SCHOOL REFUSAL FACTORS AND ITS PSYCHOSOCIAL CONCOMITANTS

THESIS

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DOCTOR OF PHILOSOPHY

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CERTIFICATE

This is to certify that the **thesis "*School Refusal factors and its psychosocial concomitants*"** submitted by **Mrs. Sangeetha Madhu** for the award of the degree of Doctor of Philosophy, The Tamilnadu Dr. M.G.R Medical University, Chennai, is a bonafide record of research done by her during the period of study under my supervision and guidance and that it has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship or other similar title. I also certify that this thesis is her original independent work. I recommend that this thesis should be placed before the examiners for their consideration for the award of Ph.D., Degree.

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DECLARATION

I here by declare that this thesis entitled "*School Refusal factors and its psychosocial concomitants*" is an original research work by me and it was not used previously either partly or fully, for the award of any Degree / Diploma / Associateship / Fellowship or any other similar title.

Place: Chennai

Date: **(SANGEETHA MADHU)**

DEDICATED TO

- **My parents - *Mr.S.Sachithanandham and Mrs. S.Krishna Veni* who gave me life.**
- **My husband *Dr. T. Madhu,* Parents in law *Mr. P.Mukundan and Mrs. M.Komalam* who sustain my life.**
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CHAPTER I

INTRODUCTION

The first issue, defining the essential features of school refusal behavior, began to evolve after 19th century registration, mandated compulsory education for children in England and United States. Researchers first considered non-attendance as a sentential problem (illegal truancy) and later a clinical entity (psycho neurotic truancy / school refusal) in need of study (Broadwin, 1932; Partridge, 1939) Today problematic absenteeism is listed in DSM IV as one symptom of conduct ("Often truant from school") and separation anxiety ("persistent reluctance or refusal to go to school") disorder. (American Psychiatric Association, 1994) Unfortunately, previous definitions of school refusal behavior do not fare favorably in terms of explicitness or reliability.

Kearney and Silverman (1996) refer to 'school refusal behavior' as child motivated refusal to attend school or difficulties remaining in classes for an entire day. This definition excludes cases where a parent deliberately keeps a child home or with draws the child from school.

More specifically, school refusal behavior refers to those youngsters aged to 5-17 yrs who are

- Completely absent from school.
- Attend school but leave during the course of the school day.
- Go to school only after significant behavior problems in the morning.
- Display unusual distress about attending school that leads to pleas for future non- attendance.

School phobia is not a unitary syndrome, but a condition of varying symptomatology, severity and duration (Blagg, 1987; King and Ollendick, 1989 a, b, Hersov, 1977) Failure to agree on diagnostic criteria for school phobia has undoubtedly contributed to the continuing confusion over terminology and understandings of the condition. Following the analysis of the problem, Eysenck and Rachman (1965), British clinicians, were more ready to acknowledge both that some school phobic had genuine fears of certain aspects of school experience and that others had separation anxiety problems. The term 'school refusal' was preferred but this term has been taken to

imply a conscious decision for the part of the child to refuse school, and so there is still a need for one or more fully appropriate labels.

Origin of the concept of school refusal

Until about 50 yrs, all forms of persistent absence from school were labeled as truancy. The word truant – comes from old French word means, 'an assemblage of beggars'. The truant school boy was also dubbed lazy, idle, neglectful of his duties and prone to antisocial acts.

In 1932 Broadwin first described what he considered to be a variant of truancy, a form of persistent non- attendance at school that was later labeled 'school phobia' by some (Johnson et al, 1941; Suttenfield, 1954; Eisenberg, 1958a) and school refusal by others (Warren, 1948; Hersov, 1960 a, b; Millar, 1961; Kahn and Nursten, 1962; Bowlby, 1973). Broad Win (1932) from his study of a small number of cases, considered the difficulties in school attendance as symptoms of a personality problem occurring in children suffering from a deep seated obsessional neurosis or displaying a neurotic character of the obsessional type. His original description has never been bettered for clarity and vividness and has been echoed in many subsequent papers in the literature.

"The child is absent from school for periods varying from several months to a year. The absence is consistent. At all times the parents know where the child is. It is with the mother or near the home. The reason for the truancy is in comprehensible to the parents and the school. The child may say that it is afraid to go to school, afraid of the teacher or say that it does not know why it will not go to school. When at home it is happy and apparently carefree when dragged to school it is miserable, fearful and at first opportunity runs home despite the certainty of corporal punishment. The onset is generally sudden".

Partridge (1939) in a study of truancy described a psychoneurotic group of ten cases which he maintained differed from the others; in others behavior was not a means of avoiding simple environmental difficulties or a revelation against unhappy circumstances. Warren (1948) further emphasized the distinction, between these 2 forms of persistent non attendance.

Johnson et al (1941) stressed the fairly sharp differentiation between absence from school stemming from deep-seated psychoneurotic disorder, and the more frequent and common development variety of non-attendance. They coined the term 'school phobia' which was taken up in subsequent papers (Van Houten, 1948;

Goldberg, 1953; Suttenfield, 1954; Coolidge et al, 1957; Talbot, 1957) and concluded that the syndrome was not a clear cut clinical entity but rather consisted of phobic tendencies overlapping within other hysterical or obsessional neurotic patterns. Both Johnson et al (1941) and Warren (1948) found that fear of school with refusal to attend occurred in family settings where maternal anxiety, marital disharmony and parental inconsistencies were significant. School refusal is not a true clinical entity with uniform etiology, psychopathology, course, prognosis and treatment, but rather a collection of symptoms or syndrome occurring against a background of a variety of psychiatric disorders (Hersov, 1960, b; Davidson, 1960; Millar, 1961; Kahn & Nursten, 1962; Shapiro, 1973). The precipitating factors vary with age, school, family structure, function, psychosocial stage of development and personality factors in the individual child.

School phobia has been well described by Hersov (1974), who observed that, the problem often starts with vague complaints of school or reluctance to attend, progressing to total refusal to go to school or remain in school in the face of persuasion, entreaty, recrimination and punishment by parents and pressures from teachers, family doctors and education welfare officers. The behavior may be accompanied by overt

signs of anxiety or panic when the time comes to go to school and most children cannot even leave home to set out for school. Many, who do, return home half way there and some children once at school rush home in a state of anxiety. Many children insist that they want to go to school and they prepare to do so but cannot manage when the time comes.

Coolidge, Hahn and Peck (1957) in a study of 21 cases provided evidence to distinguish 2 types of school phobia ‘neurotic and ‘character logical’. The neurotic group consisted of younger children mostly girls who showed a dramatic onset of the condition. The character logical group was described as more disturbed and consisted mostly of older boys. The typology of Coolidge et al (1957) was expanded on by Kennedy (1965) who distinguished Type I and Type 2 school phobia according to the 10 differential symptoms.

Figure - 1

10 differential school phobia symptoms

Type I	Type II
1. Present illness it's the first episode	1. Present illness the 2nd, 3rd or 4th episode.
2. Monday onset, following an illness the previous Thursday or Friday.	2. Monday onset following minor illness.
3. Acute onset	3. Incipient onset
4. Lower grades most prevalent	4. Upper grades most prevalent
5. Expressed concern about death	5. Death theme not present
6. Mother's physical health in question; or child thinks so	6. Mother's health not an issue
7. Good communication between parents	7. Poor communication between parents
8. Mother & father well adjusted in most areas	8. Mothers show neurotic behavior, fathers a character disorder
9. Father competition with mother in household management	9. Father shows little interest in household or management and children
10. Parents achieve understanding of dynamics easily	10. Parents very difficult to work with.

Hersov (1961) classified school phobias into 3 groups according to predominant patterns of behavior in the father, mother and child. Shapiro and Jegede (1973) argue for a systems approach with attention to 1) chronological age in relation to developmental factors 2) transactions with mother, family and community 3) intrapsychic dynamics 4) child's personal view toward symptoms as ego alien or 'ego syntonic'. At the very least, these perspectives illustrate school phobia as a complex and heterogeneous problem (Blagg, 1987; King and Ollendick 1989 a, b; Ollendick and Mayer, 1984).

Acute Versus Chronic School Refusal Behavior

Historical acute-chronic refusal behavior distinctions also fall short with respect to discriminant validity because of inconsistent research findings. Berg et al. (1969) and Baker and Wills (1978) reported that children with acute school phobia were older than children with chronic school phobia, a finding opposite Coolidge et al. (1957). Also, Berg et al. (1969) noted that a higher percentage of children with acute than chronic school refusal missed school without parental knowledge. This contradicted earlier research findings that those with chronic school refusal behavior are more likely to surreptitiously avoid school (Hersov, 1960). Problems with an acute chronic distinction were also highlighted by Kolvin et al. (1984),

whose statistical analysis did not support the discriminant validity of "acute versus chronic."

Duration of school refusal behavior can be classified into self-corrective, acute, and chronic categories based primarily on length of problem. The term "school refusal behavior" thus coalesces outdated term such as truancy, psychoneurotic truancy, school avoidance, and school phobia. Exclusionary criteria include the presence of school withdrawal, where parents deliberately withhold a child from school, and other primary societal or familial conditions that maybe in a child's life (e.g., homelessness, running away to avoid abuse). In addition, should other behavior difficulties or mental disorders (e.g., poor academic performance, depression) supersede problematic nonattendance, and then potential exclusion from this taxonomy is allowed.

Cases of school refusal behavior that persist after two weeks but before one year, having been a problem for majority of that time, may be considered acute in nature and in need of treatment. Cases of school refusal behavior that persist after one year, having been a problem for a majority of that time when school is in session, may be considered chronic in nature. The latter criterion includes youngsters who have refused school across two grade levels, a sign of generalization that

likely impedes treatment progress (Kearney, 1995; McDonald and Sheperd, 1976). This tripartite (i.e., self-corrective, acute, chronic) taxonomic definition of school refusal behavior duration replaces vaguely defined dichotomies from previous literature (Sperling, 1967).

Categories of refusal to attend school are.

(a) Non problematic versus problematic.

(b) Parent-motivated or primary familial/societal cause versus child-motivated.

(c) Self corrective versus acute versus chronic.

Problematic school non-attendance in children and adolescents has been and will likely continue to be one of our most pressing social problems. Motivating children to stay in school (or at least removing the obstacles) has ramifications for all persons, because failure erodes our ability to function as a progressive society. Resources to provide systemic (e.g., alternative schools) and molecular (e.g., specialized clinics) solutions are thus considered imperative. Unfortunately, school district administrators and psychologists, educators, pediatricians, mental health professionals, and researchers often employ one set of criteria for problematic absenteeism and remain “locked” into that system. This prevents comparable data collection across settings and limits social activism. (Kearney, 1995).

CHAPTER II

REVIEW OF LITERATURE

The review of literature is presented in the following sections

A. Epidemiology

B. Socio Demographic variables and school refusal

C. Clinical variables and school refusal

D. Psychological variables and school refusal

E. Indian studies on school refusal

A . EPIDEMIOLOGY:

Most of the studies on the prevalence of school refusal have been in the form of surveys of schools or referrals to pediatric/child psychiatric clinics

An investigation of 500 referrals to a child psychiatric clinic in Sweden, up to age of 12 over a period of five years revealed that 7% of the children had school refusal and separation anxiety disorder (Flakierska et al, 1988).

In a study (Bools, Foster, Brown and Berg, 1990) done in the United Kingdom, interviews were conducted with parents of 100

children taken to a ‘school attendance committee’, because of persistent failure to attend school. Clinical assessment of the attendance problem was carried out so that children were categorized as ‘school refusers’ (N = 24), ‘truants' (N = 53), ‘both refusers and truants (N = 9), or as ‘neither’ (N = 14). Among the 24 school refusers half of them had an ICD-9 diagnosis.

Stickney and Miltenberger’s (1998) survey of 288 schools in North Dakota, which included elementary, junior high, and senior high schools, found that 75% of schools reported having a school refusal identification system in place. Principals were most frequently reported to be responsible for the identification of school refusal. Overall, 2.3% of students were identified as “school refusers” (included truants).

In a study of a Venezuelan sample of 1034 children aged between 3 to 14 years (Granell de Aldaz, Vivas, Gelfand and Feldman, 1984), of the prevalence of school refusal and school related fears 0.4% had school refusal.

In the post world war era school refusal has become one of the most common diagnoses made in child psychiatry in Japan. Studies across Japan have shown rates in the range of 2-5% (Honjo, Nishide, Niwa, Sasaki, Inoko and Nishide, 2001).

In surveys across primary and secondary schools in Australia the school refusal prevalence was found be around 1% (Heyne, King, Tonge and Cooper, 2001). In summary school based studies have shown a prevalence of 5-6% in the clinic samples.

B. <u>Socio demographic Variables and School Refusal</u>

Most studies suggest that school refusal tends to be equally common in boys and girls (Granell de Aldaz, Vivas, & Gelfand and Feldman, 1984; Kennedy, 1965). School refusal can occur throughout the entire range off school years, but it appears there are major peaks at certain ages and certain transition points in the child's life especially while joining school or while changing from primary to secondary school levels. Ollendick and Mayer (1984) concluded that school refusal is more likely to occur between 5-6 years and 10-11 years of age, indicating a bimodal distribution of age. For most cases of school refusal, the socioeconomic status of the family is considerably mixed (Baker and Wills, 1978; Last and Staruss, 1990).

Sex differences in children with school refusal

In a study by Kuramoto (1995) items relating to neurosis showed little difference between sexes; antisocial scores were higher in boys

similar in tendency to junior high school students. Bools et al (1990) found that in children with school refusal generalized neurotic disorders were found mostly in girls and 'truancy' and conduct disorder were found mainly in boys. Last et al (1987) found more children with separation anxiety disorder were female, pre- pubertal and from families with low socioeconomic backgrounds.

Parental education, occupation and socio economic status

Kuramoto (1995) found significant differences between school attendance group and non-attendance group in terms of mother's education and father's occupation. The clinic based studies on school refusal found children were from materially good homes where the emotional climate was more likely to be intense than lacking (Kahn et al, 1996). Parents tended to be rather ineffectual and over anxious, although there is a veneer of authority which the family colluded to protect (Eisenberg, 1958) and there were no obvious differences to the normal parental patterns of managing domestic affairs, leisure and work (Berg, Butler and Fairbairn, 1981).

C. Clinical Variables and School Refusal

Course of school refusal

Okuyama et al (1999) found that duration from absence to the first evaluation, patients character, and 'non presence of volition for school attendance' and 'frequency of school attendance' influenced the prolongation of school refusal.

Scholastic Performance

Through various suggested etiologies the presenting picture has been of a youngster who is academically successful, generally near the top of the class, and liked by the teaching staff (Hersov, 1960), but with poor self image and a low level of self esteem (Nichols & Berg, 1970). However a study by McShane et al (2001) indicated that academic difficulties and a diagnosis of social phobia were predictive of poorer outcomes (three years after treatment). Prior (1998) found that children with academic difficulties were not able to do work easily and had related behavior problems at the prospect of social embarrassment.

Precipitating factors (somatic complaints) in children with school refusal

In a study by Bernstein (1997) 44 adolescents in a treatment study were evaluated at baseline with structured psychiatric interviews and measures of anxiety, depression and somatization. The most common somatic complaints were in the autonomic and gastrointestinal categories. In simple regression analyses, anxiety level as measured with the Revised Children's Manifest Anxiety scale and depression level as measured with the Beck depression inventory each significantly predicated the severity of somatic symptoms. The correlation between percentage of days absent from school and severity of somatic symptoms approached significance ($r = .27$, $p <. 074$). Knowledge that somatic complaints are commonly an expression of underlying anxiety and depression may facilitate more rapid referral for psychiatric assessment and treatment and thereby help avoid unnecessary medical workups and squealae from school refusal.

Family Functioning in Children with School Refusal

In one of the earliest studies done on school refusal done by Berg et al (1969), there did not appear any social class bias or relationship between family size, number of single children and school

refusal. The typology given by Coolidge et al “neurotic” and “character logical” which was later expanded on by Kennedy (1965), distinguished type 1 and type 2 school phobias. Apart from characterizing the clinical profile of children they mainly classified school refusal according to the family characteristics- communication and adjustment between parents, personality profiles of parents and family pathology. However these subtypes have not been validated by well controlled studies. Other studies, like that of De Aldaz et al (1987) demonstrated that school refusers were more dependent on their mothers and the parents tended to reinforce the school refusal behavior.

In the study by Bools et al (1990), amongst the 24 who had school refusal half the subjects came from broken homes and the group as a whole showed social disadvantage, the rates of anxiety and depressive disorders being high amongst the parents though the exact prevalence rates have not been mentioned. In 32% of the families siblings had school refusal, in 7% the mother had history of refusal, and in 3% both the mothers and the siblings had refusal. This study also found that the school refusal behavior was reinforced by the family members (53%).

Problematic family functioning has been highlighted as contributing to school refusal in children and adolescents. Yet only a few studies systematically evaluate school refusal families with instruments designed to measure family functioning. These studies describe several different patterns of family functioning in school refusal families. The study by Kearney and Silverman (1995) is unique because it identified family subtypes (i.e. the enmeshed family, the conflictive family, the isolated family, the detached family, and the healthy family) which are supported by scores on the Family Environment Scale (FES). 64 parents of children with school refusal completed the FES. Healthy family profiles were found only in 39.1% of the sample as defined by scores of 60 or more on the FES Cohesion or Expressiveness subscales, with either score more than the Conflict score.

Bernstein et al (1990) used the Family Assessment Measure (FAM) in evaluating 76 school refusal families. Four diagnostic groups of school refusing children were evaluated: those with anxiety disorders only, those with depressive disorders only, those with co morbid anxiety and depressive disorders, and those with no anxiety or depressive disorders (primarily disruptive behavior disorders).

Significantly fewer family functioning difficulties were found in families in which the child met criteria for anxiety disorder only compared with families in the other diagnostic categories.

In a sample of 134 families with school-refusing children, the FAM was used to evaluate the relationship between family constellation (mother only versus family) and family functioning (Bernstein, Borchardt and Perwien, 1996). Single-parent families (39.6%) were over represented in the sample compared with the general population. Significantly mothers of school refusers in single-parent families compared with mothers of school refusers in families with two biological parents reported more difficulties on the FAM in the areas of role performance and communication. Communication difficulties as measured on the FAM suggest inadequate or unclear communication with the family.

Bernstein et al (1999) focusing on school refusers with co morbid anxiety disorders and major depression, assessed family functioning with the Family Adaptability and Cohesion Evaluation Scale II (FACES II). FACES II was administrated to 46 adolescents with Comorbid anxiety and major depressive disorders and to their parents in a treatment study of school refusal. FACES II measures

cohesion and adaptability dimensions, as well as family type (balanced to extreme). Generally, adolescents and parents reported low cohesion (i.e.. disengagement) and low adaptability (i.e.. rigidity) on FACES II. Adolescents and parents described their ideal families as significantly less disengaged and less rigid than their own families.50% of adolescents, 38% of fathers and 24% of mothers classifieds their families as extreme type. Adolescents in extreme families, when compared with adolescents in more balanced families, reported significantly higher scores on two of three depression instruments and on a measure of somatic symptoms. Family therapy to improve cohesion and adaptability and treatments focused on improving depression and somatic symptoms may improve family functioning and decreases the severity of school refusal.

Obondo et al (1990) found that out of the ten cases sampled for the study, nine were of school phobia and one of conduct disorder (truancy). Family characteristics significantly associated with school non – attendance in this study were neuroticism in parents, unstable family relationships occasioned by marital discord, parental expectations of high academic performance by the child and, to some extent poverty.

Parental psychopathology

Martin et al (1999) examined anxiety and depressive disorders in the mothers and fathers of children with anxious school refusal to test for the existence of differences in familial aggregation between children suffering from school refusal related to separation anxiety disorder and that suffering from phobic disorder – based school refusal. Relationships between specific anxiety disorders in children and their parents revealed increased prevalence of simple phobia and simple and/or social phobia among the fathers and mothers of phobic school refusers, and increased prevalence of panic disorder and/or agoraphobia among the fathers and mothers of school refusers with separation anxiety disorder. Simple and/or social phobia in the father, simple phobia in the mother, and age of the father were associated with the group of phobic school refusers. The data show the high prevalence of both anxiety and depressive disorders in fathers and mothers of anxious school refusers. Significant differences were observed in familial aggregation considering the subgroups of anxious school – refusing children.

D. <u>Psychological Variables and School Refusal</u>

Depression in Children with School Refusal:

Borchardt et al (1994) study describe children and adolescents with school refusal who were hospitalized and compare them to a matched group with school refusal who were treated as outpatients in order to examine the use of hospitalization in the treatment of this symptom presentation. The results showed the inpatient group had significantly more depressive disorder, a greater number of diagnoses, more severe symptoms, were more likely to reside in single – parent homes, and were more likely to have been physically abused.

Honjo et al (2003) conducted a survey on students enrolled in a junior high school affiliated with the Nagoya university school of education. The questionnaire consisted of the Children's Depression Inventory (CDI), a scale for evaluating feelings of school avoidance (School avoidance scale), and a scale for assessment of personality characteristics associated with school refusal (School Refusal Personality scale). The subjects were 425 first – year junior high to second – year high school students. Factor analysis of each scale revealed the CDI to consist of three factors; "core depression", "feelings of interpersonal mal adaptation", and 'self revulsion', and the

school avoidance scale to consist of two factors: 'school dislike', and 'school avoidance'. The School Refusal Personality Scale consisted of three factors: 'obsessive-compulsive', 'passive/unsocial', and 'socially introverted'. Mean CDI score and standard deviation (SD) was 19.44 +/- 7.49, and that for 'feelings of school avoidance' was 20.18 +/- 5. 61. The two subordinate factors of the school avoidance scale were intimately associated with both 'feelings of interpersonal mal adaptation' and 'core depression' of the CDI, and negatively correlated with the 'obsessive – compulsive' factor of the School Refusal Personality scale.

A study by Honjo, Nishide, Niwa, Sasaki, Inoko and Nishide (2001) in Japan looked at children with school refusal with depressive symptoms (n = 34), depressed children with school in attendance (n = 10) and a normal control group (n = 243). They hypothesized that school in attendance owing to depression should be precluded in discussing the phenomenon of school refusal, since the diagnosis of depression in adolescence is not always easy, and differentiating between depression and school refusal may become difficult in many cases. They reported that the CDI scores were highest in the depressed group, next in the school refusal group and the least in the control

group. However this was a cross sectional study and the exact relationship between school refusal and depression has not been clearly looked into, though the authors hypothesize that since the clinical characteristics like the CDI scores were different in the two groups they are different entities.

Anxiety in Children with School Refusal:

Last et al (1987) compared children who met DSM – III criteria for separation anxiety disorder (N = 48) or a phobic disorder of school (N = 19) with respect to demographic characteristics, symptoms associated psychiatric disorders, and maternal psychiatric illness. More children with separation anxiety disorder were female, prepubertal, and from families with lower socioeconomic backgrounds. Children with separation anxiety disorder were less likely to exhibit school refusal than children with school phobia. However, they were more likely to meet criteria for an additional DSM – III diagnosis. Finally, their mothers had a rate of affective disorders four times greater than that of mothers of children with school phobia.

Kearney and Albano (2004) assessed 143 youth with primary school refusal behaviour and their parents to examine diagnoses that are most commonly associated with proposed functions of school

refusal behaviour. In general, anxiety related diagnoses were associated more with negatively reinforced school refusal behavior; separation anxiety disorder was associated more with attention-seeking behavior; and oppositional defiant disorder and conduct disorder were associated more with pursuit of tangible reinforcement outside of school. Assessment and management of school refusal requires a collaborative approach that includes the family physician, school staff, parents, and a mental health professional.

Sakuta et al (2003) using State – Trait Anxiety Inventory for Children (STAIC), examined 13 junior high school students with school refusal and indefinite complaints. Significant increase of the anxiety levels was higher in these children than in the control group. Serotonin reuptake inhibitors (SSRIs) were administered to 19 elementary and junior high school students with school refusal and indefinite complaints. The indefinite symptoms improved markedly in 2 children, moderately in 11, and mildly in 6. High anxiety may cause indefinite symptoms in children with school refusal and that the treatment of indefinite symptoms with SSRI is an effective supportive therapy.

In two studies at the Minnesota school refusal clinic (Bernstein, 1991; Bernstein & Garfinkel, 1992), half the children had anxiety disorders either separation anxiety or overanxious disorder. Half of this group also had depressive disorder and one quarter had a depressive disorder only.

Berg et al (1993), conducted a comprehensive DSM-III-R diagnostic evaluation of 80 youths, aged 13 to 15 years, who failed to attend school for at least 40% of a school term without satisfactory excuse. School attendance problems were classified as truancy, school refusal or neither. Evaluations showed that half the youths with attendance problems had no psychiatric disorder, a third had a disruptive behavior disorder, and a fifth had an anxiety or mood disorder. In contrast, one tenth of a control group of youths without school attendance problems were found to suffer from these psychiatric disorders. It is important to note that the sample was drawn from the normal school population.

Last and Staruss (1990) conducted a major investigation of anxiety based school refusal. The authors examined 63 school refusing children and adolescents (aged 7-17 years) referred to an out patient anxiety disorders clinic. According to DSM-III-R criteria, the most

common primary diagnoses included separation anxiety disorder (38%), social phobia (30%), and simple phobia (22%). Less frequent diagnoses included panic disorder and posttraumatic stress disorder. Many children had multiple diagnoses, the most common co-morbid diagnosis being overanxious disorder. Age-of-onset data reevaluated that separation anxiety occurs at a much earlier age (mean = 8.7 years) than either social phobia or simple phobia (means = 12.4 and 12.9 years, respectively). In examining maternal histories, the researchers found that mothers of the children with separation anxiety were more likely to have experienced school refusal themselves than were the mothers of the combined simple and social-phobic group. By contrast, the phobic subjects tended to show more severe school refusal as determined by symptom severity ratings of clinicians relative to the separation-anxious children. The authors concluded that there are two primary diagnostic 'subgroups' of school refusers', separation anxious and phobic.

Hoshino et al (1987) conducted a study on DSM-III diagnoses in 50 cases of school refusal in Japan and reported the principal diagnosis as being separation anxiety disorder in seven (14%), avoidance disorder in 13 (26%), over-anxious disorder in eight (16%), identity

disorder in five (10%), and adjustment disorder in 11 (22%) cases, among others, while also commenting on difficulties in applying DSM-III diagnosis to school refusal.

Depression and Anxiety in Children with School Refusal:

In a study (Berg, Butler, Franklin, Hayes, Lucas and Sims, 1993) that looked at school attendance problems in eighty 13-15 year old children who failed to attend more than 40% of a school term, 25 had DSM-III-R disruptive behavior disorders and 15 had anxiety/mood disorders. School refusal was associated with anxiety/mood disorders and truancy with the former but both often occurred without any diagnoses. 14 had neither school refusal nor truancy. School refusal with anxiety disorders rarely received any treatment.

In a study by Atkinson et al (1989), 100 clinical files of children with school refusal were examined which gave three different clusters. The first one (n=15) consisted of children who feared separation from dependent, overprotective mothers. The second group (n=28) included children who were perfectionistic and depressed. The third (n=29) included children who were extensively disturbed from multi problem families who suffered early loss/separation and were fearful/depressed.

This study was a retrospective chart review type, so validity of diagnoses was not strong.

In a study by Bools et al, (1990) out of the 24 school refusers 10 had an ICD-9 diagnosis of an emotional disorder and 6 had a mixed disorder of emotion and conduct. This study specifically looked at children with attendance problems limiting the generalizabilitiy.

Several diagnostic studies have examined the co morbidity of anxiety and depression in clinic samples of school-refusing children. Bernstein et al (1991) compared four groups of school refusers: an anxiety disorder-only group (separation anxiety disorder and/or overanxious disorder, n = 27), a depressive disorder-only group (major depressive disorder or dysthymia, n = 27) an anxiety and depressive disorder group (co-morbid for anxiety and depression, n = 24), and a no-anxiety disorder or depressive disorder group (an absence of anxiety and depressive disorders, n = 18). The last group comprised mainly children with disruptive behavior disorders. Results showed that the group with co-morbid anxiety and depression scored the highest on rating scales of anxiety and depression, with the no-anxiety or depression group scoring the lowest. In general, the anxiety-only and depression-only groups scored similarly with scores that were

intermediate between the other two groups. The findings suggest that the co -morbidity of anxiety and depressive disorders is associated with more severe symptoms.

Borchardt et al, (1994) compared age- and gender- matched groups of inpatient (n = 28) and out patient school refusers (n = 28). While the inpatient and outpatient groups did not differ significantly on prevalence of anxiety disorders (75% and 85 % respectively), they differed significantly on rate of major depression (86% and 46% respectively), inpatients were also more likely to have severe symptoms.

In an investigation of anxious/depressed adolescent school refusers (n = 44), Bernstein et al, (1997) reported that these teenagers frequently report moderate or severe somatic complaints. The most common somatic complaints were of the autonomic and gastrointestinal type. Although this study did not involve comparison groups, findings are consistent with the picture of substantial symptoms in anxious/depressed school-refusing youths.

In addition, Buitelar et al, (1994) investigated the DSM-III diagnoses at first visit of 25 school refusers, and report diagnoses of anxiety disorder in eight (32%), depressive disorder in seven (28%),

somatoform disorder in six (24%), and conduct/personality disorder in four (16%) cases. These studies regarding school refusal and DSM-III diagnoses do support a correlation between school refusal and the anxiety/depressive disorders.

In a study done at the Rivendell Child and Adolescent Psychiatry unit, Sydney, Australia (McShane, Walter & Rey, 2001) probably the largest sample (n = 192) of adolescents with school refusal examined for various DSM-IV psychiatric diagnosis, 101(54%) had anxiety disorders, 99(53%) had mood disorders, 73(38%) had disruptive behavior disorders, 49(27%) had other disorders like adjustment disorder and SLD (5.5%). This study showed a high prevalence of mood disorders in adolescents with school refusal, which was in keeping with the other studies but a high prevalence of disruptive behavior disorders like ODD, CD, ADHD was seen which has not been highlighted in the previous studies. They also found that the major stressors were family or peer conflict. Inpatients were not found to be more impaired than out patients unlike previous studies (Borchardt et al, 1994). This study was retrospective in nature, had no control group, data was obtained from a single site-a specialist adolescent unit questioning the generalizabilitiy, and the raters were

not blind to the patient status since it was a chart review type study design.

Buitelar et al (1994) followed up 25 adolescents referred to an outpatient clinic because of school refusal in 1985-1986 after an average of 5 years. DSM – III diagnoses and scores on the Maudsley symptom checklist were obtained at initial contact and a follow-up. At follow-up, information was also gathered on psychosocial adjustment, and subjects completed self – ratings of anxiety and depression. At initial contact, school refusal was associated mainly with anxiety symptoms, and to a lesser extent with depressive and somatoform disorders. No specific relationship was found between diagnoses at baseline and at follow-up. About half of the sample still had a psychiatric disorder at follow-up. Out come was negatively associated with a history of previous psychological or psychiatric treatment and a small family size, and positively with a history of frequent somatic complaints.

From these diagnostic studies, it is clear that school refusal is complex, with variable presentations. School refusal is mainly associated with anxiety disorders in children and with anxiety and depressive disorders in adolescents. Other minor groups of school

refusers include children who might be characterized by other anxiety disorders. However, somewhat different trends are evident among non-clinic-referred youngsters with school refusal. A much larger proportion of these school refusers do not meet criteria for a diagnosis (Berg et al, 1993), compared with clinic samples.

Behavioral Problems in Children with School Refusal:

Berg et al (1993) studied eighty 13 to 15 year – old children who failed to attend one of four schools for more then 40 % of a term, without good reason. A systematic schedule (C.A.P.A.) was used in interviewing parents and children.25 had DSM – III – R disruptive behaviour disorders and 15 had anxiety/mood disorders. Truancy was associated with the former and school refusal with the latter but both often occurred without any disorder. 14 children had neither school refusal nor truancy compared to controls; poor attendees came form materially disadvantaged homes. School refusal with anxiety disorders rarely received psychiatric treatment. A total of 376 people comprising students, parents, and professionals, were required to evaluate several treatment options in relation to a vignette. Despite its potential aversive ness, behavioral management was the most acceptable treatment approach followed, in order, by home tuition with psychotherapy,

hospitalization, and medication. A strong positive relationship was found between acceptability and perceived effectiveness.

Bools et al (1990) conducted interview with parents of 100 children taken to a "school attendance committee", because of persistent failure to attend school. Clinical assessment of the attendance problem was carried out so that children were categorized as "school refusers" (N = 24), (N = 53), "both refusers and truants" (N = 9), or as "neither" (N = 14); any ICD – 9 psychiatric disorder was separately identified. Cluster analysis of information collected in a standard way indicated that there was a group of children with the features of "school refusal" who often had generalized neurotic disorders as well and who were mostly girls, another group with the features of "truancy" all of whom had conduct disorders who were mainly boys, and a third cluster of children who were usually "truants" but less often psychiatrically disturbed. The study provided evidence for the existence of school refusal with and without generalized neurotic disturbance in a non – clinical population.

Place and Kolvin (1986) found that up to 20% of the senior school pupils may be truant in a 2 – week period and teachers report

these youngsters to be more aggressive and to show more neurotic symptoms than the regular school attendees.

Learning Disability in Children with School Refusal:

Naylor and colleagues (1994) found that 19 (70%) school-refusing depressed adolescents on an inpatient psychiatric unit to have learning disabilities and 12 (44%) language impairments compared with matched psychiatric controls, which was alarmingly high. Hence, the researchers concluded that "academic and communicative frustration and the adolescent's resulting inability to meet the academic and social demands in the school environment may play a role in the etiology of school refusal". This study looked at only depressed school refusers who bring in selection bias and limited generalizabilitiy.

In a study by McShane et al (2001) Specific Learning Disability was found in 5.5% of the children with school refusal

E. INDIAN STUDIES ON CHILDREN WITH SCHOOL REFUSAL

Prabhuswamy et al's (2007) study at the National Institute of Mental Health and Neurosciences indicated the following findings The duration of the episode of school refusal ranged between 1 and 32

weeks. It was less than one month in 14(42.4%) of the subjects, between 1 and 2 months in 10(30.3%) of the subjects and greater than 2 months in 9(27.3%) of the subjects. 13(39.4%) of the subjects had changed schools before presentation. Depressive disorders only was found in 10(30.3%), of the subjects anxiety disorders only in 5(15.2%), both depressive and anxiety disorders in 9(27.3%). 5(15.2%) of the subjects were found to be having significant Specific Learning Disability. Psycho-social factors influencing the symptom of school refusal was found in 29(87.9%) of the subjects, the main factors being overindulgence 15(45.5%) inadequate/distorted interfamilial communications 13(39.4%), parental overprotection 11(33.3%), inadequate parental supervision/control 10(30.3%), anomalous parenting situation 10(30.3%) interfamilial discord among adults 8(24.2%),lack of warmth in parent-child relationship 7(21.2%). 29(87.9%) of the subjects received medication as a part of management of school refusal out of which 20 were prescribed SSRIs, 8 were put on a combination of anxiolytics and antidepressants/anticonvulsants and one was on lithium alone. The father's education was at the secondary level and above (72.7%) and that of mother's being at the primary and secondary levels (69.7%). The sex ratio in this study was, male to female 19:14 (1.35:1). An almost equal number of subjects were found

from middle and high socio-economic groups. Duration of school refusal, type of school refusal, change of school and scholastic performance did not significantly affect the outcome. Very few studies have followed the school refuser into adulthood and even fewer have looked at the prognostic implications of return to school.

Shastri (2001) examines definition, history, epidemiology, etiology, clinical presentation, differential diagnosis and management of school refusal in the Indian context in his article titled 'Behavior Disorders'. He discusses the role of parents, family, prevention aspects and management issues in psychotherapy and pharmacotherapy.

In a study by Chandra et al (1993), looking at the prevalence of mental disorders in school age children, though school refusal was not specifically looked into, learning disability and other school related problems were found in 28% and 27% of the children respectively. Due to continuing inconsistencies regarding clinical status of school refusal and paucity of research concerning the various issues in children with school refusal in the Indian Scenario, the current study was carried out.

CHAPTER III

NEED AND OBJECTIVES OF THE STUDY

Need for the Study

The topic of school refusal behavior is important for several reasons. First, primary school refusal behavior occurs with some frequency in youth (about 1% to 10%; Kearney, 1995; King et al., 1996). In many other cases as well the behavior is identified by parents, teachers, and youth as the primary treatment target among several possible targets. Second, the behavior is associated with short-term and long-term consequences if left unaddressed. Short-term consequences include family conflict and disruption, academic problems, and reduced social interaction (King, Ollendick, and Tonge, 1995). Possible long-term consequences include delinquency, occupational and marital problems, anxiety and depression, and the economic drawbacks of failing to finish high school (e.g., Buitelar, Van Andel, Duxy and Van Strien, 1994; Flakierska, Lindstrom and Gillberg, 1988). As such, school refusal behavior is often an initial gateway to more severe problems.

A critical evaluation of issues related to school absenteeism is important because the behavior represents a pressing social and clinical problem. Absenteeism is closely related to juvenile delinquency (Rutter and Giller, 1984) and nonattendance school places children at risk for several difficulties in adulthood. These include occupational (Hibbett, Fogelman, & Manor, 1990) and marital problems (Hibbett & Fogelman 1990), poor psychological functioning (Berg, 1970), anxiety and depression (Berg, Marks, McGuire, and Lipsedge, 1974; Tyrer and Tyrer, 1974), alcohol abuse and criminal behavior (Robins and Ratcliffe, 1980) and other difficulties requiring additional psychiatric assistance (Berg and Jackson, 1985; Flakierska et al., 1988).

Statement of the Problem:

To assess the psycho social profile of school refusal behavior based on a functional, theory, driven model of assessment and the factors associated with school refusal behaviour.

<u>Objectives of the Study:</u>

1 To assess psychosocial profile of children with school refusal.

2 To analyze socio -demographic variables with respect to school refusal factors.

3 To analyze clinical variables with respect to school refusal factors.

4 To analyze psychological variables with respect to school refusal factors.

5 To identify the most important variables contributing to school refusal factors.

Hypotheses:

1 Children with school refusal have associated psycho social problems.

2 Socio- demographic variables influence school refusal factors.

3 Clinical variables influence school refusal factors.

4 Psychological variables influence school refusal factors.

Operational Definitions:

❖ **School refusal behavior**

School refusal behavior refers to those youngsters (includes children and adolescents), who are,

1. Completely absent from school.
2. Attend school but leave during the course of his school day.
3. Go to school after significant behavioral problems in the morning.
4. Display unusual distress about attending school that leads to future non -attendance (Kearney and Silverman, 1996).

❖ **School refusal factors**

a. ANA – To avoid something at school that causes the child to feel general dread or negative affectivity (anxiety/depression). This refers to youngsters who often cannot say why they are upset about school but report an overall sense of malaise. These children are often trying to stay away from school because stimuli there cause them to feel upset and experience psychologically based symptoms such as nausea or trembling.

b. ESE - To escape aversive social and/or evaluative situations at school. This includes youngsters who experience difficulties making or keeping friends and thus feel isolated and also those who find evaluative situations unpleasant. Common situations that are avoided include tests, oral presentations, writing in front of others, recitals, athletic events, and peer interactions.

c. AGB - To get attention from significant others. This refers to youngsters who act out to stay home from school and to spend time with parents or others. In most cases, these children will act out in the morning. Some children, however, become disruptive at school so they will be sent home or call their parents several times a day from school.

d. PTR - To pursue positive tangible reinforcement outside school. This refers to youngsters, usually adolescents, who skip school because it is more fun to be out of school. In many cases, these youngsters leave school with friends to attend parties, shop, gamble, sleep, watch television, play sports, or travel.

❖ **Socio- Demographic variables**

Age, sex, mother tongue, religion, type of family, birth order, number of children, father's age, education, occupation, mother's age, education, occupation and parental monthly income.

❖ **Clinical variables**

1. Course of school refusal: Acute versus chronic, Precipitating factors (scholastic, somatic, behavioral, multiple), frequency (intermittent, frequent, continuous).

2. Developmental History: Full term vs. pre term, delivery complications, birth weight, developmental milestones.

3. Temperamental History: Stubborn, temper tantrums, aggression, attention deficit, shy, sensitive, moody.

4. Educational History: Class, syllabus, change of school, academic performance, examination anxiety.

5. Family Functioning: Indulgent, inconsistent, overprotective parenting, sibling rivalry.

6. Life Events: Death of friends or family members, financial problems, family history of psychiatric illness, alcohol abuse in the father.

❖ Psychological Variables

1. Depression:

A cut off score of 18 is used to distinguish between a clinically depressed and non-depressed individual on Children's Depression Inventory.

2. Anxiety:

State anxiety refers to subjectively consciously perceived feelings of apprehension, tension, and worry that vary in intensity and fluctuate overtime.

Trait anxiety refers to relatively stable individual differences in anxiety proneness. Elevations on state anxiety are expected in children who are exposed to stressful situations. Children who score high on trait anxiety are expected to experience state anxiety much more frequently on State Trait Anxiety Inventory for Children (STAIC).

3. Behavioral Problems:

It includes overall behavioral problems, externalizing symptoms, internalizing symptoms, learning and miscellaneous problems as assessed on Revised Child Behavior Checklist .

4. Learning Disability

A child who functions at two grades below his age appropriate grade can be considered to have specific learning disability. This could be either in reading, writing, spelling, arithmetic as assessed on NIMHANS Index of Specific Learning Difficulty.

Reading Errors: Reads word by word, ignores punctuation, adds words, omits words, cannot use phonetic cues, spells out words, guesses at words, and makes reversals.

Spelling errors: Spelling errors include substitution, reversal, omission and commission.

Writing: Common errors among the learning disabled children – slowness, incorrect directionality of letters, too much or too little slant, spacing difficulty, messiness, and inability to stay on a horizontal line, illegible letters, too much or too little pencil pressure or mirror writing.

Arithmetic: Students with learning disabilities often have difficulty mastering arithmetic skills and concepts. Arithmetic problems are common at all age levels. During the pre-school and primary years they have difficulty in sorting objects by size, matching objects, understanding the language of arithmetic or grasping the

concept of rational counting or one to one relationship. During elementary school level, they have trouble with computational skills. In the middle and upper grades they have problems with fractions, decimals, and measurements. Also many secondary students face problems in place values and basic facts like addition, subtraction, multiplication and division.

Theoretical Frame Work:

KEARNEY & SILVERMAN TAXONOMY FOR SCHOOL REFUSAL BEHAVIOR

School refusal behavior may be generally defined as child-motivated refusal to attend school or difficulties remaining in classes for an entire day. Specifically, school refusal behavior refers to youth aged 5 to 17 years who (a) are completely absent from school, and/or (b) initially attend then leave school during school days, and/or (c) go to school following behavior problems like tantrums in the morning, and/or (d) display unusual distress during school days that leads to regular pleas for future nonattendance (Kearney & Silverman, 1996).

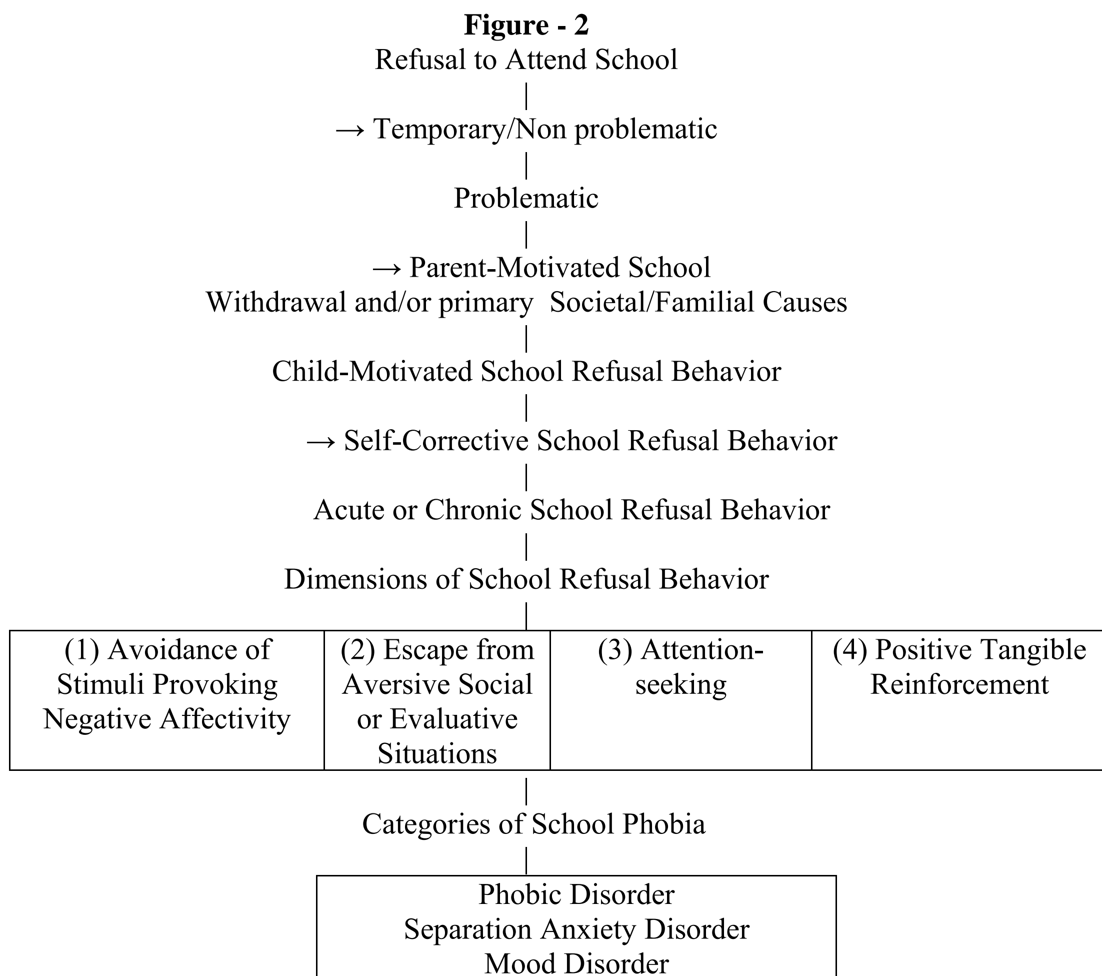
Despite the importance of school refusal behavior in child psychopathology there is little consensus about classifying, assessing

and treating this behavior. Several taxonomic models have been proposed, including psychodynamic, behavioral, family, diagnostic, and empirical approaches (Kearney & Silverman, 1996). Although useful for a subset of youth who refuse school (e.g., those with fear and/or anxiety), the entire population is not generally covered by these taxonomies. This is partly due to the substantial behavioral heterogeneity shown by those who refuse school. In any particular case, for example, a variety of internalizing and externalizing behaviors are typically present (King et al., 1995). Thus, singular classification assessment, and treatment approaches for this population remain untenable.

Kearney and Silverman (1990, 1996) therefore proposed a compound functional analytic model of school refusal behavior (see Figure 2). A major theme of functional analysis is that behavior problems should be evaluated not only on the basis of unstable response topography, but also along similar, stable functions (Vollmer & Smith, 1996). Kearney and Silverman’s functional model of school refusal behavior, which emphasizes a circumscribed number of functions over the larger number of forms of the behavior, specifies four major reasons why children miss school: avoidance of stimuli that

provoke a general sense of negative affectivity, escape from aversive social and evaluative situations, attention-seeking, and/or positive tangible reinforcement. The first two conditions refer to school refusal behavior maintained by negative reinforcement; the latter two conditions refer to school refusal behavior maintained by positive reinforcement. Mixed functional profiles, where school refusal behavior is maintained by two or more of these reasons, are proposed as well.

Figure - 2



Treatment

For youngsters who primarily refuse school to avoid negative affectivity-provoking stimuli, a combination of relaxation training, breathing retraining, and gradual reintegration in to the school setting may be helpful in reducing psychological aversion and extinguishing general feelings of dread (Eisen & Kearney, 1995). For youngsters who primarily refuse school to escape aversive social/evaluative situations, a combination of modeling, role play, and cognitive restructuring may be helpful to increase social and coping skills and reduce cognitive distortions that often interfere with adequate performance at school (Cartledge & Milburn, 1995).

For families of youngsters who primarily refuse school for attention, parent training in contingency management procedures may be helpful (Forehand & McMahon, 1981). This would assist in specifying parental commands, verbal and physical attention for appropriate school attendance, and downplaying excessive reassurance-seeking, somatic complaints, or other undesirable school refusal behaviors. For conflictive families of youngsters who primarily refuse school for positive tangible reinforcement, familial contingency

contracting may be helpful (Sanders & Dadds, 1993). This approach helps increase appropriate problem-solving abilities among family members and serves as a vehicle for negotiating increased incentives for school attendance and penalties for nonattendance. In cases where a child refuses school for multiple reasons, a combination of prescriptive treatments is warranted (Kearney and Albano, 2004; Kearney & Sims, in press).

CHAPTER IV

MATERIALS AND METHODS

Cross sectional ex -post facto research design was utilized for the current study. A purposive sample of 160 children was screened for school refusal behaviour at the Institute of Child Health and Hospital for Children and Stanley Medical College and Hospital from June to March 2005 – 2007. Children who fulfilled the criteria for 'school refusal' as the primary problem were assessed over 2 sessions lasting for 60 minutes each. Following parental consent children were interviewed first and separately from their parents; for children who were yet to read, questionnaires were read out aloud to these children.

Setting:

This study was conducted in two centers. One was the Child Guidance Clinic at the Institute of Child Health and Hospital for Children Egmore, Chennai. It is a Government Hospital catering specifically to medical and psycho- social problems in children. Approximately 900 – 1000 patients visit the out patient department at Child Guidance Clinic in a month. About 12, 000 – 13,000 visit the Child Guidance Clinic over period of one year. On an average 4 – 6 children with school refusal attend the out patient department of Child

Guidance Clinic in a month. The staffs who are involved in treatment programme are psychiatrists, nurses, and clinical psychologists, administrative and supportive staffs. Child Guidance Clinic offers treatment to children who are 12 years and below only. Hence the study was also conducted at the Psychiatry Department of Stanley Medical College and Hospital to obtain the adolescent sample of 13 to 15 years. Out of 20 – 30 children who attend the Psychiatry out patient Department at Stanley Medical College and Hospital approximately 2 – 4 children present with school refusal in a month.

Criteria for Sample Selection

INCLUSION CRITERIA:

1. School going children of either Sex
2. Children with a full scale IQ of 80 and above on BKT.
3. Children who are accompanied by a parent and available for interview/assessment.
4. Children between the ages of 5 – 15 yrs.
5. Children who were refusing to attend school with English as medium of instruction, for a minimum period of seven days.

EXCULSION CRITERIA:

1. Children with pervasive developmental disorders, schizophrenia, epilepsy, and mental retardation.

2. Children who were not attending school for more than two years.

3. Children who were truant.

Through out the process of data collection certain ethical issues were taken care of:

- ❖ Informed consent from parents to participate in the study.

- ❖ Confidentiality would be ensured.

- ❖ Discussing the nature of the child's difficulties with the parents and school personnel.

- ❖ Psycho- social and psychopharmacological interventions when indicated.

Description of the Instruments:

Interview schedule to assess Socio demographic variables

An interview schedule was developed to assess the various socio demographic variables such as age, sex, education, religion, type of family, birth order, parent's income, age, education and occupation. The clinical variables included course of school refusal, developmental, temperamental and educational history, health status, family functioning and life events.

The following standardized instruments were utilized to assess the psychological variables. All these instruments, except assessment of Intellectual ability and Learning disability, were translated into Tamil language. Translation and back translation were done and evaluated by experts for content validity.

School Refusal Assessment Scale (SRAS- Kearney and Silverman, 1995)

The objective of the School Refusal Assessment Scale is to help clinicians and educators identify the primary reason or function for a particular child's school refusal behavior. Specifically, youngsters refuse school for one or more of the following reasons or functions:-

- To avoid something at school that causes the child to feel general dread or negative affectivity (anxiety/depression). (ANA)
- To escape aversive social and/or evaluative situations at school. (ESE)
- To get attention from significant others. (AGB)
- To pursue positive tangible reinforcement outside school. (PTR)

The first two functional conditions refer to youngsters who are refusing school for negative reinforcement (i.e., to get away from something negative at school). The latter two functional conditions refer to youngsters who are refusing school for positive reinforcement (i.e., to pursue something positive outside of school). Youngsters tend to be referred for treatment more of if they refuse school for positive reinforcement. Also about one – quarter of youngsters refuse school for two or more reasons or functions. For example, it is not uncommon to see a child initially refuse school to escape aversive social situations but then discover the amenities of staying home. Such children subsequently refuse school for such positive reinforcement as well.

The School Refusal Assessment Scale is a 24 - item measure that assess the degree to which four functions impact upon a child's school refusal behavior. Separate child (School Refusal Assessment Scale-C) and parent (School Refusal Assessment Scale -P) versions have been developed. Each item is rated on a 7-point Likert - type scale ranging from never (0) to always (6).

- Items 1, 5, 9, 13, 17 and 21 comprise the first functional condition (avoidance of stimuli that provoke negative affectivity).
- Items 2, 6, 10, 14, 18 and 22, comprise the second functional condition (escape from aversive social/evaluative situations).
- Items 3, 7, 11, 15, 19 and 23 comprise the third functional condition (attention getting behavior).
- Items 4, 8, 12, 16, 20 and 24 comprise the fourth functional condition (positive tangible reinforcement).

Administration and Scoring Procedures:

When administering the school Refusal Assessment Scale, the child and parents are asked to complete the School Refusal Assessment

Scale -C and School Refusal Assessment Scale-P, respectively. This is done separately and takes about 5 minutes. For young children or those just learning to read, the School Refusal Assessment Scale items are presented verbally and allow them to answer on their own. Ideally, School Refusal Assessment Scale ratings should be obtained from the child, mother, and father, if all are available. However in the present study either of the parents who were available was interviewed.

Following the completion of each questionnaire, item means are derived for each function. On the School Refusal Assessment Scale -C and each School Refusal Assessment Scale -P scores are added for:

- Items 1, 5, 9, 13, 17 and 21 (first function);
- Items 2, 6, 10, 14, 18 and 22 (second function);
- Items 3, 7, 11, 15, 19 and 23 (third function);
- Items 4, 8, 12, 16, 20 and 24 (fourth function).

These four total scores are then each divided by 6. This is done separately for ratings from the child and parents. After this is done, mean item scores are averaged across all off the School Refusal Assessment Scale versions administered.

The highest-scoring function is considered to be the primary reason a particular child is refusing school. Scores within 0.25 points of one another are considered equivalent. The School Refusal Assessment Scale represents a new strategy for classifying, assessing, and assigning treatment for youngsters with school refusal behavior. Rather than trying to find one "magic bullet" treatment for all youngsters who refuse school, therapeutic strategies are assigned individually and prescriptively to enhance effectiveness. With respect to School Refusal Assessment Scale-C (revised) test-retest reliability, all item scores were correlated significantly over a 7-to 14-day period (mean= .71; range = .58-.92). With respect to School Refusal Assessment Scale-P (revised) test-retest reliability, all but two item scores were correlated significantly over a 7- to 14- day period (excluding two items: mean = .70; range = .51-.90). With respect to School Refusal Assessment Scale (revised) inter-rater reliability, 16 questions were correlated significantly (mean = .63; range = .35-.79).For purpose of concurrent validity, School Refusal Assessment Scale (revised) functional condition scores were correlated with School Refusal Assessment Scale functional condition scores from the original scale. For example, School Refusal Assessment Scale (revised) scores from functional condition 1 correlated significantly with School

Refusal Assessment Scale (original) scores from functional condition 1 (.61). Similarly calculated correlations for functional conditions 2 (.71), 3 (.77), and 4 (.61) were also reported. All correlations are significant at $p < .01$. These data provide preliminary support for the psychometric strength of the revised version of the SRAS (School Refusal Assessment Scale).

The School Refusal Assessment Scale is a versatile measure that can be used for many different types of clients with problematic absenteeism. The primary benefit of the School Refusal Assessment Scale is that it provides clinicians and educators with a straightforward and useful clinical picture of a child's school refusal behavior. The School Refusal Assessment Scale gives a thumbnail sketch of the primary maintaining factors that influence a particular case. The School Refusal Assessment Scale is thus a sound vehicle for classifying, assessing, and assigning treatment for youngsters with primary school refusal behavior.

Children's Depression Inventory (Maria Kovacs, 1985):

Children's Depression Inventory developed by Kovacs (1985) is a 27 item self-report inventory. It is a symptom-oriented scale for children aged 8-15 years. Scores on each item range from 0 to 2; 0

indicating absence of a symptom and 2 indicating severity of a symptom. It is a downward extension of the Beck's Depression inventory. It questions on how the child has been for the past two weeks. The child has to select from a group of three statements, which is most applicable to him.

For example:

أ I am sad once in a while

أ I am sad many times

أ I am sad all the time

It has high internal consistency of .94 for normal population and .80 for psychiatric population. Test-retest coefficients range from .38 to .84 in various studies. A cut off score of 18 is used to distinguish between a clinically depressed and non-depressed individual.

State-Trait Anxiety Inventory For Children: (Spielberger et.al,1973)

The State Trait Anxiety Inventory for Children was developed initially as a research tool to study anxiety in elementary school children by (Spielberger, Edwards, Lushene, Montuori and Platzek;

1973). This scale is developed to measure anxiety for children between 9-12 years. It may also be used with younger children, 8 years and below if their comprehension is adequate. It is also applicable for use with 13 -year old children. The test has separate self report scales of 20- items each that measure two distinct anxiety concepts i.e. state Anxiety (A - state) and Trait Anxiety (A - Trait). While the A - state items consist of statements that ask how the subjects feel at a "particular moment in time", the A – Trait consists of statements with a requirement to respond by indicating how they generally feel. Elevations on the A - state scales are expected in children exposed to stressful situations. Children, who score high on A - Trait, are expected to experience A - State elevations more frequently and with greater anxiety.

The test is suitable for individual or group situations; however, it is used as an individual test in this study. The described procedure in the manual was altered to suit the special needs of the study sample. The instructions of the scales were read out aloud for the child and so also were all the items. The answers were recorded on a separate sheet by the examiner her self.

The items are scored 1, 2 or 3 depending on the amount indicated by the choice. All 20 items on the State Trait Anxiety Inventory for Children - A - state are phrased as "I feel …" followed by 3 choices for e.g., Very calm, calm or not calm which are respectively scored as 1, 2 and 3. The scores on each item are added to obtain a total score indicative of the level of state - anxiety.

On State Trait Anxiety Inventory for Children - A- Trait scale, the child is required to respond to each item by indicating the frequency of occurrence of a particular behavior. For e.g. item 6 on the scale states "I worry too much". The options for each item provided are: hardly ever, sometimes or often, and are scored as 1, 2 and 3 respectively.

The State Trait Anxiety Inventory for Children shows a test – retest reliability of .65 and .71 of A - Trait scale for boys and girls respectively. While it has a reliability of .31 and .47 respectively, on A - state scale for males and females, its internal consistency and reliability scores for A - state scale was .82 for males and .87 for females. For the A - Trait scale, the alpha co - efficents were .78 for males and .81 for females.

Concurrent validity of the State Trait Anxiety Inventory for Children - A – Trait scale was obtained by correlating it with the Children's Manifest Anxiety scale and the General Anxiety Scale for children. Correlations of .75 and .63 were obtained, respectively. Construct validity was also calculated for the A - state scale and was found to be fairly high. For the present study, the scores were considered to fall in the average range if they were between 45% and 55% of the possible range of scores, which is 20-60.

<u>The Revised Child Behavior Checklist for parents CBCL (Shenoy, 1996):</u>

Shenoy (1996) modified the Child Behavior Checklist for parents (Achenbach and Edelbrock, 1983) as she found the author recommended cut offs to be unsatisfactory. Item analysis of the original checklist was done and items that were reported less than 10% of the time were deleted. The principal component method of factor analysis was used to obtain cut off scores for the short scale. There are a total of 48 items; 10 externalizing items, 12 internalizing items, 4 learning items and 22 miscellaneous items. The items are scored on a 3 point scale of 0, 1, and 2 where 0 indicates absence of a problem, 1indicates that the problem is sometimes or somewhat true and 2

indicates that it is often or almost always true of the child. Cut off scores are as follows:

Cut off scores for various scales of Revised Child Behavior Check List.

Scale	Cut - off score
Externalizing	7+
Internalizing	6+
Learning	3+
Miscellaneous	11+
Total (overall behavioral problems)	24+

Sample items include “impulsive”, “fears animals”, “disobedient at home” and “nightmares”. Reliability: The test –retest reliability correlations reported by the authors, for outpatient’s scores over a 6 month period were in the 0.60s for behavior problem. Validity: Construct validity was computed and a correlation of 0.91 with Connor’s Questionnaire and 0.92 with Quay Peterson Revised Problem Checklist was found.

Reliability Coefficients were established for the following instruments:

Instruments	Cronbach Alpha co efficient
SRAS (Parent)	0.88
SRAS (Child)	0.89
CDI	0.75
STAIC (State)	0.83
STAIC (Trait)	0.75
CBCL	0.75

NIMHANS Index of Specific Learning Disability (Kapur, John, Rozario and Oommen, 1992):

Initially the battery (Level - II) consisted of the Bender Gestalt Test, the Minnesota Perceptual - Diagnostic Test, tests of reading, spelling, writing, and arithmetic. The 1992 revision by Kapur et al. consisted, in addition, of attention, memory and visual - motor skills (Development Test of Visual - motor integration). This battery is used with children over 5 years of age. In this study, the study group children were assessed on the language and arithmetic tests only. Reading ability of a child is assessed by checking the child's ability to read aloud, as well as comprehend what was read. The child is exposed to class appropriate passages which are to be read aloud depending on which class the child is currently studying in. Five questions from the

passage read are asked at the end of reading to check the comprehension. Errors made are noted down in terms of frequency of errors the child makes such as reading word by word, ignorance of punctuation, guessing of words, difficulty in using phonetic cues etc as well as the no. of wrong answers given for the questions asked. Reading is considered adequate for that class where the child makes no errors or very minimal errors for the passage read and is also able to answer at least 3 of the 5 questions asked. If the reading is significantly erroneous for a given passage then the child is made to read the passage of the lower class. For e.g.: If a child studying in the 7th std reads word by word, shows difficulty in using phonetic cues more than 5 times and guesses at words with occasional omission or reversals of words the he/she is made to read the 6th std passage. The reading test is continued till the child is able to read adequately for a particular class. Thus if the above child is reading adequately at the 3rd STD level his reading ability is taken to be at the 3rd std. Spelling ability is assessed by checking for spelling mistakes in the words given by dictation from the 15 words and 5 words lists. Spelling is considered adequate for a particular class if 9 from the 15 word list and 3 from the 5 word list are correct. For those with more spelling errors, the test as in reading is

continued to lower classes till the child is able to perform adequately for a certain class.

The writing tasks of copying, dictation and spontaneous writing (making single sentences involving target and writing a short essay) are given to the child with appropriate instructions and recorded in the record form. Errors are noted down in term of adequacy of formation of alphabets and words, spacing errors, ignorance of punctuation, jumbling, reversals or transposition of alphabets, omissions, or additions, adequacy in the generation of ideas, organization of the same as well as grammatical errors. For arithmetic, class appropriate tasks are given for the child to write and work out. Arithmetic ability is considered as adequate for that class where the child is able to answer 75% of the problems presented for that particular class.

Scoring: As learning disability is operationally defined as an ability-achievement discrepancy of 2 years, when the test result showed two years difference between the child's current level of performance and the class in which he/she is currently studying, it is considered as a learning difficulty.

Binet Kamath Test of General Mental ability – (Kamath, 1973)

This test of intelligence is an Indian adaptation of the Stanford Binet Scale of Intelligence for Children. The test is meant for 3 years to 22 year olds .It has verbal and performance items. Basal age is wherein the child passes all the items in that age. Terminal age is wherein the child fails all the items in that age and mental age is the total number of items passed by the child. Children with an IQ of 80 and above were included in the study sample. The test has a reliability coefficient of 0.72 and validity of 63.

Data Collection procedure

The period of data collection extended from March 2005 to 2007. The research proposal was approved by the investigators advisory committee prior to the pilot and major study .The study was carried out in two institutes –Institute for Children and Hospital for Children and Stanley Medical College and hospital. Approval from these two institutions was obtained to conduct the research. The study subjects who met the inclusion criteria and were willing to participate in the study were included. A sample of 160 children was selected for the study. The purpose of the study was explained to the parents and oral consent was obtained from them. Assurance was given that the

anonymity of each individual would be maintained. Each subject was assessed separately in Tamil or English by the researcher.

Data analysis:

Data was analyzed using SPSS Statistical Packages for Social Sciences version 11. Descriptive (frequencies, percentages, means and standard deviations) and inferential statistics were used to analyze the data. The inferential statistics included' Chi-square, t - test, ANOVA and multiple regression analysis. Chi-square was used to estimate mean rank of school refusal factors. t - Test and ANOVA (Analysis of Variance) were used to determine the difference in the mean scores of socio demographic, clinical and psychological variables with respect to school refusal factors. Multiple regression analysis was carried out to find out the effects of socio demographic, clinical and psychological variables on school refusal factors.

Pilot Study

The Pilot study was conducted on 10 children presenting with school refusal, attending the Institute of Child health and Hospital for children, Egmore. Based on the pilot study, the tools were refined, and reliability of the instruments was established.

CHAPTER V

RESULTS AND ANALYSIS

A sample of 160 children presenting with school refusal were assessed with regard to socio-demographic, clinical and psychological variables. The findings are presented as follows:

1. Distribution of socio -demographic variables.
2. Distribution of clinical and psychological variables.
3. Analysis of socio -demographic, clinical and psychological variables with respect to school refusal factors.
4. Multiple regression analyses with school refusal factors as dependent variables and socio -demographic, clinical and psychological variables as independent variables.

Table – 1

Distribution of Socio- demographic Variables of Children with School Refusal

Socio demographic variables	Frequency	Percentage
Age Group		
5 – 8	38	23.75
9 -12	83	51.88
13 – 15	39	24.38
Sex		
Male	98	61.25
Female	62	38.75
Mother Tongue		
Tamil	116	72.50
Telugu	18	11.25
Hindi	9	5.63
Malayalam	15	9.38
Others	2	1.25
Religion		
Hindu	110	68.75
Christian	31	19.38
Muslim	19	11.88

Type Of. Family		
Nuclear Joint	57 103	35.63 64.38
Parent's (Father/Mother)		
Dead Alive Divorced	4 148 8	2.50 92.50 5.00
Birth Order		
1 2 3	90 47 23	56.25 29.38 14.3
Father's Age		
30-40 41-50 51 & Above NA	66 85 5 4	42.31 54.49 3.21 -
Mother's Age		
20-30 31-40 41-50	6 97 57	3.75 60.63 35.63
Father's Education		
Illiterate Primary High School	8 8 21	5.13 5.13 13.46

Higher secondary	42	26.92
Graduate	77	49.36
NA	4	-
Mother's Education		
Illiterate	8	5.00
Primary	19	11.88
High School	27	16.88
Higher secondary	55	34.38
Graduate	51	31.88
Father's Occupation		
Unskilled	60	16.67
Skilled	26	38.46
Professional	70	44.87
NA	4	-
Mother's Occupation		
House wife	116	72.50
Unskilled	6	3.75
Skilled	18	11.25
Professional	20	12.50
Parent's Monthly Income		
< 6000	29	18.13
6000-10000	48	30.00
>10000	83	51.88

Description of the sample

Table 1 Distribution of Socio- Demographic Variables

Nearly half the sample was aged 9–12 years with predominantly boys (62%). Majority were Tamil speaking from Hindu, joint families and about 50% of the children were first born. 50 – 60% of the mothers and fathers were in the 30 – 40 and 41 – 50 age group respectively. 4 fathers had expired and 8 were single parent families. 50% of the fathers and 30% of the mothers were graduates/post graduates. 70% of the mothers were housewives, 13% were professionals including doctors, engineers, lawyers, accountants and clerical staff. 40% of the fathers were professionals e.g., doctors, engineers, lawyers, accountants and clerical staff. Unskilled laborers included daily wages laborers; skilled laborers included electricians, mechanics and plumbers. Socio-economic status ranged from lower to middle income group.

Table – 2

Distribution of Clinical Variables of Children with School Refusal

Course of school refusal		
Precipitating Factors		
Scholastic	8	5.00
Somatic	32	20.00
Behavioral	13	8.13
Multiple	107	63.13
Laboratory Investigation		
Yes	66	41.25
No	94	59.75
Treatment(medication)		
Yes	23	14.38
No	137	85.63
Frequency of school refusal		
Intermittent	69	43.13
Frequent	67	41.88
Continuous	24	15.00
Developmental History		
Development at birth		
Full term	149	93.13
Pre term	11	6.88

Delivery Complications		
Yes No	49 111	30.63 69.38
Antenatal Complications		
Yes No	36 124	22.50 77.50
Neonatal Complications		
Yes No	33 127	20.63 79.38
Birth Weight		
Normal Low	91 69	56.88 43.13
Birth Defect		
Yes No	27 133	16.88 83.13
Feeding Problem		
Yes No	71 89	44.38 55.63
Sleeping Problem		
Yes No	86 74	53.75 46.25

Physical Illness		
Yes	33	20.63
No	127	79.38
Motor Milestones		
Normal	141	88.13
Delayed	19	11.88
Speech		
Normal	113	70.63
Delayed	47	29.38
Bladder function		
Normal	116	72.50
Delayed	44	27.50
Temperamental History		
Stubborn		
Yes	97	60.63
No	63	39.38
Adjustment Problems		
Yes	91	56.88
No	63	43.13
Temper Tantrums		
Yes	72	45.00
No	88	55.00

Aggressive		
Yes	24	15.00
No	136	85.00
Attention Problems		
Yes	102	63.75
No	58	36.25
Shy		
Yes	59	36.88
No	101	63.13
Extremely Sensitive		
Yes	96	60.00
No	64	40.00
Able to take no for Answer		
Yes	58	36.25
No	102	63.75
Social, Friendly		
Yes	119	74.38
No	41	25.63
Moody		
Yes	98	61.25
No	62	38.75

Educational History		
Class		
1-3 4-7 8-10	42 80 38	26.25 50.00 23.75
Syllabus		
State Matriculation CBSE	37 102 21	23.13 63.75 13.13
Change of School		
Yes No	74 86	46.25 53.75
Scholastic Performance		
Good Average Below Average	23 101 36	14.38 63.13 22.50
Teacher's Complaints		
Yes No	42 118	26.25 73.75
Total No. of days missed/year		
7-14 15-30 31-60	41 97 22	25.63 60.63 13.75

Examination anxiety		
Yes	71	44.38
No	89	55.63
Health		
Health Status		
Good	21	13.13
Average	104	65.00
Below Average	35	21.88
Menstruation		
Yes	28	50.00
No	34	50.00
Not Applicable	98	
Menstrual Problems		
Yes	18	32.14
No	38	67.86
Not Applicable	98	
Family Functioning		
Indulgent		
Yes	77	48.13
No	83	51.88
Inconsistent		
Yes	73	45.63
No	87	54.38

Over Protective		
Yes No	78 82	48.75 51.25
Sibling Rivalry		
Yes No	80 80	50.00 50.00
Life Events		
Recent death of family members		
Yes No	26 134	16.25 83.75
Death of friends		
Yes No	9 151	5.63 94.38
Financial Problems		
Yes No	36 124	22.50 77.50
Health problems of family members		
Yes No	52 108	32.50 67.50
Family history of psychiatric problems		
Yes No	83 77	51.88 48.13
Alcohol abuse		
Yes No	33 127	20.63 79.38

Table – 2

Distribution of Clinical Variables of children with school refusal

Course of School Refusal

Precipitating factors or presenting complaints at the time of inclusion were classified as following; 8 (5%) had scholastic problems 32 (20%) had somatic complaints, 13 (8%) had behavioral problems and 107 (66%) had a combination of these problems; 66 (41%) children underwent laboratory investigations, 23 (14%) were on medication for anxiety or depression, 69 (43%) were intermittently not attending school, 67 (41%) were frequent school refusers and 24 (15%) did not attend school continuously.

Developmental History

11 (6%) children were born preterm, 69 (43%) had low birth weight – below 2.5 kg, 49 mothers (30%) had delivery complications e.g. forceps delivery; Antenatal and neonatal complications were present in 36 (22%) and 33 (20%) mothers respectively; 27 (16%) had birth defects 71 (44%) had feeding problems, 86 (53%) had sleep problems and 33 (20%) had physical illness. Motor milestones were

delayed in 19 (11%), speech delay in 47 (29%) and bladder function was delayed in 44 (27%) children.

Temperamental History

97 (60%) were stubborn, 63 (43%) could not adjust to new situations, 72 (45%) had temper tantrums, 24 (15%) were aggressive, 102 (63%) had attention problems, 59 (36%) were shy, 96 (60%) were extremely sensitive, 102 (63%) were unable to take no for an answer, 119 (74%) were described to be friendly and 98 (61%) moody by the parents.

Educational History

80 (50%) children belonged to 4 – 7th STD. Majority of the children 102 (63%) came from Matric, rest 37 (23%) from State Board and 28 (13%) from CBSE. 74 (46%) had a recent change of school. Scholastic performance was based on the average marks obtained in all subjects at the time of inclusion. The children whose average marks were 70% to 90% was considered to be good (14%), 101 (63%) children were average performers with 50 – 70% aggregate. The children with below average performance (36) constituted 22% scored 30 – 50%; 42 children (26%) had complaints from teachers at school

regarding scholastic and behavioral problems. 71 (44%) had reported increased anxiety levels prior to examination.

Health status:

Health status, as indicated by parents showed that majority, 104 (65%) had average health. Among girls 18 (32%) had menstrual problems.

Family functioning

As reported by parents, 77 (48%) tended to be indulgent, 73 (45%) were inconsistent in disciplining the children and 78 (48%) were overprotective in handling these children; 80 (50%) children had sibling rivalry.

Life events

26 (16%) had lost a family member, 7 (5%) had lost a friend due to illness, 36 (22%) had significant financial problems at home, 52 (32%) had health problems in family members, 83 (51%) had family history of psychiatric illness and 33 (20%) had fathers who abused alcohol.

Table 3

Distribution of Psychological variables in children with school refusal

Depression(CDI-Children's Depression Inventory)		
No Depression	40	25.00
Depression	120	75.00
State Anxiety (STAIC-State Trait Anxiety Inventory for Children)		
Low anxiety	83	51.88
High anxiety	77	48.13
Trait Anxiety (STAIC- State Trait Anxiety Inventory for Children)		
Low anxiety	85	53.13
High anxiety	75	46.88
Intellectual Functioning (Binet Kamath Test of Intelligence)		
Border Line (80-89)	19	11.88
Average (90 – 110)	141	88.13
Learning Difficulty (NIMHANS Index of Specific Learning Difficulty)		
Reading	21	13.13
Writing	52	32.50
Spelling	36	22.50
Arithmetic	51	33.13

Behavioral Problems (CBCL-Revised Child Behavior Checklist)		
Externalizing Problems		
Absent	80	50.00
Present	80	50.00
Internalizing Problems		
Absent	70	43.75
Present	90	56.25
Learning problems		
Absent	73	45.63
Present	87	54.38
Miscellaneous problems		
Absent	94	58.75
Present	66	41.25
CBCL Total		
Absent	55	34.38
Present	105	65.63

Distribution of psychological variables in children with school refusal (Table – 3)

Depression - Children who scored above the cutoff of 18 on Children's Depression Inventory were included in the depressed group. 120 (75%) children with school refusal belonged to the depressed group.

Anxiety - High state anxiety was seen in 77 (48%) children, 75 (46%) children had high trait anxiety as seen on STAIC.

Learning difficulty

On BKT (Binet Kamath Test of Intelligence) 141 (88%) were of average intellectual functioning. On NIMHANS Index of specific learning difficulty 21 (13%) had reading difficulty, 51 (32%) had writing difficulty, 36 (22%) had spelling difficulty and 51 (33%) had arithmetic difficulty.

Behavioral problems

On CBCL 80 (50%) had externalizing problems 90 (56%) had internalizing problems, 87 (54%) had learning problems, 66 (41%) had miscellaneous problems and 105 (65%) had overall significant behavioral problems.

Table 4

School Refusal Factors

Friedman Test for Significant Difference between School Refusal Factors :

School refusal Factors	Mean Rank	Chi square	P Value
ANA (Avoidance of Negative affectivity)	2.83	38.154	.000**
ESE (Escape from social evaluative situations)	1.98		
AGB (Attention seeking Behavior)	2.54		
PTR (Pursuit of Positive Tangible reinforcement)	2.65		

School Refusal Factors (Table 4):

Kearney and colleagues developed a functional model that stipulates that youth generally refuse school for the following reasons 1) to avoid school related stimuli that provoke a sense of general negative affectivity (ANA), 2) to escape from aversive social or evaluative situations at school (ESE), 3) to pursue attention from

significant others (AGB), 4) to pursue tangible reinforcement out side the school setting (PTR). There was a significant difference between the school refusal factors. The Avoidance of stimuli that provoke a general sense of negative affectivity (2.83) was most used followed by Positive tangible reinforcement (2.65), Attention seeking behavior (2.54) and Escape from aversive social and evaluative situations (1.98).

Hypothesis 1 ‘Children with school refusal have associated psycho social problems ‘ is partially accepted.

Table 5

School Refusal Factors and Socio- Demographic variables in children with School Refusal

t test for significant difference between male and female with respect to school refusal factors

Socio Demographic Variables

	Sex					
	Male (n=98)		**Female** (n=62)			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.93	0.96	4.07	1.05	7.10	0.000**
ESE	2.48	0.69	3.18	1.16	4.77	0.000**
AGB	3.32	1.20	3.09	0.85	1.30	0.196
PTR	3.62	1.32	2.71	1.10	4.56	0.000**

* Significant at .05 level, ** Significant at .01 level

ANOVA for significant difference between age groups with respect to school refusal factors

	Age Group							
	5-8 (n=38)		9 -12 (n=83)		13 -15 (n=39)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.12	1.17	3.34	1.07	3.66	1.22	2.247	0.109
ESE	2.56	0.89	2.75	0 .95	2.95	1.03	1.598	0.205
AGB	3.39	1.11	3.11	1.02	3.33	1.16	1.100	0.335
PTR	3.53	1.38	3.16	1.24	3.24	1.39	1.096	0.336

t test for significant difference between type of family with respect to school refusal factors						
Type of family						
	Nuclear (n=57)		**Joint** (n=103)			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.32	1.04	3.40	1.19	0.41	0.680
ESE	2.73	0.97	2.76	0.95	0.23	0.817
AGB	3.35	1.08	3.16	1.07	1.08	0.284
PTR	3.30	1.37	3.25	1.28	0.22	0.823

ANOVA for significant difference between different birth order with respect to school refusal factors								
Birth Order								
	1 (n =90)		**2** (n=47)		**3** (n=23)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.48	1.14	3.04	0.98	3.61	1.35	2.940	0.055
ESE	2.87	0 .95	2.59	0.92	2.60	1.02	1.727	0.181
AGB	3.29	1.04	3.43	1.06	2.57	1.06	5.477	0.005*
PTR	3.35	1.29	3.49	1.42	2.50	0.88	4.961	0.008*

ANOVA for significant difference between parent's monthly income with respect to school refusal factors								
Parent's Monthly Income								
	<6000 (n=29)		**6000 – 10000** (n=48)		**>10000** (n=83)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	2.89	0.96	3.28	1.08	3.59	1.18	4.481	0.012*
ESE	2.14	0.67	2.58	0.77	3.06	1.02	12.442	0.000**
AGB	2.62	0.93	3.08	1.00	3.53	1.08	8.936	0.000**
PTR	2.52	1.00	3.04	1.23	3.66	1.32	10.262	0.000**
ANOVA for significant difference between father's age with respect to school refusal factors								
Father's Age								
	30-40 (n=66)		**41-50** (n=85)		**>50** (n=5)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.35	1.09	3.38	1.15	4.12	1.55	1.075	0.343
ESE	2.62	0.84	2.83	1.06	3.22	0.75	1.507	0.224
AGB	3.14	1.01	3.29	1.15	2.92	0.72	0.565	0.569
PTR	3.12	1.28	3.31	1.33	3.58	1.24	0.553	0.575

ANOVA for significant difference between mother's age with respect to school refusal factors

Mother's Age								
	20-30 (n=6)		**31-40 (n=97)**		**41-50 (n=57)**			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	2.48	1.19	3.31	1.04	3.56	1.26	2.795	0.064
ESE	1.67	0.52	2.77	0.88	2.83	1.06	4.238	0.016 *
AGB	2.97	1.15	3.32	1.06	3.10	1.10	0.941	0.039*
PTR	3.08	1.44	3.34	1.28	3.16	1.37	0.371	0.690

ANOVA for significant difference between father's education with respect to school refusal factors

Father's Education												
	Illiterate 1 (n=8)		**Primary** 2(n=8)		**High school** 3(n=21)		**Higher Secondary** (n=42)		**Graduate/ Post Graduate** (n=57)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	2.15	0.80	2.59	1.04	3.44	0.97	3.53	1.09	3.51	1.16	4.075	0.003**
ESE	1.75	0.65	2.13	0.78	2.31	0.78	3.06	0.90	2.88	0.98	6.167	0.000**
AGB	2.01	0.88	2.76	1.10	3.07	0.92	3.20	1.08	3.44	1.06	4.019	0.004**
PTR	2.06	0.78	2.75	0.86	2.89	1.32	3.37	1.21	3.44	1.35	2.997	0.020*

ANOVA for significant difference between mother's education with respect to school refusal factors												
Mother's Education												
	Illiterate (n=8)		**Primary** (n=19)		**High School** (n=27)		**Higher Secondary** (n=55)		**Graduates/ Post graduates** (n=51)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	2.61	1.01	3.25	1.07	3.18	1.05	3.52	1.09	3.47	1.25	1.468	0.214
ESE	1.96	1.07	2.59	1.00	2.44	0.69	2.89	0.86	2.94	1.06	3.157	0.015*
AGB	2.46	0.90	3.15	0.96	2.80	0.91	3.38	1.07	3.45	1.15	3.023	0.019*
PTR	2.55	1.16	2.79	1.10	3.01	1.26	3.57	1.29	3.36	1.38	2.357	0.054*

ANOVA for significant difference between father's occupation with respect to school refusal factors								
Father's Occupation								
	Unskilled (n=26)		**Skilled(n=60)**		**Professionals (n=70)**			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P Value
ANA	2.48	0.65	3.55	1.12	3.59	1.14	11.471	0.000**
ESE	2.06	0.73	2.75	0.94	3.02	0.95	10.487	0.000**
AGB	2.40	0.97	3.19	0.90	3.54	1.11	12.036	0.000**
PTR	2.67	1.11	3.12	1.20	3.55	1.38	4.927	0.008**

ANOVA for significant difference between mother's occupation with respect to school refusal factors										
Mother's occupation										
	Housewife 1 (n=116)		**Unskilled** 2 (n=6)		**Skilled** 3(n=18)		**Professionals** 4 (n=20)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.33	1.10	3.02	1.26	3.46	1.10	3.64	1.39	0.600	0.583
ESE	2.63	0.92	3.18	0.76	2.68	0.89	3.41	1.02	4.498	0.004 **
AGB	3.18	1.08	3.63	1.06	3.25	1.09	3.40	1.11	0.539	0.655
PTR	3.25	1.32	3.57	1.09	3.07	1.36	3.43	1.36	0.339	0.796

School refusal factors and socio- demographic variables (Table – 5)

Based on Kearney's theoretical framework, analysis of school refusal factors and socio demographic variables yielded the following results.

- Gender differences indicated that school refusal was negatively reinforced in girls (ANA -Avoidance of stimuli that provoke a general sense of negative affectivity). However in boys it was positively reinforced behavior especially on Positive tangible reinforcement dimension (PTR).

- Second born children tended to exhibit school refusal behavior which was positively reinforced on both Attention seeking behavior (AGB) and Positive tangible reinforcement (PTR).

- Socio economic status indicated that the high income group scored significantly higher on all four school refusal dimensions.

- Children of older mothers and those who were professionals scored significantly higher on Escape from aversive and evaluative situations dimension (ESE) indicating fear of social evaluation.

- Children with more educated fathers and those who were professionals exhibited significant scores on all four school refusal dimensions.

- Children with more educated mothers reflected significant scores on Escape from aversive social and evaluative situations (ESE), Attention seeking behavior (AGB) and Positive tangible reinforcement (PTR) dimensions.

- Age of the child, type of family (joint/nuclear) and father's age did not seem to influence school refusal dimensions.

Hypothesis 2' Socio- demographic variables influence school refusal factors' is partially accepted.

School Refusal Factors and Clinical variables in children with school refusal (Tables 6 – 11)

Table 6

ANOVA for significant difference between frequency of school refusal with respect to school refusal factors

School Refusal Factors	Intermittent (n = 69)		Frequent (n = 67)		Continuous (n = 24)			
	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.36	1.16	3.37	1.16	3.41	1.08	0.018	0.981
ESE	2.68	0.99	2.89	0.88	2.57	1.05	1.329	0.267
AGB	3.24	1.12	3.26	1.06	3.12	1.05	0.148	0.862
PTR	3.23	1.43	3.35	1.22	3.14	1.23	0.287	0.750

Table – 7

ANOVA for significant difference between precipitating factors with respect to school refusal factors								
	Precipitating Factors							
	(Scholastic n = 8)		**(Somatic n = 32)**		**(Behavioral n = 13)**		**(Multiple n = 107)**	
School refusal factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD
ANA	3.05	1.08	3.12	1.04	3.42	1.38	3.46	1.13
ESE	2.61	0.90	2.43	0.90	2.22	0.62	2.94	0.97
AGB	2.50	0.84	2.77	0.83	2.93	0.97	3.47	1.11
PTR	2.65	0.91	2.50	1.04	2.94	1.17	3.60	1.31

Table – 7 a

School refusal factors	Source	D.F	Sum of Squares	Mean Squares	F Ratio	F Prob.
ANA	Between Groups Within Groups Total	3 156 159	3.7857 202.3943 206.1799	1.2619 1.2974	0.9726	0.4073
ESE	Between Groups Within Groups Total	3 156 159	11.6877 133.8723 145.5600	3.8959 0.8582	4.5399	0.0044**
AGB	Between Groups Within Groups Total	3 156 159	18.7855 166.2865 185.0719	6.2618 1.0659	5.8745	0.000**
PTR	Between Groups Within Groups Total	3 156 159	35.2070 238.2874 273.4944	11.7357 1.5275	7.6830	0.000**

Table – 8

ANOVA for significant difference between condition of health with respect to school refusal factors								
	Condition of health							
	Good (n = 21)		**Average** (n = 104)		**Poor** (n = 35)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.41	1.25	3.29	1.11	3.57	1.16	0.781	0.059
ESE	2.56	1.05	2.74	0.85	2.88	1.18	0.763	0.467
AGB	2.82	0.91	3.27	1.10	3.36	1.08	1.871	0.157
PTR	2.89	1.18	3.42	1.31	3.03	1.35	2.23	0.110

Table – 9

ANOVA for significant difference between scholastic performance with respect to school refusal factors								
	Scholastic Performance							
	Good (n = 23)		**Average** (n = 101)		**Below Average** (n = 36)			
School refusal factors	Mean	SD	Mean	SD	Mean	SD	F value	P value
ANA	3.69	1.14	3.36	1.15	3.19	1.08	1.36	0.25
ESE	2.97	1.22	2.79	0.96	2.50	0.71	1.94	0.14
AGB	3.74	1.09	3.15	1.05	3.11	1.08	3.09	0.06
PTR	3.37	1.54	3.17	1.29	3.46	1.22	0.71	0.49

Table – 10

t test for significant difference between exam anxiety with respect to school refusal factors						
	Exam Anxiety					
	Yes (n = 71)		**No** (n = 89)			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.69	1.09	3.12	1.12	3.23	0.001**
ESE	3.08	1.00	2.49	0.84	4.07	0.000***
AGB	3.31	1.01	3.16	1.13	0 .89	0.377
PTR	3.19	1.35	3.33	1.28	0 .66	0.510

Table – 11

t test for significant difference between family functioning with respect to school refusal factors												
	School refusal factors											
	ANA			**ESE**			**AGB**			**PTR**		
Family functioning												
Indulgent	Mean	SD	t value	Mean	SD	t value	Mean	SD	t value	Mean	SD	t value
Yes (n=77)	3.40	1.13	0.30 (0.765)	2.83	0.95	1.03 (0.303)	3.49	1.04	3.06 (0.003**)	3.60	1.34	3.22 (0.002**)
No (n=83)	3.34	1.15		2.67	0.96		2.98	1.06		2.95	1.21	
Inconsistent			0.23 (0.820)			1.20 (0.230)			2.17 (0.032*)			
Yes (n=73)	3.39	1.21		2.85	1.05		3.43	1.16		3.65	1.38	3.54 (0.001**)
No (n=87)	3.35	1.08		2.67	0.87		3.06	0.98		2.94	1.17	
Overprotective			0.21 (0.830)			1.08 (0.095)			1.85 (0.067)			
Yes (n=78)	3.39	1.10		2.88	1.02		3.39	1.16		3.27	1.40	0.02 (0.982)
No (n=82)	3.35	1.18		2.63	0.88		3.08	0.98		3.26	1.24	
Note: The vale with in brackets indicates p value												

School Refusal Factors and Clinical Variables (Tables 6 – 11)

Analysis of school refusal factors and clinical variables revealed the following findings;

- Frequency of school refusal did not seem to influence school refusal factors (Table – 6).
- A combination of multiple precipitating factors e.g. scholastic, somatic and behavioral related to significant scores on Escape from aversive social & evaluative situations, Attention seeking behavior and Positive tangible reinforcement dimensions (Table– 7).
- Health status of the child and scholastic performance did not seem to influence school refusal factors (Tables – 8 and 9).
- Children with examination anxiety exhibited negatively reinforced school refusal behavior (Table – 10).
- Children of parents who were indulgent and inconsistent in disciplining their children exhibited positively reinforced school refusal behavior on both Attention seeking behavior and Positive tangible reinforcement (Table – 11).

Hypothesis 3 ‘Clinical variables influence school refusal factors’ is partially accepted.

School Refusal Factors and Psychological Variables in children with school refusal (Tables 12– 23)

Table - 12

t test for significant difference between children with and without depression with respect to school refusal factors						
	No Depression		Depression			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.09	1.09	3.46	1.14	1.82	0.071
ESE	2.41	0.86	2.86	0.96	2.64	0.009**
AGB	2.98	1.14	3.31	1.05	1.68	0.095
PTR	3.16	1.36	3.30	1.30	0.61	0.544

Table – 13

t test for significant difference between children with high and low state anxiety with respect to school refusal factors						
	State Anxiety					
	Low		High			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.14	0.99	3.61	1.24	2.67	0.008**
ESE	2.83	0.87	2.66	1.04	1.10	0.273
AGB	3.59	1.06	2.84	0.97	4.67	0.000**
PTR	3.77	1.30	2.73	1.10	5.43	0.000**

Table – 14

t test for significant difference between children with high and low trait anxiety with respect to school refusal factors						
	Trait Anxiety					
	Low		High			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.79	0.94	4.02	0.99	8.10	0.000**
ESE	2.51	0.75	3.02	1.09	3.52	0.001**
AGB	3.23	1.25	3.23	0.86	0.04	0.965
PTR	3.66	1.29	2.82	1.20	4.22	0.000**

Table – 15

t test for significant difference between children with reading difficulty with respect to school refusal factors						
	Reading Difficulty					
	Yes		**No**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.78	0.89	3.46	1.15	2.59	0.011*
ESE	2.45	0.62	2.79	0.99	1.54	0.127
AGB	3.56	1.05	3.18	1.08	2.13	0.035*
PTR	3.83	1.33	3.18	1.29	3.09	0.002**

Table – 16

t test for significant difference between children with writing difficulty with respect to school refusal factors

	Writing Difficulty					
	Yes		No			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.98	1.00	3.56	1.16	3.09	0.002***
ESE	2.55	0.76	2.85	1.03	1.85	0.066
AGB	3.22	1.19	3.24	1.03	0.11	0.910
PTR	3.54	1.31	3.13	1.30	1.87	0.063

Table – 17

t test for significant difference between children with spelling difficulty with respect to school refusal factors

	Spelling Difficulty					
	Yes		No			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.87	0 .90	3.52	1.16	3.09	0.002***
ESE	2.39	0 .55	2.85	1.03	2.58	0.011**
AGB	3.19	1.13	3.24	1.07	0.26	0.799
PTR	3.59	1.27	3.17	1.31	1.71	0.089

Table – 18

t test for significant difference between children with arithmetic difficulty with respect to school refusal factors						
	Arithmetic Difficulty					
	Yes		**No**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.10	1.09	3.50	1.15	2.11	0.036*
ESE	2.65	0.81	2.80	1.02	0 .89	0.037
AGB	3.37	1.20	3.16	1.01	1.13	0.261
PTR	3.64	1.41	3.08	1.22	2.55	0.012*

Table – 19

t test for significant difference between children with overall behavioral problems with respect to school refusal factors						
	CBCL – Overall Behavioral Problems					
	Absent		**Present**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.42	1.17	3.34	1.13	0.38	0.707
ESE	2.53	0.84	2.86	1.00	2.12	0.036*
AGB	2.84	0.88	3.43	1.12	3.41	0.001**
PTR	2.89	1.09	3.46	1.38	2.66	0.001**

Table – 20

t test for significant difference between children with externalizing symptoms with respect to school refusal factors						
	Externalizing					
	Absent		**Present**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.91	1.00	2.83	1.01	6.79	0.000**
ESE	2.95	1.06	2.55	0.80	2.68	0.008**
AGB	2.91	0.81	3.55	1.22	3.96	0.000**
PTR	2.54	0.97	3.99	1.21	8.32	0.000**

Table – 21

t test for significant difference between children with internalizing symptoms with respect to school refusal factors						
	Internalizing					
	Absent		**Present**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	2.89	1.10	3.74	1.03	5.03	0.000**
ESE	2.55	0.80	2.91	1.04	2.42	0.017*
AGB	3.50	1.23	3.02	0.90	2.83	0.005**
PTR	4.00	1.18	2.70	1.12	7.15	0.000**

Table – 22

t test for significant difference between children with learning problems with respect to school refusal factors						
	Learning					
	Absent		**Present**			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.48	1.15	3.28	1.13	1.12	0.264
ESE	2.65	0.95	2.83	0.96	1.17	0.243
AGB	3.01	0.97	3.42	1.14	2.43	0.016*
PTR	2.92	1.17	3.56	1.36	3.18	0.002**

Table – 23

t test for significant difference between children with miscellaneous with respect to school refusal factors						
	Miscellaneous					
	Absent		Present			
School refusal factors	Mean	SD	Mean	SD	t value	P value
ANA	3.61	1.10	3.03	1.11	3.28	0.001**
ESE	2.81	0.97	2.66	0.94	1.02	0.307
AGB	2.86	0.87	3.76	1.13	5.70	0.000**
PTR	2.83	1.06	3.90	1.39	5.53	0.000**

School refusal factors and Psychological Variables (Table 12– 23)

With regard to analysis of school refusal factors and psychological variables, the key findings were as follows;

- Children with depression scored significantly higher on Escape from aversive social and evaluative situations dimension-ESE (Table – 12).

- Children with high state anxiety had significantly higher score on ANA dimension and lower score on AGB and PTR, indicating negatively reinforced school refusal behavior (Table – 13).

- High trait anxiety related to negatively reinforced school refusal behavior is more pronounced as seen by significantly higher scores on both ANA and ESE and lower scores on PTR (Table – 14).

- Children with learning difficulty (reading, writing, spelling and arithmetic) scored significantly lower on ANA indicating low levels of anxiety (Table 15 – 18).

- Children with learning difficulty (spelling, arithmetic) scored significantly lower on ESE.

- Children with learning difficulty (reading and arithmetic) scored significantly higher on AGB and PTR dimensions respectively.
- Overall, learning difficulty seems to be positively reinforced rather than negatively reinforced behavior.
- With regard to behavioral problems
- Externalizing symptoms were related to positively reinforced behavior (Table – 20).
- Internalizing symptoms were related to negatively reinforced behavior (Table – 21).
- Learning, miscellaneous and overall behavioral problems were related to positively reinforced school refusal behavior (Tables – 19, 22, 23).

Hypothesis 4 'Psychological variables influence school refusal factors' is partially accepted.

Multiple Regression Analyses

Table – 24

Multiple Regression with psychological variables as predictor variables and Avoidance of stimuli that provoke a general sense of negative affectivity-ANA as Dependent Variable

1. Dependent variable – ANA
2. Independent Variables – Depression, State and Trait anxiety, Behavioral problems and Learning difficulty
3. Method – Stepwise method
4. Step number – 4
5. Multiple R value = .678
6. R Square value = .460
7. F value = 33.07
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Depression	0.030	0.010	2.88	0.004**
Trait Anxiety	0.072	0.015	4.85	0.000**
Internalizing Symptoms	0.073	0.014	4.97	0.000**
Miscellaneous problems	0.027	0.011	2.39	0.017*
Constant	0.127	0.472	0.270	0.787

Table – 25

Multiple Regression with psychological variables as predictor variables and Escape from aversive social and evaluative situations -ESE as Dependent Variable

1. Dependent variable – ESE
2. Independent Variables – Depression, State and Trait anxiety, Behavioral problems and Learning difficulty
3. Method – Stepwise method
4. Step number – 3
5. Multiple R value = .570
6. R Square value = .326
7. F value = 25.15
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Depression	0.047	0.009	4.87	0.000**
Internalizing Symptoms	0.065	0.012	5.06	0.000**
Learning Problems	0.088	0.033	2.63	0.009**
Constant	0.930	0.237	3.92	0.000**

Table - 26

Multiple Regression with psychological variables as predictor variables and Attention seeking behavior AGB as Dependent Variable

1. Dependent variable – AGB
2. Independent Variables – Depression, State and Trait anxiety, Behavioral problems and Learning difficulty
3. Method – Stepwise method
4. Step number – 2
5. Multiple R value = .507
6. R Square value = .257
7. F value = 27.27
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Internalizing Symptoms	0.029	0.014	2.07	0.039*
Miscellaneous	0.085	0.012	6.77	0.000**
Constant	2.56	0.19	13.07	0.000**

Table - 27

Multiple Regression with psychological variable as predictor variable and Positive tangible reinforcement PTR as Dependent Variable

1. Dependent variable – PTR
2. Independent Variables – Depression, State and Trait anxiety, Behavioral problems and Learning difficulty
3. Method – Stepwise method
4. Step number – 4
5. Multiple R value = .693
6. R Square value = .481
7. F value = 36.00
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
State Anxiety	0.033	0.013	2.55	0.011*
Externalizing symptoms	0.096	0.024	4.00	0.000**
Internalizing Symptoms	0.060	0.018	3.22	0.001**
Miscellaneous	0.039	0.016	2.40	0.017*
Constant	3.68	0.501	7.34	0.000**

Multiple Regression analyses with school refusal factors as dependent variables and psychological variables as independent variables (Tables 24 – 27)

Multiple regression analyses of school refusal factors as dependent variables and psychological variables as independent variables indicated the following -

- 46% variance in ANA could be explained by depression, trait anxiety, and internalizing symptoms.
- 32% of variance in ESE could be explained by depression, internalizing symptoms and learning problems.
- 25% of variance in AGB could be explained by miscellaneous problems on CBCL.
- 48% of variance in PTR could be explained by externalizing symptoms and miscellaneous problems on CBCL.

Table - 28

Multiple Regression with demographic and clinical variables as predictor variables and Avoidance of stimuli that provoke a general sense of negative affectivity –ANA as Dependent Variable

1. Dependent variable – ANA
2. Independent Variables – Sex, Parental Income, Parental education, Parental occupation, Precipitating factors, Examination anxiety, Scholastic performance and Family functioning.
3. Method – Stepwise method
4. Step number – 2
5. Multiple R value = .568
6. R Square value = .323
7. F value = 36.59
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Sex	1.137	0.155	7.33	0.000**
Father's Occupation	0.388	0.103	3.76	0.000**
Constant	0.533	0.393	1.35	0.177

Table – 29

Multiple Regression with demographic and clinical variables as predictor variables and Escape from aversive social and evaluative situations as Dependent Variable

1. Dependent variable – ESE
2. Independent Variables – Sex, Parental Income, Parental education, Parental occupation, Precipitating factors, Examination anxiety, Scholastic performance and Family functioning.
3. Method – Stepwise method
4. Step number – 5
5. Multiple R value = .578
6. R Square value = .334
7. F value = 15.05
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Sex	0.604	0.135	4.45	0.000**
Parental Income	0.280	0.101	2.75	0.006**
Mother's Occupation	0.137	0.063	2.18	0.030*
Exam Anxiety	0.417	0.132	3.16	0.001**
Precipitating Factors	0.105	0.052	2.02	0.045*
Constant	1.26	0.39	3.19	0.001**

Table – 30

Multiple Regression with demographic and clinical variables as predictor variables and Attention seeking behavior as Dependent Variable

1. Dependent variable – AGB
2. Independent Variables – Sex, Parental Income, Parental education, Parental occupation, Precipitating factors, Examination anxiety, Scholastic performance and Family functioning.
3. Method – Stepwise method
4. Step number – 3
5. Multiple R value = .450
6. R Square value = .202
7. F value = 12.89
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Father's Occupation	0.395	0.112	3.49	0.000**
Indulgent Parents	0.343	0.162	2.12	0.035*
Precipitating Factors	0.161	0.057	2.79	0.005**
Constant	1.80	5.17	3.48	0.000**

Table – 31

Multiple Regression with demographic and clinical variables as predictor variables and Positive tangible reinforcement as Dependent Variable

1. Dependent variable – PTR

2. Independent Variables – Sex, Parental Income, Parental education, Parental occupation, Precipitating factors, Examination anxiety, Scholastic performance and Family functioning.

3. Method – Stepwise method
4. Step number – 4
5. Multiple R = .557
6. R Square = .310
7. F value = 16.98
8. P value = .000**

Variables entered in the stepwise regression

Variables	Unstandardized coefficient (B)	SE of B	t value	P value
Sex	0.918	0.182	5.04	0.000**
Parental Income	0.412	0.132	3.10	0.002*
Over Indulgent Parents	0.593	0.180	3.28	0.001**
Precipitating Factors	0.141	0.071	1.98	0.048*
Constant	3.88	0.543	7.14	0.000**

Multiple regression analyses with school refusal factors as dependent variables demographic/clinical variables as predictor variables (Tables – 28 - 31)

Certain demographic and clinical variables which emerged to be significant were chosen in the multiple regression analysis. The summary of the findings are presented below -

- The most significant predictors of Avoidance of stimuli that provoke a general sense of negative affectivity were sex of the child and father's occupation.
- Escape from aversive social and evaluative situations was mostly influenced by sex of the child, parental income, mother's occupation, examination anxiety and precipitating factors.
- Attention seeking behavior's most significant predictor variables were father's occupation, indulgent parents and presence of precipitating factors.
- Sex of the child, parental income, overindulgent parents and presence of precipitating factors were most powerful predictors of Positive tangible reinforcement.

CHAPTER VI

DISCUSSION

The current investigation was a cross sectional study of 160 children presenting with school refusal at Institute of Child Health and Hospital for Children, Egmore, Chennai. The relevance and significance of this study cannot be emphasized more. The globalization has lead to an increase in emotional/behavioral problems in children. Globe trotting fathers, multitasking mothers, information overload from booming television channels/expanding internet, changing social cultural milieu, coupled with mundane textbooks, uninspiring teaching methods, over emphasis on marks/grades are clear risk factors for these children. The present study is certainly a wake up call for educational authorities, policy makers, teachers and parents to make combined and sustained effort towards transforming the educational system into ecstasy and not agony. Revamping the educational system with child friendly text books, innovative teaching methods, defocusing from examinations, positive parenting strategies, placement of school counselors could be a step in this direction. There have been very few Indian studies on school refusal which emphasizes

the need for the current study. The study findings are discussed in this chapter.

The first objective of the study was to assess the psychosocial profile of children with school refusal.

Socio -demographic variables -An overview of the socio demographic variables of the sample indicated that there were predominantly boys from 9-12 year age group, first born, mostly from joint families, majority of the mothers being house wives, with school to college education in parents, from low to middle income groups. Most studies done in other countries suggest that school refusal tends to be equally common in boys and girls (Granell de Aldaz, Vivas, gelfard and Feldman, 1984; Kennedy, 1965).

The presence of more boys in this sample could be attributed to the impetus given to education of the male child rather than the girl child, indicative of culture as an influencing factor. This study finding is consistent with the study done by Prabhuswamy et al (2007) which reported more males, 8 – 16 years, from middle to high income group; however they were mostly last born from nuclear families with primary to secondary level education in parents.

School refusal can occur throughout the entire range of school years, but it appears there are major peaks at certain ages and certain transition points in the child's life especially while joining school or while changing from primary to secondary school level. Current findings coincide with Ollendick and Mayer's conclusion that it occurs between 10 -11 years of age. For most cases of school refusal the socio economic status of the family is considerably mixed (Baker & Wills, 1978; Last & Staruss, 1990) as seen in the present study.

Clinical variables

Course of school refusal

In the present study, course of school refusal indicated that it was intermittent in nature, most children presenting with a combination of scholastic, behavioral problems predominantly with somatic complaints who underwent laboratory investigations; 14% were on medication for anxiety and depression. Stickney and Milternberger's (1998) survey indicates that almost half presented with somatic complaints in the absence of medical condition, an important finding from the view point of early identification and treatment. Prabhuswamy's (2007) study also reported acute school refusal and the

presence of somatoform/stress related disorders in 1/3rd of the study sample.

Developmental History The following factors emerged as important- low birth weight, delivery complications, delayed speech and the presence of physical illness. Establishing well baby clinics for high risk infants, providing early environmental stimulation and behaviorally based programs for parents may be helpful in handling behavioral/emotional problems in these children. However longitudinal studies may be needed to establish cause-effect relationship.

Temperamental History suggests majority have a difficult temperament, described as being 'stubborn', 'inability to adapt',' attention problems', being 'sensitive' and 'shy' and 'moody'. Temperamental difficulty in children may be an early warning sign of vulnerability for school refusal and other emotional disorders. Prabhuswamy's (2007) study also indicates that nearly 69% of the sample exhibited a difficult temperament.

Educational History revealed that most children belonged to VI standard from matriculation schools, average scholastic performers with significant levels of examination anxiety. Prabhuswamy's (2007) study also indicated that 50% exhibited average scholastic performance

and significant levels of exam phobia. The shift from primary to secondary school i.e. VI standard , calls for preparatory sessions, emotional cushioning, better stress coping strategies and improving learning styles for vulnerable students in transition. Unimaginative text books of schools focus on rote memory and mindless mass production of marks in exams needs to be culled out and replaced by knowledge based, hands- on experiential learning to make learning more meaningful in today's context.

Although the overall ***health status*** of the children was average, few girls exhibited menstrual problems. In this context, the government's decision of providing booths with sanitary napkins in schools seems to be a welcome change in improving school attendance among girls.

With regard to ***family functioning*** there seems to be inconsistent, indulgent and overprotective parenting. In this study it was apparent that many children had a difficult temperament. Moreover either of the parents tended to give in to their children's demands easily or resorted to punitive measures. They also tended to be extremely worried and anxious with regard to their children's well being. Similarly parental overindulgence, overprotection and other

contextual psychosocial factors was found in 87% of the sample in Prabhuswamy's study (2007) which is high compared to western literature. Bernstein et al (1999) reported low cohesion, disengagement and low adaptability rigidity on FACES (Family Adaptability and Cohesion Evaluation Scale II). Adolescents in extreme families reported significantly higher scores on 2 or three depression instruments and somatic symptoms. Family therapy to improve cohesion and adaptability and treatments focused on improving depression and somatic symptoms may improve family functioning and decrease the severity and course of school refusal. Obondo et al (1990) found that family characteristics significantly associated with school refusal were neuroticism in parents, unstable family relationship occasioned by marital discord, parental expectations of high academic performance by the children/adolescents and to some extent poverty. Common management approaches used were family therapy, counseling and pharmacotherapy.

With regard to ***life events***, nearly 20% had significant financial problems and alcohol problems in the father and nearly 50 % had family history of psychiatric illness in a first degree relative. Similarly, family history of affective spectrum disorders was found to be the

highest in Prabhuswamy's study. Martin et al (1990), Atkinson et al (1989), Last and Staruss (1990) have reported high rates of anxiety disorders, school refusal and school related fears in families of children with school refusal.

Psychological variables

School refusal factors

Among the four school refusal factors, avoidance of stimuli that provoke a general sense of negative affectivity (ANA) was found to be the highest rank followed by pursuit of positive tangible reinforcement (PTR), attention getting behavior (AGB) and escape from social/evaluative situations (ESE). Majority of these children exhibited school refusal due to ANA probably because they belonged to a younger age group and also had co-morbid anxiety and depression as seen on CDI and STAIC. Kearney (2002) found a combination of negative reinforcement functions (avoidance of negative affectivity and escape from social situations) in the factor analysis. The two groups are often different with youth in the negative affectivity group typically younger than the social evaluation group (Kearney, 2001). The School Refusal Assessment Scale is meant to be a part of comprehensive assessment approach to identify primary function of school refusal

behavior. Following the compilation of multiple sources of data, a clinician may make a reasonable determination of function (Kearney, 2001; Kearney and Albano 2000). Kearney (1997, 2001) found that youth diagnosed with separation anxiety disorder are more representative of the attention seeking group. Positive tangible reinforcement appears to be a distinct function and youth belonging to this condition tend to be older and display more chronic forms of school refusal behavior (Kearney, 2001).

Depression and anxiety

Nearly 75% of the children scored significantly on Children's Depression Inventory (CDI) and half the sample (48%) had high state and trait anxiety as seen on State Trait Anxiety Inventory for Children (STAIC). Prabhuswamy's study also reported similar findings wherein 50% had a diagnosis of major depressive disorder and 48% of the children had anxiety disorder. The prevalence of depression and anxiety in children with school refusal has been illuminated in other studies as well.

Several diagnostic studies have examined the co morbidity of anxiety and depression in clinic samples of school-refusing children. It is quite possible that in the current study, children with school refusal also exhibit depressive symptoms, multiple somatic symptoms, and have fear of social evaluation. Children with high state and trait anxiety also have high levels of examination anxiety, social anxiety and internalizing symptoms increasing their vulnerability for school refusal. Bernstein et al (1991) compared four groups of school refusers: an anxiety disorder-only group (separation anxiety disorder and/or overanxious disorder, n = 27), a depressive disorder-only group (major depressive disorder or dysthymia, n = 27) an anxiety and depressive disorder group (co-morbid for anxiety and depression, n = 24), and a no-anxiety disorder or depressive disorder group (an absence of anxiety and depressive disorders, n = 18). The last group comprised mainly children with disruptive behavior disorders. Results showed that the group with co-morbid anxiety and depression scored the highest on rating scales of anxiety and depression, with the no-anxiety or depression group scoring the lowest. In general, the anxiety-only and depression-only groups scored similarly with scores that were intermediate between the other two groups. The findings suggest that

the co morbidity of anxiety and depressive disorders is associated with more severe symptoms.

Borchardt et al, (1994) compared age- and gender- matched groups of inpatient (n = 28) and out patient school refusers (n = 28). While the inpatient and outpatient groups did not differ significantly on prevalence of anxiety disorders (75% and 85 % respectively), they differed significantly on rate of major depression (86% and 46% respectively), inpatients were also more likely to have severe symptoms.

In an investigation of anxious/depressed adolescent school refusers (n = 44), Bernstein et al, (1997) reported that these teenagers frequently report moderate or severe somatic complaints. The most common somatic complaints were of the autonomic and gastrointestinal type. Although this study did not involve comparison groups, findings are consistent with the picture of substantial symptoms in anxious/depressed school-refusing youth.

Learning difficulty

In the present study nearly 10 to 20 % had reading and spelling difficulty, 30 to 40 % had writing and arithmetic difficulty as assessed

on NIMHANS Index of Specific Learning Difficulty. It is probable that children with learning difficulty have difficulty in coping with academics, hence exhibit poor scholastic performance and resultant school refusal. Studies related to learning difficulty indicate that Naylor et al (1994) found that 70% of children with school refusal have learning disabilities and 44% have language impairments compared with matched controls. Hence they concluded that academic and communication frustration in adolescents reduces ability to meet academic and social demands in the school environment may play a role in the etiology of school refusal. McShane et al (2001) mentioned that learning disability was found in 5% of the children with school refusal. Specific learning disability was found in 15% of the subjects in Prabhuswamy's study (2007).

Behavioral Problems

65% of the children in the study exhibited significant overall behavioral problems and 50 to 60 % presented with externalizing, internalizing and learning problems as seen on Revised Child Behavior Check list (CBCL). The presence of behavioral problems especially externalizing and internalizing symptoms in children with school refusal have been high lighted in other studies. Other studies reported

internalizing symptoms such as general and social anxiety (Last and Staruss, 1990), fears of school related stimuli (Ollendick, 1983) depression and suicidal ideation (Bernstein and Garfinkel, 1986) and somatic complaints (Last, 1990). Externalizing symptoms such as non compliance, tantrums, verbal/physical aggression, running away from home or school (Cooper, 1986, Kearney; 1995) are also typical in children with school refusal. However externalizing disorders were found in only 15% of the subjects in Prabhuswamy's study indicating the absence of significant antisocial behavior and conduct disorder.

The second objective of the study was to analyze socio demographic variables with respect to School Refusal factors

School refusal factors and socio demographic variables*-** Supportive evidence for ***gender differences among children with school refusal have been found in earlier studies. In the current study, girls tend to exhibit negatively reinforced school refusal behavior and boys tend to exhibit positively reinforced school refusal behavior. In a study by Kuramoto (1995) items relating to neurosis showed little difference between sexes; however antisocial scores were higher in boys similar in tendency to junior high school students. Bools et al (1990) found that in children with school refusal generalized neurotic

disorders were found mostly in girls and 'truancy' and conduct disorder were found mainly in boys. Last et al (1987) found more children with separation anxiety disorder were female, pre pubertal and from families with low socioeconomic backgrounds.

Although the current study indicates that ***second born*** children exhibited positively reinforced school refusal behaviour, birth order has not been implicated in other studies. In a study by Kuramoto (1995), those in the school nonattendance group did not significantly differ from school attendance group in demographic characteristics such as number of children and birth order.

In the present study higher socioeconomic status, higher parental education and working mothers increases the vulnerability for school refusal in children. Possibly these parents exhibited greater levels of anxiety, spent less quality time with children coupled with greater expectations regarding their education and faulty parenting strategies may be contributory factors. Treatment strategies may include parent training in contingency management, emphasizing verbal/physical attention for appropriate school attendance, down playing excessive reassurance-seeking, increasing problem solving ability among family

members, increased incentives for school attendance and penalties for nonattendance (Kearney & Albano 2004).

The studies quoted below indicate the relationship between ***parental education/occupation/socioeconomic status*** and school refusal which reiterates the current study findings. Kuramoto (1995) found significant differences between school attendance group and nonattendance group in terms of mother's education and father's occupation. The clinic based studies on school refusal found children were from materially good homes where the emotional climate was more likely to be intense than lacking (Kahn et al, 1996). Parents tended to be rather ineffectual and over anxious, although there is a veneer of authority which the family colluded to protect (Eisenberg, 1958) and there were no obvious differences to the normal parental patterns of managing domestic affairs, leisure and work (Berg, Butler & Fairbairn, 1981).

The third objective of the study was to analyze clinical variables with respect to school refusal factors.

School Refusal Factors and Clinical Variables:

Combination of ***precipitating factors*** especially somatic complaints showed elevated scores on escape from social/evaluative situations (ESE), attention getting behavior (AGB) and pursuit of positive tangible reinforcement (PTR) factors in the present study. Bernstein et al (1997) reported that teenagers frequently reported moderate or severe somatic complaints. The most common somatic complaints were of the autonomic and gastrointestinal type. There was significant correlation between percentage of days absent from school and severity of somatic symptoms. Knowledge that somatic complaints are commonly an expression of underlying anxiety and depression may facilitate referral for treatment and help avoid unnecessary medical work ups ,repeated investigation and squealae from school refusal.

In the present study children who had ***examination anxiety*** exhibited negatively reinforced school refusal behavior. They tend to avoid negative reinforcers at school including tests, exams, oral recitals, games and 'punitive' teachers. Providing helpline exclusively for children facing exam related stressors, study skills training, deep

breathing and other relaxation exercises may help in alleviating emotional burden in these children.

In the current study children whose parents were indulgent and inconsistent in their discipline engaged in positively reinforced school refusal behavior. A combination of parental anxiety, faulty parenting strategies and temperamental difficulty seems to be contributing to school refusal. Research evidence for pathological ***family functioning*** has been elicited in other studies as well. Kearney and Silverman (1995) identified family subtypes -enmeshed family, conflictive family, isolated family, detached family, healthy family, on family environment scale. Healthy family profiles were found only in 39% of the sample as defined by scores of 60 or more on the FES cohesion or experiences subscales with either score than the conflict score. (Silverman, 1995) The suggestion of a causal link with separation anxiety arises because of the common presence of marked over protection of the child, especially by mother, for instance by offering assistance with dressing (Berg & McGuire, 1971) which limits the youngsters strivings for independence (Weiner, 1970). The mother also tends to have a strongly ambivalent and insecure relationship with her child (Davidson, 1961) who shows itself within the mother as a pattern

of avoiding distress and having poor consistency in discipline and control (Kahn & Nursten, 1962).

Frequency of school refusal did not seem to influence the school refusal factors in the present study. Probably the arbitrary demarcation of frequency of school refusal as frequent, intermittent, continuous and lack of corroboration of school attendance needs to be replaced by more objective and reliable measures of school attendance. Frequency and type of school refusal did not significantly affect the out come of school refusal in Prabhuswamy's study (2007). However Okuyama et al (1999) found that duration from absence to the first evaluation, patients character, and 'non presence of volition for school attendance' and 'frequency of school attendance' influenced the prolongation of school refusal.

The fourth objective of the study was to analyze psychological variables with respect to school refusal factors.

School Refusal factors and Psychological Variables:

The present study indicated that children with significant depressive symptoms on Children's Depression Inventory scored higher on escape from social/evaluative situations (ESE) dimension.

It's possible that children who have poor social skills, unable to make friends easily and reduced peer group interaction also have co morbid depressive symptoms. The strong relationship between ***depression*** and negatively reinforced school refusal behaviour has been established in Kearney & Silverman's study (1993). Children with negatively reinforced School Refusal behavior especially fear of social evaluation reported more depression, low self esteem and greater social anxiety than children with positively reinforced school refusal behavior.

This study highlights the presence of negatively reinforced school refusal behavior in children with high ***state and trait anxiety*** as seen on STAIC. Children with high levels of anxiety probably also have examination anxiety and internalizing symptoms, exhibiting negatively reinforced school refusal behavior. The relationship between state and trait anxiety and negatively reinforced school refusal behavior has been well established by previous research. Correlations of child self report and parent/teacher checklist indicated that symptoms of anxiety, depression, low self esteem and internalizing behavior problems, were associated with negatively reinforced School Refusal behavior (Kearney, 1993). Kearney and Albano (2004) indicated that anxiety related diagnoses were more associated with

negatively reinforced School Refusal behavior; separation anxiety disorder was associated more with attention seeking behavior, oppositional defiant disorder and conduct disorder were associated more with pursuit of tangible reinforcement outside of school.

The connection between ***learning difficulty*** and school refusal clearly indicates positively reinforced behavior in the present study. Children with learning difficulty probably have difficulty in coping with the school curriculum and prefer to stay outside school pursuing positive tangible reinforcement or engage in attention getting behavior. A study by McShane et al (2001) indicated that academic difficulties and a diagnosis of social phobia were predictive of poorer outcomes (three years after treatment). Prior (1998) found that children with academic difficulties were not able to do work easily and had related behavior problems at the prospect of social embarrassment. The findings of the current study calls for urgent measures from the government, school authorities, educational institutions, NGO's and parents for early identification, assessment, remediation and inclusion of children with learning difficulty so that they can be well integrated into mainstream education.

This study's finding that ***externalizing*** symptoms are related to positively reinforced behavior and ***internalizing*** symptoms are related to negatively reinforced behaviour seems to be strongly supported by earlier research. Other studies report similar findings. Children with negatively reinforced School Refusal behavior were diagnosed with internalizing disorders such as major depression and overanxious disorder in 60% of cases .Parents who rated their children with negatively reinforced SR behavior indicated that the children also met criteria for internalizing disorders in 58% of cases and these diagnoses accounted for 77% of the total given (Kearney, 1993). Externalizing behavior problems rated by parents on CBCL were significantly associated with positively reinforced SR behavior. Also parents who had rated their children with positively reinforced SR behavior indicated that the children also met criteria for Attention Deficit Disorder, Oppositional or Conduct disorder in 72.7% of case and these diagnoses accounted for 46.2% of the total given (Kearney et al, 1993).

The fifth objective of the study was to identify the most significant variables contributing to school refusal factors.

A combination of socio demographic, clinical and psychological variables contributed to school refusal factors.

Negatively reinforced school refusal behavior (ANA and ESE)

Multiple regression analyses revealed that girls predominantly with parents who were professionals, from higher income groups, exhibiting examination anxiety with contributory multiple precipitating factors combined with significant levels of depression, trait anxiety and internalizing symptoms were most likely to exhibit negatively reinforced school refusal behavior. How ever Prabhuswamy's study did not find the influence of sex of the subject or somatic symptoms probably since it was an outcome study. Consistent with these study findings, presence of specific learning difficulty, duration and type of school refusal and scholastic performance did not influence school refusal in his study.

These findings reiterate the much needed emphasis on the education of the 'girl child' and revision of the current system of evaluating children's progress solely through examination system but

identifying each child's potential and strengths in extracurricular activities to enhance school attendance; it also clearly addresses the urgent need for provision of school mental health programs for early identification, assessment, referral and treatment if necessary of children with mental health concerns and concurrently providing supportive measures to parents of these children in alleviating the family's burden through multidisciplinary team of school counselors, psychiatrists, social workers, clinical psychologists and nurses.

Positively reinforced school refusal behavior (AGB and PTR)

Boys from high income groups with fathers who were professionals, over indulgent parents, multiple precipitating factors presenting with significant externalizing symptoms and miscellaneous problems seem to be more vulnerable for positively reinforced school refusal behavior. The study high lights the need for parent education program especially on behavioral techniques to deal with the behavioral problems in vulnerable children and early identification and treatment of precipitating factors especially somatic complaints. School refusal causes significant distress to the child and family. The study highlights the need for early recognition and appropriate

intervention of children with school refusal as it has implications on the child's psychological and social functioning.

The study supported the conceptual framework based on Kearney's model of school refusal behavior. By identifying the various dimensions of school refusal behavior, treatment progress may be designed. Kearney et al (2006) provide the following suggestions for school based health professionals.

Youth anxious in the morning about school or separation from parents

Youth with school refusal behavior who are anxious about school or separation from parents will often resist about school or separation from parents in the morning before classes begin. Such behavior is often manifested by temper's tantrums, crying, refusal to move, running away from the school building, and withdrawn behavior. Here, a school health professional may be called upon to address a high – intensity situation. If the situation is new, a key rule of thumb is to allow a child to remain where he or she is without permitting regression. If a child has successfully entered the school library, it would be preferable for him or her to retreat to the lobby. In addition, having parents leave the school setting during this process is

often helpful. Keeping a child where he or she is, does not reward "successful" avoidance or escape behavior and serves as an exposure-based practice so that anxiety declines during the course of the day.

Youth who are anxious about school or parental separation are likely to seek excessive amounts of reassurance from school-based health professionals and other officials as well. In these cases, a good rule of thumb is to answer a child's question once and then ignore subsequent repetitions.

Youth who are highly anxious about school may also be on medication for their condition. In these cases, school – based health professionals are encouraged to identify the type and dosage level of the medication, consult with the child's physician and parents, about the likely efficacy and side effects of the medication. If a child is attempting to be sent home, then keeping the child in school is generally the best option. Sending a child home will reinforce avoidant behavior and increase the likelihood of misbehavior in the future. Instead, school-based health professionals are encouraged to ease physical symptoms of anxiety, intermittently encourage return to class, reward successful attempts to resume classroom attendance, and

consult with parents and other school officials as necessary to develop a long term plan for such behavior.

As mentioned earlier, youth with school refusal behavior often display severe somatic complaints, especially headaches, stomachaches, and other problems that are not easily measured.

If a child has a true medical condition, such as peptic ulcer, then standard procedures, to accommodate such a child can be followed. If no obvious medical condition is evident, then designing a set schedule of classroom attendance that gradually increases in intensity each week maybe helpful. During this process, procedures to reduce physical symptoms of anxiety should be pursued. In addition, classroom attendance despite the presence of physical symptoms of anxiety should be actively rewarded in some way.

CHAPTER VII

SUMMARY AND CONCLUSIONS

This chapter is divided into five sections: Summary of the study, conclusions of the study, limitations of the study, recommendations for further research and implications of the study.

Summary of the Study

The purpose of the study was to assess psychosocial profile of the children with school refusal. A cross sectional descriptive design was used for the study. Conceptual frame work of the study was based on Kearney's functional model of school refusal behaviour. All instruments used for data collection were standardized. Convenient sampling techniques were used to select 160 children for the purpose of the study at the ICH and HC, Chennai.

Descriptive statistics (frequency percentage, mean and standard deviations) and inferential statistics (independent t test, multiple regression and Analysis of variance) were used to analyze the data.

The **conclusions** are given below:

- ❖ Socio demographic variables of the sample indicated that there were predominantly males, from joint families, from low to middle income groups.

- ❖ Clinical variables indicated that there were multiple precipitating factors, temperamental difficulty and pathological family functioning.

- ❖ Psychological variables indicated that there were significant levels of anxiety, depression, learning difficulty and behavioral problems.

- ❖ Analysis of socio demographic variables with respect to school refusal factors, indicated that sex of the child, parental education, occupation and socio economic status were significant variables influencing school refusal factors.

- ❖ Among clinical variables, presence of multiple precipitating factors, examination anxiety and pathological family functioning influenced the school refusal factors.

- ❖ With regard to psychological variables, children with depression and anxiety scored significantly higher on negatively reinforced

school refusal behavior dimension. Children with learning difficulty, externalizing symptoms and behavioral problems scored significantly higher on positively reinforced school refusal behavior dimension.

- Multiple regression analysis revealed that sex of the child, parental occupation, presence of examination anxiety, precipitating factors, pathological family functioning, significant levels of depression, anxiety and behavioral problems emerged to be the significant predictor variables with regard to school refusal factors.

- The study clearly establishes the heterogeneity of the sample and the need for identifying school refusal factors in the context of demographic, clinical and psychological variables. The study findings emphasize the urgent need to evolve multimodal treatment strategies based on the functional model of assessment through a multidisciplinary team. In addressing this population, it is imperative to provide.

Systemic solutions viz

- Change in government's educational policy to enhance the form, structure, content, syllabus and method of teaching and learning processes at schools.
- Integrating children with learning difficulty in mainstream education, providing resource rooms and intervention for children with learning difficulty.
- Providing school mental health programs, sensitizing teachers and parents on children's emotional/behavioral issues, training them to identify these problems and appointing school counselors as part of primary and secondary prevention programs at all schools.

Molecular Solutions viz

- Positive parenting programs and family counseling to help parents handle behavioral and emotional problems in children.
- Specialized child and adolescent clinics addressing mental health problems in children and adolescents especially vulnerable for school refusal.

- Developing treatment strategies to treat school refusal, relevant to the Indian setting specifically based on Kearney's functional model of assessment of school refusal.

Limitations of the Study

1. Sample size was restricted and could have been a much larger sample.

2. There was no control group for comparative research to evaluate the utility of School Refusal Assessment Scale.

3. The prescriptive treatment of children with varying profiles of school refusal behavior could not be carried out due to paucity of time.

4. The teacher version of School Refusal Assessment Scale and standardized instrument to assess family functioning, diagnostic assessment could not be utilized in this study.

5. School attendance could not be always corroborated through school report.

Recommendations for further research

1. The empirical testing of additional maintaining variables of school refusal behavior should be continued.

2. Controlled research is necessary to fully evaluate the utility of School Refusal Assessment Scale.

3. The teacher version of School Refusal Assessment Scale and assessment of family functioning may be used in future research.

4. Fine tuning items, examining more diverse sample of youth, evaluating the link between identified function and successful prescriptive treatment may be useful.

5. Developmental and clinical variables such as temperamental history, family history of psychiatric illness and life events in children with school refusal may be included in further research.

Implications of the study

From the study findings it is apparent that Kearney's model of school refusal behavior has implications in terms of devising specific treatment strategies for children with school refusal based on assessment. The following intervention programs maybe helpful based

on the school refusal factors, improving family functioning and providing school based intervention.

Behaviorally Based Therapy

Kearney and Silverman (1993) devised the School Refusal Assessment Scale to measure strength of functional conditions for a case of school refusal behavior. Kearney and Albano (2000) developed prescription treatment strategies for each function that are assigned and tailored individually to a particular client.

- For youth who refuse school to avoid stimuli that provoke negative affectivity, prescriptive child based treatment involves psycho education about anxiety and anxiety avoidance, hierarchy development, somatic control strategies (e.g.), relaxation, deep breathing and gradual re exposure to school settling.

- For youth who refuse school to escape aversive social and evaluation situations, prescriptive child based treatment includes psycho education, anxiety avoidance hierarchy development, modeling and role play, cognitive restructuring and gradual exposure to the school settling.

- ❖ For youth who refuse school for attention, prescriptive parent based treatment include contingency management, establishment of routines, modification of parents commands and in some cases forced school attendance.

- ❖ For youth who refuse school for tangible reinforcement outside of school, prescriptive family based treatment includes contingency, contracting, communication skills training, peer refusal skills training and in some cases, escorting the child to school and classes.

Family Therapy

The role of the family has been highlighted by many authors. It has been recognized that improvement in the family's function may be central to achieving any clinical progress and that such improvement may be an important factor in the anxiety of overall outcome (Valles and Oddy, 1984). Therapy should focus upon family issues and particularly the enmeshed over involved strikings of the youngster. It can proceed only when the sense of need and dependency within the parent has been understood and addressed. A therapeutic focus upon these themes often releases the young person from the emotional grip

of the parent, and so allows them to pursue their own developmental needs (Place et al, 1986).

School -based Intervention:

Schooling and educational process in general have changed in recent years. Reducing the number of children who are out of education, developing support systems, refuges or withdrawal units for vulnerable children within mainstream school settlings, catering to children with other needs have been emphasized upon. These changes in provision and expectation have altered the education landscape and with it the environment within school (Place et al, 1986).

- ❖ Health professionals have proposed various school-based programs to help reduce absenteeism due to illness.
- ❖ A common one involves school based asthma management: - contacting parents, educating family members and engaging in-home visits.
- ❖ Others have developed school based clinics:- access to a full time nurse, greater school nurse to student ratio and greater school nurse support.

- Other health based programs have been designed to reduce spread of communicable disease with in schools.

- General wellness programs may also help increase school attendance.

- Still other health based programs have been designed to address stressful circumstances and mental health needs (e.g.), support group for youth with problems attending school, programs to ease anxiety, depression, substance abuse, stressful life events. Other programs may include safety for homosexuality, teenage pregnancy, bullying and general psychological problems.

As Carroll (1997) pointed out 'absenteeism' is not just about the absentee but also has to do with the home, school and neighborhood in which the home and school are situated and in sociological terms, society as well. Addressing youths with school refusal behavior can be a delicate and frustrating experience for school based health professionals. Assessment and treatment process involves school health professionals and a multi disciplinary team that involves parents, guidance, counselors, school psychologists, principals and specialized teachers. In cases where a child's school refusal behaviour is excessive in severity or frequency or in cases of where there is

family dysfunction or depression, referral to a clinical psychologist who is familiar with the cognitive behavioral treatment of this population, is recommended. Consultations with school health professionals are common and often essential components of successful treatment and such professionals need to be active participants in addressing these youth (Kearney and Bensaheb, 2006).

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APPENDIX - A

PART - I

SOCIO DEMOGRAPIC DETAILS

(SOCIO DEMOGRAPHIC VARIABLES)

Date of Evaluation:

1.	Name	. .	
2.	Age	. .	
3.	Sex	. .	
4.	Date of Birth	. .	
5.	Address & Phone No	. .	
6.	Mother Tongue	. .	Tamil / Telugu / Hindi / Malayalam/ Others
7.	Religion	. .	Hindu / Christian / Muslim / Others
8.	Number of Children	. .	1 2 3 or More
9.	What is the position in the family? (Birth order)	. .	First Middle Last
10.	Type of family	. .	(a). Joint (b). Nuclear
11.	Are the parents	. .	(a). Alive (b). Married (c). Separated

12. Age of the parents . .

Mother	Father
(20 - 30)	(20 - 30)
(30 - 40)	(30 - 40)
(40 - 50)	(40 - 50)
(Above 50)	(Above 50)

13. Total Family Income . . (Rs. / month)

14. Education . .

Mother	Father
(a). Illiterate	(a). Illiterate
(b). Primary	(b). Primary
(c). Secondary	(c). Secondary
(d). Higher Secondary	(d). Higher Secondary
(e). College	(e). College

15. Occupation . .

Mother	Father
(a). House Wife	(a). Unskilled
(b). Unskilled	(b). Skilled
(c). Skilled	(c). Professional
(d). Professional	

(CLINICAL VARIABLES)

COURSE OF ILLNESS

16. Course . . Acute/chronic
17. Precipitating factors . .
    Somatic/Scholastic/Behavioral/Multiple
18. Frequency . .
    Intermittent/Frequent/Continuous
19. Laboratory Investigations done . . Yes / No
20. Is he/she on Medication? . . Yes / No

DEVELOPMENTAL HISTORY:

21.	Was the child born full term?	. .	Yes / No
22.	Were there any complications during delivery?	. .	Yes / No
23.	Any antenatal complications?	. .	Yes / No
24.	Neonatal Complications ?	. .	Yes / No
25.	Birth weight	. .	Low/Normal
26.	Does he have a birth defect?	. .	Yes / No
27.	Any feeding problems?	. .	Yes / No
28.	Was there recurrent sleeping problems ?	. .	Yes / No
29.	Any recurrent physical illness?	. .	Yes / No
30.	When did he start to walk?	. .	Normal / Delayed
31.	Did he/she start to speak in sentences at the usual time?	. .	Yes / No
32.	Was he/she delayed in controlling bladder / bowel functions?	. .	Yes / No

TEMPERAMENTAL HISTORY:-

33.	Was he very stubborn & demanding?	. .	Yes / No
34.	Can he/she adjust and adapt to a situation ?	. .	Yes / No
35.	Did he/she have excessive tantrums?	. .	Yes / No
36.	Was he/ she repeatedly destructive and aggressive ?	. .	Yes / No
37.	Was he/she able to pay attention to tasks?	. .	Yes/ No
38.	Was he/she unusually shy, anxious?	. .	Yes / No
39.	Was he/she extremely sensitive?	. .	Yes / No
40.	Can he/she easily accept ‘no’ as a response from others?	. .	Yes / No

41.	Was he/she social/friendly/ talking a lot?	..	Yes / No
42.	Was he/she very moody, whose feelings changed easily?	..	Yes / No

EDUCATIONAL HISTORY

43.	Which class is he/she studying?	..	
44.	Name of the school	..	
45.	School Syllabus	..	State/ CBSE/ Matric/ others
46.	Has he/she changed schools recently?	..	Yes / No
47.	How is his/her general school performance ?	..	Good/ Average/ Below average
48.	Did the teachers complain about him/her?	..	Yes / No
49.	How many days / months has he missed school?	..	7-14 days/ 15-30 days / 31-60 days/ more than 60 days
50.	Does he/she feel anxious prior to exams?	..	Yes / No

PHYSICAL HEALTH

51.	How is his/her health usually?	..	Good / Average / Poor

GIRLS:

52.	Has she started to menstruate?	..	Yes / No
53.	Has she had problems with menstruation like painful menses resulting in school absence?	..	Yes / No

FAMILY FUNCTIONING

54. Is there anyone at home
who has been indulgent(giving in to demands) /
with him/her? (Over indulgent) . . Yes / No

55. Is there a lot of
disagreement at home
over how to discipline him/her? . . Yes / No
(Inconsistent)

56. Is there an adult in the
family who is overly
concerned / worried about
his/her health, safety and
welfare? (Overprotective) . . Yes / No

57. Is there very much anger /
quarreling usually between
siblings that creates
repeated adult intervention
in the family?(sibling rivalry) . . Yes / No

LIFE EVENTS

58. Has there been recent death of a friend? . . Yes / No
59. Has there been recent death of a
parent / grand parent? . . Yes / No
60. Any significant financial problems? . . Yes / No
61. Has there been medical /
health problems of family
members? . . Yes / No
62. Psychiatric / Mental health related problems
in a first degree relative? . . Yes / No
63. History of Alcohol abuse in the father
and resultant family discord? . . Yes / No

PART –II A

SCHOOL REFUSAL ASSESSMENT SCALE – REVISED (P)

(Kearney and Silverman, 1995)

Children sometimes have different reasons for not going to school. Some children feel badly at school, some have trouble with other people, some just want to be with their family, and others like to do things more fun out side of school. This form asks questions about why your children don't want to go to school. For each question, pick one number that describes you best for the last few days. After you answer one question, go on to the next. Don't skip any questions. There is no right or wrong answers. Just pick the number that best fits the way you feel about going to school. Circle the number.

Here is an example of how this form works. Try it. Circle the number that describes you best.

Example:

How often do you like to go shopping?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Begin to answer the questions

Please circle the answer that best fits the following questions:

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,)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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 his / her family)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16) How often does your child refuse to go to school because he / she wants to have fun out side of school?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

24) Would your child rather be doing fun things out side of school more than most kids his, her / age?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Do not write below this line

ANA	ESE	AGB	PTR
1. ________	2. ________	3. ________	4. ________
5. ________	6. ________	7. ________	8. ________
9. ________	10. ________	11. ________	12. ________
13. ________	14. ________	15. ________	16. ________
17. ________	18. ________	19. ________	20. ________
21. ________	22. ________	23. ________	24. ________

Total Score = ________ ________ ________ ________

Mean Score = ________ ________ ________ ________

Relative ranking += ________ ________ ________ ________

PART - II B

SCHOOL REFUSAL ASSESSMENT SCALE – REVISED (C)

(Kearney and Silverman, 1995)

Children sometimes have different reasons for not going to school. Some children feel badly at school, some have trouble with other people, some just want to be with their family, and others like to do things more fun out side of school. This form asks questions about why you don't want to go to school. For each question, pick one number that describes you best for the last few days. After you answer one question, go on to the next. Don't skip any questions. There is no right or wrong answers. Just pick the number that best fits the way you feel about going to school. Circle the number.

Here is an example of how this form works. Try it. Circle the number that describes you best.

Example:

How often do you like to go shopping?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Begin to answer the questions

Please circle the answer that best fits the following questions:

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, and teacher)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

16) How often do you refuse to go to school because you want to have fun out side of school?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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)?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

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

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

24) Would you rather be doing fun things out side of school more than most kids your age?

Never	Seldom	Some times	Half the time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Do not write below this line

ANA	ESE	AGB	PTR
1. ______	2. ______	3. ______	4. ______
5. ______	6. ______	7. ______	8. ______
9. ______	10. ______	11. ______	12. ______
13. ______	14. ______	15. ______	16. ______
17. ______	18. ______	19. ______	20. ______
21. ______	22. ______	23. ______	24. ______

Total Score = ______ ______ ______ ______

Mean Score = ______ ______ ______ ______

Relative
ranking += ______ ______ ______ ______

PART– II C

CHILDREN'S DEPRESSION INVENTORY

Maria Kovacs, Ph.D. (1985)

DIRECTIONS

Kids some times have different feelings and ideas. This form lists the feelings and ideas in groups. From each group of three sentences pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on to the next group. There is no right answer or wrong answer. Just pick the sentence that best describes the way you have been feeling recently. Put a mark like this (x) next to your answer; put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

Example:

( ) I read books all the time.

( ) I read books once in a while.

( ) I never read books.

Remember: Pick out the sentences that describe you best in the PAST TWO WEEKS.

1. ( ) I am sad once in a while

   ( ) I am sad many times

   ( ) I am sad all the time

2. ( ) Nothing will ever work out for me

   ( ) I am not sure if things will work out for me

   ( ) Things will work out for me O.K.

3. ( ) I do most things O.K

   ( ) I do many things wrong

   ( ) I do everything wrong

4. ( ) I have fun in many things

   ( ) I have fun in some things

   ( ) Nothing is fun at all

5. ( ) I am bad all the time

   ( ) I am bad many times

   ( ) I am bad once in a while

6. ( ) I think about bad things happening to me once in a while

   ( ) I worry that bad things will happen to me

   ( ) I am sure that terrible things will happen to me

7. ( ) I hate my self

   ( ) I do not like my self

   ( ) I like my self

8. (   ) All bad things are my fault

(   ) Many bad things are my fault

(   ) Bad things are not usually my fault

9. (   ) I do not think about killing my self

(   ) I think about killing my self but I would not do it.

(   ) I want to kill my self

10. (   ) I feel like crying every day

(   ) I feel like crying many days

(   ) I feel like crying once in a while

11. (   ) Things bother me all the time

(   ) Things bother me many times

(   ) Things bother me once in a while

12. (   ) I like being with people

(   ) I do not like being with people many times

(   ) I do not want to be with people at all

13. (   ) I cannot make up my mind about things

(   ) It is hard to make up my mind about things

(   ) I can make up my mind

14. (   ) I look O.K

(   ) There are some bad things about my looks

(   ) I look ugly

15. (   ) I have to push my self all the time to do my school work

(   ) I have to push my self many times to do my school work

(   ) Doing school work is not a big problem

16. (   ) I have trouble sleeping every night

(   ) I have trouble sleeping many nights

(   ) I sleep pretty well

17. (   ) I am tried once in a while

(   ) I am tried many days

(   ) I am tried all the time

18. (   ) Most days I do not feel like eating

(   ) Many days I do not feel like eating

(   ) I eat pretty well

19. (   ) I do not worry about aches and pains

(   ) I worry about aches and pains many times

(   ) I worry about aches and pains all the time

20. (   ) I do not feel alone

(   ) I feel alone many times

(   ) I feel alone all the time

21. (   ) I never have fun at school

(   ) I have fun at school once in a while

(   ) I have fun at school many times

22. (   ) I have plenty of friends

(   ) I have some friends but I wish I had more

(   ) I do not have any friends

23. (   ) My school work is all right

(   ) My school work is not as good as before

(   ) I do very badly in subjects I used to be good in

24. ( ) I can never be as good as other kids

( ) I can be as good as other kids if I want to

( ) I am just as good as other kids

25. ( ) Nobody really loves me

( ) I am not sure if anybody loves me

( ) I am sure that somebody loves me

26. ( ) I usually do what I am told

( ) I do not do what I am told most times

( ) I never do what I am told

27. ( ) I get along with people

( ) I get in to fights many times

( ) I get in to fights all the time

PART – II D

HOW I FEEL QUESTIONNAIRE

(Spielberger, Edwards, Montuori and Lushene, 1973)

STAIC FORM -1

DIRECTIONS:

A number of statements which boys and girls use to describe themselves are given below. Read each statement carefully and decide how you feel "right now". Then put X in front of the word or phrase, which best describes how you feel. There is no right or wrong answers. Do not spend too much time on any one statement. Remember, find the word or phrase which best describes how you feel right now," at this very moment".

1. I feel . . . . . . very calm . . . . . . calm . . . . . . not calm
2. I feel . . . . . . very upset . . . . . . upset . . . . . not upset
3. I feel . . . . . . very pleasant . . . .pleasant . . . not pleasant
4. I feel . . . . . . very nervous . . . . nervous . . . not nervous
5. I feel . . . . . . very jittery . . . . . . jittery . . . . .not jittery
6. I feel . . . . . . very rested . . . . . . rested . . . . . not rested
7. I feel . . . . . . very scared . . . . . scared . . . . not sacred
8. I feel . . . . . . very relaxed . . . . . relaxed . . . .not relaxed
9. I feel . . . . . . very worried . . . . worried . . . not worried
10. I feel . . . . . . very satisfied . . . . satisfied . . . not satisfied
11. I feel . . . . . . very frightened . . .frightened . .not frightened
12. I feel . . . . . . very happy . . . . . . happy . . . . .not happy
13. I feel . . . . . . very sure . . . . sure . . . . . . not sure

14. I feel . . . . . . very good . . . . . . good . . . . . . not good

15. I feel . . . . . . very troubled . . . troubled . . .. not troubled

16. I feel . . . . . . very bothered . . . bothered . . . not bothered

17. I feel . . . . . . very nice . . . . . . .nice . . . . . .   not nice

18. I feel . . . . . . very terrified . . . terrified . . . . not terrified

19. I feel . . . . . . very mixed - up . . . mixed - up . . . . . . not mixed - up

20. I feel . . . . . . very cheerful . . . . . . cheerful . . . . . .   not cheerful

HOW I FEEL QUESTIONNAIRE

STAIC FORM -2

DIRECTIONS:

A number of statements which boys and girls use to describe themselves are given below. Read each statement and decide if it is "hardly ever" or "some times" or "often" true for you. Then for each statement, put an 'X' in front of the word that seems to describe you best. There is no right or wrong answers. Do not spend too much time on any one statement. Remember choose the word, which seems to describe how you usually feel.

1. I worry about making mistakes:
   hardly ever sometimes often

2. I feel like crying:
   hardly ever sometimes often

3. I feel unhappy:
   hardly ever sometimes often

4. I have trouble making up my mind:
   hardly ever sometimes often

5. It is difficult for me to face my problems:
   hardly ever sometimes often

6. I worry too much:
   hardly ever sometimes often

7. I get upset at home:
   hardly ever sometimes often

8. I am shy:
   hardly ever sometimes often

9. I feel troubled:

hardly ever sometimes often

10. Unimportant thoughts run through my mind and bother me:

hardly ever sometimes often

11. I worry about school:

hardly ever sometimes often

12. I have trouble deciding what to do:

hardly ever sometimes often

13. I notice my heart beats fast:

hardly ever sometimes often

14. I am secretly afraid:

hardly ever sometimes often

15. I worry about my parents:

hardly ever sometimes often

16. My hands get sweaty:

hardly ever sometimes often

17. I worry about things that may happen:

hardly ever sometimes often

18. It is hard for me to fall asleep at night:

hardly ever sometimes often

19. I get a funny feeling in my stomach:

hardly ever sometimes often

20. I worry about what others think of me:

hardly ever sometimes often

PART– II E

REVISED CHILD BEHAVIOR CHECKLIST FOR PARENTS

(Shenoy, 1996)

Below is a list of items that describe children. For each item that describes your child, now or within the past 6 months, please circle 2 if the item is very true or often true of your child. Circle 1 if the item is sometimes or some what true of your child. If the item is not true of your child, circle 0. Please answer all the 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

1.	Acts too young	0	1	2
2.	Argues a lot	0	1	2
3.	Brags / Boasts	0	1	2
4.	Cannot concentrate	0	1	2
5.	Restless	0	1	2
6.	Cries a lot	0	1	2
7.	Cruel to animals	0	1	2
8.	Cruel to others	0	1	2
9.	Day dreams	0	1	2
10.	Demands attention	0	1	2

11.	Destroys own things	0	1	2
12.	Destroys others things	0	1	2
13.	Disobeys at home	0	1	2
14.	Disobeys at school	0	1	2
15.	Doesn't eat well	0	1	2
16.	Fear animals	0	1	2
17.	Accident – prone	0	1	2
18.	Fights	0	1	2
19.	Impulsive	0	1	2
20.	Likes to be alone	0	1	2
21.	Lying / cheating	0	1	2
22.	Nervous	0	1	2
23.	Nightmares	0	1	2
24.	Anxious	0	1	2
25.	Physically attacks people	0	1	2
26.	Picks nose	0	1	2
27.	Poor school work	0	1	2
28.	Clumsy	0	1	2
29.	Prefers older children	0	1	2
30.	Refuses to talk	0	1	2

31.	Screams	0	1	2
32.	Self conscious	0	1	2
33.	Shows off	0	1	2
34.	Shy / timid	0	1	2
35.	Stubborn	0	1	2
36.	Moody	0	1	2
37.	Sulks	0	1	2
38.	Talks too much	0	1	2
39.	Teases others	0	1	2
40.	Temper tantrums	0	1	2
41.	Threatens people	0	1	2
42.	Slow moving / under active	0	1	2
43.	Sad	0	1	2
44.	Unusually loud	0	1	2
45.	Wets bed	0	1	2
46.	Whining	0	1	2
47.	Withdrawn	0	1	2
48.	Worrying	0	1	2

PART II F

NIMHANS Index of Specific learning Difficulty Level – II

(Kapur, John, Rozario and Oommen, 1992)

a) Reading of passages in English classes from I to VIII std level

b) Spelling of English words of I – V std level (words based on passages read & Schonell's 15 words list)

c) Reading comprehension of English passages of I – VIII std levels

d) Copying of English passages I – VIII std levels

e) Arithmetic subtest (simple digit addition, simple digit subtraction, simple digit multiplication, simple digit division, graded addition, graded subtraction, graded multiplication, graded division, addition of fractions, subtraction of fractions, multiplication of fractions, division of fractions)

Other tests of the battery routinely used are Developmental Test of Visual Motor Integration (DTV MI), Benton Visual Retention Test (BVRT, Benton, 1953), writing expression and auditory memory tests.

PART –II G

BINET KAMATH TEST FOR GENERAL MENTAL ABILITY

TESTS FOR YEAR III

1. Pointing to parts of the Body
2. Naming Familiar objects
3. Repeating two digits
4. Enumeration of objects in a picture
5. Repeating six to seven Syllables
6. Comparison of lines

TESTS FOR YEAR IV

1. Repeating three digits
2. Discrimination of forms
3. Comprehension first degree
4. Repeating twelve to thirteen syllables
5. Counting four pice
6. Copying a square

TESTS FOR YEAR V

1. Aesthetic comparison
2. Definitions in terms of use
3. Three commissions

4. Distinguishing right and left
5. Naming four coins
6. Counting thirteen pice

TESTS FOR YEAR VI

1. Repeating four digits
2. Comprehension second degree
3. Divided card
4. Giving number of fingers
5. Description of pictures
6. Missing features

TESTS FOR YEAR VII

1. Repeating sixteen to eighteen syllables
2. Copying a diamond
3. Repeating three digits reversed
4. Naming days of week
5. Counting backward twenty to one
6. Giving difference from memory

TESTS FOR YEAR VIII

1. Finding value of coins
2. Repeating five digits

3. Comprehension, third degree
4. Definitions superior to use
5. Naming six coins
6. Reading and report

TESTS FOR YEAR IX

1. Repeating four digits reversed
2. Making change
3. Giving similarities
4. Using three words in a sentence
5. Reading and report
6. Free association

TESTS FOR YEAR X

1. Arranging five weights
2. Repeating twenty to twenty – two syllables
3. Naming the months
4. Drawing designs from memory
5. Finding rhymes
6. Reading and report

TESTS FOR YEAR XII

1. Detecting absurdities
2. Construction puzzle
3. Defining abstract words
4. Repeating five digits reversed
5. Interpretation of fables
6. Interpretation of pictures

TESTS FOR YEAR XIV

1. Induction test: Finding a rule
2. Dissected sentences
3. Arithmetical reasoning
4. Problems of enclosed boxes
5. Giving similarities
6. Giving full formula

TESTS FOR YEAR XVI

1. Interpretation of fables
2. Reversing hands of clock
3. Giving differences between Patil and Kulkarni
4. Repeating six digits reversed

5. Problem questions
6. Repeating seven digits

TESTS FOR YEAR XIX

1. Using a code
2. Ingenuity test
3. Differences between abstract terms
4. Binet's paper – cutting test
5. Repeating thirty syllables
6. Reversing triangle in imagination

APPENDIX - B

APPENDIX B

பகுதி அ

பள்ளி செல்ல மறுக்கும் காரணங்களின் மதிப்பீடு அளவுதாள்

குழந்தைகள் சில நேரங்களில் பள்ளிக்கு செல்லாததற்கு காரணங்கள் பல உண்டு. சில குழந்தைகள் பள்ளியை வெறுக்கிறார்கள். சில குழந்தைகள் மற்ற குழந்தைகளுடன் பழகுவதற்கு சிரமப்படுகிறார்கள். சில குழந்தைகள் தன் குடும்பத்தினருடன் இருப்பதையே விரும்புகிறார்கள். சில குழந்தைகள் பள்ளியை விட வெளியில் விளையாடுவதை விரும்புவார்கள். இந்த படிவத்தின் படி, உங்கள் குழந்தை ஏன் பள்ளிக்கு செல்ல விரும்புவதில்லை என்ற கேள்விகளை எழுப்புகிறது.

கீழ்கண்ட ஒவ்வொரு கேள்விகளுக்கும் உங்கள் குழந்தை, நீங்கள் சில நாட்களாக கவனித்ததில், எந்த மாதிரி நடவடிக்கையில் பொருந்துகிறது என்பதில் ஒரு எண்ணை குறிக்கவும். ஒரு கேள்விக்கு பதில் அளித்தவுடன் அடுத்த கேள்விக்கு செல்லவும். எல்லா கேள்விகளுக்கும் பதில் அளிக்கவும்.

உங்கள் விடையில் சரி, தவறு என்பது தேவையில்லை. உங்கள் குழந்தை பள்ளிக்கு செல்ல காரணமான எண்களை தேர்ந்தெடுத்து குறிப்பிடவும்.

1. எத்தனை முறை உங்கள் குழந்தை பள்ளிக்கு செல்வதை தவிர்த்து, கசப்பான உணர்வுகளை கூறியது?

   (உ.ம்) பரீட்சை, பள்ளியின் ஊர்தி, ஆசிரியர்

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

2. உங்கள் குழந்தை மற்ற குழந்தைகளுடன் பேசி பழகுவதை கடினமாக உணர்ந்து எத்தனை முறை தவிர்த்திருக்கிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

3. பள்ளிக்கு செல்வதை விட உங்கள் குழந்தை உங்களுடன் அல்லது உங்கள் மனைவியிடனோ இருக்கும் விருப்பத்தை எத்தனை முறை உணர்த்தியுள்ளது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

4. பள்ளி நாட்களில் உங்கள் குழந்தை பள்ளிக்கு செல்லாமல் எத்தனை முறை வீட்டை விட்டு வெளியே சென்று விளையாடுகிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

5. எத்தனை முறை உங்கள் குழந்தை மன அழுத்தம் ஏற்படும் என்று கூறி பள்ளிக்கு செல்வதை தவிர்க்கிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

6. உங்கள் குழந்தை மற்றவருடன் பழகுவது கடினம் என்பதால் பள்ளிக்கு செல்வதை எத்தனை முறை தவிர்த்திருக்கிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

7. பள்ளியில் இருக்கும் போது உங்கள் குழந்தை உங்களையோ அல்லது உங்கள் குடும்பத்தினரையோ எத்தனை முறை நினைத்துக் கொண்டிருக்கிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

8. உங்கள் குழந்தை பள்ளிக்கு செல்லாமல் மற்றவர்களுடன் எத்தனை முறை பேசி பழகுகிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

9. வீட்டில் இருப்பதை விட, குழந்தை பள்ளி நண்பர்களுடன் இருக்கும் பொழுது எத்தனை முறை கவலைப்படுகிறது?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

10. உங்கள் குழந்தை தனக்கு நண்பர்கள் இல்லாததால் பள்ளிக்கு செல்வதை தவிர்க்கிறதா?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

11. உங்கள் குழந்தை பள்ளிக்கு செல்வதை விட வீட்டில் இருப்பதை விரும்புகிறதா?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

12. உங்கள் குழந்தை எத்தனை முறை பள்ளிக்கு செல்லாமல், மற்ற விஷயங்களில் ஈடுபடுகிறது? (உம்) விளையாட்டு, நண்பர்களுடன் பேசுதல், மற்ற வெளி இடத்துக்கு செல்லுதல் .

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

13. சனி, ஞாயிறு கிழமைகளில் உங்கள் குழந்தை பள்ளியை நினைத்து பயப்படுகிறதா?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

14. பள்ளியில் குழுக்களாக இருக்கும் நண்பர்களுடன் பேசுவதற்கு உங்கள் குழந்தை தயங்குகிறதா?

இல்லை　எப்போதாவது　சிலநேரம்　ஏறக்குறைய

0　1　2　3

சற்றேற குறைய　ஏறக்குறைய எப்போதும்　எப்போதுமே

4　5　6

15. உங்கள் குழந்தை பள்ளி ஆசிரியரை விட நீங்கள் (வீட்டில்) சொல்லி கொடுப்பதை விரும்புகிறதா?

இல்லை　எப்போதாவது　சிலநேரம்　ஏறக்குறைய

0　1　2　3

சற்றேற குறைய　ஏறக்குறைய எப்போதும்　எப்போதுமே

4　5　6

16. வெளியே சென்று விளையாடுவதற்காக பள்ளிக்குச் செல்வதை உங்கள் குழந்தை தவிர்க்கிறதா?

இல்லை　எப்போதாவது　சிலநேரம்　ஏறக்குறைய

0　1　2　3

சற்றேற குறைய　ஏறக்குறைய எப்போதும்　எப்போதுமே

4　5　6

17. உங்கள் குழந்தை பள்ளிக்கு செல்ல பயம் இல்லை என்றால் எளிதாக பள்ளிக்கு செல்லுமா?

இல்லை　எப்போதாவது　சிலநேரம்　ஏறக்குறைய

0　1　2　3

சற்றேற குறைய　ஏறக்குறைய எப்போதும்　எப்போதுமே

4　5　6

18. உங்கள் குழந்தை எளிதாக புதிய நண்பர்களுடன் பழகினால், விருப்பத்துடன் பள்ளிக்கு செல்லுமா?

இல்லை　எப்போதாவது　சிலநேரம்　ஏறக்குறைய

0　1　2　3

சற்றேற குறைய　ஏறக்குறைய எப்போதும்　எப்போதுமே

4　5　6

19. தங்களுடனோ (அல்லது) குடும்பதினருடனோ, பள்ளிக்கு செல்வதை உங்கள் குழந்தை விரும்புகிறதா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

20. உங்கள் குழந்தை பள்ளி நேரம் முடிந்தபின் அதிக நேரம் பள்ளியில் மற்ற விஷயங்களில் ஈடுபட விரும்புகிறதா? (உ.ம். நாடகம், விளையாட்டு, மற்றவை)

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

21. மற்ற குழந்தைகளை காட்டிலும் எத்தனை முறை உங்கள் குழந்தை பள்ளியைப் பற்றிய வெறுப்பு உணர்ச்சியை வெளிப்படுத்துகிறது?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

22. மற்ற குழந்தைகளைவிட, எத்தனை முறை உங்கள் குழந்தை மற்றவர்களுடன் பழகுவதில்லை?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

23. மற்ற குழந்தைகளை காட்டிலும், உங்கள் குழந்தை உங்களுடன் இருப்பதை விரும்புகிறதா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

24. மற்ற குழந்தைகளை காட்டிலும், உங்கள் குழந்தை பள்ளிக்கு வெளியே உற்சாகமாக இருக்கிறதா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

பகுதி ஆ

பள்ளி செல்ல மறுக்கும் காரணங்களின் மதிப்பீடு அளவுதாள்

குழந்தைகள் சில நேரங்களில் பள்ளிக்கு செல்லாததற்கு காரணங்கள் பல உண்டு. சில குழந்தைகள் பள்ளியை வெறுக்கிறார்கள். சில குழந்தைகள் மற்ற குழந்தைகளுடன் பழகுவதற்கு சிரமப்படுகிறார்கள். சில குழந்தைகள் தன் குடும்பத்தினருடன் இருப்பதையே விரும்புகிறார்கள். சில குழந்தைகள் பள்ளியை விட வெளியில் விளையாடுவதை விரும்புவார்கள். இந்த படிவத்தின் படி, நீ ஏன் பள்ளிக்கு செல்ல விரும்புவதில்லை என்ற கேள்விகளை எழுப்புகிறது. கீழ்கண்ட ஒவ்வொரு கேள்விகளுக்கும் நீ சில நாட்களாக கவனித்ததில், எந்த மாதிரி நடவடிக்கையில் பொருந்துகிறது என்பதில் ஒரு எண்ணை குறிக்கவும். ஒரு கேள்விக்கு பதில் அளித்தவுடன் அடுத்த கேள்விக்கு செல்லவும். எல்லா கேள்விகளுக்கும் பதில் அளிக்கவும்.

1. நீ எத்தனை முறை பள்ளிக்கு செல்வதற்கு பயமாக இருக்கிறது என்று, கசப்பான உணர்வுகளை கூறியுள்ளாய்?

   (உ.ம்) பரீட்சை, பள்ளியின் ஊர்தி, ஆசிரியர் இவைகளை காரணம் காட்டி

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

2. நீ பள்ளி சென்று மற்ற குழந்தைகளுடன் பேசி பழகுவதை கடினமாக உணர்ந்து எத்தனை முறை தவிர்த்திருக்கிறாய்?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

3. பள்ளிக்கு செல்வதை விட நீ வற்றோர்களுடன் இருப்பதை எத்தனை முறை விரும்புகிறாய்?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

4. பள்ளி நாட்களில் பள்ளிக்கு செல்லாமல் எத்தனை முறை வீட்டை விட்டு வெளியே சென்று விளையாடுகிறாய்?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

5. பள்ளிக்கு செல்வதால் கவலை அல்லது மன அழுத்தம் ஏற்படும் என்று கூறி பள்ளிக்கு செல்வதை தவிர்த்திருக்கிறாயா?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

6. நீ மற்றவருடன் பழகுவது கடினம் என்பதால் பள்ளிக்கு செல்வதை எத்தனை முறை தவிர்த்திருக்கிறாய்?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

7. பள்ளியில் இருக்கும் போது நீ உன் பெற்றோர்களைப் பற்றி எத்தனை முறை நினைத்துக் கொண்டிருக்கிறாய்?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

8. நீ பள்ளிக்கு செல்லாமல் எத்தனை முறை மற்றவர்களுடன் பேசி பழகுகிறாய்?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

9. நீ வீட்டில் இருப்பதை விட பள்ளி நண்பர்களுடன் இருக்கும்பொழுது எத்தனை முறை கவலைப்படுகிறாய்?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

4 5 6

10. நீ நண்பர்கள் இல்லாததால் பள்ளிக்கு செல்வதை தவிர்க்கிறாயா?

இல்லை எப்போதாவது சிலநேரம் ஏறக்குறைய

0 1 2 3

சற்றேற குறைய ஏறக்குறைய எப்போதும் எப்போதுமே

11. நீ பள்ளிக்கு செல்வதை விட வீட்டில் இருப்பதை விரும்புகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

12. நீ எத்தனை முறை பள்ளிக்கு செல்லாமல், மற்ற விஷயங்களில் ஈடுபடுகிறாய்?
(உம்) விளையாட்டு, நண்பர்களுடன் பேசுதல், மற்ற வெளி இடத்துக்கு செல்லுதல் .

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

13. சனி, ஞாயிறு கிழமைகளில் நீ பள்ளியை நினைத்து பயப்படுகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

14. பள்ளியில் குழுக்களாக இருக்கும் நண்பர்களுடன் பேசுவதற்கு நீ தயங்குகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

15. நீ பள்ளி ஆசிரியரை விட வீட்டில் பெற்றோர்கள் சொல்லி கொடுப்பதை விரும்புகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

16. வெளியே சென்று விளையாடுவதற்காக பள்ளிக்குச் செல்வதை நீ தவிர்க்கிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

17. நீ பள்ளிக்கு செல்ல பயம் இல்லை என்றால் எளிதாக பள்ளிக்கு செல்லுவாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

18. நீ எளிதாக புதிய நண்பர்களுடன் பழகினால், விருப்பத்துடன் பள்ளிக்கு செல்லுவாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

19. நீ வற்றோர்களுடன் பள்ளிக்கு செல்வதை விரும்புகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

20. நீ பள்ளி நேரம் முடிந்தபின் அதிக நேரம் பள்ளியில் மற்ற விஷயங்களில் ஈடுபட விரும்புகிறாயா? (உ.ம். நாடகம், விளையாட்டு, மற்றவை)

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

21. நீ மற்ற குழந்தைகளை காட்டிலும் எத்தனை முறை பள்ளியைப் பற்றிய வெறுப்பு உணர்ச்சியை வெளிப்படுத்துகிறாய்?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

22. நீ மற்ற குழந்தைகளைவிட, எத்தனை முறை மற்றவர்களுடன் பழகுவதில்லை?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

23. மற்ற குழந்தைகளை விட ,நீ வெற்றோர்களுடன் இருப்பதை விரும்புகிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

24. நீ மற்ற குழந்தைகளை விட, பள்ளிக்கு வெளியே உற்சாகமாக இருக்கிறாயா?

இல்லை	எப்போதாவது	சிலநேரம்	ஏறக்குறைய
0	1	2	3
சற்றேற குறைய	ஏறக்குறைய எப்போதும்	எப்போதுமே	
4	5	6	

பகுதி இ

குழந்தைகள் மன அழுத்தத்தைப்பற்றிய குறிப்புகள்

குழந்தைகளுக்கு சில நேரங்களில் வித்தியாசமான உணர்வுகளும், எண்ணங்களும் தோன்றும். கடந்த இரு வாரங்களில், உங்களை விவரிக்க கீ ழ்க்கண்ட 3 வரிகளில் ஏதேனும் ஒரு வரியை தேர்ந்தெடுக்கவும். இதில் சரி, தவறு கிடையாது. சமீபத்தில் உங்களை பற்றி விவரித்த ஒரு வாக்கியத்தை தேர்ந்தெடுக்கவும். நீங்கள் தேர்ந்தெடுக்கும் வாக்கியத்தின் எதிரில் இக்குறியீட்டை நிரப்பவும் . கீழ்கண்ட உதாரணத்தின் ஏதேனும் ஒரு அடைப்பில் நிரப்பவும்.

(உதாரணம்)

( ) நான் எப்போதும் புத்தகம் படித்துக் கொண்டிருப்பேன்.
( ) நான் எப்போதாவது புத்தகம் படிப்பேன்
( ) நான் ஒரு போதும் புத்தகம் படிக்க மாட்டேன்

(1) ( ) நான் எப்போதாவது கவலைப் படுவேன்
( ) நான் அடிக்கடி கவலைப் படுவேன்
( ) நான் எப்போதும் கவலைப் படுவேன்

(2) ( ) எனக்கு எதுவும் கை கூடுவதில்லை.
( ) எனக்கு கைகூடும் என்று உறுதி இல்லை.
( ) எனக்கு கைகூடும் என்பதில் உறுதியாக இருக்கிறேன்.

(3) ( ) நான் எல்லாவற்றையும் சரியாக செய்வேன்
( ) நான் நிறைய தவறுகள் செய்வேன்
( ) நான் எல்லாவற்றையும் தவறாக செய்வேன்

(4) ( ) நான் எல்லா விஷயங்களிலும் சந்தோஷம் அடைகிறேன்
( ) நான் சில விஷயங்களில் சந்தோஷம் அடைகிறேன்
( ) நான் எதிலும் சந்தோஷம் அடைவதில்லை.

(5) ( ) நான் எப்பொழுதுமே கெட்டவன(ள)ாக இருப்பேன்
( ) நான் அடிக்கடி கெட்டவன(ள) ாக இருப்பேன்
( ) நான் எப்பொழுதாவது கெட்டவன (ள) ாக இருப்பேன்.

(6) ( ) எப்போதாவது கெட்டது நடக்கும் என்று நினைப்பேன்
( ) எனக்கு கெட்டது நடக்கும் என்று கவலைப்படுவேன்
( ) எனக்கு கெட்டது நடக்குமென்று உறுதியாக நம்புகிறேன்

(7) ( ) நான் என்னை வெறுக்கிறேன்
( ) என்னை எனக்கு பிடிக்காது
( ) என்னை எனக்கு பிடிக்கும்

(8) ( ) எல்லா கெட்ட விஷயங்களும் என் தவறு

( ) பல கெட்ட விஷயங்கள் என் தவறு

( ) கெட்ட விஷயங்கள் என் தவறல்ல

(9) ( ) எனக்கு தற்கொலை எண்ணம் இல்லை

( ) எனக்கு தற்கொலை செய்ய எண்ணமுண்டு ஆனால் செய்ய மாட்டேன்

( ) நான் தற்கொலை செய்து கொள்வேன்

(10) ( ) நான் தினமும் அழுவேன்

( ) நான் அடிக்கடி அழுவேன்

( ) நான் எப்பொழுதாவது அழுவேன்

(11) ( ) எனக்கு எல்லோருடனும் இருக்க விருப்பம்

( ) அநேகமாக யாருடனும் இருப்பதை நான் விரும்புவதில்லை

( ) எனக்கு யாருடனும் இருக்க விருப்பமில்லை.

(12) ( ) என்னை எல்லா விஷயங்களும் கஷ்டப்படுத்தும்

( ) என்னை பல விஷயங்கள் கஷ்டப்படுத்தும்

( ) என்னை சில விஷயங்கள் கஷ்டப்படுத்தும்

(13) ( ) என்னால் எல்லா விஷயங்களிலும் முடிவெடுக்க முடியவில்லை.

( ) எனக்கு முடிவெடுக்க கஷ்டமாக இருக்கிறது.

( ) நான் சுலபமாக எல்லா விஷயங்களிலும் முடிவெடுப்பேன்.

(14) ( ) நான் நன்றாக இருக்கிறேன்

( ) என் தோற்றத்தில் சில குறைகள் உண்டு

( ) நான் அசிங்கமாக இருக்கிறேன்

(15) ( ) எனக்கு வீட்டுப்பாடம் செய்வதற்கு கஷ்டமாக இருக்கிறது.

( ) எனக்கு வீட்டுப்பாடம் செய்வதற்கு பலமுறை கஷ்டமாக இருக்கிறது.

( ) வீட்டுபாடம் செய்வதற்கு எனக்கு கஷ்டமில்லை

(16) ( ) ஒவ்வொரு இரவிலும் நான் தூங்க கஷ்டப்படுகிறேன்

( ) பல இரவுகளில் நான் தூங்க கஷ்டப்படுகிறேன்.

( ) நான் நன்றாக தூங்குகிறேன்

(17) ( ) எனக்கு சில சமயம் சோர்வாக இருக்கிறது.

( ) எனக்கு பலநாட்கள் சோர்வாக இருக்கிறது

( ) நான் எப்போதுமே சோர்வாக இருப்பேன்

(18) ( ) ஒவ்வொரு நாளும் எனக்கு சாப்பிட விருப்பமில்லை.

( ) பல நாட்களில் எனக்கு சாப்பிட விருப்பமில்லை

( ) நான் நன்றாக சாப்பிடுவேன்.

(19) ( ) வலியைப் பற்றி நான் கவலைப்பட மாட்டேன்

( ) வலியைப் பற்றி நான் பலமுறை கவலைப்படுவேன்

( ) வலியைப் பற்றி நான் எப்பொழுதும் கவலைப்படுவேன்

(20) ( ) நான் தனிமையாக இல்லை

( ) பலமுறை நான் தனிமையாக இருக்கிறேன்

( ) நான் எப்பொழுதுமே தனிமையாக இருக்கிறேன்

(21) ( ) பள்ளியில் நான் சந்தோஷமாக இல்லை

( ) சில நேரம் பள்ளியில் சந்தோஷமாக இருக்கிறேன்

( ) நான் பள்ளியில் எப்பொழுதுமே சந்தோஷமாக இருக்கிறேன்

(22) ( ) எனக்கு நிறைய நண்பர்கள் உள்ளனர்

( ) எனக்கு சில நண்பர்கள் உள்ளனர், ஆனால் மேலும் இருக்க விருப்பம்

( ) எனக்கு நண்பர்களே கிடையாது.

(23) ( ) நான் பள்ளிபாடம் நன்றாக படிப்பேன்

( ) நான் பள்ளி பாடங்களில் முன்புபோல் சரியாக படிப்பதில்லை

( ) முன்பு நன்றாக படித்த பாடங்களில் இப்பொழுது மோசமாக படிக்கிறேன்

(24) ( ) நான் மற்ற குழந்தைகளைப்போல நன்றாக இருக்க முடியாது

( ) நான் மற்ற குழந்தைகளைப் போல நன்றாக இருக்க முடியும்

( ) நான் மற்ற குழந்தைகளைப் போல நன்றாக இருக்கிறேன்

(25) ( ) என்னை யாருமே விரும்புவதில்லை

( ) என்னை யாராவது விரும்புகிறார்களா என்று எனக்கு தெரியாது

( ) என்னை யாரோ ஒருவர் விரும்புகிறார்கள்

(26) ( ) நான் என்னிடம் சொல்வதை செய்வேன்

( ) நான் பலமுறை என்னிடம் சொல்வதை செய்யவே மாட்டேன்

( ) நான் என்னிடம் சொல்வதை செய்யவே மாட்டேன்

(27) ( ) நான் எல்லோருடனும் ஒத்து போவேன்

( ) நான் பலமுறை சண்டைபோடுவேன்

( ) நான் எப்பொழுதும் சண்டை போட்டுக்கொண்டிருப்பேன்

பகுதி ஈ

என் உணர்வுகள் – 1

மாணவ, மாணவியரின் மன நிலையை குறித்து விளக்கங்களை கீழே தரப்பட்டுள்ளன. கீழக்கண்ட வாக்கியங்களை கவனமாக படித்து தற்போதுள்ள உங்கள் மனநிலையை தேந்தெடுக்கவும். பிறகு தேர்ந்தெடுத்த வாக்கியங்களை X என்று குறிப்பிட்டு எழுதவும். சரி, தவறு என்று உங்கள் விடையில் தேவையில்லை. ஒரே வாக்கியத்தில் நீண்ட நேரம் செலவிட வேண்டாம். தற்போது தங்கள் மன நிலை எவ்வாறு உள்ளது என்பதை விவரிக்கவும்.

தற்சமயம் உங்களை வர்ணிக்கும் வாக்கியத்தை தேர்தெடுக்க வேண்டும்

1. நான் மிக அமைதியாக இருக்கிறேன்
   அமைதியாக இருக்கிறேன்
   அமைதியாக இல்லை
2. நான் ரொம்ப குழப்பம் அடைந்துள்ளேன்
   நான் குழப்பம் அடைந்துள்ளேன்
   நான் குழப்பம் அடைவதில்லை
3. நான் மிக மகிழ்ச்சியாக இருக்கிறேன்
   நான் மகிழ்ச்சியாக இருக்கிறேன்
   நான் மகிழ்ச்சியாக இல்லை
4. எனக்கு மிக தளர்ச்சியாக இருக்கிறது
   எனக்கு தளர்ச்சியாக இருக்கிறது
   எனக்கு தளர்ச்சியாக இல்லை
5. எனக்கு மிக பதட்டமாக இருக்கிறது
   எனக்கு பதட்டமாக இருக்கிறது
   எனக்கு பதட்டமாக இல்லை
6. நான் மிக ஓய்வாக இருக்கிறேன்
   நான் ஓய்வாக இருக்கிறேன்
   நான் ஓய்வாக இல்லை
7. எனக்கு மிகவும் பயமாக இருக்கிறது
   எனக்கு பயமாக இருக்கிறது
   எனக்கு பயமாக இல்லை
8. நான் மிக நிம்மதியாக இருக்கிறேன்
   நான் நிம்மதியாக இருக்கிறேன்
   நான் நிம்மதியாக இல்லை
9. நான் மிக வருத்தமாக இருக்கிறேன்
   நான் வருத்தமாக இருக்கிறேன்
   நான் வருத்தமாக இல்லை

10. நான் மிக திருப்தியாக இருக்கிறேன்
    நான் திருப்தியாக இருக்கிறேன்
    நான் திருப்தியாக இல்லை
11. நான் மிகவும் அஞ்சுவேன்
    நான் அஞ்சுவேன்
    நான் அஞ்சமாட்டேன்
12. நான் மிகவும் சந்தோஷமாக இருக்கிறேன்
    நான் சந்தோஷமாக இருக்கிறேன்
    நான் சந்தோஷமாக இல்லை
13. நான் மிக உறுதியாக இருக்கிறேன்
    நான் உறுதியாக இருக்கிறேன்
    நான் உறுதியாக இல்லை
14. நான் மிக நன்றாக இருக்கிறேன்
    நான் நன்றாக இருக்கிறேன்
    நான் நன்றாக இல்லை
15. நான் மிக வருத்தமாக இருக்கிறேன்
    நான் வருத்தமாக இருக்கிறேன்
    நான் வருத்தமாக இல்லை
16. எனக்கு மிக சலனமாக இருக்கிறது
    எனக்கு சலனமாக இருக்கிறது
    எனக்கு சலனமாக இல்லை
17. நான் மிக நலமாக இருக்கிறேன்
    நான் நலமாக இருக்கிறேன்
    நான் நலமாக இல்லை
18. நான் அளவுக்கு அதிகமாக பயப்படுவேன்
    நான் அதிகமாக பயப்படுவேன்
    நான் அதிகமாக பயப்படமாட்டேன்
19. நான் மிக குழப்பமாக இருக்கிறேன்
    நான் குழப்பமாக இருக்கிறேன்
    நான் குழப்பமாக இல்லை
20. நான் மிக உற்சாகமாக இருக்கிறேன்
    நான் உற்சாகமாக இருக்கிறேன்
    நான் உற்சாகமாக இல்லை

பகுதி உ

<u>என் உணர்வுகள் – 2</u>

மாணவ மாணவியர் சாதாரணமாக தங்களை பற்றி கூறும் கருத்துக்கள். ஒவ்வொரு வாக்கியத்தையும் நன்றாக படித்து எனக்கு எப்போதும் அல்லது எப்போதாகினும் அல்லது அடிக்கடி உண்மையில் தோன்றுகிறதா என்பதை தெரிந்து கொள்ளவும். பிறகு ஒவ்வொரு வாக்கியத்தின் மத்தியில் X என்று குறிப்பிட்டு தங்களுக்கு பொருந்தும் வாக்கியத்தை குறிப்பிடவும். உங்கள் விடையில் சரி, தவறு என்பது இல்லை. ஒரே வாக்கியத்தில் அதிக நேரம் செலவழிக்க வேண்டாம். நீங்கள் சாதணரமாக நினைக்கும் எண்ணங்களை குறிக்கும் வார்த்தைகளை எடுத்து எழுதவும்.

1. நான் தவறுகள் செய்ய பயப்படுவேன்
   இல்லை சிலசமயம் எப்பொழுதும்

2. எனக்கு அழனும் போல் இருக்கிறது
   இல்லை சிலசமயம் எப்பொழுதும்

3. நான் கவலையாக இருக்கிறேன்
   இல்லை சிலசமயம் எப்பொழுதும்

4. நான் முடிவெடுப்பதில் கஷ்டப்படுவேன்
   இல்லை சிலசமயம் எப்பொழுதும்

5. எனக்கு பிரச்சனைகளை சமாளிக்க கஷ்டமாக இருக்கிறது.
   இல்லை சிலசமயம் எப்பொழுதும்

6. நான் மிகவும் வருத்தப்படுவேன்
   இல்லை சிலசமயம் எப்பொழுதும்

7. நான் வீட்டில் கவலையாக இருக்கிறேன்.
   இல்லை சிலசமயம் எப்பொழுதும்

8. எனக்கு கூச்சமாக இருக்கும்
   இல்லை சிலசமயம் எப்பொழுதும்

9. நான் கவலையாக இருக்கிறேன்.
   இல்லை சிலசமயம் எப்பொழுதும்

10. தேவையில்லாத எண்ணங்கள் என் மனதை பாதிக்கும்

இல்லை சிலசமயம் எப்பொழுதும்

11. பள்ளியைப் பற்றி நான் வருத்தப்படுவேன்

இல்லை சிலசமயம் எப்பொழுதும்

12. நான் என்னை செய்ய போகிறேன் என்று தெரியவில்லை

இல்லை சிலசமயம் எப்பொழுதும்

13. என் இதயம் படபடவென அடிக்கும்

இல்லை சிலசமயம் எப்பொழுதும்

14. நான் பயப்படுவேன்

இல்லை சிலசமயம் எப்பொழுதும்

15. என் பெற்றோர்களைப் பற்றி வருந்துவேன்

இல்லை சிலசமயம் எப்பொழுதும்

16. என் கைகள் வேர்த்து விடும்

இல்லை சிலசமயம் எப்பொழுதும்

17. என்ன நடக்குமோ என்று பயமாக இருக்கிறது

இல்லை சிலசமயம் எப்பொழுதும்

18. இரவில் தூக்கம் வருவதற்கு கஷ்டமாக இருக்கிறது

இல்லை சிலசமயம் எப்பொழுதும்

19. எனக்கு வயிற்றுக் கோளாறு இருக்கிறது

இல்லை சிலசமயம் எப்பொழுதும்

20. மற்றவர்கள் என்னைப்பற்றி என்ன நினைப்பார்கள் என்று எனக்கு வருத்தமாக இருக்கிறது

இல்லை சிலசமயம் எப்பொழுதும்

1

குழந்தைகள் நடத்தை பற்றிய குறிப்புகள்

பகுதி ஊ

கீழ்கண்ட வாக்கியங்கள் குழந்தைகளை வர்ணிக்கின்றன. கடந்த 6 மாதங்களாக எப்பொழுதுமே உங்கள் குழந்தை இவ்வாறு நடந்து கொள்கிறான் என்றால் (2) வட்டமிடவும். எப்பொழுதாவது நடந்து கொள்கிறான் என்றால் (1) வட்டமிடவும். எப்பொழுதும் நடந்து கொள்வதில்லை என்றால் (0) வட்டமிடவும். எல்லா வாக்கியங்களுக்கும் விடை அளிக்க வேண்டும்.

0 – எப்பொழுதும் இல்லை

1 – எப்போதாவது

2 – எப்பொழுதும்

1.	சிறு பிள்ளைத்தனம்	0	1	2
2.	விவாதம் செய்வது	0	1	2
3.	தற்பெருமை	0	1	2
4.	கவனம் செலுத்துவதில்லை	0	1	2
5.	அமைதியின்மை	0	1	2
6.	மிகவும் அழுவது	0	1	2
7.	பிராணிகளை சித்திரவதை செய்வது	0	1	2
8.	மற்றவர்களை சித்திரவதை செய்வது	0	1	2
9.	வேடிக்கை பார்ப்பது	0	1	2
10.	தன்மேல் கவனம் ஈர்ப்பது	0	1	2
11.	தன் பொருட்களை அழித்தல்	0	1	2
12.	மற்றவர்கள் பொருட்களை அழித்தல்	0	1	2
13.	வீட்டில் சொன்ன பேச்சு கேட்பதில்லை	0	1	2
14.	பள்ளியில் சொன்ன பேச்சு கேட்பதில்லை	0	1	2
15.	சரியாக சாப்பிடுவதில்லை	0	1	2
16.	பிராணிகளை கண்டு பயப்படுவது	0	1	2
17.	அடிக்கடி விபத்து ஏற்படுவது	0	1	2
18.	சண்டை போடுதல்	0	1	2
19.	யோசிக்காமல் செயல்படுதல்	0	1	2
20.	தனியாக இருக்க விரும்புவது	0	1	2
21.	பொய் சொல்வது / ஏமாற்றுவது	0	1	2
22.	பயப்படுதல்	0	1	2
23.	கெட்ட கனவு	0	1	2
24.	பதட்டம்	0	1	2

25.	மற்றவர்களை அடிப்பது	0	1	2
26.	மூக்கை நோண்டுவது	0	1	2
27.	வீட்டுப்பாடம் செய்வதில்லை	0	1	2
28.		0	1	2
29.	பெரிய குழந்தைகளுடன் பழகுவது	0	1	2
30.	பேசுவதில்லை	0	1	2
31.	கத்துவது	0	1	2
32.	தன்னை கவனிப்பதாக நினைப்பது	0	1	2
33.	தற்பெருமை	0	1	2
34.	கூச்சம்	0	1	2
35.	பிடிவாதம்	0	1	2
36.	சோகம்	0	1	2
37.	முகம் சுளிப்பது	0	1	2
38.	அதிகமாக பேசுவது	0	1	2
39.	மற்றவர்களை கிண்டல் செய்வது	0	1	2
40.	அடம் பிடிப்பது	0	1	2
41.	மற்றவர்களை மிரட்டுவது	0	1	2
42.	மெதுவாக செயல்படுதல்	0	1	2
43.	கவலை	0	1	2
44.	அசாதாரண கூச்சலிடுவது	0	1	2
45.	படுக்கையில் சிறுநீர் கழித்தல்	0	1	2
46.	குறை கூறுவது	0	1	2
47.	தனிமையாக இருப்பது	0	1	2
48.	வருத்தப் படுவது	0	1	2

APPENDIX C

Informed Consent Form

We ……………. hereby consent to be included as volunteers in the study entitled "School refusal factors and its psycho social concomitants" conducted by Sangeetha Madhu, under the guidance of Dr. Thara .R.

We have been informed to our satisfaction about the nature and purpose of the study and have understood the general principles as mentioned previously; we are informed that we can drop out of the study at any stage.

Signature of participant	Signature of parent
Date	Date

APPENDIX – D

Abstract

School refusal behavior may be generally defined as child-motivated refusal to attend school or difficulties remaining in class rooms for an entire day. Kearney and Silverman (1995) proposed a compound functional analytic model of school refusal behavior. The present study is based on their conceptual framework.

Aim

To assess the psycho social profile of School refusal behavior based on a functional/theory/driven model of assessment and study the factors associated with School refusal behavior.

Research Design

A cross sectional ex post facto design was used for the study.

Sample Selection

A purposive sample of 160 children was screened for school refusal behavior based on Kearney and Silverman's operational definition, at The Institute of Child Health and Hospital for Children, Egmore and Stanley Medical College and Hospital (Chennai). Children of either sex, 5 – 15 yrs old, with full scale IQ of <80 were included.

Method of Data Collection

Children who fulfilled the criteria for school refusal as the primary problem were assessed on the following scales: School Refusal Assessment Scale (SRAS - Child version, Kearney and Silverman, 1995), Children's Depression Inventory (CDI - Maria Kovacs, 1985), State Trait Anxiety Inventory for Children (STAIC, Spielberger, 1973) and NIMHANS Index of Specific Learning Disability (Kapur et al 1991) and Binet Kamath Test of General Mental Ability (Kamath, 1973). The parents were administered an Interview Schedule, School Refusal Assessment Scale (SRAS – Parent version, Kearney and Silverman, 1995), and Revised Child Behavior Check List (CBCL, Shenoy, 1996).

Data analysis:

Data was analyzed using SPSS version 11 Statistical package. Descriptive (percentages, mean and Std deviations) and inferential statistics (t-test, ANOVA, chi square, and multiple regression analysis) were used to analyze the data.

RESULTS AND DISCUSSION

Results indicated that children with school refusal exhibited significant levels of anxiety, depression, learning difficulty and behavioral problems. Sex of the child, socio economic status, parental education, occupation, and presence of precipitating factors, examination anxiety, and pathological family functioning and depression, anxiety, internalizing/externalizing symptoms were significant predictors of school refusal factors. The study highlights the utility of the functional assessment model, the heterogeneity of the sample and the need for assigning treatment strategies for children with school refusal behavior to enhance effectiveness. Problematic school non attendance is likely to be one of the most pressing social problems. Resources to provide systemic (eg. alternative schools) and molecular (specialized clinics) solutions are thus considered imperative.

calvin and hobbes
I HATE SCHOOL.
10/25

EACH DAY I COUNT THE HOURS UNTIL SCHOOL'S OVER. THEN I COUNT THE DAYS UNTIL THE WEEKEND. THEN I COUNT THE WEEKS UNTIL THE MONTH IS OVER, AND THEN THE MONTHS UNTIL SUMMER.

I ALWAYS HAVE TO POSTPONE WHAT I **WANT** TO DO FOR WHAT I **HAVE** TO DO!

WELCOME TO THE WORLD.
WOULD YOU SIGN THIS PARENTAL EXCUSE TO GET ME OUT OF THE NEXT 11½ YEARS OF SCHOOL?