

# EVALUATION OF LANCASTER COUNTY TRUANCY DIVERSION PROGRAM FINAL REPORT



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## EXECUTIVE SUMMARY

In response to research linking positive outcomes to regular school attendance, many states, like Nebraska, passed tougher truancy laws to discourage excessive absenteeism. In Nebraska, “excessive absence” is defined as 20 or more absences in one school year.

In most states, tougher attendance laws were partnered with programmatic approaches, designed to encourage student attendance. According to the National Center for School Engagement (February, 2007), there are currently more than 200 formal truancy intervention programs across the country. Following this trend, the Lancaster County Truancy Diversion Program was developed in 2011 to address growing truancy problems and increasing juvenile court dockets. Since that time, a total of 48 students (four cohorts) have been referred to the Lancaster County Truancy Diversion Program.

To participate in the program, youth and their guardians were required to appear in front of the Truancy Program Judge or School Principal weekly. In addition to legal intervention, youth also met with a therapist who practiced Functional Family Therapy (FFT).

To assess how well the Lancaster County Truancy Diversion Program applied a best-practice model, we employed a qualitative lens in Part I of this report, examining therapeutic records and feedback from participants. In Part II of this report, we employed quantitative methods designed to measure longitudinal change in attendance.

Most youth showed improvement in school attendance and overall grade point average while they were enrolled in the program. Although many youth had increases in absenteeism in the semesters after completing the program, none returned to the high levels of absenteeism that they demonstrated before enrollment in the Truancy Diversion Program. Similarly, most youth had better grades and overall higher grade point averages while they were enrolled in the program, but experienced declining grades in the semesters following enrollment.

The Truancy Diversion Program had a minimal impact on problem behaviors outside of attendance. The program does not appear to have a long-term effect on suspensions (in-school and out), or the behaviors that lead students to be suspended.

## INTRODUCTION

Regular school attendance is linked to a number of positive outcomes, ranging from lower rates of delinquency to higher graduation rates and increased earning capacity over a lifetime (National Center for School Engagement, 2006). Truancy is a serious issue facing all schools across the nation. In response to the research linking positive outcomes to regular school attendance, many states, like Nebraska, passed tougher truancy laws to discourage excessive absenteeism. "Excessive absence" is defined in the Nebraska statute as 20 or more absences in one school year. The tougher laws appear to be having some success. According to Nebraska Education Commissioner Roger Breed: "Across the state, significantly fewer students missed more than 20 days after the law went into effect . . . In 2009-10, 21,980 students missed 20 days or more. Last year [2010-2011], the number was down to 18,100."

It is not merely the passage of the law that has influenced the decreasing pattern of student absences. According to the National Center for School Engagement (February, 2007), there are over 200 formal truancy intervention programs across the country, each designed to increase student attendance. In many jurisdictions, key stakeholders convened to explore solutions to the problem of truancy. In 2010, Lancaster County officials began meeting to discuss problematic student attendance and potential solutions. By 2011, the Lancaster County Truancy Diversion Program was developed to address growing truancy problems and by January 2013 was reporting success (Appendix). Since that time, a total of 48 students (four cohorts) have been referred to the Lancaster County Truancy Diversion Program. Almost half (46%) of the participating students were enrolled in the first cohort (Table 1).

**Table 1: Lancaster County Truancy Diversion Participation**

Cohort	# of Students Referred	Semester	% of Total Participants
1	22	Spring 2011	45.8%
2	8	Fall 2011	16.7%
3	10	Spring 2012	20.8%
4	8	Fall 2012	16.7%

### **Characteristics of the Population**

A total of 48 youth were referred to the program between January 1, 2011 and December 31, 2012. Youth ranged in age from 11.4 to 15.6 years old and were in grades 6 to 8 at Park Middle School in Lincoln, Nebraska. The average age of youth when they appeared for their first truancy diversion court date was 13.3 years old.

The students referred were more diverse than the youth population in the city of Lincoln. But the sample was also more diverse than the student population of the school where the program was initiated.

Although Park Middle School’s student body is roughly 41% White, only a quarter of the youth referred to the program were White (25%). More than one third of students referred for truancy were Hispanic (38%), 19% were Black, 10% reported being multi-racial, and 6% were Native American. Only one referred youth was Asian (2%). According to a study completed by the National Center for Juvenile Justice (2013), males are slightly more likely than females to be sent to court for truancy. In Lancaster County, the exact opposite was true: the majority (58%) of referred students were female, while 42% were male (Table 2).

**Table 2: Race, Ethnicity and Gender of Youth Referred to LC Truancy Diversion**

	Race and Ethnicity		Gender			
	Number	Percent	Male	Percent	Female	Percent
White	12	25%	3	25%	9	75%
Black	9	19%	5	56%	4	44%
Asian	1	2%	0	0%	1	100%
Hispanic	18	38%	9	50%	9	50%
Native American	3	6%	1	33%	2	66%
Multi-Racial	5	10%	2	40%	3	60%
Totals	48	100%	20	42%	28	58%

Of the 48 youth referred to the program, 36 successfully completed the program (75%). Of the youth who did not successfully complete the program, 8 moved away before completion and one was discharged due to a health condition. Two youth were unsuccessful; one has been reenrolled in cohort 5.

**The Process**

The first referrals were made to the Truancy Diversion Program on February 10, 2011. At the initial meeting, Juvenile Court Judge Reggie Ryder described the requirements and benefits of participating in the Truancy Diversion Program. Youth and parents were given the choice of participating or continuing their court case with an assignment to another courtroom. Youth were also provided a court-appointed attorney to advise them of their legal options. They were informed that enrollment in truancy diversion was optional and would require attendance at bi-weekly meetings at the school. The family was also informed of the approximate timeframe and basic requirements of the program.

After the family opted to participate, a school social worker met with both the youth and a parent, and requested that they complete a brief assessment designed to provide

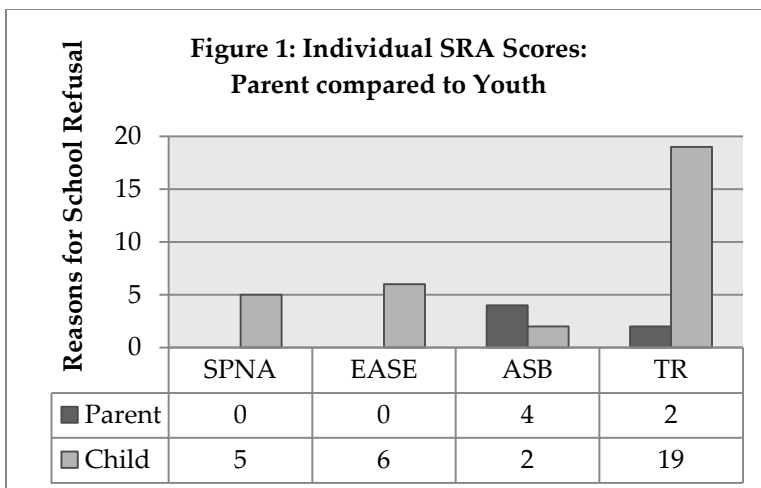
initial indicators of why the student was missing class. Although student absence from school is a problem that most schools face, often it is unclear to *both* the parent and the school why the young person is absent (Fremont, 2003). Getting to the root cause of school absenteeism is critical to interrupting the pattern of absenteeism.

### **The School Refusal Assessment Scale (SRAS)**

The school social worker utilized the School Refusal Assessment Scale – SRAS (Kearney and Silverman, 1993). This brief instrument offers a snapshot of reasons the youth and parent cite for missing school. Although this tool may not uncover the complex and multi-varied reasons that contribute to truancy, it does provide an entry point for the therapist or social worker to get at underlying reasons for absenteeism.

The SRAS categorizes absences under four primary reasons for school refusal (Kearney, 1993). These include:

1. Stimuli Provoking a Negative Affect (SPNA), which refers to a specific stimuli leading to school refusal. High scores in the SPNA domain indicate that the child is escaping specific, unpleasant things or people (e.g., lunch, fire alarm, restrooms, or a bully).
2. Escape from Aversive Social/Evaluative Situations (EASE). High scores in the EASE domain indicate that a child is escaping or avoiding unpleasant social or evaluative situations (e.g., public speaking, halls, or tests).
3. Attention Seeking Behavior (ASB) indicates that the child receives positive reinforcement for school refusal. High scores in the ASB domain indicate that school avoidance (e.g., tantrums, somatic complaints, or non-compliance) is rewarded emotionally by a parent or caregiver.
4. Tangible Reinforcement Outside of School (TR) refers to situations where the child receives a tangible reward for avoiding school (e.g., sleeping, TV, friends, or going to the mall).



This initial snapshot of reasons for absenteeism often uncovered fundamental differences between what a student believed were reasons for absenteeism, compared to the parent’s response. Figure 1 demonstrates one youth and parent dyad. In this example, the youth reported that she was positively reinforced for missing school, while the parent only minimally acknowledged that the child was seeking attention for missing school. (Youth scored 19 on TR; parent scored TR as 2.) One clear benefit of the SRAS is that it allows for a comparison of the youth’s response to the parent’s response. (Additional parent-child comparisons can be found in the Appendix.)

Both the parent and child responses to the SRAS open the door for the therapist or school social worker to inquire further. To fully explore underlying reasons for a student’s absenteeism, all of the students enrolled in the Truancy Diversion Program were referred to OMNI Behavioral Health.

***Assessment***

Once referred to OMNI Behavioral Health, each youth and caregiver completed a battery of assessments. The therapists used four assessments: (1) the Treatment Outcome Expectations Scale (TOES), (2) Satisfaction with Life Scale (SWLS), (3) Caregiver Strain Questionnaire (CSQ), and (4) Motivation for Youth’s Treatment Scale (MYTS). Each of these were repeated when the youth completed therapy. (A description of the four assessment tools as well as pre and post scores can be found in the Appendix.) After completing the initial assessments, youth were assigned to a therapist who employed Functional Family Therapy (FFT) to address the reasons for student absences.

## Functional Family Therapy

According to OJJDP (2012) and EPISCenter (July, 2012), Functional Family Therapy (FFT) is indicated as a best practice to address a variety of youth behaviors ranging from delinquency to status offenses to drug use. FFT suggests that delinquency and status offenses stem from existing problems in the family. Therefore, therapists encourage families to use techniques that foster positive interactions between family members. Families are also encouraged to find support from their communities.

Functional Family Therapy (FFT) attempts to improve parenting practices, relationships with peers outside of the family, and family functioning by removing accusations of guilt and other unconstructive interactions between family members (EpisCenter, July 2012). In addition, youth may receive help interacting within the school system and with delinquent peers.

Specifically, families learn positive ways of correcting youths' behaviors, communicating with each other, and resolving other issues. Researchers have found that for long-term changes to occur, the techniques selected must be based on each family's unique situation (e.g. biological, social, and cultural differences) (EPISCenter, November 2011).

FFT has also been found to reduce recidivism, including status offenses and truancy (Barton et al., 1985 as cited in Alexander et al., 1998). Barton et al., (1985) used undergraduates as therapists and had approximately 10 sessions with youth and their families. Youth who participated in FFT had significantly fewer court referrals than the base population: 26% vs. 51%, respectively (as cited in Alexander et al., 1998).

However, to fall into a best practice FFT must adhere to some key principles:

- a. Should be used with youth ages 11 to 18,
- b. Should accommodate varying cultural values,
- c. Must include the youth and other family members,
- d. Must include regular and consistent sessions (once a week, over a 3 month time frame, for a total of 8 to 12 sessions).

Furthermore, to adhere to the FFT Best Practice Model, FFT should incorporate "five specific phases: engagement, motivation, relational assessment, behavior change, and generalization" (OJJDP, 2012). The critical components of each phase are outlined below:

**Engagement:** The therapist builds a relationship with the youth/guardian.

**Motivational:** The therapist seeks to draw the client in and make the sessions more appealing.

**Relational Assessment:** The therapist assesses and encourages work on relationship issues between youth and family and/or youth and peers.

**Behavior Change:** The therapist uses skills to produce positive behavior changes. Skill training can include changing parents' behaviors and/or improving interactions between family members. The therapist should take into consideration issues with all family members.

**Generalization:** As a final step, the therapist will assist the youth and family with expanding successful strategies beyond the family to the community.

Although youth and their guardians were required to appear in front of the Truancy Program Judge or Principal weekly and many completed periodic assignments, FFT was the primary intervention used to change attendance patterns.

To assess how well the Lancaster County Truancy Diversion Program employed a best-practice model, we employ a qualitative lens in Part I of this report, examining therapeutic records and feedback from participants. In Part II of this report, we employ a quantitative approach to examine longitudinal change in attendance.



## PART I: QUALITATIVE METHODOLOGY

We examined therapy records, including (1) initial case reports, (2) final case reports, and (3) discharge instructions, in order to determine whether the above-mentioned hallmarks of FFT were present in the sessions conducted under the Lancaster County Truancy Program. In addition, the primary therapist was interviewed regarding FFT best practice criteria and how each phase was accomplished.

We had complete therapy records on 39 youth. Nine records were incomplete because the child went back to court, moved before completing the final assessment, was held over for another semester, or was discharged due to a health condition.

### QUALITATIVE RESULTS

In this section, we review two aspects of the Lancaster County Truancy Program: whether the program employed best-practices and the presenting issues for youth with attendance problems.

#### *Best Practices*

Therapy records and the interview with the therapist reveal that each youth completed the phases recommended in best-practice models of Functional Family Therapy. As described above, there are FFT recommendations for the age of youth, duration of sessions, and time frame of sessions. In addition, there are five recommended stages. Below are examples of specific interactions from each of the recommended best-practices FFT phases, including Engagement, Motivational, Relational Assessment, Behavior Change, and Generalization.

#### **Engagement**

Q. How do you engage youth in your therapy sessions?

- "Talked about what they thought the reason was for them being in the truancy program."
- "Problem solved ways to help them be successful at school on a daily basis."
- "Discussed their likes and dislikes at school."
- "Discussed their likes and dislikes about their home life."

#### **Motivational**

Q. How do you motivate youth and their family members?

- "Weekly goals of no trancies or tardies to earn a reward of their choice."
- "Enroll them in the after school program to help with their homework/missing assignments."

- “Connected the family with community resources to obtain services to help eliminate the problem causing the school issue (food bank, bedding issues, housing issues, medical facilities, and mentors).”
- “Rewarded them weekly for turning in their homework assignment sheet.”

### **Relational Assessment**

**Q.** How do you work on relationship issues between youth and their families?

- “Parents and youth verbalized what each of them feel are difficulties in the home.”
- “Teach parents age-appropriate parenting skills to deal with the youths’ behaviors.”
- “Parents and youth work on being able to express their feelings to each other in an appropriate manner.”

### **Behavior Change**

**Q.** How did you work with youth and families to change behaviors?

- “Work with the parents on taking back control of the household.”
- “Teach them communication skills (active listening and not over talking each other).”
- “Establish house rules and consequences for not following those rules.”
- “Establish a morning and evening routine for the youth and the parents.”
- “If there were mental health issues helped the youth and the family deal with behaviors that come along with the mental health issues.”

### **Generalization**

The overarching goal of the therapists’ work with youth and families involved in the truancy program was to assist the family with generalizing their specific situation and generalizing it to future situations.

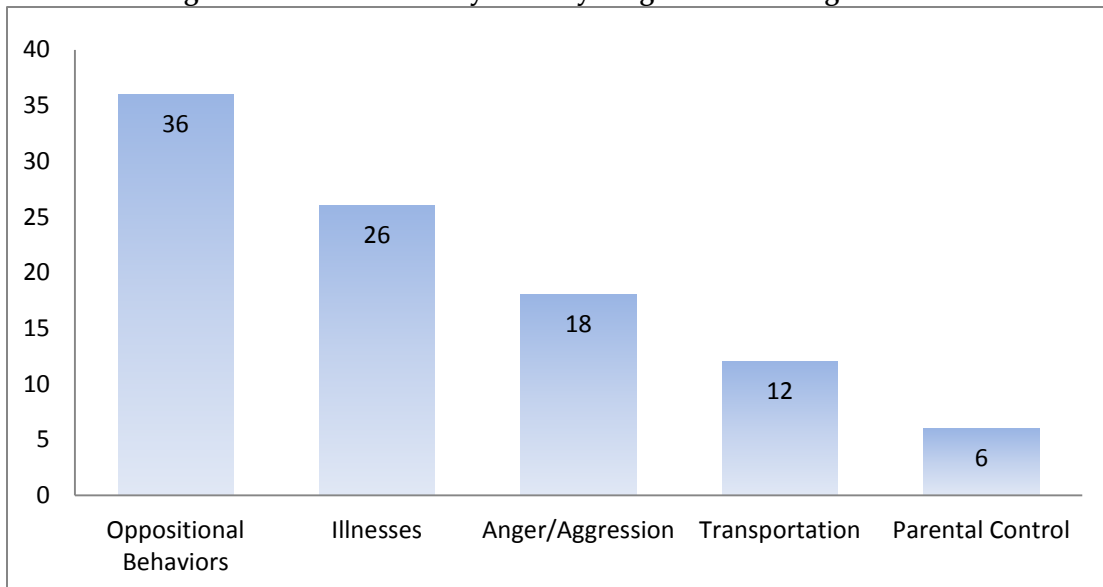
Consistency and regular therapy is also an important aspect of FFT. Youth enrolled in this program completed a total of 724.75 hours of FFT, for an average of 16 hours per youth (while they were enrolled in the Truancy Program). More than half of the youth required only a minimal level of intervention (56%). A handful of youth required more serious intervention due to more serious presenting problems or underlying issues (25%).

### ***Presenting Problem***

Our second analysis included an examination of the issues that brought the youth and family into the Truancy Diversion Program. A handful of common issues arose among the 39 participants who completed therapy (Figure 2). These five most common

problems can be grouped under youth issues or caregiver issues. Youth issues included the youth's (1) oppositional behavior/ refusal to go to school, (2) anger, aggressive behavior, or fighting, and (3) illness –both somatic and actual. Issues that parents and caregivers identified included: (1) a lack of control over the child's behaviors, and (2) problems with transportation.

**Figure 2: Lancaster County Truancy Program Presenting Problems**



Most of the youth had oppositional/defiant behaviors (92%), while more than half of the youth had issues with illnesses (67%). Almost half of the youth struggled with anger, verbal/physical aggressive behaviors, or engaged in fighting (46%). Less than half of the youth had problems with transportation (31%). (Youth could identify more than one presenting problem – so these will not total 100%).

Only a few youth and families identified drug or alcohol issues. Out of the 39 complete therapy records, only 8 youth and/or their families reported problems with alcohol or drugs in the past or currently (21%). Out of those eight records, most of the problems reported involved parental substance use or abuse. Only one youth reported any problems with alcohol or drugs. Similarly, mental health was not one of the more common presenting problems; only 2 youth presented with a mental health issue (one of the youth did not provide documentation of the mental health issue).

***Individualized Care***

In order for FFT to adhere to best practices, the therapy should accommodate youths' and their families' unique situations. Below, we detail the various techniques employed with families to address the presenting problem(s).

## Oppositional Behavior

The overall goal for youth presenting with oppositional behaviors was compliance. Therapy reports clearly indicate the goal was for the youth to “demonstrate the ability to comply with rules and behavioral expectations in school.”

This often included behaviors that started within the home, as the following example demonstrates:

“Father reports [the youth] would not get up on time and thus making her late for school.”

“Other times Father reported [the youth] did not want to go to school and would ‘flat out refuse’ to go to school and would not go.”

The youth “was taught a morning ritual that consisted of putting her books in her backpack and having her clothes laid out.” “Making sure everything is ready for her to do her hair and being ready to go to school on time.” “After school program consisted of being at the Boys and Girls Club, where she would work on homework, complete it and return it to school the next day.”

As a general rule, the therapist set a specific goal for the youth and family to work toward, as the following demonstrates:

The youth “is oppositional at home and refuses to go to school, or have transportation with mother/father.”

The youth “will comply with rules and behavioral expectations in school 80% of the days for the reporting period.”

## Illness

Illness was one of the more consistent presenting problems, occurring in 67% of the cases. Sometimes this involved a youth feigning illness, in order to avoid school. In fewer cases, the youth had a chronic health condition entwined with his or her behaviors, as described below:

“Client identified problems with diabetes and also problems with tardies, talking in the hallways with his friends and not getting to classes on time.” “He also talked about going to the nurse with high blood sugars and either have to be sent home or “wait it out” at school.” “The family reports problems with diabetes and regulating his blood sugar counts.” “He has to see the nurse to get his blood sugar checked and sometimes be excused from school.” “There are also problems with tardies.”

When addressing illness issues, the therapist's goals included 1) clearly identifying whether health was the underlying issue and 2) if so, working with the family to manage the issue. For example, youth "will demonstrate the ability to increase his ability to control his diabetes to help increase his attendance by monitoring his blood sugars and taking his medication each day." Similarly, the youth "will demonstrate the ability to watch his diet to help control his diabetes on a daily basis." The parent/guardian "will monitor [the youth] to ensure he is taking his medication on a daily basis 100% of time during this reporting." In addition, a diabetic plan "for the family was set up to check his pump every three days to change it."

### **Anger, Aggressiveness, and Fighting**

For youth presenting with anger issues, the overarching goal was to develop appropriate coping techniques. The therapist identified the following goal: the youth "will acquire knowledge associated with effective anger management (i.e. walking away, taking deep breaths, counting to 10, etc.)," which does not include verbal aggression.

A review of records reveals that anger sometimes manifested as walking out of class:

"Client identified truancies as being a problem due to walking out of classes due to being frustrated with the class or mad at the teachers or students and walking home." The parent/guardian "identified [the youth's] anger as being a problem at school since she would walk out of school after getting frustrated with the class or the teacher/students in the classroom." The parent/guardian "also reported [the youth] would leave the school after getting frustrated while at school and walk home, which would result in her getting a truancy for the rest of the day."

Other examples for reducing anger and aggression included: "We taught calming techniques, such as listening to music." Again, the therapist worked with the family to set very specific goals, as the following demonstrates: The youth "becomes physically aggressive and destroys property when angry." The youth "will demonstrate the ability to use appropriate anger management skills in all environments 70% of the reporting period."

### **Parental Control**

Parental organization and control over the household were also presenting problems. These cases often presented as situations where a parent needed to hone his or her parenting skills, including a lack of follow through on behalf of the parent and/ or a lack of age-appropriate parenting techniques. The goals set included working with a parent

to “increase her parenting skills to ensure [the youth] was at school on time on a daily basis.” Or that the parent/guardian was following through: “ensure [the youth] was completing her schoolwork each day and returning it to the school the next day.” Often, the therapist worked with the youth and parent on “planning the night ahead, getting her school clothes and belongings to ensure that she is able to leave for school on time,” and creating plan for the student to “come home after school and finish her homework in a timely manner.”

### **Transportation**

Transportation issues ranged from a parent not having a running vehicle to youth not wanting to walk to school in cold or inclement weather. The therapist worked on specific responses to this type of presenting problem, as the following example demonstrates. The parent/guardian “will ensure appropriate transportation for [the youth] to and from school by ensuring her car is running or by having a friend take her to school.”

### **Multiple Presenting Problems**

Often multiple issues were entwined, as the following demonstrates:

“Client reports he stays up too late and is not able to wake up in the mornings and get to school on time.” “Client also reports having tardies during school due to walking slow to classes and talking in the hallway between classes.” “Mother reports [the youth] staying up late and not being able to get up in the morning, and being slow moving.” “Mother also reports giving in to [the youth] at times.” “Mother reports he “plays sick”, and she would believe him and give in to him and let him stay home.” “Mother also reports transportation issues in the past, when her car would not work appropriately and she would not be able to get him to school, and if she tried to have other individuals take him, they would not show up or would get him to school late.” The parent/guardian “will ensure appropriate transportation for [the youth] to and from school by herself or by a friend.”

The ability to understand the problem behavior and incorporate necessary changes is central to the notion of generalization in FFT. Therapists employed assessments that allowed a qualitative analysis of behavior change, which will be discussed in Part II.

### **YOUTH AND PARENT SURVEYS**

A final element of the qualitative analysis involved feedback from youth and parents who participated in the program

### *Youth Perspective*

The most common reason youth cited for absenteeism was illnesses (58%), which was followed by “no reason” (42%), transportation issues (24%), dislike of school (14%), and babysitting (2%).<sup>1</sup> This is interesting in light of therapeutic records, which cited very similar top reasons, but in a different priority: oppositional behaviors ranked highest, then illness, transportation, and parenting issues. The vast majority (80%) indicated no concern with bullying at school.

A large majority of the youth valued school and felt it was important for success later in life (94%), and 78% of the youth agreed that they learned important life skills at school. More than three fourths of participants felt that the Truancy Diversion Program helped them (78%) and specifically helped them get to school (72%). Specific comments about what was most useful and least useful about the program can be found in the Appendix.

### *Parent Perspective*

Parents also cited illness as the most common reason for absenteeism (53.3%), which was followed by “other reasons” (26.7%), empowerment problems (20%), and transportation (33%). These results do not total 100% because parents/guardians could select more than one reason for school absenteeism.

The majority of parents clearly value education and the education process, with 93% agreeing that “a good education will help their child get ahead in life,” and 100% agreeing that what their child learned in school was relevant to real life. All of the respondents agreed that it was important for their child to study now (middle school) rather than wait to develop those skills later in high school. A very high percent showed a connection with their children’s teachers, and 87% felt the teacher did a “great job.”

Eighty-seven percent of the parents felt that it was the parent’s job to get the child to school. It is unclear whether the remaining 13% felt it was the school’s responsibility or their child’s responsibility to get to school.

It is interesting to note that 87% of parents who responded felt that they had control over their child.

Finally, 93% of parents felt that the Truancy Diversion Program was beneficial to them, and helped them get their child to school. Despite the incredibly high support for both

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<sup>1</sup> These do not total 100% because youth were allowed to select more than one reason.

the school and the truancy program, there are some areas that could be improved upon. Only 60% of parents agreed that the school communicated well with them; 20% felt that the school was over-reacting because the child “just missed a few classes,” and 13% felt that the school took too much interest in their child’s home life and the school should stick to school issues.



## **PART II: MEASURING BEHAVIOR CHANGE QUANTITATIVELY**

Many participants expressed that the program helped them. In this section of the report, we focus on quantitative measures of whether that desire to change actually amounted to change in attendance patterns.

In this section, we address the absentee patterns before enrollment, assessments of youth and parents, attendance patterns while enrolled, and attendance patterns longitudinally.

### **II. QUANTITATIVE METHODOLOGY**

In order to measure changes in school attendance patterns, we requested attendance records from Park Middle School for every youth who participated in the Truancy Diversion Program. We calculated attendance and grade records across four different time periods: (Time 1) the semester before youth entered the program to the semester while they were enrolled in the program, (Time 2) the semester while youth were enrolled in the program to the first semester after they completed the program, (Time 3) the first semester after youth completed the program to second semester after they completed the program, and (Time 4) the second semester after youth completed the program to third semester after they completed the program.

We calculated the percent change by subtracting pre-enrollment absences from post-enrollment absences, and dividing the difference by the starting number. For example, if a youth missed 100 classes before they entered the program, but missed 90 when they were enrolled in the program, he or she would have a 10% reduction in absences. We also examined absences using the Lincoln Public School categorization for absence reasons: (1) truant, (2) ill, (3) parent-acknowledged, (4) suspended in-school, and (5) suspended outside school.

Finally, we requested data on students' grades. We then calculated grade point averages by semester and grouped youth into four groups: 1) higher GPA, 2) lower GPA, 3) no change in GPA, and 4) unknown GPAs (student moved or grades were unavailable).

Throughout the report, there are references to whether or not differences are statistically significant. Below are explanations of the significance tests referenced throughout the report:

- ANOVA (analysis of variance): provides a test of whether or not the means of several groups are statistically different.

- **Significance Levels:** A significance level indicates how likely a result is due to chance. The indication that an analysis is  $p < .05$  indicates that the finding is true within a 95% confidence interval. The indication that an analysis is  $p < .01$  indicates that the finding is true within a 99% confidence interval. The indication that an analysis is  $p < .001$  indicates that the finding is true within a 99.9% confidence interval.

### **Attrition**

As is the case with most long-term projects, there was some attrition in the original sample of 48 youth. Out of the 48 youth, 10 youth moved and 1 was discharged due to a health condition. Even though 11 youth left the program, we were still able to track 39 youth in Time 1. Time 2 only included cohorts 1, 2, and 3, so 8 youth were removed from the Time 2 data analysis for a total of 32 youth. Time 3 only included cohorts 1 and 2, so 7 youth were removed from the Time 3 data analysis for a total of 23 youth. Time 4 only included cohort 1, so 5 youth were removed from the Time 4 data analysis for a total of 17 youth.

**Table 3: Number of Youth Over Time**

<b>Time 1</b>	<b>Time 2</b>	<b>Time 3</b>	<b>Time 4</b>
<i>n</i> =39 – All Cohorts	<i>n</i> =32 – Cohorts 1, 2, & 3	<i>n</i> =23 – Cohorts 1 & 2	<i>n</i> =17 – Cohort 1

We ran separate analyses for each cohort to examine potential differences by group. External factors can significantly influence attendance patterns, and sometimes these cluster around a Cohort. One clear example of this is that Cohort 1 and some of Cohort 2 advanced to high school by the end of this study.

## **QUANTITATIVE RESULTS**

### ***Absentee Patterns Before Enrollment***

Before we assessed the efficacy of the intervention, we first employed ANOVA to determine if there were significant differences between the youth referred to the Truancy Diversion Program. For instance, if female students had significantly higher rates of truancy, we would want to adjust for this before examining how effective the intervention was. To examine potential differences between groups, we looked at the total absences before the youth was referred to the Truancy Diversion Program.

### ***Average Absences Prior to Enrollment***

The mean number of classes missed for all Cohorts ( $n=48$ ) before enrolling in the Truancy Diversion Program, was 123.3 for the semester prior to enrollment. These included all absences: truancy, illness, parent-acknowledged, and suspensions. For

purposes of ANOVA and examining change, it is important that there are no significant differences between the group members (otherwise it is difficult to analyze the effect of the intervention).

A one-way analysis of variance (ANOVA) indicates no significant differences between males and females or by racial or ethnic group (Table 4).

**Table 4: Mean Number of Days Absent by Gender, Race & Ethnicity**

	N	Mean # of Classes Missed Before Enrolling in TDP
<b>Gender</b>		
Male	20	133.6
Female	28	115.9
<b>Race/Ethnicity</b>		
White	12	148.4
Asian	1	180.0
Black	9	115.0
Hispanic	18	111.9
Native American	3	98.7
Multi-Racial	5	121.6
Average	48	123.3

Although there appear to be differences in the mean scores (98.7 days compared to 148.4), statistically these were not significant ( $p=.543$ ). Similarly, there appears to be a difference between youth in the different Cohorts (Table 5), with youth in Cohort 4 having far fewer absences than Cohorts 1-3. This may be because there were fewer youth in Cohort 4.

**Table 5: Mean Class Absences by Cohort**

Cohort	N	Average absences Before Enrollment
1	22	142.1
2	8	104.2
3	10	130.6
4	8	80.9
Total	48	123.3

### **Therapeutic Assessments of Youth and Parent Behavior**

To examine change in behavior, we also examined the initial assessments completed in therapy, and compared them to assessments at exit. Despite the fact that the assessments appear to relate to behaviors, only a handful of the assessment scores were significantly correlated to student attendance.

**Caregiver Strain Questionnaire (CSQ):** The CSQ assesses the everyday jobs and stress of parents/guardians who have to take care of individuals with unique circumstances. The Objective scale assesses the problems associated with individuals' special needs. The Subjective-Internalized scale assesses what adults think about those problems. Both of these measures were significantly related to the number of youth absences before enrollment ( $r = .376$ ,  $p < .05$ ). Of interest, the global measure of the adult's strain was not significantly related to the child's attendance.

The TOES scale measures what the youth and parents think will happen in therapy. This assessment also yielded interesting correlations with attendance. The TOES ranges from 1 to 3, or low expectations to high expectations, respectively. The youth's final TOES score was significantly and negatively associated ( $r = -.455$ ,  $p < .01$ ) with the number of suspensions the child experienced prior to enrolling in the Truancy Program. In other words, the more times the youth had been suspended before going to court, the lower his or her expectations were that therapy was going to be helpful.

In a related pattern, the parent's final TOES score was significantly and negatively associated ( $r = -.424$ ,  $p < .01$ ) with the child's overall post Truancy Program attendance. What this indicates is that the lower the parent's expectations of what will happen in therapy, the larger the number of absences post program involvement. The timing is what makes this statistic more interesting; youth and parents complete the final assessment at the end of therapy, but attendance isn't measured until a full semester later.

Overall, the pre and post assessments revealed very minor behavior changes on the part of both the youth and parent, each showing an increased capacity to understand problematic behavior as well as an overall readiness to change.

### **Attendance While Enrolled in the Program**

Despite the conflicting patterns of therapeutic assessments, school attendance significantly improved while a youth was enrolled in the Truancy Diversion Program. Youth ( $n=39$ ) missed a total of 4,531 classes the semester before they entered the truancy program, and were absent a total of 1,768 classes while enrolled. This represents an approximate 61% reduction in class absences (Table 6). While youth were enrolled in

the program, all types of absences decreased. Absences coded as “truant” by the school, showed the greatest decrease at approximately 80%.

**Table 6: Changes in Absences Over Time (Time 1) – All Cohorts**

<i>n</i> =39	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	Percent Change from T1 to T2
	Truancy	2243	449	-79.9%
	Parent-acknowledged	596	285	-52.2%
	Illnesses	1128	396	-64.9%
	In-School Suspensions	106	40	-62.3%
	Suspensions	220	111	-49.6%

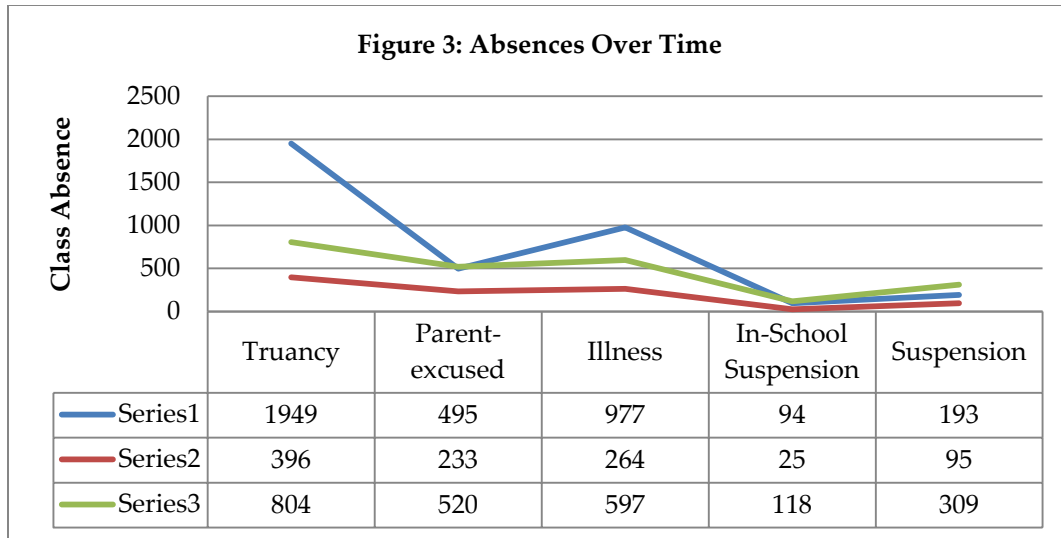
### **Attendance Patterns the Semester Post-Enrollment**

Youth began to miss classes again the semester after they were enrolled. Absences went up by at least 100% in all categories of absences (truant, parent-acknowledged, ill, suspended). As Table 7 and Figure 3 demonstrate, absenteeism increases significantly, but does not return to pre-enrollment levels.

Overall, (from Time 1 to Time 3) there were reductions in truancies and illness-related absences. Again, absences categorized as “Truant” showed the largest reduction at approximately 59%. We see increases, however, in parent-acknowledged absences, in-school suspensions, and suspensions.

**Table 7: Changes in Absences Post Enrollment**

<i>n</i> =32	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	T3: Absences After Enrolled	Percent Change from T2 to T3	Overall Percent Change
	Truancy	1949	396	804	+103.03	-58.75
	Parent-acknowledged	495	233	520	+123.18	+5.05
	Illnesses	977	264	597	+126.14	-38.89
	In-School Suspensions	94	25	118	+372.00	+25.53
	Suspensions	193	95	309	+225.26	+60.10



### Longitudinal Attendance Patterns

At a year and a half post enrollment (Time 3), only 23 of the attendance records could be examined, because youth and families moved outside the district or dropped from the program. From semester to semester, we again see an increase in almost all attendance categories, with out of school suspensions being the exception.

Overall, there were reductions in truancies, parent-acknowledged absences, illnesses, and suspensions over time. In other words, attendance was still better than prior to truancy diversion, but worse than it was while they were enrolled. Over time, however, truancies were impacted the most, showing a 77% decline.

**Table 8: Changes in Absences Over Time (Time 3)**

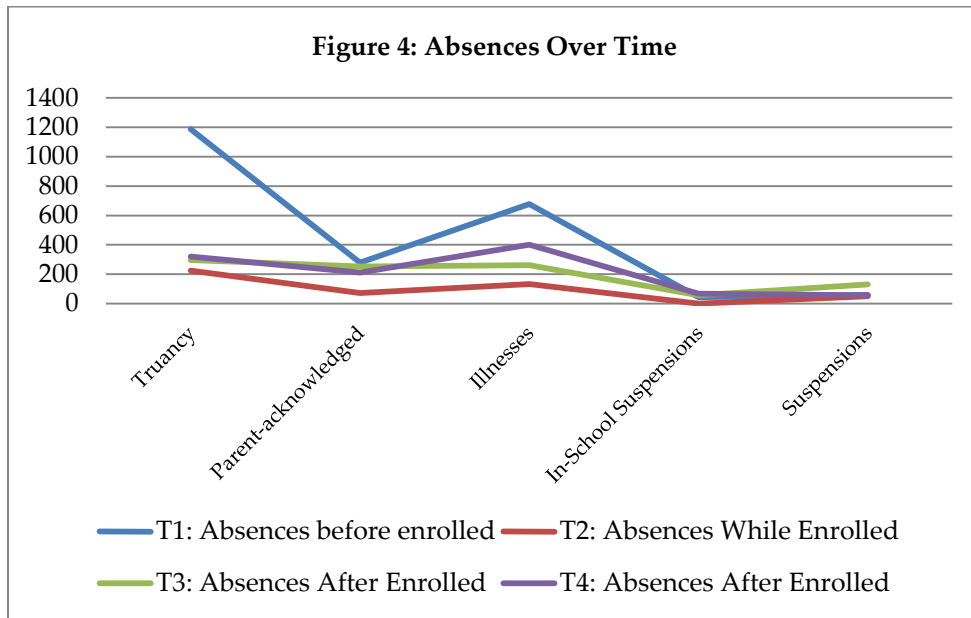
<i>n</i> =23	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	T3: Absences After Enrolled	T4: Absences After Enrolled	Percent Change from T3 to T4	Overall Percent Change
	Truancy	1595	254	366	367	+0.27	-76.99
	Parent-acknowledged	345	177	326	300	-7.98	-13.04
	Illnesses	776	186	382	485	+26.96	-37.50
	In-School Suspensions	44	1	56	68	+21.43	+54.55
	Suspensions	58	50	131	57	-56.49	-1.72

At Time 4, which was roughly one year post completion of the Truancy Diversion Program, we could only track 17 youth. Even for these youth, attendance patterns showed a very similar pattern to each of the prior time frames. The youth missed a total

of 2,562 classes the semester before they entered the program, while they missed a total of 646 classes while they were enrolled in the program (n=19). This represented an approximate 75% reduction in absences. Absences post enrollment (n=17) were reduced in 3 categories (truant, ill, and parent-acknowledged). Once again, truancy had the biggest reduction at approximately 73%. However, there were increases in suspensions and in-school suspensions.

**Table 9: Changes in Absences Over Time (Time 4)**

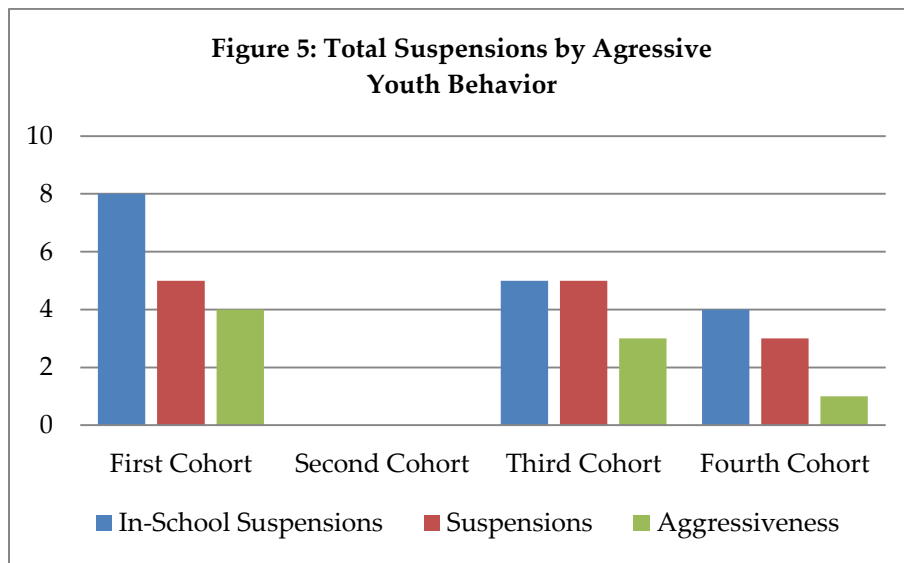
<i>n</i> = 17	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	T3: Absences After Enrolled	T4: Absences After Enrolled	T5: Absences After Enrolled	Percent Change from T4 to T5	Overall Percent Change
	Truancy	1187	225	297	320	325	+1.56	-72.62
	Parent- acknowledged	279	72	253	211	151	-28.44	-45.88
	Illnesses	678	133	262	401	441	+9.98	-34.96
	In-School Suspensions	44	1	56	68	62	-8.82	+40.91
	Suspensions	58	50	131	57	81	+42.11	+39.66



### **In-School Suspensions & Suspensions**

Even though there were increases in in-school suspensions and suspensions over time, there were only a few youth who contributed to the two categories. Overall, 18 out of the 48 youth (38%) had at least one in-school suspension or suspension. Eight youth in the first cohort had either in-school suspensions or suspensions. In contrast, none of the youth in the second cohort had in-school suspensions or suspensions. Six youth in the third cohort had either in-school suspensions or suspensions. Four youth in the fourth cohort had either in-school suspensions or suspensions. Some youth could have had both types of suspensions.

Youths' aggressiveness could have contributed to some of the in-school suspensions and suspensions. In the first Cohort, 50% of youth who were suspended had aggressive behaviors listed as the presenting problem (in therapy) (Figure 5). The third and fourth Cohorts demonstrated similar patterns for suspended youth.



### **Attendance Patterns for Youth Entering High School**

There were a total of 22 youth who entered high school after being enrolled in the Truancy Diversion Program (46%). Out of the 22 youth, 16 youth were from the first cohort, 4 were from the second cohort, and 2 were from the third cohort. Most of the youth were enrolled in Lincoln High School (16 out of 22) (73%), while 2 were enrolled in North Star High School, 2 were enrolled in Lincoln Southwest High School, 1 was enrolled in Lincoln Southeast High School, and 1 was enrolled in Lincoln East High School.



We examined attendance during their first semesters in high school and then again during their second and in some cases third semesters, so that we could determine if the move to high school impacted attendance. During the first semester of high school, truancies, illness-related, and parent-acknowledged absences all rose dramatically (this was the first semester after completing the program).

Despite the spike in all categories of absenteeism from Time 2 to Time 3, overall attendance was better than prior to enrollment in the Truancy Diversion Program. Again, the program appears to have the most significant impact on truancies, with high school students having 64% fewer truancies than they had prior to enrolling in the program. However, in-school suspensions and suspensions showed fairly dramatic increases.

**Table 10: Changes Over Time for High School Students (Time 2)**

<i>n</i> =22	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	T3: Absences After Enrolled	Percent Change from T2 to T3	Overall Percent Change
	Truancy	1408	239	501	+109.62	-64.42
	Parent- acknowledged	346	83	332	+300.00	-4.05
	Illnesses	797	194	415	+113.92	-47.93
	In-School Suspensions	47	1	75	+7400.00	+59.57
	Suspensions	164	59	232	+115.25	+41.46

During the second semester of High School, attendance patterns continued to repeat the patterns of all prior groups. There were slight increases at Times 3 and 4, but overall reductions over time in truancies, illness-related absences, and parent-acknowledged absences. Once again, truancies showed the largest reduction with 74% fewer absences coded as truancy. There was, however, an increase in in-school suspensions (out-of-school suspensions did not increase, but remained about the same).

**Table 11: Changes Over Time for High School Students (Time 3) – First & Second Cohorts**

<i>n</i> =20	Type of Absence	T1: Absences before enrolled	T2: Absences While Enrolled	T3: Absences After Enrolled	T4: Absences After Enrolled	Percent Change from T3 to T4	Overall Percent Change
	Truancy	1375	234	356	353	-0.84	-74.33
	Parent- acknowledged	314	79	279	244	-12.54	-22.29
	Illnesses	751	180	346	464	+34.10	-38.22
	In-School Suspensions	44	1	56	68	+21.43	+54.55
	Suspensions	58	50	131	57	-56.49	-1.72

Out of 22 youth, 16 youth were included in Time 4 because this time period only included youth from the first cohort. Overall, there were reductions over time in truancies, parent-acknowledged absences, and illnesses. Truancies had the largest reduction at approximately 70%. There were, however, increases in in-school suspensions and suspensions.

## **ACADEMIC PERFORMANCE**

### **Does School Attendance Improve Grade Point Average?**

#### *Grades (Time 1) – All Cohorts*

Many youth improved their Grade Point Averages (GPAs) while enrolled in the Truancy Diversion Program. Twenty-two youth (46%) had a higher GPA while enrolled, when compared to the semester just prior to enrollment.

Somewhat surprisingly, attendance did not appear to raise GPA for roughly one third of the youth: 15 youth received lower grades from the semester before they entered the program to the semester when they were enrolled in the program (31%). Only 3 youths' grades remained the same from the semester before they entered the program to the semester when they were enrolled in the program (6%), while 8 youths' grades were unknown because they moved or data was not available (17%).

#### *Changes Over-time in Grade Point Average*

The semester after enrollment, 55% of youth showed a decline in GPA. This pattern of lower GPAs continues for the semesters following completion. Naturally, much of this depends upon changes in the classes the student is enrolled in, and may reflect a move

to high school. However, declining grades may also be the result of less structure or no one taking an interest in the youth's grades. For instance, many students complete a homework sheet while they are enrolled in the program. If they are no longer required to do so after program completion, this may result in fewer homework assignments getting completed, and lower grades and GPA.

The same pattern continued over the timeline of the project. Youth received higher grades when they were enrolled in the program (Time 1) than the first semester after they completed the program (Time 2). The grades were split between lower and higher grades the second semester after they completed the program (Time 3). Eventually, youth had lower GPAs the third semester after they completed the program (Time 4).

**Table 12: Changes in Grades Over Time (Time 4)**

<b>Time Period</b>	<b>Higher</b>	<b>Lower</b>	<b>Stayed the Same</b>	<b>Unknown</b>
Time 1	11 (50%)	6 (27%)	2 (9%)	3 (14%)
Time 2	4 (18%)	12 (55%)	0 (0%)	6 (27%)
Time 3	7 (32%)	7 (32%)	0 (0%)	8 (36%)
Time 4	6 (27%)	9 (41%)	0 (0%)	7 (32%)

## CONCLUSION AND RECOMMENDATIONS

The short-term goal of the Truancy Program is to improve school attendance, grades, and attitudes toward school, while the youth is enrolled. The long-term goals are for students to maintain consistent school attendance after completion of the program and for students to eventually go on to graduate from high school.

School attendance was significantly improved while a youth was enrolled in the Truancy Diversion Program. Youth (n=39) missed a total of 4,531 classes the semester before they entered the truancy program, and were absent a total of 1,768 classes while enrolled. This represents an approximate 61% reduction in class absences. While youth were enrolled in the program, all types of absences decreased. Absences coded as “truant” by the school showed the greatest decrease at approximately 80%, and there was a reduction in truanancies at every point in time after completion.

However, attendance problems appear to return the semester following completion of the Truancy Diversion Program. Each of the Cohorts of youth followed the same pattern: improved attendance while enrolled, followed by an increase in absences after enrolled, with overall better attendance than prior to their enrollment in the Truancy Diversion Program.

The effect of the truancy program appears to carry forward. Most youth continue to show improvement in attendance patterns during the semester *after* they were enrolled in the Truancy Diversion Program.

The findings were much less consistent regarding student suspension and academic performance. To be clear, these were not the stated purposes of the Truancy Diversion Program. However, according to the National Center for School Engagement, programs and schools that promote attachment and achievement, while encouraging regular attendance, show the best and most sustainable outcomes and the highest graduation rates (National Center for School Engagement and OJJDP, February 2007).

This study’s findings show mixed results on attachment and achievement. On one hand, the parents that completed surveys felt very favorable toward the school and the teachers, yet they reported a need for increased communication. Similarly, most students demonstrated improved academic performance while enrolled, but this dropped off once they completed the truancy program.

## *Recommendations*

1. Utilizing Functional Family Therapy for each youth enrolled in the Truancy Diversion Program is an intensive response, and potentially not the most cost effective. Depending upon the assessed reasons for absences, there may be interventions that are more cost effective and less time consuming for the family. Lancaster County may wish to accept youth and assign those identified as “higher need” to Functional Family Therapy, while diverting others to less intensive services. Alternative referrals would allow for a comparative cost analysis as well as a comparative analysis of the effectiveness of the intervention.
2. Follow up may be one fairly simple method of continuing the connection that youth make while they are in the Truancy Diversion Program. A phone call or letter indicating that the program or school social worker looked at how they were doing the semester after enrollment may lead to extended benefits of program enrollment.
3. Similarly, individualized attention regarding academic performance may also lend itself to improved outcomes. Encouraging students to complete homework sheets or check in may allow students to continue the upward trend in GPA that seems to begin while enrolled.
4. Although it was beyond the scope of this evaluation, future work should examine student suspensions. At a minimum, data should be tracked on youth who complete the Truancy Diversion Program to examine whether the program continues to have minimal impact on school suspension. Exploring the underlying reasons for suspensions will certainly impact student achievement and attachment.

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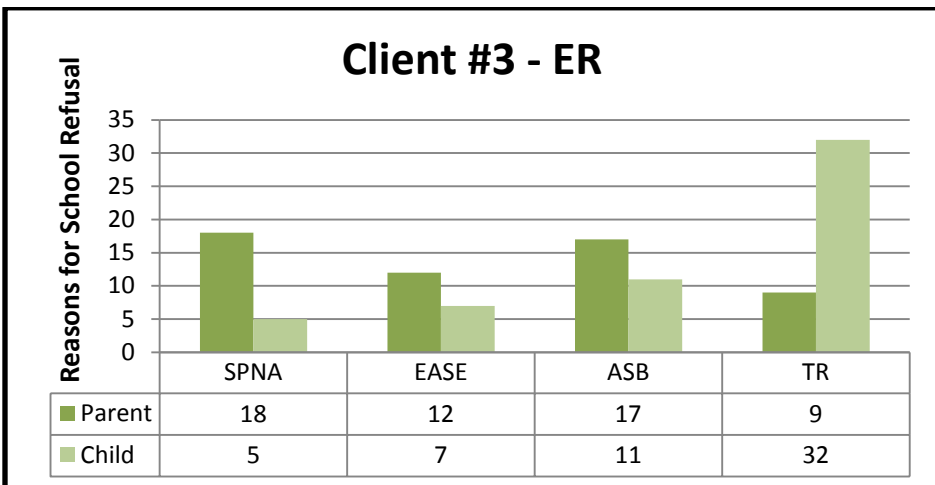
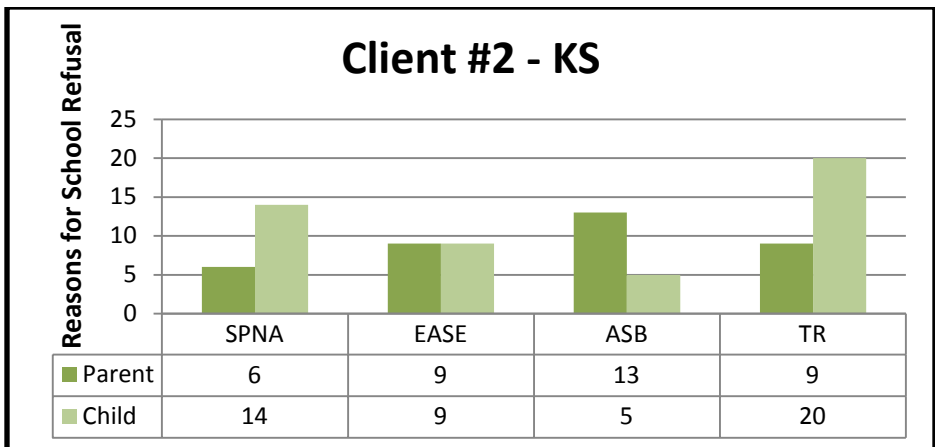
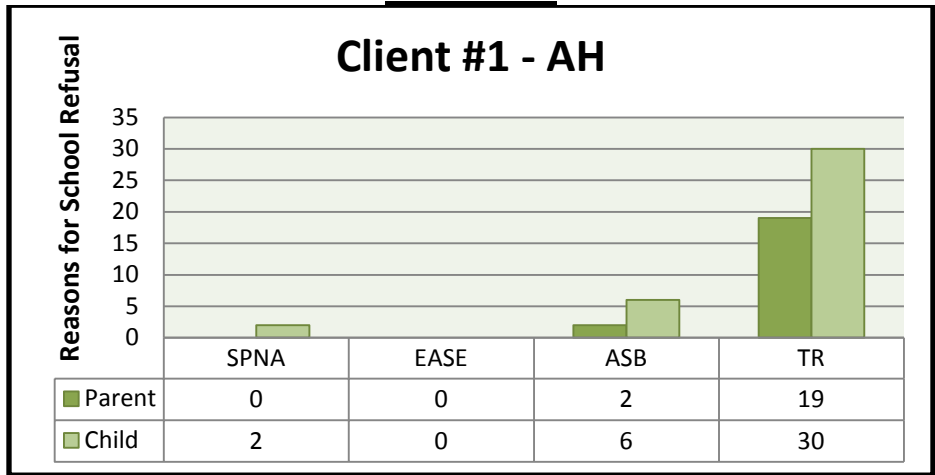
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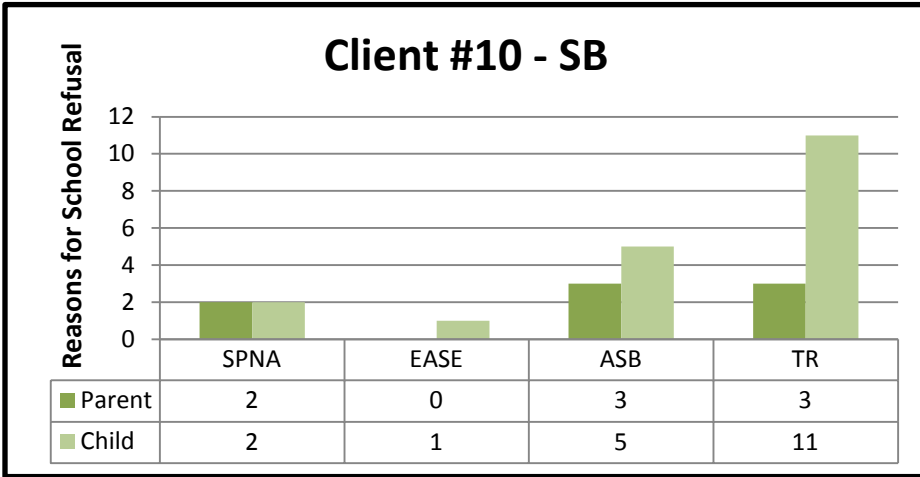
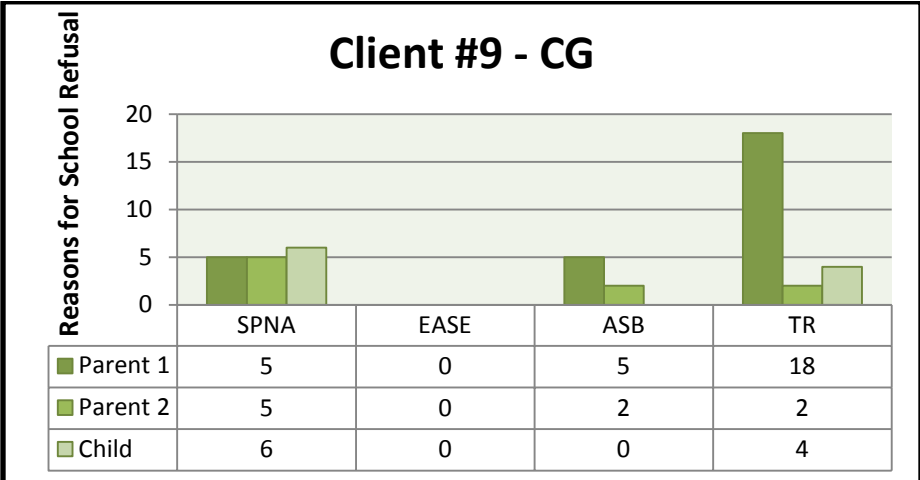
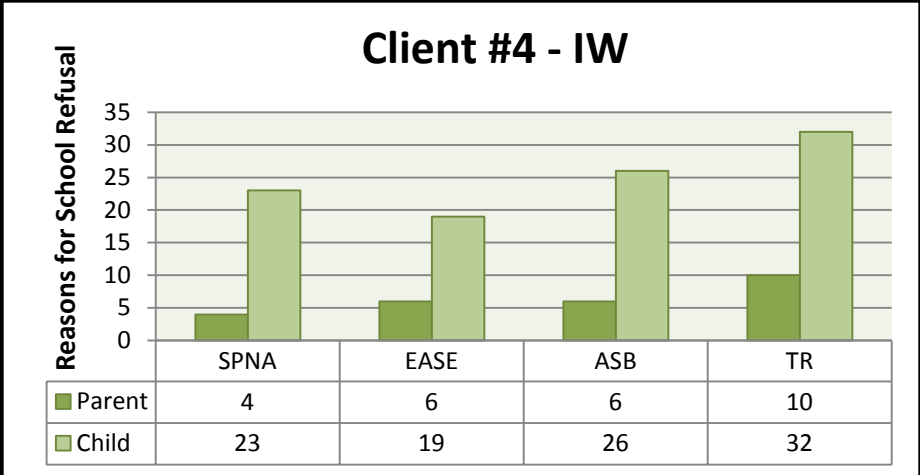
## APPENDICES

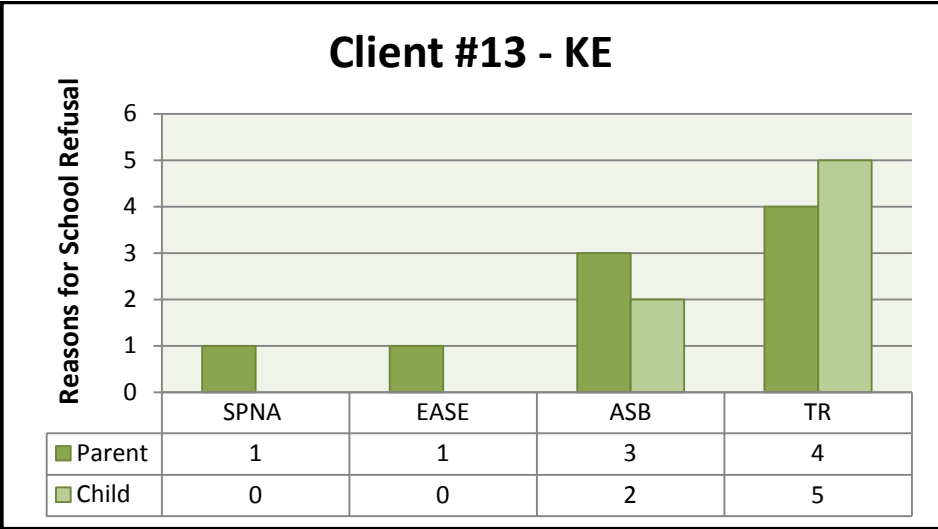
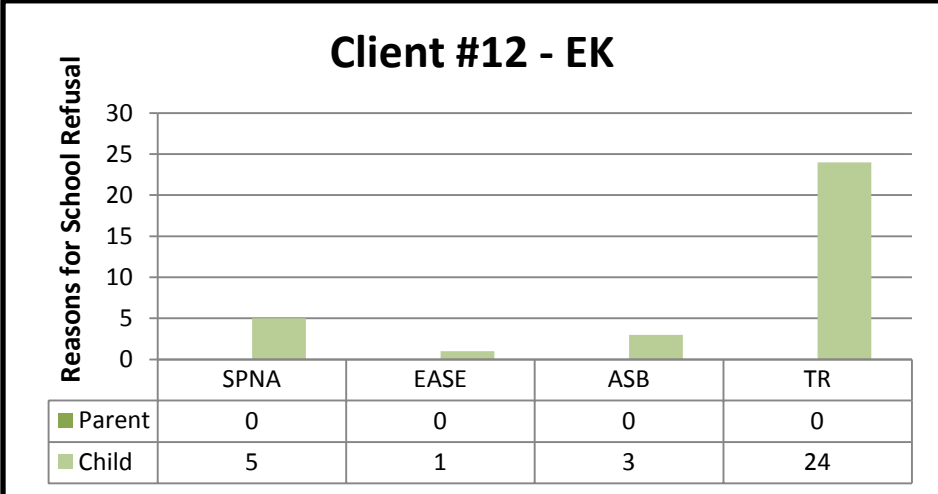
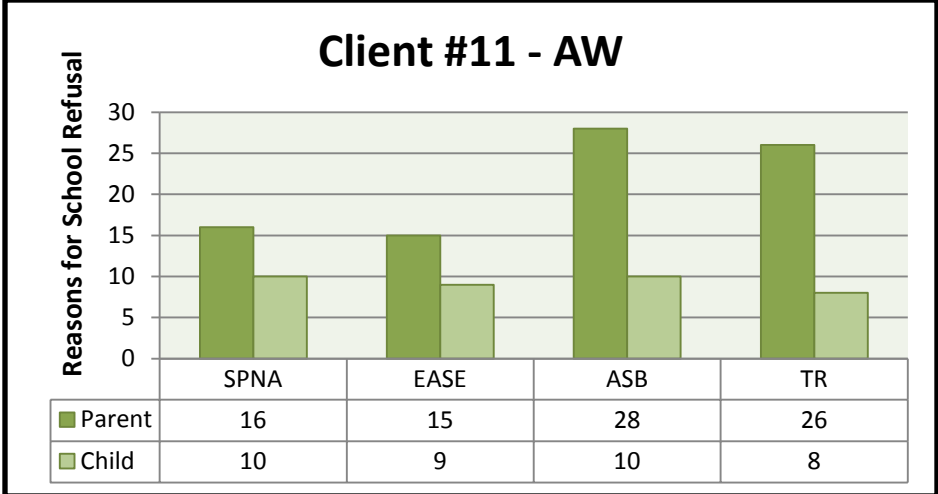


**APPENDIX – INDIVIDUAL SRAS GRAPHS**

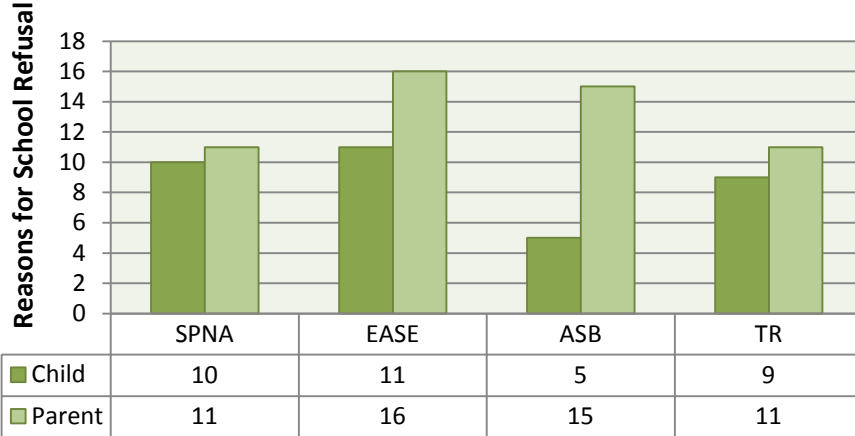
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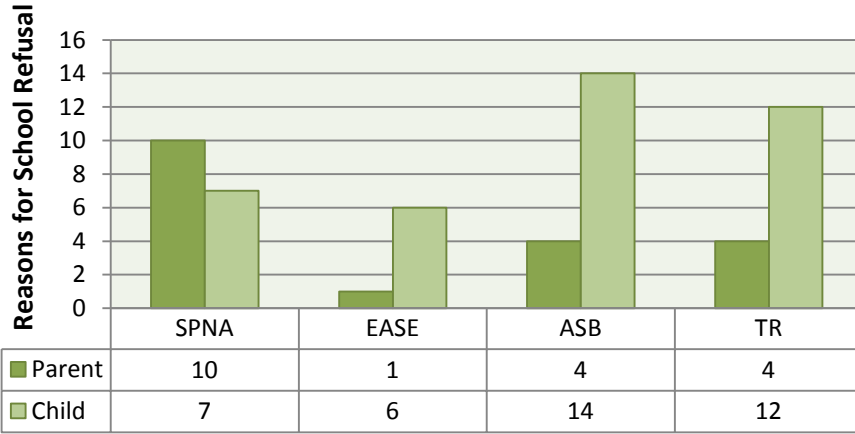




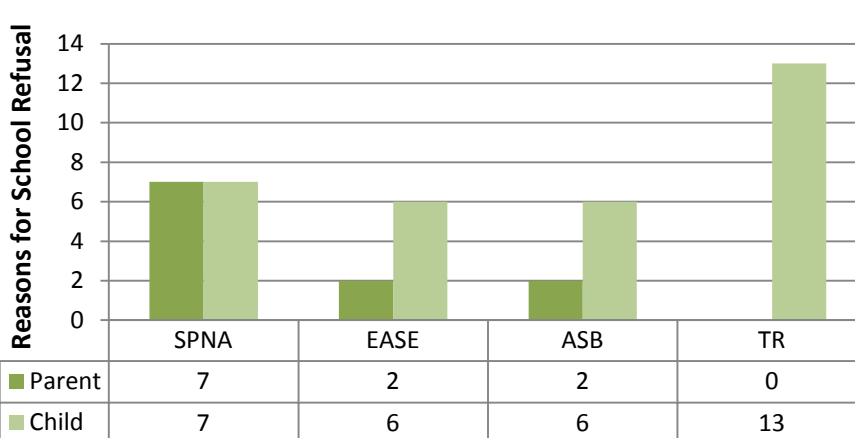
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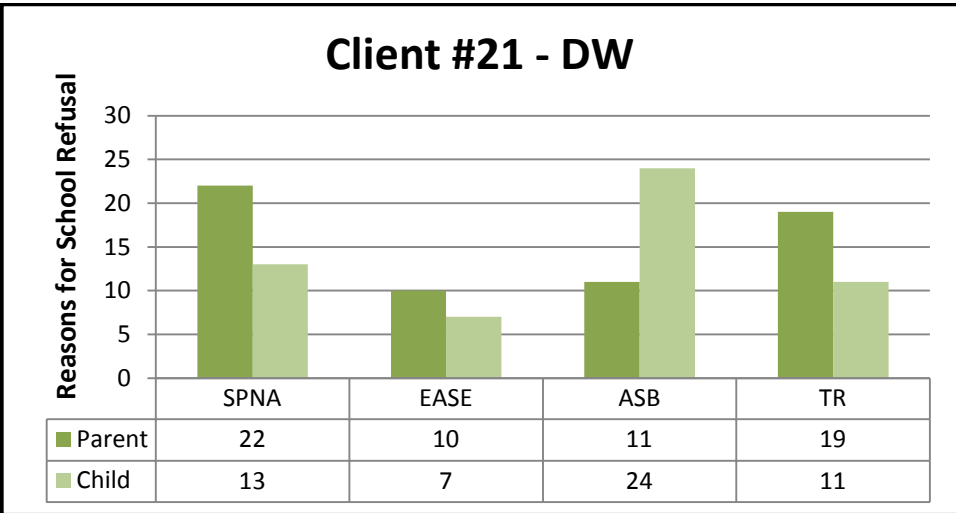
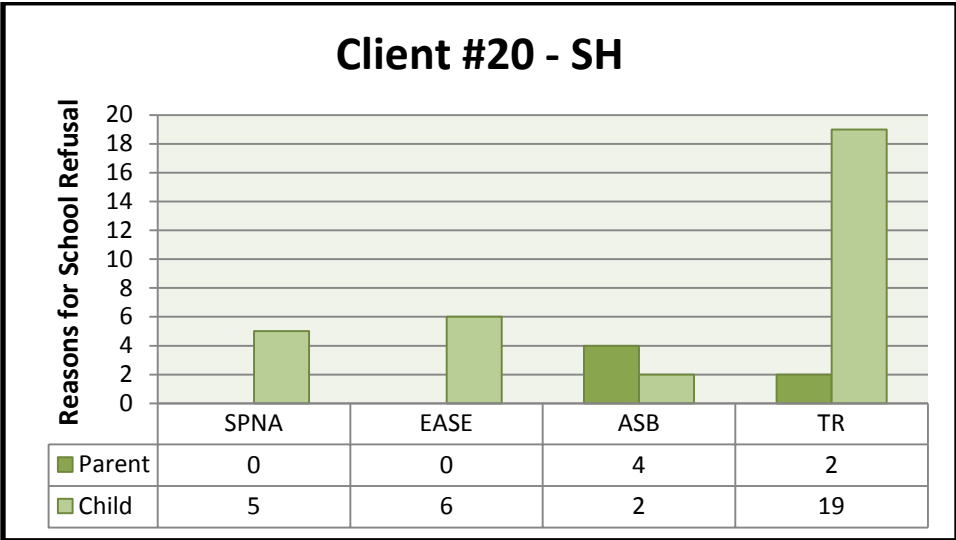
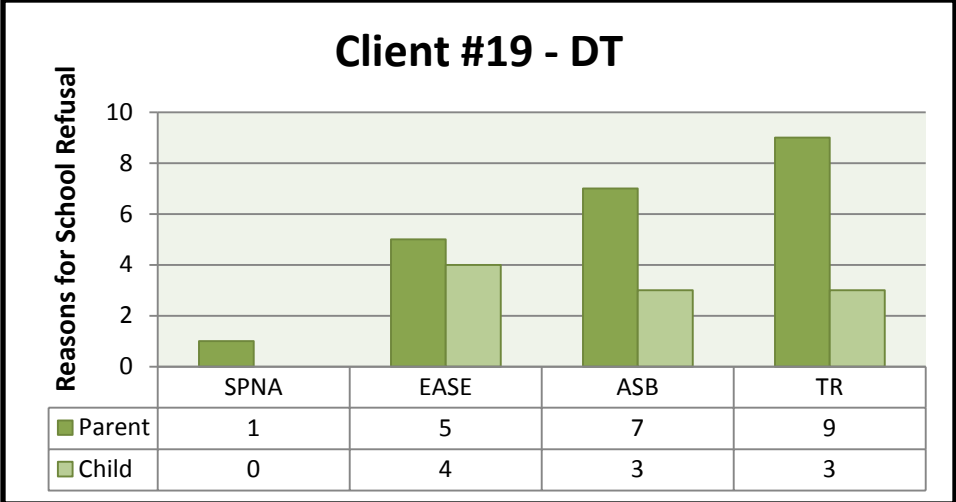


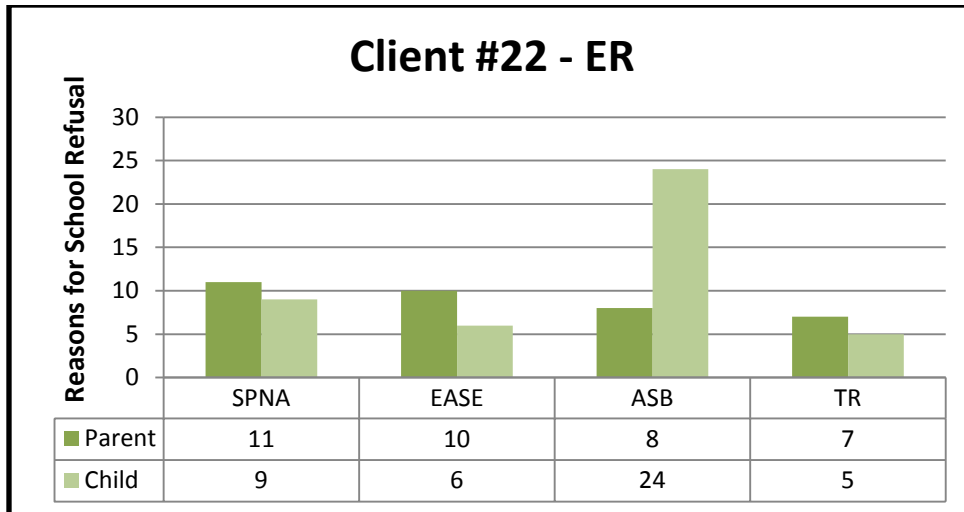
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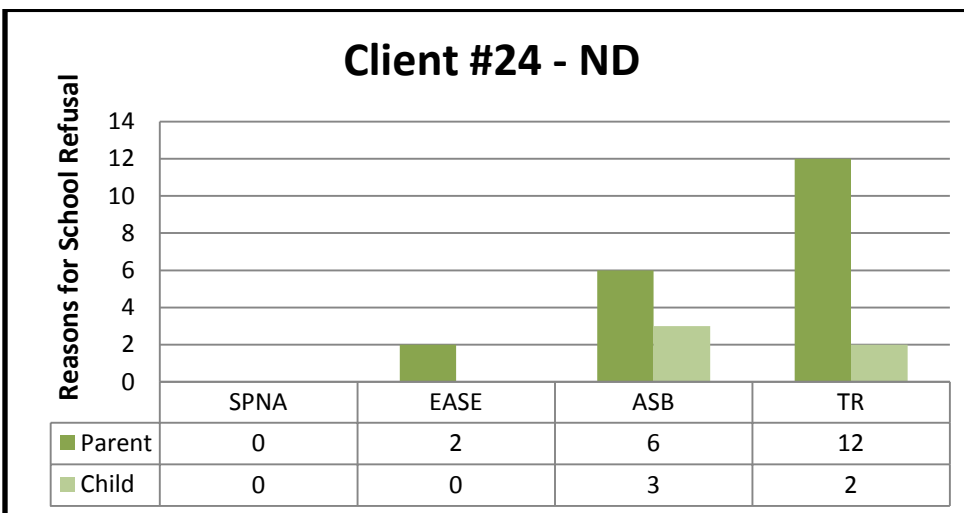
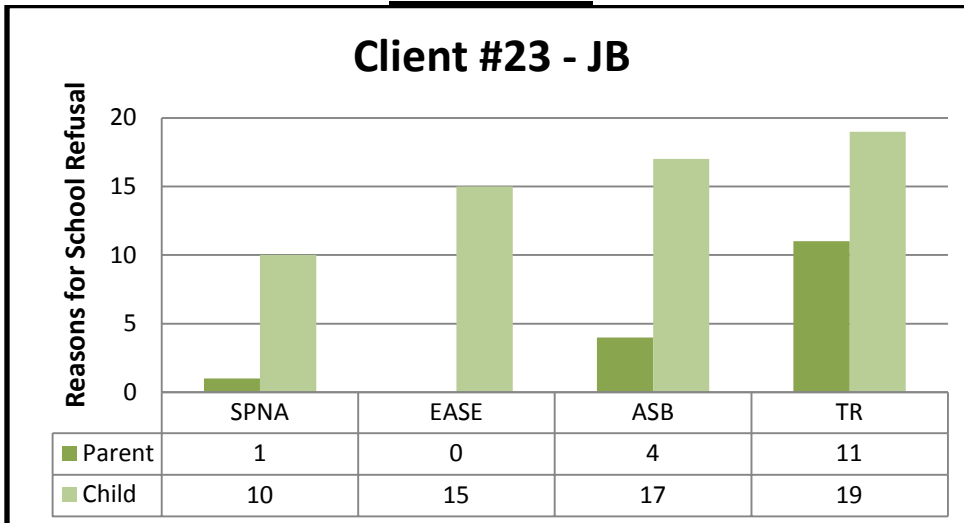
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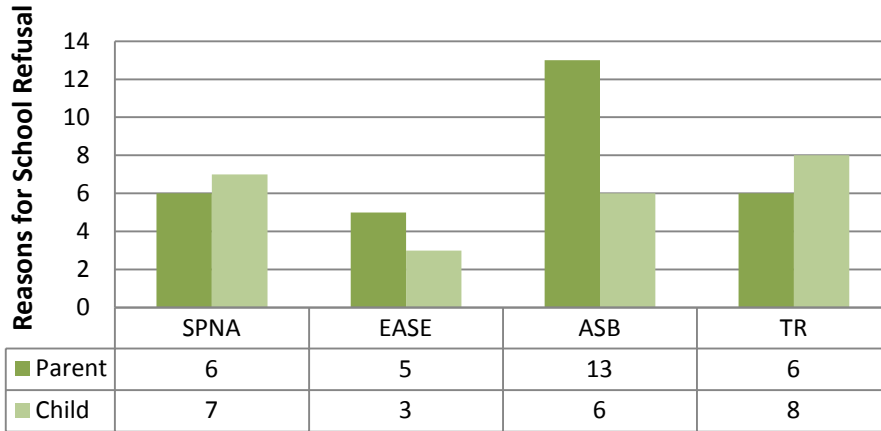




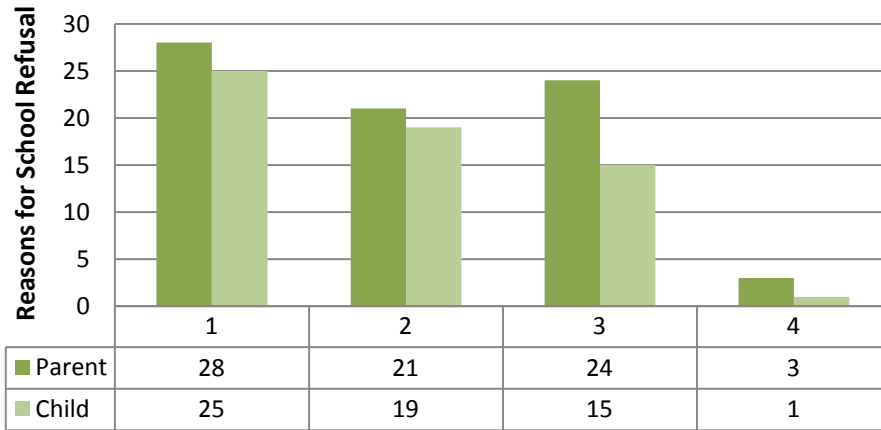
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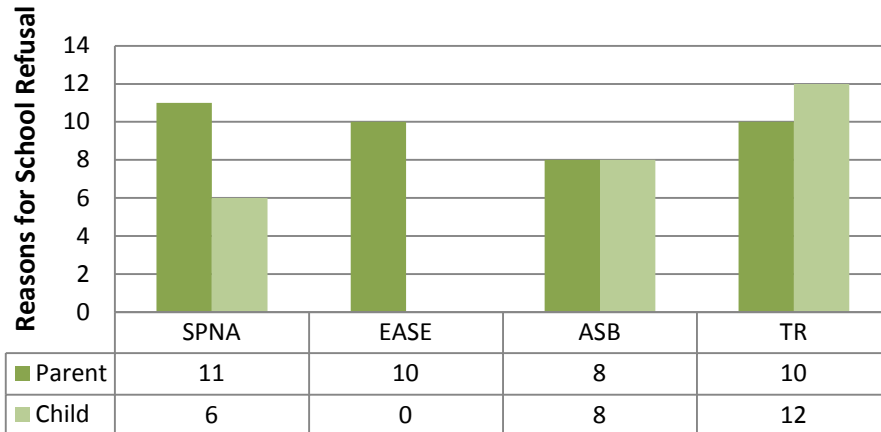
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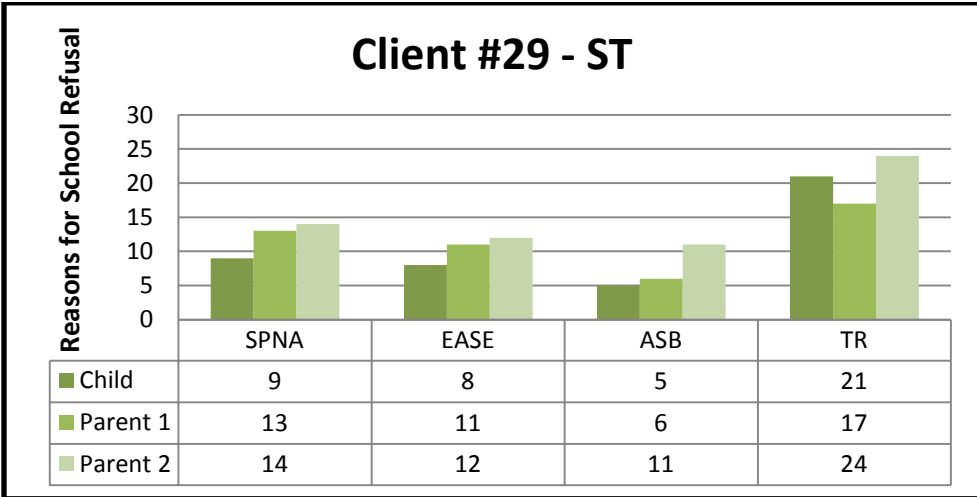
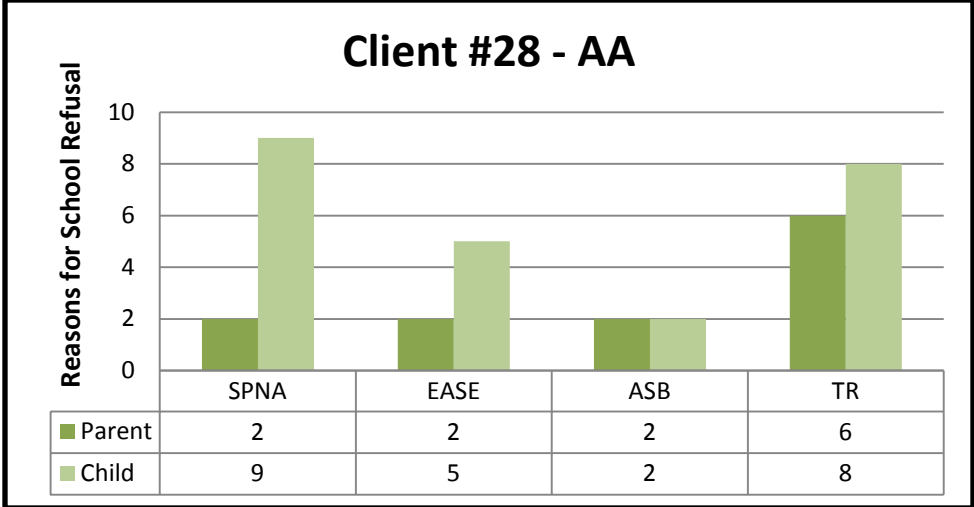


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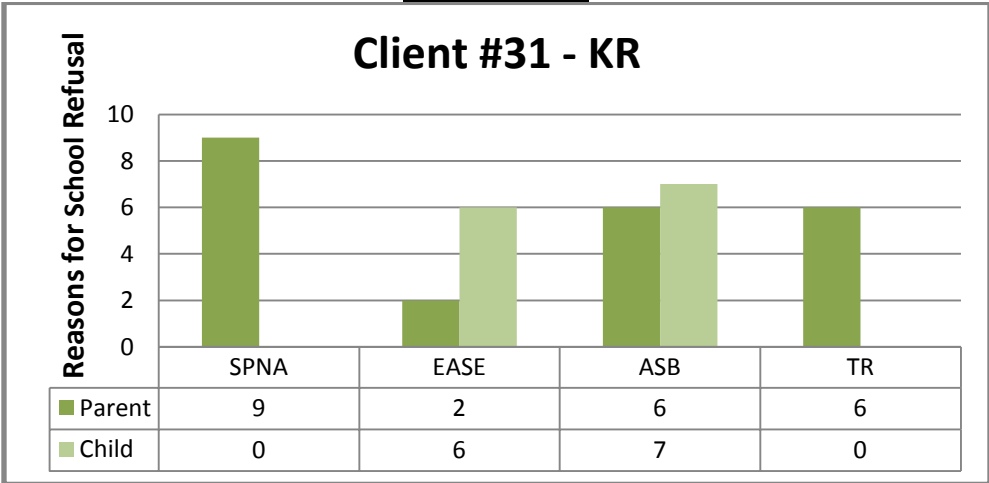


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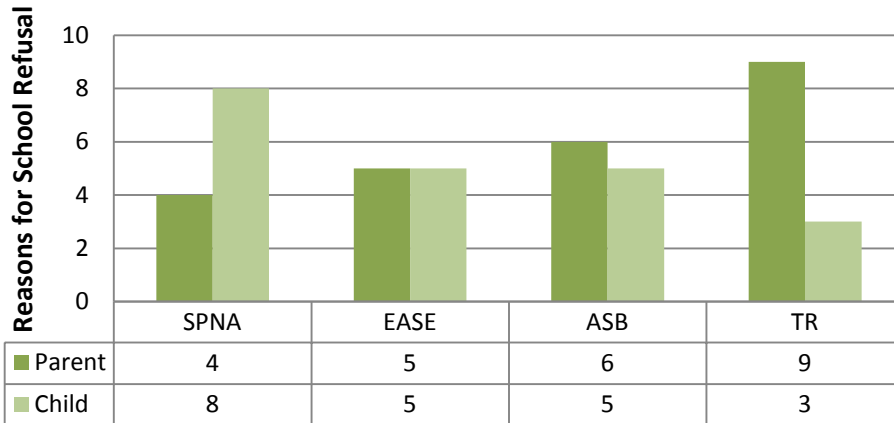


Third Cohort

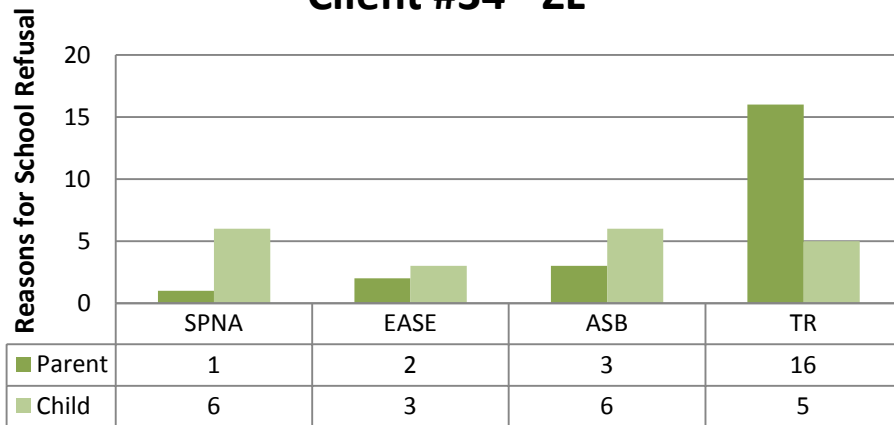




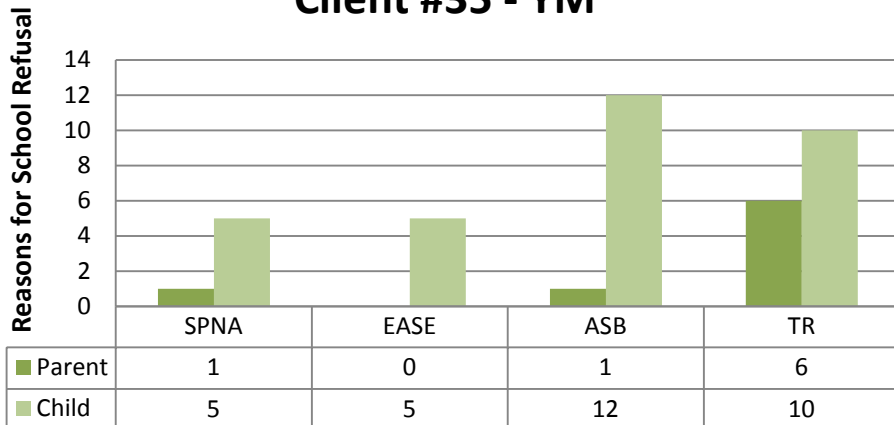
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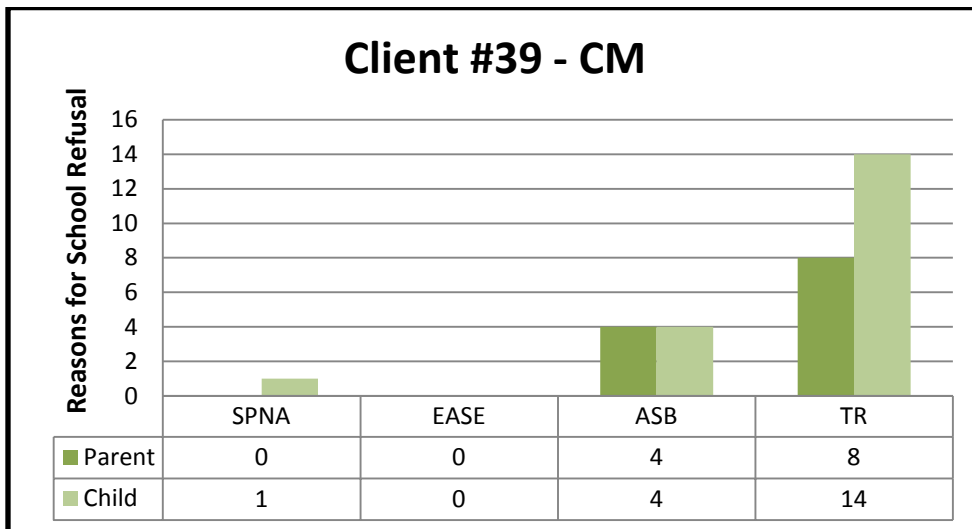
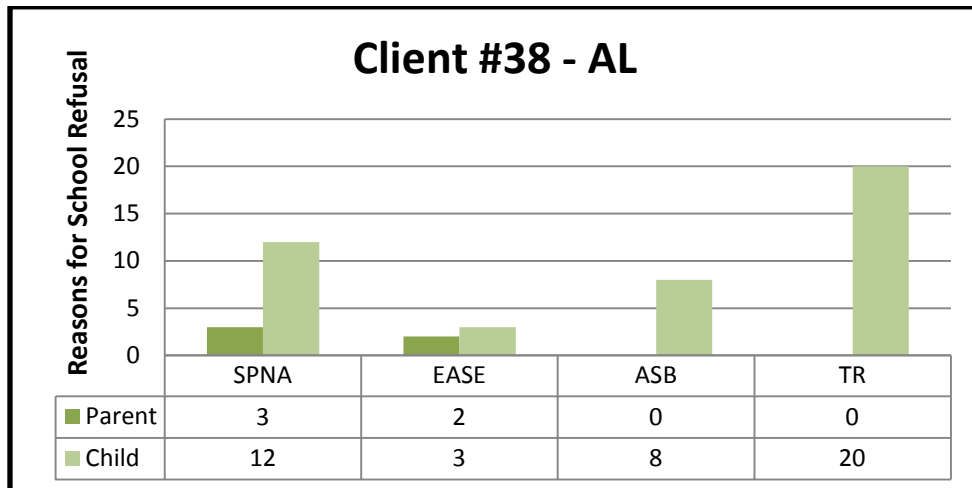
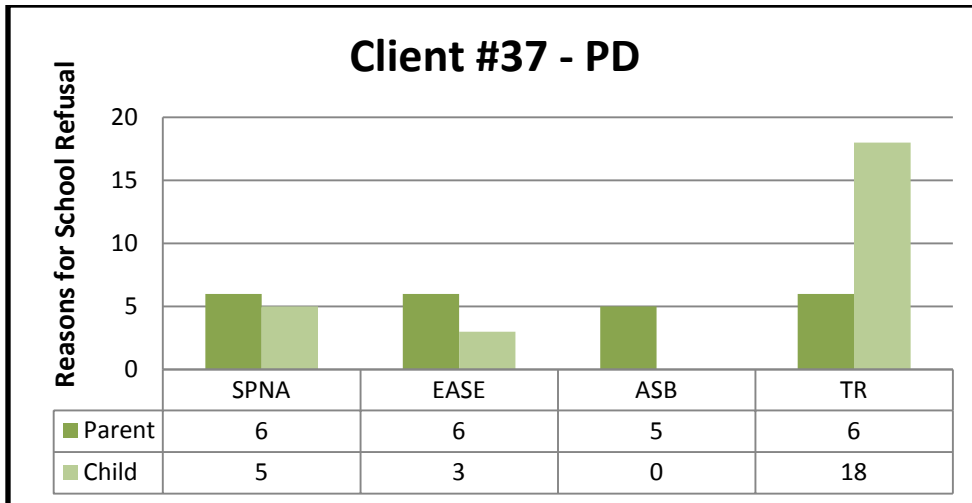


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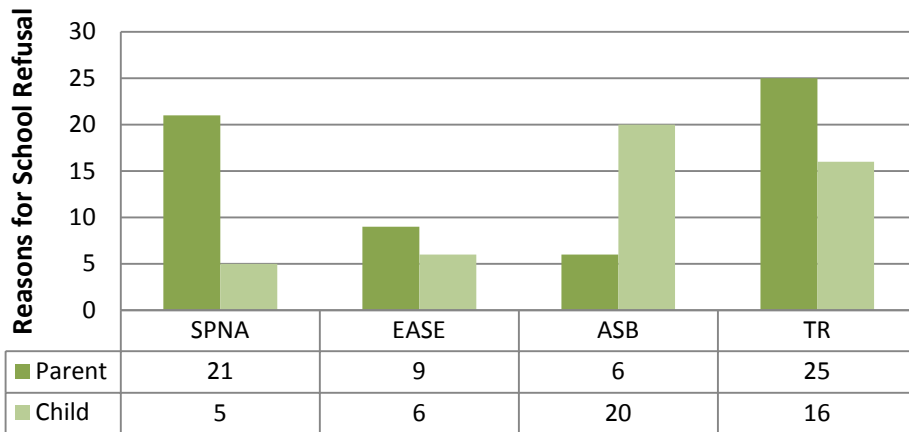


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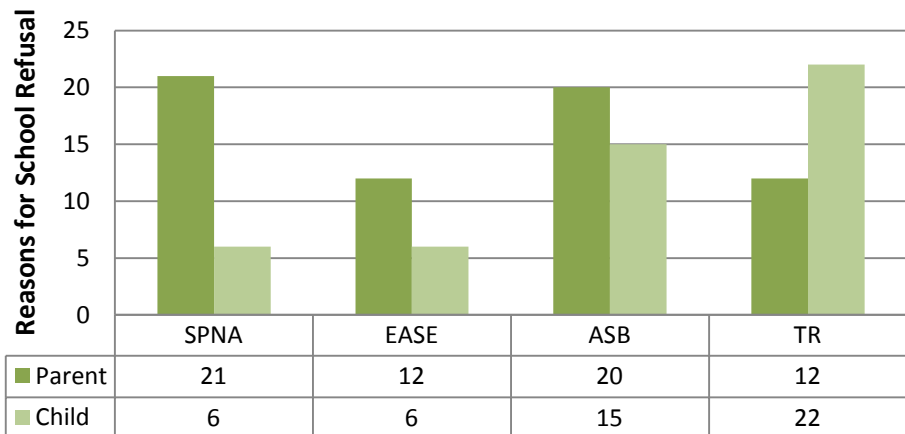


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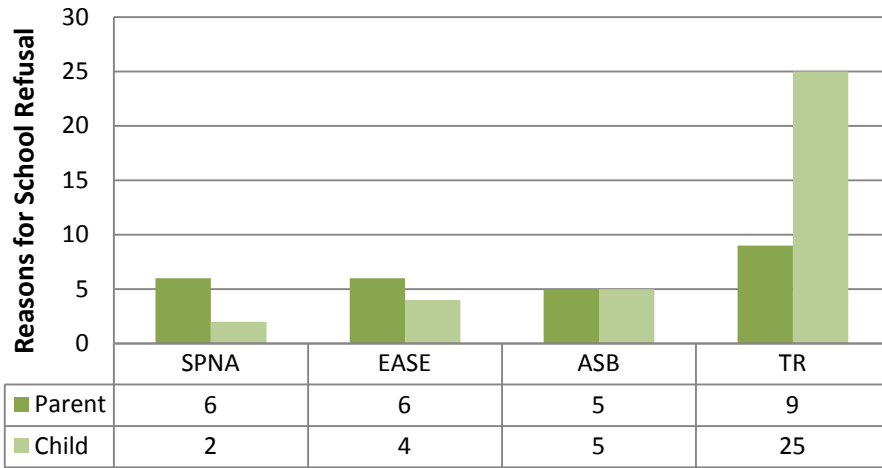
### Client #41 - PB



### Client #43 - AH



# Client #44 - JH



## PRE AND POST ASSESSMENTS OF YOUTH AND FAMILY

**Treatment Outcome Expectations Scale (TOES):** The TOES scale measures what the youth and parents think will happen in therapy (Brannan, Heflinger, & Bickman, 1997). TOES ranges from 1 to 3, or low expectations to high expectations, respectively.

**Satisfaction with Life Scale (SWLS):** The SWLS scale measures whether parents are feeling good about their lives (Pavot & Diener, 1993). SWLS ranges from strongly disagree to strongly agree and the total is a mean score, which ranges from 1 to 7, with 7 representing high life satisfaction.

**Caregiver Strain Questionnaire (CSQ):** The CSQ assesses the everyday jobs and stress of parents/guardians who have to take care of individuals with unique circumstances (Brannan, Heflinger, & Bickman, 1997). The CSQ includes the Objective Scale, Subjective-Internalized Scale, and the Global Scale. The Objective scale assesses the problems associated with individuals' special needs. The Subjective-Internalized scale assesses what adults think about those problems. The Global scale assesses adults' strain. All subscales range from 1 to 5, or low strain to high strain.

**Motivation for Youth's Treatment Scale (MYTS):** The MYTS measures youths' and parents' willingness to continue therapy (Brannan, Heflinger, & Bickman, 1997). The MYTS includes their readiness for treatment, thinking through problems, and whether they want therapy. All scores range from 1 to 5, or low to high.

In the truancy diversion program, the initial case reports revealed youths' TOES scores ranged from 1.4 to 2.1, while parents' TOES scores ranged from 0.6 to 2.8. Parents' SWLS scores ranged from 2.2 to 6.6. The Objective subscale of the CSQ scale ranged from 1 to 3. The Subjective-Internalized scale ranged from 0.5 to 3. The Global scale ranged from 1 to 2.79. Youths' problem recognition subscale ranged from 1 to 2. Parents' problem recognition subscale ranged from 1 to 2.67. Youths' treatment readiness scores ranged from 1 to 2.33. Parents' readiness scores ranged from 2.6 to 4.8. Youths' full scale scores ranged from 1 to 2.36. Parents' full scale scores ranged from 1.53 to 3.82.

The final case reports revealed youths' TOES scores ranged from 1.6 to 2.9, while parents' TOES scores ranged from 0.6 to 3. Parents' SWLS scores ranged from 4 to 6.6. The Objective subscale of the CSQ scale ranged from 1 to 3. The Subjective-Internalized scale ranged from 0.5 to 3. The Global scale ranged from 1 to 3. Youths' problem recognition subscale ranged from 0.75 to 4. Parents' problem recognition subscale ranged from 1 to 3.80. Youths' treatment readiness scores ranged from 1 to 4.5. Parents' readiness scores ranged from 2.6 to 4.8. Youths' full scale scores ranged from 1 to 4.5. Parents' full scale scores ranged from 2.20 to 4.20.

## YOUTH AND PARENT SURVEYS

### *Youth Surveys*

Only 36 of the 48 youth completed the youth surveys. Most youth who completed the surveys were female (72.2%). The racial composition was 10 Hispanic/Mexican (27.8%), 7 White (19.4%), 7 Multi-racial (19.4%), 4 Black/African American (11.1%), 2 Native American (5.6%), 2 American (5.6%), 1 Sudanese (2.8%), and 1 Kurdish (2.8%). In addition, there were two youth whose race and ethnicity was unknown (5.6%).

### *Reasons for Absenteeism*

The most common reason youth cited for absenteeism was illnesses (21 out of 36) (58%), which was followed by no reasons (15 out of 36) (42%), other reasons (12 out of 36) (33%), transportation (7 out of 36) (19%), disliked school (5 out of 36) (14%), transportation/walk because it was cold out (2 out of 36) (5%), and babysitting (1 out of 36) (2%). These do not total 100% because youth were allowed to select more than one reason.

### *Program Helpfulness & Getting Youth to School*

A majority of the youth thought the truancy program was helpful (78%) and specifically helped them get to school (72%).

### *School Problems*

- ✓ 94% of the youth agreed that school was important for success later on in life.
- ✓ 58% of the youth agreed that most of what they learned in school was relevant to real life.
- ✓ 78% of the youth agreed that they learned important life skills at school.
- ✓ 84% of the youth thought it was important to study now (middle school) rather than wait to develop those skills later on in high school.
- ✓ 75% of the youth agreed that their teachers did a great job.
- ✓ Fear of bullying was not a major problem with this group of youth because 80% indicated that they were not afraid of bullies at school.

Youth in the program had several comments about the program. When asked what they thought was most helpful, youth responded by writing:

***Most helpful:***

- ✓ "Therapy."
- ✓ "Helping me do progress & to plan how to be better at attendance."
- ✓ "My counselors (Tina) helped me realize my situation & how serious it was."
- ✓ "The group."
- ✓ "Knowing that I couldn't really miss any more school days."
- ✓ "They let me get a cab."
- ✓ "Homework."
- ✓ "The prizes."
- ✓ "Showing me how important school is."
- ✓ "Helping figuring out what to do."

***Least helpful:***

- ✓ "Why try groups."
- ✓ "Meeting with Tod every Wednesday."
- ✓ "Showing up w/ a parent to the court every thursday."
- ✓ "Talking to tod."
- ✓ "Therapy."
- ✓ "When I have to worry about my grades."
- ✓ "Not getting me here."

***General Comments***

- ✓ "The program helped me a lot now I barely miss school I've only missed a day."
- ✓ "That It has really helped me in school and finding solutions to my problems in getting to school."
- ✓ Why is it so long and why in the summer and we should be doing something fun.

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***Parent Survey***

Only 15 of the 48 parents completed the parent surveys. Most parents who completed the survey were female (86.7%). The racial composition was 8 White (53.3%), 3 Hispanic/Mexican (20.0%), 1 Black/African American (6.7%), 1 Native American (6.7%), 1 Multi-racial (6.7%), and 1 unknown (6.7%). A majority of the parents were 36 to 45 years old (60%), while 20% were 26-35 years old, 13.3% were 46-55 years old and one parent was 55-61 years old (6.7%).

### ***Reasons for Absenteeism***

The most common reason that parents cited for absenteeism was also illnesses (8 out of 15) (53.3%), which was followed by other reasons (4 out of 15) (26.7%), empowerment problems (3 out of 15) (20%), transportation (3 out of 15) (20%), and transportation/walk because it was cold out (2 out of 15) (13.3%). These do not total 100% because parent/guardians were allowed to select more than one reason.

### ***School Problems***

Parents/legal guardians were asked about education in general as well as their child's specific education.

- ✓ 93% agreed that a good education will help their child get ahead in life.
- ✓ 100% agreed that what their child learned in school was relevant to real life.
- ✓ 93% agreed that their child learned important life skills at school.
- ✓ 100% agreed that it was important for their child to study now (middle school) rather than wait to develop those skills later in high school.
- ✓ Only 20% felt that the school community was over-reacting because the child "just missed a few classes."
- ✓ 87% agreed that their child's teacher did a great job.
- ✓ Only 13% agreed that the school took too much interest in their child's home life and the school should stick to school issues.
- ✓ 80% disagreed that it was their child's decision to go to school.
- ✓ 60% agreed that the school communicated well with parents.
- ✓ Parents were about evenly split as to their concerns about bullying with 47% being concerned about bullying and 40% not being concerned with bullying.
- ✓ 80% agreed that parents know what's best for their child.
- ✓ 87% agreed that it was the parents' responsibility to get the child to school.



- ✓ 87% disagreed that they lacked control over their children.
- ✓ 93% agreed that the truancy program was beneficial to them.

Parents also had some general comments about the program as well as what they thought was most helpful and least helpful about the program:

***Most helpful:***

- ✓ "The add'l support/encouragement from school staff."
- ✓ "Encouraging her to go to school."

***Least helpful:***

- ✓ "Omni Counseling – for my child the counseling was redundant as he was/is already seeing a counselor."

***General Comments***

- ✓ "I Love the way they work with me and my child, they take time to listen and help and try to understand my way of life."
- ✓ "I appreciate the encouragement my child received especially from principal Zabawa - positive male role model."
- ✓ I would like to see this program follow up through high school. And the children who are in it in Junior High School should also get support through High School to reassure them they are not being forgotten.
- ✓ Just don't think we should reward the kids that have failing grades or missing work even if in attendance daily.

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## Epilogue: Truancy diversion pilot showing success



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Every two weeks, the Park Middle School multipurpose room becomes a courtroom complete with judicial bench and judge, attorneys and defendants -- and their parents.

Alissa Harrison, an eighth-grader who loves photography but until recently did *not* love school, showed up like clockwork twice a month last semester -- a defendant working to change her ways.

She thinks she has, with the help of the mock courtroom and all those who took the time to make it happen: the judge and the attorneys, the counselor and therapist and principal.

“It changed me a lot,” she said. “The people there are so nice and they’re encouraging.”

And they all are convinced that the word truancy is a harbinger of trouble; that school absences gather speed, compound upon themselves like proverbial snowballs until they morph into words such as flunking and dropout.

It’s why the judge, attorneys and school officials decided to try something different: giving students who habitually skip class an alternative to juvenile court.

A \$300,000 grant from the Nebraska Crime Commission funded the pilot program at Park Middle School. The philosophy is similar to drug courts in that it uses the threat of going to court to motivate participants to get at the root of the problem and change their behavior.

It works like this: A juvenile court petition alleging habitual truancy is filed against participating students but is dismissed -- and the record sealed -- when students complete the program. Those who don't, go to court.

A therapist works with students and their families, and a school social worker helps with school-related problems and keeps tabs on grades and homework. Every other week, the students and their parents go to "court" in the multipurpose room, with Juvenile Court Judge Reggie Ryder presiding or Principal Ryan Zabawa on the bench.

The judge reviews how students have done in the interim, asks questions, seeking feedback from the students and their parents, the therapist, social worker, prosecutor and defense attorney in the room.

Instead of sentences, he doles out incentives for perfect attendance and consequences for students not toeing the line.

Although juvenile court has much the same philosophy, the process moves so slowly students often don't see consequences for their actions for months.

Those involved in the pilot program think it's working -- and an interim study bears that out.

Of the 30 students who participated in the first two groups, 86 percent -- or 24 of them -- successfully completed the program, according to a study by the Juvenile Justice Institute at the University of Nebraska at Omaha.

Students in the program showed dramatic increases in attendance while they were enrolled. Although their absences increased once they'd finished, their attendance still was better than before they'd participated. That held true for eighth-graders who moved onto high school.

For instance, 16 of the students involved in the first group had a total of 2,520 absences -- an average of 157 absences per student -- the semester before the diversion program. That dropped 80 percent -- to just 503 absences, or an average of 31 per student -- while they were in the program.

The semester after they'd finished, the number of absences spiked to 1,098, but still was 56 percent fewer than before they'd been through the program. The absences include those excused by parents or for illnesses and tardies.

The study suggested finding ways to continue to engage students after they've finished the program to help keep attendance rates up.

It also noted that some students' grades went down despite improved attendance, and suggested looking for ways to prevent that.

Social worker Tina Bouma is sold on the benefits.

“It’s just a wonderful program,” she said. “And it works.”

There’s a multitude of reasons why children don’t come to school, said Zabawa, Park principal.

“In some cases, we found it really wasn’t a student issue,” Zabawa said. “We were really working more with some parenting and stability in the home, to try to provide support for students.”

Sometimes, it was problems at school, sometimes time management issues.

In one case, Zabawa said, a girl often missed her first class because it took her a half-hour to do her hair. That was important to her, Zabawa said, so they worked on making sure she got up a half-hour earlier in the morning.

“That’s just coaching them, teaching kids to take responsibility,” he said.

The incentives for perfect attendance often were gift cards to the mall or movies, but they could be other things, too -- such as an alarm clock. Alissa -- who loves photography -- got a memory card for her camera.

Often, putting two or three heads together helps find answers to barriers keeping kids from class, Bouma said. It also lets students know there are adults they can go to when a problem arises to help them work through it.

“I think that’s huge,” she said.

Surprisingly, Bouma said, transportation rarely was a problem -- an issue officials thought would be a much bigger barrier.

For Alissa, it boiled down to this: She didn’t like school. She and her family had moved back to Lincoln from Kentucky at the beginning of her seventh-grade year, and going to a new school was tough.

“I had just moved to Lincoln, and I really didn’t have any friends, so I didn’t want to go because it wasn’t fun to me,” she said.

The threat of ending up in court scared her enough to take the diversion program seriously, and Bouma and the therapist helped her work through the school “drama” issues that had been a problem.

“It helped me a lot having them around just to talk to and open up to about all of that,” she said.

Laura Splittgerber, Alissa’s mother, said she and her daughter fought daily about going to school before she entered the diversion program. Sometimes, she’d just keep her daughter home. Alissa’s behavior overall was worrying Splittgerber.

“We were going down a bad, bad path,” she said. “She was starting to take off in the middle of the night. It was heading down a bad road.”

Splittgerber liked having the support of other adults.

“It’s not just mom screaming that (she) needs to get to school,” she said.

The pilot will be finished at the end of the year, but officials want to continue it. Sara Hoyle, the county’s juvenile justice coordinator, is looking for additional grants, and organizers discovered that much of the therapist’s time can be covered by Medicaid.

Ryder said he’d be open to expanding the program if other schools were interested, including high schools, because the ultimate goal is graduation.

Zabawa said the program gives students the resources to accomplish the first step toward that cap-and-gown goal -- getting to and staying in school.

“If they’re not in school, they’re not going to be successful. The first step is getting them there -- and helping them with problems in their lives.”