.

The results outlining the Total scores and on the predetermined sub-scales of the CBCL; Internalising behaviours and Externalising behaviours pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.11.

Table 4.11

CBCL results across pre-WSA/PC, post-WSA/PC and follow-up

Mother	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total score	64	56	52
Internalising behaviour	70	62	66
Extenalising behaviour	56	52	50

The participant's overall change in behaviour problems measured via the CBCL showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. –8 points), but showed a slight decrease between post-WSA/PC and follow-up (i.e. –4 points). This is an overall reduction of 12 points (i.e. from 64 to 52).

The participant's overall change in behaviour problems measured via the CBCL in relation to Internalising behaviours showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. –8 points), but showed a slight increase between pre-WSA/PC and follow-up (i.e. +4 points). This is an overall reduction of 4 points (i.e. from 70 to 66).

The participant's change in behaviour problems measured via the CBCL in relation to Externalising behaviours showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. -4 points), and showed a slight decrease between pre-WSA/PC and follow-up (i.e. -2 points). This is an overall reduction of 6 points (i.e. from 56 to 50).

Post-WSA/PC total anxiety as measured via the total T score on the RCMAS did not differ significantly across the assessment periods and the pre-planned comparisons. Furthermore, there were no significant differences at follow-up regarding any of the anxiety sub-scales at the pre-planned comparisons.

The outcome significance across the pre-WSA/PC, post-WSA/PC and follow-up are assessed via mother's reports on the CBCL, given that the participant resides with his mother. The variables of greatest interest in this study of anxiety-based school refusal were total behavioural problems and internalising behaviour problems.

Between post-WSA/PC and follow-up assessments there was a significant decrease in the externalising behaviour. There was also a trend towards internalising behaviour. However, during follow-up externalising behaviour slightly increased according to the mother's report.

Self-Statements: Parent Form

The Self-Statements: Parent Form provides an insight for educational researchers to gain an understanding of the caregivers' perception regarding the nature of school refusal and their ideas of how it can be minimised.

The participant's mother was asked to provide her thoughts in relation to her son's school-refusing behaviours from the questions posed on the Self-Statements: Parent Form.

The responses are set out hereunder.

1. My son does not attend school because he is lazy and refuses to get out of bed in the mornings.
2. It is up to my son to get himself to school.
3. I try to get him ready for school in the mornings.
4. My son should take some responsibility for his not attending school;
5. My son gets bored easily and would find it difficult cope with regular school attendance.
6. He has missed so much school-work he should return to school immediately.
7. It is good that he is separated from me. He is now fourteen and should be able to look after himself more.

The details of the Self-Statements: Parent Form are discussed in Chapter 5.

Parental Academic Form

The Parental Academic Form was implemented to gain an overall picture of the academic history of the family. The participant's parents were asked to provide details of their academic history from the information requested on the Parental Academic Form.

The responses are set out hereunder.

Mother

1.	Highest level achieved:	All of high school
2.	Relationship to the child:	Natural
3.	Marital status:	Divorced (single parent)

Father

1.	Highest level achieved:	University degree
2.	Relationship to the child:	Natural
3.	Marital status:	Divorced (re-married)

The details of the Parental Academic Form are discussed in Chapter 5.

Teacher Report Instruments

Teacher report instruments employed in this study includes:

- Teacher's report Form; and
- Teachers' Questionnaire.

Teacher's Report Form

The Teacher's Report Form (TRF) is based on Achenbach's (1991b) recommendation regarding clinical cutoff scores for categorical discriminations using the TRF. The criteria for clinical significance of changes in Total Behavioural Problem scores and internalising scale scores was T score of 60 or greater at pre-WSA/PC and less than 60 at the subsequent assessment period, either post-WSA/PC or follow-up.

Overall behaviour problems were measured during pre-WSA/PC, post-WSA/PC and follow-up. The pre-determined sub-scales of the TRF examined across the three assessment periods are:

- Interanalising behaviour; and
- Externalising behaviour.

The results outlining the Total scores and on the predetermined sub-scales of the TRF; Internalising behaviours and Externalising behaviours across pre-WSA/PC, post-WSA/PC and follow-up are presented in Table 4.12.

Table 4.12

TRF results across pre-WSA/PC, post-WSA/PC and follow-up

Key Teacher	Pre-WSA/PC	Post-WSA/PC	Follow-up
Total score	58	55	52
Internalising behaviour	58	54	53
Extenalising behaviour	52	49	49

The participant's overall change in behaviour problems measured via the TRF showed a slight significant difference between pre-WSA/PC and post-WSA/PC (i.e. –3 points), and showed a slight decrease between post-WSA/PC and follow-up (i.e. –3 points). This is an overall reduction of 6 points (i.e. from 58 to 52).

The participant's overall change in behaviour problems measured via the CBCL relation to Internalising behaviours showed some significant difference between pre-WSA/PC and post-WSA/PC (i.e. –4 points), and showed a slight decrease between pre-WSA/PC and follow-up (i.e. -1 points). This is an overall reduction of 5 points (i.e. from 58 to 53).

The participant's change in behaviour problems measured via the CBCL in relation to Externalising behaviours showed a slight significant difference between pre-WSA/PC and post-WSA/PC (i.e. -3 points), and showed no change between pre-WSA/PC and follow-up. This is an overall reduction of 3 points (i.e. from 52 to 49).

Across the three assessment periods there are no significant differences for total behavioural problems, or the pre-planned comparisons relative to internalising and externalising behaviours.

Teachers' Questionnaire

According to the Teachers' Questionnaire, Adam had settled in well at school. Although the Teachers' Questionnaire acknowledged his academic performance was satisfactory, it was noted he was often late in submitting work for assessment. This problem came to a head during the last week of the third academic quarter. Adam had not submitted his assessment work on time and as a consequence he didn't want to go to school. Adam started showing symptoms of anxiety associated with school refusal.
The matter was immediately referred to the school counsellor. As a result Adam was not punished and extensions were allowed.

The Teachers' Questionnaire was compared to Adam's previous school reports to ascertain if there had been academic improvement. The following subjects were selected for assessment:

- English;
- Language and Learning Skills (LALS); and
- Physical Education.

The participant was previously tested on his Literacy skills (Refer: Chapter 3). According to the Teachers' Questionnaire his work habits, level of interest, classroom behaviour and progress in work requirements are very good. The results are presented in Table 4.13.1.

In LALS, according to the Teachers' Questionnaire the participant has improved his cognitive and metacognitive skills. He is displaying very good work habits and exhibiting a real interest in this subject. The results are presented in Table 4.13.2.

Physical Education is a subject that the participant dislikes. This dislike has been highlighted in the Teachers' Questionnaire and throughout his school reports. The results are presented in Table 4.13.3.

According to the Teachers' Questionnaire there has been an obvious improvement shown in the participant's emotional, social and intellectual ability. This improvement supports the third hypothesis that a combination of a whole school approach and effective pastoral care will be associated with greater measures of child functioning i.e. emotional, social and intellectual, than a whole school approach per se.

Table 4.13.1
Teachers' Questionnaire results for the study of English

<u>Item 1.</u>					
Work Habits:	Very Good	***Good***	Inconsistent	Poor	Improving
Level of Interest:	Very Good	***Good***	Inconsistent	Poor	Improving
Classroom Behaviour:	Very Good	***Good***	Inconsistent	Poor	Improving
Progress in Work:	Very Good	***Good***	Fair	Poor	Improving
<u>Item 2.</u>					
Learning Objectives:	(1)	Ask the teacher for help more frequently			
	(2)	Complete work requirements fully			
	(3)	Read more widely in the subject area			
	(4)	Participate more fully in classroom activities			
	(5)	Develop research skills more fully			
	(6)	Be adequately prepared for class			
	(7)	Be more reliable in meeting demands			
	(8)	Make better use of study time			
	(9)	Ensure work is clear and thoroughly checked			

Table 4.13.2

Teachers' Questionnaire results for the study of Language and Learning Skills

Item 1.					
Work Habits:	Very Good	***Good***	Inconsistent	Poor	Improving
Level of Interest:	***Very Good***	Good	Inconsistent	Poor	Improving
Classroom Behaviour:	Very Good	***Good***	Inconsistent	Poor	Improving
Progress in Work:	***Very Good***	Good	Fair	Poor	Improving
Item 2.					
Learning Objectives:	(1)	Ask the teacher for help more frequently			
	(2)	Complete work requirements fully			
	(3)	Read more widely in the subject area			
	(4)	Participate more fully in classroom activities			
	(5)	Develop research skills more fully			
	(6)	Be adequately prepared for class			
	(7)	Be more reliable in meeting demands			
	(8)	Make better use of study time			
	(9)	***Ensure work is clear and thoroughly checked***			

Table 4.13.2

Teachers' Questionnaire results for the study of Physical Education

Item 1.					
Work Habits:	Very Good	Good	***Inconsistent***	Poor	Improving
Level of Interest:	Very Good	***Good***	Inconsistent	Poor	Improving
Classroom Behaviour:	Very Good	***Good***	Inconsistent	Poor	Improving
Progress in Work:	Very Good	Good	***Fair***	Poor	Improving
Item 2.					
Learning Objectives:	(1)	Ask the teacher for help more frequently			
	(2)	***Complete work requirements fully***			
	(3)	Read more widely in the subject area			
	(4)	Participate more fully in classroom activities			
	(5)	Develop research skills more fully			
	(6)	Be adequately prepared for class			
	(7)	***Be more reliable in meeting demands***			
	(8)	***Make better use of study time***			
	(9)	***Ensure work is clear and thoroughly checked***			

Comments relevant to the Teachers' Questionnaire are highlighted.

Other Report Instruments

Results and observations regarding other report measures employed in this study include:

- Self-Statements: Child Form; and
- Year 8 Pastoral Care: Transition Survey.

Self–Statements: Child Form

The participant was invited to respond to his thoughts regarding the school situation through the Self-Statements: Child Form.

1. I prefer to stay at home than go to school. It's too far to travel
2. I don't mind being separated from mum or dad.
3. School work is boring.
4. I don't think I'm a clever person.
5. I don't like other kids at school teasing me.
6. Most teachers are okay – but I don't like the ones who give me a lot of homework.
7. The Principal seems a friendly person.
8. I don't like going to school because I don't like to get up early in the mornings.
9. Sometimes it's okay because it gives me something to do.

The details of the Self-Statement: Child Form are discussed in Chapter 5.

Pastoral Care: Year 8 Transition Survey

The Year 8 Pastoral Care: Transition Survey was developed to assess the participant's beliefs in relation to being part of the pastoral care program and any fears about the transition into Year 9.

With pastoral care in mind, there is an understanding at CBC that adolescent boys have enough pressures in their lives without making pastoral care "heavy duty". The college recognises well-planned activities and thoughtful interactions can build the skills and strategies needed to negotiate the rollercoaster ride associated with adolescence. Perhaps, the word in the Year 8 corridor, is that sometimes the pastoral care period seems to be just another lesson where a worksheet is completed so that the box can be ticked to say that lessons regarding the ramifications of "teenage binge drinking" has been learned.

An analysis of the data collected relative to the Pastoral Care: Year 8 Transition Survey acknowledges the participant rated the college's pastoral care programs 7 out of 10. Moreover, he rated his satisfaction overall with the school 10 out of 10. This indicated that the participant displayed an affiliation or affection for the Pastoral Care program.

When answering the question regarding his major issues of concern this year, the participant indicated:

- not going to school;
- being late for school;
- not handing assessment work on time; and
- not doing homework.

Further, when answering the question regarding any other comments, the participant indicated that `school was okay!' This is an important acknowledgment that is relevant to the WSA/PC intervention program and its success in the minimisation of the participant's school refusal. The details of Pastoral Care: Year 8 Transition Survey are discussed in Chapter 5.

Third and Fourth Academic Quarters: Follow-up

As the follow-ups progressed it became apparent that Adams attendance improved dramatically and he no longer could be considered as a severe school refuser, however, he displayed chronic lateness that needed to be addressed.

Follow-up Measures

An extension of the WSA/PC intervention program was to be introduced where Adam would be offered pecuniary incentives to attend school and to arrive on time.

Rewards System

During the third academic quarter it was suggested Adam received pocket money in the sum of twenty dollars per week being ten dollars from each his parent for attending school. Further, to balance that parent's firmness in managing the child's school attendance behaviour, parents were encouraged to use or create extra opportunities to spend some time with the child on "his terms". For example, being treated at "MacDonalds" or shopping for "Lego". Increasing positive interactions between the parents and child such as offering $10 pocket money may also serve to counter balance some of the possible negative effects generated through the parent's tough stance on school attendance.

Reinforcement Schedule for Positive Behaviour

The reinforcement schedule for positive behaviour was to be implemented during the fourth academic quarter as a final strategy to combat the participant's chronic lateness.

The reinforcement schedule for positive behaviour is geared to offer the participant an incentive that he can strive for through gaining enough Dollars to purchase, for example, Lego (or something affordable by family).

This schedule operates on two levels set out hereunder:

1. Short term goals. The parent nominates the days the participant has to arrive on time at school. If the participant arrives at the agreed time for Tutor Group, emergencies excepted, then he is given an agreed amount of Dollars. If he arrives late then the amount of Dollars are taken back. It should be stressed that genuine illness is not considered non-attendance or lateness. All normal school expectations will be required i.e. a phone call to the office or a letter from home. As the participant becomes more confident with the schedule then the time and amounts may be increased.
Once the agreed time (say any reasonable amount of time) has lapsed then the family are required to fulfill the contract by purchasing the object the student is aiming to receive.
2. The long-term goal is to have the participant arrive on time for Tutor Group and will not require rewards for attendance at school.

Although follow up strategies were suggested no data was collected as the participant's parents did not present a uniform effort where pecuniary incentives were concerned. Adam's mother gave him $10 weekly pocket money, whilst Adam's father gave him a lump sum at the end of the fourth academic quarter in relation to his overall attendance at school. However, the results did indicate that during the fourth academic quarter Adam was absent for only one day and thirteen times late for school. Adam's attendance was a marked improvement on previous academic quarters.

CHAPTER 5
DISCUSSION

Overview of Research Strategy

The participant in this study was Adam, a middle school male student. (Name is a pseudonym). Adam was fourteen yeas of age when this study was undertaken. He participated for four academic quarters when the study was discontinued after Adam appeared to become a usual school attendee. However, a follow up procedure was set in place by the college and is monitored by college personnel. Adam resides with his mother, a divorcee, and an older brother aged sixteen. Adam resides with his father on a fortnightly basis, and for a total of four weeks during school holidays.

At Adam's previous secondary school, on the whole school staff were willing to meet with Adam's parents to discuss Adam's difficulties with the school situation, however, it became apparent that the staff were tiring of Adam's non-attendance and their willingness to work towards change appeared less than enthusiastic. The opinion being that it was the legal responsibility of the parents to get the child to school – and therefore, although sympathetic to the parent's plight, it was made abundantly clear this was not the school's problem.

Adam's period of participation in this study spanned four academic quarters including a further follow-up period. During this period Adam was under constant observation whilst at school and at home. Interviews with Adam, his mother and teachers were verbal except where WSA/PC multiple strategies and outcome measures were implemented for analysis and assessment.

Following the WSA/PC intervention program it was apparent after analysing data collected from Adam his mother, his teachers and school personnel, his school refusal behaviour had been minimised, although a chronic lateness for school had emerged. Overall Adam's relationship with his parents, brother and the school situation had improved moderately after the WSA/PC program intervention.

Significant changes in participant's functioning are observed across all four academic quarters. Across post-WSA/PC and follow-ups, the participant's attendance increased and he reported less fear and reduces anxiety levels, and showed increased self-efficacy.

Parents and teachers reported fewer children's behaviour problems, including less internalising behaviour and less externalising behaviour, while the clinical outcome measures rated the participant as functioning more adaptively following intervention strategies.

Furthermore, the participant no longer warranted any anxiety disorder or other diagnosis at post-WSA/PC or follow-up. It is noted that maternal and paternal distress decreased, although there was no reported significant changes in relation to the marital situation. The ratings indicate a decrease in CBCL internalising and externalising scores, such that participant's behaviour is rated as being normal for his age. Similarly, there was a change in participant's internalising and externalising behaviours at school; following the WSA/PC intervention, teachers at the participant's new school reported fewer internalising and externalising behaviours than had been reported at his previous school. Generally, these gains were maintained during follow-up, although Adam's mother's ratings suggest a re-emergence of some internalising behaviours during follow-up.

Post-WSA/PC and follow-up sessions were conducted at commencement and during the end of each respective academic quarter. These sessions involved both formal and informal interviews with Adam, his mother, his teachers, and the re-submission of questionnaires.

During post-WSA/PC Adam intimated that school was okay, had made new friends, and had found the teachers friendly. He said there were some days he couldn't be bothered in attending school, but he realised if he didn't go to school his mother would cancel his weekly pocket money.

This study had investigated the effects of the WSA/PC intervention program has on the:

- minimisation of school refusal;
- replacement of the mother/figurehead in the mother-child relationship in relation to separation anxiety; and
- improved emotional, social and intellectual wellbeing of the school refuser leading to greater improvement in family functioning,

The research questions were centered on what effects the WSA/PC intervention program is likely to result in greater post-treatment improvements in child functioning, particularly greater school attendance, lower emotional distress, and a greater sense of self-efficacy.

Therefore, as measured by the participant instruments; child self-report measures; parental report measures; teacher report measures and other report measures as outlined in Chapter One, the WSA/PC intervention program is considered effective if it lead to:

- the resumption of regular school attendance;
- the reduction in levels of fears and anxiety associated with the school situation;
- improved emotional, social and academic wellbeing of the school refuser; and
- improved family functioning.

Summary of Results

The results from this qualitative study conclusively support all hypotheses (stated in Chapter One) as measured by:

- participant instruments such as: school attendance registers and school reports;
- child self-report measures such as: the Fear Thermometer (Walk, 1956), Fear Survey Schedule for Children–11 (Gullone & King, 1992), Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978), Children's Depression Inventory (Kovacs, 1981) and Self-Efficacy Questionnaire for School Situation (Heyne et al 1998);
- parental report measures such as: Child Behaviour Checklist (Achenbach, 1991a) and Self-Statements: Parent Form;
- teacher report measures such as: Teacher's Report Form (Achenbach, 1991b) and Teachers' Questionnaire;
- other report measures such as: Self-Statements: Child Form and Pastoral Care: Transition Survey; and
- follow-up procedures such as: Rewards System and Reinforcement schedule for positive behaviour.

Moreover, the results from the data collection found the research supported pre-WSA/PC, post-WSA/PC and during follow-ups as the participant displayed:

- a significant increase in the percentage of school attendance;
- a significant decrease in school related fears and anxieties;
- a significant decrease in the levels of emotional distress in relation to separation anxiety;
- a significant increase in the level of self-efficacy; and

- a significant improvement in family functioning.

As highlighted throughout this study pastoral care is seen as an important factor leading to a significant improvement in the emotional, social and academic wellbeing of the participant. This is evidenced in the outcome measures such as: Self-Efficacy Questionnaire for School Situations (SEQ-SS; Heyne et al.; 1998), Child Behaviour Checklist (CBCL; Achenbach, 1991a) and Teacher's Report Form (TRF; Achenbach, 1991b). Therefore, it can be concluded while the focus of the current study is to promote a rapid return to the school situation, the WSA/PC intervention program is successful in reducing the level of school-based fears and separation anxiety. Moreover, the WSA/PC intervention program promoted an increased level of self-efficacy for the participant; a reduced level of emotional distress for the parents; and few college concerns for the student's school-refusing behaviours. The success of the WSA/PC intervention program is clearly evidenced by the participant's regular attendance. The attendance registers confirmed regular school attendance being maintained throughout post-WSA/PC and during follow-ups.

The summary of results are interpreted to the following criteria:

- overview of change;
- participant functioning post-WSA/PC;
- participant progress during follow-ups;
- comparative studies; and
- significance of WSA/PC intervention program.

Overview of Change

The results relative to the WSA/PC intervention program indicated highly significant improvements in the minimisation of school refusal. The data presented indicated these improvements were a direct result regarding the implementation of the WSA/PC intervention strategies, such as changeover of school and repeating the year. Further, there are significant changes indicated through outcome measures regarding aspects of improved child functioning being observed across the four academic quarters in relation to: school attendance, overall fearfulness regarding the school situation, separation anxiety, and self-efficacy. The extent of change regarding the participant was additionally reflected in the analysis regarding significant outcome measures in symptoms relative to school refusal.

The participant displayed four symptoms relevant to The Separation Anxiety Disorder (DSM-1V-TR) criteria. According to the American Psychiatric association (2000), if is deemed to be excessive when anxiety concerning separation from those to whom the child is attached is evidenced, by at least three of the ten symptoms.

The participant displayed four out of ten symptoms:

- persistent reluctance or refusal to go to school in order to stay with major attachment figure at home;
- complaints of physical symptoms, for example, stomachache or nausea;
- recurrent signs of complaints of excessive distress when separated from home or maternal figure e.g. wants to return home, needs to call mother when he is away from home; and
- duration of disturbance for more than two weeks.

This caused significant distress of interference in the participant's life, for example, as reported in the Fear Thermometer. In this study the participant displayed a fear rating of 50 and the reduction from 50 to 10 represented an 80% decrease in fear about attending school and a 50 to 5 and a decrease of 90% about attending school the next day and both level showed 100% decrease in fear to 0 in the follow-up.

The outcome measures the significance of the participant's impairment at pre-WSA/PC was reflected in an irregularity in school attendance. In the first quarter at his previous school the participant presented with 24 days absent and 1 day late being a total of 25 times.

Moreover, post-WSA/PC via the outcome measures being participant, parental and school instruments, the participant reported significant improvements at post-WSA/PC as indicated hereunder:

- increase in attendance levels (School attendance registers);
- reduction in fear levels associated with imminent school attendance (FT; Walk, 1956);
- reduction in overall fearfulness (FSSC - 11; Gullone & King, 1992);
- reduction in overall anxiety(RCMAS; Reynolds & Richmond, 1978);
- increase in self-efficacy (SEQ-SS; Heyne et al. 1998);
- improvement in behaviour (CBCL; Achenbach, 1991a); and
- improved student functioning (TRF; Achenbach, 1991b)

Participant Functioning Post-WSA/PC

For almost all of the outcome measures, the proportion of clinically improved participation is even greater at follow-up. For example, the Fear Thermometer measurements indicated significant improvements. The participant exhibited a clear improvement from pre-WSA/PC to follow-up in self-reported fear of attending school over the last two weeks to 0. During the follow-up period the participant indicated he was not fearful of attending school the next day. This is a clear improvement being a score of 10 post-WSA/PC to 0 at follow-up.

The results relative to post-WSA/PC indicates the participant displayed a significant increase in school attendance from 0% pre-WSA/PC to 100% post-WSA/PC. However, there is an enigma here in so far as the days absent during the first academic quarter appear to have been reduced significantly i.e. from 24 pre-WSA/PC to 8 post-WSA/PC, but the times late for school has been increased from 1 pre-WSA/PC to 18 post-WSA/PC. It is evident the participant, although attending school on a regular basis, displayed a chronic lateness. The WSA/PC intervention program was modified at this point to implement a strategy during follow-up to combat this chronic lateness.

Participant Progress During Follow-up

The CBC school counsellor displayed little concern regarding the participant's chronic lateness. The school counsellor was prepared to issue a late pass to the participant if concern for lateness was shown by subject teachers. The rationale is that gains made by the participant in regularly attending school must not be lost, and detentions for ongoing lateness may be waived.

Thus far, for his positive attendance at school the participant was receiving weekly pocket money from both parents in the sum of $10 each, but if he fails to attend school without a valid reason he receives nothing for that week. As an intervention strategy to reduce the participant's level of chronic lateness a positive reinforcement schedule was implemented as an inducement during the fourth academic quarter to entice the participant to arrive at school on time. The results indicated that the participant was absent for only one day, but was late thirteen times. However, this was a significant improvement on previous academic quarters.

In summary, the current study presents a young adolescent who displayed severe school refusal and symptoms of oppositional and defiant disorder pre-WSA/PC. At post-WSA/PC the participant had attained and maintained a 100% attendance through to the follow-ups. The participant displayed chronic lateness in the third academic quarter which was addressed during the fourth academic quarter.

Comparative Studies

Comparing the results of the current study with similar samples might be a means of determining if different treatments of common denominators associated with school refusers can be isolated and recognised as a norm for the overall treatment of school refusal symptoms. There is an opportunity here to conduct further research in this particular area of school refusal. This current study can be compared to the study conducted by Rollings and colleagues (1998). The participant in their study received intense intervention cognaitive-therapy, as opposed to an interactive-interchangeable interventions presented in the WSA/PC intervention program. A comparative study of school refusal is presented in Table 5.1.

Table 5.1

A comparative study of school refusal

Source:	Rollings et al. (1998)	Rennie, (2002)
Participant:	Female	Male
Age:	13years 8months	14years 2 months
Intervention:	cognitive-behavioural therapy, clinical sessions	WSA/PC program, pastoral care programs
Diagnosis:	School refusal, oppositional defiant disorder, major depressive disorder	School refusal, oppositional defiant disorder
Siblings:	Older sister	Older brother
School:	Changeover of school, repeat the year	Changeover of school, repeat the year
Reinforced S/F Behaviour:	Reading, TV, baking cakes	TV, videos, computer games
Attendance:	Sometimes unwell, often late for school, struggled with workload	Sometimes unwell, often late with school, struggled with workload
Homework:	Not or sometimes done	Not or sometimes done
Aim:	Gradual return to school	Rapid return to school

As a result of both case studies the participants went from 0% to 100% attendance levels. The key factors common to both studies include:

- changeover of school;
- repeating the year;
- positive reinforcement of school attendance;
- support of parents, teachers and school personnel, and clinicians respectively in the implementation of various strategies.

Although the circumstances of the school refusers were somewhat similar between the current study and a case study reported by Rollings and colleagues (1998), the treatments differed. Both outcomes were viewed as positive in that the respected school refusers made and maintained significant gains in regular school attendance. A further comparison can be made in the study of efficacy of cognitive behavioural treatments of school refusers (Last et al., 1998). The cognitive-behavioural program was based on clinical sessional work and included parental input and some school consultation. This in part resembled the impetus of the WSA/PC intervention program as listed below:

- pre-treatment = similar symptoms;
- post-treatment = return to school; and
- follow-up = 100% school attendance.

Notwithstanding, there are some difficulties inherent in making a comparison with the study conducted by Rollings and colleagues (1998), such as a difference in:

- characteristics;
- treatment procedures;
- measures employed; and
- the timing of follow-ups.

However, the outcomes evidenced in the current study appear to be comparable in a number of ways to the outcomes reported by Rollings and colleagues (1998) relative to the cognitive-behaviour treatment of school refusal. In particular, there appears to be similarly low levels of emotional distress, an increase in school attendance, and an increase in self-efficacy. This is encouraging with respect to the impact upon young adolescents who present with severe school refusal. Further studies may be warranted to investigate the long-term effects in relation to the WSA/PC intervention program rather than compare results with those of similar studies.

It is possible relapses may occur within any study particularly after follow-up, however, the results of the WSA/PC intervention program suggest school refusal has a greater chance of being minimised over a longer period of time. Therefore, the whole school approach underpinned by effective pastoral care will continue due to the ongoing enrolment of the participant in that school.

Significance of Pastoral Care Initiatives

The current study acknowledges the importance of pastoral care in achieving successful outcomes regarding the minimisation of school refusal, and the emotional, social and academic wellbeing of the participant. This is in part due to the selection of the site and the value shown by the school towards its students through its pastoral care programs. CBC requires a commitment from students and staff to participate in its pastoral care program. The school was founded in the Christian philosophical tradition of Edmund Rice. This is reflected in the college aims to work with parents to foster the religious, personal, intellectual and physical growth of each student in the social environment of the school community that is underpinned through the life and teaching of Jesus Christ and the Gospel values.

CBC endeavors to take a holistic approach to pastoral care and although proud of its Catholic identity accepts other cultures into the CBC family. The framework of this current research is couched in this ethos. In order to achieve a situation where the total well being of individual students, staff and families is pursued, appropriate structures and programs have been and are being developed. For example, disciplinary policies are just in their implementation being underpinned by forgiveness such as allowing one to make a mistake, to take responsibility for one's actions and to learn from mistakes (CBC Mission Statement, 1999-2003). Everyone associated with CBC is involved in pastoral care whether it be in the classroom, or on "tuck shop" duty, or in casual conversations between students and teachers in the school yard, or with the wider community. The affirmation and the building of the self-esteem of all within the school community are of paramount importance.

As the selection of the site for the current study is centred at CBC, St Kilda an overview of the Christian Brothers' philosophy towards a holistic education was presented. CBC regards itself as a family and within this family welcomes and includes other cultures and traditions as the gifts of everyone are valued and nurtured. This Christian philosophy follows in the footsteps of the Blessed Edmund Rice who offered a Christian education to the underprivileged. CBC, St Kilda, continues this teaching today and pastoral care is an integral part of the curriculum. All members of the CBC school community are expected to participate in appropriate pastoral care initiatives.

Interpretation of Results

The significant results and findings of this study are interpreted by the following criteria:

- participant functioning at post-WSA/PC;
- participant progress during follow-up;
- overview of process of change;
- overview of response to WSA/PC intervention program;
- range of factors affecting strategies and outcomes;
- rate of change in participant functioning; and
- durability of WSA/PC intervention program gains.

Participant Functioning Post-WSA/PC

It is the expressed intention of this study to investigate what effects the WSA/PC intervention program has on the:

- minimisation of school refusal;
- replacement of the mother/figurehead in the mother-child relationship in relation to separation anxiety; and
- improved emotional, social and intellectual wellbeing of the school refuser.

The WSA/PC intervention program can be considered effective as it has led to the resumption of regular school attendance, the reduction of levels of emotional distress and improved wellbeing of the school refuser associated with the school situation.

Thus, this study indicates that a whole school approach is more effective than traditional approaches in maintaining school attendance, reducing emotional distress and promoting improved wellbeing with the inclusion of effective pastoral care. In summary, the school attendance records and the children's self-reports of functioning at post-WSA/PC support the first hypothesis.

The literature suggested that the functioning of the school-refusing child is associated with improved emotional, social and academic wellbeing. On the whole, the parent, teacher and outcome measures of participant functioning at post-WSA/PC indicate that a combination of a whole school approach and effective pastoral care may be associated with greater measures of child functioning i.e. emotional, social and intellectual, than a whole school approach per se.

Participant Progress During Follow-up

It is not sufficient that the participant is effectively returned to school by the end of the WAS/PC intervention program. There must be continuity of attendance, reduced emotional distress and increased wellbeing to ensure that the participant's social, emotional and academic developments are not compromised. Follow-ups help to determine the durability of program gains and may avoid relapses (King & Ollendick, 1989a). In general, there is no significant differences observed between post-WSA/PC gains and follow-ups in participant functioning as determined by participant, parent and teacher outcome measures. Thereby, the results of this study indicate that a combination of whole school approach underpinned by effective pastoral care may produce better maintenance of program gains i.e. increased attendance, reduced emotional distresses and improved wellbeing, rather than through a whole school approach per se.

Overview of Process of Change

Having addressed the question regarding why the participant appeared to be equally effective during follow-ups, it is prudent to consider how each strategy produced change. This consideration is based on the conceptual nature of school refusal, qualitative data and the WSA/PC intervention program attributions regarding change.

However, in real terms the effectiveness of the WSA/PC intervention program multiple strategies involving the participant is seen in the acquiring and employing approaches to managing his anxiety, in order to make regular attendance more achievable.

The effectiveness of the WSA/PC intervention program is theoretically associated with the role that parents and school personnel can play in maintaining favorable environmental contingencies. The contingencies include those which have minimised school refusal behaviour and those which have maintained the development of school attending behaviours. The multiple strategies and outcome measures target different aspects for the minimisation regarding school-refusing behaviours, and the maintenance of regular school attendance.

Ultimately, however, the WSA/PC intervention program is aimed at facilitating strategies to reduce overall fear levels associated with the school situation and levels of separation anxiety.

Qualitative accounts of the process of change were obtained following the outcomes of the program. Aside from the most obvious conclusions drawn from the multiple strategies and outcome measures an associated range of factors is held to contribute to outcome in the minimisation of school refusal. These include expectable factors such as:

- willingly cooperating with parents and teachers;
- meeting a friend at the same time at the station each morning; and
- the more idiosyncratic factors such as meeting students after school for a game of down-ball.

According to the participant one of the main factors that assisted with his school-refusing behaviours was the changeover of school. This intervention allowed the participant to:

- get away from a fearful school environment where teasing/bullying was a factor; and
- be accepted into a friendly and caring school community.

The more common factors in the area of participant-related intervention is seen in the participant's cooperation and motivation. The small experience of academic success is attributed to a broad range of school based strategies such as Language and Learning Skills (LALS). The LALS program is associated with the curriculum adjustment strategy.

Caregiver commitment is regarded as having facilitated some change in assuming a greater responsibility for the child's attendance.

This involved a united approach between partners, issuing clear messages regarding the participant's expectations of attendance at school, parents feeling supported in their management of the problem by the school, although the use of positive reinforcement behaviour such as the "Rewards System" was left to each parent to negotiate with the participant.

Common school related interventions held to be potent in effective change included a very supportive attitude toward the participant, the provision of special arrangements to accommodate the participant's transition into the school and his needs, the commitment of staff, and the use of behaviour management strategies.

In a formal interview post-WSA/PC the participant's attributions regarding his school attendance were assessed through a structured set of questions. The participant was asked:

Question 1.	Do you feel you can now attend school: most of the time/some of the time?
Answer:	`Most of the time'.
Question 2.	Why?
Answer:	`Because if I don't go mum will stop my pocket money'.
Question 3.	Is there any other reason?
Answer:	`I know I can be late two times each week – because if I'm late three times I get a detention'.
Question 4.	Are you bored at school: most of the time/some of the time?
Answer:	`Sometimes – it depends on what subject I'm doing'.
Question 5.	What subjects do you like/dislike?
Answer:	`I like Woodwork. Science and SOSE are okay. I hate Music and PE'.
Question 6.	Do you want to telephone mum when you are at school: most of the time/some of the time?
Answer:	`No – I'll see her when I get home'.
Question 7.	Do you find schoolwork difficult or easy?
Answer:	`Easy'.
Question 8.	What do like most about being at school?
Answer:	`Playing with my friends'.
Question 9.	How do you feel about coming back to the school next term and next year?
Answer:	`Okay, I guess – because I have to'.
Question 10.	What sort of job do you want to do in the future?
Answer:	`I haven't really thought about it yet – I'll go to school'.

Here, examination of these answers indicate a change especially in the participant's Internal attributes regarding school attendance. There is an emerging reaction that things are getting more restrictive on the home front and school attendance is becoming the norm. The participant's mood is improved and increased academic and social confidence is growing. These improvements can be viewed as a result of a regular school attendance as a direct result relevant to the WSA/PC intervention program.

In a formal interview with the participant's parents, the question was posed individually to each parent: `What thoughts do you have about your son attending school regularly?' During the interview their answers were written down verbatim and were later summarised and are presented hereunder:

- Mother's response: happier mood, less use of punishments, less trouble in family and good school report.
- Father's response: happier mood, less use of punishments, less trouble in family and good school report.

Here, the WSA/PC intervention program multiple strategies are presented as a positive experience relevant to the whole school environment. The qualitative data reported the value of changes within the family situation as a result of the participant's increased attendance at school.

While the outcome measures as reported in the study here do not constitute direct evidence for the critical factors affecting change, they create an understanding or support of the process as seen from the parents' perspective. They do reflect the diverse presentation of school refusal as indicated in Chapter 2: Review of Literature.

Overview of Response to WSA/PC Intervention Program

This current study describes an intervention program designed to investigate whether a whole school approach underpinned by effective pastoral care (WSA/PC) conducted over four academic quarters will minimise school-refusing behaviours in a young adolescent. The overall response by the participant, parents and teachers and school personnel throughout this study have contributed to the participant's improvements in school refusal. These responses were:

- a significant increase in school attendance;
- a significant decrease in the level of fears in relation to the school situation;

- a significant decrease in the level of emotional distress in relation to separation anxiety; and
- a significant increase in emotional, social and intellectual wellbeing.

It is envisaged a response to the aims presented in this study will:

- identify students who are deemed to be "at risk" and in particular those suffering "school refusal";
- improve teaching practices; and
- inform and instruct others.

Range of Factors Affecting Strategies and Outcomes

It could be argued that different combinations of factors are likely to influence the outcomes in different circumstances. Other factors that may influence strategies and outcomes or responsiveness to a particular approach include:

- child factors such as: level of non-attendance; length of school refusal; and level of anxiety.
- parental factors such as: marital status; family size; and parental style.
- school factors such as: changeover of school; peer grouping; and level of staff support.

Given the nature of the behavioural strategies which are often prescribed in the treatment of school refusal, for example, enforced attendance, the relationship between the child's developmental level and the treatment outcomes is highly important. Larger scale studies could better account for the impact of a range of factors on treatment outcomes during the randomisation process and in the statistical analysis.

Subsequently, a specific combination of factors could be isolated which help to determine how a child with particular school refusal characteristics is likely to respond to the WSA/PC intervention program. It may be presumed the participant of this study may have responded equally or even better to other interventions or treatments. Alternatively some children may not respond better to other intervention programs, or required variations of the existing programs. Conversely, research addressing the prescriptive treatment of school refusal may help to determine what a particular outcome may be without a particular form of treatment (Pritchard et al., 1998).

Rate of Change in Participant Functioning

It is apparent for the participant there were obvious improvements during the course of the WSA/PC intervention program. The participant could be described as having improved rapidly. A positive outcome related effect in the rate of improvement is observed.

This rate of improvement exemplifies Kazdin and Kendall's (1998) observation that the conclusions about the efficacy of two or more treatments can vary. In this study this dichotomy was evident in the multiple strategies and pastoral care initiatives of the WSA/PC intervention program.

Ultimately with the responsibility for school return resting entirely with the participant, and not with the parents, more time was required to promote the positives of the-WSA/PC intervention program to the point of being able to challenge the participant to return to school and to increase attendance. Therefore, more time was available to achieve full-time attendance by post-WSA/PC.

Across the WSA/PC intervention program it is apparent the participant was less motivated to return to school on a regular basis. This is a contrast with the parents who generally expressed a considerable sense of urgency regarding their son's full-time attendance. Here, the obvious motivation for change is related in the referral process whereby the participant was not self-referred but was referred by parents. Given the lower motivation for the participant relative to the parents, it was necessary to spend more time building a positive relationship with the participant throughout the WSA/PC intervention program.

As previously discussed another factor that may have affected the apparent rate of improvement is that parents began to play an unsolicited role in behaviour management throughout the WSA/PC intervention program and particularly during follow-ups. Perhaps without this involvement there may have been an even slower rate of improvement regarding the minimisation of the participant's school-refusing behaviours.

Durability of WSA/PC Intervention Program Gains

The participant's attendance levels indicated that gains attendance relative to his post-WSA/PC attendance were improved or maintained during follow-up (Refer to Table 4.5).

The most conspicuous pattern emerging from academic quarter by quarter analysis is that improvements between post-WSA/PC and follow-ups only occurred when the participant was involved in WSA/PC intervention program. These gains were maintained either through his own efforts or in conjunction with parents and teachers, for example, participant and parent involvement in the "Rewards System".
According to measurements employed across the four academic quarters, in no instance was there any evidence to suggest any participant improvement from non-attendance to partial attendance or from partial attendance to non-attendance for the participant.

Despite the current lack of long-term data, the short-term efficacy of the interventions displayed in the WSA/PC intervention program could be described as positive and promising for further study in this area of school refusal. Moreover, in an examination of the literature regarding empirically supported treatments, interventions yielding short-term effects can be very important even in the absence of longer-term effects (Kazdin & Kendall, 1998). Thus, it can concluded post-WSA/PC and during follow-ups the short term effects of the WSA/PC intervention program relate to a degree of further academic achievement, increased social involvement and enhanced self-efficacy as opposed to that of the pre-WSA/PC. However, such advantages would need to be systematically assessed before the benefits of a short-term return to school in the absence of a full-time return to school could be confirmed.

Selection of WSA/PC Intervention Program

The selection of the WSA/PC intervention program in this study is discussed in relation to the following criteria:

- working with a young adolescent;
- communication with caregivers;
- consultation with school community; and
- alternative approaches.

Working with a Young Adolescent

In working with a young adolescent and parents, a strong emphasis is placed upon being well prepared for the participant's school return. The participant was introduced to basic coping strategies to get him through the day, and parents were led to consider their responses to a range of possible scenarios for the child's return. While being careful not to cultivate anxiety about possible problems, it is noted that possible "hiccups" may occur in order to reduce the chance that parents would be overcome with anxiety or anger in the face of such events.

Throughout the entire pre-WSA/PC an emphasis was placed upon the development of a rapport with the participant, with the expressed aim of facilitating a rapid return to school. He initially displayed considerable resistance to attend any clinician interviews.

The lack of parental commitment to manage a child's school attendance may invite and indicate the value of working with a young adolescent. In the current study, pre-WSA/PC, due to separation, the parents were practically powerless to do little regarding their son's school refusal.

The mother virtually "gave up". The father was kept in "the dark" regarding his child's school-refusing behaviours. Moreover, the situation had deteriorated to "school withdrawal", where the mother had virtually condoned the child's non-attendance at school and the school had not responded with any positive programs to assist the child to return to school. However, this is a study where the parents were brought together. They exhibited concern and commitment in both principle and practice in endeavouring to manage their child's school attendance.

The participant's anxiety-based behaviour is characteristic of school refusal, but where the parents wax and wane in their desire and efforts to seriously address the problem the participant receives the wrong messages about his expectations in relation to attending school. Pre-WSA/PC the participant was especially uncooperative and unmotivated to return to school; however, working directly with the participant's mother established a basis to challenge him to return to school.

In this study it is clear school attendance was one of a number of issues the participant was experiencing, in particular developing an ongoing conflict with his mother. For example, questioning her authority by wandering down to the local shopping mall after school against his mother's expressed concerns. The attitude being, `I can do whatever I want'.

This attitude created a child-parent conflict when the child was punished, for example, by the withholding of pocket money. Moreover, it was apparent the participant was exhibiting signs of oppositional and defiant behaviour disorder.

This case study managed to assist both parents and participant to work together to not only resolve the school non-attendance problem, but also reduce the likelihood of the escalating conflict within the home and further damaging the fragile mother-son relationship.

It is apparent post-WSA/PC program the participant did not want to return to his previous school. This was confirmed through irregular attendance. The participant exhibited a great deal of anxiety about attending his previous school through his own admission regarding teasing or bullying episodes. It is possible the participant was exhibiting more than one possible factor affecting his attendance at school i.e. mother-child separation, sibling rivalry or parent separation. Therefore a move away from this "unsafe" school environment was the first strategic intervention to be implemented.

Communication with Caregivers

It is apparent the participant displayed high levels of oppostional and defiant behaviour, and parental involvement was necessary. The participant portrayed much resistance to the parental efforts to return him to school which saw the parents ultimately "back away", and thereby the participant became a perennial non-attender at school.

Parents and families of children identified with school refusal are typically conscientious and loving, and because the onset of school refusal is usually sudden, it often catches them off guard. By the time that a diagnosis has been formulated, the behaviour already may be cemented in the child. The bottom line for the family is to get the child to school and to understand that staying home is not an option. Consistency and firmness are essential components for the success of family intervention. A child with school refusal may test parental determination in regard to school attendance, so it may be necessary for intervention to be the responsibility of the parent who is better suited to imposing a stringent structure in an unemotional manner.

As mornings can be difficult times for both the school refuser and the family that child is a part of, it is helpful to establish a regular morning routine. Parents should avoid asking the child how the child feels.

The assumption should be that if children are up and around, then they are well enough to go to school. If they complain about having various ailments, parents should either ignore them or else briefly respond.

A study of the long-term adjustment of school refusers indicate those who returned to school tended to come from families where the parents had a more stable and less argumentative relationship (Valles & Oddy, 1984). If over time, a lack of parent responsibility appears to be unrelenting, an alternative approach is to focus efforts upon the child. This was a case where the parents needed to submit to some form of professional counselling so they can regain some control in the management of their child's behaviour, including school refusal behaviour. Here, there is a follow-up through the child's impetus to attend school.

Consultation with School Community

In many instances the level of parental cooperation and commitment has been associated with treatment outcomes (Kennedy, 1965; Blagg & Yule, 1984). A number of clinical studies have suggested that working with parents seems indicative, but simultaneous involvement with school personnel is equally important.

This involvement may organise other students to assist in:

- finding his way around school grounds; and
- not feeling left out at recess or lunch.

Supportive involvement of school personnel make special arrangements for the child as this may reduce the likelihood of the child experiencing greater anxiety and have greater success to attend school on a regular basis.

Alternative Approaches

New behavioural strategies such as social skills training appear to be particularly relevant regarding the management of school-refusing behaviours. Training parents to manage their children's problems has proved successful in the behavioural treatment of other disorders, but this needs to be more systematically investigated in the area of school refusal (Heyne et al., 1998). The involvement of parents and teachers in the minimisation of school refusal has the advantage of providing a broad base of environmental support for the behaviour of the child.

This study recommends for future research, in certain circumstances before intervention begins, a team of professionals should complete a comprehensive assessment of the student's mental and physical health as well as the student's educational status. A physician or school nurse can provide the student's medical history and current health status. Mental health professionals may assess the school refuser by employing a variety of methods, including interviews, self-report instruments, parent and teacher reports, and observation of the child in a classroom setting. Based on evaluation of the assessment results, the team and parents can then decide on appropriate intervention strategies.

As the causes of school refusal are varied, so too are the intervention strategies to be employed in dealing with the disorder. While the ultimate goal of the treatment is to help the child learn how to control and manage their thoughts and behaviour, the treatment depends on the child's personality, family, and school setting. As the current study suggests school refusal is a complicated problem that may require a combination of different treatments.

Therapy strategies, designed and conducted by mental health professionals, aim to teach the child new ways to cope with anxiety and separation stress. According to Rettig and Crawford (2000), behavioural treatment strategies that appear to be effective include:

- relaxation training (breathing exercises, visualisation, or meditation);
- systematic desensitisation (gradual re-entry to school environment);
- emotive imagery (building and using positive self-concept strategies);
- contingency management procedures (a hierarchy of rewards and consequences linked to school attendance); modeling (imitation of appropriate peer behaviour);
- cognitive restructuring (modification of behaviour and emotion by thought change); and
- extinction (ignoring tantrums and illness complaints).

When other types of intervention are not working, it may be necessary to resort to medications, such as Prozac, Zoloft, Paxil, Tofranil, or Xanax, to help reduce anxiety symptoms which are the result of school refusal. However, because side effects such as nausea, weight loss/gain, sleep difficulties, and blurred vision are possible when the child is using such medications, supervision by parents, teachers, the school nurse, and the family physician are essential (Rettig & Crawford, 2000).

The fact that although the participant was attending school on a regular basis, he was displaying "chronic lateness" for school. (Refer to Appendix D.) This raises the question about the most appropriate method of treatment. The strategies employed in this study during follow-ups included a "Rewards System" to maintain regular attendance and a "Positive Reinforcement Behaviour" incentives to combat chronic lateness.

Further research may be warranted to ascertain the positive "spin offs" associated with non-attendance. Even with such knowledge and a guide to an associated treatment program, it is possible some school refusers will not respond to any of the approaches indicated hereunder:

- rewards system/positive reinforce behaviour incentives (parents/teachers);
- an adolescent group program, the process of generating and learning responses for coping with school attendance in lieu of one to one counselling (school counsellor); and
- cognitive approach (school-based programs, for example, Language and Learning Skills).

However, further research is needed to explore the viability regarding each of these alternative approaches to meeting the overall continuing challenge of school refusal.

Methodological Overview

Although the research was not supported by similar studies, the results of this case study are encouraging with respect to a whole school approach underpinned by effective pastoral care. The methodological overview presents the strengths; limitations; and an overview of grounded theory associated with the current study.

Strengths

The qualitative researcher relies on social interaction, whereas the quantitative researcher is detached and has to rely on more remote inferential empirical materials. However, although Denzin and Lincoln (1994) point out that, `Quantitative researchers regard the empirical materials produced by the softer, interpretative methods as unreliable, impressionistic, and not objective' (Denzin & Lincoln, 1994, p. 5.), it is more likely not being detached from the participant is a strength of qualitative research.

Although quantitative and qualitative researchers share a similar focus in attempting to capture the individual's perspective through their preferred paradigms, it would seem the qualitative researcher, by being directly involved with the participant, may get closer to the participant's perspective. This is the case with the WSA/PC intervention program employing action research and case study methods.

Limitations

There are a number of methodological limitations which warrant consideration. Firstly, while aspects of the single case study support its multi-strategic and clinical validity, generalisation to the population of school refusers is restricted. For example, with the inclusion of a control group the potential effectiveness of the interventions would be made clearer overall in a wider school-based study. Therefore, efforts to establish the effectiveness of the current study is needed.

The generalisation of the results is also called into question for those school refusers who display anti-social characteristics. However, future research could test the current interventions, and variations of them with different populations, such as the population of school refusers who also display anti-social characteristics, and those who present with depression in the absence of an anxiety disorder (Heyne et al., 1998). Therefore, different interventions may be needed for different types of school refusers.

Secondly, due to the adequacy of different control groups it may be prudent to accept a null result and conclude that the strategies and outcome measures relative to the WSA/PC intervention program are adequate. However, with an adequate and effective follow-up, it is therefore possible to have more confidence in the current results, although replication with a larger sample is preferable.

Perhaps a third and complex methodological issue pertains to the comparability of the treatment conditions with respect to the clinical aspect and some researcher bias. By virtue of this study there was no clinician involved in child therapy or parental training.

Finally, time constraints prevented the assessment of longer-term functioning via follow-ups at greater intervals post-WSA/PC. Given the significant change in child functioning over two academic quarters it is quite possible that further changes may occur over a longer period of time. Here the theory is whilst the participant remains at school with a continuing whole school approach underpinned by effective pastoral care there is a likelihood regular attendance ought to continue.

A lack of a united systematic approach to pastoral care towards Catholic schools in the diocese in Melbourne meant commitment and frequency in schools is varied. No two schools are the same. As this study is underpinned by the pastoral care programs of a Christian Brothers College, it could be argued that its focus is narrow and the results are particular to the institution. In any event future research would clearly benefit from longer-term follow ups, perhaps at yearly intervals at least until the adolescent has reached school-leaving age. Moreover, the study could be replicated at another school with a similar pastoral care program.

As this study incorporated both qualitative and quantitative paradigms, quantitative researchers may argue that a fundamental limitation underpinning qualitative research is generalisation. Walford states that `the method requires a focus on a very small number of sites, yet there is often a desire to draw conclusions which have a wider applicability than just those single cases' (Walford, 2001, p. 15.).

Taking both sides of the argument into consideration, it must be acknowledged the underlying weakness of qualitative research may be generalisation because unless comparative studies are made of particular issues one cannot generalise from a single case study unless one makes unwarranted assumptions about the wider population.

Gorard is of the opinion that, `the supposed distinction between quantitative and qualitative paradigms appears to be in essence a distinction between traditional methodology rather that between underlying philosophies, paradigms or methods of data collection' (Gorard, 2001, p. 6.). However, some authors, such as Stake (1995) argue if researchers give full and detailed descriptions of the particular issue studied, researchers can make informed decisions about the applicability of the findings to their own or other situations (Walford, 2001, p. 15).

Grounded Theory: Overview

Grounded theory is often perceived as a method that separates theory and data, but others insist that the method actually combines the two. Data collection, analysis and theory formulation is undeniably connected in a reciprocal sense, and the grounded theory approach incorporates explicit procedures to guide this. This is especially evident in that according to grounded theory, the process of asking questions and making comparisons are specifically detailed to inform and guide analysis and to facilitate the theorising process.

For example, it is specifically stated that the research questions must be open and general rather than formed as a specific hypotheses, and that the emergent theory should account for a phenomenon that is relevant to the participants.

According to Strauss, Anselm, Corbin and Juliet (1990) there are four primary requirements associated with a good grounded theory:

1. It should fit the phenomenon, provided it has been carefully derived from diverse data and is adherent to the common reality of the area;
2. It should provide understanding, and be understandable;
3. Because the data is comprehensive, it should provide generality, in that the theory includes extensive variation and is abstract enough to be applicable to a wide variety of contexts; and
4. It should provide control, in the sense of stating conditions under which the theory applies and describing a reasonable basis for action.

The order of the sorted memos provides the researcher with the skeleton, and many of the words. During this study, a grounded theory worked through the following mostly-overlapping phases such as:

- Data- collection

Interviews are frequently the main source of the information employed in developing the theory, however, any data collection methods can be used.

- Note-taking

Note-taking was primarily focused on each data-collection session. Extra interviews were scheduled to obtain further data.

- Coding

Coding was kept adjacent to interview notes.

- Memoing

In particular, memoing was employed linking participant's relationships with parents and teachers.

- Sorting

Sorting occurred after all categories were saturated.

- Writing

Writing occurred after sorting.

In short, data collection, note taking, coding and memoing occur simultaneously from the beginning. Sorting occurs when all categories are saturated, then writing occurs after sorting.

Impact of Recent Research

This study describes the application of a whole school approach underpinned by effective pastoral care (WSA/PC) with a young adolescent male to address his school refusal. The adolescent presented with severe school refusal with oppositional and defiant behaviour. The intervention was delivered over the period of four academic quarters, being the end of the first academic quarter, the entire second academic quarter and over the third and fourth academic quarters being employed as follow-ups. A number of factors were required to be addressed prior to implementing the WSA/PC intervention program. The participant refused to return to his previous school so it was agreed between the participant and his mother a changeover of school was necessary. Enrollment in the present school was completed two days prior to the end of the first academic quarter thus enabling a smooth transition.

It was further decided to drop the participant back from Year 9 to Year 8 so he would be able to cope with the academic load and mix with boys more of his own age. In this way the school was able to adjust the curriculum to the participant's needs. Following the implementation of the WSA/PC intervention program, the adolescent exhibited a rapid return to school and thereby an improvement school attendance ensued. The participant reported an increased ability to cope with school situations and a reduced level of anxiety. (Refer to Table 4.6: FT.) Reports by the adolescent's parents and teachers suggest that, after the WSA/PC intervention program the participant was displaying fewer internalsing and externalising behaviours (Refer to Table 4.11: CBCL & Table 4.12: TRF.)

Key factors in the success of this intervention were deemed to be:

- a changeover of school;
- assisting the participant to become involved in the culture of the college; and
- positive reinforcement regarding school attendance.

Another important factor in the minimsation of school-refusing behaviours is the support and encouragement of the staff and school personnel. Therefore, time spent by staff developing a workable relationship may be of particular importance when teaching oppositional adolescents who seem unmotivated in the school situation. Ollendick and King (1998) are of the opinion the best understanding of the factors contributing to an individual's school refusal behaviour is gained by conducting a thorough assessment with the parents, the child, and significant others such as teachers using multi-method, multi-source problem solving approaches.

On the basis of follow-up studies, the literature review has indicated there is a need for treatment strategies which facilitate the child's complete social and emotional adjustment to school and its demands. New behavioural studies such as social skills training appear to be relevant to school refusers. Training presents to manage their children's problems has proved successful in the behavioural treatment of other disorders, but needs be more systematically investigated in the area of school refusal. Involvement of parents and teachers in the treatment of school refusal has the advantage of providing a broad base of environmental support for behavioural changes in the child.

Moreover, following his return to school, the participant's level of oppositional and defiant behaviour was reduced, and his mood improved. It may be explained the participant's school refusal behaviour and his defiant and oppositional behaviour may have been closely connected. It seems in all likelihood once the participant was assisted to attend school on a regular basis some normality returned to his life and those around him. A number of studies have pointed to the important role that parents can play in the minimisation of school refusal (e.g. Mansdorf & Lukens, 1987). In the current study, although the WSA/PC intervention program focused on the participant, and contact was limited to a few brief interviews with the participant's mother and his teachers, an important role was played by the participant's parents and his teachers who acted as participant observers.

The results suggest long-term change can be achieved throughout the implementation of the WSA/PC intervention program. This is evidenced in the participant's case where the WSA/PC intervention program which is seen to replace the mother in the mother-child relationship. This enables the school refuser to maintain low levels of separation anxiety. It was clear when interviewing the participant post-WSA/PC and during follow-ups the participant indicated he had no wish to call or see his mother as was the norm pre-WSA/PC.

The advantages to this WSA/PC intervention program approach is that parents are exposed in consultation with the school in behaviour management. One would suspect if the participant's parents would have had some knowledge of behaviour training he may have made an earlier return to school, and also this may have prevented the participant from repeating a year level. The obvious advantage in the role parents and teachers play is in the monitoring, maintenance of gains and the prevention of relapses.

This may be of some consequence for the participant as his mother has reported a re-emergence of a number of internalising behaviours which culminated in the participant's inability to complete his assessment work and consequently he did not want to attend school preferring to stay at home.

It is noted during the first follow-up period in the third academic quarter the participant was displaying a chronic lateness to school attendance. However, it is suggested it may be preferable to put up with the participant's lateness rather than have him be a perennial non-attender at school. This study describes and evaluates an intervention model based on a whole school approach underpinned by an effective pastoral care program. However, there are definite limitations to this program. The participant presented with school refusal and oppostional and defiant disorder, but this is not to say that clinical treatment may not be an option in the future.

Future Research Recommendations

A primary focus for further investigation is to determine the longer-term implications of the strategies as conclusions may vary over the course during different follow-up periods (Kazdin & Kendall, 1998). For example:

- does the whole school approach towards pastoral care lead to sustained maintenance of gains?
- does the participant take a backward step?
- are there obvious differences for individuals that necessitate different strategies?

Future research may also benefit from the assessment of children's parents and school expectations and motivation for change towards consideration of a whole school approach underpinned by effective pastoral care. By definition this means parents would need to demonstrate a commitment to return the child to mainstream schooling for teachers to identify change between school refusal and school withdrawal, and the school to commit adequate resources to help differentiate between the two.

As this study provides support for the use of the WSA/PC intervention program with a severe school refuser; further longitudinal studies may be needed to assess the durability of treatment gains for adolescents presenting with school-refusing behaviours. Planning for such programs is important. Such studies would aid in the analysis of any relapse or conversely continued adjustment and improvement in school-refusal behaviours.

Future research studies may consider further analysis of the effects in relation the pastoral care aspect of the WS/PC intervention program.

Most schools display some sort of pastoral care, but to what degree this is successful in assisting students who require special needs such as the minimisation and management of school-refusing behaviours is questionable. There also may be the need for ongoing support for some children, and while this may come in the form of further intervention from clinicians, alternatively parents and teachers may need to be trained in providing continued support. Ultimately, this is left to the devices of the school. Therefore, through the action research presented in this study there is scope to inform and instruct others in the area of school refusal.

As has been suggested in this study parental and school involvement is an integral part of the WSA/PC intervention program. While the WSA/PC intervention program has been shown to be effective with this single sample of a school refuser, it may be prudent to compare the results of this report to other research studies which incorporate an intervention involving parents and school personnel with direct child involvement. However, it is important to acknowledge parents and staff may have difficulties in dealing with school-refusal behaviours so it is necessary to examine what type of treatment is in the best interest of the school-refusing child (King et al., 1995).

Case study research must be adequately bounded (e.g. one student, one school) to permit the researcher to study a participant extensively (Towzer, 1990); for this reason, it has limited generalisability without replication. In this current study, extensive definitions and descriptions of the school refusal model, and results may suggest the WSA/PC intervention program is applicable.

It is important none-the-less, that further study of this intervention, as well as others, be undertaken to build and expand an integrated database for informing educators concerned with our students who suffer severe school refusal.

Conclusions

The participant in this study is an example of a student for whom parents and teachers often feel despair, believing conditions within the child preclude regular attendance at school. The investigation provided here indicates, at least for the participant, this is not the case.

Despite a fairly difficult and traumatic history during which his mental outlook appeared unalterably resistant to attending school, it was possible to implement multiple strategies that allowed a successful return to school. The participant's attitude to school still needs to be "reprogrammed" so he can understand some formal education will be necessary for the workplace. With an improved attitude his capacity to become involved and concentrate on the school situation may also improve.

However, the base issue is his self-perception and perhaps his immaturity. The participant's cognitive and metacognitive skills are not fully utilised. As such, he does not understand the rationale behind education and can obstructively refuse to engage because the work bears little relevance to his life experience. Assisting the participant with his "special needs" at school, particularly with Learning and Language Skills (LALS), will hopefully ensure his retention and provide him with avenues for accomplishment.

The question must be posed: What led to a severe school refuser displaying regular school attendance? The reasons given by the participant are outlined as follows:

- by changing schools Adam viewed this as a "new beginning";
- he was away from the overpowering influence of his older brother;
- he was away from the student who he was afraid of who teased and bullied him;
- he was put back a year from year 9 to year 8 to be more comfortable with peers and the academic load;
- no peer group pressure;
- given extra assistance by some subject teachers (LALS); and
- given a smooth transition by school personnel.

Further research findings, also of statistical significance such as impediments to school attendance, showed boys more so than girls tended towards boredom and a lack of motivation in curriculum. Some impediment factors increased in degrees, as students grew older. These included alcohol and drug abuse; drug dealing by students; a community environment of drugs and alcohol; dieting, body image; and an unattractive school setting (Stainsby, 2001).

Curriculum is based on school policy that enshrines community ethos. This study puts forward suggestions that may assist the school refuser in coping with the curriculum such as:

- an integrated curriculum with varies options;
- alternative and gender related-related curriculum initiatives;
- inclusion of competitive sports, aesthetic and work experience and community services

- attention to students with special learning needs;
- a student – teacher mentor;
- zone or `School Education Resource Teams';
- involvement in the school community in programs such as `School Reading', `Healthy Living', and `Drug and Alcohol' programs; and
- fostering community ownership through school projects such as: landscape initiatives and working bees.

It is envisaged an early alleviation of impediments to school attendance will avoid more serious problems alter on in the life of a school refuser. Therefore, it is recommended that an effective monitoring of school attendance patterns be considered. This would include the following measures:

- the availability of school-home liaison officers to follow-up on students failing to answer roll call;
- a check on students on the whereabouts of students excluded or attending on a partial basis;
- an appropriate communication process to ensure negotiated transfer of students are actually attending their new school;
- the provision of alternatives to school refusal; and
- a decision to make expulsion an option of last resort.

This study has also discussed the development of preventative approaches such as parent and teacher education, school entry programs and early identification programs. These approaches represent diverse ways in which the problem of school refusal may be reduced.

These preventative strategies and the abovementioned preventative measures regarding the understanding and treatment of school refusal could become part of a much needed revitalised approach to the study of this complex childhood disorder. School refusal is a certain disorder in need of attention and intervention. Relevant treatment approaches must include parents, teachers, counsellors, and even mental health professionals. Flexibility and creativity are needed in creating solutions for the child with school refusal. While this condition won't disappear overnight, with intervention and patience a child can learn to overcome fear of school. This study has shown that the WSA/PC intervention program provides an effective means of treatment for anxious school-refusing behaviours. Not only did caregivers, teachers and school personnel view positive changes in the participant post-WSA/PC, increased attendance rates accompanied these changes.

While credence can thus be given to the use of the WSA/PC intervention program future research may demonstrate the use of the WSA/PC intervention program in the general field of school-related absenteeism.

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Appendix A

OUTCOMES OF RECENT RESEARCH

Findings

My research suggests that Adam is a student with special needs. He has learning difficulties because he is an inactive learner who does not get actively involved in the learning process. Adam's behaviour is one of passive resistance towards schoolwork and school generally. It is evident Adam needs to work through a number of issues before his literacy standards improve to his Year level. Most notably his spelling needs to be addressed.

Recommendations

Wellbeing:

- Adam should be referred to an occupational therapist at the Royal Children's Hospital to assist with the tremor in his hands to improve his handwriting.
- Adam's brother should be referred to the school Welfare Coordinator to be counselled about his bullying of Adam.
- Adam's classmate who is bullying him should also be counselled by the school Welfare Coordinator.
- Adam should spend more time with his father as adolescents need a male role model at this age. This will also allow the tense situation at home to calm.
- Adam's mother should see a counsellor to work through her issues with Adam.

Behavioural:

- A whole school approach i.e. Adam, parents, teachers, school and community should be implemented to assist Adam to work through issues affecting his life.

Conclusion

Adam's attitude to school needs to be 'reprogrammed' so that he can understand that some formal education will be necessary for the workplace. With an improved attitude Adam's capacity to become involved and concentrate may also improve. Some strategic interventions and tutoring may be useful to elevate Adam's literacy skills. However, the base issue is his self-perception and perhaps his immaturity. At almost fourteen years of age he is still very young and his cognitive and metacognitive skills are not developed.

As such he does not understand the rationale behind education and can obstructively refuse to engage because the work bears little relevance to his life experience. Assisting Adam with his `special needs' at school, particularly with literacy skills, will hopefully ensure his retention and provide him with avenues for accomplishment.

Appendix B

ATTENDANCE REGISTER: FIRST ACADEMIC QUARTER

Victorian Government Secondary School
Non-attendance for Adam during the period 31/01/02 - 28/03/02

Date	Type	Reason	Acceptable	Comments
31/01/02	AFS	Unexplained	No	Nil
05/02/02	AFS	Unexplained	No	Nil
06/02/02	AFS	Unexplained	No	Nil
07/02/02	AFS	Unexplained	No	Nil
08/02/02	AFS	Unexplained	No	Nil
11/02/02	LFS	Unexplained	Yes	Nil
12/02/02	AFS	Illness	Yes	Note from mum
14/02/02	AFS	Unexplained	No	Nil
15/02/02	AFS	Unexplained	No	Nil
18/02/02	AFS	Illness	Yes	Note from mum
19/02/02	AFS	Unexplained	No	Nil
20/02/02	AFS	Unexplained	No	Nil
21/02/02	AFS	Unexplained	No	Nil
22/02/02	AFS	Illness	Yes	Mum phoned office
25/02/02	AFS	Unexplained	No	Nil
27/02/02	AFS	Unexplained	No	Nil
01/03/02	AFS	Unexplained	No	Nil
07/03/02	AFS	Unexplained	No	Nil
08/03/02	AFS	Unexplained	No	Nil
11/03/02	AFS	Unexplained	No	Nil
13/03/02	AFS	Unexplained	No	Nil
20/03/02	AFS	Unexplained	No	Nil
25/03/02	AFS	Unexplained	No	Nil
27/03/02	AFS	New school interview	Yes	With father
28/03/02	AFS	Unexplained	No	Nil

ABS (Absent From School) 24

LFS (Late For School) 1

Total Days (Non-Attendance) 25

Appendix C

ATTENDANCE REGISTER: SECOND ACADEMIC QUARTER

Christian Brothers' College
Non-Attendance for Adam during the period 29/04/02 - 27/06/02

Date	Type	Reason	Acceptable	Comments
29/04/02	AFS	Illness	Yes	Mum phoned school
02/05/02	AFS	Unexplained	No	No answer at home
07/05/02	AFS	Refused school	Yes	Mum phoned school
09/05/02	AFS	Refused school	Yes	Mum phoned school
10/05/02	LFS	Late	Yes	Nil
20/05/02	LFS	Late	Yes	Nil
22/05/02	AFS	Refused school	Yes	Father contacted school
24/05/02	LFS	Late	Yes	Nil
27/05/02	LFS	Late	Yes	Nil
28/05/02	AFS	Refused school	Yes	Mum phoned school
29/05/02	AFS	Refused school	Yes	Mum phoned school
3105/02	LFS	Late	Yes	Nil
04/06/02	LFS	Late	Yes	Nil
07/06/02	AFS	Late	Yes	Nil
11/06/02	LFS	Late	Yes	Nil
12/06/02	LFS	Illness	Yes	Mum phoned school
13/06/02	LFS	Late	Yes	Nil
17/06/02	LFS	Late	Yes	Nil
18/06/02	LFS	Late	Yes	Nil
19/06/02	LFS	Late	Yes	Nil
20/06/02	LFS	Late	Yes	Nil
21/06/02	LFS	Late	Yes	Nil
24/06/02	LFS	Late	Yes	Nil
25/06/02	LFS	Late	Yes	Nil
26/06/02	LFS	Late	Yes	Nil
27/06/02	LFS	Late	Yes	Nil

ABS (Absent From School)	8
LFS (Late For School)	18
Total Days (Non-Attendance	26

Appendix D

ATTENDANCE REGISTER: THIRD ACADEMIC QUARTER

Christian Brothers' College
Non-Attendance for Adam during the period 17/07/02 - 19/09/02

Date	Type	Reason	Acceptable	Comments
17/07/02	LFS	Late	Yes	Nil
18/07/02	LFS	Late	Yes	Nil
19/07/02	LFS	Late	Yes	Nil
22/07/02	LFS	Late	Yes	Nil
29/07/02	RET	Retreat	Yes	Year 8 Tevlin Retreat
30/07/02	LFS	Late	Yes	Nil
01/08/02	LFS	Late	Yes	Nil
05/08/02	ABS	Illness	Yes	Mum phoned school
06/08/02	LFS	Late	Yes	Nil
13/08/02	LFS	Late	Yes	Nil
20/08/02	LFS	Late	Yes	Nil
22/08/02	LFS	Late	Yes	Nil
26/08/02	LFS	Late	Yes	Nil
28/08/02	LFS	Late	Yes	Nil
29/08/02	LFS	Late	Yes	Nil
30/08/02	LFS	Late	Yes	Nil
02/09/02	LFS	Late	Yes	Nil
03/09/02	LFS	Late	Yes	Nil
04/09/02	LFS	Late	Yes	Nil
06/09/02	LFS	Late	Yes	Nil
09/0/02	LFS	Late	Yes	Nil
10/09/02	LFS	Late	Yes	Nil
11/09/02	LFS	Late	Yes	Nil
12/09/02	LFS	Late	Yes	Nil
13/09/02	LFS	Late	Yes	Nil
16/09/02	ABS	Illness	Yes	Mum phoned school
17/09/02	LFS	Late	Yes	Nil
18/09/02	LFS	Late	Yes	Nil
19/09/02	LFS	Late	Yes	Nil

ABS (Absent From School)	2
LFS (Late For School)	26
RET (Year 8 Retreat)	1
Total Days (Non-Attendance)	29

Appendix E

ATTENDANCE REGISTER: FOURTH ACADEMIC QUARTER

Christian Brothers' College
Non-Attendance for Adam during the period 08/10/02 - 05/12/02

Date	Type	Reason	Acceptable	Comments
08/10/02	LFS	Late	Yes	Nil
09/10/02	LFS	Late	Yes	Nil
10/10/02	LFS	Late	Yes	Nil
14/10/02	LFS	Late	Yes	Nil
16/10/02	LFS	Late	Yes	Nil
17/10/02	LFS	Late	Yes	Nil
21/10/02	LFS	Late	Yes	Nil
22/10/02	LFS	Late	Yes	Nil
23/10/02	LFS	Late	Yes	Nil
24/10/02	LFS	Late	Yes	Nil
29/10/02	LFS	Late	Yes	Nil
30/10/02	ABS	Refused School	Yes	Didn't want to go to school
31/10/02	LFS	Late	Yes	Nil
05/12/02	LFS	Late	Yes	Nil

ABS (Absent From School)	1
LFS (Late For School)	13
Total Days (Non-Attendance)	14

Appendix E

STUDENT REPORT

Name: Andrew | **Form: 8KN**

Unit:

YEAR 8 ENGLISH

Semester 2, 2001

Unit Result: **S**

Unit Description:

Year 8 English builds on the skills acquired in Year 7. It aims to further develop the skills of reading, writing and speaking, using the set novels. It encourages the communication of ideas and information with appropriate length and complexity.

Attitude/Application:

	A	U	S	R
class participation			✔	
ability to follow instruction			✔	
homework		✔		
comes prepared for class			✔	
submits work on time			✔	
productive use of class time			✔	

Key: *A = Always* *U = Usually*
S = Sometimes *R = Rarely*

Skills:

	VG	G	S	N
Writes competently in a range of styles			✔	
Speaks confidently			✔	
Listens actively			✔	
Reads and views with understanding			✔	
Interacts effectively with others			✔	
Maintains an organised workbook			✔	

Key: *VG = Very Good* *G = Good* *S = Satisfactory* *N = Not Satisfacto.*

Assessed Learning Outcomes

1. Writing folio	D
2. Text response	D
3. Issues and arguments	D
4. Oral activities	D

Comments:

Andrew completed most of the work requirements for this semester. Andrew usually worked hard in class and most of his written work was of a satisfactory standard. He sometimes participated in class discussions and at times he worked cooperatively with other students. Andrew wrote competently in a range of styles and he has satisfactory writing skills. Andrew shows an ability to analyse texts and this was demonstrated in his text responses. Andrew read widely and completed most of his book reports. He completed most of his homework.

Well done!

Achievement on the Curriculum Standard Framework:

STRANDS	4	5	6	6ext
SPEAKING AND LISTENING		C		
READING		C		
WRITING		C		

Key: *E = Established*
C = Consolidating
B = Beginning
The appropriate csf level for th year level is shaded.

Teacher's Name: Mr P. JELLIE

Teacher's Signature:

STUDENT REPORT

Name: Andrew Appendix G **Form:** 8

Unit: **YEAR 8 PHYSICAL EDUCATION** **Semester 2, 2001**

Unit Description: **Unit Result:** S

In this unit students develop their motor skills in a wide variety of cooperative and competitive activities. Students work in groups to plan strategies and practise drills for offensive and defensive play. They explore a range of concepts related to physical acivity, and examine strategies to promote physical activity in the community.

Attitude/Application:

	A	U	S	R
class participation				✔
ability to follow instruction		✔		
homework			✔	
comes prepared for class				✔
submits work on time			✔	
productive use of class time		✔		

Key: *A = Always* *U = Usually* *S = Sometimes* *R = Rarely*

Skills:

	VG	G	S	N
Cooperation with other students		✔		
Maintenance of workbook			✔	
Coordination		✔		
Practical skills			✔	
Teamwork		✔		
Fitness		✔		

Key: *VG = Very Good* *G = Good* *S = Satisfactory* *N = Not Satisfact*

Assessed Learning Outcomes

1. Preparation and participation	E
2. Skills assessment	C
3. Fitness assessment	C
4. Assignments	E

Comments:

Andrew has been far too frequently unprepared for PE class. His participation levels in class have also been inadequate, lacking the commitment and enthusiasm required at this level. Andrew has demonstrated adequate skills in most activities undertaken this semester although his lack of involvement has made it difficult for him to develop skills. Andrew's general fitness levels are of a good standard. Andrew has only submitted one required written tasks this semester. He will need to be much better organised and pay much closer attention to this aspect of the course in the future.

Achievement on the Curriculum Standard Framework:

STRAND	4	5	6	6ext
MOVEMENT AND PHYSICAL ACTIVITY		(shaded)		

Key: *E = Established*
C = Consolidating
B = Beginning
The appropriate csf level for t year level is shaded.

Teacher's Name: Ms E. KELSON **Teacher's Signature:**

Appendix H

CHRISTIAN BROTHERS' COLLEGE ST KILDA

Year 8 English Report

Andrew **Semester 1, 2002**

Tutor Group - Tevlin Four

DESCRIPTION OF UNIT:
Year Eight English endeavours to enrich all of the linguistic skills that have been established in a student's previous years of study. Students work on the improvement of their reading, writing, listening and speaking skills through the study of set texts, grammar and comprehension activities, and the presentation of an participation in prepared talks and group activities. All students are required to keep a log of private reading to help enhance their skills.

WORK REQUIREMENTS	COMPLETION	ASSESSMENT
1. Writing Folio	Satisfactory	C+
2. Text Response – 1	Not Assessed	Not Assessed
3. Film as Text Response – 2	Satisfactory	B
4. Oral Work	Not Assessed	Not Assessed
5. Reading Log	Satisfactory	-

GENERAL ASPECTS	ASSESSMENT
Work is submitted punctually	Usually
Displays appropriate classroom behaviour	Consistently
Uses class time productively	Consistently
Is punctual	Consistently
Works independently when required	Consistently
Is well organised	Usually

LEARNING OUTCOMES	ASSESSMENT
Text	
Writing – Use a range of text types to write about some challenging themes and issues in writing.	**Consolidating**
Reading/Viewing – Read and justify interpretation of a range of texts that present some challenging themes and issues.	**Consolidating**
Speaking & Listening – Listen to and produce a range of spoken texts dealing with some challenging themes and issues.	**Consolidating**
Contextual Understanding	
Writing – Adjust writing for a range of contexts, purposes and audiences.	**Consolidating**
Reading/Viewing – Explain possible reasons for different interpretations of a text.	**Consolidating**
Speaking & Listening – Discuss critically the spoken language use of others and select, prepare and present spoken texts for specified purposes and audiences.	**Consolidating**

COMMENT: **Andrew has produced work of a pleasing standard this semester. He may be helped by concentrating carefully on the technical skills of English such as spelling and punctuation. Due to Andrew joining the class mid-semester, he was awarded NA for some assessment tasks which were completed prior.**

TEACHER: Ms. Kate Fleming

Appendix I

CHRISTIAN BROTHERS' COLLEGE ST KILDA

Year 8 Physical Education Report

Andrew **Semester 1, 2002**

Tutor Group - Tevlin Four

DESCRIPTION OF UNIT:
Semester One focuses on the Learning Outcomes listed in the CSF at Level 5. The curriculum is based on the learning themes: i) Health of Individuals and Populations; ii) Movement and Physical Activity; iii) Self and Relationships.

WORK REQUIREMENTS	COMPLETION	ASSESSMENT
SKILL ACQUISITION	Satisfactory	Not Assessed
UNIT TESTS	Satisfactory	E
JOURNAL All writing tasks, homework, text responses	Satisfactory	C+
PROJECT Major piece on one Learning Outcome	Satisfactory	E+

GENERAL ASPECTS	ASSESSMENT
Work is submitted punctually	Usually
Displays appropriate classroom behaviour	Usually
Uses class time productively	Usually
Is punctual	Usually
Works independently when required	Usually
Is well organised	Usually

LEARNING OUTCOMES	COMPLETION
MOVEMENT AND PHYSICAL ACTIVITY	
▪ Aquatic Activities	**Not Assessed**
▪ Swimming	**Not Assessed**
▪ Australian Rules	**Not Assessed**
▪ Athletics	**Not Assessed**
▪ Modified Games	**Not Assessed**
▪ Basketball	**Not Assessed**
▪ Soccer	**Not Assessed**

LEARNING OUTCOMES	ASSESSMENT
MOVEMENT AND PHYSICAL ACTIVITY	
▪ Perform proficiently, motor skills which are appropriate to specific games, activities and sports	**Consolidating**
HEALTH OF INDIVIDUALS AND POPULATIONS	
▪ Demonstrates knowledge and understanding of the body systems	**Beginning**
▪ Identify foods that are nutritious and assess what a healthy diet comprises	**Beginning**

COMMENT: Andrew has missed quite a bit of class which makes it difficult for him to perform to the best of his ability. In addition, due to poor levels of participation, Andrew's physical skills have not been assessed.

TEACHER: Mr. Stephen Grace

Appendix J

CHRISTIAN BROTHERS' COLLEGE ST KILDA

Year 8 Language and Learning Skills Report

Andrew **Semester 1, 2002**

Tutor Group - Tevlin Four

DESCRIPTION OF UNIT:
The aims of English Enrichment are to improve confidence, participation, literacy skills and understanding in the completion of school-based tasks. During the year, the focus will be on:

- Writing, spelling, reading for expression and meaning, oral work and listening skills.

COURSE
1. Writing: English tasks based on "Hatchet" and "Call of the Wild", instructional and descriptive writing.
2. Spelling: Morphographic spelling and vocabulary extension work.
3. Reading for expression and meaning: Reading Log, habits, strategies and comprehension exercises.
4. Oral Language and Listening: Practice strategies and exercises in class.

GENERAL ASPECTS	ASSESSMENT
Work is submitted punctually	Not Assessed
Displays appropriate classroom behaviour	Consistently
Uses class time productively	Usually
Is punctual	Consistently
Works independently when required	Consistently
Is well organised	Usually

LEARNING OUTCOMES	ASSESSMENT
CONFIDENCE	
Is interested and enthusiastic	**Consolidating**
Is willing to attempt all tasks	**Consolidating**
PARTICIPATION	
Actively develops reading, writing, speaking and listening skills by using these skills at school and at home	**Established**
Stays on task and is focused	**Established**
USE OF SPECIFIC LITERACY SKILLS	
Reads for meaning	**Consolidating**
Reads aloud fluently and with expression	**Not Assessed**
Speaks fluently	**Consolidating**
Asks questions when unsure	**Consolidating**
Listens to answers/instructions	**Consolidating**
Writes developed ideas with clear thought and structure	**Established**
UNDERSTANDS AND USES STRATEGIES	
Follows all instructions	**Established**
Checks often for sense and meaning in texts or work	**Consolidating**
Remembers and uses specific strategies taught	**Consolidating**
Takes notes where necessary and uses student diary effectively	**Not Assessed**

COMMENT: Andrew has proven to be a keen and co-operative LALS student in the short time he has been with us. He usually applies himself diligently in class and contributes regularly and meaningfully to class discussions. He displays a high degree of imagination and generally expresses his ideas fluently.

TEACHER: Ms Amanda Wood

Appendix K

CHRISTIAN BROTHERS' COLLEGE ST KILDA

Year 8 Manual Arts Report

Andrew **Semester 1, 2002**

Tutor Group - Tevlin Four

DESCRIPTION OF UNIT:
Focussing on wood as the major material used, this unit aims to introduce students to concepts of Design, Production, Investigation and Evaluation, as well as examining broader issues relating to wood and trees and other materials.

WORK REQUIREMENTS	COMPLETION	ASSESSMENT
1. JOURNAL A book containing developmental ideas, experiments, trials, handout notes, observations and evaluations.	Satisfactory	A
2. INVESTIGATIVE WORK Investigate work/materials related to the production	Satisfactory	A
3. FOLIO Implement the design plan developing design options using appropriate techniques and equipment.	Satisfactory	A

GENERAL ASPECTS	ASSESSMENT
Work is submitted punctually	Consistently
Displays appropriate classroom behaviour	Consistently
Uses class time productively	Consistently
Is punctual	Consistently
Works independently when required	Consistently
Is well organised	Consistently

LEARNING OUTCOMES	ASSESSMENT
Creating, Making and Exploring **Exploring and developing ideas:** Uses observation, experiences and research to express ideas when completing production works.	**Established**
Using skills, techniques and processes : demonstrates the safe and correct use of a range of tools and equipment.	**Established**
Presenting : plans, selects and modifies three dimensional objects for presentation for particular occasions, taking into account factors such as purpose, space, materials and equipment.	**Established**
Investigation/Evaluation Use appropriate language to evaluate completed work with reference to construction, function and aesthetics.	**Established**
Past and Present Contexts Shows an understanding of the ways technology has developed, in particular, cultural and historical contexts.	**Established**

COMMENT: Andrew worked very well at all set tasks this semester.The quality of his work reflects due care and precision in the application of a wide range of skills and techniques in the production of his work. Andrew used all available tools and equipment in a safe, productive and appropriate manner, ensuring that the work he did was of a very high standard.

TEACHER: Mr. Damian Mahon

Appendix L

Fear Thermometer

name : ________________ *date :* ________

VERY SCARED 100

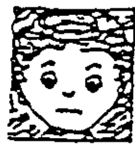
90

80

70

60

SCARED 50



40

30

20

10

NOT SCARED 0

Think about your worst day over the last two school weeks. How afraid were you of going to school on that day?

Then mark down how scared you would be about going to school tomorrow.

Appendix M

Fear Survey Schedule for Children-II

WHAT MAKES ME SCARED

Name: ____________________ Sex (circle one): Girl Boy

Age (in years): ____________________ Date of Birth: ____/____/____ Day Month Year

School: ____________________

Mother's Occupation: ____________________

Father's Occupation: ____________________

DIRECTIONS

Below are written a list of things and situations that make some people scared. Read each one carefully and tick the box in front of the words that best describe how scared you are.

There are no right or wrong answers.

Remember, find the words that best describe how scared you are.

1. Being teased	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
2. Rides like the Big Dipper	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
3. Being alone	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
4. Riding in a car or bus	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
5. Mice	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
6. Losing my friends	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
7. Being in closed places	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
8. Going to the doctor	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
9. Getting bad marks at school	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
10. Our country being invaded	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
11. Darkness	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
12. Nuclear war	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
13. Taking dangerous drugs	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
14. Having to talk in front of my class	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
15. Violence on TV	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
16. Spiders	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
17. Murderers	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
18. My parents criticizing me	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED

Item			
19. Being in a fight	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
20. Being kidnapped	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
21. Getting a serious illness	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
22. Meeting someone for the first time	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
23. Fire	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
24. Having an operation	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
25. Someone in my family dying	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
26. Making mistakes	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
27. My parents arguing	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
28. Cyclones	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
29. Myself dying	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
30. Being hit by a car or truck	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
31. Being sent to the principal	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
32. Ghosts or spooky things	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
33. Being threatened with a gun	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
34. Bushfires	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
35. Not being able to breathe	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
36. Getting punished by my dad	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
37. Failing a test	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
38. Drunk people	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
39. Snakes	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
40. My parents separating or getting divorced	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
41. Getting an electric shock	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
42. Someone in my family having an accident	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
43. Getting lost in a crowd	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
44. Having no friends	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
45. Someone in my family getting sick	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
46. Strange looking people	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED
47. Getting punished by mum	☐ NOT SCARED	☐ SCARED	☐ VERY SCARED

48. A burglar breaking into our house ..... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

49. Having bad dreams .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

50. Being alone at home .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

51. Rats .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

52. Going to a new school .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

53. Earthquakes .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

54. Getting an injection from a nurse ...... or doctor ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

55. Bees .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

56. Sitting for a test .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

57. Being bullied .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

58. Getting my school report .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

59. Thunder .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

60. Lizards .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

61. AIDS .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

62. Creepy houses .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

63. Tigers .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

64. Dead people .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

65. Getting lost in a strange place .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

66. Thunderstorms .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

67. Cemetries .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

68. Dingoes .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

69. The sight of blood .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

70. Looking foolish .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

71. Flying in a plane .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

72. Strangers .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

73. Having to go to hospital .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

74. Falling from high places .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

75. Sharks .... ☐ NOT SCARED ☐ SCARED ☐ VERY SCARED

Appendix N

Revised Children's Manifest Anxiety Scale

Surname: .... Given name: ....

Sex: .... Age: .... Country of birth: ....

School: .... Year: ...... Date: ....

Directions: Read each question carefully. Put a circle around the word YES you think it is true about you. Put a circle around the word NO if you think it is not true about you.

1. I have trouble making up my mind .... Yes No
2. I get nervous when things do not go the right way for me ...... Yes No
3. Others seem to do things easier than I can .... Yes No
4. I like everyone I know .... Yes No
5. Often I have trouble getting my breath .... Yes No
6. I worry a lot of the time .... Yes No
7. I am afraid of a lot of things .... Yes No
8. I am always kind .... Yes No
9. I get mad easily .... Yes No
10. I worry about what my parents will say to me .... Yes No
11. I feel that others do not like the way I do things .... Yes No
12. I always have good manners .... Yes No
13. It is hard for me to get to sleep at night .... Yes No
14. I worry about what other people think about me .... Yes No
15. I feel alone even when there are people with me .... Yes No
16. I am always good .... Yes No
17. Often I feel sick in my stomach .... Yes No
18. My feelings get hurt easily .... Yes No
19. My hands feel sweaty .... Yes No
20. I am always nice to everyone .... Yes No
21. I am tired a lot .... Yes No
22. I worry about what is going to happen .... Yes No
23. Other people are happier than I .... Yes No
24. I tell the truth every single time .... Yes No
25. I have bad dreams .... Yes No
26. My feelings get hurt easily when I am ~~fussed at~~ teased .... Yes No
27. I feel someone will tell me I do things the wrong way .... Yes No
28. I never get angry .... Yes No
29. I wake up scared some of the time .... Yes No
30. I worry when I go to bed at night .... Yes No
31. It is hard for me to keep my mind on my schoolwork .... Yes No
32. I never say things I shouldn't .... Yes No
33. I wiggle in my seat a lot .... Yes No
34. I am nervous .... Yes No
35. A lot of people are against me .... Yes No
36. I never lie .... Yes No
37. I often worry about something bad happening to me .... Yes No

Appendix O

Children's Depression Inventory

CD INVENTORY

NAME: ______________________

DATE: ______________

KIDS SOMETIMES HAVE DIFFERENT FEELINGS AND IDEAS.

THIS FORM LISTS THE FEELINGS AND IDEAS IN GROUPS. FROM EACH GROUP, PICK ONE SENTENCE THAT DESCRIBES YOU BEST FOR THE PAST TWO WEEKS.

AFTER YOU PICK A SENTENCE FROM THE FIRST GROUP, GO ON TO THE NEXT GROUP.

THERE IS NO RIGHT ANSWER OR WRONG ANSWER. JUST PICK THE SENTENCE THAT BEST DESCRIBES THE WAY YOU HAVE BEEN RECENTLY. PUT A MARK LIKE THIS X NEXT TO YOUR ANSWER. PUT THE MARK IN THE BOX NEXT TO THE SENTENCE THAT YOU PICK.

HERE IS AN EXAMPLE OF HOW THIS FORM WORKS. TRY IT. PUT A MARK NEXT TO THE SENTENCE THAT DESCRIBES YOU BEST.

EXAMPLE:

☐ I READ BOOKS ALL THE TIME

☐ I READ BOOKS ONCE IN A WHILE

☐ I NEVER READ BOOKS

REMEMBER, PICK OUT THE SENTENCES THAT DESCRIBE YOUR FEELINGS AND I[illegible]
IN THE PAST TWO WEEKS.

1. - [ ] I AM SAD ONCE IN A WHILE
   - [ ] I AM SAD MANY TIMES
   - [ ] I AM SAD ALL THE TIME

2. - [ ] NOTHING WILL EVER WORK OUT FOR ME
   - [ ] I AM NOT SURE IF THINGS WILL WORK OUT FOR ME
   - [ ] THINGS WILL WORK OUT FOR ME O.K.

3. - [ ] I DO MOST THINGS O.K.
   - [ ] I DO MANY THINGS WRONG
   - [ ] I DO EVERYTHING WRONG

4. - [ ] I HAVE FUN IN MANY THINGS
   - [ ] I HAVE FUN IN SOME THINGS
   - [ ] NOTHING IS FUN AT ALL

5. - [ ] I AM BAD ALL THE TIME
   - [ ] I AM BAD MANY TIMES
   - [ ] I AM BAD ONCE IN A WHILE

6. - [ ] I THINK ABOUT BAD THINGS HAPPENING TO ME ONCE IN A WHILE
   - [ ] I WORRY THAT BAD THINGS WILL HAPPEN TO ME
   - [ ] I AM SURE THAT TERRIBLE THINGS WILL HAPPEN TO ME

7. - [ ] I HATE MYSELF
   - [ ] I DO NOT LIKE MYSELF
   - [ ] I LIKE MYSELF

8. [ ] ALL BAD THINGS ARE MY FAULT
[ ] MANY BAD THINGS ARE MY FAULT
[ ] BAD THINGS ARE NOT USUALLY MY FAULT

9. [ ] I DO NOT THINK ABOUT KILLING MYSELF
[ ] I THINK ABOUT KILLING MYSELF BUT I WOULD NOT DO IT
[ ] I WANT TO KILL MYSELF

10. [ ] I FEEL LIKE CRYING EVERYDAY
[ ] I FEEL LIKE CRYING MANY DAYS
[ ] I FEEL LIKE CRYING ONCE IN A WHILE

11. [ ] THINGS BOTHER ME ALL THE TIME
[ ] THINGS BOTHER ME MANY TIMES
[ ] THINGS BOTHER ME ONCE IN A WHILE

12. [ ] I LIKE BEING WITH PEOPLE
[ ] I DO NOT LIKE BEING WITH PEOPLE MANY TIMES
[ ] I DO NOT WANT TO BE WITH PEOPLE AT ALL

13. [ ] I CANNOT MAKE UP MY MIND ABOUT THINGS
[ ] IT IS HARD TO MAKE UP MY MIND ABOUT THINGS
[ ] I MAKE UP MY MIND ABOUT THINGS EASILY

14. [ ] I LOOK O.K.
[ ] THERE ARE SOME BAD THINGS ABOUT MY LOOKS
[ ] I LOOK UGLY

15. [ ] I HAVE TO PUSH MYSELF ALL THE TIME TO DO MY SCHOOLWORK
[ ] I HAVE TO PUSH MYSELF MANY TIMES TO DO MY SCHOOLWORK
[ ] DOING SCHOOLWORK IS NOT A BIG PROBLEM

REMEMBER, DESCRIBE HOW YOU HAVE BEEN IN THE PAST TWO WEEKS.

16. ☐ I HAVE TROUBLE SLEEPING EVERY NIGHT
    ☐ I HAVE TROUBLE SLEEPING MANY NIGHTS
    ☐ I SLEEP PRETTY WELL

17. ☐ I AM TIRED ONCE IN A WHILE
    ☐ I AM TIRED MANY DAYS
    ☐ I AM TIRED ALL THE TIME

18. ☐ MOST DAYS I DO NOT FEEL LIKE EATING
    ☐ MANY DAYS I DO NOT FEEL LIKE EATING
    ☐ I EAT PRETTY WELL

19. ☐ I DO NOT WORRY ABOUT ACHES AND PAINS
    ☐ I WORRY ABOUT ACHES AND PAINS MANY TIMES
    ☐ I WORRY ABOUT ACHES AND PAINS ALL THE TIME

20. ☐ I DO NOT FEEL ALONE
    ☐ I FEEL ALONE MANY TIMES
    ☐ I FEEL ALONE ALL THE TIME

21. ☐ I NEVER HAVE FUN AT SCHOOL
    ☐ I HAVE FUN AT SCHOOL ONLY ONCE IN A WHILE
    ☐ I HAVE FUN AT SCHOOL MANY TIMES

22. ☐ I HAVE PLENTY OF FRIENDS
    ☐ I HAVE SOME FRIENDS BUT I WISH I HAD MORE
    ☐ I DO NOT HAVE ANY FRIENDS

23. ☐ MY SCHOOL WORK IS ALRIGHT
☐ MY SCHOOLWORK IS NOT AS GOOD AS BEFORE
☐ I DO VERY BADLY IN SUBJECTS I USED TO BE GOOD IN

24. ☐ I CAN NEVER BE AS GOOD AS OTHER KIDS
☐ I CAN BE AS GOOD AS OTHER KIDS IF I WANT TO
☐ I AM JUST AS GOOD AS OTHER KIDS

25. ☐ NOBODY REALLY LOVES ME
☐ I AM NOT SURE IF ANYBODY LOVES ME
☐ I AM SURE THAT SOMEBODY LOVES ME

26. ☐ I USUALLY DO WHAT I AM TOLD
☐ I DO NOT DO WHAT I AM TOLD MOST TIMES
☐ I NEVER DO WHAT I AM TOLD

27. ☐ I GET ALONG WITH PEOPLE
☐ I GET INTO FIGHTS MANY TIMES
☐ I GET INTO FIGHTS ALL THE TIME

THE END

THANK YOU FOR FILLING OUT THIS FORM

Appendix P

Name: ______________________________ Date: ______________

The Self-Efficacy Questionnaire for School Situations

1. When going to school of a morning, how sure are you of being able to cope with separation from your mother or father?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

2. How sure are you that you could approach your teacher about something?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

3. How sure are you that you could do school work set by the teacher?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

4. How sure are you of being able to do tests?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

9. How sure are you that you could handle being growled at or punished by the teacher when you've done something wrong?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

10. How sure are you that you could cope with being away from your mother or father during school-time?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

11. How sure are you that you could stay at school for the entire day once you were there?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

12. How sure are you that you could spend a few nights away from home on a school camp or excursion?

1	2	3	4	5
Really sure I couldn't	Probably couldn't	Maybe	Probably could	Really sure I could

Appendix Q

CHILD BEHAVIOR CHECKLIST FOR AGES 4–18

Please Print

For office use only ID #

CHILD'S FULL NAME FIRST MIDDLE LAST

SEX ☐ Boy ☐ Girl

AGE

ETHNIC GROUP OR RACE

TODAY'S DATE Mo. ____ Date ____ Yr. ____

CHILD'S BIRTHDATE Mo. ____ Date ____ Yr. ____

GRADE IN SCHOOL ____

NOT ATTENDING SCHOOL ☐

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on page 2.

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK: ____

MOTHER'S TYPE OF WORK: ____

THIS FORM FILLED OUT BY:

☐ Mother (full name) ____

☐ Father (full name) ____

☐ Other—full name & relationship to child: ____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, singing, etc. (Do *not* include listening to radio or TV.)

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐	☐	☐	☐	☐
b. ____	☐	☐	☐	☐	☐	☐	☐	☐
c. ____	☐	☐	☐	☐	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

	Compared to others of the same age, how active is he/she in each?			
	Don't Know	Less Active	Average	More Active
a. ____	☐	☐	☐	☐
b. ____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include *both* paid and unpaid jobs and chores.)

☐ None

	Compared to others of the same age, how well does he/she carry them out?			
	Don't Know	Below Average	Average	Above Average
a. ____	☐	☐	☐	☐
b. ____	☐	☐	☐	☐
c. ____	☐	☐	☐	☐

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4-88 Edition

Please Print

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)
☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)
☐ Less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	About Average	Better	
a. Get along with his/her brothers & sisters?	☐	☐	☐	☐ Has no brothers or sist
b. Get along with other kids?	☐	☐	☐	
c. Behave with his/her parents?	☐	☐	☐	
d. Play and work alone?	☐	☐	☐	

VII. 1. For ages 6 and older—performance in academic subjects. ☐ Does not attend school because ______

Check a box for each subject that child takes	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
Other academic subjects—for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., etc. e. ______	☐	☐	☐	☐
f. ______	☐	☐	☐	☐
g. ______	☐	☐	☐	☐

2. Does your child receive special remedial services or attend a special class or special school? ☐ No ☐ Yes—kind of services, class, or school:

3. Has your child repeated any grades? ☐ No ☐ Yes—grades and reasons:

4. Has your child had any academic or other problems in school? ☐ No ☐ Yes—please describe:

When did these problems start?

Have these problems ended? ☐ No ☐ Yes—when?

Does your child have any illness or disability (either physical or mental)? ☐ No ☐ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child:

Below is a list of items that describe children and youth. For each item that describes your child *now or within the past* 2 ~~*months*~~ weeks, please circle the *2* if the item is *very true or often true* of your child. Circle the *1* if the item is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the *0*. Please answer all items as well as you can, even if some do not seem to apply to your child.

Please Print

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 1. Acts too young for his/her age

0 1 2 2. Allergy (describe): ____________

0 1 2 3. Argues a lot

0 1 2 4. Asthma

0 1 2 5. Behaves like opposite sex

0 1 2 6. Bowel movements outside toilet

0 1 2 7. Bragging, boasting

0 1 2 8. Can't concentrate, can't pay attention for long

0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): ____________

0 1 2 10. Can't sit still, restless, or hyperactive

0 1 2 11. Clings to adults or too dependent

0 1 2 12. Complains of loneliness

0 1 2 13. Confused or seems to be in a fog

0 1 2 14. Cries a lot

0 1 2 15. Cruel to animals

0 1 2 16. Cruelty, bullying, or meanness to others

0 1 2 17. Day-dreams or gets lost in his/her thoughts

0 1 2 18. Deliberately harms self or attempts suicide

0 1 2 19. Demands a lot of attention

0 1 2 20. Destroys his/her own things

0 1 2 21. Destroys things belonging to his/her family or others

0 1 2 22. Disobedient at home

0 1 2 23. Disobedient at school

0 1 2 24. Doesn't eat well

0 1 2 25. Doesn't get along with other kids

0 1 2 26. Doesn't seem to feel guilty after misbehaving

0 1 2 27. Easily jealous

0 1 2 28. Eats or drinks things that are not food — *don't* include sweets (describe): ____________

0 1 2 29. Fears certain animals, situations, or places, other than school (describe): ____________

0 1 2 30. Fears going to school

0 1 2 31. Fears he/she might think or do something bad

0 1 2 32. Feels he/she has to be perfect

0 1 2 33. Feels or complains that no one loves him/her

0 1 2 34. Feels others are out to get him/her

0 1 2 35. Feels worthless or inferior

0 1 2 36. Gets hurt a lot, accident-prone

0 1 2 37. Gets in many fights

0 1 2 38. Gets teased a lot

0 1 2 39. Hangs around with others who get in trouble

0 1 2 40. Hears sounds or voices that aren't there (describe): ____________

0 1 2 41. Impulsive or acts without thinking

0 1 2 42. Would rather be alone than with others

0 1 2 43. Lying or cheating

0 1 2 44. Bites fingernails

0 1 2 45. Nervous, highstrung, or tense

0 1 2 46. Nervous movements or twitching (describe): ____________

0 1 2 47. Nightmares

0 1 2 48. Not liked by other kids

0 1 2 49. Constipated, doesn't move bowels

0 1 2 50. Too fearful or anxious

0 1 2 51. Feels dizzy

0 1 2 52. Feels too guilty

0 1 2 53. Overeating

0 1 2 54. Overtired

0 1 2 55. Overweight

56. Physical problems *without known medical cause:*

0 1 2 a. Aches or pains (*not* stomach or headaches)

0 1 2 b. Headaches

0 1 2 c. Nausea, feels sick

0 1 2 d. Problems with eyes (*not if* corrected by glasses) (describe): ____________

0 1 2 e. Rashes or other skin problems

0 1 2 f. Stomachaches or cramps

0 1 2 g. Vomiting, throwing up

0 1 2 h. Other (describe): ____________

Please see other side

Please Print

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): ____________
0 1 2 59. Plays with own sex parts in public
0 1 2 60. Plays with own sex parts too much
0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy
0 1 2 63. Prefers being with older kids
0 1 2 64. Prefers being with younger kids
0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): ____________
0 1 2 67. Runs away from home
0 1 2 68. Screams a lot
0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe): ____________
0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Sets fires
0 1 2 73. Sexual problems (describe): ____________
0 1 2 74. Showing off or clowning
0 1 2 75. Shy or timid
0 1 2 76. Sleeps less than most kids
0 1 2 77. Sleeps more than most kids during day and/or night (describe): ____________
0 1 2 78. Smears or plays with bowel movements
0 1 2 79. Speech problem (describe): ____________
0 1 2 80. Stares blankly
0 1 2 81. Steals at home
0 1 2 82. Steals outside the home
0 1 2 83. Stores up things he/she doesn't need (describe): ____________

0 1 2 84. Strange behavior (describe): ____________
0 1 2 85. Strange ideas (describe): ____________
0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings
0 1 2 88. Sulks a lot
0 1 2 89. Suspicious
0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self
0 1 2 92. Talks or walks in sleep (describe): ____________
0 1 2 93. Talks too much
0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper
0 1 2 96. Thinks about sex too much
0 1 2 97. Threatens people
0 1 2 98. Thumb-sucking
0 1 2 99. Too concerned with neatness or cleanliness
0 1 2 100. Trouble sleeping (describe): ____________
0 1 2 101. Truancy, skips school
0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed
0 1 2 104. Unusually loud
0 1 2 105. Uses alcohol or drugs for nonmedical purposes (describe): ____________
0 1 2 106. Vandalism
0 1 2 107. Wets self during the day
0 1 2 108. Wets the bed
0 1 2 109. Whining
0 1 2 110. Wishes to be of opposite sex
0 1 2 111. Withdrawn, doesn't get involved with others
0 1 2 112. Worries

113. Please write in any problems your child ha[s] that were not listed above:

0 1 2 ____________
0 1 2 ____________
0 1 2 ____________

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

UNDERLINE ANY YOU ARE CONCERNED ABOU[T]

Appendix R

Teacher's Report Form

TEACHER'S REPORT FORM

For office use o
ID #

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The informati from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, ev if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free write additional comments beside each item and in the space provided below.

PUPIL'S NAME

TODAY'S DATE	PUPIL'S BIRTHDATE (If known)
Mo.____ Date____ Yr.____	Mo.____ Date____ Yr.____

GRADE IN SCHOOL

THIS FORM FILLED OUT BY:

- ☐ Teacher (name) ________________
- ☐ Counselor (name) ________________
- ☐ Other (specify) name: ________________

Attached is a list of items that describe pupils.

For each item that describes the pupil now or within the past few weeks of school attendance please circle the 2 if the item is very true of the pupil. Cicle the 1 if the item is somewhat or sometimes true of the pupil. If the item is not true of the pupil, circle the 0.

Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 1. Acts too young for his/her age
0 1 2 2. Hums or makes other odd noises in class

0 1 2 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts

0 1 2 5. Behaves like opposite sex
0 1 2 6. Defiant, talks back to staff

0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long

0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): ______________

____

0 1 2 10. Can't sit still, restless, or hyperactive

0 1 2 11. Clings to adults or too dependent

0 1 2 12. Complains of loneliness

0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot

0 1 2 15. Fidgets
0 1 2 16. Cruelty, bullying, or meanness to others

0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide

0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things

0 1 2 21. Destroys property belonging to others
0 1 2 22. Difficulty following directions

0 1 2 23. Disobedient at school
0 1 2 24. Disturbs other pupils

0 1 2 25. Doesn't get along with other pupils
0 1 2 26. Doesn't seem to feel guilty after misbehaving

0 1 2 27. Easily jealous
0 1 2 28. Eats or drinks things that are not food – don't include sweets (describe): ______________

____

0 1 2 29. Fears certain animals, situations, or places other than school (describe): ______________

____

0 1 2 30. Fears going to school

0 1 2 31. Fears he/she might think or do something ba
0 1 2 32. Feels he/she has to be perfect

0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her

0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone

0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot

0 1 2 39. Hangs around with others who get in trouble
0 1 2 40. Hears sounds or voices that aren't there (descr

____

0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Likes to be alone

0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails

0 1 2 45. Nervous, high-strung, or tense
0 1 2 46. Nervous movements or twitching (describe):

____

0 1 2 47. Overconforms to rules
0 1 2 48. Not liked by other pupils

0 1 2 49. Has difficulty learning
0 1 2 50. Too fearful or anxious

0 1 2 51. Feels dizzy
0 1 2 52. Feels too guilty

0 1 2 53. Talks out of turn
0 1 2 54. Overtired

0 1 2 55. Overweight
56. Physical problems without known medical caus
0 1 2 a. Aches or pains
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (describe): ______________

____

0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches or cramps
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): ______________

____

Please see other si

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

0 1 2 57. Physically attacks people

0 1 2 58. Picks nose, skin, or other parts of body (describe): ____________

0 1 2 59. Sleeps in class

0 1 2 60. Apathetic or unmotivated

0 1 2 61. Poor school work

0 1 2 62. Poorly coordinated or clumsy

0 1 2 63. Prefers being with older children

0 1 2 64. Prefers being with younger children

0 1 2 65. Refuses to talk

0 1 2 66. Repeats certain acts over and over; compulsions (describe): ____________

0 1 2 67. Disrupts class discipline

0 1 2 68. Screams a lot

0 1 2 69. Secretive, keeps things to self

0 1 2 70. Sees things that aren't there (describe): ____________

0 1 2 71. Self-conscious or easily embarrassed

0 1 2 72. Messy work

0 1 2 73. Behaves irresponsibly (describe): ____________

0 1 2 74. Showing off or clowning

0 1 2 75. Shy or timid

0 1 2 76. Explosive and unpredictable behavior

0 1 2 77. Demands must be met immediately, easily frustrated

0 1 2 78. Inattentive, easily distracted

0 1 2 79. Speech problem (describe): ____________

0 1 2 80. Stares blankly

0 1 2 81. Feels hurt when criticized

0 1 2 82. Steals

0 1 2 83. Stores up things he/she doesn't need (describe): ____________

0 1 2 84. Strange behavior (describe): ____________

0 1 2 85. Strange ideas (describe): ____________

0 1 2 86. Stubborn, sullen, or irritable

0 1 2 87. Sudden changes in mood or feelings

0 1 2 88. Sulks a lot

0 1 2 89. Suspicious

0 1 2 90. Swearing or obscene language

0 1 2 91. Talks about killing self

0 1 2 92. Underachieving, not working up to potential

0 1 2 93. Talks too much

0 1 2 94. Teases a lot

0 1 2 95. Temper tantrums or hot temper

0 1 2 96. Seems preoccupied with sex

0 1 2 97. Threatens people

0 1 2 98. Tardy to school or class

0 1 2 99. Too concerned with neatness or cleanliness

0 1 2 100. Fails to carry out assigned tasks

0 1 2 101. Truancy or unexplained absence

0 1 2 102. Underactive, slow moving, or lacks energy

0 1 2 103. Unhappy, sad, or depressed

0 1 2 104. Unusually loud

0 1 2 105. Uses alcohol or drugs for nonmedical purpose (describe): ____________

0 1 2 106. Overly anxious to please

0 1 2 107. Dislikes school

0 1 2 108. Is afraid of making mistakes

0 1 2 109. Whining

0 1 2 110. Unclean personal appearance

0 1 2 111. Withdrawn, doesn't get involved with others

0 1 2 112. Worrying

113. Please write in any problems the pupil has that were not listed above:

0 1 2 ____________

0 1 2 ____________

0 1 2 ____________

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEM

Appendix S

PASTORAL CARE: YEAR 8 TRANSITION SURVEY

1. On a scale of 1 –10 what satisfaction/enjoyment rating do you give the Pastoral Care Program at CBC? 1 2 3 4 5 6 7 8 9 10

2. What is the best activity you have undertaken in Pastoral Care this year?

....

3. What is your definition of pastoral care?

....

....

....

4. What activities do you think should be included on the program?

....

5. On a scale of 1-10 how "connected' do you feel to your:

1) Homeroom 1 2 3 4 5 6 7 8 9 10

2) Year Level 1 2 3 4 5 6 7 8 9 10

3) CBC school community 1 2 3 4 5 6 7 8 9 10

6. How do you feel about entering Year 9 and the Middle School Elective Program?

Circle appropriate response

excited scared nervous optimistic overwhelmed challenged

not sure how you feel

Are there any other words which describe the way you feel?..

7. Did you choose your subjects because: *Circle appropriate response*

a) you were interested in them

b) your friends were doing them

c) your parents/teachers guided you

d) you know what you want to do when you leave school and chose the subjects that might help get you there

e) Other...please expand.

....

....

....

8. On a scale of 1-10 how happy(generally) are you at school?

1 2 3 4 5 6 7 8 9 10

9. Can others move in and out of your friendship circle easily? Are you cliquey?

....

....

10. Is the core of your group made up of primary school friends? Yes/ No

11. Do you find it easy to make new friends? Yes/No

Comment further if you like:

....

....

12. What school- based activities would help you widen the group of students with whom you can interact

positively?..

....

....

13. What are the major issues of concern at this Year level?

....

....

....

14. Have you got something else to say? Here's your chance...totally confidential!

....

....

....

Appendix T

REWARD SELECTION WORKSHEET

A. PEOPLE

List two people with whom you would like to spend more time each week, but don't usually get a chance to.

1. ______________________

2. ______________________

B. PLACES

List two places where you would like to spend more time, but rarely get a chance to.

1. ______________________

2. ______________________

C. THINGS

List two things you don't own that you would really like to have. Make sure they are things you can afford (for example, a book, a record, clothes, etc.).

1. ______________________

2. ______________________

List your four favorite foods and drinks. You may also want to include items that you haven't tried very often.

1. ______________ 3. ______________

2. ______________ 4. ______________

D. ACTIVITIES

List two activities you would like to do more often.

1. ______________________

2. ______________________

E. REWARDS

Now select three rewards from your lists above that are the most powerful for you.

1. ______________________

2. ______________________

3. ______________________

- Appendix U.

Token Economy

C.B.C. Dollars

Reinforcement schedule for Positive Behavior (attendance at School)

Parental approval required

1.Find out from student what he strives / aims for or would like as something he could purchase once he gains enough C.B.C. Dollars.

i.e Bike , skate board , Computer game, Holiday (something affordable by family)
2.Set goals
Short term : say two weeks the student has to attend college every day.

If the student attends normal lessons for agreed time (at first , till lunch or what ever is feasible and more than possible to achieve), then the student is given an agreed amount of C.B.C. Dollars.
This is done daily with a meeting with the House Head or other trusted Staff member (by the student) before the student goes home.

If the student does not turn up for a day or leaves earlier than the contracted periods then an amount of C.B.C. Dollars are taken back. It should be stressed that genuine illness is not considered as non attendance. All normal College expectations will be required by the person overseeing the contract.(letter from home to confirm illness etc)
If student stays longer than the agreed time then the benefit is more than the agreed amount of C.B.C. Dollars.
As the student becomes more confident with the schedule then the time and amounts can (should) be increased.
Once the agreed time (say any reasonable length of time)has lapsed then the family are required to fulfill the contract by purchasing the object the student is aiming to receive

Long term goals
1. That the student will attend normal lessons and not require rewards for attendance at school.

Appendix V

School Attendance Plan

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	—/—	—/—	—/—	—/—	—/—
WEEK 2	—/—	—/—	—/—	—/—	—/—
WEEK 3	—/—	—/—	—/—	—/—	—/—
WEEK 4	—/—	—/—	—/—	—/—	—/—
WEEK 5	—/—	—/—	—/—	—/—	—/—

I am very much indebted to Saks Fifth Avenue for this list. The list was a handout to one of my Retail Management classes when they visited the store.

Ways To Build Positive Self-Esteem

1. Dress and look your best at all times (even if you receive pressure from your peers). Personal grooming and lifestyle appearance provide an instantaneous projection on the surface of how you feel inside about yourself.
2. Sit up front in the most prominent rows when you attend meetings, lectures, and conferences. Your purpose for going is to listen, learn, and possibly exchange questions and answers with the key speakers.
3. Walk more erectly and authoritatively in public with a relaxed but more rapid pace. It has been proven that individuals who walk erectly and briskly usually are confident about themselves and where they are going.
4. Use encouraging, affirmative language when you talk to yourself and when you talk to others about yourself. Focus on uplifting and building adjectives and adverbs. Everything you say about yourself is subconsciously being recorded by others and, more importantly, by your own self-image.
5. SMILE! In every language, in every culture--it is the light in your window that tells people there's a caring, sharing, individuals inside and it's the universal code for "I'm O.K.--You're O.K.!"
6. Make a list of five of your most important goals, and right next to each put down what the benefit or payoff is to you when you achieve it. Look at this list before you go to bed each night and upon awakening each morning.
7. Seek and talk in person this week to someone who currently is doing what you want to do most, and doing it well. Find an expert--get the facts; make a project of learning everything you can about winners in the field. Take a course in it--get personal lessons and generate excitement.
8. Think well of your health. Have an annual checkup. Cure what's curable. Prevent what's preventable. Enjoy the rest.
9. Associate with winners and optimists. You can be realistic and optimistic at the same time by realistically examining the facts in a situation while remaining optimistic about your ability to contribute to a solution or a constructive alternative.
10. Set aside 20 to 30 minutes a day. (Try setting your alarm 30 minutes earlier.) This is your time to set goals, to imagine yourself achieving and enjoying your successes.
11. Read a biography this month--and each month--of someone who has reached the top in the area of your goals. As you read, imagine yourself as the person you are reading about.
12. Limit your television viewing to stimulating, special shows. If you just watch television as a habit, tunnel vision will set in and creative imagination will vanish.
13. Develop the habit of listening to educational and inspirational cassette tapes while you are driving and before retiring in the evening. Listening sparks the imagination and promotes retention of the subject permanently in your memory.
14. What are you priority goals? For the next five years write one major goal in each of the following areas: career, physical, family, personal attitude, financial, public service, educational, and entertainment.
15. For each of your goals, assemble support material--news articles, books, tapes, pictures cut out of magazines, consumer reports, cost estimates, color swatches, samples, etc. Review these often.
16. Make a list of five necessary but unpleasant tasks you have been putting off. Put a completion date after each task. Start and finish each task. Immediate action on unpleasant projects reduces stress and tension.

17. Discipline your body to relax and relieve stress by engaging in some form of physical exercise.
18. Be more curious about everything in your world. Read book digests so that you can share all of the best sellers. Listen to cassettes. Go to seminars and lectures concerning the healthy mind and body.
19. Make a list of "I Am Good At______" and a list of "I Need Improvement In _____." Pick you ten best traits and your ten traits needing most improvement. Take the first three liabilities and select an activity to help you improve in each of the three areas. Forget the rest of the liabilities. Remember, relish and dwell on all ten of your assets. They'll take you anywhere you want to go in life.

APPENDIX X

'Changing my Anxious and Fearful Thoughts'

Situation (What is it that I'm upset about?)	Thought (What do I think will happen?)	Other Thoughts (What's the evidence? What are some other possibilities?)
e.g., 'I am at a party with some friends'	e.g., 'I will say something stupid and embarrass myself'	e.g., 'I have been to other parties and not said stupid things.'

Appendix Y

STRATEGIES FOR MANAGING SCHOOL REFUSAL
(Parent Version)

A. PRELIMINARY CONSIDERATIONS

In our experience parents must be satisfied about their child's health and the appropriateness of the school placement. Good plans for facilitating your child's attendance at school can come unstuck if you are unsure about these issues.

Parent confidence in the school

The child's current school is often convenient to the family, particularly when it is evident that school staff are cooperative about plans for intervention. Occasionally a change in schools is recommended, as in the case of a young person whose relationships with peers and teachers have become so antagonistic that school return is impossible. If you have any doubts about your child's school we recommend that you discuss them with the school staff or with the staff in the School Refusal Clinic. When insisting that your child attend school, he or she needs to see that you have confidence in the school.

Medical Check-up

As school refusers often complain about headaches, stomach aches or other symptoms, it is important that your child be examined by a doctor. Sometimes the child has a history of real illness such as a viral infection. What needs to be cleared up now is whether there is still any medical basis to illness complaints. If the doctor's examination indicates that your child is healthy then it is appropriate that plans for facilitating school attendance be implemented. This is an important issue for parents to sort out in their thinking about the school attendance difficulties. Unfounded, lingering doubts and anxieties about your child's health can work against plans for facilitating attendance.

B. STRATEGIES FOR FACILITATING SCHOOL ATTENDANCE

One of the key issues for getting your child to school is to work on what is happening just before school. Typically, school refusers report feeling unwell on the night or morning before school or complain that they do not want to go to school. Parents' efforts to get the young person off to school often result in crying, protests and tantrums. Not being sure of what to do about such highly anxious and resistive behaviour, parents may sometimes allow their child to stay home. The key to overcoming the child's fear is to help him/her to face the feared situation. The following strategies will assist parents to facilitate the child's attendance at school.

Making home less appealing than school

Parents may sometimes feel that if they allow their child to stay home for a while he/she will settle down and be better able to cope with school. However, during the day the child may be inadvertently "rewarded" for staying at home, learning that home has many advantages over school. At home the young person can use time in his or her own way and may have access to the refrigerator, television, computer, pets, games and toys. He/she may also enjoy having the sole attention of a parent. Finally, the child is "escaping" from the school situation into the familiar and comfortable surroundings of home. These factors can be quite powerful in maintaining school avoidance and need to be addressed by reducing them to a minimum.

Clear messages about school attendance

Parents need to be absolutely clear in their communication with the child about school attendance. The question is not **if** the young person attends school but **when** the young person attends school. In getting your child to school, a firm approach may be necessary. Clear, calm

instructions can facilitate your child's compliance in situations such as getting out of bed, dressing and getting in and out of the car. In addition to a return to school, a kind but firm approach gives young people security. Children learn that they can rely on their parents to support them through a crisis and that their parents mean what they say.

Preparing for school attendance

The mornings before school are often very stressful for parents and young people as they prepare for school. Parents can eliminate much of the hassle associated with getting their child to school by establishing a smooth household routine. The night before school, children should be encouraged to pack their bags and ensure that their uniform is ready. A reasonable bedtime should be agreed upon and clear instructions from parents used to enforce this. Consider giving an alarm clock to your child to encourage responsibility for getting themselves out of bed and ready for school. However, if your child refuse to get out of bed, it may be necessary to take actions that indicate that you mean business, such as drawing back the curtains or removing the bed covers.

During their absence from school, many school refusers (particularly adolescents) develop poor sleeping patterns (going to bed late at night and sleeping in the next day). Parents can help prepare their child for a return to school by re-establishing a normal sleeping routine as soon as possible.

Ignoring illness complaints, crying, and protests

Illness complaints, crying and protests are all likely to occur when you are being firm about school attendance. It is important that parents react in ways that do not strengthen the child's refusal to attend school. Offering comfort and reassurance can feed into the child's problem and insecurity. In addition, lengthy discussions and negotiations about school attendance can serve

to heighten stress and conflict in the morning before school. Therefore, at critical times it is best to ignore behaviours such as crying and protests. Also, ignore any efforts by the child to persuade you that he/she is not ready to attend school. Admittedly, this is easier said than done because such behaviours can be very unpleasant to endure. Also, your child may test you out by protesting even more loudly, throwing severe tantrums or physically resisting your efforts. At this point, parents may feel like giving up, believing things won't work and that it's not worth the struggle. However, don't give in despite the discomfort you feel. During this testing time, your child needs to be shown that you are confident in his or her ability to cope with school and have no doubt that he or she will attend.

Modelling confidence for your child

Young people learn a great deal through watching others and as parents, you are among the most important role models in your child's life. Parents' confidence and definite expectation that the child will attend school provides a good model for him/her. If your child sees you anxious and agitated when faced with a difficult situation then he/she too may learn to respond in this way. When parents are calm, relaxed and in control, the young person will have a model to imitate which will help him/her to overcome his/her fear or anxiety.

The way in which you communicate with your child will also have an impact on his/her level of confidence. Statements by parents such as "I know you can do it" and "You've done it before, you can do it again" will encourage your child to confront rather than avoid the feared situation. Praise your child for any efforts that he or she makes to tackle and cope with anxiety-provoking situations.

Escorting your child to school

A simple and effective way of getting your reluctant child to school is to physically escort them. Ideally two people should escort the child, preferably both parents. Seeing both parents working in co-operation will give the child a feeling of security. It will also help you as parents to support each other in what may be a difficult situation. If it is not possible to involve two parents in escorting, perhaps consider the value of involving another adult family member or friend. Of course, the young person may protest, but as previously stated, ignore such behaviours and firmly proceed with taking the young person to school.

Leaving the child at school

After successfully getting the child to school, another hurdle is leaving him or her. Departures are often an anxious time for the child and the parents. It is advisable to arrive at school at an agreed time and location and be met by school staff. At this point, it is best for parent(s) to keep their parting comments brief and firm, and carry the expectation that the young person will cope on his / her own (e.g., "Bye now Sue. Have a good day. See you at 3.30"). Say goodbye and walk away in a calm manner. If your child seems distressed, cries, or begs you not to leave, remain calm and keep walking. Fortunately the signs of distress shown by school-refusing children are not necessarily indications that the young person will not cope at school. After you have left, the child will settle down and is then the responsibility of the school. Whilst at school, the child should not be contacted by the parents.

Dealing with running away

If your child leaves school during the day, it is essential that he or she be returned to school *immediately*. As a result, the child's avoidance response is blocked and the child learns that there is no point to running away. Prepare yourself for this possibility and remember that

immediate action is required. If either parent is unavailable to return the child to school, plans should be made for a family friend or relative to do this.

Rewarding the child's achievements

Parents' use of rewards for the child recognises the efforts the child has made in facing his/her fear and increases the likelihood that the young person will continue with the positive behaviour. Rewards may come in the form of a smile, verbal praise, food, or something of value to the child. They may be offered spontaneously or as part of a negotiated agreement or contact with the child.

Rewards should not be contingent upon perfect behaviour. Praise your child for any efforts that he or she makes to attend school or to face the feared situation (even if you are feeling discouraged with the rate of their progress). Your encouragement will be a positive influence on the child and will help to increase their motivation to make further steps.

C. QUESTIONS ABOUT THE STRATEGIES

1. How long does it take for these strategies to work?

   Many factors affect how quickly these strategies work in returning your child to school, but in general it takes about 2-3 weeks. The most important factor in determining how long it takes to work is parental commitment and wanting it to work. If parents use these strategies consistently the child should be successfully returned to school.

2. Will these strategies upset my child?

   Obviously there is a chance that your child may be upset by your firmness about school attendance but this will be short-lived and will not create underlying emotional damage. However, your child is at risk of developing long-term social and emotional difficulties should he or she be allowed to avoid school.

3. Might school attendance difficulties occur in the future?

   Sometimes there are further episodes of school attendance difficulties after school holidays, a change of school, or an absence from school. At these "high risk" times, be on the lookout for resistive and anxious behaviours in your child and "nip them in the bud" using the behaviour management strategies we have just outlined.

4. How successful is this approach?

   The research literature on school refusal suggests that these strategies are highly effective with school refusing children. From our research in the School Refusal Clinic, we have also found that relative to no treatment, such strategies produce improvements in school attendance, school adjustment, and emotional adjustment.

Appendix Z

STRATEGIES FOR MANAGING SCHOOL REFUSAL

(School Version)

A. Arrival at School

If the parents (or suitable escorts) are bringing the child to school they should be met by two staff members at an agreed time and place. The staff members need to select a time and location that avoids making the child's arrival at school a highly visible event to peers and other school staff.

The two staff members should greet the child in a positive and friendly manner (e.g., "It's nice to see you again Sam"). The parents will have been asked to depart without fuss, leaving the child in the hands of the staff. Avoid asking the child to explain their absence from school, and resist the temptation to express disappointment in the child's behaviour. In the long run, a firm but welcoming approach is most effective.

There is a chance that the child will be upset on arriving at school or when the parents leave. Allow time for settling in without pressuring the child. It may be best to select an area or room away from the class that can be used for this purpose. Explain the general plan for the day. The child will have much anxiety about the amount of work that has been missed and about how much the teacher(s) might expect of him or her. Teachers can allay much distress by outlining something of a realistic and positive nature.

B. Psychosomatic Complaints

Throughout the day the child may complain of feeling unwell and plead to be allowed to go home. Without getting into discussion or argument, the best tactic is to be patient and ignore behaviours such as these, being mindful that the child will have had a recent medical check-up aimed at ruling out any physical basis for illness complaints. Eventually, these behaviours will disappear if you persist with the ignoring procedure.

C. Running Away

The child may attempt to escape from school during the day. Consequently, the child needs to be observed very carefully in the first few weeks. What plans can be made by the school to cover this possibility? Of course it is possible that the child may actually succeed in running away from school. Usually the child flees to the security of the home. Should this occur, it is essential that the child be returned to school immediately. Good communication between school and family is very important so as to quickly deal with this aspect of the problem.

D. Positive Reinforcement

The use of positive reinforcement serves to increase desired behaviour (i.e., school attendance) in the child and gives the child a chance to develop a favourable view of himself or herself. Positive experiences at school also make the school environment more inviting for the "wary" refuser.

E. Other Considerations

The child should leave school at the time scheduled in the attendance plan. Try to see that the day ends on a positive note with the expectation of attendance the next day.

For children who have been absent for some time, graded reintroduction to classes and school routines is recommended. The day before, other members of the class could be told of the child's expected return to school, depending on whether or not the child would like this to occur. Select one or two peers to act as "leaders" or "special buddies" to help in social and academic integration. It is important to minimize peer pressure on the child to explain his/her absence from school and what has been happening at home, etc. This is one of the worst fears of the child and is a major factor in ongoing school avoidance.

Good plans for facilitating the child's return to regular schooling can come unstuck if there are some staff who are unaware of the need to specially accommodate the young person. Prior to the child's return, a memo can be circulated to all relevant staff, advising of any key issues for the child (e.g., temporary workload reductions; monitoring and facilitating social involvement; etc.).

F. Common Questions about the Strategies

How long does it take these strategies to work?

Many factors affect how quickly these strategies work, but in general it takes about 2-3 weeks. The most important factor in determining how long it takes to work is the level of commitment to consistent implementation of the strategies.

Will these strategies upset the child?

Obviously there is a chance that the child may be upset by firmness about school attendance but he or she is at risk of developing long-term social and emotional difficulties if allowed to avoid school.

Might school attendance difficulties occur in the future?

Sometimes there are further episodes of school attendance difficulties after school holidays, a change of school, or an absence from school. At these "high risk" times be on the lookout for resistive and anxious behaviours in the child and "nip them in the bud" using these behaviour management strategies.