

The Successful Intervention in Positive Behavioral Support Approach for Two Students with Special Needs with School Refusal

Presenter: Wen-Ting Chang

Co-Authors: Wen-Ting Chang, Ya-June Huang, Yu-Chiou Su, Jui-Jung Tseng

SUMMERY

In last few years, among mental diseases that elementary and secondary school age students have, “school refusal” has been dramatically increasing in Taiwan. School refusal behavior, referring to a student’s refusal to attend school or difficulty remaining in classes for an entire day, in children and adolescents at school age is complicated and it includes many internal as well as external behavioral disturbances. School refusal is a challenging issue for parents, school personnel and mental health professionals. The paper first reviews the research and articles on school refusal in children and adolescents, especially focusing on the definitions, common characteristics, categorical diagnoses, relevant factors, assessment and treatment strategies. Next, two cases who were referred to “Taipei City Students with Special Needs Emotional and Behavioral Problems Intervention Team” due to their serious school refusal problems are described. They are diagnosed as Autism and Asperger Syndrome. Their referral behavioral problems were significantly improved after the intervention. The article presents the details of the assessment, intervention process and effectiveness based on the guidelines, inclusive of collaboration, environmental adjustment and positive views of behavioral problems, of the positive behavioral support approach. Finally, practical experiences and the research conclusion of references are investigated and discussed in terms of their consistency, and afterwards suggestions are addressed.

Keywords: school refusal, positive behavioral support, functional behavioral assessment¹ Emotional and Behavioral Problems Intervention Team

INTRODUCTION

It is thought that a school is an important place where children learn. However, are all students happy to go to school? According to the researches and investigation in Taiwan, it's not novel that students refuse or are fear to go to school. Moreover, in recent years, more and more elementary and secondary school age students go to psychiatrists for help because of their school refusal problems [Shu,1963, Yen, Liao, Sung, 1988, Huang, Li, Wang,1991, Lin, 1999]. Based on a review of the associated researches and articles in the past 10 years, King & Bernstein (2001) summarized that school refusal poses significant and adverse consequences such as poor academic performance, family difficulties, social and employment problems, and increased risk for later psychiatric illness. It appears that school refusal behavior should be regarded as a serious problem.

“Emotional and Behavioral Problem Intervention Team” [EBPIT], a subgroup of Taipei City East Special Resource Center, was set up in 2003 by Taipei City Education Bureau. The students with special needs, who are referred by the schools in Taipei City because of their severe emotional and behavioral problems, are served by the team. The team members follow standardized procedure to design, based on the result of ecological system and functional behavior assessment, an individualized and multidisciplinary-involved behavior support plan. The writers represent the principles and framework of the intervention (Jeng, 2005) procedure through two cases referred for their school refusal behavior in order to enrich school personnel and parents the knowledge of school refusal and to improve their ability to deal with the relevant behavior problems.

DEFINITION AND FEATURE

In 1969, Berg et al. showed four features of “school phobia” [1] ① long-term nonattendance ② obvious emotion disturbance, such as withdraw, temper tantrum, somatic complaints ③ parents' awareness of the attendance problem ④ an absence of significant antisocial behavior; which is distinguished from truancy. The definition of school refusal behavior proposed by Kearney and Silverman [1996,p.345] is “child-motivated refusal to attend school or difficulties remaining in school for an entire day.”, which didn't distinguish school phobia from school refusal. Similar to those definition above, in this research, school refusal behavior is defined [1]

※child-motivated refusal to attend school or difficulties remaining in school for an entire day

- ✧an absence of severe antisocial behavior
- ✧parents are aware of the attendance problem

The relative researches indicate that students with school refusal behavior show a wide range of internalizing and externalizing behavior problems, including anxiety, fear, fatigue, depression, noncompliance, aggression, somatic complaints, etc. Lin,1999, Kearney, Lemos & Silverman,2004;Kearney & Bates,2005 .

DIAGNOSIS

The definition and the clinical features of school refusal behavior seem clear. However, the heterogeneous nature of the students with school refusal presents obstacles to those who wish to categorize and assess this population based on some stable form of school refusal behavior. In addition, there is not a specific diagnosis for school refusal in Diagnostic and Statistics Manual of Mental Disorder, Forth Edition [DSM-IV] American Psychiatric Association [1994] , which is often used to assess mental illness. The students with school refusal are often diagnosed separation anxiety disorder, generalized anxiety disorder, social phobia, specific phobia or adjustment disorder with anxiety [King, Heyne, Tonge, Gullone & Ollendic,2001] . It is interesting to see the age-related trend in these diagnosis. For example, young children are usually associated with separation anxiety disorder, and teenagers are often relevant to anxiety disorder, mood disorder, and specific phobia (Heyne, King, Tonge & Cooper, 2001; Fremont,2003) . Last and Strauss’research (1990) also indicates that many of the school refusers could get more than one diagnosis. Although conduct problems are not the characteristics of school refusal, children exhibiting attendance problems may become argumentative, and display aggressive behavior when parents try to get them to school [Heyne et al., 2001] .

POSITIVE BEHAVIORAL SUPPORT APPROACH

Since 1980, “positive behavioral support approach”(Niou, 2001 [has been highlighted in terms of the intervention of behavior problems. In this approach, functional behavior assessment, educational and non-aversive intervention strategies, multidisciplinary-involved and individualized behavior support plan are essential. Based on working procedure of EBPIT, following are the two steps:

Assessment

Following are the three main aspects assessed (Taipei City East Special Resource Center, 2006):

Development of the case Both physical and mental development of the case, is assessed to identify the relationship of those events and school refusal behaviors.

The ecological system Families and schools are generally assessed because they are the main places students stay at. Families are assessed to recognize the effect of children's school refusal behavior. For school, several circumstances such as class environment, triggers to school refusal behavior, and personnel's attitude to the behavior are considered.

The function of behavior There are several choices in assessing the function of school refusal behaviors, such as behavior observation form, structural diagnostic interview, self-report, relative records at school, The School Refusal Assessment Scale-Revised (SRAS-R) [Kearny, 2002], and the effectiveness of the intervention strategies implemented before. It must be recognized that such behavior, especially the chronic one, can serve more than one function. Therefore, a multi-informant, hypothesis-testing approach is recommended (King et al., 2001).

Intervention

Depending on students' individual needs, school refusal problems are intervened with multiple strategies, including educational consulting, psychological therapy, cognitive behavior approach, family therapy, play therapy, pharmacologic treatment, and so on. Following are the three main aspects of the plan:

Environmental adaptation The frequency of the school refusal behavior would be reduced with the environmental adaptation, including school, family and medical treatment. For example, the case's anxiety for attending school would be alleviated when a school becomes a safe and supporting place.

Behavior training The goal of behavior training is to improve students' ability to reduce their anxiety and to handle the frustration and embarrassment at school. Moreover, depending on the progress of the intervention, students are encouraged to gradually increase the time engaging the activities at school. The strategies often used are relaxation training, social skill training, play therapy, systematic desensitization, cognitive behavior therapy, etc.

Consequence controlling As Kearney & Silverman's (1993) suggestion, the ways for consequence control are based on the results of functional behavioral analysis. Through the strategies, such as reinforcement, extinction, time-out, response cost and so on, contingent to target behaviors, problem behaviors become irrelevant, inefficient,

and ineffective. Meanwhile, alternative ones are able to maintain the consequences so that the occurrences of problem behaviors are reduced.

CASE DISCRPTION

CASE T

Assessment

Diagnosis and Background T was a boy diagnosed as Autism. He was placed at a self-contained classroom in a public junior high school. He started to refuse school-attending at the beginning of his G9, as the time his psychiatrsit considered him suffering from suspect persecutory paranoid. In fact, T's parents had been resisting any psychopharmacological treatment for T.

Ability and Personality T had intelligence of subnormal level (WISC FIQ: 85, TONY IQ: 107). Because he could accept simplified regular academic curriculum, school personnel provided him direct instruction about language and math in a resource room. One year ago, he had been once arranged to a regular classroom for a while, but the outcome was unsuccessful. (He overly feared for other classmates' teasing his label of "coming from mental retardation class".)

T's ability to manage his emotions was poor, and his frustration-tolerance level was low. He had significant deficit on social interaction. He almost never interacted with his classmates. Also, he was quite rude to the teachers. After the onset of his school-refusal, he believed that he would be harmed by someone at school.

Environment There was harmonious atmosphere in T's family. However, his parents could not parent him consistently. The relationship between T and his father had been very bad due to T's negative experiences about rigidly physical punishment from his father in T's childhood. This made T's father not want to discipline or demand T any more, inclusive of issues about school-attending. T's mother, on the other hand, was easily manipulated by T's complaints, tantrums, or egocentric requests. She often asked school personnel for permitting T's frequent sick leave, rearranging the special teacher, and so on. The problem was never solved and mother was anxious.

T hated the label of being a student of special class. Unfortunately, his failure experience in a regular classroom made him lose his confidence. Although school personnel tried very hard to increase resource room classes, T did not like it. Besides, T's relationship with his teacher was unstable. He often had verbal conflict with teachers, especially the head teacher, Ms. W. After refusing to school, he tried to minimize the opportunities of social interaction with teachers and classmates. He became social-withdrawal more and more.

School personnel felt helpless for T's school-refusal problem and as a result, finally they changed the head teacher (Ms. W) whom T claimed fearful to a new one. Whatever they had done for him, T's frequency of school-attending didn't increase. Even administrators questioned T's parents' attitude and were not dissatisfied with their refusal of drug treatment. In summary, some kind of vicious circle was discovered --T usually refused to go to school and complained to be repressed by learning environment. Next, he pressed his parents, and finally his parents pressed school to satisfy T's requests. It was the model that maintained T's school refusal behavior.

Behavioral Assessment (a)*Baseline* The frequency of T's school attending was one to two half days per week. If T went to school, he usually began his classes as early as the third class of that day. However, he could maintain staying at school until the end of the day. (b)*Function of the target behavior* One of the functions of T's school-refusal behavior was to escape the pressure of interacting with school teachers. The other was to indirectly obtain adults' help to solve his problems. According to this conclusion, T was guided to employ function-equivalent but more appropriate behaviors, such as calling his teacher for a leave permit by himself or expressing his difficulties. T was also expected to present new appropriate behaviors which promoted the interaction between him and teachers incidentally.

Intervention Strategies

T was helped to promote his school-attending and the related adaptive behaviors gradually, including antecedent-control, behavior-training, and consequence-control. In terms of antecedent-control, the points were to maintain parents' will for asking T to go to school and to cultivate school environment to meet T's learning needs. In addition, consequence-control focused on establishing new links between new appropriate behaviors and maintaining consequences. As for behavior-training, teaching him to require some social skills was emphasized for surviving at school. The behavior support plan for T was as below.

Stage	Goals	Strategies
Stage 1	1.Be able to maintain school attending frequency 2.Be able to ask for leave	1.Confirm the role of new teacher and arrang the opportunity to establish the relationship with T
<i>(continued)</i>		
Stage	Goals	Strategies
	permit to stay at home by himself	2.Demand and guide T to ask his teacher for leave permit to stay at home in accordance with the procedures

		<p>3.Support parents, empower T's mother, and provide advices about handling with T's tantrum</p> <p>4.Make school-attending beneficial for T:</p> <ul style="list-style-type: none"> • Discuss with T about the link between going to school and entrance to the senior high school which he desired • Token economy system
Stage 2	<p>1.Raise the average school-attending days to 3 days per week at least</p> <p>2.Be able to participate in activities that he was originally interested in.</p>	<p>1.Establish alternative behavior possessing the function of asking for help: the new teacher instructed T to express his needs and opinions</p> <p>3.Flexible placement:</p> <ul style="list-style-type: none"> • His registered placement was still self-contained class, but school personnel increased his classes in resource room. • Sometimes the teachers provided T certain tasks in independent learning area upon parents' informed consent <p>4.Flexible and adaptive curriculum which fit T's strength, interests, and self-expectations consisted of situations from independent to individual one by one, even to small group.</p>
Stage 3	<p>1.Be able to maintain routine of school-attending</p> <p>2.Be able to employ social behaviors more adequately and decreased interpersonal conflict</p> <p>3.Be able to participate in classes in group situation.</p>	<p>1.Social skill training</p> <p>2.Fade individual classes, and try to add some group activities in regular classes (such as art)</p>

Effects

T's parents persisted their expectation of T's school-attending firmly. T's behaviors improved gradually after intervention for 2 months. He only asked for

one-day sick leave for diarrhea. He began to forced himself to school. However, he wasn't happy and often tearful so far.

With the new flexible placement and curriculum, T maintained his frequency of school-attending. He almost went to school regularly. It was important that he interacted with others more and more actively and seemed more joyful.

T gradually realized the consequences of his inappropriate social behaviors in the social-skill-training group. He also tried to adopt some appropriate skills, such as eye-contact with others at greeting and expressing his opinion and feeling. He had been accustomed to his school.

CASE K

Diagnosis and Assessment

Background K was an eighth grade boy when he was transferred to Emotional and Behavioral Intervention team. He was placed in a regular classroom and provided resource room programs. K was diagnosed as Asperger Syndrome at seventh grade. Before this, K had been diagnosed as having ADHD. He did take medicine but not longer than a month in total. K was shy and clumsy in movement. Playing computer games was his favorite leisure activity. At first semester in his junior high school, K had several conflicts with his head teacher and peers. After one week of school at next semester, he stopped to go to school. The situation did not go better till eighth grade and with parents' agreement, he was transferred to the team.

Ability and Personality K's IQ score in WISCIII was 77. Performance IQ was a little higher than verbal IQ. Academically, K had serious attention problem and even in a small group, he did not attend much better. K had basic reading and writing skills but he was not motivated to write. In communication, K was able to actively express or request only on limited topics in which he was interested. When asked questions K did not like or understand, he tended to be silent unless choices of answers were provided. Because K had his own logics and explanations of certain events, he often did not accept other's opinions. He tended to express himself with anger when things did not go with his expectation. These ways included cursing and hitting people. It was hard for K to develop appropriate peer relationship due to his fluctuant emotions, not being able to compromise and being childish although he did have attempt to interact.

Environment K lived with his parents and an older sister. K feared father's traditional and austere discipline, especially after he refused to go to school. Father thought school refusal happened because Mother spoiled K too much. In contrast

with father, K had deep bond with his mother psychologically and physically. Mother seemed to accept the truth that K had Asperger syndrome. However, she spent little time understanding this disorder, such as collecting information, connecting people associated with Asperger, except seeing a psychiatrist periodically. She preferred to facing the distress herself than seeking out for help.

The special education teacher who was familiar with K thought K's school refusal was deeply affected by his family, especially by mother. Mother did not seem to be eager to ask K to go to school although sometimes she looked hasty about it. Bonding between mother and son was the key issue that explained why the problem could not be solved. As a result, what the special education teacher did was basically calling mother and asking her to bring K to school. K then was accompanied by mother to school for one or two days but soon after he ran away again. Mother finished all the procedure of leave of absence. However, she thought K's previous experience of trauma with the head teacher resulted in his fear of school. School personnel, not only mother, should be responsible for assisting K. Relationship of trust between the teacher and mother was never established during K's school refusal.

Behavioral Assessment After analyzing K's behaviors, it was found that because of the difficulties for an individual with Asperger syndrome to correctly read and explain social situations, and the lack of problem solving skills, K needed more understanding and guidance than others in the very beginning of environment adaptation. However, K's head teacher did not realize it. He thought K was a student who kept breaking rules and aggressive. Based on this belief, he tried to suppress K's problem behaviors and it became a trigger of K's fear and refusal of school. After a period of time staying at home, the teacher could not request K to attend school and mother could always get a permission of his long term leave. School refusal gradually became chronic. Gaining family members' attention and avoiding school and social conditions together served the function of school refusal behavior.

Intervention Plan

The intervention plan included three stages. Based on assessment information, long-term, mid-term and short-term goals were set up with correspondent strategies. Furthermore, goals were designed with the principle of shaping procedure and with the consideration about the student's needs and environmental accessibility in order to increase participation of school programs and activities. The need of improving the student, parents and teachers' competence handling challenges was also considered at the same time.

The intervention plan was described with its stages, goals and strategies as follows:

Stage	Goal(s)	Strategies
Stage 1	Be able to participate in school activities and parts of resource room programs(3-5 classes per week, mainly leisure program)	<p>Antecedent strategies:</p> <ul style="list-style-type: none"> ● Integrating medical resources ● Rearranging resource room programs, mainly leisure programs attracting K and picking up peers meeting K's needs ● Discussion among teachers and parents in order to make sure team members' work: teachers-increasing attending inducers; parents- decreasing comfort level of staying at home and increasing time in outdoors ● Providing opportunities of participating in school activities <p>Consequence strategies:</p> <ul style="list-style-type: none"> ● Time of playing computer games as reinforcement controlled by mother

Stage 2	Be able to increase participation in resource room programs (including leisure and academic programs, 8-10 classes per week)	<p>Antecedent strategies:</p> <ul style="list-style-type: none"> ● Periodical discussion among teachers and parents about K's progression and the responses to certain events ● Discussion about opportunities of participating in other placements ● Increasing resource room programs and varieties of program content ● Using schedule at home as used at school <p>Behavior strategies:</p> <ul style="list-style-type: none"> ● Offering permission of leave requests and teaching K to ask for it himself ● Applying strategies such as modeling, prompting and incidental teaching for K's social skills and emotion management
---------	--	--

(continued)

Stage	Goal(s)	Strategies
Stage 3	Be able to stay at school whole day with activities or programs school personnel	<p>Antecedent strategies:</p> <ul style="list-style-type: none"> ● Integrating resource room, self-contained classroom and regular education classroom

offer

programs

- Helping connect regular education teachers
-

Effects

In the first half of stage 1, K participated two classes per week and in successive three weeks, K had 100% attendance rate. In the other half, the classes for K increased to six classes per week. In successive five weeks, he had 88% attendance rate. In stage 2, classes K was supposed to go increased to nine per week. In successive four weeks, K had 97% attendance rate. After this stage until the end of the semester, K followed a whole day schedule at school, including classes in the resource room and self-contained classroom and K greatly attained 100% attendance rate.

K made a tremendous progress in special education classrooms, no matter in attendance, adaptation or stabilization of emotion and behavior. K became quite familiar with going to school and considered it as a routine job. He even asked to go back to his regular education classroom and interacted with his peers. After school, he was able to describe with simple sentences what happened at school when requested by parents. Special education teachers worked with regular education teachers closely in choosing suitable classes and preparing peers in order for promising success. It was definitely a crucial factor taking K back to school that special education teacher was competent for a case manager and was actively establishing great relationships with people who were involved.

Parents, especially K's mother, changed to trust school personnel and their assistance. She was energetic but not precipitate. She was willing to discuss issues and goals with the team. Parents gradually believed in their child and were not scared the label anymore. Most important of all, they truly faced K's difficulties and a family's duty so the bond could be cut for K's independence.

DISCUSSION

The program of Emotional and Behavioral Problem Intervention Team includes various strategies in positive support approach. The team members follow standardized procedure to design an individualized and multidisciplinary-involved behavior support plan based on the result of ecological system and functional behavior assessment.

The two cases with school refusal described were male who studied at junior high school. Both of them were characterized by the difficulties on communication, social interaction, and emotion control due to their pathological disorders (i.e. Autistic spectrum disorder). There were significant difficulties on their learning and school

adaptation. Their school refusal problem had been so serious that the intervention earlier had never brought any improvements. Following Emotional and Behavioral Problem Intervention Team (EBPIT) intervention, the two school-refusal boys both attended school regularly and stably. It demonstrated that EBPIT intervention made effective progress on school refusal among students with special needs.

Some probable factors are considered to contribute toward the effective outcomes. The discussion is described as follows.

Goals being set stage-by-stage

School situation was the main origin of the cases' phobia. The cases and even their parents were lack of confidence for successful school-returning. Therefore, gradual school-returning arrangement was adopted for goal setting, such as slowly increasing hours of staying at school, as well as shifting to more challenging placement little by little. EBPIT intervention considered the cases' ability of pressure-tolerance, and then allowed sufficient time for school refusal students to establish successful experiences of adapting to school.

Promoting motivation to school

One of the key factors of successful intervention is to utilize any kind of school refusal students' internal or external power to induce their motivation to school naturally. For example, T's discontentedness of current placement combined with his advantages could be used to induce his expectation toward the entrance of senior high school. Due to this drive, T could compliantly accept concrete targets and steps associated with graduating from original school and applying for new school. The effectiveness of this strategy was properly based on T's intelligence and self concept. In contrast, K, who had lower IQ, was invited to participate in interesting school activities in advance. This arrangement promoted K's familiarity with school and provided successful experiences about school. In sum, K's desire of attending school was generated effectively.

Adjustment of school system

Both cases' school could maintain open-minded attitude to satisfy student's special needs. They flexibly adjusted their ecological environment, such as the role of school personnel, students' placement or curriculum, and even rebuilding the relationship between teacher and student.

Role of school personnel EBPIT believed some of the critical factors which usually affect the outcomes of school adaptation for students with special needs include whether teachers comprehend and receive student's ability profile or education needs,

as well as whether teachers coordinate school resources to provide supportive environment. In the two cases' intervention, EBPIT tried to promote coordination within school system and made cases link with their teachers. For example, T's teacher successfully rebuilt the relationship with T via the demand of calling for a leave permit. The other example was that K's special education teacher took a mediate role to coordinate opinions of parents, the head teacher, and K. Their cooperation perhaps generated strategies to meet K's needs.

Placement and program arrangement It is important to provide placements and programs that match students' abilities and decrease their pressure in order to keep the motivation of attending school. So, school personnel get rid of original framework and arrange flexible placements. It is also necessary to provide programs across the regular classroom, resource room and self-contained classroom. For example, T was placed in a self-contained classroom but when considered his high self-expectation, resource room and regular classroom classes gradually increased and preparation programs of the entrance exam was arranged. K was placed in a regular classroom but he couldn't make it. Therefore, the plan started with leisure programs in resource room and subsequently other classes increased in other placement including self-contained classroom and regular classroom.

Interaction between teachers and the client Interaction between teachers and the client is a crucial part of environmental adjustment. In order to effectively establish good relationship between teachers and the student, teachers must know better about the their characteristics and be able to respond to them. Also, they have to learn how to set up reasonable expectations.

Family adjustment

Parents play an important role of children's school attending. Whether they are firm is the key. In these two cases, parents both showed too much sympathy to their children and overly feared that their children got hurt. They expected school to change in order to meet children's needs and ignored their responsibilities. On the way they sent children to school, they had no idea how to respond children's fear. As a result, teachers communicate with parents about good parenting skills so that they are able to be responsible. For example, these techniques include asking parents for decreasing the level of comfort at home, increasing outdoor time and reinforcing good behaviors. When their children successfully reach the goal, parents' skills improve at the same time.

Establishing effective consequences

In order to maintain school attending behaviors, both active and non-active attending are reinforced. For example, T got allowance and K, according to the records, was able to get more computer time at home. However, in terms of long-term effect, T's appropriate behavior of asking for help and K's success in resource room and interaction with peers are satisfying consequences for maintaining their school attending.

Establishing alternative behaviors

T's and K's school refusal behaviors both have the function of avoidance. Therefore, the intervention strategies focus on reducing environmental stress and setting up alternative behaviors, such as asking the students to call themselves for a leave permit. In addition, T had another behavioral function which was "asking for help" as a way to solve interpersonal problems. Through curriculum, T learned techniques in social and emotion management.

Positive behavioral approach is based on the assumption that problem behavior has its function. Although the two cases described above are different from their abilities, school and family environment, the assessment suggests the following interventions toward environmental adjustment, behavioral training and arranging effective consequences. Results show that interventions based on positive behavioral approach are successful for these two cases with school refusal.

REFERENCE

Chinese

- 林慧芬(民 88): 幼稚園及國小新生學童拒學行為之探討。親子關係與幼兒發展學研討會會議論文集, 91-124。[Lin, H. F. (1999). The Research of School Refusal Behavior of Preschoolers and Elementary Students. *The Reference of Parent-Child Relationship and Child Development*, 91-124.]
- 徐澄清(民 52)。學校恐懼症及拒絕上學症之臨床研究。小兒科醫學會雜誌, 4(3), 203-213。[Shu, C. C. (1963). The Research of School Phobia and School Refusal. *Journal of Pediatric Academy*, 4(3), 203-213.]
- 黃惠玲、李錦虹、王興耀(民 80)。幼稚園與小學時期拒學症的相關因素。中華心理衛生學刊, 5(1), 11-22。[Huang, H. L., Li, G. H., Wang, S. Y. (1991). The Correlative Factors of School Refusal of Kindergarteners and Elementary School Students. *Journal of Chinese Mental Health*, 5(1), 11-22.]

- 鈕文英(民 90)。身心障礙者行為問題處理。臺北：心理。[Niou, W.Y. (2001) . The Intervention of the Behavior Problems of People with Disability. Taipei: Psychological.]
- 鄭淑里(民 94)。因應融合教育的支援服務。未出版，台北。[Jeng, S.L. (2005). *The Supportive Services for Inclusion*, Unpublished, Taipei.]
- 顏嘉琪、劉瓊瑛、宋維村(民 77)。拒學症學童的研究。中華心理衛生學刊，4(2)，51-62。[Yen, G. C., Liao, C.Y., Sung, W. C.(1988). The Research of School Refusal Students, *Journal of Chinese Mental Health*. 4(2), 51-62.]
- 臺北市東區特教資源中心(民 95)。臺北市特殊教育學生情緒及行為問題專業支援團隊專業支援教師工作手冊，未出版，台北。[Taipei City East Special Resource Center (2006). *The Manual for the Teachers of Emotional and Behavioral Problem Intervention Team*, unpublished, Taipei.]

English

- Berg, I., Nichols, K., Pritchard, C. (1969). School Phobia: Its Classification and Relationship to Dependency. *Journal of Child Psychological Psychiatry*, 10, 123-141.
- Bernstein, G. A. (1991). Comorbidity and severity of anxiety and depressive disorders in a clinic sample. *J Am Acad Child Adolesc Psychiatry*, 30, 43-50.
- Fremont, WP (2003). School refusal in children and adolescents. *American family physician*. 68(8), 1555-1560.
- Heyne, David, King, NJ, Tonge, BJ, & Cooper, Howard (2001). School refusal Epidemiology and management. *Paediatr Drugs*, 3(10), 719-732.
- Kearney, CA, & Silverman, WK (1993). Measuring the function of school refusal behavior: the school refusal assessment scale. *Journal of Clinical Child Psychology*, 5, 85-96.
- Kearney, C. A. & Silverman, W. K. (1996). The Evolution and Reconciliation of Taxonomic Strategies for School Refusal Behavior. *Clinical Psychology: Science and Practice*, 3, 339-354.
- Kearney, C. A. (2002). Identifying the function of school refusal behavior: A revision of the School Refusal Assessment Scale. *Journal of Psychopathology and Behavior Assessment*, 24, 235-245.
- Kearney, C.A. (2004). The functional assessment of school refusal behavior. *The Behavior Analyst Today*, 5(3), 275-283.
- Kearney, C.A. & Bates, M.(2005). Addressing school refusal behaviors Suggestions for frontline professionals. *Children & School*. 27(4), 207-216.
- King, N.J. & Bernstein, G.A.(2001). School refusal in children and adolescents: A

- review of the past 10 years. *J. AM. ACAD Child Adolesc. Psychiatry.* 40(2), 197-205.
- King, N. J., Heyne, D., Tonge, B., Gullone, E. & Ollendick, T. H. (2001). School Refusal: Categorical Diagnoses, Functional Analysis and Treatment Planning. *Clinical Psychology and Psychotherapy*, 8,352-360.
- Last, C. G., & Strauss, C. C. (1990). School refusal in anxiety-disordered children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 31-35.
- McShane, G., Walter, G., Rey, J. M. (2001) Characteristics of adolescents with school refusal. *Aust N Z J Psychiatry*, 35, 822-826.
- Wanda P Fremont, M. D. (2003). School refusal in children and adolescents. *American Family Physician*, 68(8), 1555-1560.