

school refusal assessment scale

School Refusal Assessment Scale: Understanding and Supporting Children Who Struggle with School Attendance

school refusal assessment scale is an essential tool used by psychologists, educators, and mental health professionals to better understand the underlying reasons why some children and adolescents refuse to attend school. This behavior, often confusing and frustrating for parents and teachers alike, can stem from a variety of emotional, psychological, and social factors. Utilizing a structured scale helps to pinpoint the specific causes and tailor interventions that promote a child's return to school in a supportive and effective way.

Understanding the complexities behind school refusal requires more than just recognizing that a child does not want to attend school. It involves a thorough assessment of their emotional state, family dynamics, peer relationships, and school environment. The school refusal assessment scale offers a systematic approach to evaluate these aspects to guide appropriate strategies.

What Is the School Refusal Assessment Scale?

The school refusal assessment scale (SRAS) is a psychological questionnaire developed to evaluate the reasons why a child or adolescent may be avoiding school. Unlike simple attendance records, the SRAS delves into the motivations and emotional triggers behind refusal behaviors. It helps differentiate between children who refuse school due to anxiety, those who seek attention, or those with issues such as bullying or academic struggles.

Typically, the SRAS consists of a series of questions answered by the child, their parents, or both. The responses are scored to identify predominant patterns or functions of the refusal behavior. This nuanced understanding allows professionals to identify whether the child is avoiding school to escape negative stimuli (like anxiety or bullying), to gain parental attention, or for other reasons.

The Four Functions of School Refusal Behavior

Most versions of the school refusal assessment scale categorize school refusal into four main functions:

1. **Avoidance of school-related stimuli causing negative affectivity:** The child may experience anxiety, fear, or depression linked to school activities, such as tests or social interactions.
2. **Escape from aversive social or evaluative situations:** This includes fears of embarrassment, bullying, or negative peer interactions.

3. ****Pursuit of attention from significant others:**** The child may refuse school to gain care or attention from parents or caregivers.
4. ****Pursuit of tangible rewards outside of school:**** Sometimes, children might prefer activities outside school, such as staying home to play video games.

By identifying which of these functions best explains a child's refusal, interventions can be more targeted and effective.

Why Is Assessing School Refusal Important?

School refusal is more than just a behavioral problem; it can be a symptom of deeper emotional or psychological distress. If left unaddressed, chronic absenteeism can lead to academic failure, social isolation, and increased risk of mental health disorders. The school refusal assessment scale plays a vital role in early detection, enabling timely support.

Improving Communication Between Home and School

When parents and teachers understand the root causes of school refusal, they can collaborate more effectively. The assessment scale provides a common language to discuss challenges and solutions, fostering a team approach to help the child.

Guiding Therapeutic Interventions

Depending on the identified reasons behind refusal, different therapeutic approaches may be recommended, such as cognitive-behavioral therapy (CBT) for anxiety or family therapy to address dynamics at home. The school refusal assessment scale ensures that these therapies are not generic but tailored to each child's unique needs.

How Is the School Refusal Assessment Scale Administered?

The process of administering the SRAS involves collecting information from multiple sources to get a comprehensive picture.

Who Completes the Assessment?

- **Child or adolescent:** Their self-report provides insight into personal feelings and motivations.
- **Parents or caregivers:** Their observations help identify patterns and family influences.
- **Teachers or school counselors:** Sometimes, input from school staff can shed light on the school environment and peer interactions.

Format of the Scale

Most school refusal assessment scales use rating scales where respondents indicate the frequency or intensity of certain feelings or behaviors. For example, they might rate how often a child feels anxious before school or how much they avoid certain social situations.

Interpreting the Results

Once completed, scores are analyzed to determine which function(s) of school refusal are most prominent. This helps clinicians prioritize intervention goals and monitor progress over time.

Common Challenges and Tips When Using the School Refusal Assessment Scale

While the school refusal assessment scale is a powerful tool, there are some challenges professionals and families might face.

Ensuring Honest Responses

Children may sometimes underreport their fears or motivations due to embarrassment or fear of consequences. Creating a safe and non-judgmental environment is crucial to encourage openness.

Accounting for Comorbid Conditions

School refusal often coexists with other issues like generalized anxiety disorder, depression, or learning disabilities. It's important to consider these factors in conjunction with the scale results to avoid incomplete

assessments.

Using the Scale as Part of a Broader Assessment

Relying solely on the SRAS without additional clinical interviews, behavioral observations, and academic evaluations can limit understanding. The scale should be integrated into a holistic assessment approach.

Supporting Children After Assessment: Practical Strategies

Once the school refusal assessment scale has identified the underlying causes, the next step is implementing supportive measures.

Collaborative Planning with Schools

Schools can modify certain aspects such as gradual re-entry plans, flexible schedules, or providing a safe space for the child during stressful times.

Building Coping Skills

Teaching children strategies to manage anxiety, improve social skills, and handle academic pressures can empower them to face school challenges confidently.

Family Involvement

Families play a pivotal role in reinforcing positive behaviors and reducing attention to school refusal behaviors that might inadvertently maintain them.

The Role of Mental Health Professionals

Psychologists, counselors, and therapists often use the school refusal assessment scale as a starting point for comprehensive evaluation. They are trained to interpret the data and design individualized treatment plans. Their expertise can also help families and schools navigate complex emotional issues and promote sustainable attendance.

Early Intervention and Prevention

Utilizing the school refusal assessment scale early when attendance problems arise can prevent the development of chronic absenteeism and its consequences. Proactive assessment allows for timely support, reducing stress for both children and their families.

Final Thoughts

School refusal is a multifaceted challenge that requires understanding, patience, and targeted intervention. The school refusal assessment scale provides an invaluable framework for identifying the root causes of refusal behavior, leading to more effective and compassionate support for children struggling to attend school. By combining this assessment with collaborative efforts among families, schools, and mental health professionals, children can regain their confidence and enthusiasm for learning, paving the way for a healthier and happier educational experience.

Frequently Asked Questions

What is a school refusal assessment scale?

A school refusal assessment scale is a standardized tool used by psychologists and educators to evaluate the reasons behind a child's refusal to attend school, helping to identify underlying emotional or behavioral issues.

How does the School Refusal Assessment Scale help in clinical settings?

In clinical settings, the School Refusal Assessment Scale helps professionals determine the specific factors contributing to school refusal, such as anxiety, avoidance of social situations, or seeking parental attention, enabling targeted interventions.

Are there different versions of the School Refusal Assessment Scale for various age groups?

Yes, some versions of the School Refusal Assessment Scale are adapted for different age groups to ensure the questions are age-appropriate and accurately capture the reasons for school refusal in children and adolescents.

Can the School Refusal Assessment Scale be used by teachers or only by mental health professionals?

While primarily designed for use by mental health professionals, trained educators and school counselors can also use the School Refusal Assessment Scale as part of a broader assessment to identify students who may need further psychological evaluation.

What factors does the School Refusal Assessment Scale typically assess?

The scale typically assesses factors such as fear of school-related stimuli, avoidance of social and evaluative situations at school, desire to stay home with parents, and the presence of anxiety or depressive symptoms contributing to school refusal.

How long does it usually take to complete the School Refusal Assessment Scale?

Completing the School Refusal Assessment Scale typically takes about 10 to 20 minutes, depending on the specific version used and the depth of assessment required.

Is the School Refusal Assessment Scale effective in guiding treatment plans for school refusal?

Yes, the results from the School Refusal Assessment Scale provide valuable insights into the underlying causes of school refusal, which helps clinicians develop personalized treatment plans such as cognitive-behavioral therapy, family interventions, or school-based supports.

Additional Resources

School Refusal Assessment Scale: A Critical Tool in Understanding School Attendance Challenges

School refusal assessment scale is an essential instrument utilized by psychologists, educators, and mental health professionals to evaluate the underlying causes of a child's reluctance or refusal to attend school. This behavioral phenomenon, often termed school refusal, is complex and multifaceted, with roots in anxiety, family dynamics, peer relationships, and academic pressures. Accurately assessing the reasons behind school refusal is paramount to developing effective interventions and ensuring the child's educational and emotional well-being.

The school refusal assessment scale is designed to quantify and categorize the factors contributing to absenteeism due to emotional distress rather than truancy or willful disobedience. As awareness of school refusal behavior has grown, so has the need for standardized and validated tools that can guide clinical diagnosis and treatment planning. This article explores the key features, applications, and comparative

insights regarding the school refusal assessment scale, shedding light on its role in contemporary educational and psychological practice.

Understanding the School Refusal Assessment Scale

The school refusal assessment scale is a psychometric tool that measures various dimensions associated with school refusal behavior. Unlike general attendance records or self-reports, this scale provides a structured framework to identify specific emotional and environmental triggers. Commonly, the scale assesses anxiety levels related to separation from caregivers, fear of social or evaluative situations at school, physical complaints, and the desire to avoid aversive stimuli such as bullying or academic failure.

Developed through rigorous empirical research, the scale typically involves questionnaires completed by parents, teachers, and sometimes the children themselves. By combining multiple perspectives, practitioners gain a holistic view of the child's experiences and challenges. The data gathered can distinguish between different types of school refusal, such as anxiety-driven avoidance versus oppositional defiance, enabling tailored interventions.

Key Components and Dimensions

Most school refusal assessment scales incorporate several core dimensions to ensure comprehensive evaluation:

- **Separation Anxiety:** Measures distress related to being away from primary caregivers or home environment.
- **Social and Performance Anxiety:** Captures fears tied to peer interactions, public speaking, or academic evaluations.
- **Somatic Complaints:** Identifies physical symptoms like headaches or stomachaches that may serve as avoidance mechanisms.
- **Escape from Negative Stimuli:** Assesses motivations to avoid bullying, harsh disciplinary measures, or overwhelming academic demands.

These components not only help in pinpointing the root causes but also aid in monitoring progress during therapeutic or educational interventions.

Comparing Popular School Refusal Assessment Scales

Several validated scales exist, each with unique strengths and contextual applications. Among the most widely recognized are the School Refusal Assessment Scale-Revised (SRAS-R) and the School Attendance Problems Survey (SAPS).

The SRAS-R, for example, is a 24-item questionnaire developed by Kearney and Silverman that categorizes school refusal behavior into four functional domains corresponding to the dimensions listed above. Its psychometric properties have been extensively studied, showing good reliability and validity across diverse populations. This scale is often favored for clinical settings due to its clear interpretive framework and actionable insights.

In contrast, the SAPS offers a broader survey approach that gathers information on attendance patterns, parental attitudes, and school climate factors. While less focused on emotional triggers, it provides valuable contextual data that complements in-depth psychological assessments.

When selecting a school refusal assessment scale, professionals must consider factors such as the child's age, cultural background, and the specific referral question. Combining multiple tools can enhance diagnostic accuracy and intervention planning.

Applications in Clinical and Educational Settings

The utility of the school refusal assessment scale extends beyond initial diagnosis. Within clinical psychology, it serves as a foundation for cognitive-behavioral therapy (CBT) tailored to address specific anxiety drivers or behavioral patterns contributing to school refusal. For instance, children exhibiting high scores in separation anxiety may benefit from gradual exposure techniques and parental involvement in therapy.

Educators and school counselors leverage the scale to identify students at risk of chronic absenteeism and to collaborate with families and mental health providers. By recognizing early warning signs through systematic assessment, schools can implement support structures such as social skills groups, academic accommodations, and anti-bullying programs.

Moreover, the school refusal assessment scale contributes to research exploring trends in school attendance, the impact of socio-economic factors, and the efficacy of intervention models. Longitudinal studies utilizing the scale have revealed that untreated school refusal behavior can lead to adverse outcomes including academic underachievement, social isolation, and increased risk of psychiatric disorders.

Strengths and Limitations of School Refusal Assessment Scales

While these assessment tools are invaluable, they possess inherent limitations that practitioners should consider.

Strengths

- **Standardization:** Provides a consistent framework for evaluating diverse cases.
- **Multidimensional Analysis:** Captures varied causes rather than simplistic categorization.
- **Facilitates Targeted Interventions:** Guides personalized treatment plans based on functional domains.
- **Supports Communication:** Enhances collaboration among clinicians, families, and schools.

Limitations

- **Self-Report Bias:** Responses may be influenced by social desirability or lack of insight.
- **Cultural Variability:** Some scales may not fully account for cultural differences in school attendance norms.
- **Contextual Factors:** May overlook systemic issues such as school policies or community violence.
- **Age Constraints:** Younger children may struggle to articulate reasons for refusal accurately.

Balancing these factors requires clinicians to interpret scale results within a broader biopsychosocial context, integrating qualitative data and clinical judgment.

Integrating School Refusal Assessment Scales into Comprehensive

Care

Effective management of school refusal behavior hinges on a multidisciplinary approach. The school refusal assessment scale acts as a diagnostic compass that directs therapeutic efforts, educational adjustments, and family support mechanisms. When combined with interviews, behavioral observations, and collaboration among mental health professionals, educators, and caregivers, the use of such scales enhances the likelihood of positive outcomes.

Emerging digital platforms now enable the administration of school refusal assessment scales through online portals, facilitating easier data collection and analysis. These technological advancements also allow for real-time monitoring of changes in school attendance patterns and emotional wellbeing, fostering proactive intervention.

Further research continues to refine these scales, incorporating neurobiological insights and integrating measures of resilience and coping skills. Such developments promise to make assessment tools more nuanced and adaptable to individual needs.

The school refusal assessment scale remains a cornerstone instrument in addressing the complex challenges of school refusal. By systematically uncovering the emotional and environmental dynamics behind absenteeism, it empowers professionals to devise informed, compassionate, and effective strategies that support children's return to school and overall mental health.

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school refusal assessment scale: Die Einschätzungsskala der Schulverweigerung

Alexander Sicking, 2016

school refusal assessment scale: Schulvermeidung Daniel Walter, Manfred Döpfner, 2020-06-29 Wenn es Kindern und Jugendlichen nicht gelingt, regelmäßig die Schule zu besuchen, ist dies ein ernsthaftes Problem, das mit einer deutlichen Entwicklungsgefährdung der Betroffenen einhergeht. Schulvermeidung ist häufig mit emotionalen Störungen und auch expansiven Störungen assoziiert. Gerade bei ausgeprägten Fehlzeiten ist das Chronifizierungsrisiko hoch und daher sind zeitnahe Interventionen notwendig. Der Band gibt einen umfassenden Überblick über den Forschungsstand zu Schulvermeidung. Anhand von Leitlinien zur Diagnostik wird das Vorgehen zur Erhebung störungsrelevanter Informationen mit allen Beteiligten praxisnah beschrieben. Weiterhin werden Leitlinien zu verschiedenen Behandlungsindikationen wie ambulanter, teil- oder vollstationärer Therapie dargestellt. Die Behandlungsleitlinien informieren über das therapeutische Vorgehen bei Schulvermeidung und assoziierten psychischen Symptomen. Materialien für die Praxis

erleichtern die Umsetzung der Leitlinien. Ein ausführliches Fallbeispiel veranschaulicht das Vorgehen.

school refusal assessment scale: *Handbook of Child Behavior Therapy* T. Stuart Watson, Frank M. Gresham, 2013-06-29 The genesis of this book occurred several years ago provide readers with not only the what to do of child behavior therapy, but the how to do it as in Seattle on the veranda of a Chilean cafe overlook well. Each of the chapters guides the reader through ing Pikes Place Market during a National Association of School Psychologists conference. We were the clinical decision-making process, from identifying a problem to evaluating the effectiveness of a discussing, along with several other behavioral school psychologists, how the field of child behavior chosen intervention. One of the difficulties in assembling an edited analysis and therapy has experienced rapid growth over the past forty years, but lamenting that books in book is ensuring a high degree of continuity and the area did not reflect the advancements made in the similarity between chapters, without infringing on assessment and treatment of a wide variety of prob the individual writing style of the authors. This lem behaviors evidenced by children. That is not to book is certainly no exception. To help with conti say that there are no good books available to the child nuity, we provided the authors with an outline to use behavior therapist. In fact, most readers of this book as a guide as they prepared their manuscripts. The undoubtedly have bookshelves lined with noteworthy operative word here is guide.

school refusal assessment scale: Schulvermeidung Christian A. Rexroth, Thomas Lustig, 2016-06-13 Die psychosoziale Versorgung von Kindern und Jugendlichen mit Schulvermeidung hat das Ziel, die psychische Gesundheit zu verbessern und Schulabbrüche langfristig zu vermeiden - eine Aufgabe, die eine konstruktive Kooperation zwischen verschiedenen Disziplinen erfordert. Dieser Band spiegelt mit Beiträgen unterschiedlicher Fachrichtungen den interdisziplinären Ansatz in der psychosozialen Versorgung betroffener Kinder und Jugendlicher wider. Die Bausteine Aufklärung und Prävention, frühzeitige Erkennung, Diagnostik und Intervention sowie schulische und berufliche Integration werden aus den unterschiedlichen Blickwinkeln der Jugendhilfe, Medizin, Polizei, Psychologie, Sonderpädagogik und aus Sicht der Schule beleuchtet.

school refusal assessment scale: Helping School Refusing Children and Their Parents Christopher A. Kearney, 2018 Designed for guidance counselors, teachers, principals and deans, school psychologists, school-based social workers, and other school professionals, *Helping School-Refusing Children and Their Parents* outlines various strategies for helping children get back to school with less distress, all of which can be easily implemented in schools. This fully-updated second edition provides recommendations for a multi-tiered approach to school absenteeism that concentrates on prevention (Tier 1), early intervention for emerging cases (Tier 2), and more extensive intervention and systemic strategies for severe cases (Tier 3), with each tier based on empirically supported strategies grounded in scientific research.

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Jugendpsychiater, an Studierende der Medizin und Psychologie sowie an alle Berufsgruppen, die sich mit der Diagnostik und Therapie von Kindern und Jugendlichen mit psychischen Störungen beschäftigen.

school refusal assessment scale: *When Children Refuse School* Christopher A. Kearney, Anne Marie Albano, 2007-03-29 Many children and teenagers refuse to attend school or have anxiety-related difficulties remaining in classes for an entire day. School refusal behavior can contribute to a child's academic, social, and psychological problems, impact a child's chances for future educational, financial, and personal success, and significantly affect family functioning. Cognitive Behavioral Therapy (CBT) has been shown to be a highly effective treatment for youth who exhibit this behavior. This Therapist Guide outlines four treatment protocols based on CBT principles that can be used to effectively address the main types of school refusal behavior. The Guide concentrates on four primary reasons why children typically refuse school to relieve school-related distress, to avoid negative social or evaluative situations at school, to receive attention from a parent or a significant other, and to obtain tangible rewards outside of school. This manual includes tools for assessing a child's reasons for school refusal behavior and is based on a functional, prescriptive model. It presents well-tested techniques arranged by function to tailor treatment to a child's particular characteristics. Each treatment package also contains a detailed discussion of special topics pertinent to treating youths with school refusal behavior, such as medication, panic attacks, and being teased. A corresponding workbook is also available for parents, who often play an important part in a child's recovery. This comprehensive program is an invaluable resource for clinicians treating school refusal behavior.

school refusal assessment scale: Beratung und Therapie bei schulvermeidendem Verhalten Volker Reissner, Johannes Hebebrand, Martin Knollmann, 2015-12-16 Psychische Belastungen und Störungen sind bei Schülern, die der Schule häufig bzw. durchgehend fernbleiben, nicht selten Auslöser oder Resultat der Schulvermeidung, die sich in einem fehlenden Schulabschluss und sehr geringen Chancen auf dem Arbeitsmarkt niederschlagen kann. Dieses Manual dient als Grundlage einer multiprofessionellen Beratung und Behandlung von Schulvermeidern sowie deren Eltern. Es besteht aus vier aufeinander abgestimmten Modulen: 1. Kognitive Verhaltenstherapie mit übergeordnetem Fokus auf die Schulrückführung, 2. Familienberatung, 3. Schulische Beratung, 4. Sport und Psychoedukation. Ziel ist es, das psychische Befinden dieser belasteten Schüler zu verbessern und ihnen eine schnelle Rückkehr in die Schule zu ermöglichen. Das Manual wurde wissenschaftlich evaluiert: Es erwies sich in Hinblick auf die Reintegration in die Schule als genauso effektiv wie die Behandlung bei niedergelassenen Kinder- und Jugendpsychiatern bzw. -psychotherapeuten. Auch bezüglich der psychopathologischen Belastung konnte eine Besserung nachgewiesen werden.

school refusal assessment scale: Handbook of Assessing Variants and Complications in Anxiety Disorders Dean McKay, Eric A. Storch, 2013-03-25 The Handbook of Assessing Variants and Complications in Anxiety Disorders assembles current findings on assessment methods and applies them to common complicating factors, including comorbid personality and behavioral problems. Chapters examine innovative approaches to assessment of anxiety in children and adults, provide leading insights into timely topics (e.g., school refusal, self-injurious behaviors), and analyze strengths and weaknesses of widely used assessment tools. In clarifying the assessment process, contributors give readers a clear perspective on choosing treatment options in keeping with the trend toward targeted, evidence-based practice, and pinpoint needs for further research. The Handbook's coverage spans the anxiety spectrum, including areas such as: Assessment of social and generalized anxiety disorder. Neuropsychological assessment of obsessive-compulsive disorder. Intelligence testing and treatment planning with children. Assessment of substance abuse and dependence in anxiety disorders. Personality disorder assessment in clients with anxiety disorders. Functional assessment of comorbid and secondary disorders: identifying conditions for primary treatment. The Handbook of Assessing Variants and Complications in Anxiety Disorders is an essential reference for researchers, scientist-practitioners, and graduate students in clinical child,

school, and developmental psychology; social work; psychiatry; psychotherapy; counseling; and pediatrics. And its companion volume, the Handbook of Treating Variants and Complications in Anxiety Disorders, translates these findings to the next stage of care.

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Reintegration bei Schulabsentismus Gisela Steins, Pia Anna Weber, Verena Welling, 2013-12-30 Das Phänomen der Schulvermeidung ist facettenreich und erfordert bei psychisch erkrankten Kindern und Jugendlichen effektive Maßnahmen der schulischen Wiedereingliederung von der Psychiatrie zurück in die Regelschule. Für diese verantwortungsvolle Aufgabe bedarf es erprobter Rückführungskonzepte. Eine Auswahl an aktuellen Schulreintegrationskonzepten wird in diesem Buch einander gegenüber gestellt. Selbst entwickelte Materialien, die während einer dreijährigen Forschungsarbeit konzipiert wurden, werden bereit gestellt und mit Hilfe von Fallvignetten exemplarisch veranschaulicht. Das Werk enthält einen Beitrag von Volker Reissner, Alexander Wertgen, Johannes Helmig und Johannes Hebebrand.

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chapters, this new edition builds strongly on the aims of the previous edition to provide the latest scientific validation of cognitive behaviour therapy with practical treatment guidance for clinical child psychologists and psychiatrists working with disturbed children. Coverage ranges broadly from school refusal and adjustment to parental divorce through eating and sleeping disorders to substance abuse. It will be invaluable to clinicians wanting to provide ever more effective psychological treatment for children and families. From a review of the first edition: '... clearly written by a number of international authorities in the field. ... This book will be useful to child psychiatrists and other child mental health professionals, as well as social workers, educationalists and school nurses. It is highly recommended for bench and departmental libraries.' *European Child and Adolescent Psychiatry*

school refusal assessment scale: Assessment and Treatment of Childhood Problems

Carolyn S. Schroeder, Julianne M. Smith-Boydston, 2017-06-29 This highly accessible work, now thoroughly revised, has shown thousands of students and clinicians how to assess and treat children's emotional and behavioral difficulties from a developmental perspective. The authors provide a sound understanding of typical development (ages 2-12) and the risk and protective factors for psychopathology. Chapters on common psychological disorders and family stressors describe the nature of each problem, review evidence-based treatments, and offer step-by-step guidelines for intervention, illustrated with helpful case examples. A comprehensive framework for assessing children and planning treatment is used throughout. Purchasers get access to a Web page where they can download and print the book's 24 reproducible forms and handouts in a convenient 8 1/2 x 11 size. New to This Edition: *Chapters on developmental disabilities and trauma. *Significantly revised to reflect advances in assessment, treatment, and developmental psychopathology research. *Additional material on pharmacological treatments in each disorder-specific chapter. *Sibling rivalry chapter expanded to include difficulties with peers. *Updated for DSM-5.

school refusal assessment scale: Comprehensive Evidence Based Interventions for Children

and Adolescents Candice A. Alfano, Deborah C. Beidel, 2014-06-18 A complete guide to evidence based interventions for children and adolescents The past decade has witnessed the development of numerous interventions proved to be highly effective; several treatments are now considered to be well established or probably efficacious interventions for children. Given the range of providers working with children—clinical psychologists, child psychiatrists, clinical social workers, school psychologists, and marriage and family therapists—this book is designed to provide all professionals the information they now need about the use of these evidence-based interventions (EBIs), as well as the evaluation criteria used to determine their efficacy in in meeting the mental health needs of children. Alfano and Beidel have assembled a team of experts to write the disorder chapters. Each chapter begins with an overview of the disorder then delves into evidence-based approaches to treatment, the impact of parental involvement, case-by-case modifications, progress measurement, and clinical examples. In overview chapters the editors cover: The role of development in treatment planning and implementation Dissemination of EBIs into school and community settings The use of controversial therapies with children Emerging methods of service delivery and access improvement *Comprehensive Evidence Based Interventions for Children and Adolescents* provides clinicians, researchers, and students alike with the theoretical, conceptual, and practical skills to provide children and adolescents with the best care possible.

school refusal assessment scale: Children in Difficulty Julian Elliott, Maurice Place,

2012-07-26 Written by two leading experts in the field, this welcome third edition of *Children in Difficulty: A guide to understanding and helping* discusses some of the most common, yet incapacitating, difficulties that are frequently encountered by young children and adolescents. This includes such topics as: ADHD disruptiveness and challenging behaviour in schools and classrooms dyslexia and reading disability eating disorders oppositional defiance, conduct and attachment disorders childhood depression school refusal developmental coordination disorder (dyspraxia) less common mental health problems, such as bipolar disorder and obsessive compulsive disorder.

traumatic and stressful situations drug and solvent abuse. The third edition of this book includes brand new insights from the fields of genetics and neuroscience and ensures claims for the effectiveness of specific interventions are supported by rigorous, scientific evidence. By drawing upon high level scientific and clinical knowledge and distilling it in a way that is accessible to professionals from a range of child care disciplines, this book will be of significant value to those working in education, health or social care, and anyone who needs to be able to recognise and help children in difficulty.

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