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DETERMINANTS OF PROGRAM
PARTICIPATION FOR HOMELESS YOUTH

by
Melinda Ann Giovengo

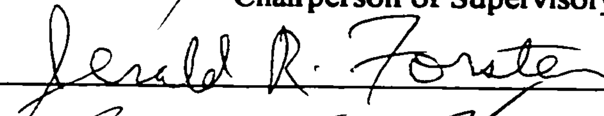
A dissertation submitted in partial fulfillment of the
requirements for the degree of

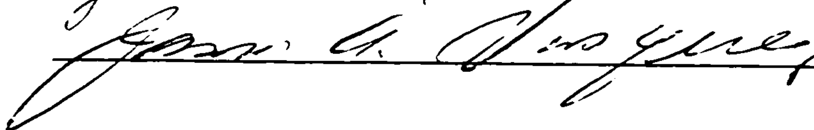
Doctor of Philosophy

University of Washington

1997

Approved by
Chairperson of Supervisory Committee





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Doctoral Dissertation

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Abstract

DETERMINANTS OF PROGRAM PARTICIPATION FOR HOMELESS YOUTH

by Melinda Ann Giovengo

Chairperson of the Supervisory Committee:
Professor Alan Klockars
Department of Education

278 homeless youth were studied to examine the extent to which participation in educational service programs was related to social and emotional, outcomes. Other factors, such as abuse or time out of the home were included to identify predictors of youth's willingness to participate in such programs and the role of two types of case management services played in program participation or type of educational program utilized by runaway and homeless youth. Analysis showed that younger youth with less history of homelessness and more recent connections to family were more willing to participate in school activities.

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DEDICATION

I would like to dedicate this dissertation to my mother and father whose expectations and love fostered a life time commitment to learning. To Helen Schumacher who stands as a mentor for perseverance. To Kathie and Owen for their love, patience and support. And finally to LM and AM for making this possible.

CHAPTER ONE INTRODUCTION

Extensive research exists that identifies the characteristics of street/homeless youth including substance abuse, delinquency, depression, low self-esteem, school failure and a history of physical and sexual abuse (Schram, 1985; Boyer, 1986; Cauce, Morgan, Wagner, Moore, Sy, Wurzbacher, Weeden, Tomlinn and Blanchard, 1994). Programs serving these youth are common in large urban areas. Few studies have examined which characteristics of homeless/street youth predict the youth's involvement in services offered and even fewer have examined the impact of these services. Using data from a 1991 SAMSA/NIMH study, this research will focus on two primary questions. The first question is: Which characteristics of homeless street-involved youth best predict their participation or non-participation in services? And secondly: Do educational/school services mitigate the effects of childhood physical and sexual abuse, reducing depressive symptomatology and delinquency and increasing self-esteem?

Prior research reports that 78 percent of homeless/street-involved youth were physically and/or sexually abused (Boyer, 1986). Boyer (1986) and Durkin and Durkin (1975) suggest that abused homeless/street youth react to the abuse experience by developing a pattern of "learned helplessness." (Seligman and Peterson, 1986). Learned helplessness is defined as a passive victim psychology stemming from the random failure these youth experienced as children with abusive caregivers. Boyer and Durkin further suggest that learned helplessness is expressed by the lack of a sense of competence, low

self-esteem, depression, and delinquent acting out. The theoretical basis for this study stems from the work of Durkin on the "concept of competence". Durkin posits that an educational/ school intervention may interrupt this psychological learned helplessness, restore competence and promote a sense of efficacy as evidenced by a reduction in depressive symptomatology and delinquency and an increase in self-esteem.

STATEMENT OF PROBLEM

Childhood Abuse and its Consequences

According to the National Committee to Prevent Child Abuse, nearly three million reports of child abuse and neglect occurred in the United States in 1993. While over 650,000 cases of adolescent abuse are reported annually (Burgdoff, 1980; Schellenbach and Guerney, 1987), this figure is considered to be particularly conservative as adolescent abuse is often not reported.

Childhood abuse inflicts deep scars and is known to be related to increased risk for poor adolescent development. Browne and Finkelhor (1986) report that sexual abuse alters a youth's cognitive and emotional orientation to the world, creates trauma by disturbing his/her self-concept, and adversely affects the adolescent's normal development. Numerous other studies of adult populations have found that a high percentage of men and women report childhood sexual abuse (Browne and Finkelhor, 1986; Peters and Finkelhor, 1984). Retrospective reports of adults, interviews with teenagers, and findings

on currently reported abuse show that children are usually abused by relatives or family acquaintances. In a majority of cases, such abuse occurs more than once. Abusers use a variety of methods to insure submission and prevent reporting, including threat of force, pressure, deception, bribery, physical coercion, and the exertion of adult authority. Most children never disclose their abuse and those who do often delay their reporting (Conte, 1985).

Empirical studies and clinical observations reveal a wide range of effects of childhood sexual and physical abuse experiences, including a linkage to suicidal ideation and depression (Knittle and Tuana, 1980). A number of researchers (Anderson, 1981; Browne and Finkelhor,1986; Herman, 1981) have demonstrated that sexual abuse results in reactions of guilt, shame and loss of self-esteem. The most commonly reported effects of childhood abuse are fear and anxiety, depression, post traumatic stress syndrome, dissociative and somatic symptoms, drug and/or alcohol abuse, poor school adjustment, runaway and delinquent behaviors.

Learned Helplessness

Kazdin, Moser, Colbus and Bell, (1985) reported that, as compared to non-abused peers, physically and sexually abused children showed significantly greater depression and hopelessness, significantly lower self-esteem and an overall sense of powerlessness in their environment. A major explanation for this pattern of psychological characteristics is based on passive victim psychology or "learned helplessness". (Seligman, 1986). This condition

is characterized by low self-esteem, a sense of alienation, depression, and guilt stemming from a sense of victimization and powerlessness. Although some victims become skilled at achieving instant rewards though manipulation of the environment or delinquent behavior their problem-solving and decision-making skills are often impaired. Behavior problems such as running away, substance abuse and delinquency are considered to be responses to abuse experiences (Pelcolvitz, Kaplan, Samit, Krieger and Cornelius, 1984; Browne and Finkelhor 1986; Wurzbacher, Evans and Moore, 1991; Boyer, 1986; Silbert and Pines, 1981; and Schram, 1985). In addition, Maxwell (1992) demonstrates that the aforementioned problems are often co-morbid in homeless adolescents with high rates of depression, low self-esteem and hostility. Studies have consistently shown that maltreated children are also at increased risk for criminal involvement both as adults and as adolescents (Widom, 1989a; Widom, 1989b; Scudder, Blount, Heide and Silverman, 1993; Kurtz, gaudin, Howing and Wodarski, 1993). Victims of childhood abuse perceive themselves as less socially competent, less able to determine cause and effect and less able to cope than their peers. Victims feel acted upon by circumstances and by others. It is argued that abuse experience produces a sense of powerlessness and helplessness that may follow youth into adulthood to affect their attitudes, adjustment, relationships and ability to achieve goals (Bracey, 1979; Boyer, 1986).

School Experience of Abused Children and Youth

One area of compromised development for victims of childhood maltreatment is school performance and behavior, including disciplinary behavior, school truancy and early school-leaving (Pfouts, Schopler and Henley, 1981; Browne and Finkelhor, 1986; Malinosky-Rummell and Hansen, 1993; Eckenrode, Laird and Doris, 1993; Trupin, Tarico, Low, Jemelka and McClennan, 1993; Perez and Widom, 1994, Kurtz, Gaudin, Howing and Wodarski, 1993; Herrenkohl, Herrenkohl and Egolf, 1994). Erickson, Egeland and Pianata, (1989) suggest that school performance failures are due to insufficient cognitive and behavioral skills necessary to succeed in school. Eckenrode et al. (1993) found that grade level interacted with maltreatment for disciplinary referrals, such that a larger difference between maltreated and control children can be identified during middle school than during elementary school. In their review of the literature, Malinosky-Rummell and Hansen (1993) reported that while surprisingly little research had been conducted on school behavioral difficulties in abused subjects, the available literature indicates a high rate of truancy among abused youth (Pfouts et al., 1981). School problems associated with a history of abuse are magnified in those youth who have left home. Boyer (1986) reported that young adolescents who leave home are very unlikely to complete school in the traditional education system. In Boyer's study, a random sample of 40 runaway youth from the Seattle Area ,93 percent of youth reported leaving traditional education system prior to completion.

School Participation - As intervention

The increased visibility of homeless youth and the rise of youth violence in urban centers has attracted the attention and concern of communities to the homeless population. Increased funding has become available for programs which attempt to help this population re-enter the mainstream of society and promote personal responsibility. It is in this climate that programs designed to return youth to school become particularly relevant. These programs serve a two-fold purpose: first, they mainstream youth and provide the educational skills needed to become socially and economically productive; and second, school programs serve as a treatment intervention designed to address some of the developmental deficits caused by early abuse histories.

Academic competence has been considered the cornerstone on which youth can build the confidence needed to overcome adverse histories and the foundation for progress in other areas of competence (Hobbs,1982). In his 1975 paper, the Promotion of Competence, Durkin develops the theoretical bases of a competency model. The model is based on three dimensions of the phenomenon of human competency, including: intrinsic motivation, extrinsic learning and development. Intrinsic motivation (White,1963) refers to the intrinsic bio-psychological human motivation for competence conceptualized as effective interaction with the environment. Extrinsic learning refers to ongoing interaction between the organism and the environment, suggesting that in order to meet the intrinsic need for competence the organism must be offered appropriate interaction with the

environment. Development in Durkin's framework, refers to the nature, pace and sequencing of normal development along various competency dimensions.

The primary assumption of a competency-based approach to the treatment of abused youth is the recognition that these youth have developed the psychological paralysis of learned helplessness. Unable to experience success and develop competency these youth experience low self- esteem, depression and delinquency. Appropriate intervention would therefore emphasize developmental approaches and the acquisition of skills as well as providing ample opportunities to succeed (Boyer,1986; Durkin, 1975) Abused youth must regain a sense of efficacy and mastery and begin to see that their efforts can have a desired and predictable impact (Boyer,1986).

It is therefore of interest to examine whether or not educational/school participation, by definition a skill building opportunity, positively impacts the self-esteem, depressive symptomatology and delinquent behavior of homeless/street youth.

Previous Research

In 1991, Wurzbacher et al. conducted a study with 114 homeless youths self-assigned to one of three treatment conditions: School Attenders, youths who attended school for a minimum of 30 days; Unable to Attend, youths who wished to attend but owing to circumstances were unable to do so, and School Refusers, youths who refused participation in the school program. Data for the initial Wurzbacher et al. study (1991) was collected at the Orion Center in Seattle, Washington, over 60 days during 1989.

Wurzbacher et al.'s findings indicated that Alternative Street School Participation , defined as the participation in a drop-in school operating within the Orion street youth program, was followed by a significantly reduced incidence of self-reported prostitution behavior and depressive symptomatology, as well as increased self-esteem and school sentiment. Wurzbacher et al. also provided support for a hypothesis posited by Boyer (1986) that youth with a more negative early socialization experience (i.e., earlier and longer-lasting sexual and/or physical abuse history) were significantly more likely to self-assign to the School Refuser condition. Boyer (1986) suggested similar findings in that those youth who are more likely to seek and accept services had certain characteristics in common, namely older age at entrance into street life; less severe early abuse and neglect, and more positive early experiences with their birth families.

Boyer's (1986) and Wurzbacher et al.'s (1991) studies examine a small sample. Wurzbacher et al.'s (1991) study is also limited by its assessment of the shorter-term effects of a school experience on the dependent measures and lacks information regarding durability of changes made by subjects. Boyer's (1986) study is also limited by its qualitative analysis. The current study seeks to replicate and extend the findings by expanding the sample base and examining additional predictor and outcome measures over the course of a year. This goal will be approached with a threefold strategy: first, by replicating earlier research where possible: second, by extending the period of data collection to include periodic data collection points for additional outcome variables; and third, by exploring the influence of Intensive vs. Regular case management as an

intervention. It is hoped that this expanded inquiry will shed additional light on which homeless/street involved youth are most likely to use services, whether case management can influence that decision, and whether or not an educational/school experience can mitigate the negative effects of abuse experiences, as evidenced by reduced depression and delinquency and increased self esteem. Data for the current study was gathered through a primary grant funded by SAMSA/NIMH and collected over 3 years from 1991-1994, also at the Orion Center..

CHAPTER TWO PROCEDURES AND METHODS

SAMPLE

Two hundred and seventy eight (278) homeless or precariously housed adolescents who were clients of the Orion Center in Seattle were recruited to participate in a study of adolescent homelessness between 1991 and 1994. Participation required willingness to participate in one year of data collection from each respondent at three-month intervals after baseline, for a total target of five interviews per subject. Clients had to meet the following criterion for participation: they had to be between the ages of 13- and 20 years, currently homeless, and not a danger to themselves or others at the time of intake. Information on abuse history and length of time on the streets was gathered as well as extensive information regarding the youth's psychological status.

Demographic data reported by the complete sample of 278 youths are summarized below. This sample was:

- 61.2 percent male and 38.8 percent female.
- An average of 16.7 years old for males and 16.5 years old for females;
- 54.7 percent Caucasian, 13.7 percent African American, 19.8 percent Mixed ethnicity, 4 percent Native American, 4 percent Hispanic, 1.1 percent Asian, 1.8 percent Pacific Islander, and 1.1 percent other.

CLINICAL INTERVENTION

Clients were randomly assigned to one of two groups: Intensive Case Management or Traditional Case Management at enrollment into the Orion Program. Intensive Case Management differs from Traditional Case Management in experience and credentials of providers, and size of caseload. Traditional case management had the following characteristics;

- The case manager had a BA or MA educational level and four years of experience;
- Case managers followed up to thirty clients per caseload;
- They had limited supervision and consultation, and
- They had no flexible funds.

In contrast intensive case management had these characteristics:

- The case manager had a MA in social work or a related discipline;
- Case managers carried a maximum of 12 clients per caseload;
- They had more structured and frequent consultation and supervision, and
- They had funding available to use for clients as needed.

INTERVIEW SCHEDULE AND MEASURES

At enrollment, clients participated in the baseline interview. Four additional interviews were scheduled at quarterly intervals. Interviews that could not be conducted

within one month of the scheduled date were skipped. Researchers conducted the baseline interview in which background information was collected and several standardized instruments were administered, including the :

- Reynolds Adolescent Depression Survey (RADS) (Reynolds,1987),
- Rosenberg Self Esteem Scale (Rosenberg,1965),
- Youth Self Report (YSR)(Achenbach, 1991),
- Problem Behavior Scale (Mason et al., 1994),
- Social Support Scale (Mason et. al .,1994),
- Personal Experiences Screen Questionnaire (PESQ) a drug use severity scale, (Winters and Henley, 1987),
- Life Domains Scale (LDS), assesses quality of life in 15 domains, (Baker and Intagliata, 1982) and
- Diagnostic Interview Schedule for Children (DISC), which yields DSM III-R diagnostic categories (Shaffer, Fisher, Schwab-Stone and Wicks, 1989).

Background data consisted of basic demographics, residential and homelessness history, abuse history and school history. In addition a Socialization index was created for each client based on self reported histories of abuse.

Socialization was computed as the sum of age at first physical abuse, age at first sexual abuse and age first out of the home. If no abuse was reported, a value of 20 was

assigned as the age that would be included in the computation. Similarly, if the youth reported never having left/ or been removed from the home, a value of 20 was assigned as the relevant age. The range for this variable then became 0-60[1], with lower scores indicating earlier negative socialization and higher scores indicating the relative absence of this early negative socialization (Wurzbacher et al., 1991).

After being randomly assigned to intensive case management or traditional case management, clients self-assigned to level of participation with their assigned case manager. Respondents also self assigned to conditions of School Participation[2] and Type of Educational Program. There were three levels of School Participation:

- **Attenders:** those clients who attended some school program during the thirty days prior to the intake;
- **Unable to Attend:** those youth who had other commitments such as employment which barred their participation in a school program; and
- **Refusers:** those youth who had not attended school during the prior thirty days and were not involved in other programming which precluded participation in school. These were also the self-report school dropouts.

---

[1] A score of 0 was assigned if the child was under 1 or removed by Child Protective services at birth for abuse and neglect or suspected prenatal substance abuse by parents.

[2]Using definitions previously identified by Wurzbacher et al.(1991)

There were four levels of Type of Educational Program:

- **GED/Alternative school:** such as the drop-in school located at the Orion Center which focuses on basic skills and life skills,
- **Vocational/ Technical**: training program focused on technical or trade skills
- **Conventional** traditional public school programs.

ANALYSIS

Additional moderator/organismic variables will be used as predictors including gender, age, ethnicity and onset of abuse. Two different types of analyses will be conducted. To examine changes over the year of data collection, repeated measures analysis of variance will be used. . To predict school participation, Discriminant Function Analysis (DFA) will be used. For the DFA analyses, the conservative approach of using equal prior probabilities will be employed to prevent capitalization on unequal distributions.

It is important to note that as the number of analyses increases, so does the experiment-wide probability of Type I error. With the large number of analyses proposed, a Bonferroni adjustment would result in a prohibitively stringent criterion alpha, inflating the probability of Type II errors beyond acceptability. Therefore, each hypothesis will be tested with the criterion alpha set at .05 . Exploratory data analyses conducted in response to trends in the data will be avoided.

CHAPTER THREE HYPOTHESES

Two sets of hypotheses were tested . The first identifies background variables which can discriminate clients in terms of school program participation. The second set of hypotheses tests the effect of school group participation on self-esteem, depression, and delinquency. Two types of independent variables will be used to predict school participation. Figure 1 depicts the first set of hypotheses. The first type of variable (collected under box A) are youth background variables, including:

- **Demographics**: age, sex and ethnicity;
- **Negative socialization history**: physical abuse, sexual abuse, age first out if the family home;
- **Residential history**: lifetime number of living places, number of exits from the home in the prior year, lifetime months out of the home, months in the prior year with the family and months homeless in the prior year;
- **Family history:** parent substance abuse and legal involvement, years living with mom, years living with dad;
- **School background:** special education service, self-reported GPA.

Baseline values on standardized instruments, including the overall scale for the:

- **YSR:** and selected subscales measuring delinquent behavior, and overall externalizing and internalizing behavior;
- **RADS:** measuring depressive symptomatology;

- **Rosenberg:** self esteem inventory;
- **PBS:** measuring delinquent behavior;
- **CES:** family, peer, authority and overall caring and emotional support
- **UPS:** family, peer, authority and overall upsetting influences.

The second type of variable (in Box B) is the experimental variable in the study:

Type of case management: Traditional or Intensive. This variable will be used separately to predict school participation and type of school program.

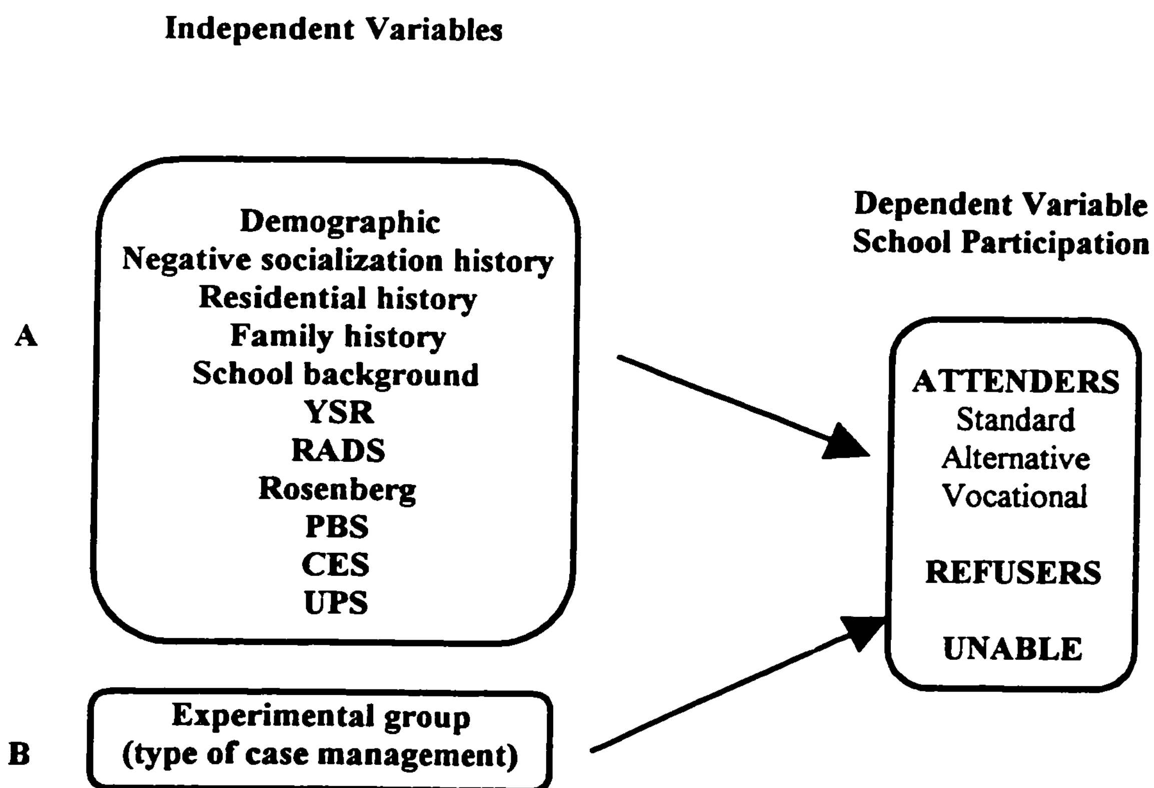

FIGURE 1. SCHEMATIC OF DISCRIMINANT FUNCTION ANALYSIS

Figure 2 depicts the second set of hypotheses. For these analyses, school participation will be the *independent variable* and will be used to predict outcomes in terms of the study's dependent variables: self esteem, depressive symptomatology and delinquency both at three months and at nine or 12 months.

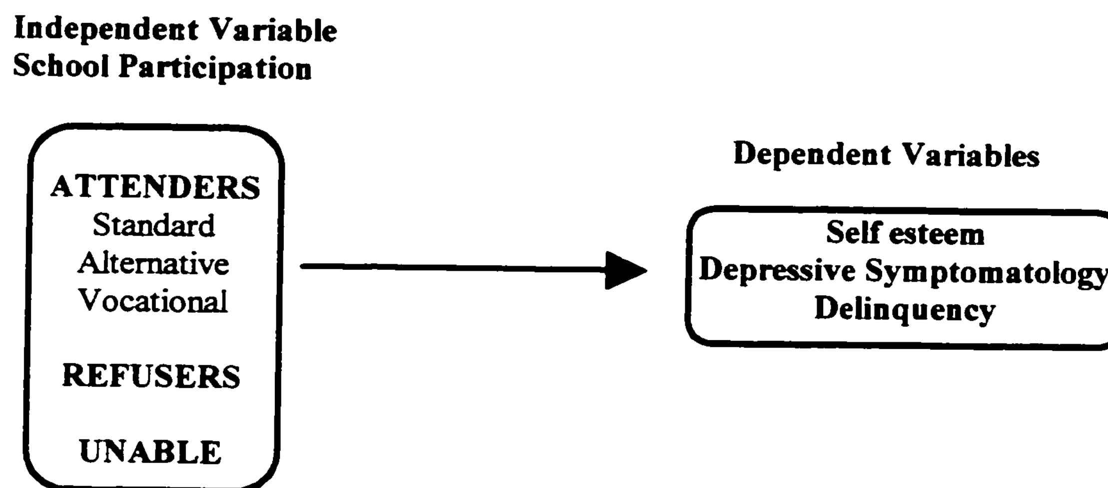

FIGURE 2. SCHEMATIC OF OUTCOME ANALYSIS.

The five specific hypotheses tested in this study are:

HYPOTHESIS 1: School Attenders, Unable to Attend and School Refusers will be distinguishable on the basis of prior variables, collected at intake including: sex, age at intake, reported physical abuse history, reported sexual abuse history, "socialization," age first out of the family home, lifetime months out of the home, number of times out of the family home, months in the prior year with the family, months of the prior year

homeless, number of places lived, parental substance abuse, parental legal involvement, self reported history of special education, self reported GPA, and baseline levels of all of the following: delinquent behavior, externalizing behavior, internalizing behavior, total YSR, problem behavior, self esteem, depressive symptomatology, and two measures of engagement: caring and emotional support and upsetting influences.

HYPOTHESIS 2: Changes in self esteem, depressive symptomatology and delinquency will be significantly different for School Attenders, Unable to Attend and School Refusers three months after group assignment..

HYPOTHESIS 3: Both School Participation and Type of School Program will be affected by type of case management received (intensive, regular).

HYPOTHESIS 4: Groups defined by crossing School Participation or type of Program with Case Management will be different on baseline variables.

HYPOTHESIS 5: Changes in self esteem, depressive symptomatology and delinquency one year after beginning (or not beginning) a school program will be different between the three School participation groups, Attenders, Unable to Attend and School Refusers.

Results of these analyses will be useful both theoretically and clinically as they may help elucidate the mechanisms of exiting street life and more successful maturation, possibly in the absence of a traditional caregiver. Clinically, these results can be used at

triage to pre-assign clients to a particular intervention track based on background variables in such a way as to optimize utilization of resources in pursuit of positive youth outcomes.

CHAPTER FOUR RESULTS

DEMOGRAPHIC AND BASELINE DESCRIPTION OF THE SAMPLE

Overall demographics describing the sample population used in the DFA are presented in Tables one and two. Table 1 displays the number and percentage of youths in each demographic category. This table shows that this sub-sample is comparable to the overall sample in that approximately 60 percent of the sample is male, and about 55 percent is Caucasian, 13 percent African American, 19 percent Mixed Race, six percent Native American and less than five percent Asian, Pacific Islander, Hispanic or other ethnicity. The average age of the participants in this sample is 16.4 years.

Table 1 Demographics of Sample population

	(N)	Percentage
Ethnicity		
African American	25	12.7
Asian	2	1.0
Hispanic	8	4.1
Native American	11	5.6
Pacific Islander	4	2.0
White	109	55.3
Mixed Race	37	18.8
Other	1	.5
Gender		
Female	79	40.9
Male	118	59.1

Table 1 (continued)

	(N)	Percentage
History of Physical Abuse		
Yes	113	57.4
None reported	84	42.6
History of Sexual Abuse		
Yes	76	38.6
None reported	121	61.4
Parental Substance Abuse		
Yes	109	55.3
None reported	88	44.7
Parental Legal Problems		
Yes	86	43.7
None reported	111	56.3
History of Special Education		
Yes	92	46.7
None reported	105	53.3
Reported GPA		
A's and B's	70	35.5
C's (average)	86	43.7
D's and F's (failing)	41	20.8

Nearly 60 percent of these youths reported that they had been physically abused and nearly 40 percent reported having been sexually abused. The mean early socialization score of 41.4 is consistent with these abuse rates. This item is constructed from three variables: age of first physical abuse; age of first sexual abuse and age first out of the family home. The most favorable possible score would be 60, indicating that none of these event had occurred. However, the sample average is 41, indicating a significant level of early

negative socialization among the youths in this sample. Fifty-five percent indicated that one or both parents face substance abuse issues, and 44 percent have parents facing legal issues. Almost half of these youths indicated that they had been in Special Ed in school and one-fifth reported receiving D's and F's in school.

Table 2 summarizes the means and standard deviations for the residential variables and the baseline scores for the social and psychological scales. Table 1 shows that these youths have moved around a lot. On average, the youths in this sample have lived in 10.7 places. They have been out of the family home an average of 6.6 times for an average of 28 months overall. They were about 13 years old when they were first out of the family home and have spent about as much time homeless in the past year as they have spent in the family home (about four months each).

Table 2 Means and Standard Deviations of Residential Variables and Baseline Social and Psychological Scales

	Mean	Standard Deviation
Age	16.4	1.7
Early Socialization	41.4	12.3
Residential Items		
Number living places	10.7	7.4
Age first out of home	12.7	4.4
Months out of family home	27.9	32.7
Number of times out of family home	6.6	4.0
Months with Family in Prior Year	4.4	4.3
Months Homeless in prior Year	4.3	3.8
YSR		
Delinquent Behavior (YSR)	8.1	3.7
Externalizing (YSR)	20.9	9.0
Internalizing (YSR)	18.8	10.5
Total YSR	64.8	26.2
Problem Behavior Scale	2.2	1.0
Sel Esteem (Rosenberg)	1.9	1.8
Depression (RADS)	66	16.5

The YSR subscales can be converted to t scores which can be categorized as being in the clinical level, borderline clinical or below borderline. These classifications are made according to the individual's sex and age. According to this scoring regime, 20 percent of

the participants scored in the borderline clinical range on the overall YSR instrument, as well as on the Externalizing subscale and another 42 percent scored in the clinical range of both the overall instrument and the Externalizing subscale. Thirty-two percent of these youths scored in the borderline clinical range for the Delinquency subscale, and 24 percent scored in the clinical range. Scores were less dramatic for the Internalizing subscale, where 12 percent scored in the borderline clinical range and 32 percent scored in the clinical range.

Scores of 77 and above on the RADS are considered clinically significant for depressive symptomatology, indicating the need for further assessment. Fifty-five (28 percent) of the youths scored in this range.

The mean and standard deviation by School Participation group for each of the items contributing to the Socialization scale, as well as the mean and standard deviation for the resulting scale are presented in Table 3. These figures are based on those youths for whom sufficient data were available to be included in the hypothesis testing.

Table 3. Mean and standard deviation for Socialization and components by school group.

Independent variable	Attenders n= 110	Unable n= 42	Refusers n= 45	Total N=197
Age first left home	12.5 (4.3)	12.4 (5.4)	13.3 (3.3)	12.7 (4.4)
Age first physical abuse (abused only)	7.0 (4.4) n=62	6.4 (4.2) n=22	9.1 (4.1) n=27	7.4 (4.4) n=111
Age first sexual abuse (abused only)	8.5 (4.5) n=41	9.8 (5.9) n=12	8.6 (4.5) n=17	8.7 (4.7) n=70
Early Socialization	40.8 (13)	41.8 (12.7)	42.5 (10.2)	41.4 (12.3)

RESULTS OF HYPOTHESIS TESTING

Hypothesis 1: School Attenders, Unable to Attend and School Refusers will be distinguishable on the basis of prior variables.

Stepwise Discriminant Function Analysis (DFA) was used to classify the youths into one of the three School Participation groups on the basis of information available at the baseline intake interview. The predictor variables were: sex, age at intake, reported physical abuse history, reported sexual abuse history, socialization, parental substance abuse, parental legal involvement, number of places lived, age first out of the family home, lifetime months out of the home, number of times out of the family home, months in the prior year with the family, months of the prior year homeless, self reported history of special education, self reported GPA and baseline levels of each of the following;

delinquent behavior, externalizing behavior, internalizing behavior, total YSR, problem behavior, self esteem, depressive symptomatology.

Because the School Participation groups were not of equal size, classification into group could be improved simply by increasing likelihood of classification into the largest group. To avoid this, equal prior probabilities for the DFA were specified. The variables used enabled 197 cases (Attenders: n=110; Unable: n=42 and Refused: n=45) to be included in the analysis; 81 were excluded because of at least one missing discriminating variable. Table 4 presents the mean and standard deviation by group for each of the independent variables.

Table 4. Mean and standard deviation (or percentage positive) of independent variables included in the DFA by school group.

Independent Variable	Attenders n=110	Unable n= 42	Refusers n= 45	Total N=197
Age	15.9 (1.7)	17.2 (1.4)	16.9 (1.6)	16.4 (1.7)
Sex (percent female)	42%	29%	47%	40%
Physical abuse	57%	55%	60%	57%
Sexual abuse	40%	36%	38%	39%
Socialization	40.8 (13.0)	41.8 (12.7)	44.1 (10.2)	42.5 (12.3)
Parent substance abuse	54%	62%	53%	55%
Parent legal involvement	50%	31%	40%	44%
Number of living places	10.1 (6.6)	12.4 (7.4)	10.7 (8.9)	10.7 (7.4)
Months out of the home	23.8 (31.0)	35.2 (40.5)	31.1 (27.5)	27.9 (32.7)

Table 4 (Continued)

Independent Variable	Attenders n=110	Unable n= 42	Refusers n= 45	Total N=197
Number of exits from home	6.1 (4.0)	7.7 (4.4)	6.6 (3.7)	6.6 (4.0)
Months in home in prior yr.	5.2 (4.5)	3.1 (3.6)	3.4 (4.0)	4.4 (4.3)
Months homeless in prior yr.	3.2 (3.1)	5.2 (4.0)	6.0 (4.2)	4.3 (3.8)
Special education service	43%	43%	60%	47%
Self reported GPA: 1 A's & B's; 2 C's; 3 D's & F's	1.8 (0.7)	1.7 (0.7)	2.0 (0.8)	1.9 (0.7)
Delinquent behavior	8.2 (4.0)	7.9 (3.6)	8.1 (3.7)	8.1 (3.9)
Externalizing behavior	21.3 (9.0)	20.4 (8.7)	20.4 (9.5)	20.9 (9.0)
Internalizing behavior	17.3 (9.2)	20.0 (12.3)	21.2 (11.2)	18.8 (10.5)
Total YSR	62.7 (24.1)	65.6 (27.9)	69.0 (29.4)	64.8 (26.2)
Problem behavior	2.3 (1.1)	2.0 (0.8)	2.3 (1.0)	2.2 (1.0)
Self Esteem	1.8 (1.6)	2.0 (1.8)	2.2 (1.9)	1.9 (1.8)
Depressive Symptomatology	65.4 (15.9)	65.7 (18.9)	67.9 (15.9)	66.0 (16.5)

Univariate analysis of these variables revealed that the groups differed significantly on:

- **Age:** Attenders were significantly younger than the youths in the other two School Participation groups ($F(2,194)=12.2$; $p<.0001$);
- **Months with family in prior year:** Attenders spent significantly more months in the family home in the prior year than did the youths in the other two groups ($F(2,194)=5.4$; $p<.01$); and

- **Months homeless in prior year:** Correspondingly, Attenders spent significantly fewer months homeless in the prior year compared with the other two groups ($F(2,194)=11.6$; $p<.0001$).

Discriminant Function Analysis selected age at intake as the variable most capable of distinguishing groups ($F(2,194)=12.2$; $p<.0001$). Months homeless in prior year was also important in distinguishing groups ($F(4,192)=10.1$; $p<.0001$). No additional variables entered the equation. The first of the two functions accounted for 95 percent of the between-group variance leaving 5 percent for the second function. A chi-square assessment of the first function ($X^2(4)=38.5$; $p<.0001$) revealed that the group centroids on this function are significantly different; however, the chi-square of the second function ($X^2(1)=2.1$; $p>.10$) indicated that the group centroids on this function are not significantly different. The first function is positively correlated with Age (.77), and Months out of the home in the prior year (.74), and negatively correlated with Months in the home in the prior year (-.50). Thus, the extreme positive end of this function would describe an older youth who has spent more of the past year homeless and less of the past year with family. The extreme negative end of this function would describe a younger youth who has spent more of the past year with family and less of the past year homeless. The group centroid for the Attenders on this function was -.40, suggesting the latter profile (younger and more months with the family); and for both those Unable to Attend and the Refusers, it was .51, suggesting the former profile for both groups (older and fewer months with the

family). The second function was unable to discriminate significantly between those Unable to Attend and the Refusers.

The resulting equation correctly classified 57.1 percent of the youths into attendance groups. With three groups, 33.3 percent would be expected to be correctly classified by chance alone. Correct classification was higher in the Attenders group (65.6 percent correct classification) than in the other two groups with 37.7 percent and 50.9 percent for Unable and Refused, respectively. The youths in the Unable group were as likely to be classified as a Refuser (37.7 percent) as an Unable (37.7 percent).

Since the Refusers and Unable to Attend groups were not distinguishable, they were combined into a single non attender group for a second DFA using the same independent variables included above.

The groups differed significantly on six of these independent variables in univariate analyses:

- **Age:** Attenders were significantly younger than non Attenders (15.9 vs. 17.1: $F(1,195)=23.5$; $p<.0001$),
- **Parental legal involvement:** Significantly more of the Attenders reported that one or both parents were legally involved (50 percent vs. 36 percent: $F(1,195)=4.1$; $p<.05$),
- **Months out of the home (lifetime):** Non Attenders had spent more months out of the family home than non Attenders (33.1 vs. 23.8: $F(1,195)=4.0$; $p<.05$),

- **Internalizing behavior:** Non Attenders reported a significantly higher rate of internalizing behavior than did Attenders (20.6 vs. 17.3: $F(1,195)=4.9$; $p<.05$),
- **Months with family in prior year:** Attenders spent more months with their family in the prior year than did non Attenders (5.2 vs. 3.3: $F(1,195)=10.6$; $p<.01$); and
- **Months homeless in prior year:** Non Attenders spent more months homeless in the prior year than did Attenders (5.6 vs. 3.2: $F(1,195)=22.2$; $p<.0001$).

In the DFA, again using equal prior probabilities, **age at intake** was selected as the variable most capable of distinguishing groups ($F(1,195)=23.5$; $p<.0001$) Other included variables were:

- **Months homeless in prior year** ($F(2,194)=20.1$; $p<.0001$) and
- **Internalizing behavior** ($F(3,193)=15.7$; $p<.0001$).

No additional variables entered the equation. The resulting function significantly separated the groups ($X^2(3)=42.2$; $p<.0001$) and was positively correlated with Age (.70), Months out of the home in the prior year (.68) and Internalizing behavior (.32), and negatively correlated with Months in the home in the prior year (-.46). Thus, the extreme positive end of this function[3] would describe an older, somewhat more internalizing (withdrawn, anxious/depressed, and/or somaticizing) youth, who has spent more of the past year homeless and less of the past year with family. The extreme negative end of this

[3] in the sense of low values of the variables

function would describe a younger, less internalizing youth who has spent more of the past year with family and less of it homeless. The group centroid for the Attenders on this function was -.44, suggesting a latter profile, and for the Non Attenders it was .55, suggesting the former.

The resulting equation correctly classified 70.5 percent of the youths into attendance groups, with about 70 percent correctly classified in each group. With two groups, 50 percent would be expected to be correctly classified by chance alone.

Hypothesis 2: Changes in self esteem, depressive symptomatology and delinquency <u>three months</u> after intake into the study will be significantly different for School Attenders, Unable to Attend and School Refusers.

One hundred forty-three youths (51.4 %) were able to participate in the three month interview. Table 5 summarizes the means and standard deviations for each of these three outcome variables by group. Summarizing the results, while improvements were observed on all three dependent variables, the pattern of change was the same for all groups over time.

Table 5 Mean and standard deviation for dependent variables at baseline and after three months by school groups.

Dependent Variable	Baseline	Three months
Depressive Symptomatology (RADS)		
Attenders (n= 92)	67.3 (15.3)	61.8 (13.9)
Unable to Attend (n=26)	64.9 (17.9)	63.7 (14.8)
Refusers (n=30)	69.1 (16.5)	65.9 (16.3)
Delinquent Behavior (YSR)		
Attenders (n=88)	7.9 (3.9)	6.8 (3.5)
Unable to Attend (n=27)	7.9 (3.7)	6.4 (3.5)
Refusers (n=30)	7.4 (3.4)	6.8 (3.0)
Self Esteem* (Rosenberg)		
Attenders (n=86)	1.9 (1.5)	1.4 (1.5)
Unable to Attend (n=26)	2.0 (2.0)	1.8 (2.1)
Refusers (n=30	2.2 (1.9)	1.9 (1.7)

*High scores indicate lower self esteem.

Analysis of variance with repeated measures was used to assess differential changes over time in the three dependent variables (self esteem, depressive symptomatology and delinquency) among the participants in the three different groups (School Attenders, Unable to Attend, School Refusers).

Because not all the youths were available for a three month follow-up interview, and not all of those who were available were able to complete all of the instruments, the number of youths included in each of these analyses will vary slightly. One hundred and forty-eight (148) were included in the analysis of changes in depressive symptomatology

(Attenders: n=92; Unable: n=26; Refusers: n=30). An overall reduction in depressive symptomatology was observed over the first three months of participation in the study (from 67.2 to 63.0: $F(1,145)=6.7$; $p<.05$) but the non significant interaction between time and group ($F(2,145)=1.2$; $p>.1$) indicated that the pattern change was not different for the three groups.

One hundred and forty-five (145) cases were included in the analysis of changes in delinquent behavior (Attenders: n=88; Unable: n=27; Refusers: n=30). An overall reduction in delinquent behavior was observed over the first three months of participation in the study (from 7.8 to 6.7: $F(1,142)=10.6$; $p<.01$) but the non significant interaction between time and group ($F(2,142)=0.4$; $p>.1$) indicated that the groups showed comparable patterns of change.

One hundred and forty-two (142) cases were included in the analysis of changes in self esteem (Attenders: n=86; Unable: n=26; Refusers: n=30). An overall reduction in self esteem problems was observed over the first three months of participation in the study (from 2.0 to 1.6: $F(1,139)=7.8$; $p<.01$) but the non significant interaction between time and group ($F(2,139)=0.7$; $p>.1$) indicated that the groups showed comparable patterns of change.

Hypothesis 3: Both School Participation and Type of School Program will be affected by type of case management received (intensive or regular).

Youths were classified according to any change in school status between intake and nine to 12 months later. Year end or third quarter data were available for 160 of the 278 cases. Remaining in school (39 percent) , leaving school (18 percent), returning to school (14 percent) and remaining out of school (30 percent) were noted.

A two-way frequency distribution was computed with chi-square analysis to determine whether a change in status was independent of type of case management received. No differences in the pattern of change in school status by type of case management were detected ($X^2(3)=0.8$; $p>.1$).

Youths were further classified according to the type of school program, if any, they were enrolled in at intake and whether they changed into a different program during the period of the study. Looking over the entire year of the study using available data (which included 143 youths), 83 (58 percent) never reported attending a standard public school during the study, 36 (25.2 percent) enrolled in a standard public school after intake and 24 (16.8 percent) were enrolled in a standard public school at intake and remained enrolled for at least one additional interview. No differences were in pattern were detected between Intensive and regular case management groups($X^2(2)=1.4$; $p>.1$).

Forty-four (30.8 percent) did not report attending a GED/Alternative program during the study, 56 (39.2 percent) enrolled in a GED/Alternative program after intake and 43 (30.1 percent) were enrolled at intake and remained enrolled. No differences in pattern were detected between Intensive and Regular case management groups ($X^2(2)=1.4$; $p>.1$).

Neither type of school program nor school participation was affected by type of case management received.

In a further analysis youths were categorized according to whether they were attending school at the time of intake, regardless of the type of school program. In another variable, they were categorized according to whether they had attended any type of school during the year of observation. Of the youths providing any follow-up data, 60 percent reported attending some type of school at intake (Regular case manager services: 62.4 percent attending at intake; Intensive case management services: 57.8 percent attending at intake) and 68 percent reported attending some type of school during the year of observation (Regular services: 62.4 percent attending during the year; Intensive services: 73.4 percent attending during the year). Analysis of variance with repeated measures was used to compare the attendance pattern of the youths in the Regular group with that of the youths in the Intensive group, over time. The group by time interaction revealed that the change in attendance in the Intensive group (26 percent increase) was

significantly higher than the change in the Regular group (no change) ($F(1,208)=4.1$; $p<.05$).

Figure 3 shows that the percentage of school participation remained at 62 percent among the youths receiving traditional case management services, while it increased from 58 percent to 73 percent among the youths in the intensive case management group.

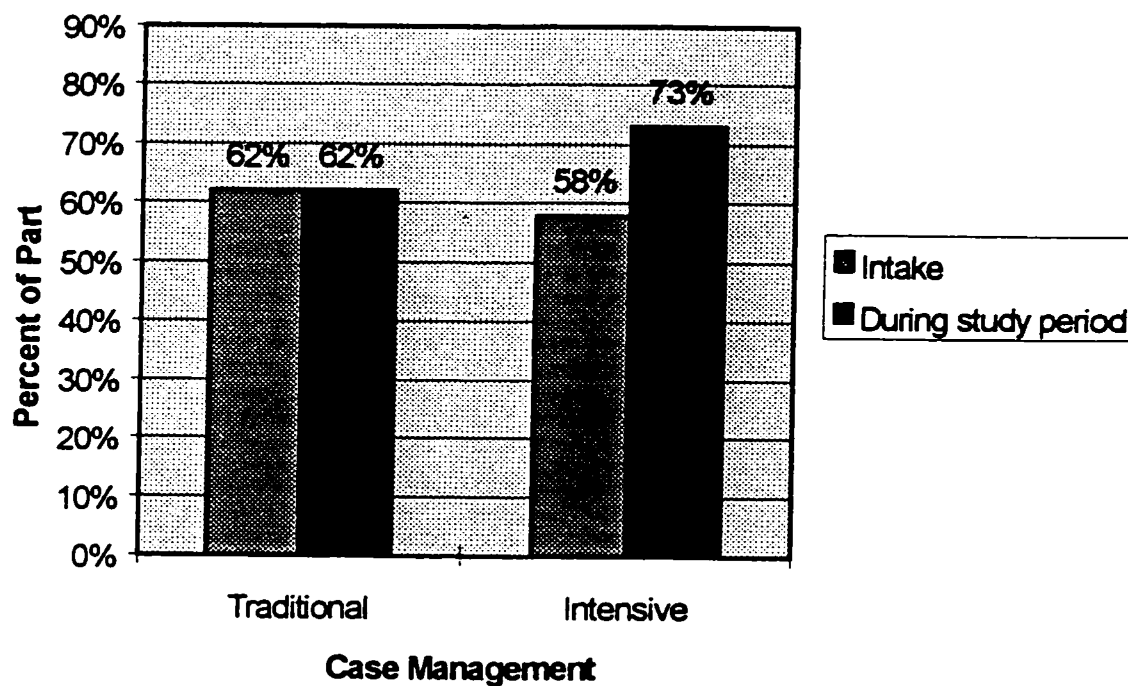

FIGURE 3. CHANGE IN SCHOOL PARTICIPATION BY TYPE OF CASE MANAGEMENT

Additional demographic variables (sex and ethnicity) were used to try to understand predictors of attendance among the study participants.

Fifty-nine percent of the females were attending school at intake, as were 61 percent of the males. During the period of the study, however, 77 percent of the females attended school at least briefly, compared with 62 percent of the males. This sex by time interaction shows that the pattern of change in attendance was significantly different for males and females ($F(1,208)=4.1$: $p<.05$).

Ethnicity was analyzed by creating two dichotomous ethnicity variables. One represented Caucasian self-identification (Yes/ No) and the other represented African American self-identification (Yes/ No). Fifty-two percent of the Caucasian youths were attending school at intake, compared with 69 percent of the non-Caucasians. During the study period, these figures increased to 66 percent of the Caucasian youths and 71 percent of the non-Caucasians. While overall attendance was greater among non-Caucasians ($F(1,208)=4.0$; $p<.05$), and overall attendance increased between intake as over the year of the study ($F(1,208)=4.0$; $p<.05$), the pattern of change in attendance of the Caucasian youths and the non-Caucasians was not different ($F(1,208)=2.2$; $p>.10$).

Similar results were obtained for the African American analysis. Seventy-seven percent of the African American youths were attending school at intake, compared with 57 percent of the non-African Americans. During the study period, these figures increased to 80 percent of the African American youths and 66 percent of the non-African

Americans. Overall, attendance was greater among the African American youths ($F(1,208)=4.8$; $p<.05$). Neither the overall increase in attendance was significant ($F(1,208)=1.2$; $p>.1$) nor the interaction ($F(1,208)=0.3$; $p>.1$).

Hypothesis 4: Groups defined by crossing School Participation or Type of School Program with Case Management group will differ on baseline variables.

Multiple two-way ANOVAs were conducted examining the relationships between School Participation or Type of School Program and Case Management with

- **Historical variables:** Age at intake, Years living with dad, Years living with mom; Reported history of physical abuse, Reported history of sexual abuse, Early socialization, Ethnicity;
- **Family experiences**: Parental substance abuse, Parental legal involvement;
- **Residential stability**: Age first out of the home, Number of living places - lifetime, Months out of the home, Months in family home in past year, Months homeless in past year, Number of times out of the family home;
- **Youth emotional and behavioral variables**: Delinquency at baseline (YSR), Overall Externalizing at baseline (YSR), Overall Internalizing at baseline (YSR), Total Problem Scale Score (YSR), Problem Behavior Scale, Self esteem, Depressive symptomatology; Baseline PESQ (problem severity for drug use), Perceived quality of life;

- **Youth interpersonal variables**: Family, Peer, Authority and Total caring and emotional support (CES), Family, Peer, Authority and Total upsetting influences (UPS); and
- **School history variables**: Special education, GPA.

Table 6 summarizes the relationships between School Participation (Attenders, Unable to Attend, and Refusers) and Case Management Group (Regular and Intensive) and selected baseline measures. Consistent with the previous findings, Table 6 shows that the Attenders are significantly younger than both the non Attending groups and that Refusers are more likely to be Caucasian (71%) than are Attenders (48%). Those Unable to Attend lived with their dads for longer (Mean=8.4 years; SD=6.3) than did Attenders (Mean=5.7 years; SD=5.5). Refusers did not differ significantly from either groups in years living with Dad.

Table 6. ANOVA Results for School Participation by Case Management on Selected Baseline Measures.

Dependent variable	School Participation	Case Mgmt	Interaction
Historical Variables			
Age at intake	$F=12.0$; $p<.001$	ns	ns
Years living with dad	$F=3.5$; $p<.05$	ns	ns
Years living with mom	ns	ns	ns
Physical abuse	ns	ns	ns
Sexual abuse	ns	ns	ns
Early socialization	ns	ns	ns
African American	ns	ns	ns
Caucasian	$F=3.5$; $p<.05$	ns	ns
Family Experiences			
Parental substance abuse	ns	$F=4.6$; $p<.05$	ns
Parental legal involvement	ns	ns	ns
Residential Stability			
Age first out of the home	ns	ns	ns
Number of living places	ns	ns	ns
Months out of the home	ns	ns	ns
Months in family home in past year			
Months homeless in past year	$F=5.4$; $p<.01$	ns	ns
Number of times out of the family home	$F=11.2$; $p<.001$	ns	ns
	ns	ns	ns

Table 6. (continued)

Dependent variable	School Participation	Case Mgmt	Interaction
Youth Emotional and Behavioral			
Delinquency at baseline	ns	ns	ns
Externalizing at baseline	ns	ns	ns
Internalizing at baseline	ns	ns	ns
Total Problem Scale Score	ns	ns	ns
Problem Behavior Scale,	ns	ns	ns
Self esteem	ns	ns	ns
Depressive symptomatology	ns	ns	ns
Baseline PESQ	ns	ns	ns
Perceived quality of life	F=4.6; p<.05	ns	ns
Youth Interpersonal Variables			
Family CES	F=3.5; p<.05	ns	F=3.1; p<.05
Peer CES	F=5.8; p<.01	ns	ns
Authority CES	F=14.3; p<.001	ns	ns
Total CES	F=12.8; p<.001	ns	ns
Family UPS	F=8.5; p<.001	ns	F=3.2; p<.05
Peer UPS	F=3.3; p<.05	ns	ns
Authority UPS	F=9.7; p<.001	ns	ns
Total UPS	F=11.0; p<.001	ns	ns
School History Variables			
Special education	ns	ns	ns
GPA	ns	ns	ns

Table 6 reports that parental substance abuse is significantly different between the two case management groups. Sixty-four percent of the youths in the Intensive Case

Management group reported parental substance abuse, compared with 46 percent of the youths receiving Traditional Case Management. That was the only baseline difference detected between Case Management groups, as would be expected due to the random assignment to Case Management group.

Several differences were observed between the School Participation groups both in some of the Residential History items as reported above, and in interpersonal relationships. As reported above, Attenders spent more months in the prior year with their families than did either of the non Attending groups, and they spent less time homeless. Overall, Attenders reported greater satisfaction with specific Life Domains than did the Refusers. Those Unable to Attend did not differ significantly from either of the other School Participation groups on this variable.

Significant School Participation by Case Management Group interactions were detected for both Family Caring and Emotional Support and Family Upsetting Influences. These interactions are depicted in Figures 4 and 5.

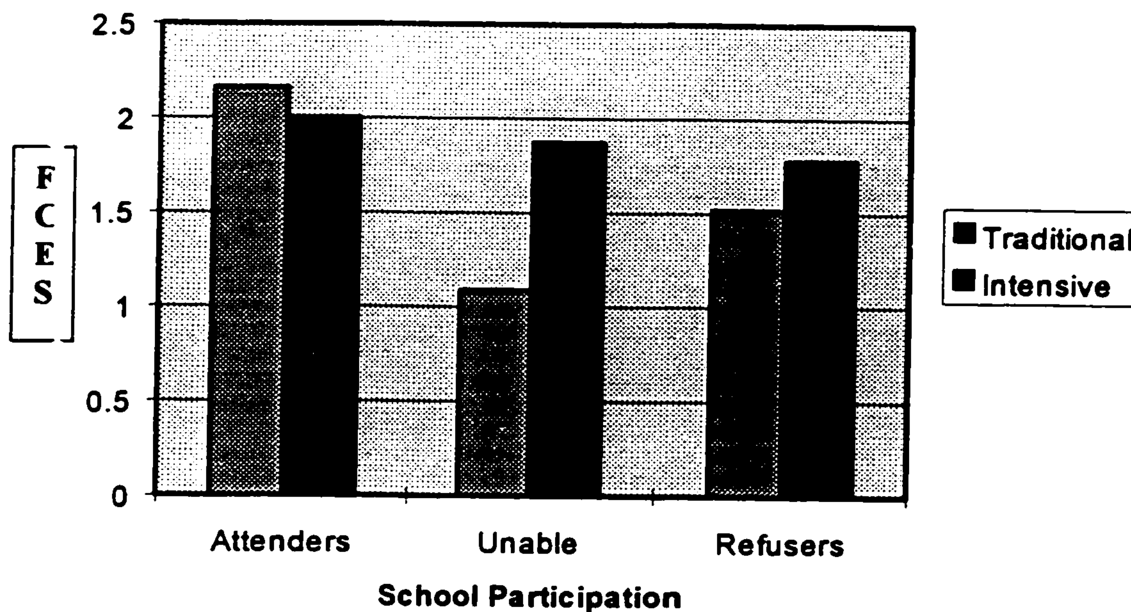

FIGURE 4. FAMILY CARING AND EMOTIONAL SUPPORT BY SCHOOL PARTICIPATION AND CASE MANAGEMENT GROUP

This figure shows that for the Attenders, there was no difference in Family Caring and Emotional Support between those in the Intensive and Traditional Case Management groups. For the combined non Attenders, the youths receiving Traditional case management tended to report lower levels of Family Caring and Emotional Support than did those receiving Intensive case management (simple effects: $F(1,194)=4.0$; $p<.05$).

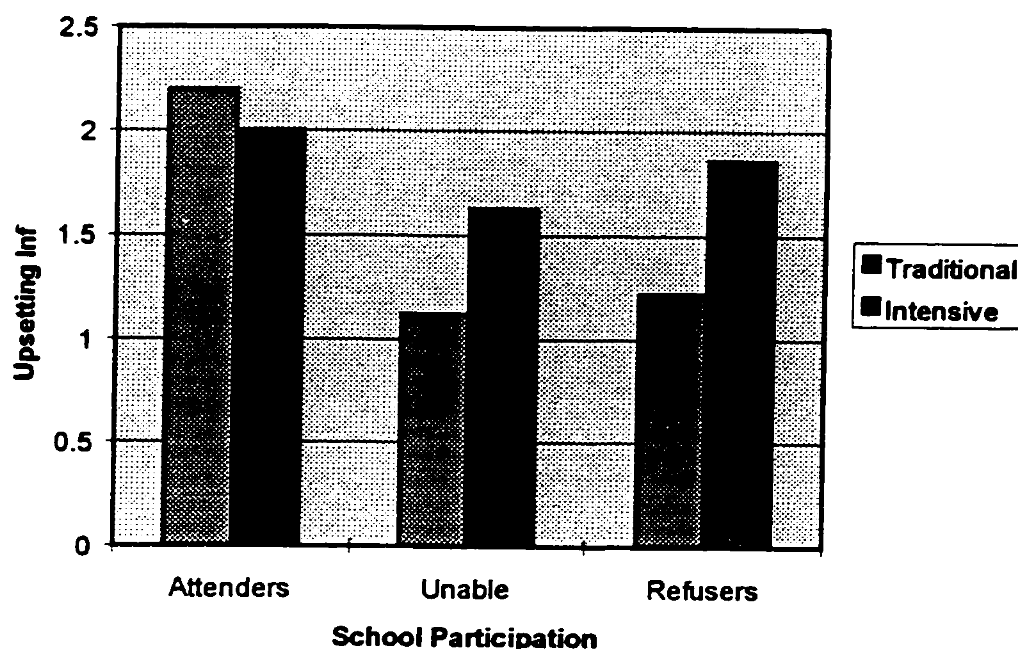

FIGURE 5. FAMILY UPSETTING INFLUENCES BY SCHOOL PARTICIPATION AND CASE MANAGEMENT GROUP

This pattern is quite similar to that displayed in Figure 4 above. Among the Attenders, no strong difference emerged between those in Traditional vs. Intensive case management in reported Family Upsetting Influences. However, among the non Attenders, those in the Intensive case management group are significantly more likely to report Family Upsetting Influences (simple effects: $F(1,194)=6.2$; $p<.05$).

Overall, participants receiving Intensive Case Management reported comparable levels of Family CES and Family Upsetting Influences, regardless of School Participation Group. Among the participants receiving Traditional Case Management, however, only

the Attenders reported levels of Family CES and Upsetting Influences comparable to the youths receiving Intensive Case Management. The non Attending youths receiving Tradition Case Management reported lower levels of both Family CES and Upsetting Influences in than their counterparts receiving Intensive Case Management.

Table 7 summarizes the effects of Type of School Program (Standard Public School, GED/Alternative School or Vocational School) for those attending and Case Management Group (Regular and Intensive) on the same baseline measures.

Table 7. ANOVA results table for School Program by Case Management on selected baseline measures.

Dependent variable	School Prog	Case Mgmt	Interaction
Historical Variables			
Age at intake	ns	ns	ns
Years living with dad	4.2; p<.05	ns	ns
Years living with mom	ns	ns	ns
Physical abuse	ns	ns	ns
Sexual abuse	ns	ns	ns
Early socialization	ns	4.7; p<.05	ns
African American	ns	ns	ns
Caucasian	ns	ns	ns
Family Experiences			
Parental substance abuse	ns	ns	ns
Parental legal involvement	ns	ns	ns

Table 7. (continued)

Dependent variable	School Prog	Case Mgmt	Interaction
Residential Stability			
Age first out of the home	ns	ns	3.2; $p<.05$
Number of living places	ns	ns	ns
Months out of the home	ns	ns	ns
Months in family home in past year			
Months homeless in past year	ns	ns	ns
Number of times out of the family home	ns	ns	ns
	ns	ns	ns
Youth Emotional and Behavioral			
Delinquency at baseline	ns	ns	ns
Externalizing at baseline	ns	ns	ns
Internalizing at baseline	ns	ns	ns
Total Problem Scale Score	ns	ns	ns
Problem Behavior Scale,	ns	ns	ns
Self esteem	ns	ns	ns
Depressive symptomatology	ns	ns	ns
Baseline PESQ	ns	ns	ns
Perceived quality of life	ns	ns	ns

Table 7. (Continued)

Youth Interpersonal Variables			
Family CES	ns	ns	ns
Peer CES	ns	ns	ns
Authority CES	ns	ns	ns
Total CES	ns	ns	ns
Family UPS	ns	ns	ns
Peer UPS	ns	ns	ns
Authority UPS	ns	ns	ns
Total UPS	ns	ns	ns
School History Variables			
Special education	ns	ns	ns
GPA	ns	ns	ns

Very few of the baseline variables are related to the Type of School Program chosen. Analysis shows that those in Standard Public School have lived with their fathers for more years (8.1) than those in GED/ Alternative Programs (4.5 years). Although early socialization appears comparable for those assigned to Traditional and Intensive Case Management, when Type of School Program is included in the analysis, the differences in socialization of the five youths in the Voc/Tec and Other programs becomes apparent. The three youths in the Voc/Tec and Other programs receiving Traditional Case Management averaged 44 on socialization, while the two youths in this School Program receiving Intensive Case Management averaged 15.5 on the same scale.

The same participants contributed to the significant interaction between Type of School Program and Type of Case Management on Age First Out of the Family Home. Corresponding to the significantly earlier negative socialization among the Voc/Tec youths receiving Intensive Case Management, these participants were also younger (6 years) when they were first out of the family home, compared to those receiving Traditional Case Management (13.7 years). No differences in Age First Out were detected in the other groups. These results should be interpreted with caution due to the small number of youths contributing to them.

Overall, whether a youth is attending school or not seems to be related to their Residential Stability and their Interpersonal Relationships (which, in turn, may be interrelated). However, the type of school program selected by a youth who is attending does not seem to be influenced by the measures collected.

Hypothesis 5: Changes in self esteem, depressive symptomatology and delinquency one year after intake into the study will be significantly different for School Attenders, Unable to Attend and School Refusers.

All groups showed changes on dependent measures but no significant interactions were found in the group by time interaction. Table 8 summarizes the means and standard deviations for each of these three variables by group.

Table 8 Mean and standard deviation for dependent variables at baseline and after one year by school groups.

Dependent Variable	Baseline	One Year
Depressive Symptomatology (RADS)		
Attenders (n=90)	68.4 (16.0)	60.9 (13.9)
Unable to Attend (n=32)	64.5 (17.8)	57.0 (14.8)
Refusers (n=34)	69.2 (19.0)	69.2 (16.4)
Delinquent Behavior (YSR)		
Attenders (n=86)	7.8 (3.6)	6.2 (3.2)
Unable to Attend (n=32)	7.6 (3.9)	5.2 (3.3)
Refusers (n=33)	8.2 (3.4)	6.4 (3.0)
Self Esteem* (Rosenberg)		
Attenders (n=85)	2.1 (1.6)	1.5 (1.4)
Unable to Attend (n=29)	1.7 (1.8)	1.2 (1.5)
Refusers (n=34)	2.4 (2.0)	2.1 (2.0)

*High scores indicates lower self esteem.

An analysis of variance with repeated measures similar to that reported above to test Hypothesis Two was used to assess differential changes over a year among the participants in the three different groups.

One hundred and fifty-six (156) cases were included in the analysis of changes in depressive symptomatology (Attenders: n=90; Unable: n=32; Refusers: n=34). An overall reduction in depressive symptomatology was observed over one year of participation in the study (from 67.8 to 61.9: $F(1,153)=12.1$; $p<.01$) but the non significant interaction

between time and group ($F(2,153)=2.8$; $p>.05$) indicated that the groups showed comparable *patterns* of change.

One hundred and fifty-one (151) cases were included in the analysis of changes in delinquent behavior (Attenders: n=86; Unable: n=32; Refusers: n=33). An overall reduction in delinquent behavior was observed over the first year of participation in the study (from 7.9 to 6.0: $F(1,148)=47.1$; $p<.001$) but the non significant interaction ($F(2,148)=0.8$; $p>.1$) between time and group indicated that the groups showed comparable *patterns* of change.

One hundred and forty-eight (148) cases were included in the analysis of changes in self esteem (Attenders: n=85; Unable: n=29; Refusers: n=34). An overall reduction in self esteem problems was observed over the first year of participation in the study (from 2.1 to 1.6: $F(1,145)=8.5$; $p<.01$) but the non significant interaction ($F(2,145)=0.4$; $p>.1$) between time and group indicated that the groups showed comparable *patterns* of change.

CHAPTER FIVE DISCUSSION OF FINDINGS

DESCRIPTION OF FINDINGS

As resources from the public and private sector become more curtailed and funding sources become more targeted it is critical to know the needs of the population when designing service delivery systems. Researchers who study adolescents have long known that services which meet the needs of younger youth may not attract older youth and vice versa. Identifying the needs of different developmental age groups is critical in designing service delivery models which sustain and foster participation by hard to serve youth populations.

This study shows that the younger youth with a shorter history of homelessness and more time in the home over the prior year were more likely to attend school programming than the older youth who had been alienated from family and homeless longer. Thus these results support the observations of researchers and service providers. These groups are different from each other in terms of the extent to which services draw and maintain their participation. Younger participants are more likely to attend school than more mature disenfranchised youth.

In addition it appears from this research that the more the bond between the disenfranchised youth and the parent/family is severed, regardless of the quality of that bond, the less likely the youth is to participate in services. This finding underscores the

importance of targeting youth early in the family dissolvement process. The intervention might involve substitution of the familial bond with a bond with other responsible adults before street attachments are formed which support the process of disenfranchisement and mistrust of adult intervention.

Adolescent development theory teaches us that the formation of the self-peer relationship parallels self-parent relationship and it is the interaction between the two that forms the basis for ego development and social norms. If part of this balance develops out of sync with the other (for example, in the case of the lack of appropriate peer identification or peer over identification and lack of adult intervention), the youth may become socially isolated. This process underscores the importance of the opportunity provided by the willingness of the younger youth with recent family involvement[4] to participate in services. Missing this initial trust phase, adolescents are likely to have difficulties involving themselves with service providers, resulting in under utilization of services. These results indicate that *early intervention* with disenfranchised youth is likely to be advantageous and productive relative to later intervention.

RESISTANCE TO NEGATIVE LONG-TERM OUTCOMES

Recently, authors have pointed out that while childhood maltreatment is correlated with higher rates of several undesirable long-term outcomes, the large majority of abused children do not, in fact, succumb to adversity, instead displaying a persistent resilience

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[4] either positive or negative

(Kruttschnitt, Ward and Sheble, 1987; Luthar, 1991; Widom, 1991; Kurtz, Gaudin, Howing, Wodarski, 1993; Herrenkohl, Herrenkohl and Egolf, 1994; and Wind and Silvern, 1994). Accordingly, considerable research has accumulated to identify protective, compensatory and moderator variables. Such variables include those labeled as organismic, familial or environmental. Organismic factors include intelligence, gender, interpersonal skills, and internal locus of control (Luthar, 1991; Widom, 1991; Herrenkohl et al., 1994). Family factors include positive parental expectation and at least occasional parental warmth (Kaufman and Zigler, 1987; Widom 1991; Wind and Silvern, 1994; Herrenkohl et al., 1994). Environmental factors include the presence of some other caring adult, early foster placement, therapy and sports involvement (Kruttschnitt et al., 1987; Kaufman and Zigler, 1987; Widom, 1991).

Other situational moderator variables recently studied include maltreatment characteristics, such as type, duration and frequency of maltreatment, age of onset and age of termination of abuse, and number of types of maltreatment present (reviewed in Malinosky-Rummell and Hansen (1993)).

Although limited research has been conducted to test these moderator variables with youth who have left home, Wurzbacher, Evans and Moore (1991) found that successful involvement in an alternative school setting was associated with increased self esteem and school satisfaction, reduced depression and decreased self-reported

prostitution, suggesting the operation of functional moderator variables for youth who participated.

While age, interpersonal relationships and time homeless were clearly the strongest predictors of youth who attended school at all, it is important to determine what if anything could be done to increase participation. Youth receiving Intensive Case Management were more likely to become involved in a school program over their year in that study than were youths receiving Traditional Case Management.

LIMITATIONS

Attrition

Generalizablity of the findings is limited due to a number of factors, primarily attrition. It was not possible to ensure that subjects continue to participate in the project and it is difficult to assume that attrition is unrelated to any of the factors under study. An additional complicating factor is that even considering only those youths who did not drop out of the study, not all were available for interviews at each of the interview points. Thus one set of youth was the basis for analysis of changes between baseline and three months, while a different but somewhat overlapping set provided the basis for analysis of changes between baseline and one year later.

Actual Service Delivered

While group assignment is relatively easy to track, the actual services delivered in the setting are difficult to measure for intensity and consistency. This makes it difficult to confirm that any participant received any particular aspect of service, and that the two Case Management models (Traditional and Intensive) actually resulted in different service delivery to the youths.

Self Report

The use of self report as a primary data source can affect the outcome of any study. In addition to the usual concerns regarding memory bias in this type of study, other concerns about this data source may be especially relevant for this population. Initial trust of adults is likely to be relatively low with the youth in this study and accordingly could critically affect the accessibility of information for both the case manager and the researchers.

Effects of Time

In any study over time maturation must be considered when examining the changes which are observed. In adolescence this is especially true. Societal expectations for youth approaching 18 could play a significant role in program choices. Further research is needed to investigate these effects over time, isolating the maturation process and the internalized societal expectation.

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EDUCATION

Bachelor of Arts: 1981, PSYCHOLOGY, University of Dallas, Irving, Texas

Master of Arts: 1983, CLINICAL PSYCHOLOGY, Seattle University, Seattle, Washington
Masters Thesis: Development of Domestic Violence Interventions Groups for Children.

Doctor of Philosophy: EDUCATIONAL PSYCHOLOGY, University of Washington, Seattle, To be completed 1997
Areas of Concentration: Human Development and Cognition, emphasis on research design.
Dissertation: Impact of Abuse on Utilization of Services by Runaway and Homeless Youth.

QUALIFICATIONS

CLINICAL EXPERTISE: 17 years of treatment, case planning and management of treatment programs for adults children and families in a variety of settings.3 years of private practice with children 3-18 and families. 6 years inpatient psychiatry, 4 years community based programs and 4 years traditional Outpatient individual, child and Family therapy. Knowledge and skills in assessment, testing and diagnostics. Special expertise in areas on crisis counseling, divorce and recognition of abuse. Strong referral network.

PROGRAM MANAGEMENT: Directed a Collaborative Project for Children's Hospital and Group Health Cooperative focusing on adolescents with multiple medical and mental health problems. Management of federal demonstration project for older homeless youth. Directed a multi-agency collaboration of services to adolescent girls exiting street life. Supervisory responsibility for 25 or more employees. Coordination of volunteer programs and supervision of their responsibilities.

PROGRAM DEVELOPMENT: Development of hospital wide policies on programming and treatment of adolescents in a large medical setting. Start up planning for a multidisciplinary clinic utilizing medical, mental health, assessment and chemical dependency component. Development of a twelve bed residential program for 18-21 year old clients who were exiting street life. Directed and supervised all treatment planning and program operations.

STRATEGIC PLANNING: Participation on the Workfirst Design Teams to develop public policy regarding Welfare Reform. Developed the Teen Marketing Plan for Children's Hospital and help forecast overall hospital growth by the plan. Developed a Marketing plan for to

increase the number of private pay patients. Developed a five year plan for program expansion and financial viability.

COMMUNITY LEADERSHIP: Member of County Learning Disabilities Task force. Chaired the Teen Contraception Task Force for the City of Bellevue. Chaired Teen Prostitution Network Committee charged with development and implementation of a collaborative approach to combating juvenile prostitution. Member of steering committee for Washington Alliance Concerned With School Age Parents.

HUMAN RESOURCE MANAGEMENT: Experienced in managing volunteer and professional staff in a variety of human services agencies. Including Medical, psychiatric and clerical staff.

COMMUNITY RELATIONS AND PUBLIC SPEAKING: Public speaking locally, regionally and nationally on issues and programming for Learning Disabilities, High Risk Youth and Families, Adolescents and Mental Health, Attention Deficit Disorder, Substance Abuse Treatment, Adolescent Sexuality, Parenting Adolescents, Health Care Issues and Teens, Child Abuse and Neglect, Child Development and Program Development, Multi-Cultural Diversity.

EDUCATIONAL RESEARCH: Recently completed a study looking at the prevalence of Learning Disabilities within the runaway and homeless youth shelters and AFDC population. Conducted a qualitative research project regarding confidentiality and access to treatment for adolescents in medical settings. Developed research methodology and designed data collection instruments for program evaluations. Published evaluation of Threshold, a program designed for chronic homeless, and runaway youth.

PROFESSIONAL EXPERIENCE

Private Practice 1992-present: Focus on youth 3-18. Families in divorce and abuse counseling and recognition and youth with disabilities..

Learning Disabilities Director: STATE OF WASHINGTON, November 1994-Present. Develop dual site program to examine the prevalence of learning disabilities within the AFDC population. Prepare contracts with community providers to serve the special needs of this population. Establish and implement a research plan to examine the efficacy of this project. To develop a budget and monitor cost expenditures of the project. Develop private contracts for service provision, evaluation and data analysis. Monitor all contracts for compliance.

Adolescent Access Planner: KING COUNTY DEPARTMENT OF PUBLIC HEALTH, May 1994-January 1995. Urgent public health position design to increase adolescent access to health care and eliminate the barriers identified which prevent youth from accessing care. Work with community health care/ mental health/ substance abuse system to insure that youth needs were being met. Present findings and recommendations to the health care commission on the needs and state of adolescent health care in king County.

Project investigator/ Consultant: YOUTHCARE: Learning disabilities in Homeless youth. August 1993-present. Design, implement and report on this Federal study.

Project researcher; CHILDHAVEN: June 1993-Sept 1994. Gather data and organize for ten year follow up study with abused children.

Adolescent Services Coordinator: CHILDREN'S Hospital, April 1990- present. I was recruited to develop a marketing and staff development plan for the teen population. Acted as part of the child and adolescent psychiatry program in conducting emergency coverage and assessment of hospitalized children and teens. OUTPATIENT PSYCHIATRY providing individual and family therapy. Served on numerous community task forces regarding child and adolescent health and mental health needs. Help plan and acted as a consultant for the School Based Health Centers.

Director: EASTSIDE ADOLESCENT CENTER August 1990-November 1992. Responsible for overall fiscal, clinical, marketing, community relations, program development and supervision of a multidisciplinary treatment center for CHILDREN'S and Group Health Cooperative. In addition I continued to maintain a clinical practice of 10 patients per week.

Program Director: YOUTHCARE (formerly Seattle Youth and Community Services) October 1986 to 1990. Provided counseling, case management and street outreach to high risk and abused youth. Developed and led therapeutic groups in King County Juvenile Detention. Networking and liaison with other service providers. Federal Grant Monitoring

Educational Testing Director: EDUCATIONAL TESTING SERVICES Princeton, New Jersey May 1982 to 1990. Coordinate and supervise standardized educational testing program of Seattle University.

Shift Supervisor: SEATTLE CHILDREN'S HOME MCGRAW CENTER February 1985 to September 1985. Supervised treatment milieu and case management of psychiatrically impaired and abused adolescents in residential treatment.

Case Manager: SEATTLE CHILDREN'S HOME MCGRAW CENTER November 1984 to February 1985. Developed and coordinated implementation of treatment plans for psychiatrically impaired and abused adolescents in residential treatment.

Mental Health Specialist III: FAIRFAX HOSPITAL June 1984 to December 1984. Provided milieu therapy for adolescents in short term involuntary treatment unit.

Mental Health Therapist II: HARBORVIEW HOSPITAL June 1984 to May 1985. Provided milieu and mental status exams to inpatient adult psychiatric residents.

Social Worker: COLISEUM MEDICAL CENTER New Orleans, Louisiana December 1983 to June 1984. Coordinated the treatment plans for adult in-patient psychiatric residents. Supervised team of psychiatric technicians.

Psychiatric Technician: COLISEUM MEDICAL CENTER New Orleans, Louisiana May 1980 to November 1983. Supervision of activities and implementation of treatment plans for adult and children in-patient psychiatric residents.

Mental Health Technician II: BROOKHAVEN MEDICAL CENTER, Dallas Texas May 1981 to September 1981. Supervision of activities and implementation of treatment plans for adult in-patient psychiatric residents.

PROFESSIONAL AFFILIATIONS

Learning Disabilities Association of Washington
Learning Disabilities Association of America
American Educational Research Association
American Psychological Association
Society for Adolescent Health Care
The Washington Alliance for Children Youth and Families
The Northwest Network of Runaway and Youth Services
Association of Women in Psychology
National Psychology Advisory Association
Council for Adolescent and Child Abuse Prevention

CONFERENCE AND TRAININGS PRESENTED

International Conference on Learning Disabilities: Learning Disabilities and At Risk Population, AFDC and Homeless Youth, Dallas, Texas, March, 1996 qnd 1997

Washington Alliance for School Age
pregnancy Prevention. Bellevue WA, LD in the Welfare and Homeless Population. October 1995 and 1996

Adult Literacy Conference, LD and the Welfare Population, Everett, WA, August 1995.and 1996

Learning Disabilities Association of WA Spring 1995 Conference, Seattle WA, LD and Homeless Youth

Washington State Literacy Conference, Everett WA. LD and the Welfare Reform 1996

Child Welfare League of America: Learning Disabilities and At Risk Populations, Concorde, CA, November 1995

Southwest Society for Human Development: High risk Youth Phoenix, Arizona, April 1992

Southern Conference on Human Development, Sponsored by Emory University. "Residential Treatment Alternatives for Street Youth."

The Washington Alliance for Children Youth and Families; Transitional Services for High Risk Youth.

Department of Children and Family Services (regionally and locally); Residential Programming for the Emotionally Disturbed Adolescent Involved in Street Subculture, Intervention Strategies for the Adolescent Prostitute.

Whatcom Connection Bellingham; Consultation and training on development of residential and educational services to emotionally disturbed adolescents.

University of Washington; Alternative Educational Interventions for the Adolescent Prostitute.

Youth Polydrug Network; Independent Living Programming for Homeless Adolescents

University of Washington, Women Studies 200; Adolescent Prostitution.

Big Bend College: "Adolescent Streetlife and Prostitution"

Department of Children and Family Services; "Theater of Life on the Run" an interactive training about street youth and service needs.

Children's Hospital WAMI Regional Nurses and Community Training Program: "Changing Paradigms of Today's Adolescents."

CROSSETT Foundation of Southeast Alaska. Presentations in Juneau, Sitka, Ketchikan and Wrangle: "Adolescent Issues: Building Relationships / Bridging Impasses," "Recognizing and Providing Interventions for Teens with Abuse, Suicide, Drugs, and Alcohol Risk"

MOM'S PROJECT PRECEPTORSHIP, Seattle WA Adolescent substance abuse: a multi dimensional approach 1991-1993.

PROFESSIONAL PUBLICATIONS

"The Impact of Learning Disabilities on the Welfare Population", Melinda Giovengo and Elizabeth Moore manuscript in progress, Susan Vogel editor.

"Short screening Tool for Learning Disabilities and Its Use in Welfare Reform", Giovengo and Moore 1997, State of Washington.

"Determinants of Alternative School Participation in the Prostitution Involved Adolescent", Melinda Giovengo MA, in process

"Evaluation of Threshold: An Independent Living Program for Homeless Adolescents", Donna Schramm, PhD., Melinda Giovengo, MA The Journal of Adolescent Health Care 1990