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THE RELATIONSHIP OF PEER FACTORS IN THE EXPRESSION OF PROBLEMATIC ABSENTEEISM

by

Elizabeth Craun

A thesis

submitted in partial fulfillment

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RE: Your application dated 9/29/2014 regarding study number 4141: The Relationship of Peer Factors in the Expression of Problematic Absenteeism

Dear Ms. Craun:

Thank you for your response to requests from a prior review of your application for the new study listed above. Your response is eligible for expedited review under FDA and DHHS (OHRP) designation.

This is to confirm that your application is now fully approved. The protocol is approved through 9/29/2015.

You are granted permission to conduct your study as most recently described effective immediately. The study is subject to continuing review on or before 9/29/2015, unless closed before that date.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review; others require full board review. Contact Tom Bailey (208-282-2179; fax 208-282-4723; email: humsubj@isu.edu) if you have any questions or require further information.

Sincerely,

Ralph Baergen, PhD, MPH, CIP
Human Subjects Chair

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Abstract

Problematic absenteeism has been associated with a plethora of problems that can manifest in lifelong consequences for youth, families, and communities. Researchers have suggested an interdisciplinary model that addresses both proximal and distal systemic factors that affect problematic absenteeism. The present study aimed to explore the association between peer variables and problematic absenteeism in a school-based and truancy court sample. Thirty-one parent-youth dyads completed a series of self-report measures. A mediation analysis assessing the relationship between family involvement and peer deviancy, mediated by youth's function of school refusal behavior, was not significant. Similarly, a binary logistic regression between peer deviancy and parental knowledge of peer group also lacked significant results. However, a multiple regression between youth depressive symptomatology and peer support was significant, as was a linear regression between youth trait anxiety and peer support. Clinical and future implications are discussed.

Chapter I

Introduction

School Absenteeism

Absenteeism can have detrimental effects on a youth's emotional, social, and academic future and development. School provides opportunity to interact with peers, teachers, and educators, which impacts social and academic development. Excessive school absenteeism has been linked to violence, substance use, teenage pregnancy, anxiety, depression, and eventual school dropout (Chou, Chen, & Chen, 2006; Egger, Costello, & Angold, 2003; Garry, 1996; Guttmacher, Weitzman, Kapadia, & Weinberg, 2002; Hallfors, Vevea, Iritani, Cho, Khatapoush, & Saxe, 2002). Chronic absenteeism has also been associated with academic difficulties, such as lower standardized test scores, lower grades and reduced graduation rates (Epstein & Sheldon, 2002; Kearney, 2001; Tanner-Smith & Wilson, 2013). School absenteeism can create immediate difficulties for the individual, family, and school as well as have greater societal impact and long-term consequences for the youth.

The study of school absenteeism evolved over time and has resulted in a variety of terminology to define nonattendance. Differentiation among the many symptomology associated with absenteeism is necessary to better understand and categorize nonattendance. For the majority of youth, absenteeism usually falls under the definition of nonproblematic, which is missing school days for approved legal or legitimate reasons that are not detrimental to the child such as illness, religious holiday, or a funeral. Conversely, problematic absenteeism refers to absences that do not have a legitimate cause. Problematic absenteeism can be either complete absenteeism, where the youth

misses an entire day of school, or partial absenteeism, which encompasses tardies or cutting classes but not missing the entire school day. Similarly, there has been differentiation in regards to who is motivating the youth's absenteeism. School withdrawal (Kahn & Nursten, 1962) refers to cases in which absenteeism is due to parents actively encouraging a youth's nonattendance. School resistance (Field & Olafson, 1998) involves various student behaviors that occur in reaction to perceived injustices or excessive demands at school. Finally, absenteeism can be subdivided into length or severity of the problem. Acute absenteeism refers to youth whose absenteeism lasts from 2 weeks to 1 calendar year, while chronic absenteeism refers to youth whose absenteeism lasts longer than 1 calendar year. Chronic absenteeism usually has a poor prognosis and can lead to school dropout. Dropout occurs in permanent withdrawal from school prior to graduation.

The national school dropout rate is around 7% (National Center for Education Statistics, 2012). This refers to the status dropout which includes a measure of the proportion of students who have not completed high school and are not enrolled at one point in time, regardless of when they dropped out. This is not be confused with event rate, which differs in that it measures the proportion of students who drop out in a single year without completing high school. Status dropout rates change depending on race with some ethnic minority groups experiencing higher rates than European Americans (Hispanic 13%, Black Americans 7.5%, 6.7% American Indian/Alaska Native, and European Americans 4.3%). Dropout rates in Eastern Idaho vary by location and race. In Pocatello, 2.49% of the Hispanic population terminated their high school education prior to graduation. Pocatello's Native American population and European American

population were comparable at 1%. In Idaho Falls, dropout rates were highest for multiracial students (7%) followed by Asian American students (5.5%), Hispanic students (2.74%), and European American students (1.65%) (Idaho State Department of Education Statistics, 2010).

Dropping out of school is associated with long-term consequences such as low socioeconomic status, lower overall life-earnings, downward social mobility, higher incidences of criminal activity, and larger families (Hathaway, Reynolds, & Monachesi 1969; Hibbett & Fogelman, 1990; Hibbett, Fogelman, & Manor, 1990; US Census Bureau, 2005). Hathaway and colleagues (1969) found youths who dropped out of school married earlier, had higher rates of divorce, larger families, obtained fewer "white collar" jobs resulting in lower socioeconomic status, committed more misdemeanors and felonies, and sought more psychiatric care than controls who obtained a high school diploma. These statistics evidence the need to understand and clearly define problematic absenteeism. Varying definitions have led to a variety of approaches to address nonattendance as well as a disparate understanding of nonattendance. The following sections will address the historical transformation of conceptualizing nonattendance and prevalent terminology.

School absenteeism is a complex phenomenon that does not stem from a single clear and defined historical definition. Conceptualization of the refusal of school has evolved over the years since mandatory school attendance was established in the 19th century. The complexity of this phenomenon has led to a fragmenting of terminology over time. This terminology, albeit beneficial in describing different aspects of the same

condition, hinders our understanding of the complexity of the phenomenon as a whole as well as accurate assessment and treatment.

The earliest mention of problematic school nonattendance was published near the turn of the century by L.W. Kline in 1897. Kline conceptualized children who deliberately miss school under the blanket term of *truancy,* which referred to a youth who was not attending school due to unlawful or rebellious reasons. For the most part, the idea of truancy being associated with delinquent behavior has remained unchanged since this time.

This conceptualization of truancy, where nonattendance is seen purely as delinquent behavior began to splinter, however, in the early 1930's and 40's. Broadwin (1932) determined that some absenteeism was anxiety based. This absenteeism represented "an act of defiance, an attempt to obtain love, or escape from real situations to which it is difficult to adjust"(p. 254). Similarly, Partridge (1939) defined truancy within five different subtypes. Most of these subtypes remained with the already established idea that truancy is a result of delinquent behavior. However, a fifth type, *psychoneurotic truancy*, conceptualized nonattendance as a result of marked anxiety, panic, hysteria, and other indications of negative affectivity. This later viewpoint concluded that truancy could be a result of internalizing and externalizing factors, such as neurotic conditions, not just childhood delinquency and rebellion.

Johnson, Falstein, Szurek, and Svendsen (1941) expanded the truancy definition by specifying that some youth may not attend school due to a *school phobia*. This conceptualization was characterized as a psychoneurotic disorder due to an overlap of phobic and obsessive tendencies. Johnson and colleagues stipulated that school phobia

consisted of three main components: 1. acute child anxiety marked by hypochonriacal and/or compulsive symptoms caused by organic disease or emotional conflict which results in a wish of dependency; 2. Increased worry or anxiety in the child's mother due to life stressors; 3. An unresolved overdependent child-mother relationship where the mother exploits the child's anxiety and wish for dependence for her own comfort. Johnson later clarified her definition to that of *Separation Anxiety,* which refers to intense distress when anticipating and/or experiencing separation from a loved one (Johnson, 1957). Ultimately, these concepts furthered specified distinctions in the problematic absentee population.

School refusal versus Truancy

Researchers found that separating problematic absenteeism into two groups, truant and school phobia, was lacking in inclusiveness of the many different reasons youth refuse to attend school. In 1960, Hersov coined the term *school refusal*, which was defined as a youth who could not attend school due to internalizing problems, such as anxiety, fear, or depression. Researchers began to discover the heterogeneity within the problematic absenteeism population. Warren (1948) distinguished between youth with "acute neurotic breakdown" and "truants without neurotic breakdown". Warren found that youths with "acute neurotic breakdown" displayed high levels of anxiety, depression, fear, aggression, and disobedient behaviors. However, truant youth found to have no similar internalizing symptoms and were characterized by previous definitions of truancy, as being delinquent.

Hersov (1960) found a similar discrepancy between 50 school refusing and 50 truant youth. Hersov found that youths who refuse school were characterized by their

affinity to stay at home, preferably with their parents or guardians. Truants were associated with not wanting to remain at home and frequently hiding their absenteeism from their parents. In regards to family function, maternal overprotectiveness was significantly more common for school refusers, while truants had more parental absence. Overall, school refusing children were characterized by more anxiety and other general negative affectivity, where truants were found to be more characterized by symptoms of conduct disorder.

Galloway (1983) further explored differing characteristics of truants and school refusers. Galloway characterized truants as absent without parental knowledge, while "other absentees" were chronically absent with parental consent. In his study, Galloway compared 31 truants with 48 "other absentees". Similar to Hersov's (1960) findings, Galloway found an overprotective child-parent relationship for the "other absentees" group and that these youth exhibited more anxiety than youth labeled as truant. Furthermore, truant individuals were significantly more influenced by peers and were prone to symptoms of conduct disorder, such as stealing and lying.

In sum, conceptualization of problematic absenteeism evolved from purely truant to one encompassing anxiety symptomatology. From there, conceptualization furthered specialized definitions to include youth who refuse school because of anxiety and those who refuse school in the absence of anxiety (Galloway, 1983; Hersov, 1960).

To further this complexity, research has established that there is much variation among youth within these groups. Egger and colleges (2003) demonstrated that the definitions of school refusal, such as anxious school refusal and truants, are not mutually exclusive. In fact, there appears to be much overlap in symptomatology. Further, there

are also questions in regards to the degree of differences between truant youth and youth who demonstrate anxious school refusal. Sommer and Nagel (1991) suggest there is not much difference between truant and anxious school refusal youth in regards to friendship patterns, attitudes towards school, and personality characteristics. Overall, there may be more in-group variation in this population which previous definitions failed to capture. As a result of this heterogeneity, this study will examine the dynamics of the truancy and school based population since it has been established that differences are present in truant and nontruant youth. However, less is known about the complexities, differences, and variations within functions of nonattendance.

At this point in the literature, problematic absenteeism was successfully separated into two definitions, one that focused on the child's delinquency or rebellion, and the other on the child's general negative affectivity. These two distinctions remained relatively unchanged until the 1960's. However, considerable overlap of the two categories led to confusion regarding classification, assessment, and treatment of this population (Kearney, 2008).

Kearney and Silverman (1996) described problematic nonattendance under the term of *school refusal behavior* to further assist in a more accurate and consistent descriptive model of nonattendance. School refusal behavior refers to any youth-motivated refusal to attend school, or to remain in class for an entire day, or both. This definition differed from previous definitions, which focused on precipatory variables of nonattendance, and developed a conceptualization that centered on the length or degree of nonattendance. This broader definition is more encompassing of a heterogeneous population and is more behaviorally descriptive and functionally based.

With the application of so many different terms for the same phenomenon come limitations. Specifically, most of the youth in this population do not fall into a single category. There is much overlap which blurs any definition that is based on a single behavior. The heterogeneity of school refusal behavior produces many different approaches and directions on how to best define, assess, and treat this population. In addressing this issue, a more encompassing and complete definition of nonattendance has been suggested (Kearney, 2001). The term *school refusal behavior* was designed to incorporate the main aspects of truancy, psychoneurotic truancy, school refusal, and school phobia (Kearney, 2001).

School Refusal Behavior

Kearney and Silverman's definition of *school refusal behavior* is used as a term that encompasses all types of nonattendance. This definition covers many of the previously hypothesized subtypes such as truancy, school phobia, and anxiety-based school refusal, by placing youth on a continuum of nonattendance. The term includes youth who miss large parts of the day, who are habitually tardy, who skip class, and who display severe misbehavior in the morning to attempt to stay home (See Figure 1).

Previous definitions were derived from categorical models which try to place youth refusing school into distinct categories based on symptoms (e.g., complete absence versus partial, depressed versus conduct disorder). However, these models are limited in their utility, since there is much overlap among categories for school refusing youth, as well as different criteria for similar categorization. The current psychological approach has adopted a dimensional model. Dimensional models classify behavior based on a continuum of descriptors, such as depressed-nondepressed and internalizing-externalizing

behavior. However, a dimensional model alone does not tap the complexity of nonattendance. Similarly, trying to categorize youth based off of symptomatology creates problems when establishing agreed-upon terminology and creating homogenous descriptors of disorders (Kearney, 2001).

Kearney and Silverman (1990, 1991, 1993, 1996, 1999), proposed a classification system based on categorical and dimensional aspects. This classification focuses on the function of school refusal behavior, specifically variables that maintain and motivate nonattendance behaviors. Function refers to "what maintains a child's school refusal behavior or what motivates a child to continue to refuse school" (Kearney, 2001). This definition examines what the youth is receiving, in the form of reinforcement or rewards, by avoiding school. This type of classification more fully encompasses the heterogeneity in nonattendance behavior as well as provides a more defined and descriptive definition for researchers and professionals trying to better understand and treat this population.

These functions are categorized in terms of positive and negative reinforcement that maintain or motivate school refusal behavior. Negative reinforcement refers to removal of an aversive event, whereas positive reinforcement refers to intangible or tangible rewards (Kearney, 2001). These functions are not mutually exclusive in their definitions. For example, youth who are refusing school for negative reinforcement could be doing so to avoid school-based stimuli and to escape aversive social situations. A primary function for nonattendance, however, can be determined using this model. Once the primary function for nonattendance is established, other problems that contribute to the nonattendance can be identified. For example, one could determine that a youth's primary function of nonattendance is negative affectivity but that conduct

problems and family conflict are secondary concerns that also interfere with the youth's functioning.

School refusal behavior can be maintained and/or motivated by the following functions: (1) avoid school-based stimuli that provoke a sense of general negative affectivity (ANA), (2) escape from aversive social or evaluative situations (ESE), (3) pursue attention from others (AGB), (4) pursue tangible reinforcement outside of school (PTR) (Kearney, 2003; Kearney & Silverman, 1990, 1991, 1993, 1996, 1999; Kearney & Albano, 2004). Benefits for this model are as follows: the model has discriminant validity among the reinforcement dimensions (Kearney & Silverman, 1996, 1993); it is a better determinant of the degree of school refusal behavior over assessing behavior alone (Kearney, 2007); it can be linked to prescriptive treatment and prediction of treatment outcome; and success for treatments using this model has been documented (Chorpita, Albano, Heimberg, & Barlow, 1996).

Negatively Reinforced School Refusal Behavior. Youth may refuse school to get away from unpleasant stimuli or social situations. Once they are able to remove themselves from situations where the stimuli are present, these feelings of anxiety or fear generally reduce. This relief becomes rewarding and is a form of negative reinforcement. This reinforcement then perpetuates a cycle where youth continually strive to achieve relief if other avenues of alleviating the stress or fear are not presented. Generally, these youth can be placed in one or both of the following categories: youth who refuse school to avoid unpleasant stimuli and youth who wish to avoid aversive social or evaluative situations.

Youth who refuse school to avoid unpleasant stimuli (ANA) can sometimes point to something that is causing them duress, such as a bus, teacher, or classroom pet. Symptoms of anxiety, sadness, and somatic complaints are associated with this function. In regards to data from the Child Behavior Checklist (CBCL; Achenbach, 1991), youth who refuse school to avoid ANA are rated significantly lower with respect to attention problems and delinquent or aggressive behavior than youth who refuse school for tangible reinforcement (Kearney, 2001). These children also come from relatively emotionally healthy families. However, these families do tend to have lower levels of independence (Kearney & Silverman, 1995).

These youth do report more symptomatology associated anxiety, depression, and somatic complaints than children and adolescents of other functional groups. Kearney (2001) reports that youth who refuse school to avoid ANA show significantly elevated scores on the Revised Children's Manifest Anxiety Scale (Reynold & Paget, 1983), The State-Trait Anxiety Inventory for Children (STAIC; Spielberg, 1973), and the Daily Life Stressors Scale (DLSS; Kearney, Drabman, & Beasley, 1993). These youth also report more symptoms of depression on the Children's Depression Inventory (CDI; Kovacs, 1992). Similarly, Kearney (2001) lists composite DSM-IV diagnoses for youth who primarily refuse school to avoid ANA, where 35.7% are overanxious—generalized anxiety disorder, 21.4% depression—dysthymia, 19.6% separation anxiety disorder, 17.9% social phobia—anxiety disorder, and 10.7% panic disorder. This data help support the idea that many children refuse school with a variety of school-related fear and panic, general anxiety, and overall stress.

Anxiety related to public speaking, interactions with peers and teachers, writing on the blackboard, and being called on in class is associated with youth who refuse school to avoid or escape aversive social or evaluative situations at school (ESE). This function is more often associated with older children and adolescents (age 12 and up) because social expectations in the school environment are increased due to their age and development (Kearney, 2001). In regards to family functioning, research suggests that this functional group may be marked by substantial detachment (Kearney & Silverman, 1995). Overall, data from the Family Environment Scale (FES; Moos & Moos, 1986) reveal that youth with families in this function are relatively healthy expect in areas of cohesion, independence, and active−recreational orientation, which measures the amount of participation in social and recreational activities.

In regard to emotional functioning, these children show significantly elevated anxiety compared to youth who refuse school for positive reinforcement based on the Revised Children's Manifest Anxiety Scale (RCMAS-2; Reynolds & Paget, 1983) and the State−Trait Anxiety Inventory for Children (STAIC; Spielberg, 1973). Similarly, data from the CBCL reveal that this population scores significantly higher on Withdrawn and Somatic Complaints factors compared to youth from other factors (Kearney, 2001). Composite scores from the DSM-IV reveal that generalized anxiety disorder (61.5%), social phobia (61.5%), and depression−dysthymia (53.8%) are huge factors in school refusal behavior for youth in this function (Kearney, 2001).

Positively Reinforced School Refusal Behavior. Youth may also refuse school for positive reinforcement outside of school. This can include tangible rewards outside of school or intangible rewards from parents or others. These rewards are usually more

powerful than those associated with school. Intangible rewards can include reassurance or attention from parents or guardians. Conversely, tangible rewards can include things such as drugs, sleeping late, day parties, shopping, or internet surfing. Overall, youth who refuse school for positive reinforcement fall into one or both of the following categories: youth who refuse school for pursuit of attention from others (AGB) and those youth who refuse school for the pursuit of tangible reinforcement outside of school (PTR).

Youth who refuse school in the pursuit of attention from others (AGB) usually are younger children (age 4 to 10) who demonstrate various misbehaviors in the morning to get attention and stay home from school (Kearney, 2011). Such misbehaviors can include tantrums, clinging, screaming, and locking oneself in a room. Interestingly, these children are not markedly different from other functional groups in regards to their psychological makeup (Tillotson & Kearney, 1998). Although, there is slight variation in regards to somewhat elevated levels of overall fear and social anxiety. Data from the CBCL suggest that these children rate low for withdrawn and somatic complaints and have only moderate levels of depression and anxiety (Kearney, 2001). Similarly, low to moderate levels of externalizing behaviors are present as well. Interestingly, this group does achieve ratings higher than that of other functional groups on item "demands a lot of attention" on the CBCL. Kearney's (2001) composite DSM-IV diagnoses reveal that these children may have some level of separation anxiety (66.7%) but also that many have some level of defiance (Oppositional defiant disorder, 12.8%) or no disorder (20.5%).

This population does differ from other functional groups in regards family functioning. Kearney & Silverman (1995) found that these families are marked by low

levels of cohesion and very low levels of independence on the Family Environment Scale (FES; Moos & Moos, 1986). In other areas of functioning, these families comparable to other functional groups.

Finally, youths may refuse school for tangible reinforcement outside of school. These tend to be older children and adolescents (age 12 and up) who either skip classes, large sections of the school day, or the entire day to pursue reinforcements. Examples of reinforcements include watching television, browsing the Internet, sleeping, visiting friends, engaging in drug use, shopping, or working (Kearney, 2005). Tillotson and Kearney (1998) found that these youths tend to have lower levels of general and social anxiety, depression, fear, and overall distress compared with youth from other functions. However, according to data from the CBCL, youth from this function tend to have more attention problems and delinquent and aggressive behavior than youth who refuse for negative reinforcement (Tillotson & Kearney, 1998). Composite DSM-IV diagnoses for youth who primarily refuse school to pursue tangible reinforcement outside of school indicate that many of these youth are defiant (Opposition defiant disorder, 25.9%; Conduct disorder, 10.3%) or have no disorder (25.9%) (Kearney, 2001).

Also, these children and adolescents tend to come from families that are more conflictive than other groups and show low levels of cohesion (Kearney & Silverman, 1995). Otherwise, these families are relatively typical in regards to levels of achievement orientation, active−recreational orientation, control, expressiveness, intellectual−cultural orientation, independence, moral−religious emphasis, and organization.

Psychological Contribution to Nonattendance

Previous psychological research on problematic absenteeism has focused on psychological and individual symptoms of the youth that impact nonattendance. Key historical terms are school phobia, separation anxiety, and school refusal. Youth symptoms usually include depression and anxiety as well as perfectionism and manipulative behavior (Egger, Costello, & Angold, 2003; Kearney & Albano, 2004). Personality traits attributed to these children and adolescents include introversion, agreeableness, and low openness (Kee, 2001; Okuyama, Okada, Kuribayashi, & Kaneko, 1999). Proximal factors include Kearney and Silverman's functional approach (1990; 1991; 1993; 1996; 1999).

Treatment for psychological factors focus on key symptoms and other proximal variables (Kearney, 2008). Treatment plans usually include some form of cognitive-behavior therapy or psychoeducation regarding aversive psychological symptoms such as anxiety or somatic complaints. Other treatment plans include psychopharmacological interventions, such as antidepressants medication (Bernstein et al., 2000). Generally, these treatment plans aim to alleviate psychological distress in youth and empower parents with corrective tools while boosting overall attendance.

However, this approach ultimately focuses on immediate, proximal factors and neglects broader distal factors. This excludes many youth from the intervention and conceptualization of problematic absenteeism. Previous literature has short comings in its feasibility to cover the heterogeneity of this population. For example, demographic variables among this population are broad, including age of onset, ethnicity, and socioeconomic status. Populations also differ in the severity of their absenteeism, from

acute to chronic. This has led to different approaches by a variety of disciplines examining problematic absenteeism.

Social/Criminal Justice Contribution to Nonattendance

Other approaches to problematic absenteeism have examined social and criminal factors. This research has generally concentrated on factors such as homelessness, poverty, neighborhood disorganization, family chaos, and association with delinquent peer groups (Kearney, 2008). Research has found that unsafe and unsupportive communities result in low levels of adult supervision with high rates of child self-care, and an overall lack of administrative and familial response to truancy (Chapman, 2003; Crowder & South, 2003; Reid, 2005). Family chaos, such as divorce, child maltreatment, and parental drug and alcohol abuse, can be fueled by neighborhood crime and dysfunction. This neighborhood dysfunction and family disorganization can also lead to excessive absenteeism (Kearney, 2001).

Interventions from this perspective take on a broader approach than psychological perspective. These interventions include: 1. early education, family, and health services; 2. court referral and community services; 3. police or other legal strategies (Kearney, 2008). Early education, family and health services aim to enrich and educate impoverished families. Court referrals and community services involves placing youth in truancy court and engaging families in other social services. This aims to reduce stigmatization, transportation problem, attrition, and relapse (Kearney, 2008). Police strategies to cut down on truancy include neighborhood and community sweeps and searches. Ultimately, this perspective is broader than those from a psychological

perspective. However, both perspectives assess individual or broad systemic factors but neglect other factors such as school variables and parent attitudes toward education.

Educational contribution to nonattendance

Educational approaches to nonattendance overlap with social/criminal justice approaches and psychological approaches. For example, school districts may use legal definitions of truancy in their policies and referral systems. They may also use counseling or other forms of aide when it is apparent that youth have psychological factors that contribute to their nonattendance. Recent research in this perspective, however, has focused on school-related variables that contribute to problematic absenteeism.

Variables on the school-level that impact absenteeism can include school violence, victimization, school climate, peer relationships, and parent involvement (Kearney, 2008). Examples of school violence and victimization are as follows: assault, injury, teasing, and theft. Another common form of school violence and victimization that has been getting recent media attention is peer to peer bullying. On the other hand, school climate refers to student feelings of connectedness to their school. This is impacted by a school culture of safety, support, respect, and flexibility regarding academic curricula and disciplinary practices (McNeely, Nonnemaker, & Blum , 2002). Finally, parental involvement refers to active parental engagement in youth's academic development. Positive parental develop leads to higher rates of academic success in youth (Bridgeland, Dilulio, & Morison, 2006). Interestingly, variables such as bullying, school climate, and parental engagement also has been demonstrated to impact youth's chances of graduating high school (Cornell, Gregory, Huang, & Fan, 2013; Stone, 2006).

This demonstrates the importance of assessing the contribution of broader systemic levels in youth's academic success.

Intervention at this perspective includes addressing each of these variables in hopes of improving attendance. First, educators and administrators pursue counseling strategies to aide and educate in conflict resolution as well as training programs or suspension for overly aggressive youth (Kearney, 2008). School climate is enhanced by building individual curriculums centered around youth's academic and cognitive development, as well as flexible course scheduling, clearly state rules and regulations, and high student activity in extracurricular activities (Stone, 2006; Worrell & Hale, 2001). Parent involvement is improved by strengthening parent-teacher relationships, parent participation in the classroom, and matching diversity of school personnel to surrounding community (Broussard, 2003). While this perspective succeeds in focusing on intermediate systemic level involved in problematic absenteeism, it fails to encompass individual factors as well as broad systemic factors. Until recently there has not been a single perspective that has been able to encompass the heterogeneity of this population in regards to the multitude of factors, both proximal and distal, and influences absenteeism.

Heterogeneity of this population has produced vast and incongruent literature in respect to conceptualization and intervention with this population. This incongruency has made it problematic for comparability across disciplines and has led to disjointed and uncoordinated approaches for solutions of the problem. An interdisciplinary model has been proposed that addresses both proximal and distal factors, as well as establishes and uses clear and operational definitions, is fluid and flexible for rapid changes in attendance patterns, and is user-friendly for assessment and treatment (Kearney, 2008).

This model details five levels, each with furthering degrees of proximity to the youth. The first level, or the Primary level, focuses on youth variables associated with nonattendance. The Secondary level is the intersection of youth's psychopathology and parent's difficulty to responding to youth's absenteeism as well as other parental characteristics. The Tertiary level is where previous factors (youth and parent's psychopathology) intersect with more distal factors, such as youth's peers. The Quaternary level, or fourth level, is where youth, parent/family, and peer influences intersect with school-oriented factors. The Quinary level is the intersection of youth, parent/family, peer, and school factors intersect with community factors. In the following section, each of the levels of this model will be discussed.

Interdisciplinary Model

Primary level. The first level of the interdisciplinary model focuses on how youth-related factors impact absenteeism. At this level, some youth may have psychopathology that prevents attendance despite having supportive parents, school, and communities. Symptomatology associated with the youth should be closely examined if other distal factors are shown to not impact the child and adolescent's ability to attend school. Kearney (2008) reports that some common forms of youth factors include internalizing symptoms, externalizing symptoms, as well as other demographic factors.

Internalizing symptoms. Internalizing symptoms ascribed to this population usually include fear-phobia, anxiety, somatic complaints, depression, and general negative affectivity. The most common diagnoses associated with youths who suffer from school phobia are anxiety and depressive disorders (Ek & Eriksson, 2013). Depressive symptoms include sleep disturbances, irritability, tearfulness, as well as

suicidal ideation (Bernstein & Garfinkel, 1986, 1988; Hersov, 1960; Kolvin, Berney & Bhate, 1984; Last, Stauss, & Francis, 1987; Shaffer, 1974). However, some research suggests that these diagnoses only represent a small portion of youth who refuse to attend school (Kearney & Silvermen, 1996; Foreman, Dover, & Hill, 1997).

Anxiety about attending school is slightly more prevalent among this population than depression (Last, Strauss, & Francis, 1987; Kearney & Silvermen, 1996). These diagnoses, however, are not always mutually exclusive (Egger, Costello, & Angold, 2003). Anxiety can be divided into many subtypes, such as overanxious disorder, social phobia, and avoidant disorder. Anxiety about attending school can often materialize in somatic symptomatology or complaints (Bernstein, Massie, Thuras, Perwien, Borchardt, & Crosby,1997). Most common somatic complaints include headaches, sweatiness, dizziness, and gastrointestinal and muscular discomfort or pain.

However, most youth who suffer from internalizing basis of school refusal do not suffer from just one symptomology. This makes it difficult to make a clear and defined diagnosis. The overlap and blurring between different conceptualizations has led to the concept of general negative affectivity. General negative affectivity refers to global or continual anxiety, depression, or emotional distress (Watson & Clark, 1984; Kendal, Kortlander, Chansky, Brady,1992).

Externalizing symptoms. In contrast to internalizing characteristics, externalizing characterizations are based upon factors such as by verbal and physical aggression, noncompliance, hiding, temper tantrums, lying, and self-injury (Kearney, 2001). Youth may exhibit externalizing behavior for a variety of reasons and some may overlap with internalizing symptoms. For example, a child may be anxious about attending school but

still engage in trantruming as well as engaging in verbal and physical aggression to avoid school. Much of the previous literature on youths with school refusal behavior has focused on internalizing factors. However, some research has found that externalizing symptoms are sometimes linked with psychopathologies such as conduct and oppositional defiant disorder (Bernstein & Garfinkel, 1986; Pritchard, Cotton, & Cox, 1992).

School refusal behavior can sometimes, although not always necessarily, be part of an overall conduct or oppositional disorder. However, multiple studies report nearly a fifth of their sample meeting DSM-IV criteria for conduct disorder or disruptive behavior disorder (Bernstein & Garfinkel, 1986; Pritchard, Cotton, & Cox, 1992; Kearney & Silverman, 1996). Substance related disorders are also found in correlation to school refusing behavior. However, though a causal relationship is still not substantiated, truancy has been linked to increased smoking and alcohol, as well as increase in use of marijuana, cocaine, heroin, and amphetamines (Charlton & Blair, 1989; Pritchard, Cotton, & Cox, 1992).

Demographic factors. Age, race, gender, and SES have been examined in relation to nonattendance. Age of onset with school refusal generally starts in early adolescence (Chazan, 1962; Hansen, Sanders, Massaro, & Last, 1998; Hersov, 1960; Kearney, 2000; Kearney & Silverman, 1996; Last, Francis, Hersen, Kazdin, & Strauss, 1987; Last & Strauss, 1990; Last, Strauss, & Francis, 1987; Smith, 1970; Torma & Halsti, 1975). However, increased absenteeism can be seen during times of transition. Examples include when youth are entering school (5-7 years) (Hersov, 1985), transferring to middle school

(10-11 years) (Ollendick & Mayer, 1984), and transferring to high school (14 years) (Makihara, Nagaya, & Nakajima, 1985).

Studies directly associating race and school refusal behavior are limited. However, dropout rates are typically higher for Hispanics than both African Americans and European Americans (National Center for Education Statics, 2012. Also, absences among the African American population are higher than European Americans (Levanto, 1975; Rood, 1989). However, a majority of these studies use race rather than ethnic identity, or acculturation to examine ethnic differences in nonattendance patterns. Suggestions have been made that within group differences need to be examined to best understand the relationship between cultural and nonattendance (Carpenter & Ramirez, 2007).

Secondary level. The Secondary level of the interdisciplinary model consists of youth and parent and family factors that interact to influence school refusal behaviors. Analysis at this level focuses on how parents or caregivers impact a youth's ability to attend school or exasperate primary-level factors. For example, parent interactions are known to play a significant role in personality development and, thus, later behavior (Collins, Maccoby, Steinberg, Hetherington, & Borstein, 2000; O'Connor, Deater-Deckard, Fulker, Rutter, & Plomin, 1998). Little (1983) studied the parents of 103 truant junior high school students and found that parents of truant youths tended to be significantly overprotective and overindulgent of their children. As stated earlier, previous researchers have found similar results in maternal overprotection (Hersov, 1960). Similarly, parental involvement has also been found to influence school dropout (Stone, 2006). For example, excessive adolescent autonomy and low parental

involvement results in higher rates of school dropout (Rumberger, Ghatak, Poulos, Ritter, & Dornbusch, 1990).

Parental psychological well-being has also been related to school refusal behavior. Hersov (1960) compared factors between truant and school refusing youth and a regular attending control group. He found that a significant amount of mothers from the truant and school refusing groups had more psychological neurotic symptoms, such as anxiety and depression, than the control group.

Family environment also impacts a youth's ability to attend school and eventual graduation. Sandefur, McLanahan, and Wojtkiewicz (1992) evaluated the relationship between parental marital status and high school graduation rates. Using data from 1979-85 of the National Longitudinal Survey of Youth, Sandefur and colleagues found that not living with both parents at age 14 and disruptions in family structure between ages 14 and 17 was negatively related to a youth's ability to complete high school. These effects persisted even after controlling for income and social psychological attributes of the adolescent individuals. It is reasonable that if family factors impact the ability to graduate, similar factors can impede children and adolescent's ability to get to school.

Tertiary level. The Tertiary level involves the intersection of family/parent and youth-factors and peer influences of school refusing behavior. Opportunity to participate in deviant activities has been related to deviant peer groups. This can include gang-related activity and drug consumption. Youths who associate with delinquent peers are at risk for school dropout (Farmer et al., 2003). Also, inability to attain friends can lead to a disengagement with school processes. This disengagement can lead to a failure to participate in extracurricular activities that has been related to eventual dropout

(Alexander, Entwisle, & Kabbani, 2001; Jimerson, Anderson, & Whipple, 2002; Warren & Lee, 2003).

Overall, previous research on the Tertiary level has been limited. More attention needs to be made on this level since research from other disciplines has demonstrated that peers play a substantial impact in youth's academic success. The focus of this thesis was to examine the relationship between peer influence and a youth's ability to attend school. However, further examination of the literature will be detailed in Chapter 2.

Quaternary level. The Quaternary level assesses how youth, parent, family, and/or peer influences intersect with wide-ranging school-based problems. Variables at this level can include school climate, inadequate responsiveness to student academic needs, teacher absenteeism, and inflexible disciplinary practices (Brookmeyer, Fanti, & Henrich, 2006; Jimerson, Anderson, & Whipple, 2002; Lee & Burkam, 2003). If the youth does not have support socially or within their family, school characteristics such as these can increase the likelihood of school dropout (Kearney, 2008).

Poor climate can relate to immediate school environment as well as more distal related school variables. Mayer (1993) examined if improved classroom climate, could serve as a variable for increased attendance. Improved classroom climate was defined as an atmosphere that is focused on accepting and working with the youth through behavior issues and academic problems rather than using punitive strategies. Two hundred 9th grade students who were frequently absent (about 23% of the time) and had low grade point averages (M = 1.31 or D+) were studied in the Los Angeles County school district. In the school district, 40% of students came from single parent homes and over 90% of those families were receiving welfare. Researchers provided consultation services and

tutors to improve classroom environment for three years. Consultation services came in the form of educating teachers regarding classroom management. Suggestions were made about praise delivery, increasing approving gestures, student recognition, and delivery of tangible reinforce to students. Reducing of disapproval behavior, such as verbal criticism, disapproving gestures, and implementing punitive consequences (e.g., time out) was suggested as well. Tutoring and career development activities for project students were also provided in addition to an intensive summer program. The summer program included activities as well as community based activities to expose students to resources outside of their school and neighborhood. At the end of the academic year, dropout rates decreased to 31% at the end of the third year. This was lower than district rate (33%) and much lower for at-risk students (70% - 80%). Academic engagement increased with 70% to 90% of student's on-task at any given point during the day. Teacher disapproval ratings also decreased (70%-55%).

Research has also been done on individual characteristics of teachers and their effect on their students. For example, teacher absenteeism has been related to decreased student achievement (Skidmore 1984; Woods & Montagno, 1997). Lewis (1982) estimated that over 200,000 teachers were absent from work on any given day. Various factors that increase teacher absenteeism were found to be stage of teacher career, teacher performance level in classroom, and degree attainment and academic level taught (Pitkoff, 1993; Porwoll, 1980; Scott & McClellan, 1990). Similarly, an increase in teacher absenteeism has been associated with an increase in student absenteeism as well (Kearney, 2003).

Quinary Level. Community factors, or the Quinary level, intersects with school, peer, family, and youth factors to contribute to school refusal behavior. These factors can include but are not limited to disorganized/unsafe neighborhoods, geographical, cultural, and subcultural values, gang-related activity, and school-based racism and discrimination (Kearney, 2008). Research examining community factors and school refusal has focused on larger systemic influences on nonattendance. Chapman (2003) compared neighborhood poverty and school performance through self-report measures. She found that neighborhood safety correlated positively with grades, where higher neighborhood safety was associated with higher grades. Attendance was also significantly positively associated with neighborhood support and neighborhood safety.

Neighborhoods in high distress (i.e., high poverty, high crime, low adult supervision) have been negatively associated with graduation rates (Aaronson, 1997; Connell and Halpern-Felsher, 1997; Connell, Halpern-Felsher, Cli□ord, Crichlow, & Usinger, 1995; Crowder & South, 2003; Ensminger, Lamkin, & Jacobson, 1996). There seems to be a relationship in regards to adult and youth graduation rates. Lower youth graduation rates are found in neighborhoods where adults did not graduate high school (Foster & McLanahan, 1996).

Dupere, Levelnthal, Crosone, and Dion (2010) assessed whether neighborhood socioeconomic status influenced academic achievement scores. Previous research had established connections between high school completion and achievement scores, where higher scores are associated with higher probability of graduation (Demps & Onwuegbuzie, 2001). Dupere and colleagues (2010) found that higher neighborhood SES was related to higher scores on measures of achievement for both math and reading. In

the same vein, removing a child from neighborhoods of high distress to a neighborhood of low distress can also significantly improve a child's achievement scores (Leventhal & Brooks-Gunn, 2004).

Research utilizing an interdisciplinary model can be incorporated into intervention models that are used to promote school attendance, address school absenteeism, and promote continuity in the field. The incorporation of the interdisciplinary model into these intervention models can also address and monitor problematic behavior of youth and help in the decision-making process to graduate to more severe consequences (e.g., referral to a truancy court program). A Response to Intervention (RtI) is one such model that aims to promote school attendance and combat absenteeism. The Response to Intervention Model specifically refers to systematic and tiered instructional process that identifies at-risk students. These students are then provided specialized evidence-based strategies based on need in an attempt alleviate some of the student's difficulties (Fox, Carta, Strain, Dunlap, & Hemmeter, 2010). The model is divided into three tiers that utilize universal, targets, and intensive interventions.

Tier 1, or universal interventions, involves both a core set of strategies, such as a common curriculum, and regular screenings to identify students who are not benefiting from these universal strategies (e.g., those with reading or math impairments). Tier 1 strategies are implemented to all students to help identify those who would benefit from additional help. Tier 2, or targeted interventions, is implemented for specifically at-risk students. These students are those who require additional support that may benefit from small group instruction. Tier 3, or intensive interventions, is implemented to youth with severe and complex problems who may benefit from one-on-one instruction.

The interdisciplinary model could be used to identify different contextual or systemic factors within each of the three tiers in the Response to Intervention Model. For example, the Response to Intervention model often emphasizes functional behavioral assessment and analysis to identify maintaining variables for problematic behavior and then designing interventions tailored to those variables. The interdisciplinary model can help identify common maintaining variables within each of the five systemic levels. Once these maintaining variables have been identified, school administrators can then develop an intervention problem that best suits the needs of the youth.

In sum, the interdisciplinary model is a more comprehensive model than previous models in conceptualizing the school refusal behavior population. Unlike previous conceptualization, the interdisciplinary model assesses both proximal and distal systemic factors that contribute to problematic absenteeism. Use of this model promotes cohesion among disciplines and is user-friendly for assessment and can be integrated with school based invention models such as RtI. Further, research incorporating the interdisciplinary model can be utilized for more effective treatments and interventions. However, the model is not without its limits. It does lack research at greater systemic levels. Previous literature has focused mainly on the Primary level and Secondary level. Less focus has been on the Tertiary, Quaternary, and Quinary levels. If researchers and clinicians wish to use the interdisciplinary model to its full capacity, further investigation is necessary at these larger systemic levels. The goal of this research was to contribute to greater systemic understanding by focusing on the tertiary level in regards to school refusal behavior.

Chapter II

Peer Variables and School Refusal Behavior

The interdisciplinary model suggests assessing systemic variables at five intervention levels. For this model to be successful proximal and distal factors at each level need to be understood. Less focus has been attributed to the more systemic levels such as peers, school, and community factors. Specifically, there is a lack of research examining the relationship of peer factors and nonattendance. It is necessary for more research to be conducted at this level since peers play a critical role in child and adolescent behavior and development (Espelage & Swearer, 2003; Farley & Kim-Spoon, 2014; Murray-Close; 2013; Prinstein & Doge, 2008). Kearney (2008) notes examples of such influences, including the pressure to conform to group demands for absenteeism or other delinquent acts, proximity to deviant peers, support for alluring activities outside of school, and participation in gangs or gang-related activity.

Psychological research at the Tertiary level regarding school refusal behavior is sparse. There is literature, however, in other disciplines that has found relationships between peers and other school-related variables such as high school completion, achievement scores, and school engagement that can guide psychological research. Elliott and Voss (1974) assessed child friendship networks of 8th and 12th graders over a five-year period by having children report the number of friends who withdrew from high school prior to graduation. They found significant correlations between exposure to friends who dropped out and later dropout status. They also found that being exposed to dropout friends after initial assessment was also related to later dropout status for the friend. The next section presents a review of research of peer factors and youth academic

achievement, high school completion and/or high school dropout, and attendance that contribute to the Tertiary level of the interdisciplinary model.

Academic Achievement

Lower academic achievement has been associated with increased nonattendance and school refusal behavior (Kearney, 2001). As such, an exploration of different variables that contribute to lower academic achievement in relation to peer factors will be explored. One such way peers impact academic achievement is through interactions between youth and deviant peers.

Deviant peers are defined as individuals who participate or engage in risky or unfavorable behavior (Kearney, 2008). Examples of these behaviors are drug and/or alcohol use, gang activity, violence, and shop lifting. Youth involvement in gangs have been associated with lower grade achievement and completion for youth attending the school (Pyrooz, 2014). Conceptually, youth gangs are associated with only large, metropolitan cities. However, recent research suggests that gangs are now entering smaller towns in increasing numbers (Palting, 1999; Rojek, Petrocelli, & Oberweis, 2010) and are no longer limited to low-income neighborhoods (Nielsen, 1992). As juvenile gangs become a more dispersed problem, we can expect to see their negative impact on youth high school achievement and graduation in neighborhoods and communities that were otherwise removed from their impact.

Similarly, associations with deviant peers have also been related to increased drug use (Henry, 2010; Kobus & Henry, 2010; Martins, Storr, Alexandre, Chilcoat, 2008; Ramirez, Hinman, Sterling, Weisner, & Campbell; 2012; Yanovitzky, 2005). Drug use has been related to decreased GPA as well as an increase in nonattendance and eventual

school dropout (Henry, 2010; Henry & Thornberry, 2010; Pluddemann, Flisher, McKetin, Parry, & Lombard, 2010). Adolescent peer groups can play a role in drug use in that they can impact a youth's decision to partake in drugs. Research has shown that peer groups' drug use is associated with individual youth drug use (Kobus & Henry, 2010; Martins, Storr, Alexandre, Chilcoat, 2008). Similarly, friends' drug use has been found to have a significant negative association with GPA and attendance for youths associating with that friend (Mounts & Steinberg, 1995).

Hypotheses have been generated that suggest that youth could be seeking out these relationships with deviant peers because of a rejection from the larger peer group. Assuming that deviant peers are not included in the main social circles, seeking these friendships hinges upon main social circle rejection. It is thus important to assess how peer acceptance or rejection can affect nonattendance and related school behaviors (Kearney, 2001).

Being accepted by one's social group is an important component of self-esteem and self-efficacy at any developmental level (Birkeland, Breivik, & Wold, 2014; Leary, Cottrell, & Philips, 2001; Vanhalst, Luyckx, Scholte, Engels, & Goossems, 2013). Social acceptance can be vital for youth since classmates are arguably one of the few support systems outside of the nuclear home (Harris, 1996). Children begin to spend more time with their peer group than with their family in adolescence (age 12 and up) (Berndt, 1982). Classmates also offer one of the few opportunities to socialize with individuals within a youth's age group. Rejection from one's peer group has been associated with detrimental effects on youth academic and developmental success as well as attendance

and drop out rates (Bellmore, 2011; Buhs, Ladd, & Herald, 2006; French & Conrad, 2001; Kearney, 2008).

Ollendick, Weist, Borden, and Greene (1992) conducted a five-year longitudinal study assessing how peer acceptance affects later maladjustment. Six hundred 4th grade children completed questionnaires assigning sociometric classifications among their peers. These social preferences were used to classify individual children as popular (well-liked by classmates), rejected (disliked by classmates), neglected (not liked or disliked), controversial (like by some and disliked by others), or average (displaying a normative pattern of peer relations). Five years after initial assessment, follow-up assessments found that rejected children were perceived by peers as less likable and more aggressive. Teachers also reported the rejected children to have more conduct problems, motor excess, and attentional problems than other classified children. Finally, rejected children were associated with increased conduct disturbance, substance abuse, and nonattendance as well as lower academic performance, failed more grades, and were more likely to drop out of school and commit delinquent offenses. Children labeled as controversial performed similarly to the rejected children, where they had performed less well than popular and average children on academic, behavioral, and social measures (Ollendick, Weist, Borden, & Greene, 1992). In sum, being ostracized from a social group was associated with long-lasting, detrimental effects on development and later psychological and academic success.

Bullying is one form of peer rejection, and it has become a growing problem in the school environment. In recent decades, school bullying has gained increased awareness due to media attention on homicide and suicides where bullying was a

precipitory variable. Overall, bullying has been related to serious detrimental effects on youth's psychological health, physical health, and behavioral issues (Drake, Price, & Telljohann, 2003). In terms of academic achievement, bullying has been associated with negative effects on the victims and those who bully, where victims are more affected than bullies (Juvonen, Nishina, & Graham, 2000; Strøm, Thoresen, Wentzel-Larsen, & Dyb, 2013; Swartz, Dodge, Petti, & Bates, 2000). Peer victimization from bullying and teasing has also been related to an increase in rates of truancy and high school dropout (Alika, 2012; Cornell, Gregory, Huang, & Fan, 2013; Drake, Price, & Telljohann, 2003; Gastic, 2008; Townsend, Flisher, Chikobvu, Lombard, & Kind, 2008). Similarly, bullying has been found to contribute to school refusal behavior and problematic absenteeism (Kearney, 2001).

For example, Alika in 2012 investigated the relationship between bullying and high school dropout among adolescents. Two hundred students, 100 male and 100 female, were included in the study. These individuals were those who had dropped out of high school but then later enrolled in continuing education courses at local universities and community colleges. Individuals were interviewed and provided self-reports on the contributing factors in the decision-making process to completely remove oneself from school. An analysis of variance test confirmed that prior bullying significantly predicted later school dropout.

Bullying can also result in academic disengagement for youth due to emotional withdrawal. Student engagement occurs when a youth makes a psychological investment in learning. They remain active participants in class or school and are invested in earning formal indicators of success (e.g., GPA, participation in school sports, joining student

body organizations). This has been conceptualized as both a process (i.e., how it occurs) and an outcome (i.e., the state of being connected to school) (Furlong, Whipple, Jean, Simental, Soliz, & Punthuna, 2003). Youth positive attachment to their school has been associated with increased academic success (i.e., higher grades, more grade completion, and higher rates of attendance) (Furrer & Skinner, 2003). Discipline problems, nonattendance, academic failure, and dropout has been associated with youth alienation or detached from school processes (Sinclair, Christenson, Elevo, & Hurley, 1998). Further, academic disengagement has also been associated with school refusal behavior in youth (Kearney, 2001; 2008). School engagement is enhanced by several pathways. Some of these pathways are extracurricular activities, attachment to teachers, or attachment to peers. Overall, the influence peers have on school engagement can be divided into three topics: 1. Social-emotional; 2. Academic motivation and success; 3. Peer groups and social networks (Furlong, Whipple, Jean, Simental, Soliz, & Punthuna, 2003).

Social-emotional outcomes consist of quality of peer relationships and socially responsive behavior. These outcomes mediate academic success. When peer rejection is high, students have increased risk of disengagement with school processes and lower rates of academic success (Ollendick, Weist, Borden, & Greene, 1992). This rejection can also negatively impact a youth's emotional well-being and increase academic disengagement (Wentzel, 1991) and thus contribute to nonattendance (Kearney, 2001; 2008). However, positive peer social support can increase a student's investment in school processes even when they are emotionally distressed (Wentzel, 1998).

Academic values dictated by youth's social group and their perceived support of their social group have been related to youth's motivation to participate and engage in school. Increased school disengagement, higher rates of absenteeism, and poorer performance on measures of achievement have been associated with youth who have strong social bonds with their social group (i.e., strong social support) and the peer group does not value academic success (Kearney, 2001; 2008; Ollendick, Weist, Borden, & Greene, 1992). Conversely, those youth who have strong social ties to peer groups who value academic success report more school engagement, have higher rates of attendance, and perform better academically.

Strong connections to peer groups and other social networks are related to school achievement. Previous literature states that academic success through grade achievement is predicted by close friendships (Wentzel & Caldwell, 1997). Similarly, the kinds of friends youth associate with (e.g., the popular group or the rejected group) can determine later academic success (Ollendick, Weist, Borden, & Greene, 1992), where youth from popular social groups perform better academically than youth from the rejected social groups. Overall, research has shown that a student's peer group may impact their interpersonal connections to their school.

Finally, strong and stable peer groups are a protective factor against bullying from other students. Bullying, as stated earlier, has deleterious effects on academic performance, school attachment, and attendance (Alika, 2012; Cornell, Gregory, Huang, & Fan, 2013; Gastic, 2008; Kearney, 2001; Townsend, Flisher, Chikobvu, Lombard, & Kind, 2008). Bullying appears to increase when social networks are minimal and are of poor quality, and decreases when more social connections are made (Pellegrini & Bartini.

2000). In sum, increased school engagement has been associated with strong social connections that help protect against the effects of bullying.

In terms of intervention, the Response to Intervention model (Clark & Alvarez, 2010) outlines avenues in which peers also can play a beneficial role in reintegrating chronically absent students back to complete attendance. For example, Kearney and Graczyk (2013) suggest a system of peer mentoring as a Tier 2 strategy. This strategy consists of peers contacting an absentee youth, encouraging her to return to school, and to offer help to remove obstacles to attendance. These peers can also be utilized as "buddies" to help get students to and from school as well as to alleviate any anxiety-provoking stimuli at school. Peer mentors are especially helpful for youth for may have a social skills deficit (White and Kelly, 2010). If one contributing factor to absenteeism is a rejection from the larger social group, where a lack of key social skills is often a factor, then this form of intervention may prove to be greatly beneficial in reintegration. A better understanding of peer variables and the relationship with problematic absenteeism could assist in informing such a model.

Academic Completion

Friendships with deviant peers have been associated with consequences for later high school completion. High school dropouts tend to have more deviant friends who also show potential for dropping out than youth who remain in school (Elliot & Voss, 1974; Jimerson, Egeland, Sroufe, & Calrson, 2000; Veronneau, Vitaro, Pedersen, & Tremblay, 2008).

Deviant peer groups is an overarching term that is defined as a multitude of undesirable behaviors such as violence, aggression, disruption, and conduct problems.

Violence is an example of one undesirable behavior within peer groups. Engagement in violent peer groups puts youth at greater risk of nonattendance and high school dropout than other students (Staff & Kreager, 2008). For example, Veronneau, Vitaro, Pedersen, and Tremblay (2008) determined that youth with aggressive friends (i.e., violence such as fighting and bullying) had higher rates of later dropout than those who did not. A 17-year longitudinal study that assessed the relationship between aggressive peers and the likelihood of secondary school graduation found a significant relationship between graduation rates and association with aggressive-disruptive friends. Lower rates of high school graduation were associated with greater affiliation with aggressive-disruptive friends. Vitaro, Larocque, Janosz, and Tremblay (2001) also found that students who were more disruptive at school demonstrated higher rates of high school dropout. Specifically, students who were more disruptive (e.g. behaviors such as hyperactivity, aggressiveness, and opposition) tended to form more bonds with deviant and dropout friends which was also related to higher rates for school dropout.

Peer acceptance is an important component in children's and adolescent's psychological development (Sullivan, 1953). Some argue that during adolescence (age 12 and up), peer groups have a more substantial impact than parents do in shaping norms (Harris, 1996). These friendships and peer groups are of particular importance during times of academic transitions since these transitions are often marked by declines in academic achievement, self-esteem, interest in school, and increase in psychological distress (Chung, Elias, & Schnieder, 1998; Fenzel, 2000; Simmon & Blyth, 1987). Adolescents who lack this peer acceptance during these times suffer across the board academically and raise their chances of dropping out of school (Kingery & Erdley, 2007).

In general, peer acceptance has been found to be a robust predictor in high school completion, where lower rates of acceptance significantly increased chances of high school dropout (Bo-liang & Lei, 2004; Buhs, Ladd, & Herald, 2006; Kiuru, Aunola, Lerkkanen, Pakarinen, & Poskiparta, 2015; Lubbers, Van Der Werf, Snijders, Creemers, & Kuyper, 2006; Oberle & Schonert-Reichl, 2013; Ollendick, Weist, Borden, & Greene, 1992; Warner, 1994).

Indeed, research conducted by Oberle and Schonery-Reichly in 2013 demonstrated a robust relationship between peer acceptance and academic performance, even when controlling for levels of executive functioning (i.e., inhibitory control). Oberle and colleagues assessed for level of peer acceptance by way of teacher self-report in their study of ninety-nine 4th and 5th graders,. Children's executive functioning was then assessed through computerized tasks (i.e., Dots Task). When controlling for levels of executive functioning, peer acceptance was demonstrated to have a strong, significant relationship with academic success, where low peer acceptance predicted lower GPA. These results again point to the influential role peers play in children's academic success, even when controlling for executive functioning abilities.

One option proposed to combat school dropout is increasing a youth's feelings of connectedness to their school (McNeely, Nonnemaker, & Blum, 2002; Upadyaya & Salmela-Aro, 2013). This increased engagement takes on forms such as participation in after-school activities, teacher attachment, "buddy systems" from the RtI, and perceptions of the school responding to academic and social needs. However, a youth's engagement with their school is often predicated by the peers they associate themselves with. Peers

can have a negative or positive outcome on youth's academic engagement. For example, students perform better academically and exhibit more forms of school engagement when they are accepted in a social group who also exhibit positive attendance behaviors (Furrer & Skinner, 2003). Conversely, youth who participated in disengaged social groups placed less value on academics, extracurricular activities, and had higher rates of nonattendance and high school dropout (Harris, 1996). Overall, children and adolescents tended to mirror the norms and values of their social group. If the values of a youth's social group reflects that of disengagement, youth may project these norms in academic decision making such as attendance.

Attendance

The of relationships youth have with their peers has also been associated with attendance variables (Kearney, 2008). Adolescence (age 12 and older) is a developmental stage when youth begin to project the values of their peer group (Harris, 1996). As such, if a youth's peer group is focused on undersirable activities, such as skipping class, it can have very serious effects on a youth's ability to succeed in school. This projection is particularly signficant when children transition into adolescents. For example, youth with issues of truancy often times have a peer group or friends who also have issues with truancy (Polanksy, Villanueva, & Bonfield, 2008). Further, it appears that just being exposed to the deviant behavior of some friends may have consequences on youth's nonattendance. For example, research has found that higher rates of truancy are associated with youth who befriend peers who frequently steal things (Henry & Huizinga, 2007; Polanksy, Villanueva, & Bonfield, 2008).

Drug use within a peer group has also been associated with absenteeism. Drug use in adolescents (age 12 and older) has increased until about 1981, but has since seen a steady decline (Oetting & Beauvais, 1990). However, drug use in adolescence is related to risk for lifelong addiction, problems with later employment, and homelessness (Newcomb & Bentler, 1988; Stein, Smith, Guy, & Bentler, 1993). Research shows that youth with friends who engage in drug use frequently use drugs themselves (Geckova & van Dijk, 2001) and drug use has association with higher rates of school dropout (Verweij, Huizink, Agrawal, Martin, & Lynskey, 2013). In regards to truancy, previous research has found that truancy is a significant predictor in drug use (Henry, Thornberry, & Huizinga, 2009) as well as truant youth engage in more drug consumption than their nontruant peers (Pritchard, Cotton, & Cox, 1992) and truant individuals associate more with peers who engage in drug usage (Henry & Huizinga, 2007). Similarly, alcohol consumption in youth and their friends has been negatively linked with truancy and dropout (Wichstrøm, 1998).

Deviant friends have been associated with increased rates of truancy as well as a lack of friendships for the youth. It appears that youth who lack strong social connections at their school may exhibit higher rates of truancy (Cillessen & Berg, 2012). A lack of strong social connection is sometimes the result of overall social group rejection. As stated earlier, this can have serious effects on youth's academic achievement (as measured by GPA) as well as high school completion (Wentzel & Caldwell, 1997; Ollendick, Weist, Borden, & Greene, 1992). Peer rejection can also have an effect on youth attendance, where peer rejection is associated with higher rates of nonattendance (Buhs & Ladd, 2001).

Overall, peers can impact many different areas of youth's academic development (e.g., academic achievement, academic completion, and attendance). If clinicians and researchers wish to improve assessment and treatment of problematic absenteeism it is important to further assess systemic factor, such as the influence of peer groups in addition to individual factors. To better understand this powerful relationship, this study focused on peer's impact on nonattendance.

Purpose of Study

This study aimed to investigate peer variables related to school refusal behavior. Researchers have suggested the need to further explore broad systemic variables such as peer, family, school, and community factors for continuity across disciplines and to improve assessment and treatment of problematic absenteeism (Kearney, 2008a; 2008b). Research has established differences between nonproblematic absenteeism and problematic absenteeism population. But little has been done to assess within group differences at broader systemic levels within this heterogeneous population.

The first aim of this study was to examine the relationship between peer relationships and family functioning in the context of school refusal behavior. Previous research has found that parental involvement can influence youth's ability to succeed academically (Rumberger, Ghatak, Poulos, Ritter, & Dornbusch, 1990) as well as contribute to different functions of school refusal behavior (Tillotson & Kearney, 1998). Similarly, it was been established that youth who refuse school for positive reinforcement suffer from more behavioral problems, like Oppositional Defiant Disorder (ODD) and Attention Deficient Hyperactivity Disorder (ADHD) (Kearney, 2001). These types of

disruptive behavior disorders have also been associated with youth who have more deviant friendships (Vitaro, Larocque, Janosz, & Tremblay, 2001). Overall, little had been done to assess whether the family environment is related to a youth's relationships with their peers in the context of school refusal behavior. This study expected to find families marked by dysfunctions in family involvement to have youth who refuse school for positive reinforcement and these children and adolescents to have friends who engage in unfavorable activities (e.g., deviancy).

The second aim of this study was to examine psychopathology for youth demonstrating school refusal behavior and whether the psychopathology had associations with friendship quality. Research has found that youth suffering from emotional dysfunction, such as depression or anxiety, often lack in social support (Leary, Cottrell, & Philips, 2001). Similarly, psychopathology is prevalent in the school refusal behavior population (Hersov, 1960; Kearney, 2001). However, little research had specifically examined the relationship between internalizing and externalizing symptoms on and level of social support. Overall, this study expected to see youth who have higher rates of psychopathology to have less friendship support.

The third aim of this study examined the relationship between peer relationships and family functioning in youth with school refusal behavior. Research has shown that some families of youth with school refusal behavior often demonstrate poor involvement on measures of family functioning (Tillotson & Kearney, 1998). One aspect of involvement is the interest in one another's life, social life included (Skinner, Steinhauer, & Santa-Barbara, 1995). Therefore, I expected to see families marked by little involvement to not be aware of their youth's friends.

Hypotheses

1. Hypothesis 1 was twofold. Hypothesis 1a was that higher levels of involvement in the family, as measured by Involvement subscale of the Parent's Family Assessment Measure – III would report higher rates of engagement with peers who demonstrate unfavorable behavior, such as breaking the law or getting in trouble with the police, as measured by the School Success Profile. Hypothesis 1b was that higher levels of involvement in the family, as measured by Involvement subscale of the Child's Family Assessment Measure – III would report higher rates of engagement with peers who demonstrate unfavorable behavior, as measured by the School Success Profile. However, this relationship, for both hypothesizes, would be mediated by the function of the youth's school refusal behavior. That is, youth who had uninvolved families will refuse school for positive reinforcement (AGB and PTR) and as such would then have more deviant friendships. Overall, previous research has found associations between family involvement and both academic success and functions of school refusal behavior and associations between youth who refuse school for positive reinforcement and behavioral problems (Kearney, 2001; Tillotson & Kearney, 1998; Rumberger, Ghatak, Poulos, Ritter, & Dornbusch, 1990). Further, behavioral problems in youth are associated with more friendships with deviant peers (Vitaro, Larocque, Janosz, & Tremblay, 2001).

2. Hypothesis 2 was twofold. Hypothesis 2a was youth who report higher scores on the Children Depression Inventory-II would have lower scores on friend support dimension, as measured by the SSP. Hypothesis 2b was youth who report anxiety symptomatology, as measured by State Trait Anxiety Scale would have lower scores on friend support dimension, as measured by the SSP. That is, these students would not perceive their friends to be trustworthy, supportive, or responsive to their needs. Overall, the literature demonstrates that psychopathology is prevalent in the nonattending population and youth with psychopathology often lack social support (Hersov, 1960; Kearney, 2001; Leary, Cottrell, & Philips, 2001).

3. The third hypothesis was youth who receive higher scores on the friend behavior dimensions on the SSP would also indicate on the SSP that their parent was unknowledgeable of their peer group. Previous literature has shown families of youth with school refusal behavior often demonstrates poor involvement, where one aspect of involvement is interest in each other's social life (Tillotson & Kearney, 1998; Skinner, Steinhauer, & Santa-Barbara, 1995).

Chapter III

Method

Participants

Implementation of a power analysis with a large effect size for a linear regression (one independent variable) yielded a sample size of forty youth and parent dyads. Thirty-one parent-youth dyads were recruited from the Bannock County Juvenile Court Truancy Court Program. The age of youth participants ranged from 8 to 17, with an average age of 13.70. Fifty-three percent of the sample was male. Seventy percent of parent participants were mothers, followed by 18% fathers, and 5% other. The mean number of days missed was reported to be 16.32, while the mean percentage of days missed was 23.25. Sixty-five percent identified as European-American, 15.0% identified as Hispanic, 13.3% identified as Native-American, 1.7% identified as either Asian or African-American, and 3.3% identified as unknown.

Youth can be referred to the Juvenile court system under the charge of habitual truancy. Habitual truancy is defined by the school district as three or more days of unexcused absences in a given semester. An unexcused absence is defined as an unverified absence and is marked as a truancy (School district No.25 Policy Manual, 2011). An unverified absence is any absence that is not later verified by a parent, guardian, or doctor within three days of initial absence. Upon initial referral to the court system, a youth can admit or deny the charge of habitual truancy. If a denial charge is submitted, the case goes to trial. If an admit charge is submitted. The judge determines appropriate sanctions. First time habitual truant youth are usually offered the option of the Truancy Court program, unless mitigating circumstances are present. Youth who

have denied the habitual truancy charge could also be entered into the Truancy Court program based on decisions made during their trial.

The Truancy Court program is a diversionary program that serves as an alternate to formal probation. The Juvenile Court Judge, School Resource Officer, School Official, and the Truancy Court Coordinator evaluate the cases. Case management plan is then developed based on the needs of the youth and their family.

Measures

Youth Measures.

***State Trait Anxiety Inventory for* Children.** The State Trait Anxiety Inventory for Children (STAIC; Spielberger, 1973) is a youth self-report measure that assesses transitory anxiety states (e.g., state anxiety) and stable anxiety proneness (e.g., trait anxiety). The STAIC has two subscales, state anxiety (S-Anxiety) and trait anxiety (T-Anxiety). The S-Anxiety Scale contains 20 items inquiring how subjects feel at a particular moment in time. Example items are as follows: "I feel very calm, calm, or not calm" and "I am very worried, worried, or not worried". The T-Anxiety Scale consists of 20 item statements where subjects respond to items by indicating how they generally feel. Example items for this scale are as follows: "I worry about making mistakes hardly-ever, sometimes, or often" and "I am shy hardly-ever, sometimes, and often". Only the T-Anxiety Scale was used in the analysis, as this study was concerned with enduring psychopathology rather than transitory symptomatology. Confirmatory factor analysis has found the STAIC to be a reliable and valid instrument to assess anxiety in youth, with an internal consistency rating of .90 and coefficient alphas of .79 (Tluczek, Henriques, & Brown, 2009). The Cronbach's alpha for the Trait subscale was .86 for this sample,

suggesting good internal consistency. The STAIC takes approximately ten minutes to complete. Due to copyright laws, the STAIC will not be included in the appendices.

School Success Profile. The School Success Profile (SSP; Bowen & Richman, 2005) is a self-report measure for children and adolescents. It assesses the social environment through systematic factors related to family, youth, and parents. Eighteen different dimensions measure systematic factors such as neighborhood support, neighborhood youth behavior, neighborhood safety, learning climate, school satisfaction, teacher support, school safety, friend support, peer group acceptance, friend behavior, family togetherness, parental support, home academic environment, parent education support, and school behavior expectations. Overall, the internal consistency reliability analysis demonstrates SSP correlating significantly with other youth assessment surveys. Internal consistency alphas for the friend support and friend behavior dimension (those dimensions used in the present study) was established at .80 and .93, respectively (Garcia-Reid, 2003). Further, all dimensions of the SSP demonstrates good construct validity (Bowen, Rose, & Bowen, 2005).

For the purpose of this study, the only the friend dimension was used, consisting of subcomponents of friend support, group acceptance, and friend behavior. There are also 3 additional questions in this subdomain that measure parental knowledge and involvement in peer relationships of the youth. Friend support assesses students' perception of friend support and satisfaction with peer relationships. Participants rate statement items from 1 (Not like me) to 3 (A lot like me) to indicate their strength of agreement. Sample statement items include: "I can trust me friends" and "I am able to tell my problems to my friends". Peer group acceptance assesses students' perceptions of

their relative standing in their peer group, and their ability to be themselves and resist peer pressure. Example statement items include: "I do things just to be popular with my friends" and "I let my friends talk me into doing things I really don't want to do". For this sample, the Cronbach's coefficient alpha of this dimension was .85, suggesting good internal consistency. Friend behavior assesses students' friends' illegal, aggressive, and acting-out behaviors. Example statement items include: "I have friends who get in trouble with the police" and "I have friends who probably will not graduate from high school". The coefficient alpha for this dimension is .90 and item loads ranging from .64 and .81(Garcia-Reid, 2003). The Cronbach's coefficient alpha for this dimension in the sample was .76, suggesting adequate internal consistency. The SSP was administered to the youth and takes approximately thirty minutes to complete.

Child Depression Inventory-II. The Child Depression Inventory-II (CDI-II; Kovacs, 2011) is a measure of depressive symptoms in children aged 7-17 years. It consists of 28-item statements that generate a total depression score as well as scale scores of emotion and functional problems, along with sub-scales of negative mood/physical symptoms, negative self-esteem, ineffectiveness, and interpersonal problems. Sample item statements are **"**I have trouble sleeping every night**"** and **"**I feel cranky all the time**"**. Research has found the CDI-II to be a valid and reliable measure in assessment of depression in children (Romano & Nelson, 1988; Smucker, Caighead, Craighead, & Green, 1986). Internal Consistency alpha was .91 for Total Score with sub scales ranging from .73 to .91 (Kovacs, 2011). Test-retest reliability achieved similarly high reliability coefficients ranging from .76 to .92 depending on subscale (Kovacs, 2011). Within this sample, the Cronbach's coefficient alpha for ineffectiveness subscale

was .60, for negative mood/physical symptoms subscale the coefficient alpha was .78, for negative self-esteem it was .84, and interpersonal problems it was .82. Convergent validity was established for all scales and subscales with Beck Depression Inventory - Youth version (BDI-Y; Beck, Beck, & Jolly, 2001) and the Conner Comprehensive Behavior Rating Scales (Conners CBCR; Conners, 2008) (Kovacs, 2011). All correlations for scales and sub scales were significant at $p < .01$ and ranged from .38 to .59 for the Conners CBCRS and .28 to .37 for the BDI-Y. The CDI-II was administered to the youth and takes approximately ten minutes to complete. Due to copyright laws, the CDI-II will not be included in the appendices.

Parent Measures.

Demographic Form. An initial demographic form was administered to the parent or legal guardian. This form asks information regarding the child's age, gender, absences, school the youth is attending, siblings, household income, and parental education. The demographic form takes approximately five minutes to complete.

Measure administered to Parent and Youth.

Family Assessment Measure. The Family Assessment Measure (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995) is a self-report measure of family functioning including task accomplishment, role performance, communication, affective expression, involvement control, and values and norms within the family. High scores on this measure represent an overall dysfunction for that particular subscale. However, it does not explain the specifics of the dysfunction. For example, a high score on the Involvement subscale demonstrates that some aspect of involvement is perceived to be dysfunctional. It does not stipulate whether the family is over-involved or under-

involved. The FAM-III consists of three measures: General, Dyadic Relationship, and Self-Rating. For the purpose of this study, the Dyadic Relationship form was only analyzed. This form examines the relationship with a particular family member. In this study, youth and parent/legal guardian responded to questions about each other for the dyadic relationship form. Respondents have to rate how strongly they agree or disagree to statements such as "Family duties are fairly shared" and "We tell each other things that bother us". Measurement of the validity and reliability of the FAM-III has proved the measure to be a reliable and valid source in assessing family functioning (Skinner, Steinhauer, & Sitarenios, 2000). With the FAM-III yielding an overall alpha coefficient rating of .93 and significant correlations with other measures of family functioning, such as Family Environment Scale (FES; Moos, 1974; Moos & Moos, 1986), The Family Adaptability and Cohesion Evaluation Scales (FACES: Olson, Russell, & Sprenkle, 1979), & the Family Assessment Device (FAD: Epstein, Baldwin, & Bishop, 1983). Within this sample, the Cronbach's coefficient alpha for the Dyadic Involvement subscale was .88 and .83 for the parent and youth, respectively. The FAM-III Dyadic Relationship takes about ten minutes to complete. Due to copyright laws, the FAM-III will not be included in the appendices.

Multigroup Ethnic Identity Measure. The Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) is a self-report measure which assesses the level to which an individual identifies with a specific ethnicity and the impact that ethnicity has on the individual's life. It was used to categorize ethnicity in the sample. Two components of ethnic identity were measured: ethnic identity search and affirmation, belonging, and commitment. Ethnic identity search measures the individual's development and cognition

related to ethnic identity. Affirmation, belonging, and commitment measures the affective components related to ethnic identity. Respondents have to state how strongly he or she agrees or disagrees to statements such as **"**I have spent time trying to find out more about my ethnic group" and "I am happy that I am a member of the group I belong to". The preferred scoring is to use the mean of the item scores. That is, the mean of the 12 items for an overall score, and the mean of the 5 items for search and the 7 items for affirmation. The MEIM was specifically designed for adolescents and young adults and has shown good reliability and validity, with coefficient alphas above .80 and factor loadings ranging from .77 to .84, depending on ethnicity (Phinney, 1992; Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999). Within this sample, the Cronbach's coefficient alpha was .89 for adults and .79 for youth, suggesting good reliability. The MEIM was administered to both youth and parent/legal guardian and takes approximately ten minutes to complete.

School Refusal Assessment Scale – Parent and Child Revised. The School Refusal Assessment Scale – Revised (SRAS-R; Kearney, 2001) is a measure of the relative strength of the four functional conditions for school refusal behavior (avoidance of school-related stimuli that provoke negative affectivity (ANA), escape from school-related aversive social and/or evaluative situations (ESE), attention from significant others (AGB), and/or tangible reinforcement outside of school (PTR). Respondents state how often or seldom on a 0 to 6 scale their children engage in certain reasons for nonattendance. Questions include: "When your child is not in school during the week, how often does he/she leave the house and do something fun?" and "How often do you feel you would rather be with your parents than go to school?". Reliability and validity

for this measure has been shown across ethnicities and socioeconomic statuses (Kearney, 2002; Lyon, 2010). The specific internal consistency coefficient alphas for each function ranged from .79-.84 for the parent report and .73-.83 for children's (Haight, Kearney, Hendron, & Schafer, 2011). In this sample, youths' Cronbach's coefficient alphas for subscales on the SRAS-R were .76 for ANA, .74 for ESE, .82 for AGB, and .65 for PTR. Parents' Cronbach's coefficient alphas on the SRAS-R were.83 for ANA, .74 for ESE, .82 for AGB, and .75 for PTR. Both reports, then, suggest good reliability. Parent/legal guardian completed the parent version of this measure while youth completed the child version. Parent and children versions can be compared to assess different perspectives of the school refusal behavior in the youth. After the measure is administered to youth and parents separately, means for each condition are computed and ranked. The highest-scoring condition is considered to be the primary maintaining variable of school refusal behavior for a specific child. To verify that there were not significant differences between the parent and child report, two variables were created. One variable identified the overall function (i.e., the function that received the highest mean) on the child's report. Another variable identified the overall function on the parent's report. A paired sample t–test was run to assess if these two measures significantly differed from one another. No significant differences were found. Therefore, mean scores for parent and child report was used in this study. Overall, the SRAS-R takes approximately ten minutes to complete.

Procedures

Truancy Court consists of three phases. In Phase 1, youth and parents attend Truancy Court weekly for three weeks. Youth receive rewards for compliance and sanctions for violations. Sanctions include remaining on phase, informal/formal probation, closed campus, and community service. Youth advance to Phase 2 upon completion of 100% of case management and school attendance for three weeks. In Phase 2, youth and parents attend Truancy Court bi-weekly for one month. Upon total completion of case management and school attendance, youth move on to Phase 3. In Phase 3, youth and parents attend Truancy Court on a monthly basis. At this time, the Truancy Court Coordinator and Magistrate Judge review compliance with attendance, academic progress, treatment, and case management. If these are deemed satisfactory, the youth and parent complete Truancy Court successfully. Only youth in Phase 1 were asked to participate in the study because youth intervention strategies have already been implemented in phase 2 and 3 and have shown effect in reducing nonattendance.

Youth refusing school between the ages of 8.0-17.9 years of age accompanied by a legal guardian/parent (18 years of age or older) who had a basic reading ability (1st grade or above) and speak English and have been referred to Truancy Court participated in the study. After initial intake at truancy court, parent/legal guardian and youth were asked to participate in the study. At truancy court, intakes are held during the evening where all truant youth attend. If parent/legal guardian and youth agreed to participate, they were taken into a separate area from Truancy Court where the informed consent and assent were explained and any questions answered. The youth and parent/legal guardian completed the measures after signing the consent and assent.

Participants filled out seven self-report measures from a larger study, which took approximately 1 to 1.5 hours to complete. Participants were told that participation in the study would not have any effect on their results at Truancy Court and they could leave at any point in the study without penalty. To compensate them for their time, parents were given a $25 gift card and children could choose a candy bar. All data was coded with a number and stored in a secure location.

Participants completed self-report measures with the help of trained research assistants. Questions were encouraged to be asked at any point during the administration. A debriefing form that explains the purpose of the study, and provided contact information and community resources was provided to the parent/legal guardian upon completion of the study (Appendix H). All forms were kept confidential and were coded by a number to ensure anonymity of the participants. This project was IRB-approved (Protocol #3783). The 6th District Magistrate Juvenile Judge, Bryan K. Murray, also showed support for the project and the Director of the Bannock County Juvenile Justice site had approved the project.

Data analyses

Hypothesis 1. Hypothesis 1 was that higher levels of involvement in the family, as measured by Involvement subscale on both parent and youth reports of the Family Assessment Measure – III (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995) would report higher rates of engagement with peers who demonstrate unfavorable behavior, such as breaking the law or getting in trouble with the police, as measured by the School Success Profile (SSP; Bowen & Richman, 1995). It was hypothesized that this relationship would be mediated by the function of the youth's school refusal behavior.

That is, children and adolescents who had uninvolved families would refuse school for positive reinforcement (AGB and PTR) and as such would then have more deviant friendships. The first hypothesis was answered through the use of mediation analysis. Specifically, a Product of Coefficient Approach was employed to assess a meditational relationship. The independent variable for this model was the quality of involvement of the youth's family as measured by the Involvement subscale on the FAM-III. The dependent variable was the youth's quality of friendship as measured by the Friends Behavior dimension on the SSP. The mediated variable, which explains the relationship between an independent variable and a dependent variable, was the function of school refusal behavior the youth was exhibiting as measured by the SRAS-R. The mediated effect was calculated by multiplying the regression coefficients of the following: regressing the mediator on the IV (a path) and regressing the DV on both the mediator while controlling the IV (b path) (see Figure 2). To test the significance of this effect, the mediated effect (a*b) was divided by its standard error. The significance of the mediated effect was tested using MacKinnon's asymmetric confidence interval (ACI) and the Sobel *z* test. This method has more statistical power and more accurate Type I error than the traditional Sobel test (MacKinnon, Lockwoord, Hoffman, West, & Sheets, 2002; MacKinnon, Fritz, William, & Lockwood 2007). The Sobel test is a *z* test. It is considered significant when the *p* value of the test is less than .05. If the 95% ACI does not include 0, it is significant at $p < .05$.

Hypothesis 2. Hypothesis 2 was twofold. Hypothesis 2a was children and adolescents who reported higher negative mood, negative self-esteem, interpersonal problems, and ineffectiveness on the Children Depression Inventory-II (CDI-II; Kovacs,

2011) would have lower scores on friend support dimension, as measured by the SSP. Similarly, hypothesis 2b was that youth who reported higher anxiety symptomatology, as measured by trait anxiety on the State Trait Anxiety Scale (STAIC; Spielberger, 1973), would have lower scores on friend support dimension, as measured by the SSP. That is, these children and adolescents would not perceive their friends to be trustworthy, supportive, or responsive to their needs. The second hypothesis was examined by running a multiple regression analysis (2a) and a linear regression analysis (2b). For hypothesis 2a, the independent or predictor variables were negative mood, negative self-esteem, interpersonal problems, and ineffectiveness, as measured by the CDI-II. Hypothesis 2b used Overall Anxiety, as measured by the STAIC, as the independent or predictor variable. Friend support, as measured by the SSP, was used as the dependent variable for both hypotheses.

Hypothesis 3. The third hypothesis was children and adolescents who reported higher scores on the friend behavior subdomain on the SSP would also indicate on the SSP that their parent was unknowledgeable of their peer group. The third hypothesis was analyzed through a binary logistic regression. Both of these variables were measured by the SSP.

Chapter IV

Results

To determine if there was any need to control for age, gender, income, or parental education effects in the analyses, *t* test and correlations were calculated. An independent sample *t* test comparing boys and girls on function of positive school refusal behavior revealed no significant differences (t(49)= -1.361, *p*= .180). An independent sample *t* test comparing age grouped (8-13 and 14-17.9) on function of positive school refusal behavior revealed significant differences (t(49)=-5.356, *p* <.000), where younger youth reported more behaviors encompassing function AGB. This finding is in line with previous literature on school refusal behavior (Kearney, 2001). The correlation between function of positive reinforcement and family income (*r(*46)= .06, *p*= .6), level of maternal education (*r(*48)=-.04, *p*= .7), and level of paternal education (*r*(49)= -.08, *p*= .6) were not significant. These variables were chosen as previous literature has demonstrated that function of positive reinforcement may vary among youth with different demographic characteristics (Kearney, 2001).

Hypothesis 1

To test whether the relationship between youth's perception of family involvement and total friendship deviancy was mediated by the positive function of school refusal behavior, a mediation analysis was conducted using the Product of Coefficient Approach. The unstandardized regression coefficients between family involvement and positive function of school refusal behavior was not statistically significant (a path: *b*= -.520 (.404), *p*= .204), as was the unstandardized regression coefficient between function of school refusal behavior and friendship deviancy

controlling for family involvement (b path: b= .001 (.012), p= .936). The unstandardized indirect effect, or the mediated effect (a*b), was (-.520)(.001) = -.00052, Sobel z= .-0.083, p= .934; 95%= -0.014 to 0.013. Thus the indirect effect was not significant.

A mediation analysis using the Product of Coefficient Approach revealed that the unstandardized regression coefficients between parent's perception of family involvement and positive function of school refusal behavior was not statistically significant (a path: b= .118 (.541), p= .828), as was the unstandardized regression coefficient between positive function of school refusal behavior and friendship deviancy controlling for family involvement (b path: b= -.003 (.013), p= .809). The unstandardized indirect effect was (.118)(-.003) = .00354, Sobel z=-.159 p= .874; 95%= -.005 to .004. Thus the indirect effect was not significant. In total, hypothesis 1 was not supported.

Hypothesis 2

For hypothesis 2a, a multiple regression tested the relationship between subscales of adolescent depression and perception of friendship support. The model used the subscales of the CDI, Ineffectiveness, Interpersonal Problems, Negative Mood/Physical Symptoms, and Negative Self-Esteem, to predict to the SSP's Friendship Support domain. Results showed the subscales of adolescent depression significantly predicted to Friendship Support with an R^2 of .415, (F(4, 26)= 4.614, p < .05). A closer inspection of the regression coefficients revealed that Interpersonal Problems significantly predicted total Friendship Support (b= -.148 (.041), p < .05). Ineffectiveness's regression coefficient was approaching significance (b= -.073 (.037), p= .062). While regression coefficients for Negative Mood/Physical Symptoms (b=.072 (.045), p= .121) and

Negative Self-Esteem (b= .072 (.054), p = .198) were not significant. Overall, hypothesis 2a was partially supported.

To answer hypothesis 2b, a linear regression was employed to test the relationship between youth trait anxiety and perception of friendship support. The model used the total trait anxiety score on the STAIC to predict to the SSP's Friendship Support domain. Results demonstrated that trait anxiety significantly predicted to friendship support (b= -.137 (.056), p <.05) with an R^2 of .173, (F(1,29) = 6.061, p < .05). In sum, hypothesis 2b was supported.

Hypothesis 3

The third hypothesis proposed that friendship deviancy would predict parents' knowledge of the youth's peer group. A binary logistic regression was used to assess this relationship. The model used the SSP's Friendship Behavior domain to predict to parent's knowledge of youth's peers. Results showed that Friend Behavior did not predict parent knowledge of youth peers (Odds ratio= 1.43, p=.13) and as such, hypothesis 3 was not supported.

Chapter V

Discussion

Previous research on school refusal behavior has focused primarily on proximal levels of influence, such as the individual and individual school variables. Current research on broader systemic levels of influence, such as peer relationships, school climate, and the community, has been limited. Previous research in other domains (e.g., education, school psychology, family systems) of academic success show that peer support is related to youth's ability to succeed, through such avenues as attendance, academic achievement, and academic completion (Alika, 2012; Kiuru, Aunola, Lerkkanen, Pakarinen, & Poskiparta, 2015; Polanksy, Villanueva, & Bonfield, 2008). However, research directly assessing the relationship between peers' influence on school refusal behavior has been limited (Kearney, 2008). Therefore, the purpose of this study was to assess the role that peer group relationships have in a school refusing population.

The present study included a sample of 31 parent-youth dyads that were recruited from the Bannock County Juvenile Court's Truancy Court Program over three academic semesters. Statistical analyses revealed no significant differences between gender on positive reinforcement and between youth and parent reports on positive reinforcement. However, differences were found among age of youth participants and positive function of school refusal behavior, such that older participants (i.e., 14 – 17.9) reported more school refusal behavior for function PTR than younger participants (i.e., 8 – 13). The relationship between family involvement and deviant peers was not found, as was a relationship between deviant peers and parental knowledge of peer group. However, a relationship between youth psychopathology and peer support was supported.

A significant relationship between family involvement and relationships with deviant peers, mediated by the positive reinforced function of school refusing behavior, was not found. These results mirrored both youth's and parent's perception of family functioning. Overall, these results did not reflect those that are generally found in the school refusing literature. For example, the literature will commonly depict a relationship between dysfunction in family involvement and youth demonstrating school refusal behavior for positive reinforcement (Tillotson & Kearney, 1998). In addition, the literature states that those who refuse school for positive reinforcement commonly have higher instances of engagement with deviant peers (Kearney, 2001; 2008). One reason for this discrepancy could be a general lack of statistical power in the current study. As this was a community sample with data collection specified for a short time period (i.e., three academic semesters), the present study accrued a relatively modest sample size of 31. A sample size of this magnitude, albeit understandable given the parameters of the study, could be too low to detect any effect that may be present.

Inspection of the data also revealed that our sample reported relatively little family dysfunction with involvement. The mean T-score for children on the involvement subscale was 54.8 and adults were 53.0, where clinical cut-off scores are T-scores above 60. In fact, only 5 children out of the 31 reported scores above the FAM-III clinical cut off scores. For adults, only 3 reported scores in the clinical range. It is plausible that, even given the study's setting (i.e., juvenile court system), our families were not experiencing much distress within the areas of interpersonal involvement.

Additionally, the mean age of the youth in our study was relatively low (i.e., 13.70). This raises the question of youth's exposure to peer's behaviors outlined in the

School Success Profile. The instrument outlines behaviors such as drug and alcohol usage as well as gang affiliation. Drug and alcohol usage is generally not seen until middle to late adolescence (i.e., 16+ years old) (Jackson & Schulenberg, 2013). Indeed, it appears that younger children view the rewards and costs of alcohol and drug consumption differently than older adolescents. For example, O'Connor, Fite, Nowline, and Colder (2007) demonstrated that younger children (i.e., 11.8 years old) generally perceive that the costs of alcohol and substance use as outweighing the benefits. This relationship becomes inversed when youth reach the age of 16 years old. Youth in Idaho also have lower rates of drug, tobacco, and alcohol use compared to national averages (Department of Health & Human Services, 2011). Similarly, gang affiliation within Idaho increases in young adulthood (e.g., 18-24 years old). In fact, it is reported that only a relatively small number of Idaho gang members are younger than 15 years old, with estimates being around 9% (Idaho Gang Survey, 2010). Therefore, children in this study may not have had ample opportunity to expose themselves to the deviant peer group that the School Success Profile was trying to capture.

Finally, the School Success Profile may not have been capturing friendship deviancy per se, as this measure was constructed to assess for school climate. A more sensitive measure dealing specifically with peer behaviors may have been able to capture the relatively low base rate of problematic behaviors in this age range. For example, the Peer Behavior Inventory (PBI; Prinstein, Boergers, & Spirito, 2001) assesses a wide range of behavior that peers will often engage in. Some of these behaviors are not explicitly deviant but are often predictors of later deviant behavior (e.g., a lack of prosocial behavior, such as helping others and being liked by teachers). Given the low

mean age in our study, this sort of assessment may be more useful in identifying a wide range of deviant peer behaviors.

However, in regard to friendship deviancy, the data did reveal some interesting patterns when participants were grouped by age. Younger children (i.e., 8 – 11) reported the lowest involvement with deviant peers, specifically only 4 children out of 9 reported antisocial peers. Middle-aged children (i.e., 12 – 14) reported an increase with deviant peer involvement, such that 7 out of the 12 reported engagement with problematic peers. However, even though over 50% of the middle-aged children reported exposure to deviant friends, these youth would typically only endorse one or two deviant behaviors. The oldest participants (i.e., 15 – 17) reported the highest rate of exposure to deviant friendships, such that 9 out of the 10 reported some form of deviant friendships. This age range also endorsed the highest frequency (e.g., 6+) of deviant behaviors, where young- and middle-aged children would typically only endorse one or two deviant behaviors. This pattern of reporting, where older children report more deviant friendships, is consistent with what is reported in the literature (Kearney, 2001; 2008). This pattern of reporting also suggests that if this study had a larger sample of older participants, significant effects for hypotheses dealing with peer deviancy may have been revealed.

Far outstripping engagement with deviant peers, however, is the affliction of various psychopathologies when considering school refusal populations (Kearney, 2001). In 2009, rates of childhood depression and anxiety in the United States were 11% and 9.2%, respectively (Beesdo, Knappe, & Pine, 2009; Merikangas, Avenevoli, Costello, Koretz, & Kessler, 2009). Among habitually truant youth, depression and anxiety is even more common (e.g., 13% depression and 10.5% generalized anxiety) (Egger, Costello, &

Angold, 2003; Kearney & Albano, 2004). A commonly cited protective factor against these forms of psychopathology is social support (Kessler, Price, & Wortman, 1985). As such, when social support is perceived to be low, an individual will also report higher rates of depression and anxiety symptomatology. The present study found results that mirror previous findings. Specifically, youth who reported more symptoms of depression and trait anxiety also reported lower instances of peer social support. These findings align themselves with the literature on childhood psychopathology and social support (Rigby, 2000; Stice, Ragan, & Randall, 2004; Strauss, Lahey, Frick, Frame, & Hynd, 1988). Specifically, as a child's internalizing symptoms increase, peer support decreases. However, given the nature of this study's methodology (i.e., correlational), definitive conclusions about the nature and direction of this relationship cannot be established.

These findings are particularly concerning because peer support influences multiple behavioral domains in addition to psychopathology. For example, peer support has predicted a variety of academic variables, such as school attendance, achievement (e.g., GPA), and high school completion (Cillessen & Berg, 2012; Oberle & Schonert-Reichl, 2013; Wentzel & Caldwell, 1997). Therefore, it appears that peer support is an important component in more than just youth's mental health, but in their academic success, as well. Since peer support spins such a complex web of effects in youth success, it may offers a uniquely advantageous point for intervention.

Tillotson and Kearney (1998) found that families of youth with school refusal behavior often demonstrate poor involvement, where one aspect of involvement is interest in each other's social life. Prior to this study, however, the relationship between family involvement of youth with school refusal behavior and their peer group had not

yet been assessed. Given the literature's relationship between family involvement and youth's engagement with deviant peers (Kearney, 2001), this study proposed an interaction between family involvement and youth's engagement with a deviant peer group for youths who exhibit school refusal behavior. It was proposed that those youth who exhibit school refusal behavior and report engagement in deviant peer group would also report that their parents were not knowledgeable of their friends. Such a relationship might have further elucidated this relationship in the school refusing population.

In this study, youth's self-report of engagement with deviant peers did not significantly predict their report of parental knowledge of friends. Therefore, at least for this sample, deviant friendships did not significantly influence parental involvement in their social lives. These results deviated from previous studies assessing this relationship outside of the current population (Henry, 2010b; Simons, Witbeck, Conger, & Conger, 1991). However, given this sample's relatively small size and the age of participants, only a limited number of deviant behaviors in the SSP was reported. This sample may have largely been composed of youth who have not yet experienced or engaged with deviant friends. As such, future research should continue to assess the nature of this relationship by acquiring more participants in a more diverse and geographically representative population.

Clinical Implications

Historically, treatment among a school refusing population has mainly assessed and dealt with proximal variables in relationship to the youth, such as youth's psychopathology or academic success. Unfortunately, focusing on individual variables neglects broader systemic factors. Current research has begun to consider distal factors

(e.g., peer and community factors) when conceptualizing and treating school refusal behavior in addition to individual factors (Kearney, 2008). Incorporating more distal factors in the conceptualization and treatment has been demonstrated to be more efficacious in improving attendance rates (Kearney, 2008). Therefore, concerted effort must be made to identify varying factors to incorporate into assessment and intervention for this population. Even though the current study failed to find significant effects when assessing deviant friendships and family functioning, the results still lay the groundwork for important implications for treating and assessing this population.

Specifically, even though there was no established relationship between family functioning and engagement with deviant friendships, the data did reveal patterns of reporting that imply sources of assessment. Older youth disproportionately reported increased engagement with deviant peers when compared to younger youth. Engagement with deviant peers has been demonstrated to have a wide range of negative consequences in academic success (e.g., attendance, completion, and achievement) (Pluddemann, Flisher, McKetin, Parry, & Lombard, 2010; Pyrooz, 2014; Staff & Kreager, 2008). Therefore, it is supported that further research should be conducted to better understand this relationship.

Peer involvement could be addressed in a Response to Intervention model (RtI). As outlined above, this model is segmented into 3 tiers of intervention, with each tier signifying more intensive and involved treatment. In regard to a deviant peer group, Tier 1 strategies offer one possible source of intervention. At this level, a core set of strategies is applied to all students, such as regular screenings to identify at-risk students and classroom teacher interventions. In School District 25, at-risk students are defined as

those who frequently exhibit externalizing Level 1 Behaviors (e.g., lying, minor theft, profane language use) as well as those who are not academically performing among their peers (Vagner, Devine, & Mortensen, 2008). Overall, these students are thought to need additional forms of interventions. Tier 1 strategies are usually implemented first with the classroom teacher (Berkeley, Bender, Peaster, & Saunders, 2009). One such Tier 1 strategy is Differentiated Instruction (Jones, Yssel, & Grant, 2012). Differentiated Instruction consists of selected group instruction to help implement specific skills to more at-risk youth. For example, a classroom teacher could conduct explicit, targeted instruction with one small group, while the rest of the class works independently. One such instruction that could be beneficial for this population could be character programs, which have shown to have strong efficacy in reducing peer conflict (Snyder et al., 2010). These character programs include psychoeducation lessons that focus on improving self-concept (e.g., relationships between thoughts, feelings, and behaviors) as well as interpersonal skills (e.g., empathy and conflict resolution). Schools that implemented such programs demonstrated lower absenteeism, fewer suspensions and retentions, as well as improved reading and math scores (Snyder et al., 2010). These types of programs may be a way to provide youth with skills earlier that could assist in navigating peer relationships and identifying deviant peers.

Tier 1 could also include measures of peer relationships into screenings to help administrative staff identify at-risk students. These measures could outline explicit deviant peer behaviors, as well as behaviors predictive of future deviant actions (to account for younger youth). If youth are identified as at-risk in terms of peer relationships, administrative staff can apply Tier 2 strategies. Specifically in Tier 2,

mentor programs are encouraged to match at-risk students with other youth. This form of intervention could be beneficial to increase youth's social circle to include individuals that demonstrate more prosocial behavior. Peer mentoring may be particularly well-received if academic credit is provided and if the program is culturally sensitive (Crooks, Chiodo, Thomas, & Hughes, 2010). However, if the extent of involvement with deviant peers is severe, research suggests more intense forms of intervention are needed (Kearney, 2014). This can include more Tier 3 inventions, such as youth-based skills training to reduce access to deviant peers and to increase access to helpful peers (Polansky, Villanueva, & Bonfield, 2008).

In general, the assessment and treatment of youth in the truancy population has focused primarily on externalizing symptomatology (Kearney, 2001). However, the pattern of results in this study highlights the importance of assessing internalizing symptomatology as well. This study assessed the relationship between internalizing symptomatology and peer groups and found significant relationships. These results suggest children who exhibit internalizing symptomatology (e.g., depressive or anxious) also have interpersonal difficulties. Youth difficulties among peer groups are often predictive of negative outcome variables (Bellmore, 2011; Buhs, Ladd, & Herald, 2006; French & Conrad, 2001; Kearney, 2008) and therefore highlight a critical need to better research and assess internalizing youth. Overall, further research should be conducted to better understand these relationships.

Increasing one's social support shows promise in decreasing depression and anxiety symptomatology (Brown, Harris, Hepworth, & Robinson, 1994; Fitzsimmons & Bardone-Cone, 2011). Consequently, it appears that one form of treatment for depression

and anxiety is to offer individuals more social outlets. This pathway may offer at least two points of intervention in students who are at a high risk of development of psychopathology and nonattendance: targeting access to social support and by targeting unhelpful cognitions that accompany one's decision to socially withdrawal once experiencing emotional distress.

The Response to Invention model does outline methods of intervention that assess both of these pathways for at-risk youth. Kearney (2014) identifies several avenues at Tier 1 that could benefit these students in an attempt to reduce the need to apply Tier 2 strategies. One such Tier 1 strategy would be to incorporate mental-health programs into the regular curriculum through Differentiated Instruction. These programs may take on the role of enhancing coping skills, conflict resolution, and peer mediation with those youth who appear to be experiencing emotional distress. This form of Differentiated Instruction may reduce the emotional distress that youth feel and act as a preventive factor against psychopathology and reduced social support. As mentioned above, measures can also be included in the screening process that specifically assess these variables (i.e., emotional distress and peer group support). Identification of at-risk students may then be incorporated into the RtI's Tier 2 program. As outlined above, at Tier 2 the RtI model supports increasing disadvantaged youth's access to quality social support through their mentor program. These mentors could meet with at-risk youth during specified times during the school day to encourage both attendance and serve as an emotional outlet. During these meetings, youth and mentor could engage in activities that youth may find rewarding, such as reading a novel together or arts and crafts. Creating caring, but rewarding, social experiences for the youth may strengthen the

positive association of both the self and school attendance. For those youth who are exhibiting more severe social isolation and psychopathology, expanding interventions to Tier 3 may be appropriate. These forms of intervention could incorporate both peer mentors, as well as one on one therapeutic services with a licensed psychologist.

Even though this study did not find significant relationships between family involvement and peer group deviancy, previous research has highlighted the central role parent involvement can play in youth's success (Henry, 2010b; Simons, Witbeck, Conger, & Conger, 1991). As such, intervention strategies focusing on the family should still be utilized. Parent involvement can be addressed in Tier 1 in the Response to Invention model. As outlined above, Tier 1 strategies often begin with the classroom teacher. However, interventions a classroom teacher could implement to increase parental involvement may be more difficult, as the parents are often not present in the classroom. In spite of the potential difficulties, Kearney (2014) does suggest that creating family and school partnerships could be beneficial. These partnerships could include education programs for parents to help facilitate supportive family environments at home as well as to educate on how to help youth with schoolwork. These partnerships could also include recruiting parents to help out at school and incorporating parents into school committees. Incorporating parents into the school environment could also be beneficial by providing a direct point of assessment for parents to view their youth's friendships. Finally, effort should also be made in creating cultural alliances (e.g., overcoming language barriers) between parents and school administrators. However, if at-risk students are still identified, implementation of Tier 2 may be required. Inventions at this tier could include regular meetings with school staff and parents to monitor and problem

solve youth's school attendance and other misbehaviors. If absenteeism proves to be chronic, families may need to be given Tier 3 strategies. These interventions could include weekly one on one family therapy to help identify areas of specific need and tailor invention programs to address these needs.

Limitations

There were several limitations to the present study. First, as mentioned previously, the study was restricted in its sample size. Research participants were collected in community settings given a specified time period (i.e., 3 academic semesters). Given these methodological constraints, the study only collected 31 parent-child dyads. This sample size, although understandable given the parameters of the study, resulted in a study of low statistical power. As such, this may have limited the study in its ability to detect any true differences between groups. The small number of participants also limited the representative nature of our sample, such that it was overly representative of younger youth and youth who were exhibiting school refusal behavior for positive reinforcement.

Second, all data collected in this sample were through self-reports. This method of data collection is limited in that it allows for no confirmation of information provided by the participants. To ameliorate this limitation, the study could have benefited from other forms of data collection to supplement the participants' self-reports. For example, teacher reports as well as direct observations either in lab or home settings would have provided more reliable sources of information.

Finally, the present study consisted of cross-sectional data collection with no direct manipulation. Meaning, all data collected were correlational and as such, any

statements made about the nature or direction of influence between variables could not be made. Further, any statements about the relationship between current distress (i.e., within the family, youth psychopathology, or among peers) and future behaviors could not be established.

Future directions

Overall, this study failed to find significant evidence to support a relationship between family functioning and engagement with deviant friendships in a school refusing population. Nevertheless, the results of this study do suggest some important implications in the area of psychopathology and social support for nonattending youth.

First, it is noteworthy that while direct significant effects were not found for peer deviancy and family functioning, this project provided pilot data that could guide further investigations of youth peer group behavior and functions of school refusal behavior. Our sample was overly representative of youth who refuse school for positive reinforcement. This could be due to the fact that the present study relied solely on a Truancy Court population. Those youth who are at truancy court typically exhibit more externalizing behaviors and are more likely to refuse school for positive reinforcement (Kearney, 2001). As such, any direct comparisons between functions of school refusal behavior and engagement with deviant peers could not be made. This limitation warrants further research to replicate the methodology of the current study in a more representative population, including a sample population outside of the Truancy Court system.

Second, how deviant friendships were reported in the study should be taken into critical consideration. Given the age of our participants and the limitations of insight youth exhibit with self-reports of deviancy (Huizinga & Elliot, 1986), it may benefit

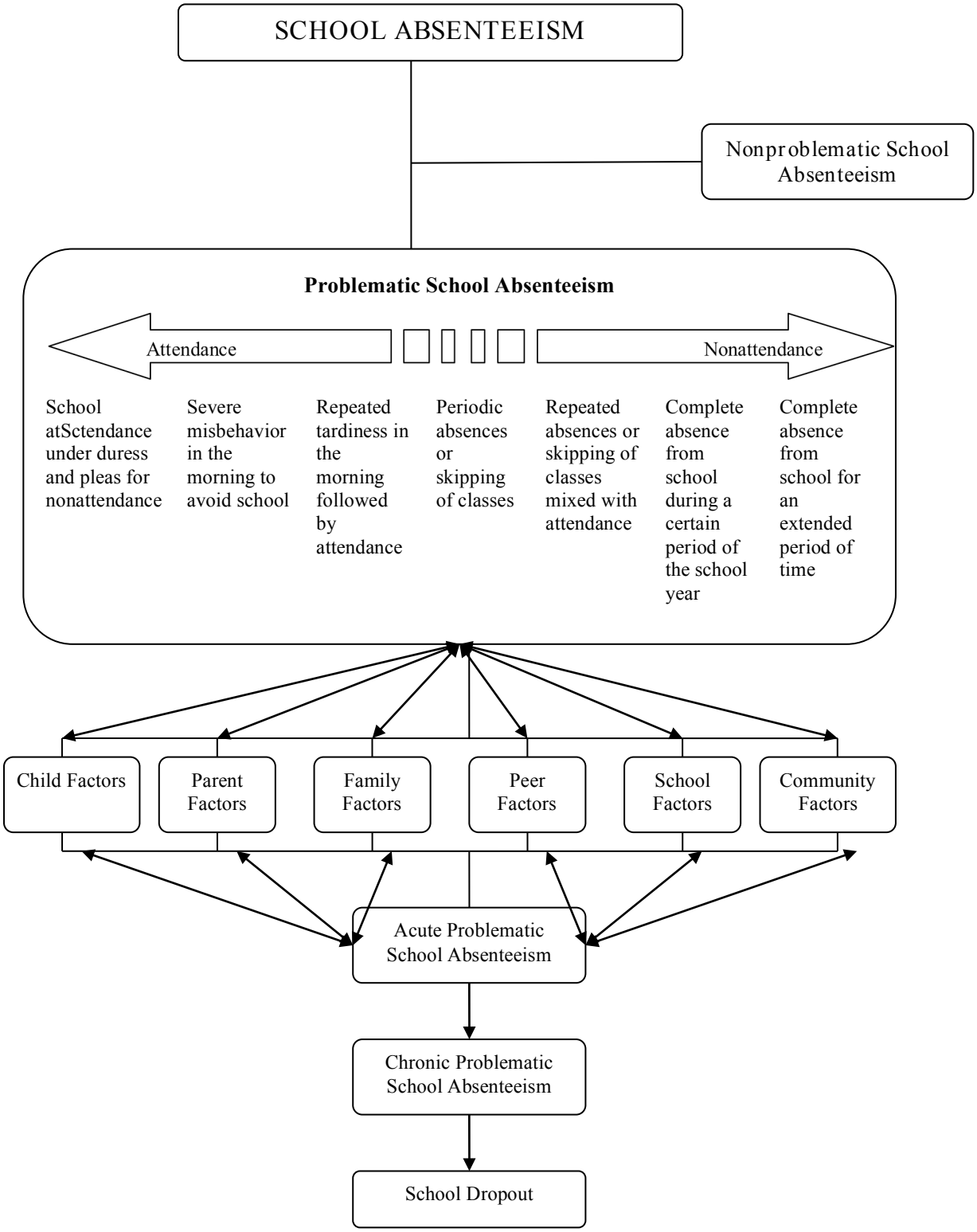
future research to include parent or teacher reports on children's peer group. It is very likely that our participants lacked important insight into their friend's behavior and as such missed any interaction between the peer group and school refusing behavior. Further,

Third, future research should also assess differences in relationships with deviant peer groups across ages. Given previous findings of the lack of exposure to drugs, alcohol, and gangs in a young, rural population (Idaho Gang Survey, 2010; Jackson & Schulenber, 2013), future research should assess these activities with an older population (e.g., 16+). Indeed, previous research in the school refusing population has demonstrated that youth who exhibit deviant behavior such as skipping school to hang out with friends or to engage in drug use, are usually older (Kearney, 2001). The data in the present study also mirrored this finding, such that older youth disproportionately reported engagement with deviant peers over younger youth. As such, future research should gather a large enough sample size to examine age ranges across the sample to assess for deviant peer relationship across development. Since engagement with deviant peers appears to be more prevalent for older populations, researchers should utilize measures that assess variables other than deviant peers themselves. Specifically, future research should also include measures that assess predictors of deviant behavior (e.g., a lack of prosocial behavior) when measuring younger youth. Further, due to a lack of insight that is typical for younger youth in self-reporting (Huizinga & Elliot, 1986) future research should also assess deviant behavior of the youth themselves, rather than merely assessing deviancy of friends.

The present study did, however, find significant relationships between depressive and anxiety symptomatology and a perceived lack of peer support. This finding offers some important clinical implications about the relationship between psychopathology and social support for youth refusing school for positive reinforcement. As delineated above, this pathway offers at least two points of intervention (i.e., increase social support and reduce unhelpful cognitions). Future research could be designed to address the profitability of addressing one or both of these key mechanisms in at-risk students.

In summary, the findings from the present study had mixed results. The study failed to find any direct relationship between family functioning and youth's engagement with deviant peers. However, the study did find significant relationships between depressive and anxiety symptoms and lack of social support. These results, in combination with findings by others, support the necessity of assessing broader systemic factors when conceptualizing and treating school refusing youth.

Figure 1. Interdisciplinary Model.



Note. From Kearney (2008). An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educational Psychology Review*, *20*, 257-282.

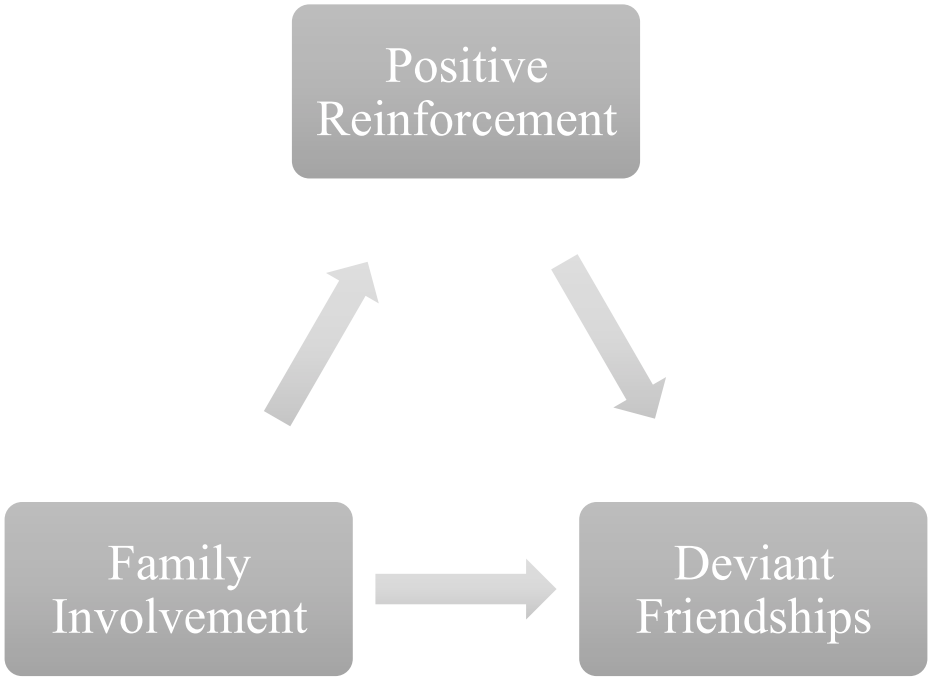
PROXIMAL AND DISTAL FACTORS RELATED TO PROBLEMATIC ABSENTEEISM

Child Factors	Extensive work hours outside of school
	Externalizing symptoms/psychopathology
	Grade retention
	History of absenteeism
	Internalizing symptoms/psychopathology
	Learning-based reinforcers of absenteeism/functions
	Low self-esteem and school commitment
	Personality traits and attributional styles
	Poor health or academic proficiency
	Pregnancy
	Problematic relationships with authority figures
	Race and Age
	Trauma
	Underdeveloped social and academic skills
Parent Factors	Inadequate parenting skills
	Low expectations of school performance/attendance
	Maltreatment
	Problematic parenting styles (permissive, authoritarian)
	Poor communication with school officials
	Poor involvement and supervision
	Psychopathology
	School dropout in parents and among relatives
	School withdrawal
	Single parent
Family Factors	Enmeshment
	Ethnic differences from school personnel
	Homelessness
	Intense conflict and chaos
	Large family size
	Poor access to educational aids
	Poor cohesion and expressiveness
	Poverty
	Resistance to acculturation
	Stressful family transitions (divorces, illness, unemployment, moving)
	Transportation problems
Peer Factors	Participation in gangs and gang-related activity
	Poor participation in extracurricular activities
	Pressure to conform to group demands for absenteeism or other delinquent acts
	Proximity to deviant peers
	Support for alluring activities outside of school such as drug use
	Victimization from bullies or otherwise
School Factors	Dangerous/poor school climate
	Frequent teacher absences
	High systematic levels of grade retention
	Highly punitive or legal means to address all case of problematic absenteeism
	Inadequate, irrelevant, or tedious curricula
	Inadequate praise for student achievement and attendance
	Inadequate responsiveness to diversity issues
	Inconsistent or minimal consequences for absenteeism
	Poor monitoring of attendance
	Poor student-teacher relationships
	School-based racism and discrimination

Community Factors	Disorganized/unsafe neighborhood Economic pull factors (e.g., plentiful, well-paying jobs requiring little formal education) Geographical cultural and subcultural values High gang-related activity Intense interracial tension Lack of social and educational support services School district polices and legal statutes regarding absences

Note. From Kearney (2008). An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educational Psychology Review*, *20*, 257-282.

Figure 2. Hypothesis 1 mediation analysis.



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Appendix A

ID # _____

School Refusal Assessment Scale-Revised **CHILD**

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

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

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

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

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

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

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

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

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

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

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

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

1

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

Do not write below this line

1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
17. _____	18. _____	19. _____	20. _____
21. _____	22. _____	23. _____	24. _____
Total Score _____	_____	_____	_____
Mean Score _____	_____	_____	_____
Rank _____	_____	_____	_____

Appendix B

ID # _____

School Refusal Assessment Scale-Revised **PARENT**

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

ID # _____

Do not write below this line

	1. _____	2. _____	3. _____	4. _____
	5. _____	6. _____	7. _____	8. _____
	9. _____	10. _____	11. _____	12. _____
	13. _____	14. _____	15. _____	16. _____
	17. _____	18. _____	19. _____	20. _____
	21. _____	22. _____	23. _____	24. _____
Total Score	_____	_____	_____	_____
Mean Score	_____	_____	_____	_____
Rank	_____	_____	_____	_____

Appendix C

MEIM
☐Parent ☐Child

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or **ethnic groups** that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	1	2	3	4
2. I am active in organizations or social groups that include mostly members of my own ethnic group.	1	2	3	4
3. I have a clear sense of my ethnic background and what it means for me.	1	2	3	4
4. I think a lot about how my life will be affected by my ethnic group membership.	1	2	3	4
5. I am happy that I am a member of the group I belong to.	1	2	3	4
6. I have a strong sense of belonging to my own ethnic group.	1	2	3	4
7. I understand pretty well what my ethnic group membership means to me.	1	2	3	4
8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.	1	2	3	4
9. I have a lot of pride in my ethnic group.	1	2	3	4
10. I participate in cultural practices of my own group, such as special food, music, or customs.	1	2	3	4

OVER →

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

11. I feel a strong attachment towards my own ethnic group.	**1**	**2**	**3**	**4**
12. I feel good about my cultural or ethnic background.	**1**	**2**	**3**	**4**

13. My ethnicity is: (check only one)
- ☐ Asian or Asian American, including Chinese, Japanese, and others
- ☐ Black or African American
- ☐ Hispanic or Latino, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; *not* Hispanic
- ☐ American Indian/Native American
- ☐ Mixed; Parents are from two different groups
- ☐ Other (write in): _____

14. My father's ethnicity is: (check only one)
- ☐ Asian or Asian American, including Chinese, Japanese, and others
- ☐ Black or African American
- ☐ Hispanic or Latino, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; *not* Hispanic
- ☐ American Indian/Native American
- ☐ Mixed; Parents are from two different groups
- ☐ Other (write in): _____

15. My mother's ethnicity is: (check only one)
- ☐ Asian or Asian American, including Chinese, Japanese, and others
- ☐ Black or African American
- ☐ Hispanic or Latino, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; *not* Hispanic
- ☐ American Indian/Native American
- ☐ Mixed; Parents are from two different groups
- ☐ Other (write in): _____

Appendix D

SSP

Neighborhood

In the following questions, neighborhood means the part of town or the local area in which you live.

1. How many times have you moved in the last year?
   - O No moves
   - O 1 move
   - O 2 moves
   - O 3 or more moves

2. Indicate your level of agreement with each of the following statements about your neighborhood:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Adults in my neighborhood are interested in what young people in the neighborhood are doing.	O	O	O	O
b. If I had a problem, there are neighbors who would help me.	O	O	O	O
c. People in my neighborhood help one another out.	O	O	O	O
d. Adults in my neighborhood encourage young people to get an education.	O	O	O	O
e. Adults in my neighborhood would say something to me if they saw me doing something that could get me into trouble.	O	O	O	O
f. Adults in my neighborhood seem to like young people.	O	O	O	O
g. Adults in my neighborhood can be trusted.	O	O	O	O

54377

3. **How likely are young people about your age in your neighborhood to do the following types of things?**

	VERY UNLIKELY	UNLIKELY	LIKELY	VERY LIKELY
a. Make good grades in school	O	O	O	O
b. Get in trouble with the police	O	O	O	O
c. Use drugs	O	O	O	O
d. Join a gang	O	O	O	O
e. Graduate from high school	O	O	O	O
f. Carry a weapon such as a knife, gun, or club	O	O	O	O
g. Find a job or go to college after completing high school	O	O	O	O
h. Drink alcoholic beverages (beer, wine, or liquor)	O	O	O	O

4. **How often are you afraid someone will hurt or bother you in your neighborhood?**
   - O Never
   - O Sometimes
   - O Often
   - O Always

5. **How often are you afraid someone will hurt or bother you on the way to or from school?**
   - O Never
   - O Sometimes
   - O Often
   - O Always

6. **<u>During the past 30 days</u>, how often did any of the following things happen in your neighborhood?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Someone was robbed or mugged.	O	O	O
b. You heard gunshots.	O	O	O
c. You saw someone selling illegal drugs.	O	O	O
d. Someone tried to sell you illegal drugs.	O	O	O
e. Someone tried to get you to break the law.	O	O	O
f. A fight broke out between two gangs.	O	O	O
g. You saw someone threatened with a weapon such as a gun, knife, or club.	O	O	O
h. Someone offered you an alcoholic beverage (beer, wine, or liquor).	O	O	O

School

1. **What kind of grades did you make on your most recent report card?**
   - O Mostly A's and B's
   - O Mostly B's and C's
   - O Mostly C's
   - O Mostly C's and D's
   - O Mostly D's and F's

2. **How many D's or F's did you make on your most recent report card?**
   - O None
   - O One
   - O Two
   - O Three or more

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3. **How many grades have you repeated in school?**
   - O No grades
   - O 1 grade
   - O 2 grades
   - O 3 or more grades

4. **Compared to other students in your classes, how would you describe your grades?**
   - O Much better than most
   - O Better than most
   - O About the same as most
   - O Worse than most
   - O Much worse than most

5. **<u>During the past 30 days</u>, how often did any of the following things happen?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. I turned in a homework assignment late or not at all.	O	O	O
b. I showed up for school late (unexcused).	O	O	O
c. I cut at least one class.	O	O	O
d. I misbehaved in class.	O	O	O
e. A teacher gave me a warning because of my attendance or behavior.	O	O	O
f. I had to see the principal because of problems with my attendance or behavior.	O	O	O
g. My parent(s)/guardian(s) received a warning about my attendance or behavior.	O	O	O
h. My parent(s)/guardian(s) received a warning about my grades or homework.	O	O	O
i. I got into an argument with one of my teachers.	O	O	O
j. I got in a physical fight with another student.	O	O	O
k. I was suspended.	O	O	O

6. **Do you currently take part in any school activities that are not part of class work, such as sports or school clubs?**
   - O No
   - O Yes

7. **<u>During the past 30 days</u>, about how many hours, on average, did you spend studying or doing homework each school night (Sunday-Thursday)?**
   - O None
   - O Less than one hour
   - O About 1 hour
   - O About 2 hours
   - O About 3 hours
   - O About 4 hours
   - O More than 4 hours

8. **How well does each of the following statements describe you?**

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I find school fun and exciting.	O	O	O
b. I look forward to learning new things at school.	O	O	O
c. I look forward to going to school.	O	O	O

9. **Indicate your level of agreement with each of the following statements about your school:**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Student needs come first at this school.	O	O	O	O
b. Every student is important at this school.	O	O	O	O
c. This is a very good school to attend.	O	O	O	O
d. Adults at this school welcome ideas and opinions from students.	O	O	O	O
e. Students get a good education at this school.	O	O	O	O
f. Teachers at this school care about students.	O	O	O	O
g. The principal of this school cares whether or not students come to school.	O	O	O	O

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10. Indicate your level of agreement with each of the following statements about teachers at your school:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. My teachers care about me.	O	O	O	O
b. My teachers listen to what I have to say.	O	O	O	O
c. My teachers care whether or not I come to school.	O	O	O	O
d. I receive a lot of encouragement from my teachers.	O	O	O	O
e. I am respected and appreciated by my teachers.	O	O	O	O
f. My teachers praise my efforts when I work hard.	O	O	O	O
g. My teachers care about the grades I make.	O	O	O	O
h. My teachers expect me to do my best.	O	O	O	O

11. How well does each of the following statements describe you?

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I enjoy going to this school.	O	O	O
b. I get along well with other students at this school.	O	O	O
c. I get along well with my teachers at this school.	O	O	O
d. I am getting a good education at this school.	O	O	O

12. How often are you afraid that someone will hurt or bother you at school?

- O Never
- O Sometimes
- O Often
- O Always

13. <u>During the past 30 days</u>, did someone you know carry a weapon such as a gun, knife, or club to school?

- O No
- O Yes

14. How much of a problem is each of the following at your school?

	NOT A PROBLEM	A LITTLE PROBLEM	A BIG PROBLEM
a. Students making fun of other students	O	O	O
b. Students picking on other students	O	O	O
c. Disagreements between students from different racial or ethnic groups	O	O	O
d. Fights among students	O	O	O
e. Destruction of school property	O	O	O
f. Student use of alcohol (beer, wine, or liquor)	O	O	O
g. Student use of illegal drugs	O	O	O
h. Students carrying weapons	O	O	O
i. Gangs	O	O	O
j. Students verbally abusing teachers (yelling, name calling)	O	O	O
k. Students physically abusing teachers (hitting, pushing)	O	O	O

15. How helpful is school in preparing you for what you want to do after high school?

- O I don't know what I want to do after high school
- O Not helpful at all
- O Somewhat helpful
- O Very helpful

16. Do you want to go to college in the year after you graduate from high school?

- O I don't think I will graduate from high school
- O No
- O Yes, maybe
- O Yes, definitely

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Friends

In the following questions, the word "friends" means people who are about your age and who you talk to and do things with. They are not part of your family.

1. How well does each of the following statements describe you?

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I can trust my friends.	O	O	O
b. I am able to tell my problems to my friends.	O	O	O
c. I feel close to my friends.	O	O	O
d. I can count on my friends for support.	O	O	O
e. I can talk to my friends about things that bother me.	O	O	O

2. Do the adults in your home know most of your friends?

- O No
- O Yes
- O I don't know

3. Do the adults in your home know most of the parents or guardians of your friends?

- O No
- O Yes
- O I don't know

4. Are you currently a member of a school or neighborhood gang?

- O No
- O Yes

5. How well does each of the following statements describe you?

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I do things just to be popular with my friends.	O	O	O
b. I let my friends talk me into doing things I really don't want to do.	O	O	O
c. I am made fun of by my friends.	O	O	O
d. I am picked on by my friends.	O	O	O
e. I find it difficult to be myself when I am with my friends.	O	O	O
f. I try hard to impress my friends.	O	O	O
g. I tend to go along with the crowd.	O	O	O

6. How much difficulty do you have making new friends

- O No difficulty
- O Some difficulty
- O A lot of difficulty

7. How well does each of the following statements describe you?

	NOT LIKE ME	A LITTLE LIKE ME	A LOT LIKE ME
a. I have friends who get in trouble with the police.	O	O	O
b. I have friends who use drugs.	O	O	O
c. I have friends who belong to gangs.	O	O	O
d. I have friends who drink alcoholic beverages (beer, wine, or liquor).	O	O	O
e. I have friends who cut classes.	O	O	O
f. I have friends who carry a weapon such as a knife, gun, or club.	O	O	O
g. I have friends who make bad grades in school.	O	O	O
h. I have friends who get in trouble at school.	O	O	O
i. I have friends who probably will not graduate from high school.	O	O	O

Family

In the following questions, family means the people you live with. If you live alone, think of family as the people who support you the most.

1. How well does each of the following statements describe your family?

	NOT LIKE US	A LITTLE LIKE US	A LOT LIKE US
The people in my home:			
a. Support one another.	O	O	O
b. Give each other plenty of time and attention.	O	O	O
c. Talk openly and listen to one another.	O	O	O
d. Feel loved and cared for by one another.	O	O	O
e. Do things together.	O	O	O
f. Play and laugh together.	O	O	O
g. Work together to solve problems.	O	O	O

2. **During the past 30 days, how often did the adults in your home support you in the following ways?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Let you know you were loved	O	O	O
b. Made you feel appreciated	O	O	O
c. Told you that you did a good job	O	O	O
d. Made you feel special	O	O	O
e. Spent free time with you	O	O	O

3. **Did any of your brothers or sisters (including step- or half-siblings) drop out of school before graduating?**

- O I have no brothers or sisters
- O No
- O Yes
- O I don't know

4. **During the past 30 days, how often did you discuss the following with any adults who live in your home?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Selecting courses or programs at school	O	O	O
b. School activities or events that interest you	O	O	O
c. Things you've studied in class	O	O	O
d. Current events	O	O	O
e. Politics	O	O	O
f. Your plans for the future	O	O	O
g. Work/career choices	O	O	O
h. Your plans for college	O	O	O

5. **During the past 30 days, how often did any of the adults in your home do the following?**

	NEVER	ONCE OR TWICE	MORE THAN TWICE
a. Attended a school event	O	O	O
b. Encouraged you to do well in school	O	O	O
c. Encouraged you to take part in school activities that are not part of class work	O	O	O
d. Helped you get books or supplies you needed to do your school work	O	O	O
e. Praised or rewarded you for working hard on school work	O	O	O
f. Offered to help you with a homework or special assignment	O	O	O

6. **During the past 30 days, how many hours, on average, did you spend watching TV each school night (Sunday-Thursday)?**

- O None
- O Less than one hour
- O About 1 hour
- O About 2 hours
- O About 3 hours
- O About 4 hours
- O More than 4 hours

7. **During the past 30 days, how many hours, on average, did you spend just web surfing or playing games on a computer at home each school night (Sunday-Thursday)?**

- O I don't have a computer at home
- O None
- O Less than one hour
- O About 1 hour
- O About 2 hours
- O About 3 hours
- O About 4 hours
- O More than 4 hours

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8. **How upset would the adults in your home be with you if they knew the following things happened at school?**

	NOT UPSET	SOMEWHAT UPSET	VERY UPSET
a. You turned in your homework late or not at all.	O	O	O
b. You showed up for school late (unexcused).	O	O	O
c. You cut a class.	O	O	O
d. You received a D or F on your report card.	O	O	O
e. You made fun of another student.	O	O	O
f. You picked on another student.	O	O	O
g. You misbehaved in class.	O	O	O
h. A teacher sent you to the principal's office for misbehavior.	O	O	O
i. You got in a physical fight with another student.	O	O	O
j. You got into an argument with a teacher.	O	O	O
k. You were suspended.	O	O	O
l. You carried a weapon to school.	O	O	O

9. **If you needed any of the adults in your home to come to school, would one or more of them come?**

- O No
- O Yes, maybe
- O Yes, definitely

10. **Is there an adult whom you can contact when you get home from school?**

- O No
- O Yes, sometimes
- O Yes, almost always
- O Yes, always

11. **Is there an adult in your home who knows where you are when you are not at home or in school?**

- O No
- O Yes, sometimes
- O Yes, almost always
- O Yes, always

12. **About how many hours each week do you work for pay?**

- O None, I do not work for pay
- O Less than 15 hours a week
- O 15 or more hours a week

Appendix E

ID#: _____

INFORMATION SHEET

1. Child's Age: _____ years

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

4. Name of school your child currently attends: _____

5. Number of days your child has been absent (unexcused) from school this year: _____ days

6. Did Mother/Guardian graduate from High School? Yes No

7. Did Father/Guardian graduate from High School? Yes No

8. Age (in years) and gender of all siblings:

Age: _____ Gender: M F Age: _____ Gender: M F

Age: _____ Gender: M F Age: _____ Gender: M F

Age: _____ Gender: M F Age: _____ Gender: M F

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

Married Never married Separated Divorced

10. Family household income (after taxes) $ _____

Appendix F

Idaho State
UNIVERSITY

PARENT PERMISSION AND INFORMED CONSENT

Department of Psychology

TITLE OF STUDY: An Examination of Individual, Family, and Parental Factors in Problematic Absenteeism Samples
INVESTIGATOR: Courtney Haight Ph.D.
CONTACT INFORMATION: 921 South 8th Avenue
Pocatello, Idaho 83209-8112
(208) 282-2161

**YOU AND YOUR CHILD ARE BEING ASKED TO TAKE PART IN A RESEARCH STUDY. IT IS COMPLETELY VOLUNTARY AND YOU OR YOUR CHILD ARE UNDER NO OBLIGATION TO PARTICIPATE. PARTICIPATION IN THIS STUDY WILL NOT AFFECT THE OUTCOME OF YOUR CASE AT TRUANCY COURT OR THE CLINIC. **

Purpose of the Study
You and your child are invited to participate in a research study. The purpose of this study is to investigate: 1) the relationship between individual, family, and parent relationship variables and nonattendance and 2) differences in behaviors associated with nonattendance in different referral settings such as a university based clinic or community agency such as truancy court.

Participants
You are being asked to participate in the study because you are a parent/legal guardian of a child refusing to attend school. Your child is being asked to participate in this study because he/she is having difficulty attending school.

Procedures
If you volunteer to participate in this study, you and your child will be asked to do the following: read and complete several self-report questionnaires about your family, parenting style, and child's school-related behavior such as:

- "My family and I usually see our problems the same way" (On a scale from strongly agree to strongly disagree)
- "My child and I play games together" (On a scale from never to almost always)
- My child "is shy with other children" (On a scale from never to almost always)
- "How often does your child refuse to go to school because he/she wants to have fun outside of school?" (On a scale from never to always)
- "I have a clear sense of my ethnic background and what it means for me" (On a scale from strongly agree to strongly disagree)

Idaho State
UNIVERSITY

PARENT PERMISSION AND INFORMED CONSENT

Department of Psychology

TITLE OF STUDY: An Examination of Individual, Family, and Parental Factors in Problematic Absenteeism Samples
INVESTIGATOR: Courtney Haight Ph.D.
CONTACT INFORMATION: 921 South 8th Avenue
Pocatello, Idaho 83209-8112
(208) 282-2161

Benefits of Participation

There *may not* be direct benefits to you or your child as a participant in this study. However, we hope to learn about the families and parents of children/adolescents who have difficulties attending school which may lead to a better understanding and treatment of youth with attendance difficulties.

Risks of Participation

There are risks involved in all research studies and the research procedures may involve risks that are currently unforeseeable. This study may include only minimal risks. You may become uncomfortable thinking about some of your opinions or child's behaviors. However, you understand that your participation is completely voluntary. You have been advised that you and your child are free to withdraw from participation at any time or to choose not to participate at all, and that by doing so you and your child will not be penalized in any way.

Cost /Compensation

There *will not* be financial cost to you to participate in this study. The study will take approximately *1.5 hours* of your time. You will receive a $25 gift card for completing the study. Your youth will receive a candy bar. Should you choose to withdraw from this study at any time you and your youth will still be compensated. Idaho State University may not provide compensation or free medical care for an unanticipated injury sustained as a result of participating in this research study.

Contact Information

If you have any questions or concerns about the study, you may contact Courtney Haight at (208) 282-2161. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact the **ISU Human Subjects Committee office at 208-282-2179.**

Idaho State
UNIVERSITY

PARENT PERMISSION AND INFORMED CONSENT

Department of Psychology

TITLE OF STUDY: An Examination of Individual, Family, and Parental Factors in Problematic Absenteeism Samples
INVESTIGATOR: Courtney Haight Ph.D.
CONTACT INFORMATION: 921 South 8th Avenue
Pocatello, Idaho 83209-8112
(208) 282-2161

Voluntary Participation

You and your child's participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. If you choose to withdraw at any time during this study you and your youth will still be compensated. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential. Any report of the study will not identify you or your child personally in any way. Your and your child's responses will be stored separately from any identifying information. All records will be stored in a locked facility at ISU for at least 7 years after completion of the study. After the storage time the information gathered will be destroyed.

Confidentiality may not be maintained if your child discloses thoughts to harm her/himself or any type of child abuse is disclosed. In the event that your child tells the research staff that he/she is thinking about killing her/himself or your child answers yes to a question about having suicidal thoughts, the research staff will ask your child more questions about the thoughts. Depending on how intense child's thoughts are or how much your child feels like hurting her/himself, the research staff may provide your child with referrals for treatment, or work with your child on a safety plan that may include getting her/him to a hospital for safety. In the event that child abuse is disclosed, research staff would have to report the incident to child protective services.

Idaho State
UNIVERSITY

PARENT PERMISSION AND INFORMED CONSENT

Department of Psychology

TITLE OF STUDY: An Examination of Individual, Family, and Parental Factors in Problematic Absenteeism Samples
INVESTIGATOR: Courtney Haight Ph.D.
CONTACT INFORMATION: 921 South 8th Avenue
Pocatello, Idaho 83209-8112
(208) 282-2161

Participant Consent and Parent Permission:
I have read the above information and agree to participate in this study. I also agree to allow my child to participate in this study. I am at least 18 years of age and the legal guardian of the youth identified below. A copy of this form has been given to me.

_____ _____
Signature of Participant Date

_____
Participant Name (Please Print)

_____
Youth's Name (Please Print)

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.

Appendix G

Idaho State
UNIVERSITY

AN EXAMINATION OF INDIVIDUAL, FAMILY, AND PARENTAL FACTORS IN PROBLEMATIC ABSENTEEISM SAMPLES

YOUTH ASSENT

1. My name is Courtney Haight.

2. We are asking you to take part in a research study because we are trying to learn more about children and adolescents who refuse to go to school and the families of children who refuse to go to school.

3. If you agree to be in this study you will fill out questionnaires that ask about your family, parents, feelings and behaviors, and school. You may be asked questions such as:

   - "My family and I usually see our problems the same way" (On a scale from strongly agree to strongly disagree)
   - "No one understands me" (On a scale from never to almost always)
   - "I worry about school" (On a scale from hardly-ever to often)
   - "How often do you refuse to go to school because you want to have fun outside of school?" (On a scale from never to always)
   - "I can talk to my friends about things that bother me" (On a scale from not like me to a lot like me)
   - "I have a clear sense of my ethnic background and what it means for me" (On a scale from strongly agree to strongly disagree)

4. A risk to participating in this research is that you may feel a bit tired after answering questions or uncomfortable thinking about some of your behaviors and feelings. If you tell us that you have thoughts to harm yourself or that anyone is hurting you, we will have to share this with your legal guardian/parent and may have to report this to individuals that can help you.

5. You will receive a candy bar for participation in this study. Should you choose to stop participating in the study at any time, you will still receive the candy bar.

6. By participating you will be helping to learn about the families and parents of children who refuse school.

7. Your name will not be associated with your answers. Only people associated with the research study will see your information. If you report that you have thoughts to harm yourself, we will talk with your parents to develop a plan to keep you safe.

8. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

9. If you don't want to be in this study, you don't have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.

10. You can ask any questions that you have about the study. If you have a question later that you didn't think of now, you can call Dr. Courtney Haight [208-282-2161].

11. Signing your name at the bottom means that you agree to be in this study. You and your parent will be given a copy of this form after you have signed it.

_____
Print your name

_____ _____
Sign your name Date

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.

Appendix H

Idaho State
UNIVERSITY

AN EXAMINATION OF INDIVIDUAL, FAMILY, AND PARENTAL FACTORS IN PROBLEMATIC ABSENTEEISM SAMPLES

The purpose of this study is to learn more about youth who have difficulties attending school and their families. Specifically, we want to examine family styles and parent-child interactions and how these may influence nonattendance. We are also looking at similarities and differences between referral settings that youth with attendance difficulties are referred (e.g., specialized clinic versus truancy court) to best understand characteristics of youth in each setting. There are many variables that have been associated with attendance difficulties. Much research has focused on youth characteristics and nonattendance. Research has shown that parent, family, peer, school, and even community variables affect nonattendance. This study examines greater systemic variables such as family and parent-child interaction in the hope of better understanding nonattendance and ways to assess and treat it.

We appreciate your family's time and effort in completing this study. If you have any questions about the study, please feel free to contact Courtney Haight, Ph.D. at the ISU Department of Psychology at 208-282-2161 or haigcour@isu.edu.

If you have any concerns about your youth's negative moods, suicidal thoughts, or other problematic psychological behaviors, the following are some resources in the community.

ISU Psychology Clinic (Sliding Fee Scale)
921 S. 8th Ave. Stop 8112
Garrison Hall 5th Floor
Pocatello, ID 83209-8112
Phone: (208) 282-2129
Website:
http://www.isu.edu/psych/psychologyclinic.shtml

ALLIES Family Solutions
850 East Lander Street
Pocatello, ID 83201
Phone: (208) 234-2094
Website: http://alakids.com/

National Suicide Prevention Hotline
Phone: 1-800-273-TALK (8255)
Website:
http://www.suicidepreventionlifeline.org/