PSYCHOSOCIAL RISK FACTORS FOR NONCOMPLETION FROM A

RESIDENTIAL VOCATIONAL AND ACADEMIC TRAINING PROGRAM IN

YOUNG WOMEN

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ABSTRACT

The present study aimed to identify psychosocial risk factors for non-completion from a residential vocational and academic training program (RVATP) specifically in young women. The sample studied included 76 female residents aged 16 to 25. Their intake surveys were coded and analyzed. Frequency data indicated that a majority of participants who reported having anger issues, symptoms of anxiety, a history of physical abuse and a history of sexual abuse were prematurely terminated from the RVATP without completing. Correlation analyses and chi-square tests revealed significant associations between the independent variables anxiety symptoms, history of sexual abuse, anger issues, experimentation with substances and the dependent variable, completion status. Regression analyses indicated that anger issues were a significant predictor of noncompletion in participants. There is much research demonstrating the link between poverty status and school dropout. There is a dearth of literature focused specifically on the educational and vocational attainment of females at poverty level. In 1964, under the Economic Opportunity Act, the United States government set up residential vocational and academic training programs (RVATPs). RVATPs are often considered last resorts for students who have failed to obtain their high school diploma due to disciplinary expulsion or dropout from traditional school settings. Based on the present study, young women who endorse anxiety symptoms, anger issues, experimentation with substances, and a history of sexual abuse upon entry to the RVATP are at a greater risk for noncompletion than those who do not endorse such factors. Recommendations include giving these at-risk students priority in being assigned to an RVATP therapist and/or support group, referring students to the smoking cessation group more frequently, and changing RVATP policies that group young at-risk women away from their prosocial peers. School psychologists should be familiar with the research concerning school dropout and what factors specifically place a student at risk.

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"No matter how long the night, the day is sure to come" - African Proverb

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CHAPTER I

DESCRIPTION OF THE PROBLEM

Introduction

The purpose of this dissertation is to identify factors that predict non-completion

from a residential vocational academic training program (RVATP) in young at-risk

women. The term "at-risk" can be applied to a variety of individuals and groups. For the

purposes of this dissertation "at-risk" refers to students from low socioeconomic

backgrounds or an ethnic minority group or both. The justification for focusing primarily

on young at-risk women is that it has been demonstrated that women face different

barriers to receiving their high school diplomas than men (Ginorio & Huston, 2001) and

that there is a lack of research focusing specifically on achievement obstacles to women

with low socioeconomic status (Saris & Johnston-Robledo, 2000).

Residential vocational academic training programs (RVATPs) are often looked at

as "last chances" for students who have failed to obtain their high school diploma due to

disciplinary expulsion or dropping out. The particular RVATP being discussed in this

dissertation provides open-entry/open-exit enrollment, individualized training,

completion of a GED (General Educational Development) certificate or High School

Diploma, and training and certification in a vocational area of choice. The RVATP also

provides career planning, on-the-job training, job placement, residential housing, food service, driver's education, health and dental care, a bi-weekly basic living allowance and clothing allowance. The RVATP is no cost to students or their families and they may remain in the program for up to two years. In regards to rules and regulations, there is a zero tolerance policy against violence and drugs. Any student who violates this policy is removed from the RVATP. Uniforms are required to be worn during the training day. Students are given a month long break in the summer and a two week break in the winter. They are permitted to leave the campus on weekends as long as they are in good disciplinary standing and return by curfew on Sunday (5:00 pm). Students range in age from 16 to 25 and have been out of school for a period of time ranging from one month to five years. While certain students come to the RVATP for vocational training only, the majority of students have yet to obtain their GED or High School Diploma. These students share the burden of having already failed to complete the traditional route to receiving their High School Diploma. This factor combined with their low socioeconomic status puts them at a great risk for non-completion of the RVATP.

Children from low-income families have consistently demonstrated higher drop-out rates than children from middle and upper-income families (U.S. Department of Education, 2004). More specifically, children from single-parent, female headed homes are at a particularly high risk (Zaslow, Moore, Brooks, Morris, Tout, & Redd, 2002).

There is mixed evidence on whether differences in gender and race have an impact on dropping out. National data demonstrates no difference between drop out rates

for boys and girls, or between Black and European-American youths (U.S. Department of Education, 2004). Some studies have shown that boys are at higher risk (Alexander, Entwisle, & Kabbani, 2001), others have shown girls to be at greater risk (Ellickson, Bui, Bell, & McGuigan, 1998), and still others have shown no difference (Battin-Pearson, 2000). Similarly, results are mixed as to whether race and ethnicity have an impact on drop out (Alexander et al., 2001; Randolph, Rose, Fraser & Orthner, 2004). Randolph et al. (2006) believe that poverty is the interacting factor with gender and race that produces different results. For example, minority students are more likely to come from lower-income families which predict a greater likelihood of dropping out.

With the industrial workforce losing an estimated 2.3 million jobs since 1991, the number of jobs available to individuals without a high school diploma is rapidly shrinking (Orfield, Losen, Wald, & Swanson, 2004). Opportunities for securing gainful employment in the contemporary United States are severely restricted by minimal educational backgrounds. There is ample evidence demonstrating that individuals without a high school diploma are almost twice as likely to be unemployed. For those that are employed, they are more likely to experience job dissatisfaction and lower salaries than their counterparts who have graduated high school (Dillon, Liem, & Gore, 2003). More specifically, in the year 2000, high school drop-outs between the ages of 25-34 made 30% less than those who completed high school (U.S. Department of Education, 2002). In addition to earning lower wages, high school noncompleters have lower levels of psychological and physical health (Dillon et al., 2003). Higher rates of substance abuse and propensity towards violence are also linked to lack of a high school diploma.

One study by Kogan, Luo, Murry, and Brody (2005) looked at the risk and protective factors that predicted substance use in African American high school drop outs. The authors' rationale for focusing on substance use in African American drop outs was that during adolescence, African Americans report lower rates of substance use than their Caucasian counterparts. Nonetheless, after leaving high school, African Americans eventually surpass European-Americans in both usage rates and negative consequences of use. The authors argue that this effect occurs at a time when adolescents should be preparing to enter the work force or continue their education. Drop outs who are abusing substances are particularly ill-equipped to cope with this life transition. Findings indicate that positive family relationships, religiosity, and a positive life orientation are negatively correlated with substance use. Peer influence was a strong predictor of substance use in drop outs. Other consequences associated with low levels of educational attainment include incarceration, early parenthood, and limited life-time career exploration (Arnett, 2000).

In 1964, under the Economic Opportunity Act, the United States government set up residential vocational and academic training programs (RVATPs). They currently operate across the United States with the purpose of educating young adults and providing them with skills to find and maintain gainful employment. The particular RVATP being assessed in this dissertation receives many of its residents from low-income New York City neighborhoods.

A study performed by the U.S. Department of Labor (2000) examined associations between a history of problems in the home and rate of completion from RVATP programs. Of 3,414 students who reported difficulties at home prior to arriving at the RVATP, 51% failed to complete the program; 55% of those who reported residing in a high-crime area prior to arrival did not complete; and 53% who characterized their home lives as "unhealthy" or "unsafe" did not successfully complete the program. One RVATP director surveyed was quoted as saying "A significant number of students exit prior to 90 days through the discipline system or from an inability to adjust to (RVATP) life because of mental health issues (U.S. Department of Labor, 2000, p. 115)." These data indicate that there are opportunities to retain more students if mental health issues are carefully assessed and addressed immediately upon entry to the program.

As mentioned previously, students at RVATPs are at a greater risk of dropping out than students in regular high school settings by virtue of the fact that they have already been expelled from or dropped out of typical educational settings. Other risk factors that many RVATP residents possess that heighten their risk for non-completion include being behind grade level, being an English language learner, being a teen parent, and growing up in a poverty household.

While many students at RVATPs could likely benefit from mental health services, resources are limited. At the specific RVATP being examined in this dissertation, the counseling services are provided by a staff of four or five clinicians that include a licensed psychologist and three or four doctoral candidates from a nearby graduate

program in psychology. Students are referred for mental health treatment through self-referrals as well as by staff members who have noticed that they are experiencing distress in certain areas of functioning. Examples of such issues affecting RVATP residents' wellbeing include interpersonal issues, emotional instability, acting out behaviors, and low academic performance. The system relies on the staff of the RVATP (who have limited training in identifying mental health issues) to guide the referral process. The author's employment as a mental health service provider for the past year at the RVATP program revealed shortcomings in the identification of students who would most benefit from mental health treatment. Based on the literature, it can be argued that aiding a student in completion of their high school diploma and other RVATP requirements is the most important service the RVATP mental health staff can provide to promote enduring psychological well-being for that individual. Moreover, identifying individuals at significant risk for dropping out of the RVATP program at an early point after their arrival will ensure more effective use of the mental health staff services. This dissertation purports to identify predictors of noncompletion in young women at a particular RVATP.

CHAPTER II

REVIEW OF THE LITERATURE

One of the qualifying factors for entry to the RVATP is having poverty status. Thus all the young women who participated in this study were living below the poverty line when they applied for the RVATP. An examination of poverty as it pertains to young women in the United States and how poverty contributes to and perpetuates high school drop-out will follow.

There is a dearth of literature pertaining specifically to the psychological development and educational attainment of young women with low socioeconomic status. Saris and Johnston-Robledo (2000) reviewed articles published in mainstream psychology journals between January 1995 and December 1997. They searched for articles pertaining to low-income women using the search terms "poverty," "low-income," and "working class." Of 18,286 abstracts containing the word "women," less than 3% pertained to low-income women (N=495). In their 2007 book, *Urban*

Girls Revisited, Leadbeater and Way state: "we focused on urban girls and young women because [they] were particularly likely to be ignored and misrepresented by the media and by the research community (Leadbeater & Way, 2007, p. xiv)." In the following section, the available literature will be discussed.

Perpetuation of Poverty in Young Women in the U.S.

According to the 2001 U.S. Census Bureau, nearly one-fourth of Black and Hispanic women live below the poverty line. These numbers do not necessarily provide an accurate picture of what it means to be poor in the United States. This is because the poverty line does not adequately represent the costs of a woman supporting herself and her children (Belle & Doucet, 2003). For example, to qualify as poor for the 2001 U.S. Census Bureau, a single mother and her two children would have to earn less than $14,269 annually. When the costs of food, housing, health care, child care and education are factored into the equation, the actual cost of living in the United States today is much greater than what can be earned by the minimum wage.

Despite the many triumphs American women have accomplished over the past sixty years, discrimination experienced by women due to gender, race, and socioeconomic status continues to plague contemporary society (Saris & Johnston-Robledo, 2000). The well-documented differences between men and women in regards to depressive, anxious, and somatic symptoms was accounted for by reports of recent and lifetime gender discrimination in one study (Klonoff, Landrine, & Campbell, 2000). American women continue to earn 26 cents less per dollar than American men, with the

differences being even more pronounced among low-income workers. In regards to

discrimination against the poor, Americans are inclined to view those with low

socioeconomic status more negatively than the middle class and are more likely than

other nations to blame poverty on the individuals themselves (Cozzarelli, Wilkinson, &

Tagler, 2001).

According to the literature, there are several factors that aid in the perpetuation of

poverty in young women in particular. Of great concern is the rate of teen pregnancy and

the rate of out of wedlock pregnancy among this population. Over fifty percent of Latina

and African American teen girls will become pregnant at least once before age twenty

(National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). One half of

female high school drop outs cited pregnancy as a factor in their decision to leave school

and thirty-three percent cited it as a major factor (Rotermund, 2007). In 2001, 62% of

pregnancies carried to term by women below the federal poverty level were unintended

(Finer & Henshaw, 2006). Teen pregnancy and childbearing has consistently been

associated with difficulties in the teenager's family. Such difficulties include

socioeconomic disadvantage, family conflict, divorce, unsympathetic and inconsistent

parenting, and a history of familial mental health problems (Scaramella, Neppl, Tricia, &

Ontai, 2008).

In regards to the rising rate of out of wedlock births among urban women, the

research has generated several explanations (Small & Newman, 2001; Venkat, Arslin,

Cremer, & Masch, 2008). One study (Venkat et al., 2008) examined contraceptive use in

Latina women. The authors cited research indicating that Latinas were three times more likely than Caucasian women to experience an unplanned pregnancy. The results of their study point to low rates of contraceptive use in the sample. Less than fifty percent of the women surveyed perceived birth control pills and/or injectables to be safe. The authors discuss how improved education on the safe and effective use of contraceptives could prove valuable in this population.

Other researchers (Small & Newman, 2001) point to specific trends in African-Americans to explain the high rates of out of wedlock births. The first explanation cites the limited pool of eligible Black mates due to the reduction of job opportunities in inner cities. The second alludes to the lasting effects of slavery in carrying on the dynamic between Black men and women in which it was common for black women to birth children out of wedlock. The final explanation proposes that American culture has become forgiving in its view of out of wedlock births as there has been an increase in such births across ethnicities. There is a paucity of empirical evidence for all three theories. Though the first explanation blaming the lack of eligible mates has garnered the most empirical support, recent statistics have demonstrated that unemployment rates have decreased dramatically in Black men. Such data would also predict a decrease in out of wedlock urban births for theory one to be supported.

One explanation for the high rates of teen pregnancy in this country is that young women are attempting to improve their reputations with peers by engaging in early sexual activity (Anderson, 1999). Based on the author's work doing therapy with female

residents at the RVATP, she noticed certain beliefs about the status that is afforded to young pregnant women. For example, young pregnant women receive a certain amount of attention, both negative and positive, from their peers, authority figures, and community members. Some young women believe that the only way to garner such attention is to become pregnant. Additionally, they believe that by having a child, they are bringing a person into the world who will love them unconditionally. The idea of unconditional love is cherished by young women who have grown up feeling neglected and abused. These observations are supported in the literature by the "poverty of relationships" explanation (Dietrich, 1998). This explanation posits that women have children as teenagers to make up for the unfulfilling relationships they have with family members, teachers, and boyfriends. While this trend may be true for certain ethnic groups, there is evidence that Chicana young women place a high value on virginity which above all else assures them a favorable reputation.

A second rationalization for becoming pregnant at a young age is that because of the poor health conditions of many urban women, it makes sense for them to give birth at an early age before their health begins to deteriorate further. There is evidence of higher infant mortality rates among infants of older Blacks and the Black urban poor (Geronimus, Bound, & Waidmann, 1999). It is unclear to what extent young Black females are consciously motivated to bear children due to such circumstances. Luker (1996) has developed a comprehensive explanation attributing the high birthrates of minority females to poverty, limited life choices, poor access to effective contraception, and pressures from their male counterparts. She provides a great deal of evidence for

each piece of her explanation and argues that a multi-factor approach eliminates the risk of pitting explanations against each other.

Another factor to consider regarding the perpetuation of poverty is lack of familial support. Entrenchment in poverty can impact adversely on the health of the family members of young women. Parents with low socioeconomic status are less likely to be emotionally and physically healthy than those above the poverty line (Adler, Boyce, Chesney, Folkman, & Syme, 1993). As a consequence, parental figures may not be available to monitor the behavior of their daughters, help with schoolwork, or secure family resources (Leadbeater & Way, 2007). If family members are healthy enough to work, they may be forced to work several jobs to be able to support their family financially. This could also result in not enough time being devoted to parenting.

According to the literature, early life experiences can determine later-life opportunities and overall health and well-being as adults. Children with low socioeconomic status often lack adult role models with advanced education. This can result in a lack of proper language development and an increased risk for illiteracy. Several studies have supported the belief that disparities in home learning environments of higher and lower income children account for almost 50% of the effect of income on the development of cognitive skills in preschool children (Duncan & Brooks-Gunn, 2000). Almost one-third of the effect of income on the achievement scores in elementary students can be attributed to differences in home learning environments. Activities focused on learning within the home are more likely to mediate the association than

activities outside the home in the community. Examples include frequently exposing children to books, toys, and activities that are developmentally appropriate.

Another way growing up poor can impact the family environments of young women is through parent-child conflict. Financial pressures can increase stress in the home resulting in a greater number of arguments between parents and children. As mentioned previously, poor parents are more likely to suffer from depressive symptoms such as irritability which also leads to a greater number of disagreements with children. These conflicts may result in lower grades, reduced emotional health of both parents and children, and/or weakened social relationships (Duncan & Brooks-Gunn, 2000).

Another strike against young urban women are the neighborhoods in which they grow up and reside. Choices of neighborhoods for parents with low socioeconomic status are extremely limited, often resulting in their taking up residence in extremely deprived regions with high crime rates and few resources for healthy child development (Duncan & Brooks-Gunn, 2000). The likelihood that neighborhood poverty has an effect on the development of young women independently of family poverty is most relevant in large urban areas where the concentration of neighborhood poverty is most severe.

In his 1987 book, *the Truly Disadvantaged*, Wilson contends that the concentration of poverty in certain areas is a consequence of geographical isolation from the middle class and its subsequent role models, social networks, and community resources. There are several models that attempt to elucidate how poverty-stricken

neighborhoods contribute to the demise of their young people. Small and Newman (2001) describe them in their paper Urban Poverty after the Truly Disadvantaged: The Rediscovery of the Family, the Neighborhood, and Culture. The *Epidemic Model* (Jencks & Mayer, 1990) proposes that because a child's peers are engaging in negative behaviors, the child is more likely to engage in such behavior. This model assumes that middle-class children would be more positive peer influences than poor children who are more likely to engage in negative behaviors. Research (McLoyd, 1998) has demonstrated higher rates of antisocial behaviors and emotional problems among children from socioeconomically disadvantaged backgrounds. The *Collective Socialization Model* (Newman, 1999) purports that a lack of positive adult role models in poor neighborhoods makes it difficult for young people to envision happy and successful futures for themselves. The *Institutional Model* (Jencks & Mayer, 1990) argues that community figures that do not reside in poor neighborhoods but interact with poor youth (such as teachers and policemen) treat them more negatively than they would youth from more affluent areas. The *Linguistic Isolation Model* (Massey & Denton, 1993) maintains that children in poor, segregated neighborhoods are not adequately exposed to Standard American English and instead absorb what is known as Black English Vernacular. While the linguistic isolation model refers mainly to African American children, other minority children growing up in poor neighborhoods could be influenced as well. The *Relative Depravation Model* (Jencks & Mayer, 1990) suggests that poor children grow up with a generally unfavorable view of themselves as a result of comparing themselves to wealthier children. According to this model, judging themselves negatively leads to deviant behavior. Finally, the *Oppositional Culture Model* (Massey & Denton, 1993)

argues that segregation and the effects of poverty lead to the development of a neighborhood culture that opposes the values of the mainstream. There has been little empirical attention given to any of these models.

Patillo-McCoy (1999) looked at poor neighborhoods through the lens of social organization. In the neighborhoods she studied, Patillo-McCoy, found solid, highly organized networks. She purports that one reason these networks of gang-related drug dealers flourished was a result of reluctance of community members to "snitch" on their loved ones. Because most gang members grew up in the neighborhood, residents were less likely to seek much-needed police intervention, leading to higher crime rates.

Effects of poverty in young women in the U.S.

The impact of poverty on those affected is far-reaching and chronic. According to the 2003 U.S. Census Bureau, the total number of children living in poverty was 12.9 million (Children's Defense Fund, 2004). Among racial groups, Latino children living in poverty increased the most with an additional 295,000 children falling into poverty. This increase means that 30% (4 million) of all Latino children in the United States are living in poverty. Increases were shown across racial groups with the number of Black children living in poverty increasing to the point where 1 in 3 Black children were living in poverty. The number of White children living in poverty increased by 143,000. According to the most recent census data (U.S. Bureau of the Census, 2007), the total number of children living in poverty climbed from 12.8 million in 2006 to 13.3 million in 2007.

From the moment of birth, children living below the poverty line are immediately exposed to a multitude of disadvantages. For example, in regards to their physical health, poor children are 1.7 times as likely as non-poor children to be a low birth-weight birth, 3.5 times as likely to be lead poisoned, and 2 times as likely to have to remain in the hospital for a short while after birth (Duncan & Brooks-Gunn, 2000). In terms of academic achievement, children with low socioeconomic status are 2 times as likely as their non-poor counterparts to repeat grades and drop out of school. They are 1.4 times as likely to be diagnosed with a learning disability. Other disadvantages include being 3.1 times as likely to have an out-of-wedlock birth, 6.8 times as likely to be victims of child abuse and/or neglect, and 2.2 times as likely to be the victim of a violent crime.

Reactions to trauma in the school environment can jeopardize academic successes and the effectiveness of the educational program (Duplechain, Reigner, & Packard, 2008; Kruczek & Salsman, 2006). One study focused on the academic achievement of 110 African-American children who resided in four urban neighborhoods with a range of exposures to traumatic events (Thompson & Massat, 2005). Factors found to interfere with academic success included concentration difficulties, preoccupation with traumatic memories, and physical and psychosomatic illnesses. The authors deduced that there appeared to be a negative relationship between academic achievement and post-traumatic stress disorder. Another study (Ginorio & Huston, 2001) determined that girls from poor families often have low attendance rates and a low level of participation in all areas of the schooling process. The authors speculate that this may be because impoverished young

women have to assume greater responsibility in the care of younger siblings because their parents are working and cannot afford child care.

While it is difficult to distinguish between the effects of poverty itself and poverty's associated events and conditions on child development, research has attempted to isolate the effects of poverty per se. For example, after controlling for maternal education, maternal age at child's birth, single parenthood, and employment, the variables verbal ability and achievement were found to be more influenced by family income than problem behaviors, mental health, and physical health (Duncan & Brooks-Gunn, 2000). Additionally, research demonstrates that the duration of poverty during the early years of life is significant. One study showed that living at or near the poverty level in the first four years of life was linked to a nine-point deficit on the Weschler Preschool and Primary Scale of Intelligence (WPPSI) test scores compared to children who had not been poor at all during their first four years of life (Duncan & Brooks-Gunn, 2000).

In addition to duration of poverty, depth of poverty is instrumental in child cognitive outcomes. Children who are extremely poor (those living in families with incomes below 50% of the poverty threshold) demonstrate the lowest performances on intelligence tests (Brooks-Gunn, Duncan & Aber, 1997). Research on school completion has shown that the effects of income were much greater for youth who lived with families whose incomes were below $20,000 than those with families earning more than $20,000.

One of the factors that has been borne out in the literature as being influential in predicting academic achievement in low-income youth are parent and teacher expectations for achievement (Benner & Mistry, 2007). Several studies have documented that both lower income parents and parents with less education are likely to hold lower academic expectations for their children. In contrast, other studies have found that certain low-income families have high educational expectations for their children, perhaps in hopes that they will be instrumental in relieving the family from their financial burdens. In regards to teachers, it has generally been found that they report lower educational expectations for low-income youth than for their higher income peers. Being perceived as less capable than their peers can be a difficult challenge for poor children to overcome given the myriad of other difficulties they already face.

There is a strong and consistent correlation between poverty and depression (Belle & Doucet, 2003). High rates of depressive symptomology are reported among those with low incomes, particularly by poor mothers with young children. This association is especially troubling because of the mental health and daily functioning risk to children with depressed mothers. Coiro (2001) studied low-income, single, African-American mothers and found that 40% reported symptom levels indicative of a major depression. She also found that despite these levels, the women studied rarely received mental health services of any kind. A study done by Brown & Moran (1997) demonstrated that financial hardship nearly doubled a woman's risk for depression. Additional studies have found that both white women and women of color who live at or near the poverty line experience at least twice the rate of depression as women at the

middle-income level (Hobfall, Ritter, Lavin, Hulszier, & Cameron, 1995). Young, poor minority women in particular experience high levels of depressive symptoms, with 25% meeting criteria for major depression (Miranda, Chung, Green, Krupnik, Siddique, Revicki, & Belin, 2003).

A recent study was conducted with 84 clinically depressed and 49 non-depressed mothers. All mothers were predominantly African American & Latino, living in low-income urban communities. Mothers, fathers, and teachers reported on children's emotional problems, behavioral problems, and adaptive functioning skills. Children of depressed mothers had significantly poorer adaptive skills compared to children of comparable SES with non-depressed mothers. Children of depressed mothers also had more emotional & behavioral problems compared to children of comparable SES with non-depressed mothers (Riley, Coiro, Broitman, Colantuoni, Hurley, Bandeen-Roche, & Miranda, 2009).

In addition to depression, low-income women are much more likely to be the victims of physical and sexual assault throughout their lifetime (Bassuk, Buckner, Perloff, & Bassuk, 1998). One national survey established that approximately 23% of women aged 18 to 24 had been assaulted by a date, a boyfriend, an acquaintance, or a stranger (Bassuk, Dawson, & Huntington, 2006). These rates are estimated to be even higher in impoverished women with studies reporting that approximately two-thirds have suffered domestic violence (Bassuk et al., 2006). It is more feasible for women who are economically secure to remove themselves from abusive relationships than for women

who cannot independently afford to support themselves and/or their children. Young

women involved in abusive relationships can suffer from unstable self-concepts and poor

body images (Ackard, Neumark-Sztainer, & Hannan, 2003). Unhealthy relationships can

also negatively impact self-esteem and emotional well-being (Compian, Gowen, &

Hayward, 2004). Additionally, several national surveys have demonstrated that both

women and children living in poverty are at severe risk for being victims of violence at

the hands of male partners who are unemployed or hold low paying jobs (Bassuk et al.,

2006). The authors cite research about the belief systems of males that have low-income

status and explain that such beliefs are rooted in a social context that legitimizes and

condones violence. These beliefs may be more predictive of family violence than the

economic circumstances of the family.

In regards to physical health, people at or below the poverty line suffer from

disease at an earlier age than the non-poor and have a greater mortality rate across all

disease categories (Fiscella, 2003). Women with low socioeconomic status are more

likely to experience fair to poor overall health and chronic diseases such as arthritis,

asthma, diabetes, hypertension, obesity and osteoporosis (Groh, 2007). Despite their

greater risk for depression and poor physical health, many low SES women report a lack

of health insurance, not being satisfied with health insurance if they do have it, and not

having a regular doctor. They also rarely receive mental health services of any kind.

Another risk for low SES women is the lure of prostituting themselves to improve

their financial situations. "Red-light districts" are commonly found in urban areas in

addition to people engaging in illegal behavior who prefer the anonymity of urban

neighborhoods (Leadbeater & Way, 2007). Once young women have made the decision

to prostitute themselves, they are often exposed to a world of adult males who provide

them with drugs or monetary rewards in return for sexual favors. A study performed on

health disparities among female street youth found significant differences between the

female street youth and the control group (Benoit, Jansson & Anderson, 2007). Street

youth were defined as having loose or no attachment to family or school, living on the

street part or full-time in the past month, and making part or all of their money to survive

from street activities. Two-thirds of the females in the street sample reported having been

depressed, more than half said they experience flashbacks, just under half report anxiety

or panic attacks, 45% had attempted suicide and 37% reported having engaged in self-

harming behaviors. These numbers were much higher than those reported by the control

group. The female street youth also had a disproportionately high rate of substance use:

74% endorsed smoking marijuana and 50% said they drank alcohol at least once a week

as compared to only 19% and 31.6% among the control group. Even more worrisome was

the female street girls' use of cocaine or crack (28%), crystal methamphetamine (34%)

and heroin (12%). The control group had rates of 10%, 3%, and .5% for the same drugs.

One consequence of poverty that affects approximately 700,000 Americans each

year is homelessness (Lewis, Anderson, & Gelberg, 2003). While men make up the

majority of homeless cases, women and families are reportedly the fastest growing

segment of the homeless population. A disproportionate number of racial and ethnic

minorities comprise this population. Documented risk factors for homelessness include

childhood and adult   exposure to violence, unplanned pregnancy, foster care placement,

maternal substance abuse, minority status, frequent alcohol or heroin use, and recent

hospitalization for a mental health issue (Bassuk, Buckner, Weinreb, Brown, Bassuk,

Dawson, & Perloff, 1997; Lehman, Kass, Drake, & Nichols, 2007). Lehman et al. (2007)

interviewed 340 low-income women from California and Pennsylvania. Their sample

included homeless women and non-homeless, housed controls. The authors stated that the

women under the age of 35 had an increased risk for homelessness than the older

participants. They speculated that this variance may be explained by instabilities in

support networks and/or likelihood of having young children. Other risks included

unemployment and recent relocation.

Homeless women who are supported by partners who abuse substances are much

more likely to use drugs and exhibit a physical dependence on drugs (Galaif, Nyamathi,

& Stein, 1999). Unfortunately, there are some poverty-stricken women who use

maladaptive methods to cope with the stress of their financial situations. Such futile

strategies as self-medication with substances, overeating, sleeping through the day, and

repressing thoughts of the problem have been documented (Galaif et al., 1999).

Poverty and high school drop out

High school dropout is positioned at a crossroads in that it is a phenomenon that is

perpetuated by the poverty of past generations in addition to having the potential to

continue the cycle of poverty for future generations. Recent U.S. Census data

demonstrates that of all women 25 years or older, 15% lack a high school diploma (U.S.

Bureau of the Census, 2005). As mentioned previously, young women growing up in

poor, inner-city communities demonstrate higher rates of teen pregnancy, dealing and

abusing substances, involvement in illegal and gang-related activities, and chronic

physical and emotional health problems (Lever, Sander, Lombardo, Randall, Axelrod,

Rubenstein, & Weist, 2004). As a young woman matures, such risk factors can contribute

to poor academic functioning and in some cases, dropping out of school altogether.

Children from low-income families have consistently demonstrated higher drop-

out rates than children from middle and upper-income families (U.S. Department of

Education, 2004). More specifically, children from single-parent, female headed homes

are at a particularly high risk (Zaslow, Moore, Brooks, Morris, Tout, & Redd, 2002).

There are four individual factors that have been consistently cited in the literature

to be linked to high school drop out (Randolph, Fraser, & Orthner, 2006). There is mixed

evidence on whether differences in gender and race have an impact on dropping out.

National data demonstrates no difference between drop out rates for boys and girls, or

between Black and European-American youths (U.S. Department of Education, 2004).

Some studies have shown that boys are at higher risk (Alexander, Entwisle, & Kabbani,

2001), others have shown girls to be at greater risk (Ellickson, Bui, Bell, & McGuigan,

1998), and still others have shown no difference (Battin-Pearson, 2000).   Similarly,

results are mixed as to whether race and ethnicity have an impact on drop out (Alexander

et al., 2001; Randolph, Rose, Fraser & Orthner, 2004).

Carpenter and Ramirez (2007) examined drop out behavior among Black, White, and Hispanic students. The study included 17,613 participants, 10.4 percent of which were Black, 12.6 percent were Hispanic, and 67.9 percent were White. Results of the study demonstrated multiple achievement gaps both within and between ethnic groups. Common predictors of dropout for all three ethnic groups included being retained and number of suspensions. Predictors shared by Hispanic and White students were amount of time devoted to homework completion, gender, and family composition. More specifically, being male and having two parents in the home decreased likelihood for dropout in Hispanic and White participants. One common predictor shared between White and Black students was parental involvement; the more parents were involved, the less likely the student was to drop out. Hispanics and Blacks did not share any additional predictors in common besides the predictors shared between all three groups. The overall rate of dropout was 9.7% with 15% of Black students dropping out, 15.4% of Hispanic students, and 8.4% of White students. The differences in dropout status based only on ethnicity were not significant.

Randolph et al. (2006) believe that poverty is the interacting factor with gender and race that produces different results. For example, minority students are more likely to come from lower-income families which predict a greater likelihood of dropping out. National high school graduation rates have been low across all ethnicities, with an estimated 68% of 9th graders graduating in four years (Orfield et al., 2004). In 2001, 77% of Asian-Americans, 75% of Whites, 53% of Hispanics, 51% of Native Americans, and 50% of Blacks graduated high school in four years.

Another factor that impacts the likelihood of individual drop out is early school experiences. One study (Jimerson, Egeland, Sroufe, & Carlson, 2000) tracked a cohort of 177 children of single-parent, low-income families from birth through age 19. They found a correlation between problem behavior in the 1st grade and high school drop out. School experiences later in life are also predictive of eventual school completion. Several studies have found that school involvement is positively associated with level of educational attainment (Rumberger & Palardy, 2005). Similarly, poor school attendance, which could be looked at as a lack of school involvement, is negatively associated with graduating from high school (Dynarski & Gleason, 2002). In general, participation in extracurricular activities has a positive effect on high school completion (McNeal, 1995). Unfortunately, low SES children are often left out of such activities due to prohibitive costs of participation (Tout, Scarpa, & Zaslow, 2002).

Finally, family influence has been shown to have a tremendous impact on school completion. In particular, family socioeconomic status (Newcomb, Abbott, Catalano, Hawkins, Battin-Pearson, & Hill, 2002), parent and sibling relationships (Gleason & Dynarski, 2002), and maternal employment have been associated with educational attainment. Additional factors that have been cited as being predictive of drop out are emotional and behavioral disabilities. According to the U.S. Department of Education (2004), approximately half of students with these issues dropped out of school during the 1998-1999 school year.

Randolph et al. (2006) reviewed the records of 686 youth from low-income families who were enrolled in urban school districts in the southeastern United States. 91% of the participants were African-American and 53% were females. By the end of the study, almost half (47%) of the participants had dropped out of school. In regards to correlates of drop out, there were several. The risk for students who had been retained in the first grade was 89% higher than those who were not retained. Having been suspended and/or truant from school also increased risk. Participants who were involved in extracurricular activities were one-fourth as likely to drop out as those who did not participate in school activities. Adolescents in the study whose mothers were employed were 5.2 times as likely to drop out as compared to those whose mothers were not employed. There were no found differences in drop out rates between genders but African-American students in the study were found to be at a lower risk of dropping out than the European-American participants. The authors point out that the small number of European-American participants (9%) precluded them from exploring the mechanism that may explain these findings.

The importance of a high school diploma

As stated by the National Research Council, ''Probably nothing derails an adolescents' future more certainly than disconnecting from school, losing interest in learning, and ultimately dropping out of school (National Research Council Report on High-Risk Youth, 1993, p. 417).''

With the industrial workforce losing an estimated 2.3 million jobs since 1991, the number of jobs available to individuals without a high school diploma is rapidly shrinking (Orfield, Losen, Wald, & Swanson, 2004). Opportunities for securing gainful employment in the contemporary United States are severely restricted by minimal educational backgrounds. There is ample evidence demonstrating that individuals without a high school diploma are almost twice as likely to be unemployed. For those that are employed, they are more likely to experience job dissatisfaction and lower salaries than their counterparts who have graduated high school (Dillon, Liem, & Gore, 2003). More specifically, in the year 2000, high school drop-outs between the ages of 25-34 made 30% less than those who completed high school (U.S. Bureau of the Census, 2002). In addition to earning lower wages, high school noncompleters have lower levels of psychological and physical health (Dillon et al., 2003). Higher rates of substance abuse and propensity towards violence are also linked to lack of a high school diploma (Beauvais, Chavez, Oetting, Deffenbacher, & Cornell, 1996).

One study by Kogan, Luo, Murry, & Brody (2005) examined the risk and protective factors that predicted substance use in African-American high school drop outs. The authors' rationale for focusing on substance use in African-American drop outs was that during adolescence, African Americans report lower rates of substance use than their Caucasian counterparts. Nonetheless, after leaving high school, African-Americans eventually surpass European-Americans in both usage rates and negative consequences of use. The authors argue that this effect occurs at a time when adolescents should be preparing to enter the work force or continue their education. Dropouts who are abusing

substances are particularly ill-equipped to cope with this life transition. Findings indicate that positive family relationships, religiosity, and a positive life orientation are negatively correlated with substance use. Peer influence was a strong predictor of substance use in drop outs. Other consequences associated with low levels of educational attainment include incarceration, early parenthood, and limited life-time career exploration (Arnett, 2000).

Attempts to reduce high school drop out rates

In order to address the national problem of high school drop out and develop initiatives towards prevention, it is important to recognize factors that are associated with drop out. Previous research has identified the following factors as being linked to non-school completion: prior grade failure, low academic achievement, poor self-esteem, difficulties with teacher and peer relationships, poor school attendance records, lack of participation in school-related activities, problems at home, pregnancy, and substance abuse (Lever et al., 2004).

Over the past decade, the disconcerting statistics illustrating high school drop-out rates have been responded to by the development of many drop-out prevention programs. Meanwhile, the efficacy of such programs is equivocal. It is thought that effective drop-out prevention programs include three main components: positive school climate, individualized curriculum and instructional program, and the encouragement of personal, social, and emotional growth (Barr & Parrett, 2001). Other strategies for assisting in

drop-out prevention include increasing feelings of belongingness to the school and

implementing mentorship programs (Lunenberg, 2000). Sanders and Sanders (1998)

stressed the importance of collaboration among parents, teachers, school personnel, and

community members to improve the efficacy of drop-out prevention programs.

A comprehensive review of 45 drop out prevention and intervention studies

conducted from 1983 through 2000 (Lehr, Hanson, Sinclair, & Christenson, 2003)

described several similarities among interventions. For example, there was a focus on

changing the student through personal-affective interventions such as individual

counseling and participation in interpersonal-relations classes. The focus of the

interventions then shifted to academics through specialized courses and tutoring.

Additionally, variables such as poor grades, attendance, and attitude toward school were

addressed. In regards to targeting students to receive the intervention, many were

implemented with high school students who had poor academic and attendance histories.

The interventions with the greatest efficacy on at least one variable utilized early reading

programs, tutoring, counseling, and mentoring. They emphasized caring relationships

with students and offered community-service opportunities. Another review of drop-out

prevention evaluations (Dynarski & Gleason, 2002) identified smaller class sizes and

more personalized educational settings as factors that lowered drop out rates in GED

(General Educational Development) programs for older students and students in

alternative middle school programs.

One particular program that encompasses many of the components discussed previously is the Maryland's Tomorrow Program or the FUTURES program (Lever et al. 2004). The program involves 6 high schools in the Baltimore area who work collaboratively. Each year, 60 ninth graders are identified as being high-risk for drop out. Eligibility criteria include: (a) failure of at least one grade in elementary or middle school, (b) absent for 20 days or more in the first quarter of the eight grade or having an attendance rate of 85% or less in the seventh grade, (c) scores at least one grade level behind in either math or reading on a standardized test of basic skills. To be eligible for the program, students must meet at least one of the above criteria but many meet more than one. The program begins the summer before 9th grade with a paid 4 week "transition to high school" program. The students are given an introduction to the FUTURES program and become oriented to the high school staff and school environment in a more informal manner than if they started in September. They attend math, writing, reading, and computer skills classes throughout the summer as well as workshops, career development, and field trips.

Once the regular school year begins, FUTURES students attend smaller classes, receive extra support from teachers, advocates, and counselors, and earn rewards for positive achievement. Additionally, students are assigned an advocate at the start of their freshman high school year. The advocate remains with them until the year after high school graduation. Advocates perform many duties including monitoring attendance, aiding in the negotiation of problems with teachers and peers, scheduling tutoring,

encouraging participation in extracurricular activities, involving family members in the

program, and discussing eventual career options.

Outcome data on the effectiveness of the FUTURES program have been positive.

Data on the 1998-1999 school year demonstrates a drop out rate of 10.98% for the entire

Baltimore City School System. The FUTURES program reports a drop out rate of 6.28%

for that year. For the 1999-2000 school year, the Baltimore City School System reported

a drop out rate of 8.14% whereas the FUTURES rate was only 5.12%. Lever et al. (2004)

point out that not only was the FUTURES rate lower overall, but it was lower with a

sample of youth that were already at high-risk for school dropout.

Another approach that has shown potential for high school drop out prevention is

the placement of at-risk students in alternative schools (Franklin, Streeter, Kim, &

Tripodi, 2007). The Department of Education (2002) defines an alternative school as "a

public elementary/secondary school that addresses needs of students that typically cannot

be met in a regular school, provides nontraditional education, serves as an adjunct to a

regular school, or falls outside the categories of regular, special education, or vocational

education." Documented benefits of alternative schools include low teacher-student

ratios, fewer incidents of violence, higher attendance rates, increased participation in

extracurricular activities, and close student-teacher relationships (Franklin et al., 2007).

One study (Franklin et al., 2007) looked at the effectiveness of an academic

alternative school that specializes in drop out prevention utilizing a solution-focused brief

therapy approach. There are eight factors that the alternative school possesses which characterize its solution-focused methods. The school employs a faculty emphasis on strength building in its students, attention devoted to developing individual relationships with students, a focus on student accountability for their choices, a school commitment to achievement and hard work, confidence in student evaluations of program components, concentration on future successes rather than past failures, celebration of steps to success and goal setting activities. Forty-six students were part of the solution-focused alternative school group and thirty-nine students were from a public high school. The two groups were matched on the characteristics of attendance, number of credits earned, participation in the free lunch program, race, gender, and whether the student was at-risk for drop out according to the Texas Education Code. Both schools had low student/teacher ratios (16:1).

In regards to school credits, the SFAS group earned 99% of the credits they attempted which was significantly higher than the public school group. While the graduation rate was higher for the public high school group (90%) than for the SFAS group (62%), the authors emphasize that half of the remaining SFAS group (7 students) had graduated by the end of the following year and only two ended up dropping out completely. Franklin et al suggest further that high-risk youths may be more likely to complete high school when given choices that fit their individual academic needs as well as a longer time to finish. The authors conclude that while the results do not indicate that the students' participation in the alternative school program led to positive outcomes, there is evidence of significant improvements on academic variables.

The transition from middle school to high school can be a pivotal time for all students but even more so for those at risk for high school non-completion (Brown, 2001). Research demonstrates that attendance and academic achievement rates often decline during this transition (Isakson & Jarvis, 1999). Johnson, Holt, Bry and Powell (2008) hypothesized that providing an integrated program to aid in the transition of high school students during their freshman year would result in lower levels of absences and academic failures. The study was carried out in a low income urban New Jersey high school. Participants included 157 ninth grade students, 60 of whom were assigned to the no program control group and 97 of whom were assigned to the program group. Students assigned to the program group met with peer leaders in a group meeting room every Thursday in lieu of attending gym class. Additionally, the authors solicited nominations of 20 9th grade students who administrators, guidance counselors, peer leaders, and advisors thought were at risk of dropping out of school based on their observations. These 20 students were assigned to a 5 month mentoring program.

The weekly peer-led Thursday meetings utilized the Peer Group Connection program which aims to increase sense of school attachment, create relationships with prosocial peers, provide problem solving skills, help students learn to resist negative influences, set realistic goals, manage anger and stress, and develop a belief system oriented with achievement. The peer leaders were upperclassmen chosen because they possessed prosocial leadership qualities and represented varying ethnicities. Two person teams of peer leaders delivered 16 program modules to groups of 12-15 students over the

school year. Additionally, the freshmen in the program participated in an activity day, a family night, as well as a cabaret event.

The other component of the study, the Selective Adult Mentoring program is based on the theory that enhancing a student's social environment will ultimately enhance their academic and social competencies. 10 adult mentors received a 3 hour training workshop and were assigned two students each. They were encouraged to talk with their mentees' teachers on a weekly basis, meet with mentees every day for 20 minutes, choose an important behavior to manage with the student, and keep track of the students' absences, tardiness, grades, and discipline referrals. Additionally, mentors communicated with their mentees' parents to discuss positive behavior demonstrated by the mentee.

The authors report that there were several positive effects of both programs: increased ability to make friends, increased ability to resist peer pressure to participate in negative behaviors, decreased tolerance of friends' use of substances, and decreased acts of school misconduct. Such results indicate that peer and adult mentoring programs targeted at high school freshman can be helpful in reducing behaviors that make a student more likely to drop out of high school.

Initiatives like the FUTURES program appear to be effective in reducing the rate of drop out in high school students. The literature on drop out prevention cites several challenges to developing and maintaining effective programs (Christenson & Thurlow, 2004). For example, student mobility or students not remaining in one particular school

for a long enough period of time for an intervention to be effective is a concern. Suggestions for grappling with this challenge include coordinating drop out prevention programs in multiple schools across multiple districts and states. Thus it may be possible to track students' performance and progress even if they relocate. One issue such programs do not address is what becomes of students who have already dropped out of school and are unable to return due to having exhausted all possibilities for being educated within a public school setting.

CHAPTER III

METHOD

Participants

This study was exempt from IRB review because of the use of archival data (see Appendix C for the notice of exemption). The sample consisted of seventy-six female youths aged 16-25 (M= 18.60, SD=2.36) who entered an RVATP between January 2005 and June 2006. Ten of the young women were mothers (13.2%) and seven endorsed having protective services involved in their lives (9.2%). Ten participants reported a history of police involvement in their lives (13.2%), nine endorsed having previous charges against them (11.8%), one is currently on probation (1.3%), and one participant had pending charges against her (1.3%). In regards to special education classification, six of the women were classified and had received special education services in the public schools (7.9%). Thirty-three of the participants (43.4%) had a history of suspension or expulsion from the public schools.

In order to be eligible for the RVATP, applicants must have been between the age of 16 and 25, had poverty status, not be on parole, be a high school drop out or in need of additional vocational training, and be a citizen or permanent resident of the United States (Schochet, Burghart, & Glazerman, 2001). According to the U.S. Department of Labor

(1999) the "typical" RVATP resident is a minority who has dropped out of high school with an average age of 18 years and a seventh grade reading level. The most common way that applicants learn about the RVATP program is through friends or relatives (Schochet et al., 2001). To a lesser degree, applicants become familiar with the program through mailings, radio or television. The majority of applicants have never held a full-time job and are looking for training that will ultimately improve their employment and earning potential.

RVATP Social Intake Form

When new residents arrive at the New Jersey RVATP, they are assigned to a counselor who acts as their case manager during the time they are there. During their first meeting with their counselors, residents complete a Social Intake form (which is used nationally at all other RVATP facilities as well) that includes basic demographic questions and questions relating to their family life and mental health history. See Appendix A for an example of the Social Intake form. Because many RVATP residents entering the program have reading levels that may preclude them from being able to read the Social Intake forms independently, their counselors read the questions to them during the first meeting and record their answers.

Seventy-six Social Intakes collected between January 2005 and June 2006 were used for analysis. The Social Intakes used in this study were part of a larger sample of Social Intakes used for a study currently in progress by the Mental Health Consultant at the RVATP. Only the Social Intakes completed by the female residents were taken from

the larger sample size. Names of residents were concealed prior to data entry to ensure anonymity of participants.

Ten independent variables were chosen to assess participants' legal history, mental health history, special education background, and substance use history. The items were yes/no questions and were worded in the following way:

1. Have you ever been in trouble with the police?

    10 participants responded yes to this question (13.2 percent), 65 participants responded no (85.5 percent), and 1 did not respond.

2. Have you been in counseling before?

    32 participants responded yes to this question (42.1 percent) and 44 participants responded no (57.9 percent).

3. Do you have a history of depression (feeling sad, hopeless, crying, sleep or appetite problems, low energy, withdrawn)?

    30 participants responded yes to this question (39.5 percent) and 46 participants responded no (60.5 percent).

4. Do you have a history of anger issues (easily irritated, bad temper, violent outbursts, punches people/things)?

30 participants responded yes to this question (39.5 percent) and 46

participants responded no (60.5 percent).

5. Do you have a history of anxiety (feeling stressed out, fearful, panics, always

    worried)?

    22 participants responded yes to this question (28.9 percent) and 54

    participants responded no (71.1 percent).

6. Do you have a history of sexual abuse (rape, incest, molestation)?

    10 participants responded yes to this question (13.2 percent) and 66

    participants responded no (86.8 percent). Of the respondents that replied yes,

    the average age of initial sexual abuse was 12.333.

7. Do you have a history of physical abuse (ever been hit by a family member or

    significant other)?

    16 participants responded yes to this question (21.1 percent) and 60

    participants responded no (78.9 percent).

8. Do you have a history of attention deficit hyperactivity disorder (trouble

    concentrating, over-energized, cannot complete tasks)?

    4 participants responded yes to this question (5.3 percent) and 72 participants

    responded no (94.7 percent).

9. Have you ever experimented with substances?

49 participants responded yes to this question (64 percent), 27 participants responded no (36 percent).

10. Did you receive any special education or resource classes?

6 participants responded yes to this question (7.9 percent) and 70 responded no (92.1 percent).

The dependent variable was the participants' completion or non-completion status. (1=Terminated before completion; 2= Successfully completed). 46 of the young women were terminated from the program without completing (60.5 percent) and 30 of the young women successfully completed the program (39.5 percent). In regards to reasons for non-completion, participants were discharged for the following reasons:

1. Getting caught using drugs and/or alcohol on campus (3 participants, 3.9 percent)

2. Fighting (12 participants, 15.8 percent)

3. Being absent without leave i.e. eloping from the grounds of the RVATP facility or not returning within a set time period after going home for the weekend or vacation (29 participants, 38.2 percent)

4. Resigning (1 participant, 1.3 percent)

5. Mental health leave (2 participants, 2.6 percent)

CHAPTER IV

RESULTS

This chapter presents the results of descriptive data analysis, chi-square tests, correlation and regression analyses examining completion status of the participants. Analyses were conducted to determine whether relationships existed between the independent variables and the dependent variable. SPSS 17.0 was utilized to conduct all data analyses.

The percentage of participants terminated versus completed based on their responses to each of the survey items of interest (see Chapter 3 for specific item wording and Appendix A for the Social Intake Form) is outlined in Table 1. Regarding the characteristics of the population being studied, the majority did not have a history of police involvement (87%), were not special education classified (92%), did not have a history of ADHD (95%), anxiety (71%), physical (79%) or sexual abuse (87%). More than half endorsed experimentation with substances (64%), denied having previous counseling (58%), denied previous depressive symptoms (61%), and denied previous anger issues (61%). As shown in Table 1, a great majority of participants (80%) who endorsed having previous anger issues were terminated from the RVATP without completing. Also noteworthy was that a large proportion (82%) of participants who endorsed having had previous symptoms of anxiety did not successfully complete the program. Regarding those participants with a history of sexual abuse, 100% were

terminated early from the program as were 100% of participants who reported having

been diagnosed with ADHD. The item addressing a history of physical abuse was also

important in that 81% of those reporting physical abuse did not complete the program.

Table 1

Relationships Between Psychosocial Factors and Program Completion

Variable	Completion status		r	X^2
	Yes (%)	No (%)		
History of police involvement				
Yes	4 (40)	6 (60)	.000	.000
No	26 (40)	39 (60)		
Special education classified				
Yes	3 (50)	3 (50)	-.063	.302
No	27 (39)	43 (61)		
Previous counseling				
Yes	11 (34)	21 (66)	.089	.601
No	19 (43)	25 (57)		
Previous depression				
Yes	10 (33)	20 (67)	.101	.782
No	20 (43)	26 (57)		
Previous anger issues				
Yes	6 (20)	24 (80)	.322**	7.867**
No	24 (52)	22 (48)		
Previous anxiety				
Yes	4 (18)	18 (82)	.278*	5.875*
No	26 (48)	28 (52)		

Table 1 (continued)

Relationships Between Psychosocial Factors and Program Completion

	Completion status			
Variable	Yes (%)	No (%)	r	X^2
History of sexual abuse				
Yes	0 (0)	10 (100)	.314**	7.510**
No	30 (45)	36 (55)		
History of physical abuse				
Yes	3 (19)	13 (81)	.219	3.643
No	27 (45)	33 (55)		
ADHD				
Yes	0 (0)	4 (100)	.190	2.745
No	30 (42)	42 (58)		
Substance use				
Yes	14 (29)	35 (71)	.300**	6.862**
No	16 (59)	11 (41)		

Note. *p < .05, **p<.01

Results of the Inferential Statistical Analysis

As indicated by the correlations and chi-squares in Table 1, the independent variables history of sexual abuse, previous anger issues, previous anxiety symptoms, and experimentation with substances had a significant relationship with completion status. Regarding anger issues, a significant correlation was observed, r (76) = .322, $p < .05$, such that those participants who endorsed a history of anger issues were more likely to be terminated from the RVATP rather than completing the program successfully. Similarly, a significant correlation was observed between anxiety symptoms and completion status, r (76) = .278, $p < .015$, such that those participants who indicated a history of anxiety were more likely to be terminated from the RVATP program rather than completing. A significant correlation was also found, r (76) = .314, $p < .006$, such that those young women who endorsed having been sexually abused were more likely to be terminated from the program rather than completing the program successfully. Finally, a significant relationship was found, r (76) = .300, $p < .008$, such that young women who endorsed having experimented with substances were more likely to leave the RVATP without completing.

Correlations between independent variables were also examined because a strong correlation between the independent variables could be an indication of problems with multicollinearity in the data (see Appendix B for a table of all zero-order correlations). Significant relationships were found between the following independent variables: previous counseling and previous depression; history of police involvement and anger issues; special education classified and anger issues; previous depression and anger

issues; anger issues and physical abuse; anxiety and sexual abuse; anxiety and physical

abuse; anxiety and ADHD; experimentation with substances and anger issues; and sexual

abuse and physical abuse.

Logistic Regression Analysis

A logistic regression analysis was conducted to determine whether the ten

psychosocial factors recorded on intake were significant predictors of participants'

completion status (see Table 2). The use of logistic regression was appropriate because

the researcher aimed to study the relationship between one or more predictor variables

and a dichotomous categorical outcome variable (Peng & So, 2002). It is useful for

analyzing more than one predictor for completion status as it is likely influenced by many

factors rather than just one. Multiple regression is a vehicle by which to test the

hypothesis of how well a combination of variables predicts a certain outcome; in this

case, completion status.

Table 2

Logistic Regression Analyses Predicting Participants' Completion Status

Variable	*B*	*SE*	*OR*	*df*	*p*
History of police involvement	.682	.994	1.979	1	.493
Special education classified	18.928	8985.845	1.661E8	1	.998
Previous depression	.577	.916	1.781	1	.528
Previous counseling	.091	.731	1.095	1	.901
Anger issues	-1.146	.660	.318	1	.083
Anxiety	-.920	.970	.398	1	.343
History of sexual abuse	-37.663	13835.934	.000	1	.998
History of physical abuse	.014	.891	1.014	1	.988
ADHD	-37.976	19300.481	.000	1	.998
Experimentation with substances	- .715	.595	.489	1	.489

Nagelkerke R Square = .421, X^2, (10, N=75) = 27.976, p < .05

Note. *p < .05, **p<.01. OR = odds-ratio.

As seen in Table 2, none of the beta values of the variables were significant independently. A second logistic regression was run without the following variables: ADHD, sexual abuse, and special education classification (see Table 3). These variables were chosen to be removed due to the large standard errors caused by zero observations in the cells being examined (see the large standard errors in Table 2).

As shown in Table 3, the Nagelkerke R square value for this reduced model was .278. Examination of the coefficients for the individual predictors revealed that anger issues were significantly related to completion status, such that those who endorsed having current or past issues with anger were more likely to be terminated from the RVATP before completing the program. More specifically, the odds ratio of .274 indicated that the odds of completion for participants without a history of anger issues were 3.65 times more likely than for participants with a history of anger issues. The odds ratio of .367 indicated that the odds of completion for participants without a history of experimentation with substances was 2.72 times more likely than for those with a history of experimentation with substances. Finally, the odds ratio of .240 indicated that the odds of completion for participants without a history of anxiety issues was 4.17 times more likely than for those with a history of anxiety issues. It is also noteworthy that the variables anxiety and experimentation with substances were approaching significance at p =.095 and p =.078, respectively.

Table 3

Summary of Regression Analyses for Variables Predicting Participants' Completion Status With Variables Removed

Variable	*B*	*SE*	*OR*	*df*	*p*
History of police involvement	.649	.896	1.914	1	.469
Previous depression	.638	.815	1.893	1	.434
Previous counseling	-.068	.659	.934	1	.917
Anger issues	-1.293	.628	.274	1	.039*
Anxiety	-1.426	.855	.240	1	.095
History of physical abuse	- .363	.818	.696	1	.658
Experimentation with substances	-1.001	.568	.367	1	.078

Nagelkerke R Square = .278, X^2,(7, N=76) =17.292, p<.05

Note. *p < .05, **p<.01. OR = odds-ratio.

There were several important findings outlined in Chapter 4. Frequency data indicated that a majority of participants who reported having previous anger issues, previous symptoms of anxiety, and a history of physical abuse were prematurely terminated from the RVATP without completing. Regarding those participants with a history of sexual abuse, 100% were terminated early from the program as were 100% of participants who reported having been diagnosed with ADHD.

Correlation analyses and chi-square tests revealed significant associations between the independent variables anxiety symptoms, history of sexual abuse, anger issues, experimentation with substances and the dependent variable, completion status. Regression analyses indicated that anger issues were a significant predictor of noncompletion in participants. Thus the variable anger issues contributes a unique effect to completion status.

CHAPTER V

DISCUSSION

The purpose of this dissertation was to identify factors that predicted non-completion from a residential vocational academic training facility (RVATP) of young at-risk women. A review of the literature concerning young women in the United States living at or below the poverty level revealed a shortage of articles pertaining to their psychological development and educational attainment. Leadbeater and Way (2007) discuss the lack of articles pertaining to the development of young urban women in their book *Urban Girls Revisited*. Saris and Johnston-Robledo (2000) reviewed articles published in mainstream psychology journals between January 1995 and December 1997. They searched for articles pertaining to low-income women in the areas of mental health, sexuality, sexual abuse, contraception, sexually transmitted diseases, AIDS, abortion, pregnancy, birth, and motherhood. Of 262 abstracts concerning women and the aforementioned areas, just 3.2% focused on women with low socioeconomic status.

There is also a dearth of literature regarding the educational and vocational attainment of females at poverty level. The author encountered this shortage during her own review of the literature on females at poverty level. Both of these topics are relevant

to the author's work at a Residential and Vocational Academic Program. For example, while working as a therapist at the RVATP facility, the author observed that a great percentage of students referred for mental health services and treated by mental health staff dropped out of the program before completing it. The discussion regarding early dropouts or terminations from the RVATP is significant because the goal of the organization is to equip students with their GED or high school diploma in addition to vocational skills. Similar to any school program, if students leave before completing their educational goals, their future career options are severely limited (Arnett, 2000; Dillon, Liem, & Gore, 2003). Some of the literature reviewed in Chapter 2 (Beauvais et al., 1996, Dillon et al., 2003; Kogan, Luo, Murry, & Brody, 2005) described the far-reaching consequences of dropping out of high school and never completing a high school diploma. Individuals without these credentials suffer not only financially but physically and psychologically as well (Dillon et al., 2003). A review of the literature on high school drop-outs indicated that there were different barriers to high school diploma attainment for men and women (Ginorio & Huston, 2001). Furthermore, there was a paucity of research that had been conducted on the well-being and overall functioning of women with low socioeconomic status (Saris & Johnston-Robledo, 2000). If the RVATP can accurately identify young women most at risk for dropping out, mental health resources can be put to use most effectively. Consequently, the present study aimed to identify psychosocial risk factors for non-completion from the RVATP specifically in young women.

 Upon intake at the RVATP program, all students are required to complete a Social Intake

Form (see Appendix A). The author chose ten variables from the survey to determine to

what extent they predicted non-completion of the RVATP. The ten variables included

history of police involvement, special education classification, previous counseling,

previous depression, previous anger issues, previous anxiety, history of sexual abuse,

history of physical abuse, ADHD, and substance use. These variables were chosen

because the author wanted to take into account risk factors that were relevant to those

functioning at or below the poverty level and from the author's own observations in

doing therapy with this population, possibly related to non-completion of the RVATP.

Statistical analyses were performed using SPSS 17.0. Correlation analyses and chi-square

tests revealed significant associations between anxiety symptoms, history of sexual

abuse, anger issues, experimentation with substances and program completion status. The

results from logistic regression analyses indicated that anger issues were a significant

predictor of non-completion in participants above and beyond the effects of other

predictors.

        Several explanations for why these variables are linked to completion status are

explored below. It is likely that individuals arriving at the RVATP are already at

heightened risk for drop-out as a consequence of being at poverty level and having

dropped out of traditional high school programs. A study examining the effectiveness of

RVATPs found that the average dropout rate was fifty-seven percent. Similarly, sixty-

two percent of the individuals in the current study dropped out of the RVATP. As

indicated by the results of the present study, certain individuals are at even greater risk

for non-completion hampered by their life experiences and mental health issues. The results of the present study indicated that a history of sexual abuse, anger issues, anxiety symptoms, and experimentation with substances were all correlated with non-completion of the RVATP and it is likely that females who endorse such items on their Social Intake surveys are at an even greater risk for drop out than those who do not endorse such items.

Anger Issues

As mentioned previously, anger issues emerged as a unique predictor for non-completion. Research supports a link between anger and aggression issues and school dropout (French & Conrad, 2001). One particular study on school drop outs demonstrated that youth with the highest levels of problem behavior had the highest likelihood of dropping out of school (Janosz, Le Blanc, Boulerice, & Tremblay, 2000). Much of the research points to deviant peer affiliations as related to maladaptive educational outcomes (Farmer, Estell, Leung, Trott, Bishop, & Cairns, 2003). In regular school settings, students with severe anger issues are classified as *emotionally disturbed* and given services to help them cope with their anger in school settings (U.S. Department of Education, 2001). Students with ED classifications drop out of school at the highest rate (51%) and have low rates of graduation (43%).

A young woman entering the RVATP with a history of anger issues is understandably at risk for termination. Her past behavior would indicate that she has likely dealt with challenges to self-efficacy by acting out in anger towards authority

figures and peers. The RVATP is a place where she will be introduced to many new people with different ethnicities and religious backgrounds. Many are also likely at-risk for psychological issues. It will likely be difficult for her to adapt without immediate support from mental health staff.

Sexual Abuse

None of the young women who endorsed having been sexually abused in this sample completed the RVATP. Sexual abuse was significantly correlated with non-completion from the RVATP. The research indicates that childhood sexual abuse and rape survivors are at risk for other psychological issues such as depression, fear and/or anxiety, post-traumatic stress disorder and alcohol and substance dependence (Campbell, Dworkin, & Cabral, 2009). A recent trend in sexual abuse research has been to determine what characteristics of the abuse are related to later psychological functioning of the victim. A review of the research revealed that there is little empirical basis for a relationship between sociodemographic factors such as socioeconomic status, ethnicity, and age and post-assault/abuse distress (Campbell et al., 1999; Elliott, Mok, & Briere, 2004; Ullman & Brecklin, 2002; Ullman, Filipas, Townsend, & Starzynski, 2006). Little research supports a link between characteristics of the assault/abuse and later psychological functioning of the victim (Campbell et al, 2009). Findings are more consistent with associations at the micro- (informal support from family and friends), exo- (contact with the legal, medical, and mental health systems), macro (societal rape myth acceptance), and chronosystem (sexual revictimization and history of other

victimizations) levels. Mental health outcomes for adult sexual abuse/assault survivors are associated with the aforementioned factors (Campbell et al., 2009). For example, negative reactions from peers and greater society (possibly the legal or medical system), are connected to feelings of self-blame and self-doubt regarding the abuse or assault (s). Feelings of shame in the victim have been shown to persist throughout the lifetime and sexually abused women are at greater risk for revictimization than non-abused women.

Schilling, Aseltine, and Gore (2007) examined educational, work, and relationship involvements to understand the role of these experiences in shaping the mental health of non-abused and abused young women. The authors discuss how well-documented vulnerabilities in interpersonal relationships and persistent feelings of shame in the sexual abuse victim make the successful transition to adulthood more difficult for them than for their non-abused peers. Their findings regarding relationships of sexual abuse victims suggest that non-supportive intimate relationships exacerbate depressed mood above and beyond work and school experiences. They also found that the sexually abused women in their study perceived lower levels of emotional support from their partners which is consistent with prior research. The sexually abused women reported receiving less enjoyment from school experiences than their non-abused counterparts. Results revealed elevated depressed mood among the sexual abuse victims compared to the non-abused women and especially elevated depression symptoms following transitions.

Experimentation with Substances

Prior experimentation with substances was also found to be significantly associated with non-completion from the RVATP program. It is possible that having used substances in the past, female residents' may continue to use or begin using again once at the RVATP. Termination could result if the young woman is caught while intoxicated or using such substances on campus. Substance use could also indirectly cause drop out or termination if the young woman is unable to complete assignments or becomes engaged in physical altercations due to being intoxicated. There is a great body of research that has examined the relationship between school dropout and substance use (Townsend, Flisher, & King, 2007). There appears to be conclusive support in cross-sectional studies for higher rates of cigarette, alcohol, marijuana, and other drug use among those who ultimately drop out and those who are at risk for dropping out when compared to those who remain in school or complete school. Longitudinal studies demonstrate an association between cigarette and marijuana use and school dropout (Fergusson et al. 1996; Fergusson et al. 2003; Fergusson & Horwood, 1997).

Anxiety

Finally, anxiety was also significantly correlated with completion status. High levels of anxiety concerning peer relationships, school or vocational stresses could result in avoidant behavior that may cause the resident to AWOL or not return to the program after a weekend or vacation. Explanations for school refusal behavior (Dube & Orpinas, 2009) include negative and positive reinforcement. For example, negative reinforcement may be operating in that by avoiding school, the student is not exposed to anxiety

producing situations and physiological feelings of anxiety. Second, positive reinforcement may be operating in that they are receiving attention from parents or authority figures as a consequence of their behavior. Additional positive reinforcements include rewards like television viewing time, playing video games, or time with friends when they are not at school. Dube and Orpinas investigated school refusal behavior in a sample of students and found that 60.6 percent had a profile of seeking positive reinforcement, 22.2 percent had no profile and that 17.2 percent had mixed profiles.

Self-efficacy Theory

It is helpful to look at the potential RVATP experience of young at-risk women through the lens of Bandura's self-efficacy model (Bandura, 1977). Bandura defined self-efficacy as the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations. According to the model, self-efficacy influences the choices we make, the effort we put forth, how long we persist when we confront obstacles, and how we feel about ourselves in general. There are four sources contributing to a person's self-efficacy: mastery experience, vicarious experience, verbal persuasion, and physiological states. Mastery experiences, or successes in the face of adversity, are the most influential in creating a sense of self-efficacy. It is unlikely that a young woman who has dropped out of a regular high school setting has experienced many academic successes. Additionally, she may look at her abuse or assault history as yet another obstacle that she was unable to overcome unless she has worked through this trauma with a qualified therapist who has helped her to recognize that the trauma was not her fault. There was no correlation between sexual abuse and previous counseling in this study indicating that the participants were unlikely to have received professional help for

coping with their past abuse. Regarding vicarious experience, or social comparisons with others, young women entering the RVATP are typically at poverty level and many have not grown up with examples of positive, successful female role models (Newman, 1999). Lack of positive role models is yet another detriment to a person's self-efficacy as they will lack positive vicarious experiences to draw upon when approaching new challenges.

Arriving at the RVATP, the young woman is presented with new people and academic and vocational challenges. She may envision failure scenarios (drawing on past experiences) and the myriad of things that can go wrong in this new place. This may result in stress, anxiety, and difficulty focusing on her work for the GED/High School Diploma program or her vocational skills class. Based on her history of failure in academic settings, it is likely that she has developed maladaptive styles of coping with new challenges. She may cope with the stress by avoiding the RVATP program all together and not returning after a weekend or vacation as was seen in thirty-eight percent of the sample who were terminated for being absent without leave. Or she may act out such feelings resulting in physical altercations that could lead to termination from the RVATP (15.8% of the sample). Another way she may cope is through substance use. A majority of the sample reported having experimented with substances (64%). Almost four percent of the current sample was terminated for being caught using substances.

Author's observations and recommendations for the RVATP

While working as a mental health practitioner at the RVATP, the author became familiar with RVATP policies and trends in behavior among the residents that pertain to the significant risk factors in this study. For example, regarding anger issues and aggression, the research documents a link between deviant peer associations and school dropout (Farmer et al., 2003). Young women at the RVATP are grouped in dorms based on their behavior and leadership participation records. Consequently, young women with the worst behavior profiles end up residing in a dorm together without their more prosocial peers. It may be beneficial for the RVATP to have living situations where prosocial peers are residing with young women at-risk for behavior problems to help prevent affiliations between residents at-risk for behavior issues.

The research also supported an association between experimentation with substances and school dropout. It is common to see groups of young women smoking cigarettes at various places around the RVATP. A fellow mental health intern started a smoking cessation group at the RVATP which, from anecdotal reports, seemed to be effective in reducing smoking in several of the residents. It would be helpful to identify students with high rates of smoking behavior early on so they can be offered the opportunity to participate in the smoking cessation group and reduce their likelihood for program non-completion.

Regarding anxiety and avoidance in students at the RVATP program, the author has observed this type of behavior in her therapy clients. Certain clients spend a

significant amount of time at the RVATP Wellness Center (where the RVATP physical

and mental health staff is housed). Students skip classes on days when they are not

scheduled for a therapy appointment and visit their assigned therapist with "emergent"

issues and requests for brief sessions. They then request a pass back to the academic

department of the RVATP to be excused for missed classes. It is impossible to know for

sure the motivation of this behavior but it has been frequently speculated by the mental

health staff that certain students will take advantage of their status as therapy clients to

avoid classes and garner attention from peers and Wellness staff. If this situation is

suspected, it should be dealt with on a case by case basis and the therapist should share

their concerns with their client.

In light of the present study, it is recommended that the Social Intake form be

utilized more extensively in prioritizing mental health referrals. Young women with risk

factors such as past sexual abuse, anger issues, and experimentation with substances

should be given priority in mental health treatment, perhaps by being the first to be

assigned to a therapist and additionally participating in a mental health support group.

Cigarette and marijuana smoking, while common on the RVATP campus, should not be

taken lightly as the research indicates an association with dropout. Referrals to the

Wellness smoking cessation group should be made early and often. Anger issues in

particular should be taken very seriously as this variable was the sole unique predictor for

non-completion. While there is an anger management group being run out of the mental

health center at the RVATP, it is large (16+ residents) and does not meet consistently. It

may be helpful to split the group in half and have it meet on a more consistent basis.

Limitations of the Study

Several limitations regarding the present study were noted. These include means by which the data were collected, construction of survey items, type of data utilized, and broader data limitations. First, there is the possibility of dishonesty and/or recall bias on the part of the young women studied. For example, the participants were asked to complete the Social Intake forms when they first arrived at the RVATP program. Though they were explicitly assured of confidentiality, the participants might have been reluctant to disclose such information as a history of police involvement and past substance use for fear that they would be judged negatively. Additionally, there unfortunately remains a stigma surrounding past mental health issues and treatment (including sexual abuse and physical abuse) that causes many Americans to be apprehensive in revealing such experiences (Sartorius & Schulze, 2005). The participants in this study might not have been completely forthcoming regarding their current and past mental health as a result. They also may not accurately recall their early experiences regarding factors such as substance use and abuse history.

Second, certain items on the Social Intake Forms were worded in such a way that they might have been confusing for some of the participants. For example, the item assessing a history of depression described depression with the following symptoms: feeling sad, hopeless, crying, sleep or appetite problems, low energy, and withdrawn. The item does not specify whether the participant needed to have experienced all, some, or one of the symptoms to qualify for having a history of depression. Additionally, the item

does not specify how long the participant needed to have been experiencing such symptoms to qualify for having a depression history. The same critique applies to the items assessing anxiety, anger, and ADHD symptoms. It would be helpful for the RVATP program to reword the survey to more closely match the DSM-IV diagnostic criteria for the aforementioned disorders. Along the same vein, all data were categorical (yes/no) in type. Having participants checking a box "yes" or "no" regarding the presence of anxious or depressive symptoms may not be accurate as there is such a wide variation in the manifestation of anxiety and depression in different individuals.

Third, the research design and statistical tests and analyses utilized in this study were primarily correlational in nature and involved the examination of relationships between the variables of interest. Thus, findings need to be interpreted cautiously and in general, are restricted to describing associative relationships.

Recommendations for Future Research

Expanding the present study to include a greater number of participants across different RVATP centers in different parts of the country would be beneficial to increase sample size and determine if there are regional differences in risk factors for non-completion from the program. It would also be interesting to conduct a similar study in male residents to examine similarities and differences by gender.

Implications for School Psychology

There are several messages that can be taken from this study and applied by school psychologists in their work in public, out-of-district, and alternative school settings. Ideally, students will remain in their district school placement, the least restrictive environment under the U.S. Department of Education's special education law. To help make it more likely that students do not drop out of alternative school settings, school psychologists should be aware of risk factors that place a student at-risk for drop out (low SES, grade retention, poor attendance, lack of school involvement, etc.) and intervene early with evidence-based strategies. For example, programs like the FUTURES program (Lever et al., 2004) utilize individual counseling, support groups, tutoring and smaller class sizes (see Chapter II)and target 9th graders who are at risk for drop out by virtue of grade retention, absences, and standardized test scores. The comprehensive program has a dropout rate that is lower than that of the Baltimore City School System and with a population of students already at high-risk for dropout.

Summary

The purpose of this dissertation was to identify factors that predicted non-completion from a residential vocational academic training facility (RVATP) in young at-risk women. A review of the literature focused on high school dropout indicated that children from low-income families are at much greater risk for school dropout than children from middle and upper income families. There is much research to support the pervasive effects of never completing high school. Individuals without a high school diploma are almost twice as likely to be unemployed. For those that are able to secure

employment, they are more likely to experience job dissatisfaction and lower salaries. Additionally, high school non-completers have lower levels of physical and psychological health, higher rates of violence, and higher rates of substance abuse.

The present study aimed to fill gaps in the literature regarding the educational and vocational achievement of women at poverty level. It was hypothesized that young women who endorsed a history of mental health issues, legal issues, physical and sexual abuse, and substance use would be more likely to not complete the RVATP.

The sample studied consisted of seventy-six female youths aged 16-25 (M= 18.60, SD=2.36) who entered the RVATP between January 2005 and June 2006. Seventy-six Social Intake forms (see Appendix A) were coded and analyzed. The following ten independent variables were chosen: history of police involvement, previous counseling, history of depression, history of anger issues, history of anxiety, history of sexual abuse, history of physical abuse, history of ADHD, experimentation with substances, and special education classification. The dependent variable was completion status from the RVATP.

Frequency data indicated that a majority of participants who reported having previous anger issues, previous symptoms of anxiety, and a history of physical abuse were prematurely terminated from the RVATP without completing. None of the individuals with a history of sexual abuse or a history of ADHD completed the program.

Correlation analyses and chi-square tests revealed significant associations between the independent variables anxiety symptoms, history of sexual abuse, anger

issues, experimentation with substances and the dependent variable, completion status when examined bivariately (i.e. one pair at a time). Multivariate logistic regression analyses indicated that experiencing anger issues were a sole significant predictor of non-completion in participants. Thus having anger issues appears to be uniquely related to program completion status.

In examining the literature to determine whether the findings from the present study were supported by other studies, it was found that there is support for a link between substance use and school dropout, mainly in cross-sectional studies. Anger issues and behavioral problems have been found to influence dropout behavior, sometimes via deviant peer affiliations. Anxiety has also been shown to have an impact on school refusal behavior. Recommendations for RVATP policies and implications for future research and for school psychologists were also discussed.

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APPENDIX A

Attachment

SOCIAL INTAKE FORM

I.   DEMOGRAPHIC INFORMATION

Name: _____   SSN: _____

Address: _____   DOE: _____

City: _____   DOB: _____

State: _____   Zip Code: _____   Phone #: ( ) _____

II.   FAMILY BACKGROUND

Mother/Guardian: _____ Father/Guardian: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone #: ( ) _____ Phone #: ( ) _____

Siblings: Yes _____ No _____   If yes, how many: _____

Children: Yes _____ No _____ If yes, how many: _____

  Name: _____ Age: _____ Name: _____ Age: _____

  Name : _____ Age: _____ Name: _____ Age: _____

Has the **Job Corps** child allotment been explained to you? Yes_____ No_____

Who is the day care provider for your child(ren)? _____

Who raised you? _____

Whom have you lived with for the past year? _____

How long have you lived there? _____ Do you like living there? _____

If a minor, do you live with your parent? Yes_____   No_____

If no, the reason is: _____

Do you have a caseworker? Yes_____ No_____

If yes, caseworker's name is: _____ Phone #: ( ) _____

Describe your relationship with the following people (e.g., excellent, good, fair, poor, none):

Mother/guardian: _____

Father/guardian: _____

Siblings: _____

Significant other/spouse: _____

Friends: _____

Others (e.g., teachers, bosses, etc.): _____

Social Intake Form

III.   LEGAL ISSUES

Have you even been in trouble with the police? Yes _____ No _____

If yes, for: _____

Are you presently awaiting charges, court, or sentencing? Yes _____ No _____

If yes, for: _____

Are you currently on probation?   Yes _____ No _____

If yes, probation officer's name: _____ Phone #: ( ) _____

Address: _____

City: _____ State: _____ Zip Code: _____

IV.   **EDUCATIONAL BACKGROUND**

Did you receive any special education or resource classes? Yes _____ No _____

If yes, in what areas? _____

Why did you leave school? _____

Were you ever suspended or expelled? Yes _____ No _____

If yes, how many times and reason(s): _____

V.   **WELLNESS SUPPORT**

Job Corps wants to support you in your career progression. Often, personal issues can interfere with your career progression. **Job Corps** offers a full program of support. **Information will be confidential and shared only with staff/agencies with a need to know, as required by Job Corps or community laws.**

Have you ever been in counseling before? Yes _____ No _____ Was it helpful? Yes _____ No _____

_____ Depression (feeling sad, hopeless, crying, sleep or appetite problems, low energy, withdrawn)

    Previous treatment/counseling at _____ Date: _____

_____ Auditory or visual hallucinations (hearing voices or seeing things)

_____ Suicide thoughts _____ Gesture(s) _____ Attempt(s) _____

    When? _____ Plan: _____

    Previous treatment/counseling at _____ Date: _____

_____ Anger issues (easily irritated, bad temper, violent outbursts, punches people/things)

_____ Anxiety (feeling stressed out, fearful, panics, always worried)

_____ Poor self-esteem (feeling worthless, cannot do anything right, puts self down)

_____ Sexual abuse (rape, incest, molestation) When (age): _____

    Previous treatment/counseling at _____ Date: _____

_____ Physical abuse (hit by family member, significant other)

_____ Relationship issues   Family _____ Partner _____ Friends _____ Gang _____

                                         Substance use of family or partner _____

_____ Grief issues (dealing with the loss of family or friend)

_____ Parenting issues (overwhelmed by child-rearing responsibility, fearful of abusing child)

_____ Attention deficit hyperactivity disorder (trouble concentrating, over-energized, cannot complete
         tasks)

VI.   WELLNESS ALCOHOL AND DRUG USE INVENTORY

**I understand this information is confidential and will only be shared with Job Corps staff with a
need to know.**

Have you ever experimented with or used alcohol or other drugs? Yes _____ No _____

Please provide your age when you first used and how many times you have used in the past 30 days:

Substance Used	Age Started	Frequency of Use
Alcohol		
Alcohol to point of intoxication (drunk)		
Cigarettes or chewing tobacco		
Marijuana (maryjane, bud, chronic, hydro)		
Cocaine (coke)		
Crack		
Amphetamines (meth, speed, tweek, glass, crank)		
PCP (sherm, angel dust)		
LSD (acid)		
Heroin or opium		
Ecstasy (E, X, XTC)		
Barbiturates, benzos (Klonopin, Ativan, Valium) or other sedatives (somas)		
Methadone		
Opiates (codeine, morphine, percocet)		
Inhalants (paint, glue, gas, whippets, etc.)		
Polydrug use (more than one at a time)		

Have you ever used a needle to shoot any of these drugs? Yes _____ No _____

Do you worry about how substance use may affect your future or health? Yes _____ No _____

Social Intake Form

Have you ever tried to stop using all substances? Yes_____ No_____

If Yes:

Why did you stop?_____

When did you stop and for how long?_____

Reasons for restarting:_____

In your lifetime, how many times have you experienced the following because of your substance abuse:

Experience	# of Times	Comm
Lost time or forgot about events when drinking		
Had the shakes after drinking		
Overdosed on drugs		
Been arrested for possession of alcohol, DUI, or public intoxication		
Been arrested for possession of drugs or paraphernalia		
Lost a **job**		
Lost friends or partners		
Accidental injury (cut self, fracture, sprain)		
Arguments or fights over your use		

Have you ever been treated for alcohol or drug abuse? Yes_____ No_____

If yes: Where:_____ Date:_____

Do you feel that any family members, your partner, or friends have problems with drugs or alcohol that affects you? Yes_____ No_____

DO YOU WANT ASSISTANCE IN DEALING WITH ANY OF THESE ISSUES?

Yes _____   No (but I understand that I may seek help at any time) _____

Student Signature _____ Date _____/_____/_____

Staff Signature _____ Date _____/_____/_____

Reviewed by:

Counseling Manager: _____ Date_____/_____/_____

Center Mental Health Consultant: _____Date_____/_____/_____

Social Intake Form

ITEMS FOR INTERVENTION PLAN:

_____ **TEAP REFERRAL**

_____ **MENTAL HEALTH REFERRAL**   Assigned to: _____

_____ **SPECIAL GROUPS**   Group(s): _____

COMMENTS REGARDING STUDENT'S MOTIVATION AND NEEDS:

December 3, 2009

P.I. Name: Grassl
Protocol #: E10-180

Corey Anne Grassl
Graduate School of Applied & Professional Psychology
School of Psychology
152 Frelinghuysen Road
Busch Campus

Dear Corey Grassl:

Notice of Exemption from IRB Review

Protocol Title: "Psychosocial Risk Factors in Young Women for Noncompletion of a Residential Vocational & Academic Training Program"

The project identified above has been approved for exemption under one of the six categories noted in 45 CFR 46, and as noted below:

Exemption Date: 10/23/2009   **Exempt Category:** 4

This exemption is based on the following assumptions:

- **This Approval** - The research will be conducted according to the most recent version of the protocol that was submitted.

- **Reporting** – ORSP must be immediately informed of any injuries to subjects that occur and/or problems that arise, in the course of your research;

- **Modifications** – Any proposed changes MUST be submitted to the IRB as an amendment for review and approval prior to implementation;

- **Consent Form (s)** – Each person who signs a consent document will be given a copy of that document, if you are using such documents in your research. The Principal Investigator must retain all signed documents for at least three years after the conclusion of the research;

Additional Notes: **None**

Failure to comply with these conditions will result in withdrawal of this approval.

The Federalwide Assurance (FWA) number for Rutgers University IRB is FWA00003913; this number may be requested on funding applications or by collaborators.

Sincerely yours,

Sheryl Goldberg
Director of Office of Research and Sponsored Programs
egraser@grants.rutgers.edu

cc: Kenneth Schneider