

## Characteristics of Venezuelan School Refusers

### Toward the Development of a High-Risk Profile

ELENA GRANELL DE ALDAZ, PH.D.,<sup>1</sup> LYA FELDMAN, M.A.,<sup>1</sup> ELEONORA VIVAS, M.PHIL.,<sup>1</sup> AND  
DONNA M. GELFAND, PH.D.<sup>2</sup>

Parent, teacher, and child reports were used to identify situational and personal factors associated with school refusal in 114 3- to 13-year-old Venezuelan children. The sample consisted of 57 school refusers and 57 nonrefusers matched on age, school, and sex. As compared with nonrefusers, the refusers had changed schools more often, were rated as more dependent, had more school-related fears, and were perceived by their parents as more difficult to manage. Stepwise multiple regression analyses revealed that school refusal status could be predicted by both situational and personality variables including the child's fear level, dependency, depression, frequency of school changes, history of refusal in the family, and other variables. Refusal onset frequently coincided with situational stress (*e.g.*, the beginning of the school year, a new school or teacher, or trouble with a teacher or peers). Categories of refusal resembled those of other studies and included adjustment reaction, school phobia, and emotional disturbance. In the future, these risk factors can be used to identify and treat potential school refusers.

Some children develop intense anxiety when required to attend school. Consequently, they attempt to reduce their anxiety by seeking excuses to remain at home during school hours. As a result, their absenteeism is very high, and their academic progress and social adjustment suffer.

There are many different causes of absenteeism, however. Most children with high absenteeism are truants who have conduct disorders rather than school refusal (Hersov, 1960; Marks, 1970). Truants are more antisocial than refusers and less successful academically. When not at school, truants avoid their parents and homes as well as their schools, but refusers typically stay at home with their families (Galloway, 1983; Hersov, 1960). In contrast to the more aggressive truants, many school refusers exhibit a number of emotional problems, as Berg (1981) has observed, and are generally fearful, anxious, depressed, and uneasy in social situations.

To be classified as a school refuser a child must

display both an intensely negative emotional reaction to school attendance and either excessive absences or attendance only under force (Eysenck and Rachman, 1965). Using a strict definition of school refusal, which requires that all informants agree that the child's frequent absences are attributable to extreme fear, we have found that .4% of a representative sample of Venezuelan school children could be classified as school refusers (Granell de Aldaz *et al.*, 1984). Requiring only that the child have a high absence rate and a fear of school increased the estimated rate to 5.4%, which is comparable to the rates reported in other parts of the world when equivalent criteria are used (Granell de Aldaz *et al.*, 1984; Miller *et al.*, 1971). The cross-national consistency in the description and prevalence of the disorder (Granell de Aldaz *et al.*, 1982, 1984; Marks, 1970) suggests that the results from the present study could have wide applicability.

Acute, short-term school refusal in younger children may present no serious or lasting problem (Coolidge *et al.*, 1957; Kennedy, 1965), but recent research shows that adolescents with intense, chronic school refusal have a worse prognosis (Berg, 1984; Berg *et al.*, 1976; Rutter and Garmezy, 1983; Weiner, 1982). Follow-up studies have revealed that many older children who suffer from persistent and intense school refusal later exhibit various emotional problems as young adults, particularly debilitating agoraphobia (Waldron, 1976; Waller and Eisenberg, 1980; Warren, 1960). Moreover, children whose school refusal is sufficiently severe to warrant hospitalization are likely to have persistent adjustment problems. One third of a large British sample of hospitalized school refusers continued to

<sup>1</sup> Departamento de Ciencia y Tecnología del Comportamiento, Universidad Simón Bolívar, Apartado Postal 80659, Caracas, Venezuela.

<sup>2</sup> Department of Psychology, University of Utah, Salt Lake City, Utah 84112. Send reprint requests to Dr. Gelfand.

This research was supported by Grant S1-1243 to the first author from the Venezuelan Council for Scientific and Technological Research (CONICIT), by Simón Bolívar University, Caracas, Venezuela, and by a travel grant to Dr. Gelfand from the University of Utah Research Committee. Our thanks to the many school personnel, parents, and children from Caracas whose participation made this study possible, and to Teresa Ficula for her perceptive comments on the manuscript.

This paper is based on a poster presentation at the meeting of the Association for the Advancement of Behavior Therapy, December 1-4, 1984, Philadelphia.

have serious emotional and social impairments as adults (Berg *et al.*, 1976). The potential adjustment difficulties of certain school refusers make it important to develop improved diagnostic, prevention, and treatment techniques to combat this disorder.

### Rationale and Design

This study was designed to identify the family, school, and personal characteristics of a sample of Venezuelan school refusers to distinguish them from agramates who were not refusers. A diathesis-stress model was used to select the variables for study and analysis. We presumed that refusal would not occur at random, but would be more prevalent among particularly vulnerable children. The research literature suggested that a family context of maternal overprotectiveness, child dependency, and child depressive affect might predispose children to become anxious and to retreat to their homes when they encounter the less permissive and more demanding school environment (Berg, 1984; Berg and McGuire, 1974; Lachenmeyer, 1982; Rutter and Garnezy, 1983). Accordingly, the study included the preceding factors that are thought to limit the child's autonomy and ability to meet school demands (Berg & McGuire, 1974; Waldron *et al.*, 1975). In addition, Bandura's social learning theory (1985) suggests that the presence of other school refusers in the family could increase the child's risk by providing a model of school avoidance as a method for coping with school-related stress. Consequently, we inquired about the family history of refusal. The likelihood of a child's developing school refusal should be further heightened in particularly stressful school situations; hence, we sampled the situational variables thought to precipitate the development of school refusal such as a transfer to a new school, adapting to a new school year in a higher grade, and encountering academic or social failure at school (Berg, 1984; Felner *et al.*, 1982; Hersov, 1960; Lachenmeyer, 1982). Thus, the psychologically vulnerable child could develop school refusal when encountering school-related environmental stressors. Our study investigated the nature of the presumed predisposing and the precipitating factors in the development of school refusal in a group of Venezuelan children of differing ages, including those in preschool, those in elementary grades, and some young adolescents. We expected that the variables characterizing the Venezuelan sample would closely resemble those reported among school refusers of other nationalities, and the results might point to risk factors that could be useful in designing early preventive interventions. Whereas most previous studies have relied upon one or two types of informants and measures, our study

was designed to be more comprehensive and to collect information from three different sources, *i.e.*, parents, teachers, and the children themselves. In addition, both questionnaires and interview measures were administered, thus yielding a multiple-method, multiple-measure study.

### Methods

#### Subjects

Subjects were 114 3- to 13-year-old children, 57 of whom had school refusal and 57 matched children who did not (median age = 7 years for both groups;  $\bar{X} = 6.9 \pm 1.9$  years for refusers and  $7.5 \pm 1.5$  years for control subjects). In Venezuela, compulsory school attendance begins at age 4, which accounts for the youthfulness of some of the school refusers. Most of the children were in the first three elementary school grades (68%), with smaller proportions in preschool (25%) and in the higher grades (7%), as is typical of Venezuelan refuser samples (Granell de Aldaz *et al.*, 1984). Of the refusers, 51 were referred by school psychologists and six by mental health centers or psychiatric inpatient units. To be classified as school refusers, the children had to report an intense fear of attending school. A parent's report was used for children younger than 7 years. The child's report was then confirmed by a parent's and a teacher's observation of the child's problem and by the student's actual refusal to attend school except when physically forced to do so. The parents' reports of the severity of the child's adjustment problems were significantly related to the number of school days the child missed ( $\chi^2 = 27.45$ ,  $df = 8$ ,  $p < .001$ ). School refusal severity and achievement problems also were related to number of school days missed ( $\chi^2 [8] = 27.45$ ,  $p = .001$  for severity and  $\chi^2 [16] = 26.32$ ,  $p = .05$  for achievement problems). Children whose absenteeism was not fear motivated were excluded from the sample. Fifty-seven nonrefusers who had normal school attendance records and were matched with refusers on age, sex, grade, and, when possible, school and classroom formed the comparison group. (see Table 1). The refusers' mean percentage of school nonattendance (10.94% of total possible school days) was significantly greater than the mean for the controls (4.02%),  $t [112] = 3.13$ ,  $p < .01$ . Both groups had similar sex compositions (56% of the refusers were girls and 53% of the nonrefusers were girls). The preponderance (67%) were enrolled in public rather than in private schools.

#### Procedure

The interviewing and testing took place in the child's school, except in a few instances in which the home was used. Interviewers were two female univer-

TABLE 1  
*Characteristics of the Refusers and the Controls*

| Characteristics      | Refusers (%) | Controls (%) |
|----------------------|--------------|--------------|
| Child's sex          |              |              |
| Male                 | 56           | 53           |
| Female               | 44           | 47           |
| Level of instruction |              |              |
| Preschool            | 25           | 19           |
| Grades 1-3           | 68           | 74           |
| Grades 4-6           | 7            | 7            |
| School type          |              |              |
| Public               | 67           | 75           |
| Private              | 33           | 25           |

sity professors and two female graduate students who questioned parents using a 64-item structured interview covering, among other topics, the family's composition and demographic characteristics (eight items), the child's school problems (24 items), the child's dependency and parent's overprotectiveness (eight items), the child's general adjustment (six items), and the child's and parent's perceptions of school (five items). Participants were told that the information was gathered as part of a study of children's school-related characteristics. In addition, the children were given 20-minute, individual, structured interviews concerning their school-related perceptions and experiences (*e.g.*, what they liked and disliked about school and their relationships with classmates). Those who were at least 8 years old filled out 5-point scales to answer the 74 items of the Fear Inventory, which was completed for the younger children by their parents. Parents also completed a 100-item Child Behavior Checklist, which was a translated version of Achenbach's Child Behavior Checklist (Achenbach, 1966), adapted to the local culture and to the study of school refusal (for a more complete description, see Granell de Aldaz *et al.*, 1982). The revised parents' version of the Child Behavior Checklist had high reliability (coefficient alpha = .92). Teachers provided data on each student's attendance and achievement and completed a Child Behavior Checklist, which was based on Achenbach's Child Behavior Checklist for Teachers (coefficient alpha for the Venezuelan measure = .93).

Participants' interview responses were coded independently by three raters who then conferred and agreed upon the scores to be used in the analyses. In most cases the child's score on a variable was composed of the sum of informants' answers to at least two and usually more than two relevant questions, as the description of the parent interview indicates. Thus, the stability of the scores was increased by pooling the independent judges' ratings and using sums of several items rather than single items to define the variables.

## Results

### *School Refusal Characteristics*

First, the subjects were described and characterized as completely as possible. Then multiple regression analyses were used to identify predictors of school refusal status, and *t*-tests were used to identify variables that discriminated between the refusers and the nonrefusers. A high alpha level was adopted ( $p = .01$ ) in order to counteract the possibility of chance differences associated with use of a large number of *t*-tests.

### *Precipitating Factors*

For all groups, factors associated with the onset of school refusal included the beginning of the school year (74% of the cases), problems with a teacher (44%), change of a teacher (23%), problems with other children (21%), and change of school (18%). When it came time to go to school, 51% resisted physically, 56% wept at school at least once, and 51% presented physical complaints in order to avoid attending, with many engaging in more than one type of avoidance maneuver. Other excuses given by some of the children included fear of the teacher (23%) and fear of being separated from their parents (21%).

As might be expected in a group with such a wide age range, there were developmental or age differences in the factors associated with the onset of school refusal (see Table 2). Fear of separation from parents decreased with age as a significant factor in refusal onset (36% of the preschool children, 23% of the first graders, and 1 to 2% of the older groups expressed separation fears). Conversely, fear of teachers tended to increase with age, and only beginning in the third grade did refusers evidence fear of other children. Older children showed more physical resistance and more intense illness when confronted with school attendance. Perhaps the only characteristic shared by

TABLE 2  
*Factors Associated with Three Types of School Refusal<sup>a</sup>*

| Factors                       | Adaptation Problems |      | Phobia |      | Emotional Problems |    |
|-------------------------------|---------------------|------|--------|------|--------------------|----|
|                               | N                   | %    | N      | %    | N                  | %  |
| Physical complaints           | 14                  | 50   | 15     | 62.5 | 1                  | 20 |
| Fears other children          | 3                   | 10.7 | 8      | 33.3 | 1                  | 20 |
| Fears teacher                 | 4                   | 14.3 | 20     | 83.3 | 1                  | 20 |
| Fears separation from parents | 10                  | 35.7 | 1      | 4.2  | 1                  | 20 |
| Onset of school year          | 25                  | 89.3 | 17     | 70.8 | 0                  | 0  |
| Changed schools               | 4                   | 14.3 | 3      | 12.5 | 1                  | 20 |
| Changed teachers              | 0                   | 0    | 10     | 41.7 | 0                  | 0  |
| Achievement problems          | 2                   | 7.1  | 3      | 12.5 | 2                  | 40 |
| Physically resisted attending | 13                  | 46.4 | 16     | 66.7 | 1                  | 20 |
| Cries at school               | 14                  | 50   | 11     | 45.8 | 2                  | 40 |
| Becomes very ill              | 13                  | 46.4 | 12     | 50   | 1                  | 20 |

<sup>a</sup>  $N = 28$  in adaptation problems group,  $N = 24$  in school phobia group, and  $N = 5$  in emotional problems group.

all ages was the previously described tendency to develop refusal at the beginning of the school year.

The data were examined to see whether previously reported divisions between school refusal and phobia and between acute and chronic subtypes would appear in this sample. As a first step in subject categorization, three independent judges inspected the complete data set and assigned each subject to one of three refusal types (mild adaptation problems, school phobic, and emotional disturbance) primarily based on parent interview data on dependency and family variables, school attendance record, and parent, self, and teacher reports of school refusal. Then the judges conferred to agree on each subject's categorization. This was an informal, preliminary categorization, so the results are only suggestive and require independent validation. The resulting school refusal categories were as follows: a) The largest ( $N = 28$ , 49.1%) and least severely affected group exhibited *problems in adaptation* to changes in school environment (e.g., 89.3% developed refusal at the beginning of the school year). These primarily were 3- to 7-year-old youngest or only children from small families ( $\chi^2 = 25.95$ ,  $df = 12$ ,  $p = .01$ ). They were characterized as highly dependent and very fearful of separating from their parents. b) A *school phobic* group ( $N = 24$ ), mostly 6 to 10 years old, who feared specific aspects of school (83.3% of them feared a teacher). Their refusal related to fear of school or a teacher or to achievement problems. c) a small group ( $N = 5$ , 8.8%) of 6- to 13-year-old *emotionally disturbed* children from unstable families. This group's difficulties resembled the type of school refusal marked by obsessional and affective problems and found in children with emotionally disordered parents (Rutter and Garmezy, 1983). The variables of age, family stability, child's birth order, and number of siblings significantly distinguished the three groups ( $p = .01$ ) as described previously. These significant differences between groups attest to the utility of distinguishing among subtypes of school refusal in terms of a child's age, general emotional disturbance, and fear of school *vs.* other sources of school aversion. However, because of limited sample size, independent validation with other samples is required.

#### Family Influences

Aversion to school may have been modeled at home by other family members, especially children, who previously exhibited school refusal. In 32% of the families siblings had shown school refusal, in 7% of the cases the child's mother had been a refuser, and in 3% both siblings and mother had histories of refusal. In addition to their modeling of avoidant behavior, families may have provided various forms of reward and encouragement for the child to stay at home.

Refusal to attend school seemed to be actively rewarded for 53% of the children whose parents reported that they gave them extra attention and special privileges for their physical complaints and expressions of fear.

#### Predictors of School Refusal

The information concerning each child was coded, summarized, and grouped into 27 potential predictor variables that had been selected because of their conceptual or empirical importance. Stepwise multiple regression analyses were performed with these 27 independent variables and with three dependent variables: a) type of school refusal (adaptation problems, school phobia, or emotional problems), b) frequency and severity of refusal, and c) frequency, severity, and type of school refusal. Combined frequency and severity scores were based on the total number of school refusal episodes the child had experienced and 3-point ratings of the child's incapacitation based on information derived from the parent interview. Three different school refusal measures were used in case particular sets of predictors were specific to seriousness and type of refusal. Variables that were poor predictors were dropped; then stepwise multiple regression analyses were conducted on the remaining dependent variables for each of the three refusal measures. The resulting stepwise multiple regression equations for the three dependent variables are presented in Table 3 and reveal that these school refusal outcomes can be predicted by the following variables: a) the child's

TABLE 3  
Regression Equations for Three School Refusal Dependent Variables

| Dependent Variables                                      | R <sup>2</sup> | F     | Beta   |
|--|----------------|-------|--------|
| Type of refusal  |                |       |        |
| Family history of refusal                                | .156           | 20.7  | .2267  |
| Depression (teacher's report)                            | .255           | 19.0  | .1007  |
| Depression (parent's report)                             | .298           | 15.6  | .1071  |
| Changes of school  | .336           | 13.8  | .2131  |
| Dependency (parents and teachers)                        | .363           | 12.3  | .0706  |
| Shyness (parents)  | .381           | 10.9  | -.0640 |
| Mother's difficulty in managing child                    | .397           | 9.9   | .1058  |
| Frequency and severity of refusal                        |                |       |        |
| Signs of refusal (fear inventory, parents, and teachers) | .258           | 38.95 | .13    |
| Changes of school  | .375           | 33.39 | .76    |
| Family history of refusal                                | .443           | 29.23 | .31    |
| Social isolation (parents)                               | .486           | 25.84 | .20    |
| Type of school (government, private)                     | .505           | 22.12 | .24    |
| Perfectionism (teachers)                                 | .526           | 19.80 | -.11   |
| Dependency (parents and teachers)                        | .538           | 17.67 | .08    |
| Depression (parents)                                     | .549           | 16.01 | .08    |
| Frequency, severity, and type of refusal                 |                |       |        |
| Signs of refusal (teachers)                              | .229           | 31.3  | 1.29   |
| Changes of school (parents)                              | .335           | 16.3  | 2.65   |
| Depression (parents)                                     | .380           | 6.1   | 0.55   |
| Family stability   | .406           | 5.0   | 0.63   |

school-related fears and other indications of refusal, b) frequent changes of school, c) a family history of refusal, and d) the child's experiencing emotional adjustment problems, such as depressed mood. Children with these characteristics may be at heightened risk of developing full-scale school refusal, regardless of the particular measure of refusal used.

#### *Analysis of Factor Scores*

Additional analyses were performed to identify more molar variables that discriminated between the refusers and their classmates. The refusers and non-refusers differed significantly ( $p < .01$ ) on two of seven factors that were identified in a principal components factor analysis of scores on the measures administered to the students, teachers, and parents (method reported in Granell de Aldaz, 1980). The two factors that differentiate between the groups were signs of depression as reported by parents and teacher-reported depression and social isolation ( $t[112] < .01$ ). Also, the refusers significantly exceeded the nonrefusers on dependency as revealed both in the interviews ( $t[112] = 3.75, p < .001$ ) and in the questionnaires ( $t[112] = 3.43, p < .001$ ). Other significant points of difference between the refusers and the nonrefusers included frequent changes of school, the appearance of school-related fears, and the percentage of nonattendance ( $p < .01$ ). In addition, more parents of refusers than of nonrefusers claimed that their children were difficult to manage ( $\chi^2(4) = 11.11, p < .05$ ). However, the groups failed to differ significantly on other features including learning problems, shyness, fear of social evaluation, and social isolation as reported by parents.

#### **Discussion**

The results indicated that this group of school refusers clearly differed from their classmates in many characteristics in addition to their avoidance of school. School refusal problems varied in severity, origin, and extent. As a group, however, refusers might be described as socially ineffectual, dependent, and dysphoric. Their parents and teachers perceived many refusers as unusually dependent, socially isolated, shy, and depressed. It is not clear from this observational study just how much of their emotional constriction preceded and how much followed the development of school refusal. In either case, simply to describe refuser's emotional and behavioral characteristics would not complete the picture. Situational factors may also contribute to school refusal. The prevalence of refusal onset at the beginning of the school year, after vacations, and after changing schools or teachers all indicate that the presence of external stressors and

heightened adaptation requirements may precipitate refusal in psychologically vulnerable children. As the child attempts to cope with the more stressful academic situation, family factors assume importance also as the child naturally looks to siblings and parents for coping strategies. If family members are school avoiders, the child may pattern his or her adjustment modes after them and develop school refusal. Bandura's (1977, 1985) social cognitive theory maintains that pathological family models can be extremely important in the development of children's adjustment problems. The present data tend to support this notion. Moreover, the family's reaction to the child's avoidance attempts can either exacerbate or relieve the problem. In this study, parents found the child's school refusal difficult to manage, but they also supported the child's avoidance tactics. Thus, these results suggest that multiple factors may be implicated in the etiology of school refusal, including the child's emotional and cognitive characteristics, new adjustment requirements at school, the family's coping pattern, and their reaction to the child's avoidance of school.

This study's results also suggest that there may be several different types of refusal, each associated with different etiological factors, levels of severity, age ranges, and probable prognoses. Investigators long have distinguished between type I and type II school refusal (Coolidge *et al.*, 1957; Kennedy 1965; Lachenmeyer, 1982). According to Kennedy (1965), type I has a rapid onset, has a brief duration, and is easily treated, whereas type II is chronic, is associated with personality disorders, and has a poor prognosis. This distinction also appears in the present data. There were few older children in this study, so age differences are only suggestive. However, the older children who were from unstable families and were judged to be emotionally disturbed exhibited type II problems. In contrast, a higher proportion of the younger children had adjustment difficulties resembling type I reactions. In addition to supporting the type I and II distinction, our results indicate that obvious distress about separation from parents occurs mainly among the younger children and that some but not all refusers fear specific aspects of school such as the teacher or the other children (Rutter and Garmez, 1983). School refusal appears to be heterogeneous in nature, and even children placed in the same subcategory may vary considerably in what they actually fear and the circumstances maintaining their avoidance behavior (Morris and Kratochwill, 1983). Berg (1984) has recommended conceptualizing school refusal as "a variant of childhood emotional disturbance rather than as a completely distinct and separate form of disorder" (p. 61). The present study shows that school refusal

varies widely in intensity and that refusers express a variety of behavioral patterns. Many of the refusers in our sample, particularly the older ones, were characterized by classic neurotic features such as depression, dependency, and social isolation. In contrast, many of the younger children exhibited no apparent problems except extreme reluctance to go to school and had a good prognosis. Berg (1984) has cautioned that in some cases refusal appears to occur without apparent psychiatric disturbances, as was true of some of the children in our sample.

Particularly noteworthy was the high percentage of cases in which refusal appeared in connection with a child's pattern of frequent changes of schools. Perhaps the stress associated with new academic demands and the social isolation associated with academic transitions are important factors in the child's fear-motivated avoidance of the school, as Felner and his colleagues (Felner, 1984; Felner *et al.*, 1982) have concluded. Children who are shy, who are given to feelings of depression, and who are highly dependent on their parents may find it especially difficult to make friends in a new school. Thus, the social situation, and perhaps the academic one as well, holds many threats and few rewards for shy and nonassertive new students, making them vulnerable to school refusal. Negative family factors also may be associated with frequent relocations and thus play a direct or indirect role in the etiology of school refusal.

The present results have several implications for the design of preventive interventions. First, it is evident that school transitions are particularly stressful times for most students. A prevention program designed to help students to enter new schools might be mounted at or shortly before the time of school transition, as Felner and his associates (1982, 1984) have successfully done. Second, it may not be necessary to offer such a program to all students, but only to those who are most likely to develop refusal, *e.g.*, those who are shy, who become depressed easily, who are particularly dependent on their families, and whose families are troubled or have a history of similar problems. To locate the high-risk students, it may be necessary to educate parents and teachers about the nature and proper handling of the school refusal syndrome and about ways to forestall its occurrence. We hope that this study's results will prove useful in such future prevention efforts.

## References

- Achenbach TM (1966) The classification of children's psychiatric symptoms: A factor analytic study. *Psychol Monogr* 80:6, Whole No. 615.
- Bandura A (1977) *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura A (1985) *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Berg I (1981) When truants and school refusers grow up. *Br J Psychiatry* 41:208-210.
- Berg I (1984) School refusal. *Br J Hosp Med* January, pp 59-62.
- Berg I, Butler A, Hall G (1976) The outcome of adolescent school phobia. *Br J Psychiatry* 128:80-85.
- Berg I, McGuire R (1974) Are mothers of school-phobic adolescents overprotective? *Br J Psychiatry* 124:10-13.
- Coolidge JC, Hahn PB, Peck AL (1957) School phobia: Neurotic crisis or way of life? *Am J Psychother* 27:296-306.
- Eysenck HJ, Rachman S (1965) *The causes and cures of neuroses*. London: Routledge & Kegan Paul.
- Felner RD (1984) Vulnerability in childhood: A preventive framework for understanding children's efforts to cope with life stress and transitions. In M Roberts, L Peterson (Eds), *Prevention of problems in childhood: Psychological research and applications*. New York: Wiley.
- Felner RD, Ginter MA, Primavera J (1982) Primary prevention during school transitions: Social support and environmental structure. *Am J Community Psychol* 10:227-290.
- Galloway D (1983) Research note: Truants and other absentees. *J Child Psychol Psychiatry Allied Discip* 24:607-611.
- Granell de Aldaz E (1980) Factor analysis of a Venezuelan fear survey schedule. *Behav Res Ther* 20:313-322.
- Granell de Aldaz E, Vivas E, Gelfand D, Feldman L (1982) Un estudio epidemiológico en niños venezolanos. I. Metodología. *Rev Psicol* 9:653-665.
- Granell de Aldaz E, Vivas E, Gelfand DM, Feldman L (1984) Estimating the prevalence of school refusal and school-related fears: A Venezuelan sample. *J Nerv Ment Dis* 172:722-729.
- Hersov L (1960) Persistent non-attendance at school. *J Child Psychol Psychiatry Allied Discip* 1:130-136.
- Kennedy WA (1965) School phobia: Rapid treatment of fifty cases. *J Abnorm Psychol* 70:285-289.
- Lachenmeyer JR (1982) Special disorders of childhood: Depression, school phobia and anorexia nervosa. In JR Lachenmeyer, MS Gibbs (Eds), *Psychopathology in childhood*. New York: Gardner.
- Marks I (1970) Epidemiology of phobic disorders. *Br J Soc Psychol* 4:109-114.
- Miller LC, Hampe E, Barrett CL, Noble H (1971) Children's deviant behavior within the general population. *J Consult Clin Psychol* 37:16-22.
- Morris RJ, Kratochwill TR (1983) *Treating children's fears and phobias: A behavioral approach*. New York: Pergamon.
- Rutter M, Garmez N (1983) Developmental psychopathology. In EM Hetherington (Ed), *Handbook of child psychology* (Vol 4) New York: Wiley.
- Waldron S (1976) The significance of childhood neuroses for adult mental health: A follow-up study. *Am J Psychiatry* 133:532-538.
- Waldron S, Shrier D, Stone B, Tobin F (1975) School phobia and other childhood neuroses: A systematic study of the children and their families. *Am J Psychiatry* 132:802-808.
- Waller D, Eisenberg L (1980) School refusal in childhood: A psychiatric-pediatric perspective. In L Hersov, I Berg, (Eds), *Out of school*. Chichester, England: Wiley.
- Warren W (1960) Some relationships between the psychiatry of children and of adults. *J Ment Sci* 106:815-826.
- Weiner IB (1982) *Child and adolescent psychopathology*. New York: Wiley.