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FAMILY ENVIRONMENT AND SEVERITY OF ABSENTEEISM IN YOUTH

by

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Honors Bachelor of Arts in Psychology
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2008

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2011

A dissertation submitted in partial fulfillment

of the requirements for the

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College of Liberal Arts

The Graduate College

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ABSTRACT
Family Environment and Severity of Absenteeism in Youth

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The current study examined the relationship between family environment and severity of youth absenteeism in clinical and community settings. Previous researchers have adopted a categorical approach to investigating the role of family environment in problematic absenteeism by diving youth into discrete categories and these studies are almost exclusively conducted in clinical settings. The current study contributes to the literature by adopting a dimensional approach that examines the impact of family environment on problematic absenteeism across diagnostic and functional categories.

The first aim of the study was to determine the family environment characteristics most predictive of absenteeism severity. The first hypothesis was that the family environment characteristics cohesion, independence, intellectual-cultural orientation, and active recreational orientation would predict severity of absenteeism. The second aim of the study was to determine the influence of function of school refusal behavior on the relationship between family environment characteristics and severity of absenteeism. It was hypothesized that youth who refuse school in order to avoid stimuli that provoke negative affectivity and youth who refuse school to seek tangible reinforcement outside of school would moderate this relationship. The third aim of the study was to determine the influence of psychopathology on the relationship between family environment characteristics and severity of absenteeism. It was hypothesized that higher levels of internalizing and externalizing youth psychopathology would moderate this relationship.

The overall sample was recruited from two truancy settings and one clinical setting, and was composed of 174 elementary, middle, and high school youth aged 5-17 years and their parents or guardians in the Clark County School District. Youth missed an average of 38.93% of school days. Overall, families scored significantly lower than the norm on the Independence, Active-Recreational Orientation, and Intellectual Orientation subscales and significantly higher than the norm on the Moral-Religious Emphasis subscale of the Family Environment Scale (Moos & Moos, 1986). Hypothesis one was supported; however, a more predictive model wherein cohesion, conflict, intellectual-cultural orientation, and organization predicted severity of absenteeism was found. This model was also supported in the clinical and community subsamples. Hypothesis two was not supported; function of school refusal behavior did not moderate the relationship between family environment and absenteeism. Hypothesis three was partially supported; internalizing youth psychopathology did not moderate the relationship between severity of absenteeism and family environment, but externalizing youth psychopathology did moderate the relationship. The various ways in which family environment subscales contributed to absenteeism across subsamples was discussed. The model of family environment characteristics as it relates to severity of absenteeism was also discussed in terms of Bronfenbrenner's Ecological Systems Theory. These results provide important clinic implications regarding the assessment and treatment of youth with problematic absenteeism in both clinical and community settings.

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TABLE OF CONTENTS

Chapter I: Introduction……1
Chapter II: Review of the Literature……4
School Absenteeism……4
Truancy……4
School Phobia……7
School Refusal……10
Truancy and School Refusal……10
School Refusal Behavior……11
Functional Model……12
Negatively Reinforced School Refusal Behavior……12
Positively Reinforced School Refusal Behavior……13
Problematic Absenteeism and the DSM-IV-TR……14
Epidemiology……15
Prevalence……16
Youth Characteristics……18
Age……18
Gender……18
Ethnicity……19
Concurrent and Short-Term Effects of Problematic Absenteeism……20
Long-Term Effects of Problematic Absenteeism……22
Contextual Factors……24
Child Factors……27
Characteristics of Children with Problematic Absenteeism……30
Youth Characteristics in Relation to School……37
Family Microsystem……38
School Microsystem……43
Community Microsystem……45
Overall Impact of Family on School Refusal Behavior……46
Classification of Family Types……56
Family Types by Function of School Refusal Behavior……60
Family Environment Characteristics and Severity of Absenteeism……64
Current Study……65
Hypotheses……68
Chapter III: Method……70
Demographic Characteristics……70
Overall Sample……70
Community Sample……70
Clinic Sample……71
Measures……71
Youth Measures……71
Parent Measures……72
Procedure……77
Community Sample……77
Clinic Sample……80
Data Analyses……81

Chapter IV: Results……...87
Percentage of Absenteeism……87
Function of School Refusal Behavior……88
Family Environment Scale: Normative Value Comparisons……88
Overall Sample……..88
Community Sample……...89
Clinic Sample……89
Sample Comparisons: Key Variables……91
Differences in Demographic Variables and Absenteeism Severity……...91
Differences in Community Samples……..91
Differences on Family Environment Subscales……92
Hypotheses……92
Hypothesis 1……92
Hypothesis 2……...93
Hypothesis 3……...94
Chapter V: Discussion……95
Model of Family Environment and Severity of Absenteeism……96
Overall Sample……97
Community Sample……101
Clinic Sample……102
The Influence of Function of School Refusal Behavior……..102
Functions 1, 2, and 3……103
Function 4……103
The Influence of Youth Psychopathology……...104
High Internalizing Psychopathology……105
Low Internalizing Psychopathology……106
High Externalizing Psychopathology……..107
Conclusions……..109
Clinical Implications……112
Study Limitations……116
Suggestions for Future Research……118
Appendix……..121
School Refusal Assessment Scale- Child……121
School Refusal Assessment Scale- Parent……...125
Family Environment Scale……..129
Child Behavior Checklist……134
Information Sheet……138
References……139
Vita……...164

LIST OF TABLES

Table 1: Family Environment Subscale Descriptions…..……..73

Table 2: Pearson Correlation Coefficients among All Subscales…….....82

Table 3: Frequency of Function of School Refusal Behavior across Samples…….88

Table 4: Mean Family Environment Scale Subscale Scores……..…...90

Table 5: Factor Loadings of FES Subscales onto the Family Environment Factor..…….95

LIST OF FIGURES

Figure 1……..…26

Figure 2……..93

Chapter 1

Introduction

Approximately 5.5% of American youth are absent from school each day (National Center for Education Statistics, 2006). Approximately one-fifth (19%) of 4th and 8th grade students (20%) are absent for 3+ school days each month and 7% of 4th and 6th grade students are absent for 5+ days each month (NCES, 2006). Over half of 8th, 10th, and 12th graders missed at least one day of school in a 4-week period in 2000 (NCES, 2002). Not all of these absences are problematic; many absences may be excused for reasons such as illness. In 2004, 6% of children missed 11+ days of school due to illness or injury (US Department of Health and Human Services, 2004). Other absences are not due to illness or are not otherwise excused and are thus considered problematic.

Every year in Nevada thousands of youth are habitually absent from school and problematic absenteeism may be on the rise. The Clark County School District recorded 1,961 habitual truancy incidents in the 2008-2009 school year. These incidents included educational neglect (157), subsequent truancy (331; 2+ citations for habitual truancy), and habitual truancy (1,457). Clark County's habitual truancy incidents accounted for 54.3% of the state's habitual truancy rate (Nevada State Board of Education, 2009). Habitual truancy incidents increased to 2,933 citations in the 2009-2010 school year. These included educational neglect (282), subsequent truancy (504), and habitual truancy (1,947). The number of habitual truancy incidences increased to 3,381 in the 2010-2011 school year (Nevada State Board of Education, 2011). This increase in habitual truancy incidents resulted in a 40% increase in referrals to the Clark County Truancy Court.

Researchers need to investigate what factors contribute to the development and maintenance of problematic absenteeism given these rates. Researchers across disciplines, including psychology, educational psychology, social work, medicine, and juvenile justice, have investigated factors contributing to problematic absenteeism. Psychologists have primarily focused on individual youth characteristics such as psychopathology and researchers in other disciplines have investigated broader factors. Specifically, school climate (Brookmeyer, Fanti, & Henrich, 2006; Guare & Cooper, 2003), school violence and victimization (Dake, Price, & Telljohann, 2003; Glew, Fan, Katon, Rivara, & Kernie, 2005; Henry, 2007), and neighborhood and community characteristics (Chapman, 2003; Crowder & South, 2003; Henry, 2007) have been examined. Intermediate influences on problematic absenteeism, including parent-school interactions, have also been investigated (Epstein & Sheldon, 2002; Sheldon & Epstein, 2005).

The importance of family environment as a contextual variable of problematic absenteeism has been recognized by researchers in all fields, though the emphasis of research varies. Psychologists have focused on family dynamics in clinical populations, whereas researchers from other fields have focused on parent relationship status, family structure, and parent-child involvement in school in non-clinical populations. The current study bridges these two approaches by examining the role of family environment in problematic absenteeism in clinical and community populations.

Problematic absenteeism researchers investigate factors that contribute to the development and maintenance of problematic absenteeism, but little research has been conducted on what differentiates youth who are occasionally absent from youth who are

chronically absent from school. For instance, little research has addressed what youth characteristics or family environments are associated with those who miss 20% of school days versus those who miss 90% of school days. The current study addresses this need by examining the family environment characteristics associated with increasing severity of absenteeism. The current study examined how other factors such as function of school refusal behavior and psychopathology may influence the relationship between family environment characteristics and severity of absenteeism. The family characteristics of youth most at risk for severe problematic absenteeism will be identified. These findings may be used to help inform identification, assessment, and intervention strategies for youth with problematic absenteeism. A review of the existing literature on problematic absenteeism and associated factors follows next.

Chapter 2

Review of the Literature

School Absenteeism

Absences from school can take many forms. Absenteeism refers to any excused or unexcused absence from school (Kearney, 2001). Absences can be excused for reasons such as hazardous weather conditions, religious holidays, illness, or funerals (Kearney, 2001). Unexcused absences can also take many forms. Such absences can be parent-motivated due to economic hardship, parent psychopathology, or desire to conceal abuse (Kearney, 2008a). Unexcused absences can also be due to child-motivated refusal to attend school, and such refusal has been described by researchers in many ways. The following sections outline the evolution of the various terms and concepts used to describe problematic absenteeism.

Truancy

Compulsory education laws were first enacted in the 19th century and educators began focusing on attendance issues around this time (Fagan, 1992). Youth who did not attend school were considered truant. "Truant" referred to students who were excessively absent from school; these absences were deliberate, illegal, and without parental knowledge (Bell, Rosen, & Dynlacht, 1994; Williams, 1927). Truancy was generally associated with negative influence from peers, poor academic environment, and neglectful parents (Kearney, 2001). Kline was one of the first researchers to associate truancy with delinquency. He suggested that youth refuse school to rebel against structured school life and that truant youth possess little self-respect, morals, and ambition (Kline, 1897). These negative characteristics were echoed by Williams who

believed that truants had little motivation and undesirable friends (Williams, 1927). Some researchers associated truancy with lower intelligence and inability to meet classroom demands, whereas others associated truancy with higher intelligence and boredom in class (Broadwin, 1932; Kearney, 2001).

Early 20th century researchers began to acknowledge the complexity of problematic absenteeism. Williams, for example, concentrated on the fact that truant youth had a difficult home environment (Williams, 1927). Broadwin (1932) also claimed that truancy was linked to home-based factors. Truancy was characterized by defiance, attempts to obtain love, and escape from "real situations" (Broadwin, 1932, p. 254). Absences were consistent and with parental knowledge. Broadwin described a relationship between the knowledgeable mother and truant youth that was similar to separation anxiety. Truancy was considered a "deep seated neurosis of the obsessional type" (Broadwin, 1932, p. 254). This type of truancy had a sudden onset and was accompanied by a fear of school, teacher, or the unknown (Broadwin, 1932).

Partridge differentiated 5 types of truancy (1939). Four types were associated with detached family relationships and antisocial behavior (Partridge, 1939). The desiderative group comprised youth for whom truancy was an expression of inner wants and needs. The rebellious group comprised youth whose truancy and other behaviors were obtrusive and overt. The undisciplined comprised youth for whom truancy was a product of environment. The hysterical group comprised youth for whom truancy was a means of escaping difficult situations. The fifth type of truancy was psychoneurotic truancy that involved an emotional bond between the parent and child characterized by excessive attachment and overprotection, or maternal rejection (Partridge, 1939). This

reflects the general theme that family relationships, particularly the relationship between the mother and child, play an integral part in problematic absenteeism.

The rise of behaviorism led researchers to focus more on concrete than psychodynamic factors. Tyerman (1958), for example, found that truants more than nontruants were likely to be boys from lower socioeconomic statuses, come from unclean homes, and have inadequate clothing. These youth also lacked a strong emotional tie with a responsible adult and likely had parents with little interest in child welfare, who used corporal punishment, and who withheld children from school. Truants also had lower intellectual ability and academic achievement and were lonely, unhappy, and insecure (Tyerman, 1968). Tyerman delineated 4 groups of truants based on parental knowledge and frequency of absenteeism: youth absent with parental knowledge and few absences, youth absent with parental knowledge and frequent absences, youth absent without parental knowledge and few absences, and youth absent without parental knowledge and frequent absences (Tyerman, 1968).

Truancy is commonly defined as absence from school without parental knowledge accompanied by delinquent and acting out behaviors (Kearney, 2001). The current conceptualization of truancy encompasses various behaviors such as leaving school during the day, not coming home from school, or leaving the home in the morning but never attending school. Truant youth exhibit gradual onset of absenteeism accompanied by externalizing symptoms (Kearney & Silverman, 1996). Truancy is often accompanied by conduct problems and antisocial behavior and less fear, worry, and anxiety than other forms of nonattendance (Elliot, 1999; Fremont, 2003; Kearney, 2001; King, Ollendick, &

Tonge, 1995; Sommer, 1985). Truant students typically do not meet expectations for academic work (Thambirajah, Grandison, & De-Hayes, 2008).

School Phobia

The terms truancy, school phobia, and school refusal were used simultaneously in the literature to describe problematic absenteeism, leading to considerable semantic confusion (Rubenstein & Hastings, 1980). School phobia was initially viewed as an anxiety-based component of school absenteeism, or psychoneurotic truancy, characterized by negative affectivity and general distress (Kearney, 2001). Johnson and colleagues (1941) were the first to mention school phobia, defining it as a type of psychoneurotic disorder characterized by obsessive and phobic tendencies (Johnson, Falstein, Szurek, & Svendsen, 1941). Johnson later clarified her position, stating that school phobia was a type of separation anxiety that occurred before a child began to attend school (Johnson, 1957). Researchers continued to use the original definition of the term and so the concepts of school phobia and separation anxiety were used interchangeably in the literature.

School phobia was generally seen as a subset of psychoneurotic truancy with 3 main components. First, a child experienced acute anxiety caused by organic disease often accompanied by hypochondriacal and compulsive symptoms, or emotional conflict. This resulted in the child's desire for dependence. The child's mother simultaneously experienced increased anxiety due to a life stressor that threatened her security. This led to an overdependent mother-child relationship where both parties desired school nonattendance (Kearney, 2001). The concept of school phobia later included comorbid problems such as family conflict (i.e., rejection by and dependency on the mother),

neurotic dependence on other family members, depression, and somatic complaints (Agras, 1959; Suttenfield, 1954; Talbot, 1957). The term school phobia reflected not only the child's psychopathology and the role of the family but also the complex relationship between the two factors.

The increasing complexity of school absenteeism is reflected by the various subtypes proposed by researchers. Coolidge and colleagues differentiated youth with school phobia into neurotic and characterological groups (Coolidge, Hahn, & Peck, 1957). The neurotic group comprised female youth for whom truancy onset was acute, dramatic, and accompanied by clinging behavior attributed to conflict between the truant youth and the mother. The characterological group consisted of older boys with a generalized fear of the outside world. These truants were more "deeply disturbed" from an early age and had poor social adjustment. Mothers of characterological youth were dependent on the child to fulfill their emotional needs, and fathers were "more disturbed" than neurotic type fathers (Coolidge et al., 1957). This echoed the work of Broadwin (1932) and highlighted the importance of family relationships on absenteeism. These proposed subtypes reflected the general theme of separation anxiety, particularly with the mother, an approach that has been criticized extensively for lack of generalizability and lack of emphasis on external, school-related factors (Pilkington & Piersel, 1991).

Waldron and colleagues (1975) identified 4 subtypes of school phobia that addressed family and school factors. The "family-interaction type" involved separation anxiety within the context of a hostile-dependent mother-child relationship. The "classic phobia subtype" involved a dysfunctional mother-child relationship resulting in an expression of a youth's defense mechanisms and refusal to attend school. The "acute

anxiety type" involved an anxiety reaction characterized by intense, overwhelming fear that harm will befall the parent. Finally, the "situational characterological" subtype involved a fear of a real school situation involving threat to bodily harm, failure, or loss of self-esteem (Waldron, Shrier, Stone, & Tobin, 1975).

Kennedy (1965) proposed two subgroups of school phobia based on problem duration and overt symptoms. The "neurotic crisis" or Type I subtype displayed acute onset, younger age, lower grades, concern about death, actual or perceived illness of the maternal figure, good parental communication, well-adjusted parents, equal household management by both parents, and parental understanding of the child's problem. The "characterological subtype" displayed gradual onset, multiple episodes of school absenteeism, higher grade levels, no concern about death, and difficult parents. Somatic complaints, fears, separation anxiety, and parent-school official conflict were common to both subtypes (Kennedy, 1965). Berg and colleagues (1969) defined school phobia using 4 criteria. First, a child must experience severe difficulty attending school, often leading to prolonged absences. Second, a child must exhibit emotional upset including misery, fear, and somatic complaints. Third, parents must be aware that the child is missing school. Finally, no antisocial behaviors such as stealing, lying, or destructiveness could be present. Youth with 3 years of normal attendance prior to absenteeism were classified as acute, whereas all other cases were chronic (Berg, Nichols, & Pritchard, 1969). This concrete view acknowledged child psychopathology but reduced relative family involvement to simple awareness.

School Refusal

School refusal, a term derived largely from the school phobia literature, refers to youth who do not attend school primarily because of internalizing problems such as anxiety, fear, or depression. School refusal is not typically applied to those who exhibit disruptive behaviors (Brandibas, Jeunier, Clanet & Fouraste, 2004; Hersov, 1960a; Young, Brasic, Kisnadwala, & Leven, 1990). In fact, school refusers often wish to meet academic expectations (Thambirajah et al., 2008). However, other studies reveal that school refusers are passive and lack initiative. School refusers have also been described as sad and demoralized (Huffington & Sevitt, 1989). The role of psychopathology in these characteristics is unknown and may account for these discrepancies. Moreover, school refusers typically have an acute onset of attendance problems accompanied by parental knowledge (Kearney & Silverman, 1996).

Truancy and School Refusal

Truancy and school refusal are often considered mutually exclusive constructs. Researchers frequently distinguish youth absent from school due to anxiety or fear from youth absent due to defiance of authority and/or lack of interest in school (King & Bernstein, 2001). However, characteristics of these youth often overlap. Cooper (1966a, b) found that children classified as truants and school refusers both exhibit somatic complaints and overdependence in addition to parental knowledge of the absenteeism. Tyerman (1968) found that both groups exhibited peer withdrawal, shyness, and anxiety. A high rate of comorbidity of conduct disorders and anxiety disorders has also been acknowledged.

The labels “truant” and “school refuser” continue to be used by educators and impact their perceptions of youth. Cooper and Mellors (1990) demonstrated the importance of labels of youth with problematic absenteeism. A survey of 26 teachers revealed that educators clearly distinguished truants from school refusers. School refusers were perceived as having more emotional disturbance than truants, especially depression, anxiety, and stubbornness. School refusers were seen as having lower self-esteem, more self-consciousness and truthfulness, and poorer performance in sports than truants. School refusers were also seen as having fewer and poorer peer relationships than truants (Cooper & Mellors, 1990). Teachers are likely to attribute negative characteristics to both truants and school refusers. This research demonstrates how truants and school refusers are perceived and treated differently by educators even though the literature reveals overlapping characteristics.

School Refusal Behavior

Kearney and Silverman (1996) coined the term school refusal behavior to describe all forms of problematic absenteeism. School refusal behavior includes not attending school at all, attending school but then leaving during the day, attending school but only following morning misbehaviors such as temper tantrums, or attending school under distress followed by pleas for future nonattendance (Kearney & Silverman, 1996). Severity of school refusal behavior ranges from self-corrective to chronic. Self-corrective school refusal behavior refers to absence from school that resolves within a 2-week period. Acute school refusal behavior refers to absence from school for more than 2 weeks but less than one year. Chronic school refusal behavior refers to absence from school that lasts longer than one year (Kearney & Silverman, 1996).

Functional Model

The terms historically used to describe problematic absenteeism failed to define factors that contribute to and maintain the behavior. Kearney and Silverman developed a functional model of school refusal behavior to address this deficiency (Kearney, 2001, 2007; Kearney & Silverman, 1990, 1993, 1996, 1999). The model outlines the maintaining variables associated with school refusal behavior. Researchers propose that youth refuse school for one or more functions (Kearney & Albano, 2004). The functions of school refusal behavior are broadly separated into negative and positive reinforcement dimensions. Negative reinforcement refers to termination of an aversive school-related situation and positive reinforcement refers to rewarding situations outside of school (Kearney, 2001).

Negatively Reinforced School Refusal Behavior

Negatively reinforced school refusal behavior refers to youth who refuse school to escape aversive or unpleasant experiences at school. The avoidance allows the youth to escape the unpleasantness of school and thereby reinforces his refusal to attend school (Kearney & Silverman, 1996). Negatively reinforced school refusal behavior can involve avoidance of school-related stimuli that provoke negative affectivity, escape from aversive social and/or evaluative situations, or both.

Youth who avoid school to avoid stimuli that provoke negative affectivity tend to be younger (Kearney & Albano, 2004). These youth can sometimes identify the object of their distress such as a fire alarm, teacher, or class pet (Kearney, 2001). Others simply report a general feeling of "malaise" or misery at school (Kearney, 2001). The negative affectivity associated with this function can be a global state or a continuum of emotional

distress that can include anxiety and depression (Kearney, 2001; Kendall, Kortlander, Chansky, & Brady, 1992; Norvell, Brophy, & Finch, 1985).

Other youth wish to escape aversive social or evaluative situations at school (Kearney & Silverman, 1996). These youth may avoid social situations such as participating in classroom activities, speaking with classmates, or walking in hallways or to class. They may also attempt to escape evaluative situations such as speaking in front of the class, taking tests, or eating before others. Youth may also try to avoid classes that involve performance in front of others such as driving, physical education, band, or choir (Kearney, 2001). These youth may show elevated levels of stress, somatic complaints, depressive symptoms, and general or social anxiety (Kearney, 2001). These youth tend to be older than youth who refuse school for other reasons (Kearney & Albano, 2004).

Positively Reinforced School Refusal Behavior

Positively reinforced school refusal behavior refers to youth who refuse school to pursue tangible and intangible rewards outside of school. Youth may refuse school to pursue attention or sympathy from significant others such as parents, grandparents, older siblings, or neighbors (Kearney & Silverman, 1996; Kearney, 2001). These youth tend to be younger and often demonstrate morning misbehaviors to garner attention and stay home from school. These misbehaviors can include screaming, tantrums, reassurance-seeking, exaggerated somatic complaints, locking oneself in a room or vehicle, or temporarily running away (Kearney, 2001). These youth may also have separation anxiety, but this is often part of controlling, manipulative behavior to gain attention (Kearney, 2003).

Other youth in this category pursue tangible reinforcement outside of school (Kearney & Silverman, 1996). Many of these youth are older children and adolescents who skip classes, portions of the school day, or the entire day to pursue reinforcers. These youth pursue activities such as spending time with friends, watching television, accessing the Internet, sleeping late, going to day parties, shopping, or engaging in substance use (Kearney, 2001). This type of school refusal behavior is most congruent with the traditional concept of truancy.

Problematic Absenteeism and the DSM-IV-TR

Some claim that failure to attend school, or problematic absenteeism, is a symptom and not a diagnosis (Rubenstein & Hastings, 1980). The functional approach to school refusal behavior reflects this idea by examining the underlying factors related to problematic absenteeism to guide assessment and treatment. This idea is also reflected by the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR*; problematic absenteeism is a symptom of other disorders (APA, 2000). Conduct disorder, separation anxiety disorder, specific phobia, and social phobia are all relevant to problematic absenteeism.

Disruptive behavior disorders are often associated with problematic absenteeism. This behavior is consistent with conduct disorder where one diagnostic criterion is that a youth is often "truant from school, beginning before age 13 years" (APA, 2000, p. 99). The traditional concept of truancy has long been associated with delinquent or antisocial acts (Cooper, 1986). In one sample, 37 of 50 school non-attenders referred to a psychiatric clinic had appeared in Juvenile Court for reasons other than nonattendance

(Hersov, 1960b). The literature on other forms on non-attendance suggests that delinquency is not the sole basis for refusing school.

Anxiety disorders have frequently been associated with problematic absenteeism. Separation anxiety disorder involves "persistent reluctance or refusal to go to school or elsewhere because of fear of separation" (APA, 2000, p. 125). A youth may also refuse school due to a feared object in the school environment such as the bell or fire drill and thus meet criteria for specific phobia. Furthermore, youths afraid of social and/or evaluative situations may be diagnosed with social anxiety disorder. The relationship between school refusal behavior and psychopathology will be discussed in more detail following a discussion of the epidemiological factors, long-term consequences, and contextual factors related to problematic absenteeism.

Epidemiology

Researchers have developed atheoretical approaches to problematic absenteeism that focus on severity. These definitions distinguish normal attendance from problematic absenteeism. Some researchers define problematic absenteeism as full days missed. Last and Strauss (1990) defined mild absenteeism as missing 1 day in 2 weeks, moderate absenteeism as missing 1 day per week, severe absenteeism as missing several days per week, and extreme absenteeism as missing several weeks. School districts commonly define truancy as 10 days missed from school in a semester (Kearney, 2008a). A recent national publication defined chronic absenteeism as missing 10% or more of school days (Balfantz & Byrnes, 2012). These definitions of absenteeism do not fully encompass all aspects of problematic absenteeism and may lead to a less accurate understanding of nonattendance. Kearney (2008a) addressed this deficiency by delineating criteria for all

behaviors related to problematic absenteeism. An absence is defined as 25% or more of a school day missed. Problematic absenteeism includes missing at least 25% of a school day, severe difficulty attending class for at least 2 weeks, and/or accumulating 15% or more absences in a 15-week academic period (Kearney, 2008a).

Prevalence

The literature indicates large discrepancies in prevalence rates of problematic absenteeism. These inconsistencies result from not only the use of different terminology, such as school refusal, truancy, or school refusal behavior, but also from the use of different criteria used to define absenteeism (Last & Francis, 1988). Furthermore, the literature often utilizes restricted samples from clinical settings. The use of state or national data regarding child absences may serve as guidelines, but schools' inconsistency in recording and reporting absences and tardiness must be considered (Kearney, 2001).

A recent publication estimated that the national rate of chronic absenteeism ranges from 10-15%, meaning 5-7.5 million students are chronically absent from school (Balfanz & Byrnes, 2012). Kearney estimated that 5-28% of youth display some aspect of school refusal behavior at some point (Kearney, 2001). Others believe the prevalence rate to be as high as 35% (Pina, Zerr, Gonzales, & Ortiz, 2009). More conservative estimates of school refusal behavior are 1% or less when agreement among child, parent, and teacher reports was required (Burke & Silverman, 1987; King, Ollendick, & Tonge, 1995; Last & Strauss, 1990). Furthermore, prevalence rates in clinic samples are about 5% (McShane, Walter, & Rey, 2001). These large discrepancies encourage examination of more concrete data regarding partial attendance.

The prevalence of school refusal behavior is difficult to estimate given its many forms such as morning misbehaviors, partial absences, or full day absences from school. Kearney (2001) estimated that 1.1-4.0% of students are completely absent from school and that 4.4-8.8% of students are partially absent from school. Also, 4.4-9.5% of students were tardy or misbehaved in the morning to avoid school and 1.7%-5.4% of students exhibited intense fear and anxiety related to school (Kearney, 2001). These rates of partial absenteeism are somewhat consistent with national data regarding youth attendance.

National educational statistics regarding skipping classes (partial absenteeism) as well as tardiness (which may stem from morning misbehaviors) are available (Kearney, 2001). The National Center for Education Statistics found that 4.5% of teachers believed skipping class was a problem (NCES, 1996). Rates of these behaviors are difficult to determine because partial absenteeism varies by location and type of school. Public schools (5.1%) have a higher rate of partial absenteeism than private schools (0.7%). Inner city schools (7.6%) have a higher rate of partial absenteeism than rural schools (2.4%) (NCES, 1996). As many as 9.5% of teachers indicated that tardiness was a problem at their school (NCES, 1996). Tardiness is more common in the inner city (14.8%) than in large towns (9.4%) and small towns (5.5%), and is more common in public (10.6%) than private (2.5%) schools (NCES, 1996).

Students chronically absent in one year are often chronically absent in multiple years (Balfantz & Byrnes, 2012). Subsequently, school absenteeism is a strong predictor of dropping out of school (Bryk & Thum, 1989). In one study, 75% of chronic truants did not graduate from high school compared to only 3% of nontruants (Robins & Ratcliff,

1980). Dropout rates vary considerably across geographic locations. The average freshman graduation rate of public high school students was 75.5% in the 2008-2009 school year. Nevada had the lowest freshman graduation rate in the country (56.3%) (Chapman, Laird, Ifill, & KewalRamani, 2011). The Nevada State Board of Education reported a higher graduation rate for the 2010-2011 school year at 70.3% for the state and 68.1% for Clark County. The dropout rate for Nevada is 4.2% and 4.8% for Clark County (Nevada State Board of Education, 2011). Problematic absenteeism and subsequent school dropout are significant problems across the country and especially in Nevada and Clark County.

Youth Characteristics

Age

The average age of onset of problematic absenteeism is 11-14 years (Chazan, 1962; Hersov, 1960a; Kearney, 2001; Smith, 1970; Torma & Halsti, 1975). School refusal behavior in clinical populations peaks during times of transition such as first entry into school (5-7 years), middle school (10-11 years), and high school (14 years) (Hersov, 1985; Makihara, Nagaya, & Nakajima, 1985; Ollendick & Mayer, 1984). School refusal behavior in community settings typically starts in early kindergarten, improves in elementary grades, and increases in middle and high school with the highest rates of absenteeism occurring in 12^{th} grade (Balfantz & Byrnes, 2012).

Gender

No consistent differences exist in rates of problematic absenteeism between males and females (Frick, 1964; Kearney, 1996; Kearney & Bates, 2005). Some researchers report more males in their samples (Bernstein, Svingen, & Garfinkel, 1990;

Bernstein & Borchardt, 1996; Kearney & Silverman, 1996). Others report a predominance of females (Bernstein et al., 1997; Hansen et al., 1998; Last & Strauss, 1990). More research is needed to fully understand the role of gender in absenteeism. Dropout rates vary by gender; males have a higher dropout rate (11.6%) than females (9.0%) (Swanson, 2004). Reason for absenteeism may also vary by gender. Females may be more likely to exhibit anxiety and fear, whereas males may be more likely to exhibit conduct problems (Kearney, 2001).

Ethnicity

Problematic absenteeism occurs worldwide, across all cultures and ethnicities. Extensive research on the phenomenon has been conducted in the United States, United Kingdom, Canada, and Australia. Research has also recently been conducted in South Africa, Japan, Saudi Arabia, and India (Kearney, 2008b). The following are examples of absenteeism worldwide. Prevalence of school refusal in Venezuela ranges from 0.4-7.3% in children aged 3-14 years (Granell de Aldaz, Vivas, Gelfand, & Feldman, 1984). The Japanese Ministry of Education found that 8.1% of students had difficulty attending school. These students were classified as passive youth (27%), neurotic youth (26.3%), youth with mixed symptomatology (18.4%), and truants (13%) (Iwamoto & Yoshida, 1997). In addition, approximately 10% of British youth are absent from school at any given time (Lansdown, 1990).

Youth in ethnic minority groups and those lower in socioeconomic status are at increased risk for school nonattendance (NCES, 2006; US Department of Health and Human Services, 1990). The status dropout rate, the cumulative percentage of students aged 16-24 years who have dropped out of school, was highest in 2010 for Hispanic

(15.1%) followed by American Indian/Alaskan Native (12.4%), Black (8.0%), Caucasian (5.1%), and Asian/Pacific Islander (4.2%) students (NCES, 2012). The 2009 event dropout rate, or percentage of students aged 15-24 years who dropped out of grades 10-12, was 3.4% overall and was highest for Hispanics (5.8%), followed by Blacks (4.8%) and Caucasians (2.4%). The national event dropout rate for students in grades 9-12 was 4.1% in the 2008-2009 school year (Chapman, Laird, Ifill, & KewalRamani, 2011).

School dropout, often predicted by problematic absenteeism, is more prevalent among minority youth. In contrast, minorities are often underrepresented in clinic settings (Kearney, 2001). Youth who enter specialized clinics for school refusal behavior tend to be Caucasian rather than Asian American, Hispanic, or African American (Bernstein & Garfinkel, 1986; Bernstein, Massie, Thuras, Perwein, Borchardt, & Crosby, 1997; Hansen, Sanders, Massaro, & Last, 1998; Kearney, 2001). Research examining both clinical and community populations is necessary to obtain a more complete demographic picture of school refusal behavior. The current study fulfills this need by examining youth from many different ethnic backgrounds in both clinical and community settings.

Absenteeism is a systemic problem that occurs across age groups, genders, ethnicities, and geographic locations. The pervasiveness of the problem requires that the effects of excessive absences be examined. A review of individual and community consequences of problematic absenteeism thus follows.

Concurrent and Short-Term Effects of Problematic Absenteeism

Child school refusal can lead to a number of difficulties for the child, family, and general community. Considerable research within psychology, psychiatry,

medicine/healthcare, law, and education has been conducted on the concurrent risk factors associated with problematic absenteeism. Short-term consequences for school refusers include difficulty with homework, decreasing grades, increased social isolation, and distress (Kearney, 2001). Truancy is also a strong predictor of school disengagement (Zhang, Katsiyannis, Barrett, & Willson, 2007). Risky sexual behavior, suicide, drug use, and violence are associated with truancy in alternative high schools (Denny, Clark, & Watson, 2003). The association between drug use and truancy has also been observed in middle and high school students (Hallfors, Vevea, Iritani, Cho, Khatapoush, & Saxe, 2002). Truancy is a strong predictor for tobacco, alcohol, and marijuana use even after considering school performance, social isolation, association with delinquent peers, personal delinquent values, parental monitoring, and family attachment (Henry & Huizinga, 2007). Drug use and other risky behaviors are prevalent in truants because of the amount of unsupervised and unstructured time available to them (Henry & Huizinga, 2007). Problematic absenteeism may also lead to difficulties for families and communities. Families might experience increased conflict over a child's refusal to attend school, poor parental supervision, or child maltreatment. Disrupted family routines and increased financial expense are common (Kearney, 2001). Truancy has also been linked to vandalism, criminal violence, and automobile-related law violations (Hagborg, 1989; Kaplan, Peck, & Kaplan, 1994; Miller & Plant, 1999).

Truant youth referred to the legal system have been compared to youth referred for other crimes (Zhang et al., 2007). Youth whose first referral to the juvenile justice system was for truancy were more likely than other referred youth to be female, Caucasian, and from a financially impoverished family with an annual income of less

than $15,000 a year. These youth are also less likely to be referred to the courts again for a more serious crime. If school refusing youth are incarcerated again they are likely to have a shorter period of containment than youth referred for other reasons (Zhang et al., 2007). Recidivism is more common for males and minority group members. Those younger at the time of the first referral, in special education, and who have a history of drug use or a family member with a criminal history are also likely to return to court (Zhang et al., 2007). Increased lifetime referrals to court are associated with younger age of first adjudication (Puzzanchera, Stahl, Finnegan, Snyder, Poole, & Tierney, 2000).

Long Term Effects of Problematic Absenteeism

Several longitudinal studies have been completed on youth with problematic absenteeism from clinical settings. Nursten (1963) examined 23 females (median age, 9 years) with school phobia treated in a psychiatric inpatient unit and re-assessed 10 years later. Considerable variability in level of adjustment was found at follow-up. These individuals demonstrated a greater rate of phobic reactions than a control group. Coolidge and colleagues (1964) evaluated 47 school phobic children 5-10 years after initial contact. Thirteen (27.6%) were not impaired, 20 (47.6%) were moderately impaired with unequal or general stunted psychological growth, and 14 (29.8%) were severely impaired. Males experienced more difficulty than females (Coolidge et al., 1964).

Berg and Jackson (1985) completed a 10-year follow-up study of youth admitted to an adolescent psychiatric unit for neurotic disturbance with phobic anxiety leading to school refusal. School refusers (n=143) with a mean age of 23.9 years were assessed. Many (31%) had been seen by a family doctor or psychiatrist at least once after discharge

and 0.05% had been in inpatient treatment at least once. Additionally, 14% of former school refusers had outpatient treatment. Adolescents with school refusal severe enough to require inpatient treatment had an increased risk of psychiatric disturbance with a higher prevalence of severe social impairment and minor psychiatric illness than the general population. Treatment before age 14 years and good intelligence predicted better outcomes (Berg & Jackson, 1985).

Flakierska-Praquin, Lindstrom, and Gillberg (1997) completed a 20-29 year follow-up study of 35 school refusers. Individuals diagnosed with school phobia and separation anxiety disorder were aged 32-37 years at follow-up. Subjects were compared to a matched inpatient psychiatric control group and to a matched general population control group. Those with school refusal were significantly more likely than the general population group to have seen a psychiatrist for outpatient care in adulthood (43%). School refusers also had significantly fewer children. No significant differences were found between the groups with respect to school, career, and registration by social authorities. Notably, the school refusing group was more similar to the comparison group than to the inpatient group (Flakierska-Praquin et al., 1997).

Long-term follow-up studies have also been conducted in non-clinical samples. Hibbett and Fogelman (1990) followed 10,640 truant and non-truant youth aged 7, 11, 16, and 23 years through the National Child Development Study in Great Britain. Truant youth demonstrated more psychological and marital problems than non-truant youth in early adulthood. Truants were more likely to marry young, be separated or divorced, have more children, and have children at a younger age than non-truants. Truants also had an increased risk of depression. These differences remained after controlling for

social background, school attendance, prior educational attainment, and qualifications obtained (Hibbett & Fogelman, 1990). Hibbett, Fogelman, and Manor (1990) reported that truants were more likely to be unemployed and have more unstable job histories, higher number of jobs, shorter length of jobs, and lower family income than non-truants.

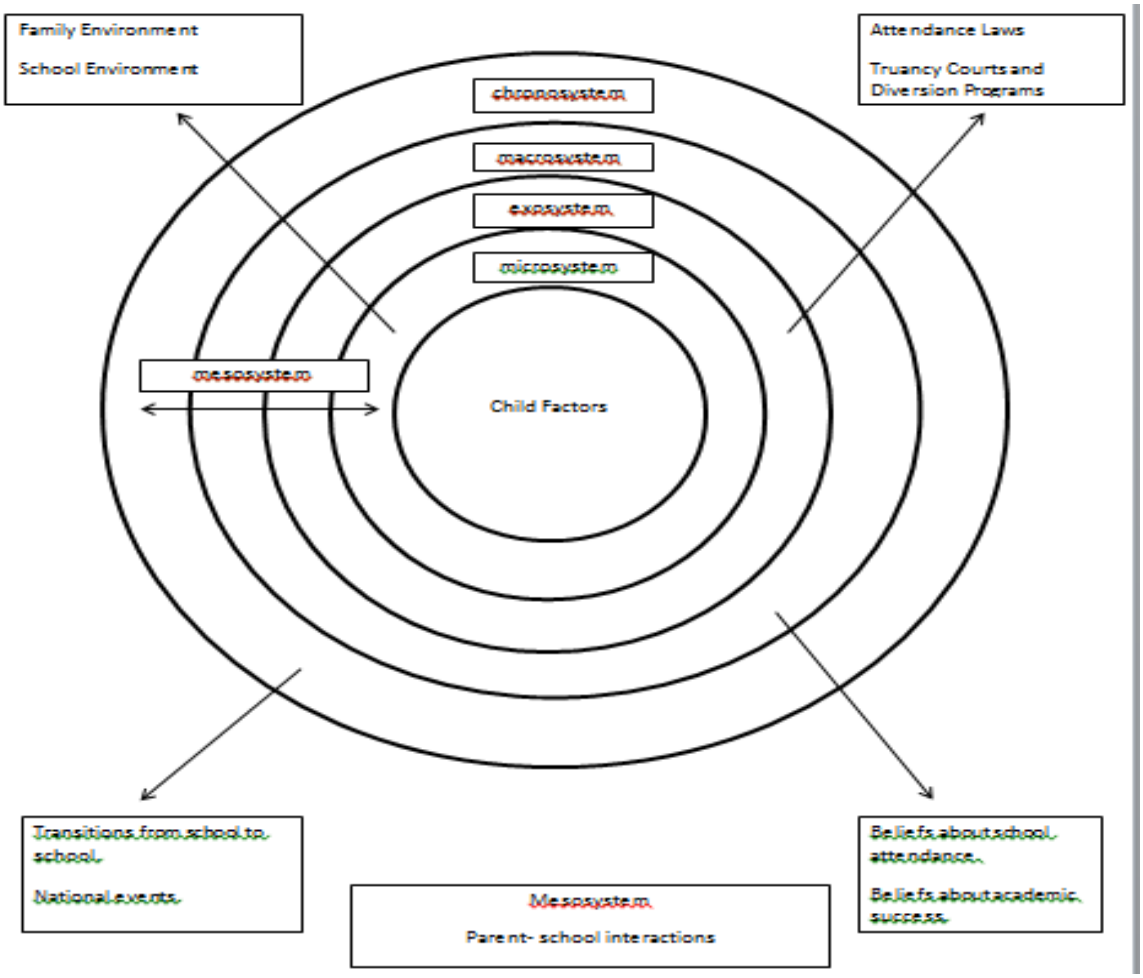
This research highlights the many aversive short- and long-term consequences of problematic absenteeism. Effects range from short-term distress, difficulty with homework, and social alienation to long-term deleterious effects. Consequences of problematic absenteeism are not limited to the time youth are enrolled in school and life-long consequences such as increased psychological disturbance, social impairment, and employment and relationship problems extend well into adulthood. Early identification, assessment, and treatment are essential for this population given the pervasiveness, complexity, and long-term impacts of problematic absenteeism. The results of the current study will facilitate effective assessment and treatment of this population in hopes that long-term consequences of problematic absenteeism will be ameliorated.

Contextual Factors

Successful assessment and treatment of problematic absenteeism requires consideration of the various factors that influence and maintain the behavior. Bronfenbrenner's Ecological Systems Theory can be useful to guide these efforts (Bronfenbrenner, 1979). This theory proposes that children live and develop within multiple contexts that interact with one another or independently influence the ways in which development occurs (Bronfenbrenner, 1979; 1986). Multiple levels of influence including microsystems, mesosystems, exosystems, macrosystems, and chronosystems are considered as well as interrelationships between levels that are simultaneous,

reciprocal, and evolutionary. Youth characteristics and behavior are directly impacted by the microsystem, including family and school environment. The mesosystem involves interaction between environments such as contact between school officials and parents. The exosystem consists of societal structures that indirectly influence the child such as compulsory attendance laws. The macrosystem consists of societal, cultural, and sub-cultural norms, customs, and values that influence all levels. Relevant examples of macrosystems include the assumption of the American education system that youth are to be in class or the assumption that school attendance is central to successful education (Balfanz & Byrnes, 2012). The chronosystem is the most distal factor and includes normative transitions such as middle to high school as well as non-normative transitions such as death of a parent (Bronfenbrenner, 1979; 1986). A comprehensive approach to school refusal behavior must consider factors at all ecological levels.

Figure 1: Ecological Model of Problematic Absenteeism



Researchers, educators, and clinicians must consider the multi-systemic nature of etiological and sustaining factors related to school refusal behavior (Lyon & Cotler, 2009). Personal characteristics, family influences, school factors, and community involvement are important causal influences of school refusal behavior (Corville-Smith et al., 1998). Researchers recognize the need to consider the impact of multiple factors on absenteeism, yet typically focus on only one factor at a time (*At Risk Youth in Crisis,* 1992; Bell et al., 1994). For instance, psychologists have focused on individual factors with limited emphasis on the role of family (Lyon & Cotler, 2009). The need for research on the effects of interaction between educational or institutional, psychological, and social factors on the student has also been recognized (Reid, 1984a). However, little research has focused on the interaction of individual and ecological factors related to problematic absenteeism. The current study will address these deficiencies by examining the influence of family environment characteristics and individual factors, such as function of school refusal behavior and psychopathology, on severity of absenteeism. A review of the contextual factors related to problematic absenteeism follows next.

Child Factors

Problematic absenteeism is influenced by specific child factors. Birth order, socioeconomic status, illness, and pregnancy have been investigated in relation to problematic absenteeism and school dropout. Child factors related to problematic absenteeism such as internalizing and externalizing symptoms, fear, and psychological disorders have also been researched. The child's interaction with the school microsystem has also been found to impact school attendance.

Birth order. The impact of birth order on problematic absenteeism has been addressed in the psychological literature but research in other fields such as social work, sociology, or criminal justice is limited. As a result, birth order has only been addressed in clinical samples. Many studies reveal that the youngest child has the highest risk for school refusal behavior (Smith, 1970). One study revealed that 55% of those with school phobia were the youngest or only child (Berg, Butler, & McGuire, 1972). In another sample, 43.8% of school refusers or truants were the youngest or only child (Torma & Halsti, 1975). However, other studies reveal that the oldest child, children from single-child families, or children with more siblings are most at risk (Baker & Wills, 1978; Granell de Aldaz et al., 1984; Makihara, Nagaya, & Nakajima, 1985; Wareneke, 1964). The effect of birth order on problematic absenteeism thus remains unclear.

Socioeconomic factors. Many children are unable to attend school due to poverty or homelessness. Youth from low-income families are much more likely to miss school than those with higher incomes (Kearney, 2007). Approximately one-third of students are chronically absent, missing 10% or more of school days, in high poverty, urban areas. A quarter of students miss at least a month's worth of school each year in poor rural areas (Balfantz & Byrnes, 2012). Moreover, students from low-income families are approximately 6 times more likely to leave school (8.9% event dropout rate) than peers from high income families (1.5%) (Laird, Kienzl, DeBell, & Chapman, 2007). Economic stress may also impact family emphasis on the importance of education. Low-income families may encourage youth to miss school to fulfill family financial or support needs (Zhang, 2003). Other youth may be required to stay home to care for younger siblings or family members. These absences are considered unexcused, even with parent approval,

and are grounds for truancy court referrals. Conversely, parents with high SES are more likely to be involved in their student's education (Kleine, 1994). The current study examined family influences on youth absenteeism across socioeconomic backgrounds. Homelessness also poses many difficulties for children. Many (1,065,794) homeless students were enrolled in US public schools in the 2010-2011 school year (National Center for Homeless Education, 2012). The majority of homeless youth (87%) are enrolled in school, with 77% attending regularly (US Department of Education, 2000). Homelessness poses many obstacles for youth such as inadequate shelter, nutrition, transportation, clothing, and school supplies. Problems caused by frequent relocation and inability to meet financial costs also pose difficulties and lead to stress. Moreover, many school districts require that children have permanent home residence, immunization or academic records, or a birth certificate that may not be available to those who are homeless (Phillips, Wodatch, & Kelliher, 2002; US Department of Education, 2002).

The effects of socioeconomic status on school refusal behavior have been investigated in the literature, though findings are inconsistent. Truancy has been associated with social disadvantage and lower socioeconomic status (Hersov, 1960a; Tibbenham, 1977). Early studies indicated that most absentee youth came from higher socioeconomic levels (Coolidge, Hahn, & Peck, 1957; Hersov, 1960a). Others reported preponderance from lower socioeconomic levels (Bernstein & Garfinkel, 1986; Nichols & Berg, 1970). Other researchers have concluded that school refusers are equally represented in all socioeconomic levels (Barker & Wills, 1978; Hansen et al., 1998). The role of socioeconomic status in youth absenteeism remains unclear.

Illness. Many youth are absent from school due to illness. Youth with chronic illnesses such as asthma are at greater risk for problematic absenteeism (Kearney, 2001). These youth tend to miss school due to legitimate health concerns and then have difficulty reintegrating into school. They may also seek attention due to their illness or fake illness to miss more school (Creer, Renne, & Chai, 1982). School refusing youth often have physical illnesses or somatic complaints. Youth commonly report abdominal pain and gastrointestinal difficulties (Kearney, 2001; Rubenstein & Hastings, 1980). School-related stress may also lead to sleep difficulties and problematic eating habits (Kearney, 2001). The literature is unclear as to how youth health impacts severity of absenteeism.

Pregnancy. Frequent absenteeism can be an indicator of teenage pregnancy (Kearney, 2008b). About one million adolescents aged 15-19 years become pregnant each year (Monahan, 2001). Teenage mothers complete 1.9-2.2 fewer years of school than women who had their first child after age 30 years (Hofferth, Reid, & Mott, 2001). More than one-third of teen mothers will never earn a general education degree or graduate, and half of teen mothers are not enrolled in school (Monahan, 2001). School dropout and attendance of school-age mothers improves with family support, school-based prenatal services, and alternative education options post-pregnancy (Barnet, Arroyo, Devoe, & Duggan, 2004). Teenage pregnancy also negatively impacts the attendance of teenage fathers (Stouthamer-Loeber & Wei, 1998).

Characteristics of Children with Problematic Absenteeism

Self-concept and personality. Absentee youth demonstrate several personality traits that may contribute to and maintain school refusal behavior. Social skills deficits,

emotional difficulties, and learning or cognitive disabilities are associated with this population (McClusky, Bynum, & Patchin, 2004). Youth who refuse school report low self-esteem and poor academic skills (Corville-Smith, Ryan, Adams, & Dalicandro, 1998; Reid, 1984b, 1982; Southworth, 1992). Researchers have also found these youth to be immature, passive, and dependent (Berg & McGuire, 1974; Hersov, 1960a). Youth with anxiety-based absenteeism may also demonstrate introverted personality traits, especially those who are non-responsive to treatment (Okuyama, Okada, Kuribayashi, & Kaneko, 1999). Research in community settings indicates that aggression, optimism, and work drive are significantly related to absences. Furthermore, absentees are low in openness, conscientiousness, agreeableness, and emotional stability (Lounsbury, Steel, Loveland, & Gibson, 2004).

Fear. Youth with problematic absenteeism often endorse school-related fears. Some fears, such as of evaluative social situations or bullies, are justified but other fears, such as those related to separation anxiety, are less realistic. Youth in one study endorsed fear of teachers (22.0%), academic failure (28.0%), and ridicule or harm from peers (28.0%) (Hersov,1960a). Some youth avoid school due to fear of violence or leaving home (Smith, 1970). Fears related to separation, such as fears that a parent will be harmed, are also common (Hersov, 1960a). Youth from clinical and non-clinical settings have endorsed fears of visiting the principal, poor grades, and failing a test (Granell de Aldez et al., 1984). Not all youth with problematic absenteeism endorse fear, however, and some youth endorse anxiety symptoms only on school mornings (Bools, Foster, Brown, & Berg, 1990; Granell de Aldez et al., 1984; Stroobant & Jones, 2006).

Clinicians and educational professionals need to recognize that fear and other internalizing symptoms may not always be present.

Internalizing symptoms. Problematic absenteeism is associated with many internalizing symptoms. Somatic concerns have historically been associated with school phobia, school refusal, and truancy (Berg et al., 1969; Cooper, 1966a, b; Kennedy, 1965). Gastrointestinal difficulties such as abdominal pain, stomachache, vomiting, and diarrhea are common in this population (Kearney, 2002; Rubenstein & Hastings, 1980). Headaches, fatigue, excessive sweating, and menstrual pain are also endorsed by these youth (Kearney, 2001; 2008b). Somatic symptoms may be more common in youth with anxiety-based school refusal (26.5% of a clinical sample) than those with non-anxiety based problematic absenteeism or truants (0.7%) (Egger, Costello, & Angold, 2003). For some youth these behaviors can be genuine, though others may falsely endorse symptoms to manipulate others to allow them to miss school. The majority of research regarding somatic symptoms has been conducted in clinical settings, so how somatic symptoms might affect youth in community settings is unclear. Moreover, no research has been conducted on the relationship between internalizing symptoms and severity of absenteeism. The current study examined the impact of internalizing symptoms on the relationship between family environment and severity of absenteeism.

Externalizing symptoms. Chronic absenteeism is associated with many externalizing behaviors. Youth often engage in disruptive behaviors such as reassurance-seeking, hiding, refusing to move, clinging, or running away from home or from school. More extreme behaviors such as lying, temper tantrums, and physical and verbal aggression can also occur (Kearney, 1996). Truancy has also been associated with

stealing, fighting, and vandalism (Hersov, 1960b; Pritchard, Cotton, & Cox, 1992). The current study also examined the impact of externalizing symptoms on the relationship between severity of absenteeism and family environment.

Many youth with problematic absenteeism experience significant internalizing and externalizing disorders. Specific phobias, separation anxiety disorder, panic disorder, posttraumatic stress disorder, adjustment disorder, major depressive disorder, dysthymia, and disruptive behavior disorders are common among those with problematic absenteeism (Bernstein, 1991; Kearney & Albano, 2004; Last & Strauss, 1990). Investigations regarding psychopathology of absentee youth have been conducted in both clinical and non-clinical settings.

Psychopathology. School refusal behavior has been associated with several psychological disorders in specialized treatment settings. Kearney and Albano (2004) evaluated 143 youth aged 5-17 years in a specialized school refusal behavior clinic. This sample was predominantly male (62.9%) and Caucasian (89.5%). The most common diagnosis was separation anxiety (22.4%) followed by generalized anxiety (10.5%), oppositional defiant disorder (8.4%), and depression (4.9%). Comorbid diagnoses were also prevalent; 30.8% of the sample received a second diagnosis. In contrast, a third (32.9%) of this sample received no diagnosis (Kearney & Albano, 2004).

Last and Strauss (1990) evaluated 63 predominately Caucasian (89%) anxious school refusers aged 7-17 years. The most common diagnosis was separation anxiety (38.1%) followed by social phobia (30.2%), simple phobia (22.2%), panic disorder (6.3%), and posttraumatic stress disorder (3.2%). Most of the sample received secondary diagnoses (71.4%). Comorbid diagnoses included overanxious disorder (generalized

anxiety) (38.1%), social or simple phobia (12.7%), major depressive disorder (12.7%), and avoidant disorder (11.1%) (Last & Strauss, 1990).

McShane and colleagues (2001) conducted a similar evaluation of 192 school refusing youth in a mixed inpatient/outpatient psychiatric unit. The sample was predominately male (55%) and aged 10-17 years. Most the sample was diagnosed with an anxiety disorder (54%) such as separation anxiety (20%), anxiety disorder not otherwise specified (20%), generalized anxiety disorder (12%), social phobia (8%), panic disorder (6%), panic disorder with agoraphobia (4.5%), and agoraphobia (3%). Mood disorders were also common (52%) and included major depression (30%) and dysthymia (22%). Disruptive behavior disorders were less common (18.5%) and included oppositional defiant disorder (4%), attention deficit-hyperactivity disorder (3%), disruptive behavior disorder not otherwise specified (1%), and conduct disorder (0.5%). Other difficulties included adjustment disorders (3%), learning disorders (3%), and substance use disorders (2%) (McShane, Walter, & Rey, 2001).

Youth psychopathology has also been investigated with respect to function of school refusal behavior in a specialized clinic setting. Kearney and Albano (2004) found that youth with negatively reinforced school refusal behavior were more likely to have an anxiety disorder than youth refusing school for positive reinforcement. Youth refusing school to escape evaluative or social situations that provoke negative affectivity endorsed the most severe diagnoses. Positively reinforced school refusal behavior was associated with lower levels of overall distress, fear, depression, and generalized and social anxiety. Those who avoided school to seek tangible reinforcement outside of school were more

likely than youth refusing for other reasons to demonstrate symptoms of disruptive behavior disorders (Kearney & Albano, 2004).

Youth psychopathology has also been investigated in community populations. Egger and colleagues (2003) evaluated 4,500 students aged 9, 11, and 13 years for problematic absenteeism, including those with anxiety-based school refusal, truancy, and mixed school refusal (anxious school refusal and truancy within a 3 month period). Those with mixed school refusal exhibited the most psychopathology; 88.2% met criteria for diagnoses such as conduct disorder (43.4%), oppositional defiant disorder (17.9%), depression (15.5%), separation anxiety disorder (14.4%), substance abuse (13.1%), attention deficit-hyperactivity disorder (13.1%), panic disorder (11.6%), and generalized anxiety disorder (3.4%). These youth also experienced more nightmares (34.4%) and night terrors (31.6%) than truants and anxiety-based school refusers.

Truants (25.4%) received diagnoses such as conduct disorder (14.8%), oppositional defiant disorder (9.7%), depression (7.5%), substance abuse (4.9%), generalized anxiety disorder (0.6%), attention deficit-hyperactivity disorder (0.5%), separation anxiety disorder (0.3%), simple phobia (0.2%), social phobia (0.2%), and panic disorder (0.2%). Truants were significantly more likely than other absentee youth to have a parent with health problems and to experience lax parental supervision. Truant youth were also 2.4 times more likely to experience peer conflict than non-school refusing youth. Truants also experienced insomnia (19.4%) and fatigue (10.4%). Only a quarter (24.5%) of students with anxiety-based school refusal received diagnoses. Depression was most common (13.9%), followed by separation anxiety disorder (10.8%), oppositional defiant disorder (5.6%), conduct disorder (5.0%), social phobia (3.2%),

generalized anxiety disorder (2.2%), simple phobia (2.1%), attention deficit-hyperactivity disorder (1.3%), and panic disorder (0.3%). Sleep disturbances were common and included insomnia (31.5%), waking to check on family in the night (25.9%), fatigue (12.1%), and difficulty sleeping alone (8.1%). These youth also experienced significantly more difficult peer relationships, fear and worry, sleep disturbance, and somatic complaints than truants (Egger, Costello, & Angold, 2003). Youth with non-anxiety based school refusal behavior may exhibit more severe psychopathology and more externalizing behaviors than youth who refuse school due to anxiety.

Youth psychopathology has been investigated in respect to function of school refusal behavior in a community sample. Hendron (2010) evaluated 200 youth aged 11-17 years in the juvenile justice system or a remediation program for problematic absenteeism. Youth exhibiting negatively reinforced school refusal behavior were likely to have anxiety symptoms. Youth who refused school to avoid negative affectivity demonstrated more depression and general anxiety symptoms than youth refusing school for other reasons. Those who avoided school to escape evaluative or averse social situations were more socially anxious than those refusing for other reasons. Youth who refused school to seek attention from significant others exhibited more symptoms of separation anxiety than other youth. Most youth (61%) refused school to seek tangible reinforcement outside of school and these youth exhibited more oppositional behavior than youth refusing school for other reasons (Hendron, 2010).

Mental health problems and emotional distress are common among youth with problematic absenteeism. Anxiety, depression, and disruptive behavior disorders are common in youth in clinical and non-clinical settings. Other difficulties such as deviant

peer relationships and sleep disturbance are also present. This supports the argument by researchers that problematic absenteeism is a symptom of other psychiatric conditions rather than a distinct psychiatric condition itself (Kearney, 2008b). Clinicians and educational professionals must thus assess for and address these difficulties in addition to absenteeism. The relationship between severity of absenteeism and psychopathology has not yet been addressed in the literature. The current study addressed this deficiency by examining the association between family environment characteristics and severity of absenteeism in relation to youth psychopathology.

Youth Characteristics in Relation to School

Individual youth factors often interact with the school microsystem and impact attendance. Engagement and participation in school activities is associated with less school dropout (South, Haynie, & Bose, 2007). Involvement in afterschool programs has been associated with lower rates of chronic absenteeism (Epstein & Sheldon, 2002). Moreover, students who participate in college preparation, have a strong academic achievement, are not employed or work short hours, have plans to graduate from high school or college are less likely to have unexcused absences (Henry, 2007). Conversely, disengagement from school, poor grades, low educational aspirations, and drug use predict truancy (Henry, 2007). Boredom is associated with poor attendance and school dropout (Guare & Coooper, 2003). Youth who are disengaged from school should be monitored for problematic absenteeism because they are at greater risk for dropping out of school.

Family Microsystem

Parent factors are the most thoroughly investigated aspect of the family microsystem in the problematic absenteeism literature. Concrete family factors such as relationship status, parent psychopathology, and parenting behaviors are important contextual factors surrounding problematic absenteeism (Kearney, 2008a). Parent involvement is an important microsystem interaction. The mesosystem of parent-school interaction has also been found to significantly impact school attendance.

Parent relationship status. Marital problems are somewhat common in families of youth with problematic absenteeism. In one study, 52.7% of parents of school phobic youth reported significant marital problems as well as multiple family stressors (55.4%) and communication problems (79.7%) (Timberlake, 1984). Another study indicated that 43% of 2-parent households experienced significant conflict in the home prior to youth school refusal (McShane, Walter, & Rey, 2001). Disengagement or conflict in parental relationships has also been indicated (Bryce & Baird, 1986). The literature on parental relationship status and problematic absenteeism is primarily from clinic referred samples, however. Some samples of school refusers and truants have a majority of youth from 2-parent households (McShane et al., 2001; Torma & Halsti, 1975). Other studies report a predominance of single-parent families of school refusing youth (Bernstein & Borchardt, 1996; Bernstein, Svingen, & Garfinkel, 1990). The effect of parent relationship status on severity of absenteeism remains unclear.

Parent psychopathology. Parent psychological functioning is another factor that can affect problematic absenteeism. Parent mental health can affect parenting practices such as youth discipline, supervision, and school involvement as well as general child

support. Parent psychopathology is linked to child psychopathology especially in cases of separation anxiety, panic disorder, agoraphobia, social phobia, major depression, and disruptive behavior disorder (Biederman, Faraone, Hirshfeld-Becker, Friedman, Robin, & Rosenbaum, 2001). These disorders are common in youth with problematic absenteeism (Bernstein, 1991; Kearney & Albano, 2004; Last & Strauss, 1990).

Research concerning the mental health of parents of youth with problematic absenteeism is primarily based on clinical populations. Mothers of school phobic youth typically have a lifetime history of at least one anxiety disorder, and many mothers have a current anxiety disorder (Last, Francis, Hersen, Kazdin, & Strauss, 1987). Mothers of these youth also have an increased likelihood of having refused school themselves. Mothers of school-refusing children (33.3%) were significantly more likely than mothers of never psychiatrically ill children (10%) to have a history of school refusal when controlling for age and socioeconomic status (Last & Strauss, 1990).

Mothers and fathers of youth with anxiety-based school refusal have a diverse range of psychological and medical problems. Torma and Halsti (1975) found that alcoholism, asocial behavior, and psychosis were exhibited by 15.1% of mothers and 21.9% of fathers. Many school refusing parents, 47.9% of fathers and 80.8% of mothers, had an immature personality or severe forms of neurosis (Torma & Halsti, 1975). In another study, most parents of school phobic children reported phobia or fearfulness, social inactivity, or medical problems (Timberlake, 1984). A small study (n=6) of anxious-depressed school phobic children indicated that parents and siblings of these youth endorsed higher rates of anxiety and depressive disorders than families of youth with other psychiatric disorders (Bernstein & Garfinkel, 1988). Parents of youth with

school phobia may have different mental health problems than those with separation anxiety-based school refusal. Parents of school phobic youth are more likely to report simple and social phobias but parents of youth with separation anxiety based refusal are more likely to report more panic disorder and agoraphobia (Martin, Cabrol, Bouvard, Lepine, & Mouren-Simeoni, 1999). These studies provide evidence that parent psychopathology, particularly anxiety-based difficulties, may be a factor in problematic absenteeism.

Other studies reveal little psychopathology in parents of school refusing children. Bernstein and Borchardt (1996) found that mothers and fathers of anxious-depressed school refusers did not endorse clinically significant psychopathology. Investigations of parent psychopathology in non-clinical populations are sparse. Parent alcoholism places children at increased risk for absenteeism and school dropout (Casas-Gil & Navarro-Guzman, 2002). The exact role of parent psychopathology in problematic absenteeism across populations thus remains unclear.

Parenting behaviors. Problematic absenteeism is linked to use of corporal punishment and inconsistency in discipline in clinical and non-clinical settings (Farrington, 1980; Hersov, 1985; Tyerman, 1968). Physical punishment by parents is a risk factor for adolescent school refusal (Bahali, Tahiroglu, Avoi, & Seydaoglu, 2011). Maltreated youth are more likely to miss school than non-maltreated youth. Youth absences may be parent-motivated when parents keep youth from school to conceal signs of abuse. Youth may also miss school to recover from injuries. Conversely, abused youth may persistently attend school or linger after school to avoid going home (Kearney,

2001; 2008a). Specific investigations of maltreatment and problematic absenteeism have not been conducted in clinical or community settings.

Parent-child involvement. Parent involvement with their child and the school system directly impacts youth attendance (Reynolds, Weissberg, & Kasprow, 1992). Parent involvement is broadly defined as the extent to which a parent is dedicated to fostering their child's development and to their role as a parent (Maccoby & Martin, 1983). Parent involvement can also be conceptualized as parent's dedication of resources to their child within the home and school environment (Grolnick, Benjet, Kurowski, & Apostolenis, 1997). Practical applications of parent involvement include talking with a child about school, reviewing the child's weekly planner, and monitoring school attendance. Parents are responsible for managing their child's time regarding homework, television and electronic access, and school work and school activities.

Parent involvement predicts academic success regardless of a youth's gender, ethnicity, family structure, or parent education (Bogenschneider, 1997). Absenteeism is linked to poor parent involvement, poor supervision, and permissive parenting styles in community samples (Astone & McLanahan, 1991; Ekstrom, Goertz, Pollack, & Rock, 1986; Fagan & Pabon, 1990). A lower probability of truancy is associated with limited to no amount of unsupervised time after school (Henry, 2007). Poor parent involvement has been discussed in terms of "irresponsible parents" who may engage in non-school activities with their children during the day or otherwise allow their children to be absent for school without consequence (Zhang, 2003).

Parent involvement is perhaps even more important for at-risk youth. Youth behind in school make greater improvements when parents become involved in their

school life. Parent involvement with school support leads to better attendance, higher graduation rates, and greater rate of enrollment in secondary education. Involvement also contributes to higher rates of homework completion, higher test scores and grades, and fewer placements in special education for at-risk youth (Henderson & Berla, 1994).

Parent-school involvement. The mesosystem of family-school interaction is also important to attendance rates. Parent involvement contributes to better relationships between school and families (Epstein & Sheldon, 2002). School involvement with family contributes to lower rates of chronic absenteeism. For example, communication with parents regarding expectations and policies for student attendance lowers chronic absenteeism rates when combined with responsive feedback, such as praising good student attendance in parent newsletters, and assigning community mentors to students with many absences (Epstein & Sheldon, 2002; Sheldon & Epstein, 2005). Chronic absenteeism rates have also been reduced by the implementation of programs where school staff provides home visits to youth with problematic absenteeism (Epstein & Sheldon, 2002).

A healthy mesosystem depends on successful parent-school official interactions. School officials often lament about lack of parent involvement but teachers rarely ask parents for input or more involvement and attention is rarely paid to factors that inhibit parental involvement (Guare & Cooper, 2003; Kearney, 2008a). Parents can feel distanced or excluded from schools due to language barriers and cultural and ethnic differences. Factors such as level of acculturation, attitudes about developmental milestones and self-reliance skills, and school-based discrimination or racism may influence parent involvement (Broussard, 2003; Franklin & Soto, 2002; Kearney, 2008b).

Parents can also feel distanced from schools when differences occur in socioeconomic status or when schools do not acknowledge the financial hardships of families. Several nationwide supportive programs and policies support parent participation in youth education but the implementation of such programs is infrequent (Cohen, 1996; Kessler-Skar & Baker, 2000).

School Microsystem

School environment characteristics are an important factor in youth attendance. The impact of school climate, violence, and victimization on school attendance has been researched in the fields of educational psychology, social work, and health. The interaction between youth characteristics and the school microsystem has also been investigated. A brief review of these factors follows next.

School climate. School climate impacts social and personal attitudes, adjustment, and behavior. Student performance and achievement, misconduct, and social situations in the classroom are directly impacted by school climate (Kearney, 2008a; Koth, Bradshaw, & Leaf, 2008). School climate involves the shared attitudes, values, and beliefs of students, teachers, and administrators that form the parameters of acceptable behaviors and norms for the school (Koth et al., 2008). School climate and school connectedness are also used to describe the degree to which students feel connected to their school and feel supported (Kearney, 2008a). Researchers in the fields of education, sociology, and school psychology have investigated the effects of school climate on attendance and school dropout.

School climate is significantly correlated with attendance and inversely related to school dropout (Brookmeyer et al., 2006). The ease with which youth can skip school or

parts of school days without detection is an important climate factor. One study found that most students reported that skipping school was easy, with 51% of students cutting class without detection and 26.5% detected only once (Guare & Cooper, 2003). School and class size are important school climate characteristics relevant to attendance. School climate is significantly and inversely related to school and class size and directly related to increased attendance rates (Brookmeyer et al., 2006). Other aspects of school climate such as more challenging courses, positive student-teacher relationships, and low grade retention rates are also associated with lower rates of school dropout (Jimerson, Egeland, Sroufe, & Carlson, 2000; Lee & Brucham, 2003; Sheldon & Epstein, 2005).

School violence and victimization. School violence and victimization negatively impact student attendance. Many (1,579) school-related homicides and suicides (1,344) occurred in the 2008-2009 year (Robers, Zhang, Truman, & Snyder, 2012). Many students (32/1000) were also victimized by theft and violent acts in 2010. Some students (7.7%) in grades 9-12 were also threatened or injured with a weapon on school property in 2009. Some students (5%) thus avoid school activities or one or more places in school for fear of attack or harm. However, few students missed classes (0.6%) and stayed home for fear of attack or harm at school (0.6%) (Robers et al., 2012).

Student bullying is a widespread problem. Approximately a quarter (23.1%) of students reported being bullied and 29% of students reported being bullied at school or cyberbullied in the 2009-2010 school year. Moreover, bullying was reported by males (27.8%), females (30.2%), public school students (29.8%), and private school students (20.1%). Bullied youth have higher rates of absenteeism than non-bullied youth (Dake et al., 2003; Kearney, 2006). Bullied youth are twice as likely to feel unsafe at school as

youth who are not bullied, with 20% of those students avoid school (Glew et al., 2005). Youth who feel safe at school are less likely to have unexcused absences from school (Henry, 2007).

This research demonstrates the importance of school-based factors to problematic absenteeism. The majority of this research is conducted on whole student populations, not just those with a history of problematic absenteeism. This research may not apply to youth presenting to clinical settings. More research is needed to clarify the impact of school climate, violence, and victimization on youth presenting for treatment in clinical settings and via the court system.

Community Microsystem

Broad community characteristics also impact student attendance. Neighborhood social disorganization has more of an impact on educational behavior than student perceptions of educational support and supportive parenting (Bowen, Bowen, & Ware, 2002). Neighborhoods that are disorganized and unsafe are risk factors for nonattendance (Chapman, 2003; Crowder & South, 2003; Henry, 2007). Similarly, neighborhood safety and support are significantly related to attendance regardless of poverty level (Chapman, 2003). Neighborhood crime and negative peer culture also contribute to problematic absenteeism (Nash, 2002). High levels of poverty and distress in neighborhoods are associated with fewer years of education and high dropout risk (Crowder & South, 2003). Diminished neighborhood quality is also linked to poor adult supervision, high levels of youth self-care, and lack of parental response to youth nonattendance (Chapman, 2003; Crowder & South, 2003; Henry, 2007). Communities where members are unemployed, poor, and have low levels of educational attainment

may produce students who have limited educational goals and leave school before graduation (Crowder & South, 2003). Moreover, communities in which people can obtain high paying jobs with little education may impact student attendance and contribute to school dropout (Kearney, 2001).

Overall Impact of Family on School Refusal Behavior

Brofenbrenner's Ecological Systems Theory indicates many levels of influence on child development and functioning. Factors related to problematic absenteeism have been investigated in clinical and non-clinical samples. Individual youth factors associated with absenteeism such as personality characteristics, internalizing and externalizing behaviors, and psychopathology have been studied. Concrete individual factors such as birth order, socioeconomic status, illness, and pregnancy have also been investigated. Researchers in educational psychology, social work, and sociology have extensively investigated severity of absenteeism in relation to a number of concrete microsystemic and mesosystemic factors. Concrete family factors such as parent relationship status, psychopathology, and parenting behaviors have also been investigated. The impact of family relationships and environment characteristics on problematic absenteeism has been less extensively studied, however. A review of the literature in this area follows next.

Parent-child relationship. The earliest familial conceptualizations of school refusal centered on the relationship between the child and mother. Psychoneurotic truancy involved refusal to go to school because of a dysfunctional bond between mother and child characterized by maternal rejection or excessive attachment and overprotection (Partridge, 1939). Initial conceptualizations of school phobia ascribed problematic

absenteeism to a child's separation anxiety about her mother (Johnson et al., 1941). A mutually hostile-dependent relationship between mother and child was also cited (Bernstein, Svingen, & Garfinkel, 1990; Johnson et al., 1941; Waldfogel et al., 1957). In addition, parents of school phobic youth were anxiously overprotective of their children and restrictively overinvolved in their child's life while also indulging their child's needs. These behaviors were thought to inhibit a child's ego development and lead to an inability to become independent and leave home (Torma & Halsti, 1975).

The majority of studies in this area focus on characteristics of mothers and maternal report of family environment (Kearney & Silverman, 1995). Little research examines the relationship between school refusing youth and their fathers. Early work emphasized the inconsistency of the father's role in the family system. Fathers were often characterized as passive or controlling and ranged from overly affectionate or dependent to withdrawn (Choi, 1961; Hersov, 1960b). Other researchers focused on the passive role of fathers, finding them to be absent, lacking authority, or ineffective (Davidson, 1960; Takagi, 1972).

Early literature on the relationship between school refusing children and their families can be summarized by the work of Hersov (1960b). Hersov identified 3 types of parent-child relationships within school refusing families from a psychodynamic framework. One type involved a controlling, demanding mother, a passive father, and a child who was obedient at home but fearful and timid outside of home. A second type was characterized by an overindulgent mother, a passive father, and a child who was demanding at home but timid at school and in other social situations. A third type involved an overindulgent mother, a controlling father with high involvement in familial

management, and a child who was friendly and outgoing at school but demanding at home (Hersov, 1960b).

The early research concerning specific child-parent relationships is largely nonspecific and inconclusive. These shortcomings might largely be attributed to methodological deficiencies. Terms used in these studies such as "excessive attachment" and "maternal overprotection" (Partridge, 1939), separation anxiety (Johnson et al., 1941), and "passive" or "controlling" (Choi, 1961) are not well defined. The majority of the studies did not use psychometrically sound measures, and many did not use objective measures at all. Moreover, these studies are largely from a psychodynamic framework. In addition, these studies had restricted samples from exclusively clinical populations with a small number of participants and limited or unknown ethnic diversity.

Recent literature on parent child relationships in this population is scarce. Investigations of maternal child relationships have been few and inconsistent (Bernstein, Warren, Massie, & Thuras, 1999). A clear picture of child-father relationships remains undetermined, though father involvement has not been found to relate significantly to academic and school performance in youth (Kurdek & Sinclair, 1988). More attention has been paid to the broader relationship between absentee youth and both parents.

The influence of parent-child relationships on problematic absenteeism has been studied in clinical and community populations. In clinical settings, problematic absenteeism is associated with a lack of parent-child boundaries that contributes to conflictive family dynamics (Reid, 1982). Community studies of school dropout have indicated that good parent-child relationships with involved parents contribute to academic success. Conversely, those with poor parent-child relationships are more likely

to drop out of high school regardless of behavioral and academic success (Englund et al., 2008). The parent-child relationship thus plays a significant role in the development and maintenance of school refusal behavior.

Empirical investigations of the role of family as a unit in problematic absenteeism are rare (Bernstein & Borchardt, 1996; Bernstein et al., 1999; Fremont, 2003; Hansen et al., 1998; Kearney & Silverman, 1995). Researchers have tried to distinguish types of problematic absenteeism based on family characteristics. Empirical research on family dynamics in problematic absenteeism has focused on concrete family factors and their relationship to family characteristics. Overall family dynamics have also been investigated in specific clinical and non-clinical samples, though the number of these studies is limited.

Families of truant and school phobic youth. Researchers have often tried to determine what family characteristics distinguish youth with different types of problematic absenteeism. An investigation of 15 school phobic youth and 11 truants aged 12-16 years in an inpatient setting indicated little differences in concrete family characteristics (Huffington & Sevitt, 1989). No significant differences were found between truants and school refusers with respect to parental status, age gap between index child and nearest sibling, recent family crisis, or family health. Family health was a general term that included atmosphere, communication, boundaries, alliances, problem solving skills, parental functioning, affective status, and relationship to environment (Huffington & Sevitt, 1989). Concrete family factors may not distinguish school refusers from truants, though family relationship dynamics may be significant.

Galloway (1983) separated absentee youth into truant (i.e., absent from school largely without parent knowledge) and other absentee (i.e., absent from school largely with parent knowledge) groups. Youth in the other absentee group were more dependent with more overprotective parents. Conversely, truant youth were considered to be too independent from their parents. Youth in the other absentee group were significantly more likely to report a warm, mutually satisfying relationship with their parents than truant youth (Galloway, 1983). Truant youth thus may have more problematic family relationships than other absentees. These studies might not generalize to youth in non-clinic referred settings. Additionally, the racial composition of these samples is unknown and one cannot assume that the findings would be similar across youth of various racial and ethnic backgrounds.

Concrete family factors and severity of absenteeism. Problematic absenteeism research also focuses on concrete family factors. Kurdek and Sinclair (1988) examined the impact of family structure on school functioning in a non-clinical sample of 8th grade students. These students were primarily Caucasian and middle class, and families included both biological parents, mother-only families, or families with a biological mother and step-father. Family process variables were measured using the Family Environment Scale (FES) (Moos & Moos, 1986). Children from two-parent families had higher grades than mother only or step-father families, higher quantitative scores than stepfather families, and fewer absences than mother-only families. However, all students had the same number of tardies. Absences from school, grades, and quantitative achievement were significantly predicted by family structure and family process variables. Specifically, 18% of the variability in school behavior, including absences and

academic performance, was accounted for by gender, family structure, family encouragement of achievement and intellectual pursuits, and conflict among family members. However, no factor alone accounted for variance in school behavior and academic performance. This suggests that family structure and family environment characteristics are important factors in attendance and academic performance (Kurdek & Sinclair, 1988).

The effect of family structure on clinic-referred youth has also been investigated. Bernstein and Borchardt (1996) examined the family dynamics of 134 school refusing adolescents in an outpatient clinic via the Family Assessment Measure (FAM) (Skinner, Steinhauer, & Santa-Barabara, 1983). Single-parent mothers (39.6% of the sample) indicated clinically significant communication problems characterized by "insufficient, displaced, or masked communication" (Bernstein & Borchardt, 1996; p.15). These mothers also endorsed clinically significant problems with role performance, or disagreement among family members regarding role definition and difficulty adapting to change in family roles. Intact families did not indicate clinical elevations on any family dimensions. The study also indicated that differences in family functioning were not accounted for by youth primary diagnoses or severity of anxiety or depression symptoms. However, this study did not examine the relationship between severity of absenteeism and family characteristics (Bernstein & Borchardt, 1996).

The literature concerning the relationship between concrete family factors, family environment, and severity of absenteeism is sparse and inconclusive. Studies of non-clinical samples suggest that severity of absenteeism is partly related to family structure, yet research of this relationship of these factors in clinical settings is non-existent. The

impact of other variables such as child psychopathology or school-related variables is also unknown. Other factors are involved in absenteeism severity in addition to family structure. Empirical investigations of overall family dynamics unrelated to family structure have been conducted to clarify the relationship between problematic absenteeism and family environment and are covered next.

Overall family environment characteristics. Empirical investigations regarding the family environment of youth with problematic absenteeism are primarily conducted in clinical settings. One of the first empirical studies examined the families of severely school phobic youth (Bernstein & Garfinkel, 1988). Six Caucasian youth from lower and middle socioeconomic statues and their families were evaluated using the FAM. These youth had school phobia as defined by "poor school attendance secondary to psychological difficulties without known medical illness" (Bernstien & Garfinkel, 1988; p. 24) and were selected due to high levels of anxiety and depression. Families endorsed poor affective expression, communication, role performance, and control. Families of severely school phobic youth may experience poor understanding between family members caused by ambiguous communication and poor clarity regarding rules and family roles. Families may also be rigid, unable to adapt to change, and inhibit painful affect (Bernstein & Garfinkel, 1988). These findings paralleled those of Bernstein and Borchardt (1996) in which single mothers endorsed significant difficulty with role performance and communication.

Family environment characteristics of school phobic youth have been investigated in terms of youth psychopathology. Bernstein and colleagues (1990) investigated family functioning of 76 school phobic youth with a mean age of 13.5 years in an outpatient

clinic. The ethnic background of the youth was not reported but youth of all socioeconomic statuses were represented. Youth were in 4 groups: those with no anxiety or depressive disorder (including youth with no diagnoses, substance abuse disorders, and disruptive behavior disorders), those with an anxiety and depressive disorder, those with a depressive disorder only, and those with an anxiety disorder only. Parents of youth in all categories endorsed clinically significant dysfunction in the dyadic parent-child relationship on the FAM. Significant problems with role performance and values and norms were endorsed. These families are likely to experience difficulty defining, integrating, and adapting family roles. Disagreement about family values and differences in explicit versus implicit values as well as conflict between a family's values and the culture within which the family functions may occur (Skinner et al., 1983). In contrast, youth did not endorse clinically significant dysfunction in any area of overall family or dyadic relationships. The authors concluded that mothers are the most reliable observers of the parent-child dyad and did not address the discrepancy between parent and child report of family functioning (Bernstein et al., 1990).

Family functioning was also evaluated by youth diagnostic classification. Youth with an anxiety disorder only had the healthiest family environments, endorsing significantly less family dysfunction than youth in other diagnostic groups. These youth had the highest level of affective involvement and mother-child relationships within the normal range. Anxious school refusers were also least likely to exhibit acting-out behaviors. Youth in the other diagnostic categories endorsed more family impairment with clinically significant dysfunction in 3 or more dyadic subscales. Those with disruptive behavior disorders belonged to the most dysfunctional families. Youth

referred from a social agency and those whose school had filed a truancy petition also endorsed significant family dysfunction (Bernstein et al., 1990). These findings suggest that family dysfunction is common across diagnostic categories. The degree of family dysfunction may be related to youth diagnosis; families of youth with anxiety may fare better than youth with externalizing behaviors.

Bernstein and colleagues (1999) further investigated the family environment of 46 adolescent school refusers with concurrent anxiety and depression. Adolescents with a mean age of 14.8 years and their families were evaluated using the Family Adaptability and Cohesion Evaluation Scales II (FACES II) (Olson, Bell, & Portner, 1982). Youth were predominately Caucasian (87%) with few African American (11%) and Hispanic (2%) youth. All socioeconomic statuses were represented. Participants had at least a 20% absence rate from school within a 4-week period and were diagnosed with at least one anxiety disorder and major depression. Categorization of family functioning was based on maternal report. Families were classified by type and dichotomized into extreme and more balanced family types. Furthermore, family cohesion was dichotomized into disengaged and connected, and adaptability was dichotomized into rigid and flexible.

Families of anxious-depressed school refusers were found to be rigid in adaptability and disengaged in cohesion. Specifically, 52% of adolescents and 38% of parents rated their families as rigid and 63% of adolescents and 52% of parents rated their families as disengaged. Members of these families were likely to act independently without commitment or attachment to other family members. Conversely, these families would not be described as enmeshed. Families of anxious-depressed school refusers are

also likely to have strict rules and modes of discipline in addition to a lack of compromise among family members and poor problem-solving skills. They may also have difficulty adapting to new roles or to a change in family power structure (Bernstein et al., 1999). Difficulty with family roles and changes in family power structure may not be unique to anxious depressed school refusers, however, because families of youth in other diagnostic categories have endorsed similar problems (Bernstein et al., 1990; Bernstein & Borchardt, 1996).

The aforementioned research focused on youth and families from exclusively clinical settings. Schafer (2011) examined the family environment characteristics of 215 middle and high school youth aged 11-17 years in a truancy diversion program or truancy court. Youth were ethnicity diverse: Hispanic (59.5%), Caucasian (12.6%), African American (10.2%), other (6.5%), multiracial/biracial (5.6%), Native American (2.3%), and Asian American (1.9%). These youth refused school to avoid stimuli that provoke negative affectivity (5.1%), to avoid social or evaluative situations (1.4%), to seek attention from significant others (12.6%), to pursue tangible reinforcement outside of school (60.9%), and for various reasons (20.0%) according to combined parent and child report. These families were less cohesive and independent than the norm. These families also endorsed a lower level of participation in social and recreational activities as well as a lower level of interest in political, intellectual, and cultural activities. These families also placed more emphasis on ethical and religious values and norms and were more controlling. Families were also more conflictive and less expressive than the norm, but these findings were not statistically robust (Schafer, 2011). A significant shortcoming of the studies mentioned thus far is that they do not address how family environment

characteristics are related to severity of youth absenteeism as measured by percentage of days missed.

Classification of Family Types

The aforementioned literature demonstrates the tendency of researchers to focus on specific aspects of school refusal behavior and family environment with few attempts to consider the role of multiple factors simultaneously. Researchers have focused on specific parent-child relationships, general relationships between parents and children, and the impact of concrete family factors on absenteeism but this research is largely inconclusive. Furthermore, few researchers have evaluated the overall family environment of absentee youth. Research in this area is conducted primarily on youth in clinical settings with anxiety-based school refusal, including those with comorbid depression and oppositional behaviors. This research is also primarily based on Caucasian, exclusively English-speaking youth and families with limited variability in socioeconomic status. Larger and more diverse samples are needed to establish more definitive conclusions about family environment and school refusal behavior.

Kearney and Silverman (1995) proposed 6 family types that encompass youth with various forms of school refusal behavior. These classifications incorporate research from early psychodynamic perspective and current empirical approaches. Families of youth with school refusal behavior were classified into enmeshed, conflictive, detached, isolated, healthy, or combined family types.

Enmeshed families. Families of youth with anxiety-based school refusal have been historically characterized as dependent, overprotective, and hostile (Kearney, 2001). Early studies, particularly those from a psychodynamic orientation, emphasized families

characterized by dependence and separation issues (Hersov, 1960b; Johnson et al., 1941). These dysfunctional parent-child interactions contribute to overall family dysfunction characterized by high levels of impairment in parental role functioning, boundary maintenance, and communication (Waldron et al., 1975). Early research on enmeshed family relationships is often criticized for unsound methodology. Studies were biased toward a psychodynamic point of view and rarely used objective measures of youth functioning and family environments. These studies also emphasized the mother-child relationship and minimized other dyads within the family. Furthermore, samples were from exclusively clinical populations with limited demographic diversity.

Empirical research on enmeshed families is similarly inconclusive. One study indicated that enmeshed family types exist across functions of school refusal behavior. Specifically, 32% of families in a clinical sample of youth with school refusal behavior reported independence levels below a standard score of 40, where 50 is the norm and scores above 60 are independent family types (York & Kearney, 1993; Moos & Moos, 1986). In contrast, families of anxious-depressed school refusers are significantly disengaged in terms of family cohesion (Bernstein et al., 1999). An enmeshed family type likely exists but the prevalence is unclear. The prevalence of enmeshed families in non-clinical settings or in families of diverse ethnic backgrounds is unknown.

Conflictive families. Families of youth with school refusal behavior may also demonstrate significant levels of conflict. Initial support for this family type stemmed from the psychodynamic conceptualization of school refusal as resulting from an ambivalent, conflictive relationship between child and mother (Coolidge et al., 1955; Kearney & Silverman, 1995). School phobic youth have also been found to have more

hostile families than those of youth with other neuroses, and a portion of these youth (20%) belonged to a family with a "threatening home situation" (Waldron et al., 1975, p. 805). Conflict and hostility have long been considered key characteristics of these families (Kearney & Silverman, 1995).

Empirical research has also supported a conflictive family type. In non-clinical samples, family conflict has been associated with increased absences (Kurdek & Sinclair, 1988). Research on clinical samples of youth with school refusal behavior has also revealed conflictive family types. Conflictive relationships are common in single-parent as well as dual-parent families across all functions of school refusal behavior (Makihara et al., 1985; York & Kearney, 1993). Specifically, 23.4% of absentee youth from an outpatient clinic were found to be in a conflict-oriented family (Moos & Moos, 1986; York & Kearney, 1993). School refusing families have also been classified with respect to family violence. Among 140 families of youth with school refusal behavior, almost one-third (27.9%) displayed "some" violence and almost one-fifth (18.6%) displayed "severe" violence (beyond the family's control) (Mihara & Ichikawa, 1986). The prevalence of conflictive families in non-clinical populations is unknown, however, because these studies were conducted in exclusively clinical samples.

Detached families. Evidence also supports a detached family type. This family type also has its origins in psychodynamic conceptualizations, with families of school refusers characterized as withdrawn and detached. Mothers were thought to desire independence from their families and this led children to fear their mother's departure and refuse school (Weiss & Cain, 1964). Fathers and entire families were also viewed as withdrawn (Choi, 1961; Kearney & Silverman, 1995). Recent empirical research has

also supported a withdrawn family type. Mothers of anxious-depressed school refusers have reported poor familial communication and families of these youth have been characterized as disengaged (Bernstein et al., 1999). As with the other family types, however, the prevalence of detached families in non-clinical populations is unknown.

Isolated families. School refusal behavior is also associated with family isolation. Isolated families have little contact outside their family and are likely to have difficulty integrating into their communities and schools. Few empirical studies have investigated isolation and school refusal (Kearney & Silverman, 1995). A study of 140 families with various forms of school refusal behavior indicated that 28.1% of families had an isolated family type characterized by significantly low scores on the intellectual-cultural orientation and active-recreational orientation subscales of the FES (Moos & Moos, 1986; York & Kearney, 1993). Additionally, higher rates of absenteeism of youth with anxiety-based school refusal have been associated with families that place little emphasis on activities outside the home (Hansen et al., 1998). Isolated families may be naturally underrepresented in research and treatment. Definitive conclusions about the prevalence of isolated families and the effects on school refusal behavior cannot be made.

Healthy families. Youth with school refusal may also come from healthy families. Healthy families are characterized by lower levels of conflict, normal levels of expressiveness and cohesion, and effective problem-solving strategies (Kearney & Silverman, 1995; Moos & Moos, 1986). Kearney and Silverman (1995) found that 39.1% of families of youth with school refusal behavior were considered healthy because they had high levels of cohesion or expressiveness and lower levels of conflict. School refusing youth with an anxiety disorder have normal mother-child relationships and less

family dysfunction than school refusing youth with other or no diagnoses (Bernstein et al., 1990). In healthy families, problematic absenteeism may be an isolated event not directly tied to family environment.

Mixed family profiles. Many families of youth with school refusal behavior display multiple interaction patterns. This may include families who experience conflict over poorly defined boundaries with concurrent enmeshment as well as families that are primarily detached and isolated in nature (Kearney & Silverman, 1995). Families that are disengaged and conflictive are also common (Bryce & Baird, 1986; Reid, 1985). The prevalence of mixed familial profiles and lack of consideration for function means the family typing approach may be insufficient to fully understand the impact of family environment on school refusal behavior.

Family Types by Function of School Refusal Behavior

A next key step in absenteeism research is to take a categorical approach and examine family types and how they relate to functions of school refusal behavior. A description of extant research in this area follows. Notably, the majority of this work has been conducted on youth and families from a clinical setting with only one study of youth from a non-clinical sample. The current study expanded on these findings by examining the family environment characteristics of youth in clinical and non-clinical samples and considers the roles of function of school refusal behavior and related psychopathology.

Families of youth with negatively reinforced school refusal behavior. Healthy or isolated families are common among youth with negatively reinforced school refusal behavior. Youth who refuse school to avoid stimuli that provoke negative affectivity are likely to come from healthy families (Kearney & Silverman, 1995). These youth may

have a general feeling of misery at school or fear a specific stimulus, and are likely to have individualized pathology within a healthy family environment. Youth in this category are likely to present with an anxiety disorder only (Kearney & Albano, 2004). Families of school refusing youth with an anxiety disorder only demonstrate less family dysfunction than school refusing youth in other diagnostic categories (Bernstein et at., 1990). These youth may have the most severe diagnoses but their pathology is likely unrelated to their overall family environment (Kearney & Albano, 2004). Families of youth with an anxiety disorder only scored significantly lower on the Family Environment Scale Conflict subscale and significantly higher on the Active-Recreational Orientation, Expressiveness, and Cohesion subscales than families of youth refusing school for a different purpose, indicating healthier family functioning (Kearney & Silverman, 1995).

In contrast, families of youth in community court settings demonstrate a different pattern of family functioning. Youth who refused school to avoid stimuli that provoke negative affectivity were likely to have families with high levels of conflict and low levels of cohesion. Spanish-speaking families of these youth were also more likely to value participation in social and recreational activities than English-speaking families (Schafer, 2011). Family environment differences between clinic and community samples may be attributed to the severity and duration of the absenteeism of youth in the non-clinical sample. Youth in this sample failed to respond to initial remediation techniques and parent involvement was mandated rather than voluntary, whereas families in clinical samples often self-refer to treatment. Moreover, families from truancy court settings tend to have lower income and are faced with additional stressors (Hendricks et al.,

2010). The youth's school refusal behavior may therefore have a different impact on these families (Schafer, 2011).

Youth presenting to treatment who refuse school to escape aversive social or evaluative situations are likely to come from isolated families (Kearney & Silverman, 1995). These youth are likely to present with an anxiety disorder but the nature of their anxiety is such that it leads to less social engagement in school or cultural activities. These youth may also have more difficulty forming social relationships and are likely to have fewer friends. Families of these youth are not likely to value social contact outside of the family or participate in social-cultural events. Empirical studies indicate that youth with anxiety-based school refusal and higher rates of absenteeism are associated with low levels of family involvement in social and recreational activities (Hansen et al., 1998). Kearney and Silverman (1995) had similar results; families of youth in this category endorsed lower levels of involvement in social and recreational activities and lower levels of interest in political, social, and cultural activities. Youth who refuse to attend school to escape social or evaluative situations may be underrepresented in non-clinical settings, however (Schafer, 2011).

Families of youth with positively reinforced school refusal behavior. Families of youth presenting to treatment in clinical settings whose school refusal is positively reinforced are likely to be enmeshed or detached (Kearney & Silverman, 1995). Youth who refuse school to pursue attention from significant others may belong to enmeshed families (Kearney & Silverman, 1995). Early conceptualizations of school refusal involved dependent, dysfunctional mother-child relationships (Johnson et al., 1941; Partridge, 1932). This idea is reflected in current diagnostic criteria for separation

anxiety disorder that includes persistent refusal to attend school due to fear of separation (APA, 2000). Separation anxiety disorder is one of the most common diagnoses among youth with school refusal behavior in clinical settings (Kearney & Albano, 2004; Last & Strauss, 1990; McShane et al., 2001). These youth are likely to experience difficulties associated with separation anxiety and come from families that value close relationships. This has received some support in the empirical literature. Families of youth in this category demonstrate significantly lower levels of independence than families of youth who refuse school for other reasons (Kearney & Silverman, 1995). A recent investigation of youth in this category in a court setting revealed that the relationship between youth who refuse school to pursue attention from significant others and lower levels of family independence occurred only for English-speaking and not Spanish-speaking families (Schafer, 2011).

Many youth refuse school to seek tangible reinforcement outside of school (Hendron, 2010; Kearney & Silverman, 1995). Families of these youth are likely to be conflictive and detached (Kearney & Silverman, 1995). Youth in this category are conceptually similar to truants who are overly independent from their families (Galloway, 1983). Families of these youth are also less cohesive than families of youth who refuse school for other reasons (Kearney & Silverman, 1995). These families are therefore more detached. Families of youth who refuse school to pursue tangible reinforcement outside of school are also likely to demonstrate slightly higher levels of conflict than youth who refuse school for other reasons (Kearney & Silverman, 1995). The relationship between this function of school refusal behavior and family environment

characteristics was found exclusively for English-speaking families in a community court setting (Schafer, 2011).

Existing research suggests that each function of school refusal behavior may be associated with different family environment characteristics. However, the relationship between function of school refusal behavior and family environment may differ in clinical and non-clinical settings. Moreover, little is known about the family environment characteristics of youth with mixed functional profiles. Given these shortcomings, it may be useful to move away from a categorical approach and examine factors related to school refusal behavior from a dimensional perspective that considers level of absenteeism. A review of existing literature on the relationship between overall family environment characteristics and severity of absenteeism follows next.

Family Environment Characteristics and Severity of Absenteeism

Family environment characteristics and severity of absenteeism have been investigated in just one clinical sample. Hansen and colleagues (1998) examined the relationship between absenteeism severity of school phobic youth and family environment characteristics, as measured by the FES. Male and female youth were equally represented and were aged 6-17 years. Participants were primarily Caucasian, from intact families, and of middle to upper levels of socioeconomic status. Higher rates of absenteeism were significantly related to lower family emphasis on personal development as well as lower emphasis on participation in social and recreational activities. Specifically, 38% of the variance in rates of absenteeism was accounted for by low scores on the Active-Recreational Orientation subscale of the FES, lower levels of fear, and older age of the child. This suggests that a family emphasis on outside social

and recreational activities may contribute to higher rates of absenteeism in anxious youth. The extent to which these findings apply to youth with non-anxiety based absenteeism or to youth from other demographic backgrounds remains unknown.

The Current Study

The current study examined the relationship between family environment and severity of youth absenteeism in clinical and community settings. Previous researchers have adopted a categorical approach to investigating the role of family environment in problematic absenteeism by dividing youth into discrete types. These studies have been almost exclusively conducted in clinical settings and focus on school refusing youth with anxiety disorders, depression, or both. One study examined the family environments of youth across diagnostic categories, including youth with no diagnoses or disruptive behavior disorders (Bernstein et al., 1990). The other approach has been to categorize youth by function of school refusal behavior. This approach has been used in only two studies. One study was conducted in a clinic setting and only examined family environments of youth in each distinct function of school refusal behavior (Kearney & Silverman, 1996). In addition, Schafer (2011) identified family environment characteristics within and across functional categories that were significantly above or below the norm in a community group. More research is needed to gain a comprehensive picture of family functioning across diagnostic and functional categories of school refusal behavior.

The current study contributes to the literature by adopting a dimensional approach to investigating the family environment of all youth with problematic absenteeism. The study eschews a categorical approach by examining youth of varying degrees of

absenteeism. An understanding of the family characteristics associated with absenteeism severity will allow clinicians and educators to know what family influence is most salient. This knowledge will also guide intervention strategies so clinicians can quickly determine which family characteristics to address based on absenteeism severity.

The first aim of the current study was to determine the family environment characteristics most predictive of absenteeism severity. Certain family environment characteristics have been found to be more influential than others. Active-Recreational Orientation is the only family environment characteristic identified in the empirical literature to be predictive of absenteeism severity. Lower scores on the FES Active-Recreational Orientation subscale, lower levels of fear, and older age of the child accounted for 38% of the variance in absenteeism severity of youth with anxiety-based school refusal (Hansen et al., 1998). Families of school refusing youth in a community court setting also endorsed significantly lower levels of active-recreational orientation than the norm (Schafer, 2011). Families also endorsed significantly lower levels of cohesion, independence, and intellectual-cultural orientation (Schafer, 2011). Severity of absenteeism is likely to be predicted by lower scores on the FES Active-Recreational Orientation, Cohesion, Independence, and Intellectual-Cultural Orientation subscales.

The second aim of the current study was to determine the influence of function of school refusal behavior on the relationship between family environment characteristics and severity of absenteeism. The influence of function of school refusal behavior on severity of absenteeism has not yet been investigated. The effect of function of school refusal behavior on the relationship between family environment characteristics and absenteeism severity is also unknown. Functions 1 (youth who refuse school to avoid

stimuli that provoke negative affectivity) and 4 (youth who refuse school to seek tangible reinforcement outside of school) may moderate the relationship between family environment and absenteeism severity. Scores on functions 1 and 4 significantly predicted lower scores on cohesion and higher scores on conflict in a community sample of youth with school refusal behavior (Schafer, 2011).

The third aim of the current study was to determine the influence of psychopathology on the relationship between family environment characteristics and severity of absenteeism. Only two studies have involved the influence of psychopathology on severity of school refusal behavior. Increased somatic symptoms were associated with higher rates of absenteeism in youth with concurrent depression and anxiety disorders (Bernstein et al., 1997). In addition, girls with separation anxiety disorder have lower rates of absenteeism than those with school phobia (Last et al., 1987). These studies were conducted on small samples, utilized youth with only anxiety or depressive disorders, and were conducted exclusively in clinical settings. The empirical literature on the influence of youth psychopathology on severity of absenteeism thus requires substantial expansion.

Severity of absenteeism has not been thoroughly investigated with respect to family environment characteristics in youth with school refusal behavior; however, family environment has been extensively studied in relation to child psychopathology in the general population. General psychiatric and behavioral problems are associated with family environments characterized by decreased cohesion, support, organization, and emotional expression and increased levels of conflict and control (Halloran, Ross, & Carey, 2002). Similarly, youth with depression, conduct problems, and aggression have

families that are low in cohesion and intellectual cultural orientation and high in conflict (George et al., 2006). Higher levels of adolescent depression have been associated with lower levels of family cohesion in clinical and community populations (Cumsille & Epstein, 1994). In addition, families of youth with major depressive disorder are higher in conflict and lower in cohesion, expressiveness, and active recreational orientation than control families (Ogburnet al., 2010). Greater child anxiety has also been associated with greater family conflict (Drake & Ginsburg, 2012). Extreme (high or low) levels of cohesion and adaptability have been associated with greater child anxiety (Drake & Ginsburg, 2012). Greater youth psychopathology was expected to be associated with more pronounced family environment characteristics in the current study.

Hypotheses

The current study examined 3 main hypotheses. Absenteeism severity was defined by percentage of school days missed. Family environment characteristics were determined by subscale scores on the Family Environment Scale (FES) (Moos & Moos, 1986). Function of school refusal behavior was determined by combined scores the School Refusal Assessment Scale-Revised (child and parent versions) (SRAS-R-C and SRAS-R-P) (Kearney, 2002; 2006). Youth psychopathology was determined by the Child Behavior Checklist (CBCL) (Achenbach & Rescorla, 2001) in the clinic sample.

Hypothesis 1. Hypothesis 1 was that lower scores on the FES Cohesion, Independence, Intellectual-Cultural Orientation, and Active-Recreational Orientation subscales ("A" variables) would predict higher rates of absenteeism ("C" variable). Lower levels of active-recreational orientation are associated with higher rates of absenteeism (Hansen et al., 1998). In addition, families in a community sample of school

refusing youth endorsed lower levels of cohesion, independence, intellectual-cultural orientation, and active-recreational orientation than the norm (Schafer, 2011).

Hypothesis 2. Hypothesis 2 was that function of school refusal behavior ("B" variable) would moderate the relationship between family environment characteristics ("A" variables) and severity of absenteeism ("C" variable). Functions 1 and 4 were expected to contribute to a stronger relationship between family environment characteristics and absenteeism severity.

Hypothesis 3a. Hypothesis 3a was that internalizing youth psychopathology ("B" variable) would moderate the relationship between family environment characteristics ("A" variables) and severity of absenteeism ("C" variable) in the clinic sample. Higher levels of internalizing behaviors, as indicated by internalizing CBCL subscale scores, were expected to contribute to a stronger relationship between family environment characteristics and absenteeism severity.

Hypothesis 3b. Hypothesis 3b was that externalizing youth psychopathology ("B" variable) would moderate the relationship between family environment characteristics ("A" variables) and severity of absenteeism ("C" variables) in the clinic sample. Higher levels of externalizing behaviors, as indicated by externalizing CBCL subscale scores, were expected to contribute to a stronger relationship between family environment characteristics and absenteeism severity. Greater youth psychopathology is associated with more extreme family environment characteristics (Cumsille & Epstein, 1994; Drake & Ginsburg, 2012; Ogburn et al., 2010).

Chapter 3

Method

Demographic Characteristics

Overall Sample

Participants included 174 elementary, middle, and high school youth aged 5-17 years (*M*=12.69; *SD*=2.99) and their parents or guardians in the Clark County School District (CCSD). The community sample consisted of 62 youth recruited from the Clark County School District Truancy Diversion Program (n=8) and the Clark County Truancy Court (N=54). The clinic sample consisted of 112 youth recruited from the University of Nevada, Las Vegas Child School Refusal and Anxiety Disorders Clinic.

The overall sample consisted of 104 males (59.8%) and 70 females (40.2%). Youth were Caucasian (54.0%), Hispanic (32.3%), other (9.2%), or African American (3.4%) (unknown: 1.1%). Most parents completed the measures in English (79.3%) and some completed the measures in Spanish (20.7%). Administrative constraints prevented data collection regarding socioeconomic status, but referrals to truancy court settings generally involve families of lower income (Hendricks, Sale, Evans, McKinley, & Carter, 2010). Parents were married (24.7%), divorced (12.1%), never married or single (10.3%), or separated (9.8%) (unknown: 43.1%). Families had a mean of 2.3 children (*SD*= 1.53). Approximately one-third of mothers (33.9%) and fathers (28.7%) graduated from high school.

Community Sample

Most (87.1%; n=54) of the community sample was recruited from Truancy Court. Youth from Truancy Court were aged 11-17 years (*M*=14.89; *SD*=1.42). The Truancy

Court sample consisted of 29 females (53.7%) and 25 males (46.3%). Youth were Hispanic (77.8%), other (11.1%), African American (7.4%), and Caucasian (3.7%). Approximately half of parents completed the measures in Spanish (55.6%) and half completed measures in English (44.4%).

Some (12.9%; n= 8) of the community sample was recruited from Truancy Diversion Programs. Youth from Truancy Diversion Programs were aged 11-16 years (*M*=13.63; *SD*=4.27). The Truancy Diversion Programs sample consisted of 5 males (62.5%) and 3 females (37.5%). Youth were Hispanic (100%). Most parents completed measures in Spanish (75%), and some completed measures in English (25%).

Clinic Sample

The clinic sample consisted of 112 youth. Youth from the clinic were aged 5-16 years (*M*=11.56; *SD*=3.01). The clinic sample consisted of 74 males (66.1%) and 38 females (33.9%). Youth were Caucasian (82.1%), other (8.9%), Hispanic (5.4%), and African American (1.8%) (unknown: 1.8%). Parents completed the measures in English (100%). Families had a mean annual household income of $43,823.00 (*SD*=37,336.82).

Measures

Youth Measures

School Refusal Assessment Scale-Revised-Child (SRAS-R-C) (Kearney, 2002; 2006). The SRAS-R-C was used to determine the function of youth school refusal behavior. The SRAS-R-C is a 24-item scale that measures the relative strength of 4 functional conditions of school refusal behavior: (1) avoidance of school-related stimuli that provoke negative affectivity, (2) escape from school-related aversive social and/or evaluative situations, (3) attention from significant others, and (4) tangible reinforcement

outside of school (Kearney, 2002; Kearney & Silverman, 1996). The scale includes a 7-point (0-6) Likert scale where 0 =never and 6 =always. A mean item score was calculated for each function based on youth responses and the highest item mean represents the primary function of a youth's school refusal behavior (Kearney, 2002). Mean item scores within 0.25 points of one another were considered equivalent (function 5). Function 5 indicates a mixed functional profile.

The SRAS-R-C has adequate reliability and validity. The scale has significant 7-14 day test-retest reliability (mean r= 0.68). Concurrent validity has also been established with the SRAS-C and SRAS-R-C (mean r=0.68) for each functional condition. There has also been support for the construct validity of the SRAS-R-C as demonstrated by confirmatory factor analysis. Support was found for the 4-factor model with two negative reinforcement factors and two positive reinforcement factors. Analyses revealed that 22 of the 24 items were supported. Items 20 and 24 are the weakest items and should be used with caution (Kearney, 2006). With the weakest items removed the model supported each of the 4 functions with Cronbach's alphas of 0.82, 0.80, 0.87, and 0.74 for each function, respectively. Confirmatory factor analysis also supported the 4-factor model of the SRAS-R-C in a community sample (Haight, Kearney, Gauger, & Schafer, 2011). Cronbach's alpha for the SRAS-R-C in the community sample for the current study was 0.86. Cronbach's alpha for the clinic sample was not available.

Parent Measures

Demographic form. Parents completed a demographic form to assess for child's age and grade, child's gender, child's ethnicity, educational information for mother and father, age and gender of child's siblings, and current marital status of the child's parents.

Family Environment Scale (FES) (Moos & Moos, 1986). The Family Environment Scale was administered to all parents. The FES consists of 90 true/false questions that assess personal growth, interpersonal relationships, and organizational structure within families. The FES has 10 subscales: Achievement Orientation, Active-Recreational Orientation, Cohesion, Conflict, Control, Expressiveness, Independence, Intellectual-Cultural Orientation, Moral-Religious Emphasis, and Organization (see Table 1).

Table 1.

Family Environment Subscale Descriptions

Relationship Dimensions		
	Cohesion	The degree of commitment, help, and support family members provide for one another
	Expressiveness	The extent to which family members are encouraged to express their feelings directly
	Conflict	The amount of openly expressed anger and conflict among family members
Personal Growth Dimensions		
	Independence	The extent to which family members are assertive, are self-sufficient, and

		make their own decisions
	Achievement Orientation	How much activities (such as school and work) are cast into an achievement-oriented or competitive framework
	Intellectual-Cultural Orientation	The level of interest in political, intellectual, and cultural activities
	Active-Recreational Orientation	The amount of participation in social and recreational activities
	Moral-Religious Emphasis	The emphasis on ethical and religious issues and values
System Maintenance Dimensions		
	Organization	The degree of importance of clear organization and structure in planning family activities and responsibilities
	Control	How much set rules and procedure are used to run family lives

The FES has 3 different forms: the real form (Form R) measures the current family environment, the ideal form (Form I) measures the ideal family environment, and the expectations form (Form E) measures expectations about the family environment. Form R was used to evaluate current family functioning and environment. Internal consistency is adequate for each subscale with Cronbach's alpha ranging from 0.61-0.78. Additionally, 2- and 4- month test-retest reliabilities for each subscale ranged from 0.70-0.91 (Moos, 1990). A Spanish version of this measure is also available. Cronbach's alpha for the entire sample in the current study was 0.80.

School Refusal Assessment Scale-Revised-Parent (SRAS-R-P) (Kearney, 2002; 2006). The School Refusal Assessment Scale-Revised-Parent was administered to all parents. The SRAS-R-P is a 24-item scale that measures the relative strength of 4 functional conditions of school refusal behavior: (1) avoidance of school-related stimuli that provoke negative affectivity, (2) escape from school-related aversive social and/or evaluative situations, (3) attention from significant others, and (4) tangible reinforcement outside of school (Kearney, 2002; Kearney & Silverman, 1996). The scale includes 24 items, 6 per function, and is available in English and Spanish. The scale includes a 7-point (0-6) Likert scale where 0=never and 6=always. A mean item score was calculated for each function. The function with the highest item mean is considered to be the primary function of the youth's school refusal behavior (Kearney, 2002). Mean item scores within 0.25 points of one another are considered equivalent (function 5). Function 5 indicates a mixed functional profile.

The SRAS-R-P has adequate reliability and validity. The scale has shown significant 7-14 day test-retest reliability (mean r = 0.67) and parent inter-rater reliability

(mean r = 0.54) (Kearney, 2002). There has also been support for the construct validity of the SRAS-R-P as demonstrated by confirmatory factor analysis. Kearney (2006) examined the structure of the SRAS-R-P regarding 138 parents of children with school refusal behavior and conducted confirmatory factor analysis. Support was found for the 4-factor structure, including two negative reinforcement and two positive reinforcement dimensions. Items 18, 20, and 24 are the weakest items and should be used with caution. With the weakest items removed the model supported each of the four functions with Cronbach's alphas of 0.86, 0.86, 0.88, and 0.78. Confirmatory factor analysis also supported the 4-factor model of the SRAS-R-P in a community sample (Haight et al., 2011). Scores from multiple reporters (e.g., parent and child) should be used when determining primary function of school refusal behavior (Higa, Daleiden, & Chorpita, 2002). The Cronbach's alpha for the community sample in the current study was 0.89. The Cronbach's alpha for the clinic sample was not available. The current study utilized a combined parent-child report for primary function of school refusal behavior.

Child Behavior Checklist (CBCL) (Achenbach & Rescorla, 2001). The CBCL was administered to parents in the clinic sample. The measure is a 112-item rating scale used to measure internalizing and externalizing problems in children and adolescents aged 6-18 years. Parents/guardians were required to rate their child's behavior on a 3-point Likert scale from "0" (not true) to "2" (very true or often true). The measures yields several syndrome scales: anxious/ depressed, withdrawn/ depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior as well as overall scores for Total Problems, Internalizing, Externalizing, and DSM-oriented scales.

The CBCL was standardized on a sample of 1,753 children who were considered representative with respect to geographic location, ethnicity, and SES. Norms were calculated separately by gender and for two age groups (6-11 and 12-18 years). Internal consistency reliability is high with 0.97 for Total Problems, 0.90 for Internalizing, and 0.94 for Externalizing; individual syndrome scales range from 0.78 - 0.94. Test-retest reliabilities were satisfactory (0.82 - 0.92) for the syndrome scales as well as Total Problems (0.94), Internalizing (0.91), and Externalizing (0.92). The content, construct, and criterion-related validity of the measure have also been found to be satisfactory (Achenbach & Rescorla, 2001; Sattler & Hoge, 2006). Cronbach's alpha for the clinic sample was not available.

Procedure

Community Sample

Participants for the community sample were recruited from the Clark County Truancy Court and Truancy Diversion Programs. The Clark County Truancy Court was held at the Clark County Family Court and Services Center in Las Vegas, Nevada and was conducted with the Clark County School District. A portion of the data for the current study was previously collected from the Court as part of an ongoing research project (Protocol # 0511-1795). A description of the program as well as past procedures follows next.

The Clark County Truancy Court was designed to address and remediate attendance for CCSD youth cited for truancy. According to school district policy, 3 unexcused absences from an entire day of school or a single class results in a letter sent home to parents. After each additional absence or truancy another letter is sent to

parents. After 3 truancy notices, a youth truancy citation is issued and the youth is ordered to report to truancy court. Truancy Court was held 3 afternoons a week, during which time data collection occurred. If a student pled guilty or was proven to be guilty, then they were ordered to partake in a program that required a weekly appearance at court. Students were required to keep attendance logs with teacher signatures for each class attended. Students may also have been ordered to keep a daily planner or attend tutoring, counseling, or other court-mandated programs. Students earned points for attendance, good attitude, and compliance with court orders. Students graduated from the truancy program after earning 100 points, which typically lasted 10 weeks.

Community service was occasionally assigned if a student continued to have significant absences, acted disruptively in school, acted disrespectfully in court, or violated court orders. When sentenced to community service, the judge gave parents and youth the option to substitute 2 hours of community service for participation in this project. This substitution did not enable youths to fulfill all community service hours and youth were required to fulfill the rest of their service hours at other facilities.

If a youth and parents agreed to participate in the study, then they were directed to a private room outside the courtroom. A trained undergraduate research assistant and a graduate student then explained the purpose of the study to the youth and parent. Both were asked to sign informed consent and assent forms, respectively, to participate. Parents and youth then completed a de-identified packet of measures regarding the youth's school refusal behavior and family environment. The process lasted 60-90 minutes. Spanish-translated versions of the informed consent and measures were available. In addition, research assistants spoke Spanish to answer questions.

Participation was voluntary and participants were free to discontinue at any time. The remaining hours of community service assigned by the judge then had to be completed. After completion of the packet, participants were thanked and the required signature on the community service forms was given to indicate participation. All data were coded anonymously and stored in a secure location.

The second location for data collection was a community program designed to address truancy in middle and high school students who are at risk for truancy citations based on prior absences. The Truancy Diversion Program was conducted by the Court Appointed Special Advocates (CASA) program. The program was administered in at-risk middle and high schools in the Clark County School District. Approximately 10-20 students at each school were selected for the program due to poor attendance records. The program was voluntary and parents and guardians were encouraged to attend on a weekly basis. Part of the data that was utilized in the current study had been collected at these truancy diversion programs as a part of an ongoing research project (Protocol #0801-2585). Data collection at these programs continued and new participants were recruited for the current study. A summary of the procedures used at the data collection site follows next.

Each week youth meet with their parent or guardian along with a school official (usually an attendance clerk or counselor), a CASA worker, and a judge. Judges were volunteer legal professionals such as attorneys or family court judges. The court procedures were similar to that of the Truancy Court with youth earning points over several weeks and graduating when 100 points are reached. However, the diversion program placed more emphasis on contextual factors such as difficulties at home, lack of

resources, need for counseling, and academic achievement. Students were also often required to attend tutoring sessions as well as group counseling.

At the beginning of the program youth and their parent or guardian were given the opportunity to participate in the current study. Participation in the study was voluntary with each parent and child dyad was given an explanation of the informed consent and assent. Spanish versions of the measures as well as undergraduate research assistants working as Spanish translators were available as needed. The assessment process lasted 60 to 90 minutes. Data were coded anonymously and stored in a secure location.

Clinic Sample

Participants for the clinic sample were recruited from the University of Nevada, Las Vegas Child School Refusal and Anxiety Disorders Clinic. Data from past clients and their families as well as from new families entering treatment were used. Youth presenting to the clinic were self-referred or referred by school staff or counselors, and were from Clark County. The UNLV Child School Refusal and Anxiety Disorders Clinic is a specialized clinic for school refusal behavior and anxiety disorders such as generalized anxiety disorder, social phobia, panic disorder, and selective mutism. The clinic is open during the academic year. Therapists at the clinic are clinical psychology doctoral students in their third year of clinical training and beyond.

Youth and their families were first screened by Dr. Kearney, the director of the clinic, and, if deemed appropriate, initial assessments were conducted by the therapist. Initial assessments were approximately 2 hours and included parent and youth structured interviews, youth self-report measures, parent behavioral measures, and behavioral observations. During the initial meeting, the parent or guardian signed a consent form

regarding clinic procedures including consent for participation in research. Participation in research did not require clients to complete any additional measures or forms.

Data Analyses

Pearson correlational analysis was conducted for all continuous variables (Table 2). To examine multicollinearity, the two variables that correlated most strongly (function 1 (ANA) and function 3 (AGB)) were subjected to linear regression analyses with each as the dependent variable. The variance inflation factor for each analysis was 1, well within the tolerable limit of 10 (Stevens, 1996). Multicollinearity among the variables was therefore not considered problematic.

Table 2.

Pearson Correlation Coefficients among All Subscales

Subscale	% absent	Cohesion	Expressiveness	Conflict	Independence	Achievement Orientation
% absent	-					
Cohesion	.01	-				
Expressiveness	-.00	.26**	-			
Conflict	.01	-.60**	-.14	-		
Independence	.10	.22**	.16**	-.10	-	
Achievement Orientation	.08	.01	-.06	-.03	.17*	-
Intellectual-Cultural Orientation	-.03	.40**	.24**	-.16*	.15	.01
Active-Recreational Orientation	-.18*	.29**	.11	-.08	.09	-.06
Moral-Religious Emphasis	.05	.31**	-.03	-.14	.05	.09
Organization	.08	.46**	.06	-.29**	.15*	.10
Control	-.02	.03	-.31**	.06	-.10	.24**
Function 1 (ANA)	.06	.04	-.02	-.08	-.14	-.18*
Function 2 (ESE)	.15*	-.11	-.13	.04	-.13	-.04
Function 3 (AGB)	-.04	.09	.01	-.12	-.15	-.12
Function 4 (PTR)	-.11	-.12	.01	.12	-.05	-.13
Internalizing	.01	-.20*	.04	.09	-.17	-.18
Externalizing	.04	-.33**	.10	.51**	.02	.09
Oppositional	.03	-.53**	-.11	.41**	-.18	-.12
Anxious-Shy	-.01	-.45**	-.32*	.24	-.40**	-.09

* = $p < .05$, ** = $p < .01$

Subscale	Intellectual Cultural Orientation	Active-Recreational Orientation	Moral-Religious Emphasis	Organization	Control	Function 1 (ANA)
Intellectual-Cultural Orientation	-					
Active-Recreational Orientation	.36**	-				
Moral-Religious Emphasis	.26**	.18*	-			
Organization	.32**	.20**	.30**	-		
Control	.00	.02	.31**	.21**	-	
Function 1 (ANA)	.01	-.00	.05	-.13	-.22**	-
Function 2 (ESE)	-.03	-.19*	.05	-.12	-.07	.68**
Function 3 (AGB)	.01	.01	.02	-.13	-.18*	.78**
Function 4 (PTR)	.02	.12	-.03	-.07	.02	.06
Internalizing	-.01	-.11	-.09	-.07	-.04	.29**
Externalizing	-.08	-.14	-.17	-.19*	.01	-.21*

* = $p < .05$, ** = $p < .01$

Subscale	Function 2 (ESE)	Function 3 (AGB)	Function 4 (PTR)	Internalizing	Externalizing
Function 2 (ESE)	-				
Function 3 (AGB)	.52**	-			
Function 4 (PTR)	.04	.04	-		
Internalizing	.34**	.25**	-.04	-	
Externalizing	-.02	-.18	.19*	.29**	-

* = $p < .05$, ** = $p < .01$

Hypotheses were evaluated via structural equation modeling (SEM) in EQS. This procedure provides overall goodness-of-fit estimates, allows an analysis of multiple factors, and minimizes measurement error (Bentler & Wu, 2005). Three goodness-of-fit indices were examined for each model: comparative fit index (CFI), Bollen incremental fit index (IFI), and standardized root mean square residual (SRMR). Acceptable goodness-of-fit in this study was defined as CFI and IFI values of .90+ and SRMR values of <.10 (Kline, 2005). The predictor "A" variables were subscale scores (t-scores) on the Family Environment Scale. The criterion "C" variable was percentage of days missed within the current school year at the time of data collection. The current study investigated two potential moderating, "B," variables, primary function of school refusal behavior and youth psychopathology.

Primary function of school refusal behavior, a moderator variable "B", was determined via combined parent and child-reported function of school refusal behavior. This was calculated by averaging scores indicated by parents/guardians and children on each function of school refusal behavior. Primary function of school refusal behavior

was determined using the criteria outlined by Kearney (2002) whereby the highest item mean is considered the primary function. Mean item scores within 0.25 points of one another were considered a mixed functional profile (function 5) and excluded from data analyses. The sample sizes from functions 1, 2, and 3 were insufficient to perform analyses via structural equation modeling independently. Therefore, youth who refused school for functions 1, 2, and 3 were grouped together and compared to youth who refused school for function 4.

Internalizing and externalizing youth psychopathology, moderator variables "B", were determined via subscale scores on the Child Behavior Checklist in the clinic sample. High and low internalizing psychopathology was determined by differentiating youth who scored above and below the mean score, respectively, on the internalizing subscale of the CBCL (t-score = 66.25). High and low externalizing psychopathology was determined by differentiating youth who scored above and below the mean score, respectively, on the externalizing subscale of the CBCL (t-score= 59.81).

Hypothesis 1 involved a model wherein Family Environment Scale subscales of Cohesion, Independence, Intellectual-Cultural Orientation, and Active Recreational Orientation ("A" variables) were expected to predict percentage of absenteeism ("C" variable).

Hypothesis 2 involved a model wherein the relationship between the family environment characteristics most predictive of absenteeism severity ("A" variables) and severity of absenteeism ("C" variable) was moderated by primary function of school refusal behavior ("B" variable).

Hypothesis 3a involved a model wherein the relationship between family environment characteristics most predictive of absenteeism severity ("A" variables) and severity of absenteeism ("C" variable) was moderated by internalizing youth psychopathology ("B" variable). Hypothesis 3b involved a model wherein the relationship between family environment characteristics most predictive of absenteeism severity ("A" variables) and severity of absenteeism ("C" variable) was moderated by externalizing youth psychopathology ("B" variable).

Chapter 4

Results

The following section will discuss the characteristics of the entire sample on key variables, compare the sub-samples on key variables, and evaluate the hypotheses. First, percentage of absenteeism will be discussed for the overall, community, and clinic samples. Prevalence of primary function of school refusal behavior will be discussed for the overall, community, and clinic samples. Family Environment Subscale scores for each sample will then be compared to normative values. Sample comparisons will then be made. First, comparisons between those in the Truancy Court and Truancy Diversion Programs will be made. The community and clinic samples will then be compared on demographic variables and percentage of absenteeism. Differences in Family Environment Subscale scores among samples will then be evaluated. Finally, each hypothesis will be evaluated.

Percentage of Absenteeism

In the clinic sample, number of days missed was obtained via parent report of days missed. In the community sample, number of days missed was obtained via court report when available and parent report when not available. Percentage of days missed in the current school year was calculated by researchers. Youth in the overall sample missed an average of 38.93% of school days (*SD*= 31.74). These youth missed anywhere from zero to 100 percent of school days. Youth in the community sample missed an average of 44.86% of school days (*SD*= 29.12). These youth missed anywhere from 2 to 100 percent of school days. Youth in the clinic sample missed an average of 35.64% of

school days (*SD*= 32.77). These youth missed anywhere from zero to 100 percent of school days.

Function of School Refusal Behavior

Table 3 outlines the primary function of school refusal behavior for youth in each sample.

Table 3.

Frequency of Function of School Refusal Behavior across Samples

	Overall Sample	Community Sample	Clinic Sample
Function 1	13.2% (n=23)	4.8% (n=3)	17.9% (n=20)
Function 2	4.0% (n=7)	3.2% (n=2)	4.5% (n=5)
Function 3	23.0% (n=40)	6.5% (n=4)	32.1% (n=36)
Function 4	42.0% (n=73)	67.7% (n=42)	27.7% (n=31)
Function 5	17.8% (n=31)	17.7% (n=11)	17.9% (n=20)

Family Environment Scale: Normative Value Comparisons

Overall Sample

A one-sample t-test with Bonferroni correction was conducted to determine if FES subscale scores differed from normative values (50). The overall sample scored significantly lower than the norm on the Independence (*M*=44.99, *SD*=12.20; *t*(173)= -5.41, *p*<.001), Active-Recreational Orientation (*M*=44.45, *SD*=11.11; *t*(173)= -6.59, *p*<.001), and Intellectual-Cultural Orientation (*M*=47.38, *SD*=10.89; *t*(173)= -3.18, *p*<.01) subscales. The overall sample scored significantly higher than the norm on the

Moral-Religious Emphasis (*M*=54.78, *SD*=10.69; *t*(173)= 5.90, *p*<.001) subscale. The sample also scored lower than the norm on the Cohesion (*M*=47.20, *SD*=14.64; *t*(173)= -2.53, *p*=.01) subscale, and higher than the norm on the Expressiveness (*M*=51.83, *SD*=9.65; *t*(173)= 2.50, *p*=.01) and Control (*M*=51.62, *SD*=9.98; *t*(173)= 2.14, *p*=.03) subscales, but these differences were not robust following Bonferroni correction. Mean values for FES subscales are in Table 4.

Community Sample

A one sample t-test with Bonferroni correction was conducted to determine if FES subscale scores differed from normative values. The community sample scored significantly lower than the norm on the Active-Recreational Orientation subscale (*M*=44.50, *SD*=9.96; *t*(61)= -4.35, *p*<.001). The community sample also scored significantly higher than the norm on the Moral-Religious Emphasis (*M*=55.89, *SD*=8.43; *t*(61)= 5.50, *p*<.001) and Control (*M*=54.79, *SD*=8.06; *t*(61)= 4.68, *p*<.001) subscales. The sample also scored lower than the norm on the Independence (*M*=46.06, *SD*=13.04; *t*(61)= -2.38, *p*=.02) subscale, and higher than the norm on the Achievement Orientation (*M*=52.98, *SD*=8.92; *t*(61)= 2.63, *p*=.01) and Organization (*M*=53.29, *SD*=10.30; *t*(61)= 2.52, *p*=.01) subscales, but these differences were not robust following Bonferroni correction. Mean values for FES subscales are in Table 4.

Clinic Sample

A one sample t-test with Bonferroni correction was conducted to determine if FES subscale scores differed from normative values. The clinic sample scored significantly lower than the norm on the Active-Recreational Orientation (*M*= 44.42, *SD*= 11.74; *t*(111)= -5.03, *p*<.001) and Independence (*M*= 44.40, *SD*= 11.74; *t*(111)= -5.05, *p*<.001)

subscales. This sample also scored significantly higher than the norm on the Expressiveness (M=52.90, SD= 10.28; t(111)= 2.99, p<.01) and Moral-Religious Emphasis (M= 54.17, SD= 11.75; t(111)= 3.76, p<.001) subscales. The sample also scored lower than the norm on the Cohesion (M= 46.19, SD= 15.10; t(111)= -2.67, p<.01) and Intellectual-Cultural Orientation (M= 47.01, SD= 11.93; t(111)= -2.65, p<.01) subscales, but these differences were not robust following Bonferroni correction. Mean values for FES subscales are in Table 4.

Table 4

Mean Family Environment Scale Subscale Scores

	Overall Sample	Community Sample	Clinic Sample
Cohesion	47.20	49.02	46.19*
Expressiveness	51.83	49.89	52.90*
Conflict	51.02	49.47	51.87
Independence	44.99**	46.06	44.40**
Achievement Orientation	49.79	52.98	48.03
Intellectual-Cultural Orientation	47.38*	48.05	47.01*
Active-Recreational Orientation	44.45**	44.50**	44.42**
Moral-Religious Emphasis	54.78**	55.89**	54.17**
Organization	50.74	53.29	49.33
Control	51.62	54.79**	49.87

**p<.01, **p<.001, Differences from mean t-score (50)*

Sample Comparisons: Key Variables

Differences in Demographic Variables and Absenteeism Severity

Chi-square tests for independence were performed to examine differences on categorical variables between those in the community and clinic settings. Parents in the clinic sample completed a higher proportion of English-based measures, whereas parents in the community sample completed a higher proportion of Spanish-based measures (χ^2 (1, N=174) = 81.99, p<.001). A higher proportion of males was also found in the clinic sample (χ^2 (1, N=174) = 5.19, p=.02). In addition, the clinic sample contained more Caucasian youth and the community sample contained more Hispanic youth (χ^2 (3, N=172) = 118.22, p<.001). Youth in the community sample (M=14.73, SD= 1.56) were significantly older than youth in the clinic sample (M= 11.56, SD= 3.01; t(171.43)= 9.13, p<.001). There was not a significant difference in percentage of days missed in the current school year between those in the community sample (M= 44.86, SD= 29.12) and those in the clinic sample (M= 35.64, SD= 32.77; t(172)= 1.85, p=.07).

Differences in Community Samples

The community samples had two significant differences. Independent sample t-tests with Levene correction were used to evaluate if there were significant differences in continuous variables of interest between those from each portion of the community sample. A significant difference was found with respect to age of participants: Truancy Court (M= 14.89; SD= 1.42) and Truancy Diversion Programs (M= 13.63; SD= 2.07; t(60)= 2.21, p= .03). A significant difference was also found with respect to scores on

the Achievement Orientation subscale: Truancy Court (*M*= 52.30; *SD*=9.23) and Truancy Diversion Programs (*M*=57.63, *SD*= 4.50; *t*(17.53)=-2.63, p= .02).

Differences on Family Environment Scale Subscales

Independent sample t-tests with Levene corrections were conducted to determine if scores on the FES subscales differed significantly in the community and clinic samples. Families in the clinic sample scored significantly higher than those in the community sample on the Expressiveness subscale (*t*(172)= -1.99, *p*=.05). Families in the community sample scored significantly higher than those in the clinic sample on the Organization subscale (*t*(172)= 2.19, *p*=.03). Those in the community sample scored significantly higher than those in the clinic sample on the Achievement Orientation subscale (*t*(172)= 3.10, *p*<.005). Similarly, those in the community sample scored significantly higher than those in the clinic sample on the Control subscale (*t*(154.82)= 3.45, *p*=.001). No significant differences were found between the community and clinic samples on the Cohesion, Conflict, Independence, Intellectual-Cultural Orientation, Active-Recreational Orientation, or Moral-Religious Emphasis subscales.

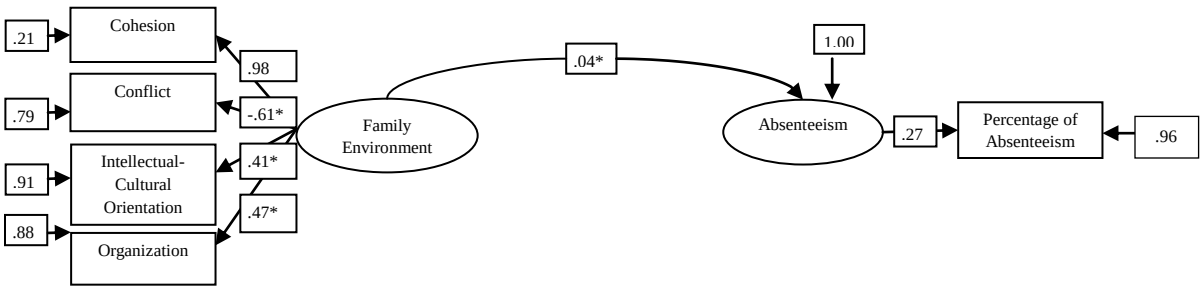
Hypotheses

Hypothesis 1

Hypothesis 1 involved a model wherein FES Cohesion, Independence, Intellectual-Cultural Orientation, and Active Recreational Orientation were expected to predict percentage of absenteeism for the overall sample. Hypothesis 1 was supported (CFI= .91 IFI=.91, SRMR=.06; χ^2= 10.41, *p*=.03). Further exploration of the data indicated that another model had a better fit, however. FES subscales of Cohesion, Conflict, Intellectual-Cultural Orientation, and Organization predicting percentage of

absenteeism displayed the best goodness-of-fit (CFI=.96, IFI=.97, SRMR=.05; χ^2= 9.14, *p*=.06). See figure 1. This model was also supported in the community sample (CFI= .98, IFI= .99, and SRMR= .06; χ^2= 4.90, *p*=.29) and the clinic sample (CFI= .97, IFI= .98, SRMR= .05; χ^2= 6.25, *p*=.18). This model was thus used as the basis for the remaining hypotheses.

Figure 2.



Hypothesis 2

Hypothesis 2 involved a model wherein the relationship between family environment characteristics and severity of absenteeism might be moderated by function of school refusal behavior. Functions 1 and 4 were expected to contribute to a stronger relationship between family environment characteristics and absenteeism severity.

The model from Hypothesis 1 displayed adequate goodness-of-fit for youths refusing school for functions 1, 2, and 3 from the overall sample (CFI=1.00, IFI=1.00, SRMR=.04; χ^2= 2.73, *p*=.60). The model also displayed adequate goodness-of-fit for youth refusing school for function 4 from the entire sample (CFI= .91, IFI= .92, SRMR=.06; χ^2= 11.20, *p*=.02). Hypothesis 2 was not supported.

Hypothesis 3

Hypothesis 3a. Hypothesis 3a involved a model wherein the relationship between family environment characteristics and severity of absenteeism might be moderated by internalizing youth psychopathology (clinic sample only). FES Cohesion, Conflict, Intellectual-Cultural Orientation, and Organization predicting percentage of absenteeism displayed adequate goodness-of-fit for youth with high internalizing psychopathology (CFI=.92, IFI=.94, SRMR=.09; χ^2= 5.66, *p*=.23). FES Cohesion, Conflict, Intellectual-Cultural Orientation, and Organization predicting percentage of absenteeism also displayed adequate goodness-of-fit for youth with low internalizing psychopathology (CFI= .99, IFI= .99, SRMR=.06; χ^2= 4.34, *p*=.36). Hypothesis 3a was not supported.

Hypothesis 3b. Hypothesis 3b involved a model wherein the relationship between family environment characteristics and severity of absenteeism might be moderated by externalizing youth psychopathology (clinic sample only). FES Cohesion, Conflict, Intellectual-Cultural Orientation, and Organization predicting percentage of absenteeism displayed adequate goodness-of-fit for youth with high externalizing psychopathology (CFI=1.00, IFI=1.03, SRMR=.04; χ^2= 2.53, *p*=.64). FES Cohesion, Conflict, Intellectual-Cultural Orientation, and Organization predicting percentage of absenteeism did not display adequate goodness-of-fit for youth with low externalizing psychopathology (CFI= .76, IFI= .81, SRMR=.09; χ^2= 8.84, *p*=.07). Hypothesis 3b was supported.

Table 5.

Factor Loadings of FES Subscales onto the Family Environment Factor

Subsample	Cohesion	Conflict	Intellectual-Cultural Orientation	Organization
Overall	.98	-.61	.41	.47
Community	.91	-.53	.44	.49
Clinic	.87	-.53	.33	.36
Functions 1-3	.86	-.52	.30	.37
Function 4	.86	-.67	.39	.54
High Internalizing	.86	-.50	.47	.21
Low Internalizing	.75	-.53	.20	.26
High Externalizing	.86	-.66	.43	.39
Low Externalizing	.87	-.31	.23	.36

Chapter 5

Discussion

This investigation involved relationships among family environment, absenteeism, function of school refusal behavior, and youth psychopathology in 174 youth with problematic absenteeism. A model whereby family cohesion, independence, intellectual-cultural orientation, and active-recreational orientation predicted severity of absenteeism was supported for the overall sample. A better predictive model whereby family cohesion, conflict, organization, and intellectual-cultural orientation contributed to severity of absenteeism was discovered. This model was not moderated by function of school refusal behavior as predicted in the overall sample. The model was moderated by externalizing youth psychopathology; the relationship between family environment characteristics and severity of absenteeism was strengthened for youth with high levels of externalizing youth psychopathology in the clinic sample. An in-depth explanation of these findings and related clinical implications will be discussed. Limitations of the current study and recommendations for future research are outlined as well.

Model of Family Environment and Severity of Absenteeism

The first aim of the study was to evaluate a model whereby family environment subscales (Cohesion, Independence, Intellectual-Cultural Orientation, and Active-Recreational Orientation) contributed to severity of absenteeism. Results supported this hypothesis; however, another model of family environment was found to be more predictive of severity of absenteeism. Cohesion, conflict, organization, and intellectual-cultural orientation were found to be most predictive of severity of absenteeism. These family environment subscales were predictive of severity of absenteeism in the overall

sample. Results did not provide a definitive picture about how the interplay of the four subscales contributed to absenteeism across subsamples.

Overall Sample

Severity of absenteeism was predicted by cohesion, conflict, organization, and intellectual-cultural orientation. Higher rates of absenteeism were associated with higher levels of cohesion, conflict, and organization, and lower levels of intellectual-cultural orientation. Levels of cohesion, conflict, organization, and intellectual-cultural orientation were not statistically different from the norm in the overall sample.

Higher levels of cohesion were associated with higher rates of absenteeism in the current sample. Cohesion is the amount of support, help, and commitment family members provide for one another (Moos & Moos, 1986). Contrary to current findings, previous research on youth with school refusal suggests that lower levels of family cohesion would be associated with increased severity absenteeism. In a community sample, youth with problematic absenteeism who refused school to avoid stimuli that provoked negative affectivity were likely to have families that were low in cohesion and high in conflict. Moreover, higher scores on functions 1 and 4 in this sample were associated with lower levels of family cohesion, suggesting that more severe absenteeism would likely be associated with lower family cohesion (Schafer, 2011). In a clinical setting, families of anxious-depressed school refusers were found to be less cohesive (Bernstein et al., 1999). Moreover, a sample of delinquent adolescents, including those with problematic school attendance, viewed their family as less cohesive than a normative sample (Bischof, Stith, & Whitney, 1995). The current findings suggest that youth with severe problematic absenteeism across functional and diagnostic categories

may have distinctly different patterns of family functioning than absentee youth in the existing literature.

Consistent with existing literature, families in the overall sample displayed somewhat lower levels of cohesion than the norm. Families of youth with higher rates of absenteeism in the current sample may be more cohesive as a result of being engaged in the treatment process. These families may be more supportive and committed to one another now that their child's attendance problem has been brought to their attention. Youth with higher rates of absenteeism are also likely to be spending more time at home prior to treatment than those with lower rates of absenteeism. As a consequence of being more frequently exposed to their families, these youth and their parents may have more opportunities to help and support other family members.

Higher levels of conflict were found to be predictive of higher rates of absenteeism in the overall sample. Families in the overall sample endorsed normative levels of conflict. Conflict is defined as the amount of anger and disagreement openly expressed by family members (Moos & Moos, 1986). Conflict in families with children exhibiting problematic absenteeism has been recognized in the literature since initial conceptualizations of school phobia (Agras 1959; Kearney & Silverman, 1995; Suttenfield, 1954; Talbot, 1957). Conflict in these families has been indicated both prior to school refusal and as a result of school refusal (Kearney, 2001; McShane et al., 2001). Moreover, increased absenteeism has been associated with higher level of family conflict in a community sample of school refusers (Kurdek & Sinclair, 1998). The majority (42.0%) of the current sample refused school to pursue tangible reinforcement outside of school (function 4). Previous research has demonstrated that youth in this category

experience higher levels of family conflict than youth who refuse school for other reasons (Kearney & Silverman 1995). Youth in the aforementioned studies were the focus of clinical attention and research and thus were likely to demonstrate higher rates of absenteeism similar to those in the current sample.

Youth in the current overall sample missed over a third of school days on average (38.93%), and some youth had no attendance. Youth with higher rates of absenteeism are likely to be home more than those with lower rates of absenteeism. These youth therefore have more opportunities to enter into conflict with family members. Conversely, increased family conflict may have motivated youth to refuse to attend school less frequently as a means to further cause their family members' distress.

Youth in the current sample were either voluntarily or involuntarily involved in the treatment process. Family acknowledgement of a youth's absenteeism may have contributed to family conflict. Researchers in the community settings observed many families who were previously unaware of the extent of a youth's absenteeism, including families of youth who had missed a higher number of school days, which was often observed to create overt family conflict. Similarly, researchers observed a number of families who had been struggling with problematic absenteeism for an extended period of time. Parents and caregivers often had been fighting with their child to get them back into school for a long period of time and presented examples of these arguments to the court. Youth with higher rates of absenteeism were therefore likely to experience increased levels of family conflict. Similarly, families of youth with extensive absences in the clinic setting had often tried several other means to getting youth back to school prior to engaging in treatment. Caregivers of these youth were often frustrated with the

youth's continued refusal to attend school and this may have led to increased family conflict.

Higher levels of organization were found to predictive of higher rates of absenteeism in the current overall sample. Families in the overall sample endorsed normative levels of organization. Organization represents the importance of structure and organization in planning family responsibilities and activities (Moos & Moos, 1986). In contrast to current findings, previous literature has indicated that higher levels of family organization lead to family practices that facilitate academic achievement and reduce stress (Dubois, Eitel, & Felner, 1994). These practices are likely to contribute to higher rates of school attendance. Organizational practices within these families may only apply to non-academic related aspects of family functioning and thereby have minimal effect on youth school attendance. Higher levels of family organization may interact with higher conflict and cohesion, and lower levels of intellectual-cultural orientation to contribute to higher rates of absenteeism.

Lower levels of intellectual-cultural orientation were found to be predictive of higher rates of absenteeism in the current overall sample. Intellectual-cultural orientation is the level of interest in cultural, political, and intellectual activities (Moos & Moos, 1986). Families in the current sample indicated normative levels of intellectual-cultural orientation. Families in the current sample may be different from families in the existing literature. Families in a previous community sample scored lower than the norm on this subscale (Schafer, 2011). In a clinic setting, youth who refused school to avoid school related social or evaluative situations had families who scored lower than the norm on the Intellectual-Cultural Orientation subscale (Kearney & Silverman, 1995). However, only

4% of youth in the current sample refused school for this reason. In the current sample, comprised of youth from both clinical and community settings, youth with higher rates of absenteeism were likely to have families who are not interested in intellectual activities. These families may be less interested in academic success, and therefore place little importance on school attendance or other academic pursuits. Youth with higher rates of absenteeism may have adapted these values, and find academic success to be unimportant. This may have contributed to a decreased motivation to attend school.

Community Sample

The model wherein cohesion, conflict, organization, and intellectual-cultural orientation predict severity of absenteeism was also supported in the community sample. Higher rates of absenteeism were associated with higher levels of cohesion and organization and lower levels of conflict and intellectual-cultural orientation. Levels of cohesion, conflict, organization, and intellectual-cultural orientation were not significantly different from the norm in the community sample. Unlike the overall sample, lower rather than higher levels of conflict were predictive of higher rates of absenteeism in the community sample. As previously mentioned, many families in the court settings were observed by researchers to have little prior knowledge of the extent of youth absenteeism. This often led to immediate, overt family conflict in the court. However, this conflict likely did not occur prior to the youth's presentation to court and therefore did not yet have a significant effect on overall family functioning. Increased absenteeism was also associated with lower levels of intellectual-cultural orientation in the community. The decreased significance placed on intellectual pursuits may mean that

these families are less concerned about academic achievement. The youth's absenteeism may not be a source of conflict in these families.

Clinic Sample

The model wherein cohesion, conflict, organization, and intellectual-cultural orientation would predict severity of absenteeism was also supported in the clinic sample. Higher rates of absenteeism were associated with higher levels of cohesion, conflict, and organization and lower levels of intellectual-cultural orientation in the clinic sample and the overall sample. Levels of cohesion and intellectual-cultural orientation were lower than the norm. Levels of conflict and organization were not significantly different from the norm. The difference between the overall and clinic samples is that families in the clinic endorsed significantly lower than normative levels of cohesion and intellectual-cultural orientation whereas those in the overall sample did not. This attests to the strength of the overall model.

The Influence of Function of School Refusal Behavior

The second hypothesis was that function of school refusal behavior would moderate the relationship between family environment and severity of absenteeism. The model wherein cohesion, conflict, organization, and intellectual-cultural orientation predicted severity of absenteeism was supported for youth refusing school for functions 1, 2, and 3 and those refusing school for function 4. Hypothesis two was not supported. This supports the strength of the overall relationship between family environment characteristics and severity of absenteeism. Regardless of the reason why a youth may be refusing to go to school, the family environment characteristics of cohesion, conflict, organization, and intellectual-cultural orientation are likely to influence the severity of

the youth's absenteeism. The relative impact of each of these family characteristics does differ across reason for school refusal.

Functions 1, 2, and 3

For youth in the overall sample youth who refused school to avoid stimuli that provokes negative affectivity (function 1), to escape aversive social or evaluative situation (function 2), and to gain attention from significant others (function 3), severity of absenteeism was predicted by higher levels of conflict and organization, and lower levels of cohesion and intellectual-cultural orientation. Unlike the relationship between family environment characteristics and severity of absenteeism in the overall sample, lower rather than higher levels of cohesion are associated with increased rates of absenteeism in these youth. This pattern of family functioning is more similar to that found in the existing literature. Youth in a community setting who refused school to avoid stimuli that provoke negative affectivity (function 1) were likely to have families that were lower in cohesion (Schafer, 2011). Youth in a clinic setting with anxious-depressed school refusal were likely to have families that were disengaged in cohesion (Bernstein et al., 1999). Youth who refuse school for these reasons may be more similar to those found in the existing literature.

Function 4

For youth who refused school to pursue tangible reinforcement outside of school in the overall sample, severity of absenteeism was predicted by higher levels of cohesion, organization, and intellectual-cultural orientation and lower levels of conflict. Youth in the community sample primarily refused school to pursue tangible reinforcement (85.5%). The pattern of family functioning of function 4 youth is likely to be similar to

that of the community sample. The lower level of conflict associated with higher rates of absenteeism in the community sample may be attributed to the same underlying factors as the lower level of conflict associated with higher absenteeism in function 4 youth. Unlike the pattern of functioning found in the community sample, higher rates of absenteeism in function 4 youth are associated with higher levels of intellectual-cultural orientation. The relatively high importance of intellectual and cultural pursuits in these families may be the basis of arguments between youth and their parents witnessed in the courts. The family belief about the importance of education was likely at odds with the youth's school attendance. These families also may have placed more importance on cultural activities. A portion of these absences may have been due to attendance at cultural activities during school hours.

The Influence of Youth Psychopathology

The first part of the third hypothesis was that internalizing youth psychopathology would moderate the relationship between family environment and severity of absenteeism in the clinic sample. The model of problematic absenteeism wherein levels of cohesion, conflict, organization, and intellectual-cultural orientation predicted severity of absenteeism was supported for youth with both low and high levels of internalizing psychopathology. Hypothesis 3a was not supported. This supports that strength of the overall relationship between family environment characteristics and severity of absenteeism. These family environment characteristics successfully predicted severity of absenteeism regardless of level of internalizing psychopathology. The relative impact of each of these family characteristics does differ across level of internalizing psychopathology.

High Internalizing Psychopathology

Severity of absenteeism was predicted by higher levels of conflict, organization, and intellectual-cultural orientation and lower levels of cohesion for clinic youth with high levels of internalizing psychopathology. Unlike the relationship between family environment characteristics and severity of absenteeism in the overall clinic sample lower rather than higher levels of cohesion predicted severity of absenteeism. Moreover, higher rather than lower levels of intellectual-cultural orientation predicted severity of absenteeism.

Youth with high levels of internalizing psychopathology are likely to be experiencing significant distress such as anxiety and depression. School refusing youth presenting to clinic settings are often diagnosed with anxiety disorders (Kearney & Albano, 2004; McShane et al. 2001). School refusers have been characterized as sad and demoralized (Huffington & Sevitt, 1989). The distress experienced by these youth in conjunction with lower levels of family support is likely to contribute to increased distress. Increased distress is likely to contribute to greater severity of absenteeism. Severity of absenteeism in youth with higher levels of internalizing psychopathology was predicted by higher levels of intellectual-cultural orientation. The increased emphasis on intellectual pursuits is likely to put increased pressure on the youth to return to school. School refusers often wish to meet academic expectations, and it is likely that these youth want to do well in school but that their internal distress is keeping them from doing so (Thambirajah et al, 2008). Therefore, for youth who are already experiencing significant distress, this increased pressure is likely to worsen the distress and thereby lead to increased absences from school. This is likely to contribute to the increased disagreement

and conflict among family members that is associated with increased severity of absenteeism in these youth. Moreover, greater child anxiety has been associated with increased family conflict (Drake & Ginsburg, 2012). Similarly, higher levels of conflict combined with lower levels of cohesion have been associated with increased depressive symptoms in adolescents (Freidrich, Reams, & Jacobs, 1992).

Low Internalizing Psychopathology

Severity of absenteeism was predicted by higher levels of cohesion, and lower levels of conflict, organization, and intellectual-cultural orientation for clinic youth with low levels of internalizing psychopathology. Unlike the relationship between family environment characteristics and severity of absenteeism in the overall clinic sample lower rather than higher levels of conflict and organization predicted severity of absenteeism. Previous research suggests that higher levels of family organization lead to family practices that facilitate academic achievement and reduce stress (Dubois, Eitel, & Felner, 1994). Low levels of organization may be associated with increased absenteeism. Severity of absenteeism was also predicted by lower levels of intellectual-cultural orientation for youth with low levels of internalizing psychopathology. The decreased emphasis on cultural and intellectual pursuits was not at odds with the youth's absenteeism and therefore was not a likely source of conflict. The lack of conflict regarding the youth's school attendance may reflect the parents' willingness to accept the youth's excessive absences from school. The higher levels of cohesion in these families also suggest that the families may have been more likely to be supportive of their youth regardless of their absenteeism. The aforementioned family characteristics and their

interaction with the youth's absenteeism were likely to contribute to lower levels of internalized distress.

The second part of the third hypothesis was that externalizing youth psychopathology would moderate the relationship between family environment and severity of absenteeism in the clinic sample. The model of problematic absenteeism wherein levels of cohesion, conflict, organization, and intellectual-cultural orientation predicted severity of absenteeism was supported for youth with high levels of externalizing psychopathology but not for youth with low levels of externalizing psychopathology. Hypothesis 3b was supported. The more extensive the youth externalizing psychopathology, the greater the likelihood that the model predicting severity of problematic absenteeism will be applicable.

High Externalizing Psychopathology

Severity of absenteeism was predicted by higher levels of cohesion, organization, and intellectual-cultural orientation and lower levels of conflict for clinic youth with high levels of externalizing psychopathology. Unlike the relationship between family environment characteristics and severity of absenteeism in the overall clinic sample lower rather than higher levels of conflict and higher rather than lower levels of intellectual-cultural orientation predicted severity of absenteeism. This predictive pattern of family functioning is the same as that of youth who refused school to pursue tangible reinforcement outside of school (function 4) in the overall sample. The similarity in family functioning is consistent with the literature suggesting function 4 youth were more likely to demonstrate symptoms of disruptive behavior disorders, which are indicative of

externalizing psychopathology, than youth refusing school for other reasons (Kearney & Albano, 2004).

Severity of absenteeism was in part predicted by higher levels of support and commitment among family members in youth with high levels of externalizing psychopathology. These youth may be spending more time with their families therefore allowing for more opportunities to support other family members. The higher levels of cohesion may also be associated with these families presenting to a clinic setting for treatment. Clinical experience suggests that families who present to treatment settings for school absenteeism often had unsuccessfully tried several means of helping youth return to school prior to turning to outside assistance. This suggests that these families are more cohesive and supportive by nature. During the time the families were attempting to get their child to return to school the child was still likely missing school, leading to increased absenteeism. The higher levels of family cohesion for these youth does not necessarily apply to the other aspects of family functioning that may inhibit youth from engaging in negative externalizing behaviors. Adolescent boys with behavioral disorders placed on rehabilitation systems and special education rated their families as more cohesive than non-behaviorally disordered youth (Margalit, Weisel, Heiman, & Shulman, 1988).

Severity of absenteeism in these youth was also predicted by lower levels of conflict. Lower levels of conflict are likely given the higher levels of support and commitment in these families. Youth with increased rates of absenteeism may be experiencing family conflict but this conflict is not necessarily openly expressed among family members. This may lead to the youth acting out in other settings and by other

means, such as through refusing school. Increased absenteeism severity was associated with higher levels of organization in youth with high levels of externalizing psychopathology. Previous studies have indicated that behavioral disordered adolescents in educational settings have rated their families as more organized than non-disordered youth (Maragalit et al., 1988). These families may be similar to youth with higher levels of externalizing psychopathology in the current sample. Higher levels of familial organization and structure may not be associated with the youth's behavior or the family organization may interact with other family dimensions in a way that contributes to problematic behaviors in youth.

Greater severity of absenteeism in youth with higher levels of externalizing psychopathology was associated with higher levels of intellectual-cultural orientation. The greater emphasis on intellectual activities in these families is likely to have contributed to the families presenting to the clinic setting for treatment. Similar to youth in other subsamples, the higher scores on this subscale may also be attributed to families placing a greater emphasis on cultural activities. Some of the absences may have been sanctioned by the families in order for the youth to attend cultural activities. In contrast to the current sample, youth with behavioral problems in school rated their families as lower in intellectual-cultural orientation than the norm (Searight, Searight, & Scott, 1987). Similarly, families of both violent and nonviolent delinquents had lower levels of intellectual-cultural orientation than the norm (Bischof, Stith, & Whitney, 1995). This suggests that youth with high levels of externalizing psychopathology with excessive absences from school may have families that are significantly different youth from with

high levels of externalizing behaviors who do not have excessive absences. These families should then be approached differently than other families.

Conclusions

The present findings suggest the importance of the influence of family environment characteristics to severity of school absenteeism. The family environment characteristics of cohesion, conflict, organization, and intellectual-cultural orientation can successfully predict severity of absenteeism in youth across functional and diagnostic categories in multiple settings. The existing literature regarding the influence of family environment on severity of absenteeism is scarce. Only one study examined the effect of family environment on severity of absenteeism for youth with anxiety based absenteeism in a clinic setting (Hansen et al., 1998). Similarly, the existing literature regarding the role of family environment in general problematic absenteeism is limited. The majority of previous literature in this area has divided absentee youth into functional or diagnostic categories and has predominantly been conducted in clinical settings. Only one study has examined the role of family environment in problematic absenteeism across diagnostic categories in a clinic setting (Bernstein et al., 1990). Only two studies have looked at family environment characteristics across functional categories (Kearney & Silverman, 1996; Schafer, 2011). One of these community studies examined the effect of family environment and other factors on absences combined grades and achievement; however, problematic absenteeism was not looked at directly (Kurdek & Sinclair, 1998).

The current study is the first to assess the impact of family environment on problematic absenteeism across diagnostic and functional categories in both community and clinical settings. The study is also the first to assess the impact of family

environment on severity of absenteeism in a community setting. Moreover, this study is unique in that it is the only study to investigate the role of youth psychopathology and function of school refusal behavior on this relationship in any setting. Another asset of this study is the diversity of the overall sample. The overall sample was significantly more ethnically and linguistically diverse than samples in the related literature. Approximately half of these youth were Caucasian, one third Hispanic, and the remaining youth were of other ethnicities. This sample was also the first to include Spanish speaking youth and families. Similarly, a wide variety of family types were represented including a substantial portion of families with parents that were married, divorced, single, or separated. Moreover, only about one third of mother and fathers of youth in the current sample had graduated from high school. The diversity of the current sample attests to the ability to generalize the current findings to the general population and to the strength of the overall model concerning family environment and problematic absenteeism.

The results of the current study can be understood in the context of Bronfenbrenner's Ecological Systems Theory (1979; 1986) as it demonstrates the importance of considering the impact of multiple levels of influence on youth behavior. Individual youth characteristics and behaviors are influenced by microsystems such as the family and the school. The current study demonstrates that the individual behavior of absenteeism is directly influenced by the characteristics of the family microsystem. The severity of youth absenteeism can be predicted by the family environment characteristics of cohesion, conflict, organization, and intellectual-cultural orientation. The impact of the family microsystem on individual youth behavior, and the influence of other individual

youth characteristics on absenteeism highlight the interactive nature of Ecological Systems Theory. The moderating influence of youth externalizing pathology on the relationship between problematic absenteeism and family environment demonstrates this principle.

Problematic absenteeism is influenced by other systems as well. The exosystem of societal structures, laws, and regulations influence youth absenteeism. The youth in the current study were in part participants due to state laws that require youth aged 7 to 18 to remain in school unless there is extraordinary circumstance (NRS392.040). This exosystem component influences the macrosystems relevant to youth absenteeism. The macrosystem includes the reciprocal influence of culture and cultural norms on the individual, the various microsystems and mesosystems, and the chornosystem. The belief that school attendance is crucial to successful education and that class attendance is expected likely influences the family microsystem. The family environment characteristic of intellectual-cultural orientation, or the influence placed intellectual, cultural, and political activities, is perhaps directly related to this microsystemic belief. In the current study, higher levels of problematic absenteeism were associated with lower levels of intellectual-cultural orientation and levels of intellectual-cultural orientation in the overall sample were somewhat lower than the norm. The influence of other systems factors on youth school attendance should be investigated further by researchers.

Clinical Implications

The current study has potential relevance for assessment and intervention for absentee youth. The current study examined the influence of family environment

characteristics, function of youth school refusal behavior, and youth psychopathology on severity of school absenteeism. The study indicates that cohesion, conflict, organization, and intellectual-cultural orientation are important family characteristics in absentee youth. These family environment characteristics can predict severity of absenteeism and therefore should be assessed and included in treatment plans.

Effective treatment requires extensive, accurate assessment of the presenting problem. Thorough, multiaxial assessment of all factors related to problematic absenteeism has been called for in the literature (Kearney, 2008). These factors include child, parent, family, peer, school, and community factors with assessment focusing on more proximal child factors first and then to more global community factors (Kearney, 2008). This is in line with Ecological Systems Theory and the results of the current study which suggest that many factors affect the individual behavior of problematic absenteeism. Although broad family factors should be addressed, there is little guidance as to which specific factors should be investigated. The results of the current study suggest that family cohesion, conflict, organization, and attitudes toward cultural, intellectual, and political activities should be assessed. Individual child factors such as extent of externalizing behaviors should also be assessed. Higher levels of child externalizing behavior indicate that family environment has a stronger effect on the severity of problematic absenteeism.

Researchers are beginning to better investigate the treatment of problematic absenteeism. The timing of thorough assessment and treatment is of great importance for youth with problematic absenteeism. Previous research has demonstrated that chronic school refusal is more resistant to treatment and therefore early intervention for these

youth is crucial (Hansen et al., 1998; Kearney, 1996; Rodriquez, Rodriquez, & Eisenberg, 1959; Smith, 1970). Cognitive behavior therapy is considered the first-line treatment for school refusal behavior as it is the only intervention with sufficient empirical evidence (Doobay, 2008; Heyne et al., 2004; Kearney & Bates, 2005; King & Bernstein, 2001; King et al., 2001). The cognitive behavioral approach is commonly focused on treatment of the individual including exposure to the feared stimuli, enhancement of social competence, cognitive therapy, and relaxation training (Heyne et al., 2004; Lauchlan, 2003). Parental involvement has also been shown to be beneficial. However, parental involvement in treatment is often limited to contingency management, help with homework, and the creation of a morning routine (Doobay, 2008; Elliott, 1999; Kearney & Bates, 2005). School-based treatment approaches are also prominent in the literature and often include components that address negative peer environments, poor teacher-student relationships, poor parent-school relationships, poor school supervision, and school size (Kearney, 2008; Lauchlan, 2003).

Broad family environment factors are noticeably absent from existing treatment approaches. The current study suggests that accurate assessment of levels of cohesion, organization, conflict, and intellectual-cultural orientation is important. Treatment should aim to address these characteristics in an effort of prevent further absenteeism in youth identified as developing problematic absenteeism. In the overall sample, higher levels of cohesion, conflict, and organization and lower levels of intellectual-cultural orientation were associated with greater severity of absenteeism. Accordingly, clinicians may consider treatment approaches that aim to decrease family conflict such as communication skills training. Clinicians may also work to increase family interest in

intellectual and cultural activities. Family cohesion should be closely assessed. If higher levels of cohesion are leading to dynamics that encourage child absenteeism it should be addressed. Clinicians can also utilize high levels of family cohesion to enhance other aspects of treatment such as creation of morning routines and collaborative contingency management plans for older children. Similarly, if family organizational practices or responsibilities placed on youth are contributing to the youth's reluctance to attend school clinicians should work to alter these practices.

Kearney (2008) proposed a multi-leveled intervention approach for problematic absenteeism. Parents and families are included in various levels of this treatment approach. At the primary level (child-oriented absenteeism), parent involvement in treatment is limited to providing consequences for attendance and absenteeism and to enhancing parent-school communication. Intervention at this level is aimed at youth with supportive parents, families, and schools with individual psychopathology that contributes to absenteeism. At the secondary level (child, parents, and family-oriented absenteeism) parent involvement becomes more extensive. This level addresses youth whose individual difficulties interact with parents who struggle to adequately address their youth's absenteeism. Active parent participation in treatment is emphasized at this stage. Addressing family environment factors that may affect problematic absenteeism as outlined above would be ideal at this stage of intervention. Other family stressors such as marital discord, inconsistent disciplinary practices and supervision, and concrete family stressors can also be addressed at this stage. It is likely that successful intervention that addresses family factors at these levels will thwart absenteeism and prevent it from further escalating.

Kearney (2008) suggested that if intervention at primary and secondary levels is unsuccessful broader contextual factors need to be considered in treatment. At the tertiary level of intervention the aforementioned factors interact with limited school and broad peer influences on youth behavior. This level includes child, parents, family, and peer-oriented absenteeism. The quaternary level of intervention focuses on youth whose absenteeism is also affected by wide-ranging school-based problems such as poor school climate in addition to the aforementioned factors. Family involvement at these levels is secondary to addressing other factors such as coordination of services, improving school climate, and school-based interventions and attendance plans (Kearney, 2008). Therefore, family involvement in treatment and resolution of family environment factors that may be contributing to problematic absenteeism is best emphasized early in the treatment process.

Study Limitations

The findings from the current study should be considered with caution due to several limitations. The current study examined the relationship between family environment characteristics and severity of problematic absenteeism in both community and clinic settings. A primary limitation of the study is that only parent report of family environment was utilized. This may have led to a biased view of family functioning and thereby limits the ability to generalize findings to all absentee youth and their families. Moreover, only one measure of family functioning was utilized. It may be more advantageous to examine multiple views of family functioning, especially that of absentee youth. Multiple measures of family functioning may also contribute to a more comprehensive picture of family life in these youth.

Another significant limitation of the current study was that the moderating effect of youth psychopathology on the relationship between absenteeism severity and family environment was only investigated in the clinic sample. The findings of the current study are also limited by using only parent report of youth psychopathology. Multi-axial assessment of child and adolescent functioning is crucial for accurate assessment of youth psychopathology. A large scale meta-analysis of correlations between informants of child and adolescent functioning indicated that correlations between youth self-report and other informants was only 0.22, with correlations greater than 0.5 representing large degrees of association (Achenbach, McConaughy, & Howell, 1987). The moderating effects of youth psychopathology on the relationship between severity of absenteeism and family environment could then be better assessed if multiple informants of youth psychopathology were utilized. Additionally, only overall levels of internalizing and externalizing youth psychopathology were investigated in the current study. This may not have effectively captured the role of youth psychopathology in moderating the relationship between absenteeism severity and family functioning.

Similarly, the current study is limited by sampling bias for youth who refused school to pursue tangible reinforcement outside of school. Over 40% of the overall sample, including 67.7% of the community sample and 27.7% of the clinic sample, was comprised of function four youth. Similarly, youth who refused school for other reasons were under-represented in the current sample. The clinic sample was more diverse in function of school refusal behavior and may represent a key difference between youth who present to clinic versus community settings for problematic absenteeism. These differences in prevalence required the combination of functions one, two, and three in

moderation analyses. The full extent of the moderating effects of function of school refusal behavior on the relationship between severity of absenteeism and family environment may not have been captured in the current study.

The results of the current study may also be biased due to the timing of data collection at the various sites. Data was collected from youth in the clinic and Truancy Diversion Programs at the beginning of treatment. In contrast, data was collected from youth in the Truancy Court at various points in the treatment process. The sample recruitment for youth in this setting was also biased. Youth and families from the Truancy Court were only offered the opportunity to participate in the study if they had not complied with court directives and were issued community service. This could have occurred at any point in the remediation process.

Suggestions for Future Research

Research examining the relationship between family environment and severity of problematic absenteeism is in the early stages. Future research in this area should expand on the findings of the current study and address the aforementioned limitations. The relationship between family environment characteristics and severity of school absenteeism was the primary focus of the current study. As previously mentioned, only parent report of family environment characteristics was utilized in this study. Future research would benefit from considering youths' view of family environment to form a more complete picture of family functioning in this population. Family Environment Scale can also be completed by youth (FES; Moos & Moos, 1986). Other methods such as behavioral observations or clinician rating forms can also be useful. The Family Assessment Measure (FAM; Skinner, Steinhauer, & Santa-Barbara, 1983), the Beavers-

Timberlawn Family Evaluation Scale (BT; Lewis, Beavers, Gossett, & Phillips, 1976), and the McMaster Clinical Rating Scale (CRS; Miller et al., 1994) represent pertinent examples. Furthermore, future researchers should further analyze findings by item to determine which specific aspects of family functioning are most salient to absenteeism.

Future researchers may also wish to further explore the effect of youth psychopathology on the relationship between absenteeism severity and family environment. Future researchers should further examine the findings of the current study by subscale to determine which specific aspects of youth psychopathology are more salient to absenteeism and family environment. Multiple informants would contribute to a more comprehensive picture of youth psychopathology. Pertinent examples include the Achenbach Teacher Report Form (TRF; Achenbach, 2001), Conners 3rd edition Teacher Rating Form (Conners, 2008), and the Conners 3rd edition, Self –Report Form (Conners, 2008).

Future studies should assess youth at their first presentation to treatment in all settings. This would maximize consistency among reports and contribute to greater generalizability of functioning. The effect of remediation on the relationships among variables of interest would also be minimized. Moreover, future research should work to reduce sampling bias. One way of doing so would be to allow all participants in the court setting to participate in research, not just those who are issued community service. Future researchers should also include youth from multiple types of clinic settings. Youth and families in the current clinic sample were recruited from a fee-for-service, sliding scale department based community mental health clinic. Family income ranged significantly, but averaged around $44,000 a year. Including youth and families from

both higher and lower socio-economic status, from community mental health centers, or from private practice would expand the generalizability of current findings.

APPENDIX

School Refusal Assessment Scale (C)

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

2. How often do you stay away from school because it is hard to speak with the other kids at school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

3. How often do you feel you would rather be with your parents than go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

5. How often do you stay away from school because you will feel sad or depressed if you go?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

0	1	2	3	4	5	6

Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

7. How often do you think about your parents or family when in school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

10. How often do you stay away from school because you do not have many friends there?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

11. How much would you rather be with your family than go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

12. When you are not in school during the week (Monday to Friday), how much do you enjoy doing different things (for example, being with friends, going places)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

13. How often do you have bad feelings about school (for example, scared, nervous, or sad) when you think about school on Saturday and Sunday?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

14. How often do you stay away from certain places in school (e.g., hallways, places where certain groups of people are) where you would have to talk to someone?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

15. How much would you rather be taught by your parents at home than by your teacher at school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

16. How often do you refuse to go to school because you want to have fun outside of school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

17. If you had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for you to go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

18. If it were easier for you to make new friends, would it be easier to go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

19. Would it be easier for you to go to school if your parents went with you?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

20. Would it be easier for you to go to school if you could do more things you like to do after school hours (for example, being with friends)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

21. How much more do you have bad feelings about school (for example, scared, nervous, or sad) compared to other kids your age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

22. How often do you stay away from people at school compared to other kids your age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

23. Would you like to be home with your parents more than other kids your age would?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

24. Would you rather be doing fun things outside of school more than most kids your age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

School Refusal Assessment Scale-Revised (P)

1. How often does your child have bad feelings about going to school because he/she is afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

2. How often does your child stay away from school because it is hard for him/her to speak with the other kids at school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

3. How often does your child feel he/she would rather be home with you or your spouse than go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

4. When your child is not in school during the week (Monday to Friday), how often does he/she leave the house and do something fun?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

5. How often does your child stay away from school because he/she will feel sad or depressed if he/she goes to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

6. How often does your child stay away from school because he/she feels embarrassed in front of other people at school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

7. How often does your child think about you or your spouse or family when in school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

8. When your child is not in school during the week (Monday to Friday), how often does he/she talk to or see other people (other than your family)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

9. How often does your child feel worse at school (for example, scared, nervous, or sad) compared to how he/she feels at home with friends?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

10. How often does your child stay away from school because he/she does not have many friends there?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

11. How much would your child rather be with his/her family than go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

12. When your child is not in school during the week (Monday to Friday), how much does he/she enjoy doing different things (for example, being with friends, going places)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

13. How often does your child have bad feelings about school (for example, scared, nervous, or sad) when he/she thinks about school on Saturday and Sunday?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

14. How often does your child stay away from certain places in school (e.g., hallways, places where certain groups of people are) where he/she would have to talk to someone?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

15. How much would your child rather be taught by you or your spouse at home than by his/her teacher at school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

16. How often does your child refuse to go to school because he/she wants to have fun outside of school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

17. If your child had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for him/her to go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

18. If it were easier for your child to make new friends, would it be easier for him/her to go to school?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

19. Would it be easier for your child to go to school if you or your spouse went with him/her?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

20. Would it be easier for your child to go to school if he/she could do more things he/she liked to do after school hours (for example, being with friends)?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

21. How much more does your child have bad feelings about school (for example, scared, nervous, or sad) compared to other kids his/her age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

22. How often does your child stay away from people at school compared to other kids his/her age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

23. Would your child like to be home with you or your spouse more than other kids his/her age would?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

24. Would your child rather be doing fun things outside of school more than most kids his/her age?

0	1	2	3	4	5	6
Never	Seldom	Sometimes	Half The Time	Usually	Almost Always	Always

Family Environment Scale

There are 90 statements. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is *True* or mostly *True* of your family, make an X in the box labeled true. If you think the statement is *False* or mostly *False* of your family, make and X in the box labeled false.

You may feel that some of the statements are true for some family members and false for others. Mark True if the statement is true for most members. Mark False if the statement is false for most family members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So *do not* try to figure out how other members see your family, but *do* give us your general impression of your family for each statement.

1. Family members really help and support one another.	☐ True	☐ False
2. Family members often keep their feelings to themselves.	☐ True	☐ False
3. We fight a lot in our family.	☐ True	☐ False
4. We don't do things on our own very often in our family.	☐ True	☐ False
5. We feel it is important to be best as whatever you do.	☐ True	☐ False
6. We often talk about political and social problems.	☐ True	☐ False
7. We spend most weekends and evenings at home.	☐ True	☐ False
8. Family members attend church, synagogue, or Sunday school fairly often.	☐ True	☐ False
9. Activities in our family are pretty carefully planned.	☐ True	☐ False
10. Family members are rarely ordered around.	☐ True	☐ False
11. We often seem to be killing time at home.	☐ True	☐ False

12. We say anything we want to around home.	☐ True	☐ False
13. Family members rarely become openly angry.	☐ True	☐ False
14. In our family, we are strongly encouraged to be independent.	☐ True	☐ False
15. Getting ahead in life is very important in our family.	☐ True	☐ False
16. We rarely go to lectures, plays or concerts.	☐ True	☐ False
17. Friends often come over for dinner or to visit.	☐ True	☐ False
18. We don't say prayers in our family.	☐ True	☐ False
19. We are generally very neat and orderly.	☐ True	☐ False
20. There are very few rules to follow in our family.	☐ True	☐ False
21. We put a lot of energy into what we do at home.	☐ True	☐ False
22. It's hard to "blow off steam" at home without upsetting somebody.	☐ True	☐ False
23. Family members sometimes get so angry they throw things.	☐ True	☐ False
24. We think things out for ourselves in our family.	☐ True	☐ False
25. How much money a person makes is not very important to us.	☐ True	☐ False
26. Learning about new and different things is very important in our family.	☐ True	☐ False
27. Nobody in our family is active in sports, Little League, bowling, etc.	☐ True	☐ False
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.	☐ True	☐ False
29. It's often hard to find things when you need them in our household.	☐ True	☐ False
30. There is one family member who makes most of the decisions.	☐ True	☐ False
31. There is a feeling of togetherness in our family.	☐ True	☐ False
32. We tell each other about our personal problems.	☐ True	☐ False

33. Family members hardly ever lose their tempers.	☐ True	☐ False
34. We come and go as we want to in our family.	☐ True	☐ False
35. We believe in competition and "may the best man win."	☐ True	☐ False
36. We are not that interested in cultural activities.	☐ True	☐ False
37. We often go to movies, sports events, camping, etc.	☐ True	☐ False
38. We don't believe in heaven or hell.	☐ True	☐ False
39. Being on time is very important in our family.	☐ True	☐ False
40. There are set ways of doing things at home.	☐ True	☐ False
41. We rarely volunteer when something has to be done at home.	☐ True	☐ False
42. If we feel like doing something on the spur of the moment we often just pick up and go.	☐ True	☐ False
43. Family members often criticize each other.	☐ True	☐ False
44. There is very little privacy in our family.	☐ True	☐ False
45. We always strive to do things just a little better the next time.	☐ True	☐ False
46. We rarely have intellectual discussions.	☐ True	☐ False
47. Everyone in our family has a hobby or two.	☐ True	☐ False
48. Family members have strict ideas about what is right and wrong.	☐ True	☐ False
49. People change their minds often in our family.	☐ True	☐ False
50. There is a strong emphasis on following rules in our family.	☐ True	☐ False
51. Family members really back each other up.	☐ True	☐ False
52. Someone usually gets upset if you complain in our family.	☐ True	☐ False
53. Family members sometimes hit each other.	☐ True	☐ False
54. Family members almost always rely on themselves when a problem comes up.	☐ True	☐ False

55. Family members rarely worry about job promotions, school grades, etc.	☐ True	☐ False
56. Someone in our family plays a musical instrument.	☐ True	☐ False
57. Family members are not very involved in recreational activities outside work and school.	☐ True	☐ False
58. We believe there are some things you just have to take on faith.	☐ True	☐ False
59. Family members make sure their rooms are neat.	☐ True	☐ False
60. Everyone has an equal say in family decisions.	☐ True	☐ False
61. There is very little group spirit in our family.	☐ True	☐ False
62. Money and paying bills is openly talked about in our family.	☐ True	☐ False
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	☐ True	☐ False
64. Family members strongly encourage each other to stand up for their rights.	☐ True	☐ False
65. In our family, we don't try that hard to succeed.	☐ True	☐ False
66. Family members often go to the library.	☐ True	☐ False
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	☐ True	☐ False
68. In our family each person has different ideas about what is right and wrong.	☐ True	☐ False
69. Each person's duties are clearly defined in our family.	☐ True	☐ False
70. We can do whatever we want to in our family.	☐ True	☐ False
71. We really get along well with each other.	☐ True	☐ False
72. We are usually careful about what we say to each other.	☐ True	☐ False
73. Family members often try to one-up or out-do each other.	☐ True	☐ False
74. It's hard to be by yourself without hurting someone's feelings in our household.	☐ True	☐ False

75. “Work before play” is the rule in our family.	☐ True	☐ False
76. Watching T.V. is more important then reading in our family.	☐ True	☐ False
77. Family members go out a lot.	☐ True	☐ False
78. The Bible is a very important book in our home.	☐ True	☐ False
79. Money is not handled very carefully in our family.	☐ True	☐ False
80. Rules are pretty inflexible in our household.	☐ True	☐ False
81. There is plenty of time and attention for everyone in our family.	☐ True	☐ False
82. There are a lot of spontaneous discussions in our family.	☐ True	☐ False
83. In our family, we believe you don’t ever get anywhere by raising your voice.	☐ True	☐ False
84. We are not really encouraged to speak up for ourselves in our family.	☐ True	☐ False
85. Family members are often compared with others as to how well they are doing at work or school.	☐ True	☐ False
86. Family members really like music, art and literature.	☐ True	☐ False
87. Our main form of entertainment is watching T.V. or listening to the radio.	☐ True	☐ False
88. Family members believe that if you sin you will be punished.	☐ True	☐ False
89. Dishes are usually done immediately after eating.	☐ True	☐ False
90. You can’ get way with much in our family.	☐ True	☐ False

ASEBA

Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only
ID #

CHILD'S FULL NAME First Middle Last

CHILD'S GENDER ☐ Boy ☐ Girl | CHILD'S AGE | CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE Mo._____ Date _____ Yr. _____ | CHILD'S BIRTHDATE Mo._____ Date _____ Yr. _____

GRADE IN SCHOOL _____

NOT ATTENDING SCHOOL ☐

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. ***Be sure to answer all items.***

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK _____

MOTHER'S TYPE OF WORK _____

THIS FORM FILLED OUT BY: (print your full name)

_____

Your gender: ☐ Male ☐ Female

Your relation to the child:

☐ Biological Parent ☐ Step Parent ☐ Grandparent

☐ Adoptive Parent ☐ Foster Parent ☐ Other (specify)_____

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐	☐	☐

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do ***not*** include listening to radio or TV.)

☐ None

	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups your child belongs to.

☐ None

	Compared to others of the same age, how active is he/she in each?			
	Less Active	Average	More Active	Don't Know
a. _____	☐	☐	☐	☐
b. _____	☐	☐	☐	☐
c. _____	☐	☐	☐	☐

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

	Compared to others of the same age, how well does he/she carry them out?			
	Below Average	Average	Above Average	Don't Know
a. _____	☐	☐	☐	☐
b. _____	☐	☐	☐	☐
c. _____	☐	☐	☐	☐

Be sure you answered all items. Then see other side.

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Please print. Be sure to answer all items.

V. 1. About how many close friends does your child have? (Do *not* include brothers & sisters)

❒ None ❒ 1 ❒ 2 or 3 ❒ 4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours? (Do *not* include brothers & sisters)

❒ Less than 1 ❒ 1 or 2 ❒ 3 or more

VI. Compared to others of his/her age, how well does your child:

	Worse	Average	Better	
a. Get along with his/her brothers & sisters?	❒	❒	❒	❒ Has no brothers or sisters
b. Get along with other kids?	❒	❒	❒	
c. Behave with his/her parents?	❒	❒	❒	
d. Play and work alone?	❒	❒	❒	

VII. 1. Performance in academic subjects. ❒ Does not attend school because _____

	Check a box for each subject that child takes	Failing	Below Average	Average	Above Average
Other academic subjects–for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.	a. Reading, English, or Language Arts	❒	❒	❒	❒
	b. History or Social Studies	❒	❒	❒	❒
	c. Arithmetic or Math	❒	❒	❒	❒
	d. Science	❒	❒	❒	❒
	e. _____	❒	❒	❒	❒
	f. _____	❒	❒	❒	❒
	g. _____	❒	❒	❒	❒

2. Does your child receive special education or remedial services or attend a special class or special school?

❒ No ❒ Yes—kind of services, class, or school:

3. Has your child repeated any grades? ❒ No ❒ Yes—grades and reasons:

4. Has your child had any academic or other problems in school? ❒ No ❒ Yes—please describe:

When did these problems start?_____

Have these problems ended? ❒ No ❒ Yes–when?

Does your child have any illness or disability (either physical or mental)? ❒ No ❒ Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Be sure you answered all items.

Please print. Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child ***now or within the past 6 months***, please circle the ***2*** if the item is ***very true or often true*** of your child. Circle the ***1*** if the item is ***somewhat or sometimes true*** of your child. If the item is ***not true*** of your child, circle the ***0***. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know) **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 1. Acts too young for his/her age
0 1 2 2. Drinks alcohol without parents' approval (describe):_____
_____
0 1 2 3. Argues a lot
0 1 2 4. Fails to finish things he/she starts
0 1 2 5. There is very little he/she enjoys
0 1 2 6. Bowel movements outside toilet
0 1 2 7. Bragging, boasting
0 1 2 8. Can't concentrate, can't pay attention for long
0 1 2 9. Can't get his/her mind off certain thoughts; obsessions (describe): _____
_____
0 1 2 10. Can't sit still, restless, or hyperactive
0 1 2 11. Clings to adults or too dependent
0 1 2 12. Complains of loneliness
0 1 2 13. Confused or seems to be in a fog
0 1 2 14. Cries a lot
0 1 2 15. Cruel to animals
0 1 2 16. Cruelty, bullying, or meanness to others
0 1 2 17. Daydreams or gets lost in his/her thoughts
0 1 2 18. Deliberately harms self or attempts suicide
0 1 2 19. Demands a lot of attention
0 1 2 20. Destroys his/her own things
0 1 2 21. Destroys things belonging to his/her family or others
0 1 2 22. Disobedient at home
0 1 2 23. Disobedient at school
0 1 2 24. Doesn't eat well
0 1 2 25. Doesn't get along with other kids
0 1 2 26. Doesn't seem to feel guilty after misbehaving
0 1 2 27. Easily jealous
0 1 2 28. Breaks rules at home, school, or elsewhere
0 1 2 29. Fears certain animals, situations, or places, other than school (describe): _____
_____
0 1 2 30. Fears going to school
0 1 2 31. Fears he/she might think or do something bad
0 1 2 32. Feels he/she has to be perfect
0 1 2 33. Feels or complains that no one loves him/her
0 1 2 34. Feels others are out to get him/her
0 1 2 35. Feels worthless or inferior
0 1 2 36. Gets hurt a lot, accident-prone
0 1 2 37. Gets in many fights
0 1 2 38. Gets teased a lot
0 1 2 39. Hangs around with others who get in trouble
0 1 2 40. Hears sounds or voices that aren't there (describe): _____
_____
0 1 2 41. Impulsive or acts without thinking
0 1 2 42. Would rather be alone than with others
0 1 2 43. Lying or cheating
0 1 2 44. Bites fingernails
0 1 2 45. Nervous, highstrung, or tense
0 1 2 46. Nervous movements or twitching (describe): ____
_____
_____
0 1 2 47. Nightmares
0 1 2 48. Not liked by other kids
0 1 2 49. Constipated, doesn't move bowels
0 1 2 50. Too fearful or anxious
0 1 2 51. Feels dizzy or lightheaded
0 1 2 52. Feels too guilty
0 1 2 53. Overeating
0 1 2 54. Overtired without good reason
0 1 2 55. Overweight
56. Physical problems ***without known medical cause:***
0 1 2 a. Aches or pains (***not*** stomach or headaches)
0 1 2 b. Headaches
0 1 2 c. Nausea, feels sick
0 1 2 d. Problems with eyes (***not*** if corrected by glasses) (describe): _____
0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____
_____

 Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True (as far as you know) **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 57. Physically attacks people
0 1 2 58. Picks nose, skin, or other parts of body (describe): _____
_____
0 1 2 59. Plays with own sex parts in public
0 1 2 60. Plays with own sex parts too much
0 1 2 61. Poor school work
0 1 2 62. Poorly coordinated or clumsy
0 1 2 63. Prefers being with older kids
0 1 2 64. Prefers being with younger kids
0 1 2 65. Refuses to talk
0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____
_____
0 1 2 67. Runs away from home
0 1 2 68. Screams a lot
0 1 2 69. Secretive, keeps things to self
0 1 2 70. Sees things that aren't there (describe): _____
_____
_____
0 1 2 71. Self-conscious or easily embarrassed
0 1 2 72. Sets fires
0 1 2 73. Sexual problems (describe): _____
_____
_____
0 1 2 74. Showing off or clowning
0 1 2 75. Too shy or timid
0 1 2 76. Sleeps less than most kids
0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____
_____
0 1 2 78. Inattentive or easily distracted
0 1 2 79. Speech problem (describe): _____
_____
0 1 2 80. Stares blankly
0 1 2 81. Steals at home
0 1 2 82. Steals outside the home
0 1 2 83. Stores up too many things he/she doesn't need (describe): _____
_____
_____
0 1 2 84. Strange behavior (describe): _____
_____
0 1 2 85. Strange ideas (describe): _____
_____
0 1 2 86. Stubborn, sullen, or irritable
0 1 2 87. Sudden changes in mood or feelings
0 1 2 88. Sulks a lot
0 1 2 89. Suspicious
0 1 2 90. Swearing or obscene language
0 1 2 91. Talks about killing self
0 1 2 92. Talks or walks in sleep (describe): _____
_____
0 1 2 93. Talks too much
0 1 2 94. Teases a lot
0 1 2 95. Temper tantrums or hot temper
0 1 2 96. Thinks about sex too much
0 1 2 97. Threatens people
0 1 2 98. Thumb-sucking
0 1 2 99. Smokes, chews, or sniffs tobacco
0 1 2 100. Trouble sleeping (describe): _____
_____
0 1 2 101. Truancy, skips school
0 1 2 102. Underactive, slow moving, or lacks energy
0 1 2 103. Unhappy, sad, or depressed
0 1 2 104. Unusually loud
0 1 2 105. Uses drugs for nonmedical purposes (***don't*** include alcohol or tobacco) (describe): _____
_____
_____
0 1 2 106. Vandalism
0 1 2 107. Wets self during the day
0 1 2 108. Wets the bed
0 1 2 109. Whining
0 1 2 110. Wishes to be of opposite sex
0 1 2 111. Withdrawn, doesn't get involved with others
0 1 2 112. Worries
113. Please write in any problems your child has that were not listed above:
0 1 2 _____
0 1 2 _____
0 1 2 _____

Please be sure you answered all items.

Today's date _____

Information Sheet

1. Child's Age _____

2. Child's Gender (circle one) M F

3. Child's Ethnicity (circle one)

   Asian African-American European-American Hispanic

   Multiracial/Biracial Native American Other_____

4. Did mother/guardian graduate from high school? Yes No

5. Did father/guardian graduate from high school? Yes No

6. Age (in years) and gender of all siblings:
   Age: _____ gender: M F
   Age: _____ gender: M F
   Age: _____ gender: M F
   Age: _____ gender: M F
   Age: _____ gender: M F
   Age: _____ gender: M F

7. Marital status of parents/guardians currently? (circle one)

   married never married separated divorced other_____

8. Parent/guardian completing packet (circle one):
   mother father guardian/other

9. Number of days of school missed **this school year** _____

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Dissertation Title: Severity of Absenteeism and Family Environment in Youth

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