

Running head: EMOTIONALLY-BASED SCHOOL REFUSAL

EMOTIONALLY-BASED SCHOOL REFUSAL AND SCHOOL RESPONSES

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS,

THE STATE UNIVERSITY OF NEW JERSEY

BY

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IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

AUGUST, 2019

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EMOTIONALLY-BASED SCHOOL REFUSAL

2019 by Julie Lodato

Abstract

Students with emotionally-based school refusal (EBSR) experience significant emotional distress surrounding school attendance which represents a challenge to school professionals required to intervene (Berg et al., 1969; Bools et al., 1990; Broadwin, 1932; Heyne et al., 2001; Johnson et al., 1941; King & Bernstein, 2001; King et al., 1995; King et al., 2001). Interventions for EBSR students can be complex, time-consuming and resource-intensive (Blagg & Yule, 1987; Chu et al., 2015; Kearney & Bates, 2005; Kearney & Tiltoson, 1998; Nutall & Woods, 2013;). Yet failure to intervene can result in devastating outcomes (Kearney, 1996). It is not known whether school professionals use interventions with EBSR students that are evidence-based (Wimmer, 2003, 2013). The purpose of this study was to collect data regarding EBSR, specifically school practices and school professional knowledge and intervention perceptions, from two groups of school professionals likely to be involved with EBSR students – principals and school psychologists. Thirty principals and thirty-six school psychologists, working within the same geographic region of New Jersey, participated in this study. Presumably, principals and school psychologists need to work together to address the needs of EBSR students, so convergence between responses was assessed. The results suggested respondents have some knowledge about the types of supports students with EBSR need and share similar perceptions of EBSR interventions. Notably, though, principals perceived behavioral interventions for EBSR students more favorably than school psychologists, and an independent samples *t*-test revealed this difference was statistically significant. School psychologists perceived themselves competent to address some needs of EBSR students, yet use of evidence-based interventions may be limited. The generalizability of the findings require careful consideration due to the sample size and

study design. Implications of the research include the need for additional training for school psychologists. Future research that explores the perspective of parents of EBSR students regarding school responses seems warranted.

Acknowledgements

I would like to express my sincere gratitude to everyone who helped make this research project possible. I owe a special debt to Susan Forman for guiding me through the entire process, this project would not exist without you. Thank you for sharing your knowledge and for your constant motivation. Thank you to Elisa Shernoff for all of your help and your invaluable feedback. Thank you for believing in me.

I would like to thank my parents for showing me the value of hard work and for teaching me the importance of kindness. I would like to thank my sister and brother-in-law for their never-ending encouragement and for always finding a way to make me laugh. Thank you to my friends and colleagues who helped me complete this project, who pushed me to keep going and who would not let me consider giving up. A special thank you to Catherine for all your help and for working so hard to convince me of things that I need convincing in. To Joseph – thank you for your unwavering support and patience. You carried a sense of optimism and confidence about this project that was, at times, greater than my own – which I greatly needed. I needed you to remind me, in all of the ways you did, that this was something I could do.

Finally, to my nephew and niece – Braden and Addison – thank you for always reminding me about the things that matter most in life.

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Chapter I: Introduction

Students with emotionally-based school refusal (EBSR) pose a unique and complex challenge to school systems and school professionals. These students display anxiety and/or significant emotional distress surrounding school attendance (Berg et al., 1969; Bools et al., 1990; Heyne et al., 2001; King & Bernstein, 2001; King et al., 2001; King et al., 1995;). Related symptoms and behaviors vary greatly which contributes to the complexity of implementing effective interventions (Bernstein & Garfinkel, 1986, 1988; Kearney, 2001; Kearney & Bensaheb, 2006; Last et al., 1987; Last & Strauss, 1990). Many students with EBSR are also diagnosed with psychiatric disorders, including anxiety and depression, which need to be considered during the design and implementation of interventions (Last & Strauss, 1990; Bernstein, 1991; Bernstein & Garfinkel, 1986). Behavior patterns of this population can include: morning tantrums before school, lates to school, somatic complaints, frequent visits to the nurses' office, and attempts to leave school early (Elliot, 1999; Heyne et al., 2004; Kearney & Bates, 2005). EBSR disrupts student growth and development at the academic, social, and emotional level. This behavior also impacts the family and school system. Effective interventions at the school level need to be individually tailored and based on a thorough assessment of student functioning and variables contributing to the refusal. Interventions require involvement of multiple systems including the family, school, and community (Wimmer, 2003). Students with EBSR present a challenge to teachers and a source of stress for school professionals (King & Bernstein, 2001; King et al., 2000; Wimmer, 2003). Responding to EBSR is time and resource intensive and burdensome to schools (Chu et al., 2015; Nuttel & Woods, 2013).

Statement of the problem

Despite the challenge of responding to EBSR, schools and school professionals must adhere to state and federal laws concerning student attendance and the provision of supports for struggling students. Federal funding for schools is linked to student attendance rates as well as student scores on standardized tests. And student performance on standardized tests is higher for students with consistent attendance. (Ginsburg et al., 2014; Lamdin, 1996; Nicholes, 2003). Recent changes in federal and state legislation have increased the need for schools to focus on problems of attendance. In December 2015, Every Student Succeeds Act (ESSA, 2015) was signed by President Obama and, for the first time, requires states to report data on “chronic absenteeism,” a term not mentioned in the previous legislation, No Child Left Behind (NCLB, 2001). EBSR, along with other forms of school refusing behaviors, is one of several forms of chronic absenteeism. The inclusion of chronic absenteeism in the new legislation is a reflection of the devastating impact of chronic absenteeism on the individual and the nation.

When students do not attend school, school professionals become the frontline responders. School professionals play a critical role in identification and intervention for students with EBSR (Elliot & Place, 1998; Kearney & Bates, 2005). School principals are most frequently recognized for assuming primary responsibility for identifying school refusing students (DeAngelis, 2009; Stickney & Miltenberger, 1999). Identification of students with EBSR requires adequate knowledge of the behavior. Early intervention and response is associated with better outcomes (Ginsburg et al., 2014; Kearney & Beasely, 1994; Kearney & Tilloston, 1998; King et al., 1996; Reid, 2002). A school principal, or other school professional, responsible for identifying students with EBSR who possesses limited or inaccurate information on this population can have a negative impact on student outcomes. Misidentification of EBSR

as truant students is likely to lead to less effective interventions since different types of school attendance difficulties require different interventions (Berg, 1996). Students identified with EBSR are more likely to receive mental health services, whereas students identified as truants are subject to more punitive measures both at the school-level and legally (Lyon & Cotler, 2007; Wimmer, 2013;). Mislabeling is of particular concern with low income and ethnically diverse students with attendance difficulties. African American students represent 26% of petitioned cases to truancy court despite making up only 16% of the school-age population (Puzzanchera et al., 2003; US Census Bureau, 2005), highlighting the need for more accurate identification of student attendance problems.

School professional knowledge of EBSR is also critical for prompt identification. Failure to identify or delayed identification can have devastating results. According to outcome studies, most students who receive formal treatment for all types of school refusal behavior, do so after displaying the behavior for at least one-to-two years (Bernstein et al., 1990; Hansen et al., 1998.). Treatment outcomes are worse for students that display the behavior for more than two years prior to starting treatment, as duration of symptoms prior to treatment is associated with prognosis (Heyne et al., 2001; Kearney & Tillotson, 1998; Layne et al., 2003). Given that school professional knowledge of EBSR is related to accurate identification and appropriate intervention, it is surprising how little is known about this variable. Information is needed to better understand how school professionals define and distinguish the behavior from other forms of chronic absenteeism.

Federal legislation also requires schools to take greater responsibility for supporting struggling students and to develop interventions for students with social, emotional, and behavioral problems which are common in the EBSR population (Pluymert, 2002). There is very

little information available on current practices in schools and responses from school professionals regarding EBSR, with the exception of single case and small-case study designs (Brand & O'Connor, 2004; Maeda et al., 2012; Nuttall & Woods, 2013). Information is needed on school responses to EBSR and school professionals' perceptions of potential EBSR interventions. Perceptions of EBSR interventions and EBSR knowledge are relevant to understand intervention selection and implementation practices and barriers as a means to address research and practice gap (Heyne et al., 2001; King et al., 1998a).

Refusing to go to school due to emotional difficulties has been a frequent topic of study for decades (Berg et al., 1969; Broadwin, 1932; Johnson et al., 1941). Yet, efficacy studies of EBSR interventions are almost exclusively conducted in outpatient clinic or university settings with little guidance on how school professionals should modify practices for use in schools (Epstein & Sheldon, 2002; Kearney & Bates, 2005; Kearney & Bensaheb, 2006; Wimmer, 2003). It remains unknown to what extent school professionals utilize research-based intervention.

Purpose of the study

The purpose of this study is to gather information from school professionals regarding EBSR. This study will be carried out through a survey of two groups of school professionals likely to be involved with EBSR students – school principals and school psychologists. School principals were selected because they have been regarded as primary identifiers of school refusing students (DeAngelis, 2010; Mitchner, 1998) and because of their power to facilitate or hinder effective interventions for EBSR students (Jordak, 1998; Reid, 2007). School psychologists were included in this study because they may be one of the first school professionals with mental health training to respond to students with EBSR. School

psychologists are trained to provide a variety of services students with EBSR may need including: comprehensive assessment, counseling, teacher consultation, parent-training, intervention plans, and advocacy (Kearney, 2008; Suldo & Ogg, 2014; Wimmer, 2003). To be effective, EBSR interventions require the involvement of multiple professionals (Kearney & Bates, 2005; Wimmer, 2003) and it is likely that school principals and school psychologists will need to work in tandem to successfully intervene with this population. At a minimum, successful intervention requires: (a) the ability to accurately identify EBSR, and (b) selecting an appropriate intervention.

The aims of this study are: (1) assess school principal and school psychologist knowledge of EBSR; (2) assess for convergence between school principal and school psychologist definitions of EBSR; (3) collect data on school responses to EBSR; (4) gather information on school principal and school psychologist perceptions potential EBSR interventions and perceptions to intervene effectively with EBSR; (5) assess for convergence among perceptions of the two groups; (6) collect data on potential training or professional development needs of school psychologists to intervene effectively EBSR students.

Significance of the Study

This study is important because it will provide information on school responses to students with EBSR, an area that very little is known about. Failure to promptly identify and provide adequate intervention to students with EBSR is associated with negative short-term and long-term consequences at the individual and systems level. EBSR is disruptive to the student at the social, emotional, and academic level (King & Bernstein, 2001; King et al., 2000). Students who are chronically absent from school have less access to supports frequently needed like mental health services, social opportunities, academic remediation and vocational supports

(Wimmer, 2013). Chronically absent students achieve lower academic outcomes (Berg, 1992; Berg & Jackson, 1985; Flakierska et al., 1988; King et al., 1995). Chronic absenteeism also impinges on student opportunities for socialization and the development of peer relationships (Place et al., 2000). As a result, students with chronic absenteeism demonstrate lagging social skills which can manifest into additional social difficulties such as difficulty making friends, social problem-solving and managing peer conflict (Buitelaar et al., 1994; Flakierska-Praquin et al., 1997; Kearney & Albano, 2007; Last & Strauss, 1990; Naylor et al., 1994).

Failure to provide adequate school-based interventions for EBSR increases student risk for dropping out of school (Kearney & Bensaheb, 2006) which is related to long-term economic deprivation and employment difficulties (Berg & Jackson, 1985; Hibbett & Fogelman, 1990; Suveg et al., 2005). Long-term follow-up studies also demonstrate that EBSR may be associated with mental health problems into adulthood (Berg, 1985; Buitelaar et al., 1994; Flakierska et al., 1998; Flakierska-Praquin et al., 1997; Heyne et al., 2001). School dropout is also significant at the societal level. School dropouts are less likely to obtain consistent employment and more likely to require public assistance (Christenson & Turlow, 2004). On average, those without a high school education earn less money than those with a high school diploma and thus make lower contributions to local, state and federal taxes (Alliance for Excellent Education, 2011; United States Department of Education: National Center for Education Statistics, 2014). A single high school dropout can result in a \$260,000 cost to the nation from lost earnings, taxes and productivity (Amos, 2008).

EBSR students represent a challenge to school and mental health professionals (Heyne et al., 2001). Effective EBSR interventions are complex and require significant time and resources from schools (Blagg & Yule, 1987; Nutall & Woods, 2013). Participation from multiple school

professionals are often required for interventions and the costs of working with EBSR students can be burdensome to schools (Chu et al., 2015; Kearney & Bates, 2005). Schools also incur costs when sending EBSR students to alternative schools as a result of the behavior. Teachers often need to spend additional time “catching up” students with EBSR; adding to stress levels and taking time away from consistently attending students (Brand & O’Connor, 2004; Wimmer, 2003). School state and federal aid is also impacted negatively when average daily attendance rates are below expected levels which impacts both inconsistently and consistently attending students (Ginsburg et al., 2014). Standardized achievement tests are another variable used in calculating school state aide and students with more absences tend to perform lower than consistently attending students (King et al., 1996). It is not uncommon for EBSR to create conflict among school professionals and families given the challenging nature of the population and the tendency for interventions to take time before changes are noticed (Brand & O’Connor, 2004). EBSR creates stress, conflict and sometimes financial challenges in families due to missed time from work or monetary fines resulting from truancy charges (Kearney, 2001; Kearney & Bates, 2005; Suldo & Ogg, 2014).

The pervasive impact of EBSR means that early identification and effective school-based intervention practices can provide benefits at multiple levels. Interventions at the school setting are emphasized over other settings. Schools are the largest providers of mental health services and are considered to be the most efficient place for providing these services (Burns et al., 1995; NASP, 2015). Schools possess several advantages over other settings including access to a greater number of students and less interference of access barriers including transportation and financial (Garrison et al., 1999; Rones & Hoagwood, 2000). Additionally, implementing effective school-based interventions for students with attendance problems is critical for students

from low-income backgrounds. These students experience more of the negative impacts of absenteeism as a result of having less family resources to make-up for missed classroom time (Ginsburg et al., 2014).

Results of the research project could be useful to inform future practice and research. Survey data will provide information on school responses to EBSR where there is none. Information from the research could be used as a resource by school psychologists and other school professionals who are seeking information on effective interventions with EBSR students. School professionals may use the information as a guide for selecting appropriate interventions. School professionals may also consider using the information collected as a means to generate buy-in from key stakeholders regarding practices or policy changes to identification and intervention for EBSR students. This study will also provide information on potential barriers to effective intervention which could be beneficial for schools planning to improve responses to EBSR students.

Chapter II: Literature Review

Problems of school attendance

School nonattendance is one of the most frustrating and resource intensive behavior problems that school professionals face. Persistent school nonattendance can lead to debilitating outcomes for children and adolescents (Berg & Jackson, 1985; Buitelaar et al., 1994; Christenson & Turlow, 2004; Flakierska et al., 1988; Flakierska-Praquin et al., 1997; Hibbett & Fogelman, 1990; Last & Strauss, 1990; Naylor et al., 1994;). Throughout the history of compulsory education various professional disciplines, such as psychology, education, and law, have attempted to explore and understand the problem of school nonattendance. This has resulted in theoretical variations on ways to define, assess, and intervene with nonattendance (Elliot, 1999; Kearney & Bensaheb, 2006; Kearney & Graczyk, 2014; Wimmer, 2003). And although student nonattendance to school has been studied for decades, there is a lack of consensus about how best to conceptualize this population overall and on best methods to organize different subgroupings within the population (Kearney, 2007). School professionals seeking to understand and effectively intervene with chronically absent students are likely to be confused by the number of terms, definitions, and constructs associated with student nonattendance (Wimmer, 2003). Attempts have been made to organize problematic absenteeism according to different measures: (a) classification systems based on characteristics of the behavior (Elliot, 1999); (b) a categorical system using the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-V) (American Psychiatric Association, 2013); (c) based on the function of the nonattendance behavior (Kearney & Silverman, 1996); and (d) according to state, district or school policy (Pelligrini, 2007). As a result, the number of different terms used to describe school nonattendance behaviors impacts user accessibility of information (Wimmer, 2003).

This research will investigate EBSR, a subset of the problematic school nonattendance population. This subgrouping includes students with “anxiety-based school refusal” and is frequently referred to in the literature as simply “school refusal.” The use of the term EBSR, here, is to prevent confusion with a different construct, “school refusal behavior” (SRB). An overview of related terms is presented to provide further clarification of the population of investigation.

EBSR itself is not a psychiatric disorder, although there is a high rate of psychiatric comorbidity in EBSR populations which further adds to the confusion. Two psychiatric disorders that are mistakenly used interchangeably with EBSR are “social phobia” and “separation anxiety disorder.” “Social phobia” is described as fear of humiliation or embarrassment in social situations leading to avoidance (APA, 2013). Social phobia can impact school attendance but EBSR and social phobia can occur independent of the other (King et al., 1995). Once used to describe students with EBSR, “social phobia” is considered an outdated term for describing students with school refusal (Lee & Miltenberger, 1996). “Separation anxiety disorder” (SAD) consists of excessive worry and unrealistic anxiety about leaving a parent or primary caregiver (APA, 2013). The resulting behavior in SAD can include refusal attend school as well as any other setting in which separation from parent or caregiver is possible.

“School refusal,” or EBSR as it is referred to here, is used to describe students that avoid school or have difficult remaining in school due to anxiety or other emotionally-based reason. In this case, the student’s refusal is an attempt to manage overwhelming feelings including: worry, panic, dread, fear, and depression (Suveg et al., 2005).

“School refusal behavior” (SRB) is a broader term that includes all types of child-motivated school refusing behavior. Students with SRB have difficult attending school consistently and/or difficulty remaining in class or school for the entire day (Kearney & Silverman, 1996). SRB includes other child-motivated school refusing behaviors like EBSR and truancy.

“Truancy” refers to students that refuse to attend school in favor of other, more preferred, activities. These students are typically more disconnected from the learning process and demonstrate a greater defiance for authority (King & Bernstein, 2001). The distinction between truancy and EBSR is an important one as each behavior requires specific interventions. Truant students lack the typical emotional underpinnings, like fear and anxiety, related to school nonattendance, which is an essential EBSR characteristic (Pikington & Piersel, 1991). Parents or caregivers of students with EBSR are often aware of the student’s absences, whereas truant behavior is marked by a lack of parent or caregiver awareness. Truant students typically spend school refusing time away from their home, while students with EBSR spend most school refusing time at home (Pikington & Piersel, 1991). Other distinguishable characteristics of truant students that are not usually associated with EBSR, are criminal behavior, intense family conflict, antisocial behavior, and conduct disorder (Fantuzzo et al., 2005; Hersov, 1985; Reid, 2000;).

“School-withdrawal” is used to describe student non-attendance that is parent-initiated and occurs when a parent or caregiver purposefully keeps their child home from school for their own reasons including emotional support or childcare. (Berg & Jackson, 1985; Carroll, 2011; Elliot, 1999; Kearney, 2001; Wimmer, 2003;).

“Chronic absenteeism” is a term used by the federal government to describe a student attendance behavior that is marked by missing 10% or more school days in a given school year – regardless of the reason (US Department of Education, 2016). Under new federal legislation (ESSA, 2015), which will take effect at the start of the 2017-18 school year, school districts will be required to report rates of chronic absenteeism for the first time, underscoring the significance of the problem. Previously, school districts have only been required to report rates of “Average Daily Attendance” (ADA), however, this data can obscure rates of chronic absenteeism. ADA rates are not able to distinguish between instances of many students missing a few school days or a few students missing many days of school (Bruner et al., 2011; Ginsburg et al., 2014).

Emotionally-based school refusal

EBSR is a complex condition that manifests in varying presentations (Burke & Silverman, 1987; Heyne et al., 2001; King & Bernstein, 2001; King et al., 1995). EBSR symptoms range from internalizing to externalizing problems and commonly include: anxiety, fear, somatic complaints, noncompliance, aggression, tantrums, refusal to move, depression, perfectionism, and manipulateness (Bernstein & Garfinkle, 1986, 1988; Egger et al., 2003; Honjo et al., 2001; Kearney, 2001; Kearney & Albano, 2004). Students in this population display excessive emotional reactivity that interferes with the ability to attend school on a regular basis. Common behaviors include morning tantrums, excessive pleas to stay home (Kearney & Silverman, 1996), emotional distress that is out of proportion to reasonable pressure to attend school (Berg et al., 1969; Bools et al., 1990; Heyne et al., 2001), attend school with great dread (Kearney, 2003), excessive fear before school and frequent somatic complaints (Elliot, 1999; Heyne et al., 2004). Bernstein et al. (1997) conducted a study of forty-four adolescents with EBSR, in which moderate to severe somatic complaints, including autonomic and

gastrointestinal were frequently reported by participants. If and when they make it to school, students with EBSR can experience high levels of emotional distress during the school day, make regular visits to the nurses' office, and make frequent attempts to go home early (Kearney & Silverman, 1996).

The length of school time missed for students with EBSR varies from a few days or weeks, to sporadic periods of time missed throughout the year, to full refusal lasting several months (Kearney, 2003). In one study of anxiety-based school refusal, Last & Strauss (1990) described the severity of participant absenteeism as: mild (missing 1 out of 10 days), moderate (missing 1 of 5 days), severe (missing several days per week), or extreme (missing several weeks). The percentage of participants in each group varied at: 23%, 22%, 17%, and 38%, respectively, demonstrating the variability in this population. Similarly, Hansen et al. (1998) studied seventy-six children with anxiety-based school refusal, and reported participant absenteeism ranged from missing 13-100% of school days; with one-third of the sample missing more than 90% of school days.

Unlike other kinds of school refusing behavior, (i.e. truants), students with EBSR typically desire academic success and set goals that require schooling (Hersov, 1985). These students often report a desire to go to school and are prepared to go to school, yet when the time comes they are unable (Hersov, 1985). Risk factors for EBSR include: family conflict, transitions, illness, school-based changes, and trauma (Wimmer, 2003). EBSR rates are higher during school transitions, such as entry to school (i.e. kindergarten), moving to a new school, or entering a new school building due to grade promotion (i.e. transition from middle to high school) (Elliot, 1999; King & Bernstein, 2001; King et al., 2001). Factors indicative of a poor prognosis include: co-morbid psychiatric disorder, chronic or more severe symptoms of EBSR,

and presence of EBSR in adolescence (Atkinson et al., 1995; Berg & Jackson, 1985). Kearney & Albano (2007) have reported high rates of relapse for all types of school refusing students combined.

Prevalence. EBSR occurs equally across gender, race and income groups (Berg et al., 1969; Granell de Aldaz et al., 1984; Kearney, 2001; Pelligrini, 2007). Most researchers estimate the prevalence rate of EBSR within the range of 1-5% of school-aged children (Burke & Silverman, 1987; Egger et al., 2003; Granell de Aldaz et al., 1984; Kearney, 2001; Kearney & Beasley, 1994;). Estimates of prevalence are informed by school attendance records and studies of clinical populations. The exact prevalence of EBSR is difficult to estimate. Using a stringent definition of EBSR (i.e. number of days missed) results in a lower prevalence rate, while using a broad definition (i.e. one that includes data on number of days missed plus number lates to school and number of individual classes missed) results in a higher prevalence rate. Students may also display EBSR symptoms discretely (i.e. feelings of dread and panic throughout the school day) and therefore go undetected by school professionals. There are no standard required or recommended measures for schools to track common symptoms of EBSR like: refusals to get ready for school, pleas not to attend school, level of distress during the school day, and attempts to leave school early (Suldo & Ogg, 2014). The potential for EBSR to present discretely may impact identification and result in an underestimation of the overall prevalence.

Child characteristics. Students with EBSR tend to report high levels of stress (Berg & Jackson, 1985; Flakierska et al., 1988; King et al., 1995) and chronic absenteeism is associated with low levels of self-esteem (Reid, 2012). Researchers have identified that students with EBSR can be sensitive to the demands of being in school (Brand & O'Conner, 2004; Hersov, 1960; McShane et al., 2001). Survey responses of parents of school refusing youth indicate these

students may need a significant amount of support and predictability within the school setting (Havik et al., 2014). Whether it be a social, emotional, or academic stressor, students with EBSR tend to cope through avoidance (Havik et al., 2014). In Place et al.'s (2000) study of seventeen students with EBSR, participants reported worrying excessively over problems, tended to view problems as unsolvable, and failed to demonstrate effective skills for problem-solving suggesting coping deficiencies may be a part of the EBSR presentation.

Once school avoidance starts, students with EBSR can quickly become trapped in a vicious cycle. Commonly, students with EBSR experience increased difficulty returning to school as more time is missed. One reason is that students feel overwhelmed by the amount of make-up work (Elliot, 1999). Students can also feel embarrassed or ashamed especially after long periods of being absent and they can be reluctant to approach teachers and peers (Elliot, 1999).

Psychiatric comorbidity. EBSR is not itself a psychiatric disorder listed in the DSM-V (APA, 2013). Yet many students with EBSR meet diagnostic criteria for one or more psychiatric conditions – most frequently anxiety disorders, followed by mood disorders and then oppositional defiant disorder (Bernstein, 1991; Bernstein & Garfinkle, 1986; Bernstein et al., 1997; Buitelaar et al., 1994; Egger et al., 2003; Kearney & Albano, 2004; Last & Strauss, 1990; Last et al., 1987; McShane et al., 2001). EBSR with a comorbid diagnosis of anxiety or depression is associated with greater EBSR symptom severity (Bernstein, 1991).

Several authors have examined the prevalence of psychiatric comorbidity in school refusing populations. McShane et al. (2001) reviewed 192 cases of adolescents with school refusal behavior that received clinic-based treatment and reported 54% were diagnosed with an anxiety disorder, 52% were diagnosed with a mood disorder, 24% were diagnosed with

oppositional defiance disorder, and more than half of the sample had more than one diagnosis. Berg et al. (1993) conducted a diagnostic evaluation with a community sample of eighty students with attendance problems and discovered that at least 50% of participants met diagnostic criteria for a psychiatric disorder, compared to only 10% of students without any attendance difficulties. In Last & Strauss' (1993) sample of sixty-three school refusing children, 38.1% were diagnosed with separation anxiety disorder, 30.2% were diagnosed with social phobia and 22.2% were diagnosed with simple phobia. In King et al.'s (1998b) assessment of thirty-four school refusers, 85% of participants had a diagnosable anxiety disorder. Hansen et al. (1998) reviewed seventy-six cases of children and adolescents referred to clinic-based treatment for anxiety-based school refusal and reported that 54% were diagnosed with a phobic disorder, 29% received a diagnosis of separation anxiety, and 53% of cases were diagnosed with more than one type of anxiety disorder. Lee & Miltenberger (1996) observed an average comorbidity rate of 52.2% for school refusal behavior and depressive symptomology. A diagnosis of depression among all school refusal students is more common in adolescents than children (Kearney, 1993).

Manifestations of anxiety disorders in students with EBSR may be (a) cognitive – including self-conscious thoughts and feelings, irrational fears about school attendance, overestimating the likelihood of anxious situations occurring, and underestimating one's own ability to cope with anxiety (Kearney & Bensaheb, 2006; Heyne et al., 2001); (b) physical – in the form of headaches, stomachaches, nausea, diarrhea, shortness of breath, shakiness of hands, increased heart rate, fatigue (Kearney & Bensaheb, 2006); and/or (c) behavioral – such as crying, defiance, and noncompliance (Kearney et al., 2001). In severe cases, or when pressure to attend school is exerted, anxiety can lead to acting-out behaviors such as: running away from school or home, verbal or physical aggression, or threats of self-harm (Kearney et al., 2001). Common

presentations of depressive symptoms of students with EBSR include: irritability, tearfulness, social withdrawal, difficulty concentrating, and sleep disturbances (Heyne et al., 2004; Kearney & Bates, 2005).

Family factors. The parent or caregiver and family of students with EBSR can be significantly impacted by the behavior, leading to high levels of familial stress and interfamilial conflict (Heyne et al., 2001; Kearney, 2001; Kearney & Bensaheb, 2006; King & Bernstein, 2001; King et al., 1995; Last & Strauss, 1990; Naylor et al., 1994). Parents have to respond to questions from teachers and other school professionals and may feel pressure to get their child back to school. Parents of EBSR students may miss work as a result of trying to get their child to school and due to attending school meetings because of the behavior. Parents can also face financial and legal difficulties if the school pursues truancy charges (Kearney, 2001; Kearney & Bensaheb, 2006;). Characteristics of families with a child or adolescent with EBSR can include: family dysfunction (Bernstein & Garfinkle, 1988), ineffective parenting skills (Paige, 1993) and enmeshed parent-child relationships (Bernstein & Borchardt, 1996). Parents of children with severe school refusal report higher levels of depression and anxiety than parents of children without attendance issues (Bahali et al., 2011).

Short-term and long-term outcomes. If untreated, school refusal can have a negative impact on the student's academic, social and emotional development (Berg & Nursten, 1996; King et al., 2001; Nuttall & Woods, 2003). Students with EBSR demonstrate lower academic performance and outcomes (Berg & Jackson, 1985; King et al., 1995; King et al., 1996). Students with EBSR are at an increased risk for school dropout (Kearney & Bensaheb, 2006). Students that are chronically absent from school have less access to available supports – such as counseling, academic remediation, vocational supports, and peer/social supports (Wimmer,

2003). Students that refuse school report low self-efficacy regarding their ability to cope with stress (Bernstein & Borchardt, 1996). Without treatment, EBSR students may fail to learn critical coping and communication skills, a deficit that can persist into adulthood.

Student's entering adulthood with a history of EBSR are still considered vulnerable for long-term difficulties including: mental health problems (Heyne et al., 2001), economic difficulties (Berg & Jackson, 1985), marital and occupational difficulties (Hibbett et al., 1990; Kearney and Bensaheb, 2006), and fewer higher education opportunities (Buitelaar et al., 1994; Flakierska-Praquin et al., 1997; Kearney & Albano, 2007). In one study, 11% of chronically absent students who graduated from high school made it to a second year of college, compared to 51% of students with better high school attendance records (Ginsburg et al., 2014).

Prevention. Interventions for EBSR students are resource and time intensive (Blagg & Yule, 1984; Chu et al., 2015; Nuttall & Woods, 2013). Prevention initiatives, on the other hand, are low-cost, effective ways to reach a large population of students. EBSR prevention measures may focus on improving the school environment as a means to promote school attendance or on improving school attendance rates directly. School-wide bullying prevention initiatives can support student attendance (Nickerson & Martens, 2008). Havik et al.'s (2014) study of parents of EBSR students, one-third of participants reported that bullying was a serious school-related stressor for their child. Place et al. (2000) studied seventeen school refusing children and adolescents and participants frequently reported a history of bullying at school and social isolation within the school and community. School-wide Social Emotional Learning (SEL) initiatives have also been found to promote student attendance and neutralize risk factors for school refusal (Durlak et al., 2011; Zins et al., 2004). New student orientation programs have demonstrated efficacy in the prevention of anxiety-based school refusal (Suldo & Ogg, 2014).

School-wide prevention initiatives that directly target student attendance also exist. Attendance incentive programs are those that provide rewards to students with good attendance (Ford & Sutphen, 1996). Schools that familiarize parents to attendance policies at the start of each school year have demonstrated lower rates of student absenteeism (Sheldon & Epstein, 2004). According to Pelligrini (2007), schools that raise staff awareness concerning attendance issues can be another effective prevention approach.

Early identification. Researchers consistently agree that early identification and early intervention of EBSR leads to better outcomes (Blagg, 1987; Ginsburg et al., 2014; Kearney & Beasley, 1994; King et al., 1996; Paige, 1993). Effective school-based intervention in the early stages of EBSR can resolve the behavior (Blagg & Yule, 1984). The average length of time between onset of attendance problems and formal treatment is one to two years, and for 40% of students, the length of time is more than two years (Bernstein et al., 1990; Hansen et al., 1998). Treatment outcomes for students with school refusal that has persisted for more than two-academic years prior to intervention are found to be limited (Kearney & Tilloston, 1998). Other indicators of poor prognosis include: older age (Atkinson et al., 1985; Heyne et al., 2001), EBSR symptom severity (Hansen et al., 1998); and lower attendance rates prior to treatment (Layne et al., 2003), which all suggest the importance of early intervention.

Assessment. Students with EBSR require a thorough assessment. Assessment findings should then be used to inform the intervention plan (Elliot & Place, 1998). Researchers recommend the use of a functional assessment for students with EBSR. Kearney & Silverman (1996) have created an assessment tool to use with all types of school refusing behavior called the School Refusal Assessment Scale- Revised (SRAS-R). The assessment scale is based on a four function model of school refusal behavior put forth by the authors. The authors propose that

all school refusing behavior is motivated by either: (a) avoidance of negative-affect provoking stimuli; (b) escape from aversive school-based social or evaluative situations; (c) parental attention; or (d) tangible reinforcement (Kearney & Silverman, 1990, 1996). Students with EBSR are captured in the first two functions of the model. Prescribed interventions are available for each of the functions in the model (Kearney & Albano, 2004).

Intervention. Interventions for EBSR can take different forms depending on: (a) the theoretical approach utilized (i.e. behavior therapy, cognitive-behavior therapy, family therapy); (b) the identified targets of the intervention (i.e. student, teacher, family, school); and (c) other variables related to the behavior (i.e. psychiatric comorbidity, bullying at the school). More information is needed to understand which approaches and strategies are most effective for which types of students within the EBSR population (Lauchlan, 2003; Layne et al., 2003; Lyon & Cotler, 2009; Pina et al., 2009;). Information is also needed to understand school professional selection of interventions to use with EBSR students.

Behavior therapy. There is considerable evidence to support the use of behavioral strategies to address EBSR (Blagg & Yule, 1984; Kearney & Silverman, 1990; King et al., 1998b; Pina et al., 2009). Behavior interventions for EBSR emphasize the use of exposure procedures and other behavior therapy techniques like: modeling, shaping, contingency management (Elliot & Place, 1998; King & Ollendick, 1997). Exposure procedures or systematic desensitization involve the methodically planned pairing of newly learned relaxation strategies with anxiety-provoking situations in order to change the individual's response. Exposure procedures have been called the "common denominator" and "active ingredient" in most successful cognitive-behavioral treatment outcomes for students with EBSR (Heyne et al., 2004; Suldo & Ogg, 2014). Modeling of behavior skills training is a method used to teach social

or problem solving skills through demonstration. Contingency management consists of providing rewards for positive behavior (i.e. school attendance) and consequences for negative behavior (i.e. school refusal). Shaping techniques are used to reinforce gradual improvements in a desired behavior.

Blagg & Yule (1984) analyzed the outcomes of sixty-six school refusing youths across three treatment groups: behavior therapy (n=30), in-patient hospitalization (n=16), and home instruction plus individual psychotherapy (n=20). Cases were considered “successful” if the student returned to normal schooling following the intervention. Using this criteria, at a one-year follow-up, 93.3% of the students receiving behavioral treatment were successful, compared with 37.5% receiving in-patient hospital care, and 10% receiving home instruction and individual psychotherapy. Additionally, behavioral treatment program appeared to be more effective and resulted in a shorter length of treatment. The average length of treatment for the behavioral intervention was 2.53 weeks compared to 45.3 weeks in the hospital group and 72.1 weeks in the home instruction plus psychotherapy group.

Cognitive-behavior therapy. Cognitive-behavior therapy (CBT) is the most frequently evaluated treatment for school refusal (Heyne et al., 2011). CBT has demonstrated efficacy in promoting student attendance and reducing emotional symptoms related to school refusal (Bernstein et al., 2000; Heyne et al., 2011; King et al., 1998a, 1998b, 2001; Last et al., 1998). Heyne et al. (2002) studied CBT treatment outcomes of sixty-one students with EBSR along with a comorbid anxiety disorder. Following treatment, participant school attendance improved, level of emotional distress decreased and 69% of participants no longer met the criteria for an anxiety disorder. King and colleagues (1998b) studied a group of thirty-four students with EBSR. Participants were randomly assigned to either a four-week CBT program or a wait-list

control. At follow-up, students in the treatment condition achieved a daily attendance rate of 90% or more as compared to a daily attendance rate of 29.4% for the wait-list control group (King et al., 1998b). Last et al. (1998) investigated treatment outcomes of fifty-six students with anxiety-based school refusal randomly assigned to either CBT treatment group or educational support therapy group. After treatment, participants in both groups showed improvements in school attendance and a decrease in feelings of fear, anxiety and depression; furthermore, 65% of students in the CBT group no longer met diagnostic criteria for an anxiety disorder (King et al., 1998b). Heyne et al. (2011) studied the impact of a CBT program designed specifically for adolescents with anxiety-based school refusal. Following the intervention, participants' average school attendance increased significantly from pre-intervention to follow-up and nearly half of the participants achieved an average school attendance rate of 80% or greater (Heyne et al., 2011). After the intervention, students reported an increase in perceived ability to cope with school attendance-related stressors (Heyne et al., 2011).

Common components of CBT for EBSR include: psychoeducation, exposure, relaxation training, contingency management, and cognitive restructuring. Psychoeducation includes teaching the student and family about the physiological, cognitive and behavioral impacts of anxiety as well as discussion of anxiety triggers (Doobay, 2008). Cognitive restructuring involves helping the student modify his/her self-talk to include more coping statements and more rational thoughts (Kearney & Bates, 2005). Exposure procedures create gradual opportunities for students to practice newly learned behaviors in the face of emotionally-activating situations (Kearney & Albano, 2007). Relaxation training is an important part of exposures and can include techniques like progressive muscle relaxation and deep breathing techniques (Kearney & Albano, 2007; King et al., 1998a). Relaxation training is designed to help students manage the

physical symptoms of anxiety and when implemented in school settings has a high acceptability rating by students, teachers, and parents (Gullone & King, 1991).

Dialectical behavior therapy. Chu and colleagues (2015) examined the use of a Dialectical Behavior Therapy (DBT) program for school refusing students and the results demonstrated preliminary evidence that DBT may be an effective approach for students with EBSR. According to this treatment paradigm, problematic behaviors, like school refusal, stem from a biological vulnerability to emotional dysregulation in addition to the accumulation of experiences from an invalidating environment (Linehan, 1993). Researchers propose that symptoms of EBSR – such as somatic complaints, catastrophic thoughts, and morning tantrums – reflect an underlying deficit in ability to manage one’s own behaviors and emotions (Chu et al., 2015; Hughes et al., 2010). Core skills taught in DBT include: mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. The first three skills involve learning strategies to manage and modify emotions, while the later skill entails developing more effective approaches for interacting with others such as teachers, peers, and family (Linehan, 1993). Additional DBT outcome research for EBSR students is needed to further explore the efficacy of this approach.

Social skills training. Studies have shown that school refusal is associated with social anxiety, difficulty making friends, social isolation, fear of peers, peer conflict, and poor peer relationships (Carroll, 2011; Hersov, 1960; Kearney, 2008; King et al., 1998b; McShane et al., 2001; Place et al., 2000;). Researchers have suggested that social skills training should be included in intervention plans for students with EBSR (Casoli-Reardon et al., 2012; Kearney & Bates, 2005; Lyon & Cotler, 2009). As a result of missing extensive school time, EBSR students can fall behind their peers in terms of social skills and then because they cannot “keep up”

socially, are prone to avoid social situations altogether (Place et al., 2000). Without adequate intervention, social skills deficits can decrease the number of experiences and opportunities to develop and improve skills.

Social skills interventions are acceptable for use in school settings and can be implemented individually, in small groups, or class-wide (Lauchlan, 2003). Common elements in social skills interventions include skill development for improving assertiveness, social problem-solving, and effective communication. Social skills interventions are more likely to generalize when practiced real-life situations or situations that closely resemble real-life (Spence, 2003). When delivered in a group modality, social skills interventions have the added potential of increasing student sense of connectedness (Lyon & Cotler, 2009), which may be important for supporting students with EBSR that are socially isolated. Not all students with EBSR struggle with social skills, but careful attention to this domain is warranted at the assessment phase as EBSR treatment outcomes may be worse for students that have difficulty making friends (Bernstein, 2000; Heyne et al., 2001; Pina et al., 2009).

Forced school attendance. Forced school attendance is an intervention used when students have missed extensive school time. The goal of forced school attendance is to return the student to full-time attendance as quickly as possible. In order for this treatment to be effective, the parent or caregiver must be willing to send their child to school regardless of any symptom or complaint, with little exception (i.e. fever). Kearney & Beasely (1994) recommend using this strategy along with parent training for mild cases of EBSR. Even though forced attendance is an effective intervention, it is not frequently used (Kearney & Beasely, 1994; King et al., 1998b). In a survey of clinical practice with all school refusing behaviors, forced school attendance was only used in 11% of cases despite being effective in 100% of those cases (Kearney & Beasely,

1994). Forced school attendance is considered controversial, despite strong efficacy findings, because of the level of potential student distress involved (Elliot, 1999). Gradual school re-entry attendance plans, on the other hand, are more suitable for students with severe symptoms of EBSR and those with significant emotional distress during school (Kearney & Silverman, 1999). Gradual re-entry plans are more consistent with clinical interventions for anxiety-based school refusal (King et al., 2000) and tend to be preferred by parents (Heyne et al., 2001).

Parent/family interventions. The relationship between the parent and school is a critical factor in successful interventions with school refusal (Elliot, 1999; Kearney & Bates, 2005; Kearney & Hugelshofer, 2000; Lauchlan, 2003; Wimmer, 2013). According to Helm & Burket (1989) and Licht et al. (1991), the simple practice of calling a parent or caregiver when a student is absent is associated with better in attendance rates. Sheldon & Epstein (2004) reviewed longitudinal data from thirty-nine schools and found that schools with more communication practices with families regarding student attendance reported significantly lower levels of absenteeism. The authors identified orienting parents to school expectations and attendance policies as one of the most effective home-school communication practices that improve student attendance (Sheldon & Epstein, 2004). Regular contact with families of school refusing students is related to better parental compliance and motivation to follow intervention plans than parents left on their own (Kearney & Bates, 2005). Reid (2012) recommends including parents of students with school refusal to be part of the intervention team to further ensure cooperation and follow through. School professionals can utilize a collaborative home-school approach to facilitate greater responsiveness from families (Kearney et al., 2007).

Parents can also be recipients of interventions. Parent training, alone or in combination with other treatment elements, can be used to support students with EBSR. Parents of students

with EBSR are known to lack the skills needed to effectively manage their child's behavior, such as: limit setting (Berg, 1992), behavior management (Lauchlan, 2003), and giving commands or directions to the child (King et al., 1998b). To effectively support students with EBSR parents and caregivers may benefit from training on reinforcing positive behaviors, alternative responses to negative behaviors, and information to distinguish between types of behaviors. Parents and caregivers can also benefit from parent training regarding methods to prompt or coach their child in the use of newly learned coping skills (Kearney & Beasley, 1994). Parent training is the most popular method used in the treatment of all types of school refusal according to a survey of sixty-three community-based psychologists (King & Beasley, 1994) and has a good success rate according to therapists (King et al., 1998b).

King et al. (1998b) compared treatment outcomes of thirty-four students with EBSR and found that interventions were most effective when parent involvement was included along with student participation in treatment. Heyne et al. (2002) investigated outcomes of students with EBSR across three treatment conditions (child-only, parent/teacher-only, or both). While students in all three groups showed improvements after treatment, when parental involvement was included, student attendance rates were higher than when there was no parental involvement (Heyne et al., 2002). Parent-only interventions are suggested for use with younger students with low levels of fear, anxiety or depression (Heyne et al., 2002). Parent involvement as a component to the intervention plan is strongly recommended for students displaying high levels of oppositional and defiant behavior (Heyne et al., 2002).

School-based interventions. Intervention plans for students with EBSR must properly assess for and address pertinent school-based factors (Epstein & Sheldon, 2002; Lauchlan, 2003). School variables that have been suggested to contribute to EBSR include: poor student-

teacher relationships (Kearney, 2001; King et al., 1995), lack of teacher knowledge regarding EBSR (Havik et al., 2014), social isolation, perceptions that one is not safe at school, school-based performance situations (i.e. tests, class presentations, physical education) (Wimmer, 2003), and academic issues (i.e. work, grades, schedule) (Kearney & Bensaheb, 2006; Kearney et al., 2007). In one finding, parents of EBSR students reported that failure of the school to appropriately modify school work was a challenge for their child (Havik et al., 2014). More than half of the parents in the study reported that their child's teacher did not possess enough knowledge about school refusal, suggesting that teacher knowledge about school refusal may be an important factor in interventions for EBSR students (Havik et al., 2014).

Medication. Given the high rates of depression and anxiety disorders in students with EBSR, medication can be recommended as part of a comprehensive treatment plan (King et al., 1995). For students with EBSR, studies of psychotropic medication in conjunction with CBT have delivered promising results (Bernstein et al., 2000; King & Bernstein, 2001; Lauchlan, 2003). Bernstein and colleagues (2000) studied the effects of psychotropic medication with CBT treatment to placebo plus CBT treatment among school refusing students diagnosed with comorbid anxiety or depression. At the conclusion of treatment, participants in the medication group were more responsive to CBT treatment than the placebo group as measured by greater school attendance rates and faster decrease in depression symptoms (Bernstein et al., 2000). The authors speculated that the use of the medication allowed the students to be more actively engaged in the therapeutic process. Other researchers have identified the value of antidepressant medication to reduce panic attacks and promoting the overall efficacy of behavior therapies (Lauchlan, 2003).

Last resorts. The literature for EBSR is mixed regarding recommendations for changing schools to address school refusal. According to Elliot (1999), changing schools “rarely” resolves school attendance issues. Alternative education programs and self-contained programs can include certain elements that have the potential to increase student attendance, such as: part-time attendance, close monitoring of academics, smaller class size, project-based learning, individualized instruction, diverse instructional methods, direct experience and service learning (Kearney & Gracyzk, 2014; Wimmer, 2003). Kearney & Bates (2005) recommend referrals to the legal system in extremely resistant cases and only when all else fails. Schools also use attendance policies and procedures to respond to chronically absent students. As a result, students with EBSR may be subject to punitive measures like detention, in-school suspension, and out-of-school suspension in accordance with district or school attendance policy. More research is needed to address the effectiveness of disciplinary measures used by schools to address student attendance issues (Scott & Friedli, 2002).

Limits of evidence-based interventions. Most EBSR studies include only EBSR students that met diagnostic criteria for psychiatric illness, yet not all students with EBSR meet this criteria (Berg et al., 1993; Egger et al., 2003; Kearney, 2007). More information on this subset of the EBSR population is needed. Another gap in the literature involves, approaches and outcomes of students with EBSR that fail to receive or complete outpatient treatment due to factors like as access barriers. Chu and colleagues (2015) suggested one way to address the problem of patient dropout from clinic-based treatment could be to involve school professionals more directly in outpatient treatment approaches. School systems and school professionals are responsible to support all students with EBSR and more information is needed to better understand the different EBSR subgroupings. An additional limitation of the EBSR intervention

literature is that almost all treatment outcome studies have been conducted in non-school settings (i.e. clinic or university settings). Treatment outcome studies for EBSR conducted in school settings are needed in order to better equip school professionals to be effective frontline responders.

School responses to emotionally-based school refusal

School responses to EBSR may be organized as “punitive,” which involves consequences or punishments for student absenteeism, or “positive,” which includes strategies to support student attendance (Jordak, 1998; Ola, 1990). Presently, school responses to EBSR are unknown. Studies of school-based interventions for EBSR are largely absent from the literature and because schools are not required to collect EBSR data. Information on school responses to EBSR can be gleaned from studies involving related populations (i.e. truancy) and studies involving broader populations which include EBSR (i.e. chronic absenteeism, all school refusal behavior).

In 2006, Torrens-Salemi studied school responses to all school-refusing behaviors combined by surveying eighty-two school professionals across multiple domains, including assistant principals, school psychologists, school social workers, guidance counselors and teachers. The most frequently reported responses to school refusal behaviors were: parent notification (93.7%), addressing the student (75.2%), and parent meeting (58.5%) (Torrens-Salemi, 2006). Other school responses as indicated by the school professional participants were: school-wide incentives to promote attendance, individual student attendance contracts with specific goals and incentives, counseling, detention, and suspension (Torrens-Salemi, 2006).

In order to provide effective responses to EBSR, schools need to have a system or process in place to identify these students. In Stickney & Miltenberger’s (1998) study of 288

elementary and secondary school principals, 75% of participants reported their school had a system in place to identify all types of school refusing students combined, however, data to describe the identification system was not forthcoming. Jordak (1998) conducted a survey of 103 elementary school principals regarding responses to absenteeism and truancy and discovered that schools with lower student attendance rates responded differently to non-attendance behaviors than schools with higher attendance rates.

Interventions and responses used by schools to address EBSR are influenced by a myriad of factors. Knowledge of EBSR, specifically, the ability of school professionals to distinguish EBSR from other school refusing behaviors impacts intervention selection. Different school refusing behaviors require different interventions (Blagg, 1987; Doobay, 2008; Nuttall & Woods, 2013). According to findings from Torrens-Salemi (2006), school professional participants struggled to differentiate among reasons students refuse school. This may have been compounded by another finding from the same researcher that participating school professionals across different disciplines used different terminology when referring to students with attendance problems, a finding that echoes the fractured literature-base on school refusal discussed previously and ultimately likely impacts school responses to EBSR (Torrens-Salemi, 2006).

The role of the school professional deciding the EBSR response also impacts the type of response that is used. Torrens-Salemi (2006) revealed that interventions selected by school professionals to address school refusal behaviors were related to whether or not the professional's role was discipline-focused. School responses to EBSR are also impacted by school professional perceptions of acceptability to use certain interventions in their school and beliefs about the effectiveness of the intervention to address EBSR (Gullone & King, 1991; Wolf, 1978). Acceptability to use an intervention refers to thoughts and beliefs about the

appropriateness, fairness and reasonableness of the intervention for a given problem (Wolf, 1978). Previous research has shown that prior attitudes toward an intervention are related to intervention selected (Calvert & Johnston, 1990) and that less aversive strategies are generally perceived as more acceptable than more aversive ones – regardless of the efficacy (Kazdin, 1980a, 1980b).

Perceived effectiveness of an intervention consists of beliefs about the potential of the intervention to have impact on the problem it is designed to address (Lakin & Shannon, 2015). It has been demonstrated that in school settings, the most effective interventions are not always the most acceptable (Gullone & King, 1989; Kazdin & Wilson, 1978; Wolf, 1978). Evidence-based interventions and responses to EBSR are of little value unless appropriately selected and implemented by school professionals (Forman et al., 2013). Following her study, Torrens-Salemi (2006) concluded the responding school professionals did not appear to reflect the use of school refusal behavior literature in responding to EBSR. This is similar to other findings which cite relatively low implementation rates of evidence-based interventions in school settings (Ennett et al., 2003; Forman et al., 2012).

School principals and emotionally-based school refusal. School principals occupy a powerful and influential role in the schools they serve. School principals are key players in school policy and procedures, decision-making, and teaching practices. School principals are also impactful in defining the role and function of other professionals within the school setting, such as school psychologists (Senft & Snider, 1984). In terms of EBSR, school principals are regarded as frontline responders and primary identifiers of school refusing students (Mitchner, 1998; Stickeny & Miltenberger, 1998). The school principal impacts student attendance rates

directly through professional practices and indirectly by setting the tone for the school's culture and climate (Jordak, 1998; Reid, 2007).

School principal responses specifically to EBSR students have yet to be explored. However, school principal responses to problematic student attendance and to school refusing students as a whole have been studied. In Stickney & Miltenberger (1998), participating school principals reported providing referrals to 60% of students identified with school refusal behavior according to the following break-down: 22% were referred to a social worker, 18% to a mental health professional, 19% to juvenile court, 7% to a physician, and 4% to a psychiatrist. There was no additional information provided on what was done with the other 40% of identified school refusing students or how such referral decisions were made.

Scott & Friedli (2002) surveyed 464 elementary and secondary school principals concerning discipline responses to problematic student behaviors. The most frequently used responses of participants to address student attendance problems were: parent contact, in-school suspension and short-term suspension (Scott & Friedli, 2002). In Jordak's (1998) survey of 103 elementary school principals regarding responses to absenteeism and truancy, the most frequently reported responses were: telephone contact with parent, parent conference, and mail contact with parent. School-based counseling was the fifth most used response (Jordak, 1998). The researcher also noted that participant responses seemed to reflect a greater emphasis on a student's return to school and less of a focus on school factors potentially contributing to absences (Jordak, 1998).

Ola (1990) conducted a study of school professional perceptions of the effectiveness of several attendance policy elements. Participants included 162 administrators who were either chief school administrators or administrators in charge of attendance. It is likely that school

principals were among the participants, but it is unclear exactly how many of the participants were school principals. Respondents' perceived effectiveness ratings were highest for punitive measures including: withholding student course credit, denying student participation in school activities, in-school suspension and detention (Ola, 1990). Providing counseling as an intervention was rated by participants as "somewhat effective," with lower mean ratings than the previously mentioned punitive measures (Ola, 1990).

As a school leader principals can play a pivotal role in determining which interventions and responses are used and which are disregarded. There is no study which assesses either school principal knowledge of EBSR or perceptions of EBSR interventions. Research is needed in this area to better understand school responses and to promote the use of evidence-based interventions for EBSR.

School psychologists and emotionally-based school refusal. School psychologists have training to provide a variety of services students with EBSR may need including: comprehensive assessment, counseling, teacher consultation, parent-training, development of intervention plans, and advocating for student needs (Kearney, 2008; Suldo & Ogg, 2014; Wimmer, 2003). School psychologists can act in a capacity to provide information to school administrators, nurses, teachers and families regarding EBSR, the impact of school non-attendance, and ways to identify students at-risk for EBSR (Suldo & Ogg, 2014; Wimmer, 2013). School psychologists have skills to coordinate intervention efforts that involve family members, teachers and community professionals and they can mediate when conflict occurs between the school and family (Blagg, 1987; Elliot & Place, 1998; Paige, 1993; Pellegrini, 2007). School psychologists also have direct access to key stakeholders in the school system, including school principals who are leaders in school procedures (Senft & Snider, 1984). Miller & Jome's (2010)

survey of 263 practicing school psychologists indicated a strong consensus from within the field that school psychologists should be involved in EBSR intervention.

The National Association of School Psychologists (NASP), urges school psychologists to use evidence-based interventions to address problematic student behaviors (NASP, 2009). School psychologists intervening with EBSR students need to possess adequate knowledge about the behavior and about selecting an appropriate evidence-based intervention (Shernoff et al., 2003). There is no study available which assess school psychologist knowledge of EBSR. However, in Mitchner's (1998) survey of 170 school psychologists, the majority of participants were able to identify the four most common characteristics of truant students and were able to differentiate truant students from other types of school refusing students. These findings are consistent with DeAngelis' (2010) survey of 154 school psychologists in which most respondents were able to identify primary characteristic of school refusing students. It is interesting to note that the majority of participants in Mitchner (1998) and DeAngelis' (2010) studies reported their definition of school refusing behaviors was informed by sources other than the professional literature. In Mitchner (1998), more than half of the participants reported their school district policy informed their definition of school refusal behavior and in DeAngelis (2010), 90% of participants reported relying on their professional experience to inform their definition of school refusal behaviors.

According to Mitchner (1998), when working with truant students, the most frequently reported responses of surveyed school psychologists were: parent consultation (92.3%), teacher consultation (91.2%), counseling (89.1%), behavior modification (84.8%), and parent education (75.0%).

In her study, DeAngelis (2010) assessed school psychologist self-perceived competence to implement various interventions with school refusing students and concluded that while school psychologists reported using some effective school refusal behavior interventions, more than half did not feel adequately trained to implement two of the most effective interventions – systematic desensitization (only 46.9% reported adequate training to implement) and cognitive restructuring (only 40.8% reported adequate training to implement). The interventions school psychologists reported feeling most competent to implement with school refusing students were: teacher consultation (92.3%), contingency contracting (82.3%), counseling (83.1%), and parent education/training (78.5%) (DeAngelis, 2010).

Without adequate knowledge and training school psychologists are less likely to select and implement evidence-based interventions for EBSR. According to DeAngelis (2010), 51.6% of surveyed school psychologists reported not being adequately trained to implement interventions school refusing students overall. This finding is similar to other findings that school psychologists lack the training needed to implement evidence-based interventions in their schools (Shernoff et al., 2003).

NASP recommends that school psychologists should consider treatment acceptability when selecting and implementing interventions (NASP, 2010), yet there is no known research on school psychologists' perceptions of acceptability to use various EBSR interventions in schools. Information on school psychologist perceptions of the effectiveness of EBSR interventions are also not available. Studies of school psychologist perceptions of the effectiveness of interventions for populations closely-related to EBSR are limited. In a survey about the perceived effectiveness of school refusal behavior interventions, the perceptions of school

psychologist participants were mixed for CBT and participants did not consistently endorse CBT as an effective school refusal behavior intervention (DeAngelis, 2010).

Summary

Despite a prevalence rate of 1-5% of school-age children (Burke & Silverman, 1987; Egger et al., 2003; Granell de Aldaz et al., 1984; Kearney, 2001; Kearney & Beasley, 2004;), EBSR can be time and resource intensive for schools to address and longer periods of time between problem onset and treatment are associated with worse outcomes (Kearney & Tiltoson, 1998). There is compelling evidence that early identification and treatment of EBSR are essential to secure positive outcomes and to avoid the potential for devastating short-term and long-term negative outcomes (Berg & Jackson, 1985; Buitelaar et al., 1994; Flakierska-Praquin et al., 1997; Hibbett et al., 1990; King et al., 2001;). It is unclear how school professionals are responding to this challenging population of students.

CBT has been the most widely studied treatment for EBSR and has been shown to be effective at reducing symptoms of EBSR and increasing student attendance rates (Bernstein et al., 2000; Heyne et al., 2011; King et al., 1998a, 1998b, 2001; Last et al., 1998;). Behavior therapy for EBSR has also been rigorously studied with particularly effective results demonstrated for exposure/systematic desensitization procedures (Heyne et al., 2004; Suldo & Ogg, 2014). DBT and social skills training interventions have yielded positive findings with EBSR students (Casoli-Reardon et al., 2012; Chu et al., 2015; Kearney & Bates, 2005; Lyon & Cotler, 2009). Researchers have also investigated EBSR treatment strategies that (a) incorporate parent involvement; (b) address related school-based factors; and (c) include psychotropic medication as a component in a comprehensive treatment plan. Additional researcher is needed

in order to identify which treatments work best for which types of EBSR students, given the heterogeneity of the problem.

Studies of school responses to problematic attendance behaviors (i.e. truancy, chronic absenteeism) may provide some evidence to suggest how schools are responding to EBSR. Data on school responses to problematic attendance behaviors also provide information and guidance on the factors likely to be included in the decision-making process of school professionals determining which interventions to utilize. School principals can play a powerful role in supporting, promoting, or hindering EBSR intervention use. Successful implementation of evidence-based interventions for EBSR are less likely without principal support. School psychologists have the potential to play a significant role in the identification and treatment of EBSR. The skills and training of school psychologists align with the needs of EBSR students in many ways. School psychologists are in a position to inform other school professionals about the needs of EBSR students and the risks of failing to intervene. In order to promote the use of effective interventions for EBSR students, information is needed on factors that relate to interventions that school principals and school psychologists select to use. Specifically, research that assesses school principal and school psychologist knowledge of EBSR, and explores factors that promote or interfere with these school professionals' use of evidence-based interventions for EBSR is needed.

Research Questions

The purpose of this study is to gather information from school professionals regarding EBSR. This study proposes to answer eight research questions. See Appendix G for a table of the research questions, dependent measures with corresponding survey item numbers, and proposed statistical analysis.

1. How do school principals and school psychologists define EBSR? Definitions provided by participants will be used as a measure of knowledge. EBSR knowledge and ability to distinguish EBSR from other school attendance problems is linked to accurate identification and intervention selection (Blagg, 1987; Doobay, 2008; Hansen et al., 1998; Paige, 1993; Pellegrini, 2007; Nuttall & Woods, 2013).

2. Is there agreement between school principal and school psychologist definitions of EBSR? Many different terms, definitions and constructs are used throughout the literature to describe students with problematic attendance (Kearney, 2007; Wimmer, 2003) and there is a lack of agreement in the literature on how best to define, assess and intervene with student nonattendance (Elliot, 1999; Kearney & Bensaheb, 2006; Kearney & Graczyk, 2014; Torrens-Salemi, 2006; Wimmer, 2003;). It remains unknown if school principals and school psychologists working in the same geographic region agree on how to define EBSR.

3. What do school principals and school psychologists report about responses to EBSR in their school? School responses to EBSR remain unclear. Preliminary data is needed on responses, processes, and school professionals involved in EBSR identification and intervention to better understand the capacities and limitations of schools to intervene effectively with EBSR.

4. Is there convergence between school principal and school psychologist reports of school responses to EBSR? Given that the sample will be taken from the same geographic region, it is expected that there will be agreement in responses between the groups.

5. What are school principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students? Data is needed on school professionals' perceptions of potential EBSR interventions to understand intervention

selection and implementation. Perceptions of interventions impact intervention selection. Specifically, perceptions of acceptability to use an intervention in the school and beliefs about the intervention effectiveness are related to intervention selection (Calvert & Johnson, 1990; Gullone & King, 1991; Wolf, 1978). Perceptions of competence to intervene effectively with EBSR students may provide an indication of level of perceived EBSR knowledge and/or potential professional developing or training needs.

6. Is there convergence between school principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students? To be effective, EBSR interventions require involvement of multiple professionals (Kearney & Bates, 2005; Wimmer, 2003). School principals and school psychologists are likely to have to work tandem to support this population, yet, it remains unknown if both groups agree perceptions of interventions. School psychologists receive more mental health training than school principals and this may lead to differences in intervention perceptions. School principals and school psychologists are expected to fulfil different roles and responsibilities within the school and these factors may also lead to differences in intervention perceptions.

7. What EBSR topics would school psychologists like training in? Responses will provide an indication of EBSR topics perceived as important to school psychologists and areas where school psychologist may need additional training or professional development.

8. Is there a relationship between demographic variables and EBSR definition score? Participant responses to the demographic questions will be examined to determine if any of the demographic variables had an impact on the dependent measures.

Chapter III: Methods

Design

This was an exploratory study designed to collect preliminary data on “emotionally based school refusal” (EBSR) from two groups of school professionals likely to be involved with EBSR students – principals and school psychologists. It is likely that principals and school psychologists need to work together to effectively address the needs of EBSR students. A regional design was used to allow for a meaningful comparison between the responses of principal and school psychologist participants; a national design would limit the usefulness of comparisons since school professional roles and responsibilities are known to vary greatly in different states. A survey method approach was used due to the following advantages: (a) allowed for a large collection of data from many participants; (b) minimized the time commitment from participants, which facilitates response rate (Dillman et al., 2009); (c) effectiveness at collecting data on perceptions, attitudes or beliefs (Dillman et al., 2009); and (d) perceived as appealing to participants (Rea & Parker, 2005).

Participants and setting

Principal and school psychologist participants in this study were employed by school districts from within the same geographic region of central New Jersey. The geographic region in this study consisted of 21 school districts and 81 schools. The student enrollment rate for this geographic region was 52,496 during the 2016-17 school year (NJDOE, 2017). School districts within the geographic region employed 81 principals and 86 school psychologists at the time of this study.

Prospective power analysis. Prior to data collection, a prospective power analysis was conducted using the total number of potential participants (N= 167). The prospective power

analysis provided information about the chances of detecting a small, medium and large effect (or difference) between principal and school psychologist responses – if, in fact such an effect, or difference, does exist. Prospective power analyses were conducted for independent samples two-tailed *t*-tests using G*Power, a statistical analysis software program available online (Faul et al., 2007). Cohen's *d* was used as the measure of effect size (.20= small, .50= medium, and .80= large) and alpha (or probability of error) was set at .05. The results of the analyses revealed that the following sample sizes would be needed to detect a: small effect (N= 788), medium effect (N = 128) and large effect (N= 52) with 80% power. Meaning, the potential sample size (N= 167) had sufficient power at or above the recommended beta level of .80 to detect a medium or large effect but not a small one.

Response rate. All 21 school districts within the geographic region were contacted with a request to participate and 9 districts, or 43%, agreed to participate. Within the 9 districts that agreed to participate, there were 47 schools, which represented 58% of the total number of schools within the geographic region. The researcher was approved to contact and invite 47 of the 81 principals and 51 of the 86 school psychologists within the geographic region. Seventy-one surveys were returned; however, five surveys were unusable due to incompleteness. The results of this study are based on a total of 66 respondents – 30 principals and 36 school psychologists. Table 1 shows the sample size and response rate.

Table 1
Sample size and measures of response rate

School professional	<i>N</i>	Response rate
Principals		
Within geographic region	81	37%
Contacted and invited to participate	47	63.8%
School psychologists		
Within geographic region	86	41.9%
Contacted and invited to participate	51	70.6%

For principals, the response rate among the entire geographic region was 37%, and among invited principals was 63.8%. For school psychologists, the response rate among the entire geographic region was 41.9%, and among invited school psychologists was 70.6%.

Participant characteristics. The demographic characteristics of the sample are displayed in Table 2.

Table 2
Demographic characteristics of the sample

Variable	<u>Principals</u>		<u>School Psychologists</u>	
	<i>n</i>	%	<i>n</i>	%
Gender				
Female	12	40	31	86.11
Male	18	60	5	13.88
Race/Ethnicity				
White	25	83.33	33	91.66
Black or African American	4	13.3	2	5.55
Hispanic or Latino	0	0	1	2.77
More than Two Races	1	3.33	0	0
Degree				
Masters	22	73.33	10	27.77
Professional/Specialist	1	3.33	19	52.8
Doctorate	7	23.33	7	19.44
Years Employed				
0-5	8	26.66	9	25
6-10	11	36.66	5	13.88
11-15	1	3.33	6	16.66
16-20	7	23.33	8	22.22
20 or more	3	10	8	22.22
Grade currently work with ^a				
Preschool	6	20	8	22.22
Elementary	16	53.33	15	41.7
Intermediate/Middle	10	33.33	11	30.55
High school	8	26.66	13	36.11
Education/training on EBSR				
Yes	9	30	21	58.33
No	21	70	15	41.66

Note. ^aNs do not sum to 66 (total number of respondents) for the variable grade currently work with because participants were allowed to select multiple responses to this question.

In this study, there were more male participants ($n= 18$, 60%) than female participants ($n= 12$; 40%) in the principal group, however, there were more female participants ($n= 31$;

86.11%) than male participants ($n=5$ %; 13.88%) in the school psychologist group.

Race/Ethnicity reported by most principals was Caucasian ($n= 25$; 83.33%), followed by Black or African American ($n= 4$; 13.3%), and more than two races ($n= 1$; 3.33%). Race/Ethnicity reported by most school psychologists was Caucasian ($n= 33$; 91.66%), followed by Black or African American ($n= 2$; 5.55%), and Hispanic or Latino ($n= 1$; 2.77%). The highest degree earned of most principals was Master's ($n= 22$; 73.33%), followed by Doctorate ($n= 7$; 23.33%), and Professional/Specialist ($n= 1$; 3.33%). The highest degree of most school psychologists was Professional/Specialist ($n= 19$; 52.8%), followed by Master's ($n= 10$; 27.77%), and Doctorate ($n= 7$; 19.44%).

Most principals in this study had either 6-10 years ($n= 11$; 36.66%) or 0-5 years ($n= 8$; 26.66%) experience as a principal, followed by 16-20 years ($n= 7$; 23.33%), 20 or more years ($n= 3$; 10%), and 11-15 years ($n= 1$; 3.33%). Most school psychologists either had 0-5 years ($n= 9$; 25%), 16-20 years ($n= 8$; 22.22%), 20 or more years ($n= 8$; 22.22%) of experience as a school psychologist, followed by 11-15 years ($n= 6$; 16.66%) and 6-10 years ($n= 5$; 13.88%). Most principals reported working with students in elementary school ($n= 16$; 53.33%), followed by Intermediate/Middle school ($n= 10$; 33.33%), High school ($n= 8$; 26.66%), and Preschool ($n= 6$; 20%). Similarly, most school psychologists reported working with students in elementary school ($n= 15$; 41.7%), followed by high school ($n= 13$; 36.11%), Intermediate/Middle school ($n= 11$; 30.55%), and then Preschool ($n= 8$; 22.22%). The sum of response frequencies are greater than the sample size because participants were allowed to select multiple responses.

Most school psychologists reported they had previous education or training on EBSR ($n= 21$; 58.33%), while most principals reported no previous education or training on EBSR ($n= 21$; 70%). Of the 30 participants that reported previous education or training on EBSR, 18 provided

one or more explanation. The results are shown in Table 3. Prior types of education or training on EBSR were: workshop, in-service or conference ($n= 14$; 46.66%), graduate school ($n= 5$; 16.66%), independent research ($n= 3$; 10%), and consultation with colleagues ($n= 1$; 3.33%).

Table 3

Types of prior education or training on EBSR, frequency and percentage

Type of education or training	<i>N</i>	Percentage
Workshop, in-service, conference	14	46.66
Graduate school	5	16.66
Independent research	3	10
Consultation with colleagues	1	3.33

Note. *F*s do not sum to 18 (total number of respondents) because some participants provided more than one response.

Comparison of participant and population characteristics. There were 232 school administrators and 747 special services professionals employed within the geographic region used in this study for the 2015-16 school year; data for 2016-17 is not yet available (NJDOE, 2016a). According to demographic data provided by the New Jersey Department of Education (NJDOE), school administrators in the geographic region were 55% male ($n= 126.5$) and 45% female ($n= 105.6$); and race/ethnicity was: Caucasian (89.8%), African American (6%), Hispanic (2.6%), and Asian (1.6%) (NJDOE, 2016a). Among special services professionals in the geographic region, 8% were male ($N= 61.5$) and 92% were female ($N= 685.6$); and race/ethnicity was: Caucasian (92%), African American (3.3%), Hispanic (3.3%), and Asian (1.3%) (NJDOE, 2016a). Participants in this study were similar to professionals in the geographic region in terms of gender and race/ethnicity. Most principal participants were Caucasian ($n=83.33\%$) and male ($n= 60\%$), and most school administrators in the geographic region were also Caucasian (89.93%) and male ($n= 54.5\%$) (NJDOE, 2016a). Most school psychologists were Caucasian (97.67%) and female (86.11%), and most special services professionals in the geographic region were also Caucasian (91.96%) and female (91.77%) (NJDOE, 2016a).

Table 4
Comparison of demographic data for the region and sample

Variable	<u>Region</u>		<u>Sample</u>		<u>Region</u>		<u>Sample</u>	
	Administration (<i>n</i> = 232.1)		Principals (<i>n</i> = 30)		Special Services (<i>n</i> = 747.1)		School psychologists (<i>n</i> = 36)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender								
Female	105.6	45.49	12	40	685.6	91.77	31	86.11
Male	126.5	54.5	18	60	61.5	8.23	5	13.89
Ethnicity								
White	208.5	89.83	25	83.33	687	91.96	33	97.67
Black, African American	14	6.03	4	13.33	25	3.35	2	5.56
Hispanic or Latino	6	2.58	0	0	24.3	3.25	1	2.78
Two or More Races	0	0	1	3.33	0	0	0	0

Instrumentation

The survey instrument used in this study was adapted from DeAngelis' (2010) which was initially created and used by Mitchner (1998). Questions were added to the original survey for this study to gather information on the perceptions school professionals regarding intervening with EBSR students. In Mitchner (1998) and DeAngelis (2010), survey administration was only with school psychologists. However, in the current study, two versions of the survey were created and used – one for school psychologists and one for principals. Both surveys contained the same core of 23 questions. The principal survey contained 1-unique item and the school psychologist survey contained 10-unique items. The additional items on the school psychologist version were designed to gather additional information on potential training and professional development needs of school psychologists pertaining to EBSR.

The survey used different question formats – open-ended, multiple choice, and Likert rating scales. The survey collected qualitative and quantitative data. A web-based version and paper-version of the survey were created and offered to all potential participants to make responding more convenient, which can lead to a higher response rate (Dillman et al., 2009).

According to research, web-based surveys share a high degree of similarity with paper-based surveys as well as provide a reliable, valid, cost-effective means of data collection (Myerson & Tyron, 2003; Robert, 2006;).

Measures. The principal and school psychologist survey collected data on four measures related to EBSR: (1) definition; (2) school practices and approaches; (3) intervention perceptions; and (4) demographic information. A fifth measure – training interests – was included on the school psychologist survey.

Definition of EBSR. The first section of the survey asked participants to provide a written response to the open-ended question, “How would you define EBSR?” Participants’ definition of EBSR is used as an indicator of school professional knowledge about EBSR. Responses to this question were qualitative and therefore needed to be transformed into quantitative data for statistical analysis. Prior to the start of the study, the researcher created a coding scheme for scoring each response, or definition of EBSR, provided by participants. The procedures for coding are discussed in the procedures section.

After the EBSR definition question, participants were asked to identify the source(s) of their definition. A list of options, informed by the literature, were presented: (a) state/federal definition; (b) district/school policy; (c) research in the field; (d) professional experience; and (e) other. Participants were permitted to select multiple responses and/or provide additional sources not listed.

School practices and approaches regarding EBSR. On the second section of the survey, participants were asked three questions designed to explore school practices related to EBSR identification and intervention. First, participants were asked to identify the professional(s) in their school responsible to identify students with EBSR. Then, participants were asked to

identify the professional(s) in their school responsible for implementing interventions for EBSR students. For each of these questions, the following options were presented: (a) principal or vice principal; (b) truancy officer; (c) secretary; (d) school counselor; (e) teacher; (f) school psychologist; (g) school social worker; and (h) other. Participants were permitted to select multiple responses and include school professionals not listed. For the final question in this section, participants were asked to identify source(s) of information used in their school to identify students with EBSR. Six options were presented: (a) attendance records; (b) input from school staff; (c) input from parent; (d) assessment or evaluation of student social, emotional, and/or behavioral functioning; (e) behavior observation; and (f) other. Participants were permitted to select multiple responses and/or include source(s) not listed.

Intervention perceptions. The third section of the survey measured participants' perceptions regarding intervening with EBSR students. Intervention perceptions are related to intervention selection and use. There were four measures of perception used in this study: (a) "Acceptability" – perceived acceptability to use an intervention with EBSR students in the participants' school; (b) "Effectiveness" – perceived effectiveness of the intervention with EBSR students in the participants' school; (c) "Barriers" – actual or potential perceived barriers to the use of effective EBSR interventions in the participants' school; and (d) "Competence" – principals' perceived competence to intervene effectively with EBSR students in their school and school psychologists' perceived competence to effectively implement ten specific interventions with EBSR students in their school. Additional questions were on the school psychologist survey to explore potential training and professional development needs as previously mentioned.

Perceptions of acceptability and effectiveness. Eight potential interventions of school professionals for EBSR students were identified from the literature and presented: (a) Truancy charges and/or disciplinary action; (b) Referral to community treatment providers; (c) Alternate education placement; (d) Modifications to curriculum and/or environment; (e) Parent training and/or education; (f) Teacher training and/or consultation; (g) School-based counseling, treatment, therapy; and (h) behavior modification and/or applied behavior analysis (Heyne et al., 2002, 2011; Kearney, 2007; Kearney & Bates, 2005; King & Bernstein, 2001; King et al., 1998b, 2000; Last et al., 1998; ; Place et al., 2000; Wimmer, 2003, 2013).

Participants were asked to their perceptions of acceptability to use each intervention in their school with EBSR students using a Likert rating scale of 1 to 5 (1 = not acceptable, 2 = slightly acceptable, 3 = moderately acceptable, 4 = mostly acceptable, 5 = highly acceptable). Then, participants were asked to rate their perceptions of the effectiveness of the intervention with EBSR students in their school using a Likert rating scale of 1 to 5 (1 = not effective, 2 = slightly effective, 3 = moderately effective, 4 = mostly effective, 5 = highly effective). Likert rating scales are known to be useful when measuring opinions, beliefs, and attitudes (DeVillis, 1991). The use of Likert rating scales allowed for a greater scope of data to be collected, which can then increase the precision of the measure (Spector, 1992).

Perceptions of competence. Perceptions of competence were measured differently on the principal and school psychologist survey. School principals were asked to rate how competent they feel to intervene effectively with EBSR students using a Likert scale of 1 to 5 (1 = not competent, 2 = slightly competent, 3 = moderately competent, 4 = mostly competent, 5 = highly competent). School psychologists, on the other hand, were presented with a list of ten interventions and asked to rate how competence they feel to implement each of the interventions

effectively with EBSR students using the same Likert rating scale. The interventions were identified from the literature and based on those which a school psychologist could implement: (a) Functional behavior assessment; (b) Teacher training and/or consultation; (c) Parent training and/or education; (d) Behavior modification and/or applied behavior analysis; (e) Psychoeducation; (f) Teaching coping skills; (g) Systematic desensitization and/or exposure; (h) Cognitive restructuring; (i) Relaxation training; and (j) Social skills training (Kearney, 2007; NASP, 2015; Wimmer, 2003, 2013).

Perceptions of barriers. Participants were asked to identify current or potential barriers to implementation of effective interventions for EBSR students in their school. The options presented were: (a) additional training for staff needed; (b) limited resources; (c) parent/family resistance; (d) school climate; (e) resistance from other school professionals; and (f) other. Participants were permitted to select multiple responses and/or include barriers not listed.

Training interests. School psychologists were presented with a list of potential EBSR training topics, informed by the literature, and were asked to select which of the topics they had an interest to receive training on. This question was designed to explore potential EBSR training and professional development needs of school psychologists, from the perspective of school psychologists. The EBSR training topics presented were: (a) Interventions to use with parents and/or families of EBSR students; (b) Effective counseling, treatment, therapy interventions for EBSR students; (c) Providing comprehensive assessments for EBSR students; (d) Behavior management strategies for EBSR students; (e) Teacher training and/or consultation to support EBSR students; (f) None, I already possess information to effectively intervene with EBSR students; (g) None, not part of my current position; (h) Other. Participants were permitted to select multiple responses.

Demographic information. The final section of the survey collected demographic information from participants. As previously mentioned, to protect the anonymity of responders, no personally identifying information was collected on this survey. Demographic data was collected for: (a) years employed as a principal or school psychologists; (b) highest degree earned, (c) grade level of students currently working with; (d) gender; (e) race/ethnicity, and (f) prior EBSR training or education. Demographic data of participants, specifically gender and race/ethnicity, were used in a comparison with school professionals from the entire geographic region, to measure the representativeness of the sample.

Pilot of survey. A pilot of the survey was conducted prior to the research study. Pilot participants were recruited by the researcher from a convenience sample of professional colleagues. There were three school psychologists and two principals in the pilot. School professionals in the pilot completed the web-version of the survey and participated in a debriefing session with the researcher. The purpose of the pilot was to collect feedback from a sample of school professionals, similar to those in the target sample, in order to identify and resolve problems regarding survey design and administration prior to the actual research study.

Survey administration procedures used in the pilot mirrored those used in the actual research study. Each pilot participant was sent an email containing information about the research as well as a link to access the web-version of the survey. Upon completion of the survey, pilot participants were instructed to inform the researcher, so a debriefing session could occur. The researcher debriefed each participant individually, either on the same day or the next day following survey completion. Debriefing sessions occurred in-person or by phone. During the debriefing session, the researcher gathered feedback regarding: (a) ambiguous items, questions or directions; (b) user friendliness; (c) suggestions to improve format or layout; (d)

technical difficulties; (e) comments about survey feasibility, including amount of time to complete and length of survey; and (f) additional questions, comments or concerns.

During the debriefing sessions, pilot participants reported they could only select one response per question, despite directions stating multiple responses were allowed. The researcher reviewed the survey program further and learned that “selection of multiple responses” – a feature of the survey program – had not been activated. The researcher then activated this feature for each question where multiple response selection was permitted. Pilot participants also shared they could not use any Likert rating score (1 to 5) more than one time per section. As a result, they could not report their ratings accurately for several items and could not report any rating at all for some items. Following this feedback, the researcher adjusted corresponding features on the survey program to permit each Likert rating score (1 to 5) to be selected without restrictions. Debriefing sessions with pilot participants revealed these technical problems and, thus, allowed the researcher to make needed adjustments prior to the actual research study. Without the pilot study, the technical problems would have persisted, and the accuracy of the findings would have been compromised.

Lastly, the researcher and one school psychologist pilot participant conducted an evaluation to see if using different web-browsers had an impact the presentation or accessibility of the survey. The researcher and school psychologist pilot participant completed the survey using a variety of frequently used web-browsers (i.e. Google, Yahoo, Internet Explorer, Firefox, Safari). The results of the evaluation revealed survey accessibility and presentation across different web-browsers remained the same. Survey consistency across different web-browsers decreases the potential for web-browser interference or restriction of participation as well as increases the likelihood of obtaining accurate and reliable data.

Instrumentation concerns. The survey used in this study collected only one type of data, self-report. Self-report measures increase the likelihood of response bias, such as social desirability, where perceptions about social desirability impact or influence participant responses. Reliability and validity of the survey instrument have not been evaluated (DeAngelis, 2010; Mitchner, 1998). Validity refers to the ability of the instrument to measure what it is intended to measure, while reliability refers to the replicability of the findings. Without this data, there is no way to know if the survey measures what it is supposed to measure or if it is sensitive enough to capture actual differences between principals and school psychologists. Threats to the internal validity of the measurement impact degree of certainty, accuracy and interpretability of the findings. The findings of this study need to be interpreted with caution and implications must be carefully considered.

Precautions were taken in the design of the instrument to try to minimize measurement concerns. Multiple question formats were used to facilitate measurement accuracy and precision and to decrease the chances of measurement error (Dillman et al., 2009). An open-ended definition question was used to minimize influence or bias in the participant's response, which is a modification from the original survey where participants provided a definition by selecting from an extensive list of potential descriptors (DeAngelis, 2010; Mitchner, 1998). The coding scheme for the open-ended definition question included operational definitions and as well as characteristics derived from the literature, which enhanced construct validity.

Procedures

First, the researcher obtained a list of all New Jersey "state-approved" school districts (grades Pre-K to 12) within the geographic region of the study, using the New Jersey Department of Education (NJDOE) school directory, accessed on September 15, 2016 (NJDOE, 2016b).

According to the directory, there were 21 school districts and 81 schools listed for the geographic region. The 81 schools were comprised of 75 public schools, 3 private special education schools, 2 charter schools, and 1 vocational/technical school. The researcher also collected contact information for all 21 school district superintendents (including name, address, telephone number, e-mail) and the web-address for all 21 school districts, using the NJDOE school directory.

Demographic characteristics of the sample were compared to that of school professionals in the geographic region, as a measure of the sample's representativeness. Demographic data of school professionals in the geographic region was obtained using the New Jersey Department of Education (NJDOE) website. The researcher generated a report of the demographics (gender and race/ethnicity) of school professionals in the geographic region by selecting "Data Reports" for "Certificated Staff" for "2015-16" school year. The results are shown in Table 4. The demographic data provided by the NJDOE is limited to only two variables, gender and race/ethnicity. The demographic data provided by the NJDOE are not an ideal comparison because the results are reported broadly by department (i.e. administration, special services) and not specific job title (i.e. principal, school psychologist). Demographic data specific to principals and school psychologists in the geographic region could not be located. Thus, the representativeness of the sample was assessed by comparing demographic data of principal participants to school administrators within the geographic region. Similarly, demographic data of school psychologist participants were compared to all special services professionals in the geographic region. While this comparison is imprecise, it does yield an indication of the sample's representativeness.

Next, the researcher created a list of all potential principal and school psychologist study participants employed within the 21 school districts of the geographic region at the time of this study, since no such list could be located. The list was developed from an extensive review of faculty directories on school and district websites. As a result, this process generated contact information – including name, title, email address, school address – for 81 principals and 86 school psychologists.

Then, the researcher submitted a request for approval to conduct the research study to the Rutgers University Institutional Review Board (IRB). Approval from the IRB was subsequently granted. Following IRB approval, research procedures were conducted according to two phases. The first phase, “Phase I,” consisted of procedures for seeking a school district approval – in the form of a signed “Letter of Cooperation.” The second phase, “Phase II,” consisted of procedures designed to recruit principal and school psychologist participants. Phase II procedures, though, were only enacted in school districts that submitted a “Letter of Cooperation” granting required approval to the researcher.

Phase I. The initial request for participation in the study was sent to all 21 superintendents in January 2017. Superintendents were initially given a five-week deadline to respond, however, this was later extended to accommodate districts that were interested in participation but awaiting the approval of their Board of Education. For the initial request, each superintendent was mailed a research packet that contained: (a) information about the study and its purpose; (b) a request for permission to invite principals and school psychologists in the district to participate in the study (Appendix A); (c) a postage-paid envelope for submitting the required signed letter of approval or permission, also known as, “Letter of Cooperation;” and (d) contact information for the research investigator, advisor, and Rutgers University IRB. A “Letter

of Cooperation” was required before the researcher could contact and invite principals and school psychologists in the district to participate in the study, and all letters were forwarded to the IRB. “Letters of Cooperation” were collected between January and March 2017.

Two-weeks after the initial mailing to superintendents, the researcher sent a personalized follow-up email to each superintendent that had not yet responded. Four-weeks after the initial mailing, the researcher attempted phone contact with each district that had not yet responded.

Phase II. When approval was received from a district, the researcher then contacted and invited principals and school psychologists within that district to participate in the study. First, the researcher sent a personalized email to each principal and school psychologist within the “approved” district that contained: (a) an invitation to participate in the research study; (b) a description of the study and its purpose; (c) procedures for participation; (d) a statement indicating superintendent approval; and (e) a hyperlink to access the web-version of the survey.

Respondents that accessed the web-based survey were first presented with the consent form (Appendix B). The consent form provided important information including: (a) the purpose of the research and potential benefits; (b) participation is voluntary; (c) procedures for participation and approximate time of participation; (d) participation is anonymous which means no identifying information or IP addresses (used to complete the web-based survey) will be collected, therefore responses cannot be linked to participants, their school or district in anyway; (e) responses are confidential and only group responses will be reported; and (f) contact information for the researcher, advisor, and Rutgers University IRB. At the end of the consent form, participants were prompted to make a selection regarding their consent; the options were: (a) “I agree” – which prompted survey administration to begin; and (b) “I do not agree” – which prompted the web-based survey to close and no survey questions were administered. Then, at

the end of the survey, after all questions have been administered, participants are prompted to make a selection regarding their completed data; the options were: (a) “Submit data for inclusion in the study;” or (b) “Discard data and do not submit for inclusion in the study.”

The researcher used SurveyMonkey for the administration of the web-based survey. SurveyMonkey allowed the researcher to create a unique hyperlink for the survey that was then shared with potential participants. SurveyMonkey used SSL/TLS encryption to protect data privacy and security, which was another benefit of the program. The web-based survey was created in a manner that allowed respondents to skip questions they did not want to answer.

After the initial contact, potential principal and school psychologist participants received two follow-up reminders. Like the initial contact, each follow-up contact was personalized. Every potential participant received both follow-up reminders because the survey was anonymous and there was no way to determine who had already participated. Therefore, each follow-up contact included both a reminder about participation and a “thank you” in the event the recipient had already participated.

The first follow-up reminder occurred two-weeks after the initial contact. The researcher mailed a personalized research packet to each potential participant. The research packet contained: (a) an invitation to participate in the study (Appendix C); (b) a description of the study; (c) a consent form (Appendix B); (d) a paper-version of the survey instrument (Appendix H, I); and (e) a postage-paid return envelope for submitting a completed survey. The return of a completed study, as stated on the consent form, implied participant informed consent. The second follow-up reminder occurred four-weeks after the initial contact (Appendix D). The researcher sent an email to each potential participant and made a final attempt to invite their participation in the research study.

Participants were given five-weeks to respond. At the end of the research study the survey was de-activated and no further data was collected. Data collection occurred between February and April 2017. After data collection was completed, the researcher downloaded the response data from SurveyMonkey to a password protected spreadsheet. Then, submitted paper-versions of the survey were manually entered in the spreadsheet. Each participant was assigned a code number by the researcher. There is no way to link code numbers to participants, as there was no identifying information collected.

Coding procedures. Prior to data collection, the researcher developed a coding scheme using “Classical Content Analysis” (CCA) to score responses on the open-ended question, “How would you define EBSR?” (Hsieh & Shannon, 2005; Leech & Onwuegbuzie, 2008) (Appendix E). The coding scheme served two main purposes: (a) to provide a set of rules and a structured step-by-step process for scoring; and (b) to transform qualitative data to quantitative data for analysis, that included a comparison of responses from principals and school psychologists (Hsieh & Shannon, 2005).

The coding scheme was developed following a review of the literature. First, recurrent themes used in the literature to define and describe EBSR were identified and compiled. From this process three themes of EBSR definitions emerged. The three themes were then used to form the three distinct scoring categories – “Essential Descriptors”, “Additional Descriptors,” and “Non-Descriptors.” A fourth scoring category was added – “Overall EBSR Knowledge” – which combined the “Essential Descriptor” and “Additional Descriptor” score.

“Essential Descriptors” are characteristics of all students with EBSR and are consistently used by researchers to describe EBSR and to distinguish EBSR from other school refusal behaviors (Berg et al., 1969; Bools et al., 1990; Kearney & Silverman, 1990). The “Essential

Descriptors” score is designed to measure respondent knowledge of basic traits or characteristics of students with EBSR. The “Essential Descriptors” were: (1) school attendance difficulty (i.e. inconsistent attendance, frequent lates, attempts to leave early, difficulty remaining in class or school); (2) refusal behavior is initiated by the student; and (3) psychological or emotional distress is primary reason for behavior. Each definition was scored one-point for each essential characteristic that was included. The range of potential scores was 0 to 3.

“Additional Descriptors” are characteristics that occur in many but not all students with EBSR (Elliot, 1999; Heyne et al., 2001, 2004; Kearney, 2001). The “Additional Descriptors” score is designed to measure participant knowledge of additional traits or characteristics in students with EBSR. Eight “Additional Descriptors” were used: (1) stays home when absent; (2) parent is usually aware of absences; (3) common emotions of EBSR students such as fear, dread, or anxiety; (4) characteristics of emotions such as extreme, strong, or out-of-proportion; (5) somatic complaints; (6) limited coping skills or coping through avoidance; (7) emotional difficulty before school such as tantrums, pleases to stay home, or refusal to get out of bed; (8) emotional difficulty during school including frequent visits to nurse or attempts to get picked up early. Each definition was scored one-point for the presence of each additional characteristic included. The range of potential scores was 0 to 8.

Next, an “Overall EBSR Knowledge” score was calculated for each definition by combining the “Essential Descriptors” and “Additional Descriptors” scores. The potential range of scores was 0 to 11. Although, definition of EBSR is only one measure of EBSR knowledge, higher scores may reflect greater knowledge of the participant regarding EBSR.

The open-ended question format introduced the potential that definitions could contain inaccuracies, and this had to be addressed in the coding scheme. The “Non-Descriptors”

category was created to address incorrect information included in EBSR definitions and to measure ability to accurately distinguish EBSR from other forms of school refusal. Thus, “Non-Descriptors” are characteristics that do not describe EBSR, but do describe other types of school refusal behavior such as truancy or school withdrawal. The literature revealed five-characteristics common to other types of school refusal behavior, but not to EBSR: (1) school refusal to pursue activities of greater interest; (2) leaves the home when absent; (3) parent often unaware of absences; (4) antisocial or criminal behavior; and (5) parent-initiated. Items 1 through 4 describe characteristics distinct to truant behavior (Fantuzzo et al., 2005; Pickington & Piersel, 1991). Item 5 describes a distinct characteristic of school withdrawal behavior (Elliot, 1999; Kearney, 2001; Wimmer, 2003). Each definition was scored one-point for the presence of each non-descriptor included. The range of potential scores was 0 to 5.

Scoring by two-independent coders. All EBSR definitions were coded and scored by a rigorous process of two-independent coders – the researcher and a professional colleague recruited and trained by the researcher. Both coders were given a copy of the “Coding Scheme” (Appendix E) to use during coding and scoring. The “Coding Scheme” was designed to increase coding consistency and accuracy by providing a detailed description, along with clear guidelines, for each coding category. Training for the second coder, therefore, included: (a) an orientation the Coding Scheme; (b) an explanation of the coding categories; (c) a discussion of examples for each category; and (d) instruction on how to record scores and coding notes for each definition using the “Coding Score Sheet” (Appendix F).

After all survey data was collected, responses were downloaded from the survey program, SurveyMonkey. Then, each coder was given a copy of all responses to the EBSR definition question – as generated by SurveyMonkey – which included a participant

identification number and corresponding EBSR definition. Coders used a separate “Coding Score Sheet” for each definition to record their scores and any coding notes. Every EBSR definition was scored twice – once by each coder – to enhance the accuracy and consistency of scores. And, definitions were coded and scored independently to increase the reliability of scoring and minimize chances of error. After independently coding and scoring all EBSR definitions, the coders reviewed their scores for each participant definition, one at a time, by comparing the “Coding Score Sheet” they completed for each corresponding definition. There was a high degree of scoring consistency between the coders. As recommended by Nastasi & Schensul (2005), scoring inconsistencies that did emerge were resolved through a discussion among both coders.

Procedure and sampling concerns. The sampling procedures used in this study were designed to address and minimize sampling concerns, such as error or bias, that could result in data collection from a subset of participants different from the sample population. Differences between responders and non-responders impact the accuracy and generalizability of findings.

Recruitment of principals and school psychologists required approval from the district superintendent, therefore responses of superintendents may lead to differences between responders and non-responders. For example, if districts with higher attendance rates decline to participate due to lack of perceived relevance, then data collection would be restricted to school professionals from schools with lower attendance rates, which may impact the data in meaningful ways. Superintendents that do not provide approval may result the exclusion of individuals who would otherwise be willing to participate.

Although the methods to obtain contact information for superintendents, principals, and school psychologists were exhaustive, the chances for error remain. School directories may be

outdated (i.e. new hires not included, retired professionals still listed), incomplete (i.e. certain staff not included); or contain errors (i.e. misspelled email address, incorrect job title). There is no way to account for school professionals on a leave of absence. Email settings established by the district may filter email invitations to “junk mail” resulting in potential participants unaware they have been invited to participate. Therefore, the sampling procedures in this study cannot guarantee the inclusion of all principals and school psychologists.

To participate in this study, responders must have access to a computer with Internet, must have time to respond, must check their email regularly, and be willing to answer questions about EBSR. Responders may differ from non-responders in terms of personal characteristics which could impact on the accuracy and interpretability of the findings. For example, if early career professionals are more eager to respond and become over-represented in the sample, then the findings may not be an accurate representation of principals and school psychologists in the geographic region. Also, participation in this study was voluntary, therefore participants are self-selected and not randomly selected.

Dillman et al.’s (2009) “Tailored Design Method” (TDM) is a scientific approach to survey research designed to increase response rate and decrease barriers to participation. The design of this study incorporated the following methods from TDM: (a) personalized contacts to superintendents, principals, and school psychologists; (b) multiple methods of contact (email, mail, and phone); (c) survey administration to make participation accessible and convenient; and (d) follow-up reminders. In addition, the researcher explained the research, the purpose of the research, and the process for keeping responses anonymous to potential participants in the consent form; consistent with TDM, these explanations are another method that can enhance participant trust and thereby increase the likelihood of participation (Dillman et al., 2009). In

addition, the researcher used methods from TDM to compose emails, such as: (a) using a subject line less likely to get filtered to junk mail (i.e. avoids phrases that refer to winning contests or purchasing items); (b) keeping the body of the email; and (c) including a direct hyperlink to access the survey (Dillman et al., 2009).

Non-identifying demographic data was collected from participants and compared to that of school professionals working in the same geographic region as a measure of the sample's representativeness. Demographic data is one way to measure the representativeness of a sample. The NJDOE reports demographic data for only two variables, gender and race/ethnicity, which limits the assessment of the representativeness of the sample. Further, the demographic data reported by the NJDOE, which lists demographic data of school professionals in the geographic region by job department rather than job title, results in an imprecise comparison with demographic data of participant.

Finally, the sampling approach used in this study was designed to allow for meaningful comparisons between responses of principals and school psychologists working in schools within the geographic region. The generalizability of the findings to other types of school professionals (i.e. teachers, guidance counselors) and to principals and school psychologists working outside of the geographic region are limited.

Statistical Analysis

Descriptive statistics were calculated for: (a) EBSR definition; (b) school practices and approaches to EBSR; (c) EBSR intervention perceptions; (d) training interests; and (e) demographic information. The results are presented according to group findings for principals and school psychologists. Independent samples *t*-tests were used to compare principal and school psychologist group means for: (a) EBSR definition; (b) EBSR intervention perceptions of

acceptability; and (c) EBSR intervention perceptions of effectiveness. Chi-Square analysis was used to evaluate whether “Overall EBSR Knowledge” score was impacted demographic variables: (a) years of experience as a principal or school psychologist; (b) highest degree earned; (c) grade level of students currently working with; and (d) prior EBSR training or education.

Chapter IV: Results

Introduction

This study collected information about emotionally-based school refusal (EBSR) from principals and school psychologists using a survey method approach. This section presents the results of the study.

Assessing school professionals' knowledge of emotionally-based school refusal

Participants were asked to provide a definition to EBSR. Each definition was scored according to four measures: "Essential Descriptors," "Additional Descriptors," "Overall Knowledge," and "Non-Descriptors." Descriptive statistics, including group mean and standard deviation, were calculated for principals and school psychologists. Descriptive statistics are presented in Table 5. Independent samples *t*-tests were used to assess for statistical significance in differences between mean scores of principals and school psychologists. Prior to each independent samples *t*-test, a Levene's test for equality of variances was conducted to ascertain if equal variances could be assumed. Unless otherwise indicated, equal variances should be assumed when interpreting the results of the *t*-tests.

Table 5
Measures and scores of EBSR definitions

EBSR measures	<i>M</i>	<i>SD</i>	Min	Max
Essential descriptors score				
Principals	2.93	.25	2	3
School psychologists	3	-	3	3
Additional descriptors score				
Principals	1.33	1.15	0	4
School psychologists	1.33	1.01	0	5
Overall knowledge score				
Principals	4.27	1.23	2	7
School psychologists	4.36	.99	3	8

“Essential Descriptors” score. In this study, there was no statistically significant difference between “Essential Descriptors” mean score of principals ($M= 2.93$, $SD= 0.25$) and school psychologists ($M= 3.00$), ($t(64)= 1.44$, $p= 0.16$). Equal variances were not assumed, due to a significant Levene’s test for equality of variances ($p = < 0.001$).

“Additional Descriptors” score. In this study, “Additional Descriptors” mean score for principals ($M= 1.33$, $SD= 1.15$) and school psychologists was the same ($M= 1.33$, $SD= 1.01$). About eighty-percent of definitions provided by principals ($n= 24$; 80%) and school psychologists ($n= 30$; 83.33%) included at least one additional characteristic. Around thirty-percent of principals ($n= 9$; 30%) and school psychologists ($n= 13$; 36.11%) used two or more additional characteristics in their definition. Frequencies and percentages were calculated for principal and school psychologist use of each eight additional. The results are shown in Table 6.

Table 6

Additional descriptors used in EBSR definitions, frequency and percentage

Additional descriptor	Principals		School Psychologists	
	<i>N</i>	%	<i>N</i>	%
Common types of emotions	18	60	29	81
Emotional difficulty during school	6	20	8	22.22
Characteristics of emotions	7	23.33	5	13.88
Coping skills	4	13.33	4	11.11
Emotional difficulty before school	1	3.33	4	11.11
Somatic complaints	1	3.33	1	2.77
Stays home when absent	0	0	0	0
Parent typically aware	0	0	0	0

Note. *F*s do not sum to total number of respondents because responses were scored for the presence of each additional descriptors. Some respondents did not use any additional descriptors, while others used multiple additional descriptors.

Common types of emotion. Most definitions provided by principals and school psychologists accurately specified at least one emotion commonly associated with EBSR, for example, “fear” or “anxiety.” This was most frequently used additional descriptor among

principals and school psychologists. School psychologists ($n= 29$, 81%) used this descriptor more than principals ($n= 18$, 60%).

Difficulty during school. This descriptor was used by approximately twenty-percent of principals ($n=6$, 20%) and school psychologists ($n=8$, 22.2%) in this study. Examples of definitions that used this descriptor were: “refusal to...participate in certain aspects of the school day” and “refuses to...go into the classroom.”

Characteristics of emotions. This descriptor was the third most frequently used among principal and school psychologist participants in this study. Principals ($n= 7$; 23.23%) used this descriptor more frequently than school psychologists ($n= 5$; 13.88%). Examples of definitions that used this descriptor were, “emotional *challenge*,” “*high* levels of anxiety,” “*severe* anxiety,” and “*overwhelming* anxiety.”

Coping skills. Definitions from principals ($n= 4$; 13.13%) and school psychologists ($n= 4$; 11.11%) in this study contained similar frequencies of this additional descriptor. An example of a definition that used this descriptor was, “emotionality is so high...that they just cannot bring themselves to be here.”

Difficulty before school. In this study, definitions that contained this additional descriptor were minimal among principals ($n= 1$; 3.33%) and school psychologists ($n= 4$; 11.11%). Examples of definitions that used this descriptor were: “...tantrums or oppositional behaviors...causes an inability to attend school” and “when pushed [to attend school], these students may escalate into tantrum or other behavioral episodes.”

Somatic complaints. This descriptor was used with the lowest frequency among principals ($n= 1$; 3.33%) and school psychologists ($n= 1$; 2.77%). An example of a definition

that use this descriptor is, “avoiding school...due to physical, somatic, and/or emotional symptoms, many of which have no medical basis.”

Stays home. In this study, this descriptor was not used by principals or school psychologists to define EBSR.

Parent aware. In this study, this descriptor was not used by principals or school psychologists to define EBSR.

“Overall EBSR Knowledge” score. An “Overall EBSR Knowledge” score was calculated for each EBR definition provided. In this study, there was no statistically significant difference between “Overall EBSR Knowledge” mean score of principals ($M= 4.26$, $SD= 1.51$) and school psychologists ($M= 4.36$, $SD= .98$) ($t(64)= 0.34$, $p= 0.74$).

“Non-Descriptors” score. In this study, none of the “Non-descriptors” were used. Definitions provided by principals and school psychologists contained only accurate information. No statistical analysis could be done for this measure.

Sources used to define EBSR. Participants were asked to identify the source of the EBSR definition they provided. Descriptive statistics were calculated for each group and the results are presented in Table 7.

Table 7
Sources used to define EBSR

Source	Principals		School Psychologists	
	<i>N</i>	%	<i>N</i>	%
Professional experience	24	80	34	94.44
Research in the field	11	36.66	13	36.11
State/federal definition	5	16.66	1	2.78
District/school policy	2	6.66	3	8.33
Other	0	0	3	8.33

Note. Ns do not sum to total number of respondents because participants were instructed to select all sources that apply, thus allowing participants to provide multiple responses.

Most principals ($n = 24$; 80%) and school psychologists ($n = 34$; 94.44%) reported use of “Professional experience” to define EBSR. “Research in the field” was the second most frequently reported source among principals ($n = 11$; 36.66%) and school psychologists ($n = 13$; 36.11%). “State/federal definition” was identified minimally by principals ($n = 5$; 16.66%) and school psychologists ($n = 1$; 3.78%). “District and/or school policy” was also identified minimally by principals ($n = 2$; 6.66%) and school psychologists ($n = 3$; 8.33%). None of the principals reported “Other” as a source, however, some of the school psychologists reported “Other” ($n = 3$; 8.33%), and cited information from professional organizations ($n = 2$) and graduate training program ($n = 1$).

School practices and approaches to emotionally-based school refusal

School professionals and identification. Participants in this study were asked to indicate the professionals in their school responsible to identify students with EBSR. Descriptive statistics were calculated for the principal group and school psychologist group and are presented in Table 8.

Table 8

School professionals responsible to identify students with EBSR

School professional	Principals		School Psychologists	
	<i>N</i>	%	<i>N</i>	%
School counselor	29	96.66	32	88.88
School psychologist	24	80	28	77.77
School social worker	12	40	22	61.11
Principal or vice principal	20	66.66	12	33.33
Teacher	12	40	7	19.44
Other	2	6.66	9	25
Truancy officer	1	3.33	4	11.11
Secretary	3	10	0	0

Note. *Ns* do not sum up to the total number of respondents because participants were allowed to select multiple responses to this question.

The “school counselor” was most frequently reported as having responsibility to identify students with EBSR by both principals ($n= 29$; 96.66%) and school psychologists ($n= 32$; 88.88%) in this study. “School psychologists” were the second most frequently reported school professional with responsibility to identify students with EBSR according to both principal participants ($n= 24$; 80%) and school psychologist participants ($n=28$; 77.77%). “Principal or vice principal” responsibility to identify students with EBSR was indicated by two-third of participating principals ($n= 20$; 66.66%) and one-third of participating school psychologists ($n= 12$; 33.33%). “Teacher” responsibility to identify EBSR students was reported by forty-percent of principal participants ($n= 12$; 40%) and twenty-percent of school psychologist participants ($n= 7$; 19.44%). “School social worker” responsibility to identify EBSR students was indicated by more school psychologists ($n= 22$; 61.11%) than principals ($n= 12$; 40%). “Truancy officer” responsibility to identify EBSR students was reported infrequently among participating principals ($n= 1$; 3.33%) and school psychologists ($n= 4$; 11.11%). “Secretary” responsibility to identify students with EBSR was reported by few principal participants ($n= 3$; 10%) and no school psychologist participants. More school psychologists ($n= 9$; 25%) than principals ($n= 2$; 6.66%) reported “Other” professional responsibility to identify EBSR students. Participants that selected “Other” listed the following: Child Study Team (CST) ($n= 7$), school nurse ($n= 3$), student assistance counselor ($n= 2$), supervisors ($n= 1$), and Identification & Referral Services Committee (I&RS) ($n= 1$).

School professionals and intervention. Participants in this study were asked to indicate the professionals in their school responsible to implement interventions for students with EBSR. Descriptive statistics were calculated for the principal group and school psychologist group and are presented in Table 9.

Table 9

School professionals responsible to implement interventions for EBSR students

School professional	<u>Principals</u>		<u>School Psychologists</u>	
	<i>N</i>	%	<i>N</i>	%
School counselor	30	100	33	91.66
School psychologist	21	70	31	86.11
School social worker	10	33.33	26	72.22
Principal or vice principal	25	83.33	11	30.55
Teacher	22	73.33	13	36.11
Other	4	13.33	6	16.16
Truancy officer	0	0	3	8.33
Secretary	1	3.33	0	0

Note. Ns do not sum up to the total number of respondents because participants were allowed to select multiple responses to this question.

The “school counselor” was most frequently reported responsible to implement interventions for students with EBSR among principal participants ($n= 30$; 100%) and school psychologist participants ($n= 33$; 91.66%) in this study. “School psychologist” responsibility to implement EBSR interventions was frequently reported by participating principals ($n= 21$; 70%) and participating school psychologists ($n= 31$; 86.11%). “Principal or vice principal” responsibility to implement EBSR interventions was reported by most principal participants ($n= 25$; 83.33%) but fewer than one-third of school psychologist participants ($n= 11$; 30.55%). “Teacher” responsibility to implement interventions for EBSR students was reported by most participating principals ($n= 22$; 73.33%) and only about one-third of participating school psychologists ($n= 13$; 36.11%). “School social worker” responsibility to implement EBSR interventions was indicated by more school psychologists ($n= 26$; 72.22%) than principals ($n= 10$; 33.33%) in this study. “Secretary” responsibility to implement EBSR interventions was indicated infrequently by participating principals ($n= 1$; 3.33%) and by none of the participating school psychologists. “Truancy officer” responsibility to implement EBSR interventions was indicated infrequently by participating school psychologists ($n= 3$; 8.33%) and by none of the

participating principals. Responsibility of “Other” professionals to implement EBSR interventions was reported by a similar amount of principals ($n= 4$; 13.33%) and school psychologists ($n= 6$; 16.66%) in this study. Participants that selected “Other” listed the following: Child Study Team (CST) ($n= 6$), school nurse ($n= 2$), student assistance counselor ($n= 2$), therapist ($n= 1$), and Identification & Referral Services Committee (I&RS) ($n=1$).

Information used to identify students with EBSR. Participants were asked to indicate the sources of information used in their school to identify students with EBSR. Descriptive statistics were calculated for the principal group and school psychological group and the results are presented in Table 10.

Table 10
Information used to identify students with EBSR

Sources of information	Principals		School Psychologists	
	<i>N</i>	%	<i>N</i>	%
Input from school staff	28	93.33	36	100
Input from parent	29	96.66	34	94.44
Attendance records	26	86.66	36	100
Behavior observation	26	86.66	31	86.11
Assessment of student functioning	25	83.33	30	83.33
Other	2	6.66	8	22.22

Note. Ns do not sum up to the total number of respondents because participants were allowed to select multiple responses to this question.

According to most principals ($n= 20$; 66.66%) and most school psychologists ($n= 30$; 83.33%), in this study, their school uses all five sources of information presented on the survey to identify students with EBSR. Every participating principal ($n= 30$; 100%) and school psychologist ($n= 36$; 100%) indicated their school uses at least two sources of information to identify students with EBSR. Most principals ($n= 28$; 93.33%) and all school psychologists ($n= 36$; 100%) reported their school uses “Input from school staff” to identify EBSR students. Most principals ($n= 26$; 86.66%) and all school psychologists ($n= 36$; 100%) reported their school uses “Attendance records” to identify EBSR students. Most principals ($n= 29$; 96.66%) and

school psychologists ($n = 34$; 94.44%) indicated their school uses “Input from parent” to identify EBSR students. Most principals ($n = 26$; 86.66%) and school psychologists ($n = 31$; 86.11%) reported use of “Behavior observation” in their school to identify EBSR students. Most principals ($n = 25$; 83.33%) and school psychologists ($n = 30$; 83.33%) reported their school uses “Assessment or evaluation of student social, emotional, and/or behavioral functioning” to identify EBSR students. Some principals ($n = 2$; 6.66%) and school psychologists ($n = 8$; 22.22%) reported their school uses “Other” sources of information to identify students with EBSR. Participants that reported “Other” listed: input from mental health professional ($n = 6$), input from student ($n = 3$), input from doctor or psychiatrist ($n = 2$), input from community agency ($n = 2$), and input from school nurse ($n = 1$). Some participants listed multiple items under “Other” so responses are greater than the frequency total.

Perceptions of interventions for students with emotionally-based school refusal

Perceptions regarding EBSR interventions were measured four ways: “Acceptability,” “Effectiveness,” “Barriers” and “Competence.” Independent samples t -tests were used to assess the statistical significance of differences between principal and school psychologist mean ratings of acceptability and effectiveness of each intervention. Prior to the independent samples t -test, a Levene’s test for equality of variances was conducted to determine if equal variances could be assumed. Unless otherwise indicated, equal variances should be assumed when interpreting the results of the t -tests.

Acceptability. Participants rated the acceptability to use each intervention in their school with EBSR students. Descriptive statistics were calculated for principals’ and school psychologists’ ratings, including means standard deviations, and percentages. The results are displayed in Table 11.

Table 11

Ratings of perceived acceptability to use intervention – mean, standard deviation, percentage

Intervention	<i>M</i>	<i>SD</i>	Percentage				
			Not	Slight	Moderate	Most	High
School-based counseling							
Principals	4.47	0.86	3.33	0	3.33	33.33	60
School psychologists	4.56	0.84	2.77	0	5.55	22.22	69.44
Modifications to curriculum							
Principals	4.47	0.78	0	3.33	6.66	30	63.33
School psychologists	4.61	0.6	0	0	5.55	27.77	66.66
Referral to community providers							
Principals	4.3	0.99	0	10	6.66	26.66	56.66
School psychologists	4.69	0.52	0	0	2.77	25	72.22
Teacher training, consultation							
Principals	4.22	0.86	0	3.33	16.66	33.33	46.66
School psychologists	4.19	1.09	2.77	5.55	16.66	19.44	55.55
Behavior modification							
Principals	4.57	0.68	0	0	10	23.33	70
School psychologists	3.64	1.22	5.55	11.11	30.55	19.44	33.33
Parent training, education							
Principals	4	1.08	3.33	3.33	26.66	23.33	43.33
School psychologists	3.94	1.26	8.33	2.77	22.2	19.44	47.22
Alternate education placement							
Principals	3	1.14	3.33	40	23.33	20	13.33
School psychologists	3	0.83	2.77	19.44	58.33	13.88	5.55
Truancy, disciplinary action							
Principals	2.23	1.22	36.66	23.33	26.66	6.66	6.66
School psychologists	1.92	1.13	44.44	36.11	8.33	5.55	5.55

School-based counseling, treatment or therapy. The average rating of perceived acceptability to use this intervention with EBSR students was similar among principals ($M=4.47$, $SD=.86$) and school psychologists ($M=4.56$, $SD=.84$) in this study. Most principals and school psychologists rated this intervention “Highly” acceptable to use with EBSR students in their school. An independent samples *t*-test revealed no statistically significant difference between principals’ and school psychologists’ perception of acceptability to use this intervention ($t(64)=0.42$, $p=0.67$).

Modifications to curriculum and/or environment. The average rating of perceived acceptability to use this intervention with EBSR students among principals ($M= 4.47$, $SD= .78$) and school psychologists ($M= 4.61$, $SD= .6$) was similar in this study. Most principals and school psychologists rated this intervention “Highly” acceptable to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perception of acceptability to use this intervention ($t(64)= 0.83$, $p= 0.41$)

Referral to community treatment providers. The average rating of perceived acceptability to use this intervention with EBSR students was similar among principals ($M= 4.3$, $SD= .99$) and school psychologists ($M= 4.69$, $SD= .52$) in this study. Most principals and school psychologists rated this intervention “Highly” acceptable to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perception of acceptability to use this intervention ($t(64)= 1.97$, $p= .06$). Equal variances were not assumed, due to a significant Levene’s test for equality of variances ($p = < 0.01$).

Teacher training and/or consultation. The average rating of perceived acceptability to use this intervention with EBSR students was similar among principals ($M= 4.22$, $SD= .86$) and school psychologists ($M= 4.19$, $SD= 1.09$) participants in this study. Most principals rated this intervention either “Highly” or “Mostly” acceptable to use with EBSR student in their school. Most school psychologists rated this intervention as “Highly” acceptable to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perception of acceptability to use this intervention ($t(64)= 0.16$, $p= 0.87$)

Behavior modification and/or applied behavior analysis. The average perceived acceptability to use this intervention with EBSR students was higher among principals ($M= 4.57$, $SD= .68$) than school psychologists ($M= 3.64$, $SD= 1.22$) in this study. Most principals in this study rated this intervention as “Highly” acceptable to use with EBSR students in their school. School psychologists in this study most frequently rated this intervention “Highly” acceptable, followed closely by “Moderately” and “Mostly” acceptable to use with EBSR students in their school. Equal variances were not assumed, due to a significant Levene’s test for equality of variances ($p = < 0.001$). An independent samples t -test revealed that the difference in principal and school psychologist perceptions of acceptability to use this intervention was statistically significant ($t(64)= 3.89$, $p < .001$, $d= 0.94$). The effect size was large as measured by Cohen’s d , which means the difference is also considered clinically significant.

Parent training and/or education. The average perceived acceptability to use this intervention with EBSR students was similar in this study among principals ($M= 4$, $SD= 1.08$) and school psychologists ($M= 3.94$, $SD= 1.26$). Nearly half of participants in the principal group and school psychologist group rated this intervention “Highly” acceptable to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perception of acceptability to use this intervention ($t(64)= 0.19$, $p= 0.85$)

Alternate education placement. The average perceived acceptability to use this intervention with EBSR students was identical among principals ($M= 3$, $SD= 1.14$) and school psychologists ($M= 3$, $SD= .83$) in this study. Most principals rated this intervention either “Slightly” or “Moderately” acceptable to use with EBSR students in their school. Most school psychologists rated this intervention “Moderately” acceptable to use with EBSR students in their

school. Equal variances were not assumed, due to a significant Levene's test for equality of variances ($p = < 0.01$). An independent samples t -test revealed no statistically significant difference between principals' and school psychologists' perception of acceptability to use this intervention ($t(64) = 0.13, p = 0.89$)

Truancy charges and/or disciplinary action. The average perceived acceptability to use this intervention with EBSR students was similarly low among principals ($M = 2.23, SD = 1.22$) and school psychologists ($M = 1.92, SD = 1.13$) in this study. Most principals and school psychologists rated this intervention either "Slightly" or "Not" acceptable to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals' and school psychologists' perception of acceptability to use this intervention ($t(64) = 1.08, p = 0.29$)

Effectiveness. Participants rated the perceived effectiveness of each intervention with EBSR students in their school. Descriptive statistics were calculated for principals' and school psychologists' ratings, including means standard deviations, and percentages. The results are displayed in Table 12.

School-based counseling, treatment or therapy. The average rating of perceived effectiveness of this intervention with EBSR students was similar among principals ($M = 4.1, SD = 1.11$) and school psychologists ($M = 4.03, SD = .77$) in this study. Most principals and school psychologists rated this intervention either "Highly" or "Mostly" effective with EBSR students in their school. Equal variances were not assumed, due to a significant Levene's test for equality of variances ($p = 0.03$). An independent samples t -test revealed no statistically significant difference between principals' and school psychologists' perceptions of effectiveness of this intervention with EBSR students ($t(64) = 0.33, p = 0.74$).

Table 12

Ratings of perceived effectiveness of intervention – mean, standard deviation, percentage

Intervention	<i>M</i>	<i>SD</i>	Percentage				
			Not	Slight	Moderate	Most	High
School-based counseling							
Principals	4.1	0.99	0	6.66	23.33	23.33	46.66
School psychologists	4.03	0.77	0	2.77	19.44	50	27.77
Modifications to curriculum							
Principals	4.1	0.93	0	3.33	26.66	26.66	43.33
School psychologists	4.03	0.88	0	5.55	19.44	41.66	33.33
Referral to community providers							
Principals	3.67	1.18	6.66	10	20	36.66	26.66
School psychologists	4.11	1.01	2.77	0	27.77	22.22	47.22
Teacher training, consultation							
Principals	4.07	1.11	0	3.33	16.66	33.33	46.66
School psychologists	3.89	0.95	2.77	5.55	16.66	19.44	55.55
Behavior modification							
Principals	4.23	0.86	0	0	10	23.33	70
School psychologists	3.5	1.18	5.55	11.11	30.55	19.44	33.33
Parent training, education							
Principals	4	1.02	0	6.66	30	20	43.33
School psychologists	3.69	1.09	2.77	11.11	27.77	30.55	27.77
Alternate education placement							
Principals	2.73	1.17	13.33	36.66	20	23.33	6.66
School psychologists	2.78	0.96	11.11	22.22	47.22	16.66	2.77
Truancy, disciplinary action							
Principals	1.67	0.99	63.33	13.33	16.66	6.66	0
School psychologists	1.36	0.54	66.66	30.55	2.77	0	0

Modifications to curriculum and/or environment. The average rating of perceived effectiveness of this intervention with EBSR students was similar among principals ($M= 4.1$, $SD= .93$) and school psychologists ($M= 3.67$, $SD= 1.18$) in this study. Most principals and school psychologists rated this intervention either “Highly” or “Mostly” effective with EBSR students in their school. An independent samples *t*-test revealed no statistically significant difference between principals’ and school psychologists’ perceptions of effectiveness of this intervention with EBSR students ($t(64)= 0.32$, $p= 0.75$).

Referral to community treatment providers. The average rating of perceived effectiveness of this intervention with EBSR students was higher among school psychologists ($M= 4.11$, $SD= 1.01$) than principals ($M= 3.64$, $SD= 1.22$) in this study. The most frequent rating among principals for this intervention was “Mostly” effective, followed closely by “Highly” and “Moderately” effective for EBSR students in their school. Almost one-half of the school psychologists in this study rated this intervention “Highly” effective to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perceptions of effectiveness of this intervention with EBSR students ($t(64)= 1.62$, $p= 0.11$).

Teacher training and/or consultation. The average rating of perceived effectiveness of this intervention with EBSR students was higher among principals ($M= 4.07$, $SD= 1.11$) than school psychologists ($M= 3.89$, $SD= 0.95$) in this study. Principals in this study most frequently rated this intervention “Highly” effective, followed by “Moderately” and “Mostly” effective with EBSR students in their school. School psychologists in this study rated the effectiveness of this intervention as “Moderately,” “Mostly,” and “Highly” in similar frequencies. An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perceptions of effectiveness of this intervention with EBSR students ($t(64)= 0.69$, $p= 0.49$).

Behavior modification and/or applied behavior analysis. The average rating of perceived effectiveness of this intervention with EBSR students was higher among principals ($M= 4.23$, $SD= 0.86$) than school psychologists ($M= 3.5$, $SD= 1.18$) in this study. Most principals rated this intervention “Highly” effective with EBSR students in their school. School psychologists in this study rated this intervention “Moderately,” “Mostly,” and “Highly”

effective in similar frequencies. Equal variances were not assumed, due to a significant Levene's test for equality of variances ($p < 0.001$). An independent samples t -test revealed there was a statistically significant difference between principals' and school psychologists' perception of effectiveness of this intervention with EBSR students ($t(64) = 2.91, p < .001, d = 0.71$). The effect size was medium as measured by Cohen's d , which means the findings are of clinical importance.

Parent training and/or education. The average rating of perceived effectiveness of this intervention with EBSR students was higher among principals ($M = 4, SD = 1.02$) than school psychologists ($M = 3.69, SD = 1.09$) in this study. The most frequent rating among principals for this intervention was "Highly" effective with EBSR students in their school. School psychologists in this study rated the effectiveness of this intervention as "Moderately," "Mostly," and "Highly" in similar frequencies. An independent samples t -test revealed no statistically significant difference between principals' and school psychologists' perceptions of effectiveness of this intervention with EBSR students ($t(64) = 1.17, p = 0.24$).

Alternate education placement. The average rating of perceived effectiveness of this intervention with EBSR students was similarly among principals ($M = 2.73, SD = 1.17$) and school psychologists ($M = 2.78, SD = 0.96$) in this study. The most frequent rating among principals for this intervention was "Slightly" effective with EBSR students in their school. Nearly one-half of school psychologists in this study rated this intervention "Moderately" effective to use with EBSR students in their school. An independent samples t -test revealed no statistically significant difference between principals' and school psychologists' perceptions of effectiveness of this intervention with EBSR students ($t(64) = 0.16, p = 0.87$).

Truancy charges and/or disciplinary action. The average rating of perceived effectiveness was lowest for this intervention with EBSR students among principals ($M= 1.67$, $SD= 0.99$) and school psychologists ($M= 1.36$, $SD= 0.54$) in this study. Most principals and school psychologists in this study rated this intervention “Not” effective with EBSR students in their school. Equal variances were not assumed, due to a significant Levene’s test for equality of variances ($p = 0.04$). An independent samples t -test revealed no statistically significant difference between principals’ and school psychologists’ perceptions of effectiveness of this intervention with EBSR students ($t(64)= 1.05$, $p= 0.14$).

Barriers. Participants were asked to identify current or potential barriers to use of effective EBSR interventions in their school. Descriptive characteristics were calculated for the principal group and school psychologist group. The results are displayed in Table 13.

Table 13

Perceived barriers to use of effective EBSR interventions in schools

Barrier	Principals		School Psychologists	
	<i>N</i>	%	<i>N</i>	%
Parent/family resistance	21	70	30	83.33
Additional training for staff is needed	19	63.33	26	72.22
Limited resources	17	56.66	24	66.66
School climate	1	3.33	7	19.44
Resistance from other school professionals	0	0	8	22.22
Other	0	0	3	8.33

Note. Ns do not sum up to the total number of respondents because participants were allowed to select multiple responses to this question.

Most principals ($n= 22$; 73.33%) and school psychologists ($n= 33$; 91.66%) in this study reported multiple current or potential barriers in their school to the use of effective EBSR interventions. “Parent/family resistance” was the most frequently identified current or potential barrier according to both principals ($n= 21$; 70%) and school psychologists ($n= 30$; 83.33%). The second most frequently identified current or potential barrier to use of effective EBSR interventions was “Additional training for staff is needed,” according to principals ($n= 19$;

63.33%) and school psychologists ($n = 26$; 72.22%). “Limited resources” was identified third most frequently by principals ($n = 17$; 56.66%) and school psychologists ($n = 24$; 66.66%) in this study as a current or potential barrier. More school psychologists ($n = 7$; 19.44%) than principals ($n = 1$; 3.33%) identified “School climate” as a barrier in their school to effective EBSR intervention use. “Resistance from other school professionals” was reported by nearly one-fourth of school psychologists ($n = 8$; 22.22%), but, none of the principals. There were no principals in this study that indicated “Other” current or potential barriers to effective EBSR intervention use in their school, however, some school psychologists ($n = 3$; 8.33) in this study reported “Other” current or potential barriers. Responses listed under “Other” were: “Student lack of buy-in” ($n = 1$), “Administration” ($n = 1$), and “No support for home visits” ($n = 1$).

Competence. Information was collected from participants in this study about self-perceived competence intervening with EBSR students.

Principals’ self-perceived competence. Principals in this study were asked to rate how competent they feel to intervene effectively with EBSR students in their school. Descriptive statistics were calculated and are presented in Table 14.

Table 14

Principals’ perceived competence to intervene effectively with EBSR students

Level of Competence	<i>N</i>	Percentage
Not competent	1	3.33
Slightly competent	3	10
Moderately competent	15	50
Mostly competent	8	26.66
Highly competent	3	10

The mean rating of principals’ self-perceived competence to intervene effectively with EBSR students was between “Moderately” and “Mostly” competent ($M = 3.3$, $SD = 0.71$). Most principals in this study perceived themselves “Moderately” competent ($n = 15$; 50%), followed by “Mostly” competent ($n = 8$; 26.66%) to intervene effectively with EBSR students in their

school. Ratings among principals in this study were similar in frequency for “Slightly” ($n= 3$; 10%) and “Highly” ($n= 3$; 10%) competent to intervene effectively with EBSR students in their school. Ratings among principals were minimal for “Not” competent to intervene effectively with EBSR students.

School psychologists’ self-perceived competence. School psychologists in this study were asked to rate their competence to effectively implement specific interventions for EBSR students in their school. Descriptive statistics were calculated including mean, standard deviation and frequency percentage. Results are shown in Table 15.

Table 15

School psychologists’ perceived competence to implement interventions with EBSR students – mean, standard deviation, percentage

Intervention	M	SD	Percentage				
			Not	Slight	Moderate	Most	High
Functional assessment	3.64	1.05	2.77	11.11	27.77	36.11	22.22
Teacher training, consultation	4.06	1.07	0	11.11	19.44	22.22	47.22
Parent training, education	3.69	.98	2.77	5.55	33.33	36.11	22.22
Behavior modification	3.28	.94	2.77	13.88	47.22	25	11.11
Psychoeducation	3.69	1.06	2.77	8.33	33.33	27.77	27.77
Teaching coping skills	4.19	.86	0	5.55	11.11	41.66	41.66
Systematic desensitization	3.40	1.13	5.55	13.88	36.11	22.22	19.44
Cognitive restructuring	3.50	.91	0	11.11	44.44	27.77	16.66
Relaxation training	3.81	1.06	2.77	11.11	16.66	41.66	27.77
Social skills training	3.86	.88	0	5.55	30.55	38.88	25

Teaching coping skills. The average rating of perceived competence was highest among school psychologists in this study to implement this intervention effectively with EBSR students ($M= 4.19$, $SD= .86$). Most school psychologists perceived themselves either “Highly” or “Mostly” competent to implement this intervention effectively with EBSR students.

Teacher training and/or consultation. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students was

the second highest ($M= 4.06$, $SD= 1.07$) in this study. This intervention received more “Highly” competent ratings from school psychologist participants than any other intervention presented.

Social skills training. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students was the third highest ($M= 3.86$, $SD= 0.88$). Most school psychologists perceived themselves either “Mostly or “Highly” competent to implement this intervention effectively with EBSR students.

Parent training and/or education. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students fell within the “Moderately” to “Mostly” competent range ($M= 3.69$, $SD= 0.98$). The most frequent competence rating of school psychologists for this intervention was “Mostly” competent.

Functional Behavior Assessment. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students fell within the “Moderately” to “Mostly” competent range ($M= 3.64$; 1.05). The most frequent competence rating of school psychologists for this intervention was “Mostly” competent.

Psychoeducation. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students fell within the “Moderately” to “Mostly” competent range ($M= 3.69$, $SD= 1.06$). The most frequent competence rating of school psychologists for this intervention was “Moderately” competent.

Systematic desensitization and/or exposure. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students was the second lowest ($M= 3.40$, $SD= 1.13$). The most frequent competence rating of school psychologists for this intervention was “Moderately” competent.

Relaxation training. The average rating of perceived competence among school psychologists to implement this intervention effectively with EBSR students was the fourth highest ($M= 3.81$, $SD= 1.06$), among the interventions presented. The most frequent competence rating of school psychologists for this intervention was “Mostly” competent.

Cognitive restructuring. The average rating of perceived competence among school psychologists to implement this intervention fell at the midpoint between “Moderately” and “Mostly” competent ($M= 3.50$, $SD= 0.91$). The most frequent competence rating of school psychologists for this intervention was “Moderately” competent.

Behavior modification and/or applied behavior analysis. The average rating of perceived competence was lowest among school psychologists to implement this intervention effectively with EBSR students ($M= 3.28$, $SD= 0.94$). The most frequent competence rating of school psychologists for this intervention was “Moderately” competent.

Training topics of interest to school psychologists

School psychologist participants were asked about training interests regarding EBSR.

Descriptive statistics were calculated and are presented in Table 16.

Table 16

Training topics of interest to school psychologists

Topic	<i>N</i>	%
Interventions to use with parents, families of EBSR students	29	80.55
Effective counseling, treatment, therapy interventions for EBSR students	27	75
Providing comprehensive assessments for EBSR students	21	58.33
Behavior management strategies for EBSR students	18	50
Teacher training, consultation to support EBSR students	17	47.22
None, I already possess information to effectively intervene with EBSR	3	8.33
None, not part of my current position	1	2.77
Other	1	2.77

Note. Ns do not sum up to the total number of respondents because participants were allowed to select multiple responses to this question.

Nearly ninety-percent of school psychologist participants identified at least one EBSR training topics of interest ($n= 32$; 88.88%), and eighty-percent of school psychologists identified two or more EBSR training topics of interest. The most frequently identified EBSR training topic of interest among school psychologists in this study was “Interventions to use with parents/families of EBSR students” ($n= 29$; 80.55%). The second most frequently selected EBSR training topic was “Effective counseling, treatment, therapy interventions for EBSR students” ($n= 27$; 75%). At least half of all school psychologists reported an interest in training on “Providing comprehensive assessments for EBSR students” ($n= 21$; 58.33) and “Behavior management strategies for EBSR students” ($n= 18$; 50%). Nearly one-half of school psychologists reported an interest in the EBSR training topic “Teacher training and/or consultation to support EBSR students” ($n= 17$; 47.22%). About one-tenth of school psychologist participants reported no interest in EBSR training; school psychologists infrequently identified: “None, I already possess information to effectively intervene with EBSR” ($n= 3$; 8.33%), and “None, not part of my current position” ($n= 1$; 2.77%).

Chapter V: Discussion

Summary

Students with emotionally-based school refusal (EBSR) experience psychological and emotional distress regarding school and school attendance (Berg et al., 1969; Bools et al., 1990; Heyne et al., 2001; King & Bernstein, 2001; King et al., 2001; King et al., 1995). Behaviors and symptoms common among EBSR students include: anxiety, noncompliance, aggression, tantrums, refusal to move, depression, perfectionism, manipulateness, morning tantrums, fear before school and somatic complaints (Bernstein & Garfinkle, 1986, 1988; Egger et al., 2003; Elliot, 1999; Heyne et al., 2004; Honjo et al., 2001; Kearney, 2001; Kearney & Albano, 2004; Kearney & Silverman, 1996). EBSR affects the student at the academic, social-emotional and behavioral level. Without proper intervention, students with EBSR are at an increased risk for school drop-out, employment difficulties, financial challenges, and mental health difficulties into adulthood (Berg & Jackson, 1985; Christenson & Turlow, 2004; Hibbett & Fogelman, 1990; Kearney & Bensaheb, 2006; King & Bernstein, 2001; King et al., 2000; Suveg et al., 2005).

EBSR is impactful at the student, family, school and district level. Despite a long history of research, EBSR remains a challenge for schools and school professionals to effectively address (Berg et al., 1969; Broadwin, 1932; Heyne et al., 2001; Johnson et al., 1941). The needs of EBSR students are often uniquely complex and interventions are typically time and resource intensive, sometimes stretching the limits of resources available to schools and school professionals (Blagg & Yule, 1987; Chu et al., 2015; Kearney & Bates, 2005; Kearney & Tiltson, 1998; Nutall & Woods, 2013). Regardless, federal legislation mandates that schools provide assistance to any struggling student (Pluymert, 2002).

Cognitive-behavior therapy (CBT) is the most frequently studied intervention approach for EBSR and the approach has been shown to increase attendance rates and decrease emotional

symptoms (Bernstein et al., 2000; Heyne et al., 2011; King et al., 1998a, 1998b, 2001; Last et al., 1998). Outcome studies of EBSR interventions are largely conducted in non-school settings, creating a gap between research and practice. School professionals are poised to have a significant impact on improving EBSR student outcomes, specifically through accurate identification, early identification, and implementation of effective interventions (Elliot & Place, 1998; Kearney & Bates, 2005). Yet, there is little information available to guide school professionals on how to adapt research-based interventions to effectively respond to EBSR students in the school setting (Epstein & Sheldon, 2002; Kearney & Bates, 2005; Kearney & Bensaheb, 2006; Wimmer, 2003).

It is not known if school professionals use interventions with EBSR students that are evidence-based (Wimmer, 2003, 2013). Studies that explore the responses of schools and school professionals regarding EBSR could not be located. The purpose of this study was to gather information on school professionals' knowledge of EBSR, school practices related to students with EBSR, and school professionals' perceptions pertaining to interventions for EBSR students. This study also explored potential training and professional development needs of school psychologists regarding EBSR students.

Researchers recommend involvement of multiple professionals for EBSR interventions to be effective (Kearney & Bates, 2005; Nutall & Woods, 2013; Wimmer, 2013), thus this study collected information from two groups of school professionals likely to be involved with EBSR students – principals and school psychologists. In many cases, school psychologists are the first school professional with mental health training that EBSR students encounter (Kearney, 2008; Suldo & Ogg, 2014; Wimmer, 2003;). School psychologists are trained to provide services students with EBSR need including: assessment, counseling, teacher consultation, parent-

training, intervention development and implementation (Kearney, 2008; Suldo & Ogg, 2014; Wimmer, 2003;). Because of their role and responsibilities in the school system, principals are likely to be involved with and have an impact on EBSR students. Principals develop and enact school policy, such as procedures and practices for school refusal (Jordak, 1998; Reid, 2007). In several studies, principals play an important role in identification of school refusing students (DeAngelis, 2010; Mitchner, 1998; Stickney & Miltenberger, 1998). Principals also influence intervention selection and use within the school setting. It is assumed that both groups of school professionals need to work in a cooperative manner to successfully implement interventions for EBSR students.

This study used an anonymous survey method approach. The survey instrument used was adapted from DeAngelis' (2010) and Mitchner (1998). A regional design was used to allow for responses from principals and school psychologists to be compared. Twenty-one school districts (grades pre-K to 12) from a geographic region in New Jersey were invited to participate and nine school districts agreed. The response rate for principals was 37% from the geographic region, and 63.8% from the consenting districts. The response rate for school psychologists was 41.9% from the geographic region, and 70.6% from the consenting districts. The results of the study are based on a sample of 30 principals and 36 school psychologists.

Findings

The aims of this research study were organized around eight research questions. This section reviews each research question and the related findings.

1. How do principals and school psychologists define EBSR? Principals and school psychologists in this study defined EBSR using all three of the identified essential characteristics – attendance difficulty, initiated by student, and psychological or emotional distress as primary

reason for behavior. In addition, most principals and school psychologists in this study accurately identified at least one common emotion of EBSR students in their definition (i.e. fear, anxiety). Definitions provided by principals and school psychologists contained only accurate information.

2. Is there agreement between school principal and school psychologist definitions of EBSR? Definitions of EBSR written by principals and school psychologists were similar and contained similar descriptors. There was no statistically significant difference between principal and school psychologist mean “Essential Descriptors,” “Additional Descriptors,” and “Overall EBSR Knowledge” scores. Neither principals nor school psychologists in this study provided inaccurate information in their definition. Principals’ and school psychologists’ most frequently reported “Professional experience,” followed by “Research in the field,” as the source of their definition.

3. What do principals and school psychologists report about responses to EBSR in their school? In this study, principals and school psychologists indicated that identification of EBSR students and implementation of interventions for EBSR students in their school was a responsibility of the school counselor, school psychologist, school social worker, principal or vice principal, and teacher. Principals and school psychologists also reported their school uses multiple sources of information including – input from school staff, input from parent, attendance records, behavior observation, and assessment or evaluation of student functioning – to identify students with EBSR.

4. Is there convergence between school principal and school psychologist reports of school responses to EBSR? Principals and school psychologists in this study frequently reported the school counselor and school psychologist in their school as having a responsibility

to identify and implement interventions for EBSR students. Principals and school psychologists rarely reported the truancy officer or secretary in their school as having a responsibility to identify students with EBSR or implement interventions for EBSR students. More principals than school psychologists in this study reported teacher, principal or vice principal responsibility to identify and intervene with EBSR students in their school. While more school psychologists than principals participating in this study indicated school social worker responsibility to identify and intervene with EBSR students in their school. Principals and school psychologists in this study reported their school uses multiple sources of information to identify students with EBSR.

5. What are principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students?

Principals' intervention perceptions. According to average ratings from principals in this study, interventions perceived as “Mostly” to “Highly” acceptable and effective were: “modifications to curriculum and/or environment,” “parent training and/or education,” “teacher training and/or consultation,” “school-based counseling, treatment, or therapy,” and “behavior modification and/or applied behavior analysis.” On average, “referral to community treatment providers” was perceived as “Mostly” to “Highly” acceptable, but only “Moderately” to “Mostly” effective. While “alternate education placement” was perceived, on average, as “Moderately” to “Mostly” acceptable and only “Slightly” to “Moderately” effective. Finally, “truancy charges and/or disciplinary action” was perceived, on average, as “Slightly” to “Moderately” acceptable and “Slightly” to “Not” effective. Most principals in this study perceived themselves “Moderately” or “Mostly” competent to intervene effectively with EBSR students in their school.

School psychologists' intervention perceptions. According to average ratings from school psychologists in this study, interventions perceived as “Mostly” to “Highly” acceptable and effective were: “referral to community treatment providers,” “modifications to curriculum and/or environment,” and “school-based counseling, treatment or therapy.” On average, “Teacher training and/or consultation” was perceived as “Mostly” to “Highly” acceptable but only “Mostly” to “Moderately” effective. Average ratings of acceptability and effectiveness were in the “Moderately” to “Mostly” range for “parent training and/or education” and “behavior modification and/or applied behavior analysis.” On average, “Alternate education placement” was perceived as “Moderately” acceptable and only “Moderately” to “Slightly” effective. Lastly, “truancy charges and/or disciplinary action” was perceived, on average, as “Slightly” to “Moderately” acceptable and “Slightly” to “Not” effective.

Average ratings from school psychologists of self-perceived competence to implement EBSR interventions effectively in their school were “Mostly” to “Highly” competent to implement: “teacher training and/or consultation” and “teaching coping skills.” And, “Moderately” to “Mostly” competent to implement: “functional behavior assessment,” “parent training and/or education,” “behavior modification and/or applied behavior analysis,” “psychoeducation,” “systematic desensitization or exposures,” “cognitive restructuring,” “relaxation training” and “social skills training.”

Barriers. Principals and school psychologists in this study frequently reported the following current or potential barriers to implementing EBSR interventions effectively in their school – “parent and/or family resistance,” “additional training for staff is needed,” and “limited resources.” A small portion of school psychologists reported “school climate” and “resistance

from other school professionals” were barriers to implementing effective implementation of EBSR interventions in their school.

6. Is there convergence between principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students? In this study, there was convergence between principal and school psychologist perceptions of EBSR interventions. Principals and school psychologists, on average, reported the highest acceptability and effectiveness ratings for the interventions: “school-based counseling, treatment, or therapy” and “modifications to curriculum and/or environment.” Both groups of school professionals also reported, on average, high acceptability and effectiveness ratings for: “teacher training and/or consultation,” “parent training and/or education,” and “referral to community treatment providers.” Principals and school psychologists, on average, reported moderate acceptability and effectiveness ratings for “alternate education placement.” Principals and school psychologists reported the lowest acceptability and effectiveness ratings for “truancy charges and/or disciplinary action.”

Responses from principals and school psychologists in this study were statistically significantly for perceived acceptability and effectiveness of “behavior modification and/or applied behavior analysis” as an EBSR intervention. On average, principals perceived this intervention as more acceptable to use and more effective with EBSR students than school psychologists.

Principals and school psychologists agreed on the three most frequently reported current or potential barriers to use of effective EBSR interventions – “parent and/or family resistance,” “additional training for staff is needed,” and “limited resources.”

7. What are potential training or professional development needs of school psychologists related to EBSR students? Lower mean ratings of competence among school psychologists to implement EBSR interventions effectively, particularly research-based interventions, suggest potential training or professional development needs. In this study, at least half of all school psychologists reported their competence level at or below “Moderate” to implement the following evidence-based interventions with EBSR students in their school: “Behavior modification and/or applied behavior analysis,” “Systematic desensitization or exposures,” and “Cognitive restructuring.”

School psychologists in this study reported an interest in the following EBSR training topics: “Interventions to use with parents/families of EBSR students (80.6%)” and “Effective counseling, treatment, or therapy interventions for EBSR students (75%),” “Providing comprehensive assessments for EBSR students (58.3%),” “Behavior management strategies for students with EBSR (50%),” and “Teacher training and/or consultation to support EBSR students (47.2%).”

8. Is there a relationship between demographic variables and EBSR definition score? The relationship between participants’ “Overall EBSR Knowledge” score and demographic variables (i.e. gender, years of experience, highest degree earned, grade level working with, and previous EBSR training or education) were examined using Chi-Square analysis. Some categories of variables were combined to meet the minimum recommendation for the expected distribution of five individuals in each cell. No significant relationships were found between participants’ “Overall EBSR Knowledge” score and gender, years of experience as a principal or school psychologist, highest degree earned, grade level working with, and prior EBSR training or education.

Conclusions

The school professionals in this study appeared to possess similar knowledge of EBSR, despite the confusion and lack of clarity cited in the literature (Elliot, 1999; Kearney & Bensaheb, 2006; Kearney & Graczyk, 2014; Torrens-Salemi, 2006; Wimmer, 2003). The EBSR definitions provided by participants were consistent with widely used descriptors of EBSR which is noteworthy considering school professionals with accurate knowledge of EBSR are more likely to select appropriate interventions (Berg, 1996; Heyne et al., 2001; Kearney & Tillotson, 1998; Layne et al., 2003;).

According to participants in this study, schools use practices consistent with the literature for EBSR such as using multiple sources of information to identify students with EBSR and involving multiple staff members in interventions for EBSR (Kearney & Bates, 2005; Wimmer, 2003). School counselors and school psychologists were frequently identified in this study for having a responsibility to identify and intervene with EBSR students. In addition, the EBSR intervention, “school-based counseling, treatment, therapy,” was perceived as “Mostly” or “Highly” acceptable to use according 90% of principals and school psychologists. In addition, more than 70% of principals and school psychologists perceived this intervention as “Mostly” or “Highly” effective to use with EBSR student in their school. Although tentative, these findings seem to suggest that the school professionals in this study have some knowledge about the types of support students with EBSR need.

In this study, principal and school psychologist perceptions were favorable for acceptability and effectiveness of “teacher training and/or consultation” as an EBSR intervention. Although speculative, this finding may suggest the school professionals in this study have some awareness that variables such as student-teacher relationship and teacher

knowledge of EBSR can contribute to EBSR (Havik et al., 2014; Kearney, 2001; King et al., 1995). Nearly half of the school psychologists in this study would like training on “teacher training and/or consultation to support EBSR students,” which may also suggest an awareness of the potential usefulness of this intervention.

Principals’ and school psychologists’ perceptions were also favorable for acceptability and effectiveness of “modifications to curriculum and/or environment” as an EBSR intervention which is consistent with recommendations from research that EBSR interventions should identify and address relevant school-based factors (Epstein & Sheldon, 2002; Lauchlan, 2003). One tentative explanation for this finding is that the school professionals in this study may be knowledgeable about setting-based factors that can impact EBSR such as student schedule, academic work, tests, homework, class presentations, and physical education (Havik et al., 2014; Kearney & Bensaheb, 2006; Kearney et al., 2007; Wimmer, 2003).

Principals’ and school psychologists’ perceptions were less favorable for “alternate education placement” as an EBSR intervention, echoing the literature that placement changes rarely address EBSR (Elliot, 1999; Kearney & Bates, 2005). Finally, school professionals in this study appear to have some knowledge about the differences between EBSR and truancy. Few participants in this study indicated the “Truancy officer” as having responsibility to identify and intervene with EBSR students. In addition, principals and school psychologists in this study perceived “truancy charges and/or disciplinary action” as the least acceptable and least effective intervention for EBSR students, which is consistent with findings from the literature (Kearney & Bates, 2005).

According to principals and school psychologists in this study, “Parent education and/or training” was perceived as an acceptable intervention to use with EBSR students in their school.

Evidence from the research suggests that parents of EBSR students may be lacking in skills critical to helping their child such as behavior management and communication (Berg, 1992; Kearney & Beasley, 1994; King et al., 1998b; Lauchlan, 2003;). School professionals, such as school psychologists, can provide training to help parents develop skills necessary to support their child. Research has demonstrated the effectiveness of “parent training and/or education” to address EBSR (Heyne et al., 2002; King et al., 1998b). Yet, about 40% of the school psychologists in this study perceived the effectiveness of “parent education and/or training” as “Moderately” effective or lower.

Parent involvement in EBSR interventions is related to better student outcomes (Elliot, 1999; Heyne et al., 2002; King et al., 1998b; Lauchlan, 2003; Sheldon & Epstein, 2004; Wimmer, 2013). For example, regular contact from school professionals increases parent cooperation and follow through with intervention efforts (Kearney & Bates, 2005; Reid, 2012). Yet, the most frequently identified barrier to EBSR interventions according to participants in this study was “parent/family resistance.” At least 70% of principals and 80% of school psychologists in this study identified this was a current or potential barrier to effective interventions with EBSR students in their school. In this study, the most frequently identified training topic of interest, according to 80% of school psychologists, was “Interventions to use with parents/families of EBSR students.” Although speculative, school professionals may not have enough training and/or resources to effectively address parent/family resistance when intervening with EBSR students.

Although tentative, it seems plausible based on survey responses, that school psychologists in this study have the ability to meet at least some needs of EBSR students. Research suggests students with EBSR rely on avoidance and other ineffective coping skills to

manage their anxiety and stress (Havik et al., 2014; Place et al., 2000). Research also suggests that students with EBSR may underestimate their ability to cope effectively (Bernstein & Borchardt, 1996; Heyne et al., 2011). Greater than 80% of school psychologists in this study perceived themselves “Highly” or “Mostly” competent to effectively implement “teaching coping skills” with EBSR students.

Students with EBSR often experience social difficulties including social anxiety, isolation, and difficulty making friends (Carroll, 2011; Hersov, 1960; Kearney, 2008; King et al., 1998b; Place et al., 2000; McShane et al., 2001). Some evidence suggests outcomes may be worse for students with EBSR that have difficulty making friends (Bernstein, 2000; Heyne et al., 2001; Pina et al., 2009). Research suggests interventions for EBSR should consider social skills training (Casoli-Reardon et al., 2012; Kearney & Bates, 2005; Lyon & Cotler, 2009). In this study, more than 60% of school psychologists perceived themselves “Highly” or “Mostly” competent to implement “social skills training” effectively with EBSR students in their school.

Responses from school psychologists in this study suggest selection and use of research-based interventions for EBSR may be limited. Cognitive-behavior therapy (CBT) is the most frequently evaluated intervention approach for EBSR (Heyne et al., 2011). Research has shown that CBT can be effective at increasing student attendance and decreasing emotional symptoms (Bernstein et al., 2000; Heyne et al., 2011; King et al., 1998a, 1998b, 2001; Last et al., 1998;). “Systematic desensitization or exposures” is regarded as one of the two most effective CBT approaches for school refusing behaviors and has been described by researchers as the “active ingredient” and “common denominator” in successful CBT outcomes for EBSR students (Heyne et al., 2004; Suldo & Ogg, 2014). About fifty-five percent of school psychologists in this study perceived themselves “Moderately” competent, or lower, to implement “systematic

desensitization or exposures” effectively with EBSR students in their school. Research has identified “cognitive restructuring” is the other most effective CBT technique for school refusing students (Heyne et al., 2004; Suldo & Ogg, 2014). And again, about fifty-five percent of school psychologist participants perceived themselves “Moderately” competent or lower to implement “cognitive restructuring” effectively in their school with EBSR students. According to DeAngelis (2009), only 40.8% of participating school psychologists reported they felt comfortable to implement this intervention with school refusing students, which is comparable to the findings in this study.

Behavior therapy has also been shown to be effective with EBSR students by increasing attendance and overall functioning of EBSR students (Blagg & Yule, 1984; Heyne et al., 2004; Kearney & Silverman, 1990; King et al., 1998b; Pina et al., 2009; Suldo & Ogg, 2014). In this study, “Behavior modification and/or applied behavior analysis” was perceived as “Highly” or “Mostly” acceptable and “Highly” or “Mostly” effective with EBSR students according to 93% of principals and 52% of school psychologists. Perceived competence among school psychologists was lowest for “behavior modification and/or applied behavior analysis” as an EBSR intervention. More than 60% of school psychologists in this study perceived themselves “Moderately” competent or lower to effectively implement this intervention with EBSR students. Most school psychologists in this study indicated an interest in receiving training on “behavior management strategies for EBSR students.” School psychologists’ perceptions of this intervention not only differed from principals but were also lower than expected based on available research. These findings suggest school psychologists may not have the training needed to select and use evidence-based interventions with EBSR students, which is consistent

with previous reports that school psychologists lack necessary training to implement evidence-based interventions in their schools (Shernoff et al., 2013).

Limitations

One limitation of this study was the sampling methods that were used. Participants in this study were voluntary and self-selected. As a result, the characteristics or perspectives of responders may be different from non-responders in ways that are relevant to the research and therefore could impact the accuracy and generalizability of the findings. For instance, participation in this study could have been influenced by prior level of interest in EBSR, which would impact the findings. In addition, superintendent permission was required prior to extending the invitation to principals and school psychologists, therefore characteristics of school districts that granted permission may be different than districts that declined participation in ways that are relevant to the research. For example, student attendance rates in consenting districts may be different than non-consenting districts which could also impact the findings and limit generalizability.

After the study was completed, a power analysis was conducted using G*Power (Faul et al., 2007) to determine if there was enough power in the study to detect small, medium, and large differences principal and school psychologist definitions of EBSR, perceptions of intervention acceptability and effectiveness. Using Cohen's d as the measure of effect size, the post hoc power analysis determined that the study's parameters produced a 12% chance of detecting a small difference, a 51% chance of detecting a medium difference, and a 89% chance of detecting a large difference. This indicates the sample size used in this study had adequate power to detect a large difference, but lacked power at or above the recommended beta level of 0.80 to detect a small or medium difference. As a result of the restricted ability to detect a medium or small

effect, there was an increase in potential for Type II error, or conveying non-significant results, when in fact a true difference exists.

Another limitation of this study was the instrumentation used. The survey instrument used in this study was adapted from Mitchner (1999) and DeAngelis (2009). The reliability and validity of the survey instrument have yet to be evaluated by research. Without evidence to support the reliability and validity of the survey instrument, it is uncertain if and to what extent the survey reliably measures what it was designed to measure. As a result, the findings of this study must be interpreted with caution and implications need to be carefully considered.

Furthermore, the survey instrument used in this study collected data from participants by relying solely on self-report. An objective measure, such as student attendance rates, along with the subjective measures in this study could have been used to improved measurement accuracy.

Moreover, self-report measures, even when anonymous, can lead to a response bias in which participants respond in ways they believe are a socially acceptable to respond or respond in ways they believe the researcher is expecting, thus impacting the findings.

The design of the survey instrument may have been a limitation of this study. The survey begins with an open-ended question which may have been aversive to potential responders and thus discouraged their participation. Additionally, the survey design did not include operational definitions for the interventions presented. It is possible that respondents vary in their use of intervention terminology, thus impacting the accuracy of the findings.

Implications

According to principals in this study, school psychologists have a responsibility to identify and intervene with EBSR students. School psychologists in this study, and in other studies, agree they have a responsibility to identify and intervene with EBSR students

(DeAngelis, 2009; Torrens-Salemi, 2006). But, many school psychologists in this study perceived their competence to implement several evidence-based intervention approaches as “Moderate” or lower, which is consistent with other findings (DeAngelis, 2009). It is likely that school psychologists need additional training regarding EBSR, specifically emphasizing the use of evidence-based approaches. Most school psychologists in this study reported an interest in multiple EBSR training topics; further evidence that additional training is needed. School districts and professional organizations can offer professional development opportunities and workshops to help school psychologists fulfil their job responsibilities and effectively meet the needs of students with EBSR. Graduate training programs for school psychologists can consider curriculum adjustments that include instruction on evidence-based approaches for students with EBSR as well as additional training opportunities working with EBSR students.

Other findings from this study suggest school psychologists do not feel adequately trained on EBSR. While almost 60% of school psychologists reported they had received prior training or education on EBSR, nearly 90% reported there was at least one EBSR topic they would like additional training on. About 80% of school psychologists reported two or more EBSR training topics of interest. Although speculative, school psychologists’ interest in additional EBSR training may reflect a degree of accurate professional self-awareness and/or a commitment towards ongoing professional development.

School psychologists are probably not the only school professionals that need additional training on EBSR. Most principals in this study reported no prior training or education on EBSR and “principal or vice principal” responsibility to identify EBSR was reported by two-thirds of principals, and responsibility to intervene with EBSR students was reported by one-third of principals. In addition, at least 60% of principals and 75% of school psychologists in this study

reported “additional training for staff is needed” was a barrier to implementing effective interventions for EBSR students. Additional information is needed to better understand training needs of school professionals across disciplines. More than half of the principals and school psychologists in this study cited “limited resources” as a barrier to use of effective EBSR interventions and more information is needed to understand this need and how schools might address this need.

The results of this study can be used to inform future research. The results of this study provide preliminary information about school professionals and EBSR students. The findings suggest that additional information seems greatly needed to assist school professionals to effectively address parent/family resistance to EBSR interventions. Additional mental health training for school professionals may be warranted given the social-emotional needs of EBSR students.

Future Research

Additional information regarding EBSR is needed from school professionals across various disciplines. Principals and school psychologists in this study identified school counselors, social workers, and teachers in their school as having a responsibility to identify and intervene with EBSR students. Collecting information from these school professionals could provide a more extensive view and understanding of school responses to EBSR. Future research could collect data from school professionals using survey method, perhaps with a larger sample size. A larger sample size would allow for greater generalization of findings. Data could also be collected from school professionals by creating case scenarios and then asking respondents to characterize the behavior of the student in the scenario (i.e. truancy, EBSR) as well as identify or describe the interventions they would use to respond.

The present study collected data on the self-reported thoughts and perceptions of school professionals, however, data about what school professionals are actually doing to identify and intervene with EBSR would be useful. School professionals' may utilize different terminology when referring to interventions and therefore data from self-report may not be as accurate as observation data. Additionally, school professionals may engage in interventions without awareness or intention which would not be captured in a self-report, however, observation research could provide a more accurate measure. Another way to gather this information could be to collect data, over a pre-determined amount of time, from school professionals on important variables such as: number of EBSR students currently involved with, interventions used, onset of EBSR, time between onset of EBSR and intervention, parent response, and outcomes. The length of time between onset of EBSR and intervention is an important variable because it relates to intervention effectiveness (Kearney & Tilloston, 1998). This factor was not included in this study but should be considered in future investigations.

Research on the parent-school relationship and EBSR interventions could explore the ways in which parents/families are perceived to be resistant, according to school professionals. Research could also explore if certain techniques or strategies are more effective with parents/families exhibiting different kinds of resistance. One way to collect this information would be to ask school professionals to provide data on cases of EBSR currently involved with, namely which interventions have they used or attempted to use as well as the parent response. Interviews with school professionals could also be useful to gather detailed information about perceived parent/family resistance. Future research should also investigate the parent/family perspective regarding their child's needs and the school's response. Survey data or interviews may be used to collect information from parents/families. Focus groups might also be a useful

method to explore EBSR and school-based interventions from multiple perspectives such as—parents of EBSR students, EBSR students, and school professionals involved with EBSR students. Focus groups can be used to gather information perceived strengths and needs of schools when intervening with EBSR students.

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APPENDIX A

Superintendent Letter

[Date]

[Name] [Title]

[Address]

PERMISSION TO INVITE FACULTY PARTICIPATION IN RESEARCH STUDY

Dear [Name],

I am writing to request permission to invite principals and school psychologists in your district to participate in a research study that I am conducting as a part of my dissertation project. I am currently enrolled as a student in the Rutgers University Graduate School of Applied & Professional Psychology program. The study is entitled “Emotionally-Based School Refusal (EBSR) and School Responses.” Participation involves completing a brief **anonymous** survey. This study **does not** involve student participants.

No costs will be incurred by either your district or the individual participants. School principal and school psychologist participation is **voluntary**. I have enclosed a description of the research study procedures for your review.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call in the next two weeks and be happy to answer any questions or concerns that you may have at that time. In addition, you may contact me by email at julie.lodato@rutgers.edu or by phone at 973-668-8659. You may also contact me if you would like to obtain a summary of the study results when completed. You may also contact my faculty advisor, Susan Forman, Ph.D. by email at sgforman@rci.rutgers.edu, or by phone at 848-445-3975.

If you agree, kindly submit a signed “Letter of Cooperation” on your district letterhead acknowledging your permission for me to invite school principals and school psychologists in your district to participate in the research study. For your consideration, I have enclosed a sample draft of the letter that you may use. I have also included a return-addressed, postage paid envelope. The deadline to respond is February 10, 2017.

While there may be no direct benefit of participation to your district or to respondents, the findings of this study will increase what is known about managing students with EBSR in the school setting. And, as more information is known about EBSR students, more effective and efficient intervention practices can be developed for use by school professionals.

Sincerely,

Julie Lodato (Investigator),
School Psychology Doctoral Candidate

Graduate School of Applied & Professional Psychology
Rutgers, The State University of New Jersey
152 Frelinghuysen Road
Piscataway, NJ 08854

If you have questions about the rights of school principals and school psychologists as research participants, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB.

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza, Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 0890
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.edu

This recruitment document was approved by the Rutgers University Institutional Review Board for the Protection of Human Subjects on January 10, 2017; currently there is no expiration on the approval of this form.

APPENDIX B

Participant Consent Form

Dear [Name], [School Principal / School Psychologist]

You are invited to participate in a research study that is being conducted by Julie Lodato, a doctoral candidate at Rutgers University, Graduate School of Applied and Professional Psychology. Your [Superintendent/Board of Education] has provided me permission to invite your participation. This is a regional study and approximately 140 school principals and school psychologists working in schools (pre-K to 12) within the same geographical region will participate in the study.

Participation in this study involves completing an anonymous survey. The purpose of this study is to gather information on Emotionally-Based School Refusal (EBSR) from school professionals likely to be involved with or have experience with this population. You will be asked to answer questions about EBSR pertaining to: your knowledge, your school's responses, and your perceptions of interventions. You will also be asked a few brief demographic questions. Your response to the survey items will provide preliminary data on an area of EBSR where very little information is known.

This research is anonymous. In addition, the name of your school district will be anonymous. Anonymous means that I will record no information about you that could identify you. There will be no linkage between your identity and your responses in the research. This means I will not record your name, address, phone number, date of birth, etc. If completing the survey online, I will not record the IP address you use to complete the survey. If you agree to take part in the study, you will be assigned a random code number. Your name will appear only on a list of subjects, and will not be linked to the code number that is assigned to you. There will be no way to link your responses back to you. Therefore, data collection is anonymous.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. The findings will be presented as group results only. All study data will be kept confidential for three-years and then destroyed.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

There are no foreseeable risks to participation in this study. In addition, you may receive no direct benefit from taking part in this study. It should take approximately fifteen minutes to complete the survey.

If you have any questions or concerns regarding your participation in this study you may contact the investigator or the advisor of this study. You may also contact the investigator or advisor of this study if you would like to obtain a summary of the study results when it is completed.

To participate you may complete the enclosed paper-version of the survey. You may also participate by completing a web-based version of the survey. Both versions contain the same questions in the same order. Completed paper surveys can be submitted to the researcher using the enclosed return-addressed postage-paid envelope. The return of a completed survey implies consent. To access the web-based version, you may click on the link below, or copy and paste the link into your web browser. [Hyperlink to survey]. The deadline to respond is: [Date].

If you have any questions about the study or study procedures, you may contact myself, Julie Lodato, at 152 Frelinghuysen Road, Piscataway, NJ 08854, julie.lodato@rutgers.edu, 973-668-8659. You can also contact my faculty advisor, Susan Forman, Ph.D., at 152 Frelinghuysen Road, Piscataway, NJ 08854, sgforman@rci.rutgers.edu, 848-445-3975.

If you have questions about your rights as a research participant, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza, Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 0890
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.edu

For paper-based survey:

By participating in the above stated procedures, then you agree to participation in this study. Please retain this form for your records.

For web-based survey:

If you understand the statements above, and will consent to participate in the study, click on the “I Agree” button to begin the survey. If not, please click the “I Do Not Agree” button which close this application. Please retain this form for your records.

This informed consent form was approved by the Rutgers University Institutional Review Board for the Protection of Human Subjects on January 10, 2017; currently there is no expiration on the approval of this form.

APPENDIX C

Participant Follow-up #1

Dear [Name], [School Principal / School Psychologist]

Approximately two weeks ago, you should have received a packet of research materials inviting you to participate in an anonymous research study that I am conducting regarding school responses to students with Emotionally-Based School Refusal (EBSR). I am following-up with you in the hope that you will consider participating in this survey.

I have received permission from your [Superintendent, Name / Board of Education], to invite your participation. For the purposes of valid research, it is important to get a good return rate. Your responses to the survey items will increase what we know about EBSR and school responses. Although your participation is solicited, it is strictly voluntary.

In order to participate using the web-based version, you may click the link below, or copy and paste the link into your web browser. [Hyperlink to survey]. The survey should take approximately 15-minutes to complete and the deadline to respond is: [Date]. A paper-version of the survey is available. To request a paper version you may contact me at julie.lodato@rutgers.edu or 973-668-8659.

If you have already responded, please accept my sincerest thanks and disregard this request.

If you have any questions about the study or study procedures, you may contact myself, Julie Lodato, at 152 Frelinghuysen Road, Piscataway, NJ 08854, julie.lodato@rutgers.edu, 973-668-8659. You can also contact my faculty advisor, Susan Forman, Ph.D., at 152 Frelinghuysen Road, Piscataway, NJ 08854, sgforman@rci.rutgers.edu, 848-445-3975.

APPENDIX D

Participant Follow-up #2

Dear [Name], [School Principal / School Psychologist]

About four weeks ago, a packet of research materials was sent to you to invite you to participate in a research study that I am conducting. I am making a final appeal in the hopes that you can complete a brief survey about school responses to students with Emotionally-Based School Refusal (EBSR).

I have received permission from your [Superintendent, Name / Board of Education], to invite eligible faculty members in your district to participate. Your responses are anonymous and will increase what we know about EBSR and school responses. Your input is very valuable and although your participation is solicited, it is strictly voluntary.

In order to participate, you may click the link below, or copy and paste the link into your web browser. [Hyperlink to survey]. The survey should take approximately 15-minutes to complete and the deadline to respond is: [Date].

If you have already responded, please disregard this final request and accept my sincerest thanks.

If you have any questions about the study or study procedures, you may contact myself, Julie Lodato, at 152 Frelinghuysen Road, Piscataway, NJ 08854, julie.lodato@rutgers.edu, 973-668-8659. You can also contact my faculty advisor, Susan Forman, Ph.D., at 152 Frelinghuysen Road, Piscataway, NJ 08854, sgforman@rci.rutgers.edu, 848-445-3975.

APPENDIX E

Coding Scheme for EBSR Definition

Question posed: *How would you define and describe emotionally-based school refusal?*

Essential descriptors of EBSR: measures responder knowledge of EBSR essential characteristics. Range of potential scores is 0 to 3.

1. Attendance difficulty – Irregular, inconsistent attendance; frequent absences, lates, attempts to leave early; avoidance, reluctance, difficulty going to school, remaining in class or school.
2. Child-initiated
3. Primary reason for avoiding school is to manage emotional or psychological distress.

Additional descriptors of EBSR: measures responder knowledge of additional characteristics common to students with EBSR. Range of potential scores is 0 to 8.

1. Stays home when absent.
2. Parent typically aware.
3. Common types of emotions – fear, dread, anxiety, depression, worry, panic, negative, irrational.
4. Characteristics of emotions – extreme, unusual, out of proportion, strong.
5. Somatic complaints – unexplained physical complaints or symptoms, absence of organic cause (i.e. stomachache, headache, dizziness, nausea).
6. Coping – poor coping; use of avoidance or escape; avoid social or evaluative situations.
7. Emotional difficulty before school – tantrum, pleas to stay home, refusal to get up/out of bed; pattern of lates to school.
8. Emotional difficulty during school– frequent visits to nurse; endures school day with extreme distress; participation at school impacted; attempts to go home early or get picked up early.

Overall EBSR score combines essential descriptors and additional descriptors score.

Non-descriptors of EBSR: provides a measurement of responder ability to distinguish between different types of school refusal behaviors. Range of potential scores is 0 to 5.

1. Refusal to attend school motivated by desire to pursue activities of greater interest
2. Leaves home when absent
3. Typically parent unaware; child makes efforts to conceal
4. Criminal; antisocial behavior
5. Parent initiated

Sample definitions:

1. Student refusal to attend school due to anxiety or significant emotional distress.
2. Resistance or poor attendance due to anxiety or distress that typically occurs with parental knowledge.

APPENDIX F

Coding Score Sheet

PARTICIPANT ID: _____

		SCORE
A. Essential descriptors	1. Attendance difficulty	
	2. Child initiated	
	3. Emotional distress	
	TOTAL.....	
B. Additional descriptors	1. Stays home	
	2. Parent aware	
	3. Types of emotion	
	4. Characteristics of emotion	
	5. Somatic complaints	
	6. Coping	
	7. Difficulty before school	
	8. Difficulty during school	
	TOTAL.....	
OVERALL TOTAL.....		

		SCORE
C. Non- descriptors	1. Other activities	
	2. Antisocial behaviors	
	3. Leaves home	
	4. Parent unaware	
	5. Parent initiated	
OVERALL TOTAL.....		

APPENDIX G

Research Questions

	Research questions	Dependent measures (question numbers)	Statistical analysis
1.	How do school principals and school psychologists define EBSR?	Definition measure (A1-2)	Descriptive analysis
2.	Is there agreement between school principal and school psychologist definitions of EBSR?	Definition measure (A1-2)	Independent samples <i>t</i> -test
3.	What do school principals and school psychologists report about responses to EBSR in their school?	School responses measure (A3-5, C1)	Descriptive analysis
4.	Is there convergence between school principal and school psychologist reports of school responses to EBSR?	School responses measure (A3-5, C1)	Chi-Square analysis
5.	What are school principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students?	Intervention measures (B1-20)	Descriptive analysis
6.	Is there convergence between school principal and school psychologist perceptions of EBSR interventions and perceptions to intervene effectively with EBSR students?	Intervention measures (B1-20)	Independent samples <i>t</i> -test
7.	What are potential training or professional development needs of school psychologists related to EBSR students?	Training interest measure (C-2), Intervention measures (B15-20)	Descriptive analysis
8.	Is there a relationship between demographic variables and EBSR definition?	Demographic questions (D1-6)	Chi-Square analysis

APPENDIX H

Principal Survey

A. Identification: Please provide a response to the following questions regarding students with emotionally-based school refusal (EBSR).

1. How would you define emotionally-based school refusal?

2. Please identify the source(s) of your definition. Circle all that apply.

- | | |
|---|----------------------------|
| a. State/federal definition | b. District/school policy |
| c. Research in the field | d. Professional experience |
| e. Other (<i>please specify</i>): _____ | |

3. In your school, who is responsible for *identifying* students with emotionally-based school refusal? Check all that apply.

- | | |
|--------------------------------|---|
| a. Principal or vice principal | b. Truancy officer |
| c. Secretary | d. School counselor |
| e. Teacher | f. School psychologist |
| g. School social worker | h. Other (<i>please specify</i>): _____ |

4. In your school, who is responsible for *implementing interventions* for students with emotionally-based school refusal? Check all that apply.

- | | |
|--------------------------------|---|
| a. Principal or vice principal | b. Truancy officer |
| c. Secretary | d. School counselor |
| e. Teacher | f. School psychologist |
| g. School social worker | h. Other (<i>please specify</i>): _____ |

5. In your school, what sources of information are used to identify students with emotionally-based school refusal? Check all that apply.

- | |
|---|
| a. Attendance records |
| b. Input from school staff (i.e. teacher, school counselor) |
| c. Input from parent |
| d. Assessment/evaluation of student social/emotional/behavioral functioning |
| e. Behavior observation |
| f. Other: (<i>please specify</i>) _____ |

C. Additional Information: *Please provide a response to each of the following question.*

1. What are current or potential barriers to implementing effective interventions for emotionally-based school refusing students at your school. Check all that apply.

- a. Additional training for staff is needed.
- b. Limited resources (i.e. time, staff)
- c. Parent/family resistance
- d. School climate
- e. Resistance from other school professionals (i.e. administration, teachers, CST).
- f. Other (*please explain*): _____

D. Demographics: *Please indicate your responses to the following demographic items.*

1. Total number of years employed as a school principal:

- a. 0 – 5
- b. 6 – 10
- c. 11 – 15
- d. 16 – 20
- e. 20 or more

2. Highest degree earned:

- a. Master's degree
- b. Professional/Specialist degree
- c. Doctorate degree
- d. Other (*please specify*): _____

3. Grade level currently work with (*check all that apply*):

- a. Preschool
- b. Elementary
- c. Middle school
- d. High School
- e. Other (*please specify*): _____

4. Gender:

- a. Female
- b. Male

5. Race/ethnicity (*check all that apply*):

- a. White
- b. Hispanic or Latino
- c. Black or African American
- d. Native American or American Indian
- e. Asian/Pacific Islander
- f. Other

6. Have you ever received education or training on emotionally-based school refusal?

- a. Yes (*please explain*): _____
- b. No

APPENDIX I

School Psychologist Survey

A. Identification: Please provide a response to the following questions regarding students with emotionally-based school refusal (EBSR).

1. How would you define emotionally-based school refusal?

2. Please identify the source(s) of your definition. Circle all that apply.

- | | |
|----------------------------------|----------------------------|
| a. State/federal definition | b. District/school policy |
| c. Research in the field | d. Professional experience |
| e. Other (please specify): _____ | |

3. In your school, who is responsible for *identifying* students with emotionally-based school refusal? Check all that apply.

- | | |
|--------------------------------|----------------------------------|
| a. Principal or vice principal | b. Truancy officer |
| c. Secretary | d. School counselor |
| e. Teacher | f. School psychologist |
| g. School social worker | h. Other (please specify): _____ |

4. In your school, who is responsible for *implementing interventions* for students with emotionally-based school refusal? Check all that apply.

- | | |
|--------------------------------|----------------------------------|
| a. Principal or vice principal | b. Truancy officer |
| c. Secretary | d. School counselor |
| e. Teacher | f. School psychologist |
| g. School social worker | h. Other (please specify): _____ |

5. In your school, what sources of information are used to identify students with emotionally-based school refusal? Check all that apply.

- | |
|---|
| a. Attendance records |
| b. Input from school staff (i.e. teacher, school counselor) |
| c. Input from parent |
| d. Assessment/evaluation of student social/emotional/behavioral functioning |
| e. Behavior observation |
| f. Other: (please specify) _____ |

B. **Intervention:** *The following is a list of interventions that may be used by school professionals responding to students emotionally-based school refusal (EBSR). Please read each question and then provide your response using the five-point rating scale shown.*

1. In your school, how **ACCEPTABLE** are these interventions to use for students with emotionally-based school refusal? Use the five-point rating below.

1 2 3 4 5
Not acceptable Moderately acceptable Highly acceptable

- _____ 1. Truancy charges; disciplinary action (i.e. detention, suspension).
- _____ 2. Referral to community treatment providers (i.e. psychiatrist, therapist)
- _____ 3. Alternate education placement (i.e. alternative school, home instruction).
- _____ 4. Modifications to curriculum and/or environment (i.e. reduce academic requirements, safe place to go when overwhelmed).
- _____ 5. Parent training/education.
- _____ 6. Teacher training/consultation.
- _____ 7. School-based counseling/treatment/therapy.
- _____ 8. Behavior modification/applied behavior analysis.

2. How **EFFECTIVE** do you think these interventions would prove to be for students with emotionally-based school refusal in your school? Use the five-point rating below.

1 2 3 4 5
Not effective Moderately effective Highly effective

- _____ 1. Truancy charges; disciplinary action (i.e. detention, suspension).
- _____ 2. Referral to community treatment providers (i.e. psychiatrist, therapist)
- _____ 3. Alternate education placement (i.e. alternative school, home instruction).
- _____ 4. Modifications to curriculum and/or environment (i.e. reduce academic requirements, safe place to go when overwhelmed).
- _____ 5. Parent training/education.
- _____ 6. Teacher training/consultation.
- _____ 7. School-based counseling/treatment/therapy.
- _____ 8. Behavior modification/applied behavior analysis.

3. How **COMPETENT** do you feel to implement the following interventions for students with emotionally-based school refusal? Use the five-point rating below.

1	2	3	4	5
Not competent		Moderately competent		Highly competent
_____		1. Functional behavior assessment		
_____		2. Teacher training/consultation.		
_____		3. Parent training/education.		
_____		4. Behavior modification/applied behavior analysis procedures.		
_____		5. Psychoeducation (i.e. regarding physiological process of anxiety).		
_____		6. Teaching skills for coping and/or communication.		
_____		7. Systematic desensitization/exposure (i.e. methodically exposing student to anxiety-provoking situation while encouraging use of newly learned skills).		
_____		8. Cognitive restructuring (i.e. help student identify and modify maladaptive thoughts).		
_____		9. Relaxation training (i.e. breathing techniques, progressive muscle relaxation, guided visualization).		
_____		10. Social skills training.		

C. Additional Information: *Please provide a response to each of the following questions.*

1. What are current or potential barriers to implementing effective interventions for emotionally-based school refusing students at your school. Check all that apply.

- a. Additional training for staff is needed.
- b. Limited resources (i.e. time, staff)
- c. Parent/family resistance
- d. School climate
- e. Resistance from other school professionals (i.e. administration, teachers, CST).
- f. Other (*please explain*): _____

2. What topics related to emotionally-based school refusal (EBSR) would you like training in? Check all that apply.

- a. Providing comprehensive assessments for EBSR students.
- b. Effective counseling/treatment/therapy interventions for EBSR students.
- c. Teacher training/consultation to support EBSR students.
- d. Interventions to use with parents/families of EBSR students.
- e. Behavior management strategies for EBSR students (i.e. contingency contracting, use of reward/reinforcement).
- f. Other (*please explain*): _____
- g. None, I already possess information to effectively intervene with EBSR students.
- h. None, working with EBSR students is not a part of my current position.