

Increasing School Attendance for K-8 Students

*A review of research examining the
effectiveness of truancy prevention
programs*

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Background

The purpose of this literature review is to update a previous Wilder Research review that was conducted in 2003 on the subject of truancy prevention and intervention (Gerrard, 2003). Results from the 2004 Minnesota Student Survey also sparked interest in the topic of truancy intervention and school refusal treatment for school-aged children and adolescents. The survey noted a gradual increase (six percentage points) in the percentage of MN sixth graders skipping school since 1992, which suggests a need for early prevention and intervention programs. The results also showed that Ramsey County students had higher truancy rates and negative attitudes towards school when compared to students statewide (Minnesota Student Survey, 2004). Among sixth graders, a higher percentage of Ramsey County students than students statewide reported skipping or cutting school in the last 30 days at least one time (24% vs. 19%). Also, a slightly higher percentage of Ramsey County sixth graders indicated that they “dislike” or “hate” school when compared to students statewide (23% vs. 21%).

The results also indicated that boys demonstrated more negative attitudes towards school than girls, although both groups attended school at the same rates. This finding is consistent with Kearney’s research on school refusal behavior and treatment, which states that students skip school for very different reasons (Kearney, 2001). Reasons may include avoidance of school-related objects or situations, attention-seeking from parents/guardians, and school-related anxiety and/or depression. Kearney’s approach assigns individualized cognitive-based treatments according to the child’s primary reasons for skipping school. A modified version of Kearney’s approach was implemented at St. Paul’s Monroe School in 1999. One of the reasons for conducting an updated review of the truancy literature is to explore whether or not Kearney’s approach is still dominant in the literature and what other approaches have been evaluated in recent years.

Search procedures

In conducting the literature search for this review, Wilder Research staff initially focused on recent (2000+) evaluations of interventions for truants that have evidence for their effectiveness in preventing and/or reducing absenteeism and truancy. Many of the studies consulted were court-based and lacked a focus on mental health. As a result, search terms were expanded and more dated (1997+) evaluations were considered.

In addition, the search was limited to replicable interventions that could potentially be implemented by the Wilder Foundation, or Wilder in partnership with other organizations. Interventions were included if they could be appropriately implemented in

school-, family-, or community-based settings. Preference was given to early intervention programs that included elementary and middle school/ junior high students.

A number of databases were searched, including PsycInfo, ArticleFirst, Electronic Collections Online, ERIC, Periodical Abstracts, SIRS, Wilson Select Plus, WorldCat, EBSCO MegaFile, and the Wilder Research library database. The search terms varied slightly by database, but were essentially the following: truancy AND prevention AND (elementary OR middle school OR junior high), 2000-2007. During the second round of searching, the search terms consisted of the following: (attendance OR absenteeism OR school refusal OR truancy OR school phobia) AND (program OR treatment OR intervention OR therapy OR counseling OR mental health) AND school, 1997-2007. A general Internet search using the following search terms was also conducted: “truancy prevention” or “truancy program.” In addition, some websites were searched directly, including Office of Juvenile Justice and Delinquency model programs, National Dropout Prevention Center, National Center for School Engagement, Educator’s Reference Desk, Northwest Regional Educational Laboratory, and Pathways to School. The reference lists of included studies were also examined for other potentially useful sources.

In addition, the following compendiums were consulted to obtain information about programs:

Railsback, J. (2004). *Increasing student attendance: strategies from research and practice*. Portland, OR: Northwest Regional Educational Laboratory. Retrieved on November 17, 2006, from ERIC database.

Smink, J., Reimer, M. (2005). *Fifteen effective strategies for improving student attendance and truancy prevention*. Clemson, SC: National Dropout Center/Network. Retrieved on November 17, 2006, from ERIC database.

Reimer, M., Dimock, K. (2005). *Truancy Prevention in Action: Best practices and model truancy programs*. Clemson, SC: National Dropout Prevention Center/ Network. Retrieved on November 17, 2006, from ERIC database.

Organization of the review

This review begins with a summary section covering what works, what doesn’t work, and strategies described, but not tested. The summary section is followed by a discussion of the interventions with evaluation results, including program descriptions and study results.

Summary

Many of the truancy intervention programs reviewed here involve a multi-faceted approach to early intervention, which combines school-based, community-based, and family-based interventions. Other interventions reviewed here involve community courts and/or court diversion programs. In addition, much of the research has been focused on treatment that decreases school refusal behavior at the individual level.

The truancy interventions programs reviewed here focus on early intervention strategies to prevent and find solutions to attendance problems in elementary and middle school youth.

Future directions for research include the examination of longer-term outcomes and the inclusion of well-matched comparison or control groups to better examine program impact.

Approaches with promising evidence

Of the approaches reviewed, the following approaches have the strongest research evidence for their effectiveness and demonstrate promising outcomes:

- ***Cognitive-behavioral therapy plus caregiver training.*** Child therapy and training students, parents, and teachers to cope with anxiety-based school refusal behavior.
- ***Community-based court approach.*** This approach helps to eliminate the social and economic barriers related to court attendance, and connects families with community resources to help reduce absenteeism.

Approaches with suggestive evidence

The following approaches have been shown to improve attendance rates, but utilized less rigorous evaluation methodologies:

- ***Mediation and problem solving.*** Working with families and school representatives to identify the causes of attendance problems and reaching mutually agreeable resolutions with the assistance of a trained mediator has some evidence for its effectiveness in decreasing truancy.
- ***Family involvement.*** Conducting family workshops focused on improving school attendance and connecting parents with school contact persons. Home visits and incentives were found to be related to reductions in chronic truancy.

- ***Multifaceted approach.*** Integrating school and community resources such as case management and Truancy Reduction Program officers to improve student attendance rates.
- ***Staged approach (works best with chronic truants).*** A series of intervention approaches that intensify with each successive stage of a student's truancy leading to court intervention as the last resort.
- ***Cognitive-based therapy.*** Teaching students relaxation techniques, introducing psychoeducation, and gradually reintroducing them to school settings. Teaching parents contingency management and how to establishing routines in addition to creating incentive structures to reward positive behaviors.
- ***Relationship-based interventions (works best for students at-risk of dropping out of school).*** Engaging students through weekly relationship building sessions between students and monitors.
- ***Individualized treatments.*** Assigning treatment approaches on an individual basis in order to best address the students' needs and reasons for missing school.
- ***School-wide, ongoing interventions.*** Establishing ongoing truancy intervention programs for schools that target *all* students.
- ***Attendance groups.*** Teacher activities such as setting a good attendance example, creating a pleasant classroom environment, classroom attendance reward system, and individualizing student work. In addition, improving group members' attitudes towards school attendance to encourage genuine engagement in classes, thus increasing attendance rates.

With every approach taken, it is desirable to include ongoing, rigorous evaluation to measure the effectiveness of the intervention.

Other approaches

The following approaches were not focused on decreasing truancy; however, they were shown to improve school attendance rates among program participants:

- ***Mentoring.*** Fostering quality relationships between at-risk children and older role models, spending time together consistently, and interacting on a one-on-one basis.

- ***Targeted approach to decreasing delinquency.*** Identifying extremely high-risk students under age ten and connecting them with community resources to aid in the reduction of delinquent behavior.
- ***Multi-modal approach for improving academics and behavior.*** Combining intervention strategies to effectively address students' learning and behavioral needs.

What doesn't work

The following approaches did not demonstrate positive attendance outcomes and are therefore not included in the review:

- ***Solution-focused group intervention (for at-risk students).*** Facilitating goal achievement among students and encouraging proactive change through group discussions focused around finding solutions (Newsome, 2004).
- ***Financial sanctions.*** Withholding public benefits (Temporary Assistance for Needy Families, TANF) from families that have children with poor attendance (Harris, 2001).

Descriptions of programs and study results

This section describes what research evidence tells us about three types of truancy interventions: school-based, community-based, and family-based interventions.

It became clear in the course of this research review that high-quality, evidence-based research on effective truancy programming is in short supply. Most of the studies lack generalizability to the entire U.S. population due to small sample sizes (many had 30 or fewer cases) and the community-based nature of the interventions.

Programs with promising evidence for effectiveness

Of the programs reviewed, the following approaches have strong research evidence for their effectiveness and demonstrate promising outcomes. The findings of these studies were both favorable and substantial, and the researchers used a solid quasi-experimental design.

Cognitive-behavioral therapy and caregiver training

Melbourne, Australia

Heyne (2002) evaluated the varying effects of child therapy, caregiver training, and the combination of child therapy and caregiver training on school refusal behavior. The study involved children age 7 to 14 who demonstrated anxiety-based school refusal behavior. Students were referred to the program by parents, school personnel, and professional therapists. Referred students were selected into the study based on Berg's school refusal criteria. For example, the child displays severe emotional upset when faced with the prospect of going to school. However, there is an absence of anti-social behavior.

The study was administered by the School Refusal Clinic, which is housed in the Child and Adolescent Mental Health Service at Monash Medical Centre (Melbourne, Australia). Study participants (N=61) were assessed two weeks before and after exposure to the treatment and at 4.5 month follow-up in order to determine its effect on school refusal behavior. Participants were treated at the clinic and randomly assigned to one of the following three treatments:

- **Child Therapy:** Eight 50-minute sessions, which included relaxation training, social skills training, cognitive therapy, skills implementation, troubleshooting, and relapse prevention.

- **Parent and Teacher Training:** Eight 50-minute sessions, which included parent trainings at the clinic and consultations with school personnel. Psychologists helped to enable parents by providing instructional handouts, strategies for behavior management, and a cognitive therapy program.
- **Child Therapy plus Parent and Teacher Training:** Sixteen 50-minute sessions, which included child therapy and parent and teacher trainings as described above.

Results from Heyne's analysis indicate that the combination of parent and teacher trainings had the greatest impact on increasing attendance rates. However, all groups made significant improvements in attendance rates. Attendance increased by 67 percentage points for participants that were given the parent and teacher training treatment. The combination of child therapy and parent and teacher trainings demonstrated similar gains (61 percentage points). In fact, both interventions that included the parent and teacher component demonstrated significantly larger gains than the intervention that only included the child therapy component (39 percentage points). However, the child therapy treatment was the only intervention which demonstrated an improvement in attendance between post-intervention and follow-up.

Study limitations: The size of each intervention's impact is unknown because the evaluation methodology did not include a no-treatment comparison or control group. In addition, longer term outcomes should have been assessed.

Clayton, Australia

King (1998) evaluated the effects of a four-week cognitive-behavioral treatment on school refusal behavior in school-aged children. King's sample consisted of children age 5 to 15 (N= 34). Participants were referred to the treatment by school personnel, professional therapists, and physicians. All participants met Berg's school refusal criteria and were classified as being either fully absent, partially absent, or resistant to attending school altogether, although these categories were not defined.

Students were assessed by the research team before and after treatment using the Anxiety Disorders Interview Schedule (ADIS) for children and parents to determine diagnoses. The assessment indicated that most children were displaying some sort of anxiety or phobic disorder in addition to school refusal behavior. Participants were randomly assigned to either cognitive-behavioral treatment or a wait list control group, for which treatment began following the study period.

The treatment consisted of two components: child therapy and parent/teacher trainings. The child therapy component of the treatment included six 50-minute individual sessions, which consisted of rapport-building, individual goal setting, coping skills (to address

bullying), relaxation (relaxation tapes), self-talk, role-playing, gradual exposure to school setting, and review of concepts and skills learned. The parent training component of the treatment included five 50-minute sessions, which consisted of rapport-building, child behavior management skills, establishing household routines, social reinforcement, troubleshooting problems, and modeling/rehearsal. The teacher training component of the treatment consisted of one training session, which focused on practical behavior management strategies, planning of buddy support systems, and regular telephone calls to measure progress in the classrooms.

Results from King's analysis demonstrated a significant 32 percentage point increase in school attendance (percent of days present) from pre-treatment to post-treatment. King's 2001 follow-up evaluation demonstrated a 9.1 percentage point decrease in school attendance from post-treatment to 3-5 year follow-up.

Study limitations: The study utilized a small sample (N=34) of students, which makes it difficult to generalize the finding of this study to the population at-large.

Community-based court approach (Philadelphia, PA)

Project S.T.A.R.T. (Stop Truancy and Recommended Treatment) is a community-based partnership that brings together the school district, juvenile courts, Department of Human Resources, and local social service providers to reduce truancy among local school-aged youth. The partnership is viewed by its members as an alternative to the one-dimensional correction model, which has failed to positively affect attendance rates. Project S.T.A.R.T. utilizes three categories of intervention for reducing truancy: no court referral, traditional family court referral, or court referral with community-based services. The community-based court referral is a process whereby families attend courts that are set up within the schools. This method is perceived to reduce or eliminate the social and economic barriers related to court attendance. Local social service providers are also present at each hearing to refer families to community resources that may assist them in reducing the risk factors related to student truancy and absenteeism.

Students were selected to participate in the program if they had 25 or more absences in the previous school year and appeared to maintain this pattern of low attendance. Students from the referred sample were grouped based on the geographic clusters to which they belonged. One group of students was referred to community-based court, another group was referred to traditional family court, and another group received no referral. Each of the groups included 189 participants.

Fantuzzo and colleagues (2005) utilized a quasi-experimental design to evaluate the effectiveness of Project S.T.A.R.T. Matched comparison groups (non-referred truants) were included to measure differences in outcomes for each group. Students were matched

on demographic variables (sex, age group, ethnicity), standard baseline rate of unexcused absences, and school. Data were collected on students for the following periods: baseline, post-intervention (30 days), first follow-up (60 days), and second follow-up (1 year). The results of the study showed that there was a marked decrease in absenteeism post-intervention, and no additional improvement from post-intervention to first follow-up for families that were referred to community-based court. Students referred to traditional court demonstrated an initial decrease in absenteeism; however, by first and second follow-up, the rates of absenteeism increased. Non-referred truants demonstrated no change in attendance rates over the course of the study.

Study limitations: Although the study controlled for demographic variables such as age, sex, ethnicity, and baseline attendance rates for matched comparison groups, other factors related to geographic location may have been difficult to control. In addition, the evaluators did not report whether program outcomes were statistically significant.

Programs with suggestive evidence for effectiveness

The following approaches have been shown to improve attendance rates. However, the evaluation methodologies were less rigorous, and the findings were less substantial. While the results are not as promising, they are nonetheless suggestive of potential effectiveness.

Mediation and problem-solving (Ohio)

Since 1997, the Ohio Commission on Dispute Resolution and Conflict Management has managed a state-wide initiative that has been shown to decrease the occurrence of chronic absenteeism and truancy among school-aged youth. The Truancy Prevention Through Mediation Program (TPTMP) is a collaborative effort among families, schools, juvenile courts, and social service agencies.

TPTMP targets elementary, middle school, and high school students with three or more unexcused absences in a quarter or more than 10 unexcused absences during the course of the academic year. Once the truant is identified, a letter is sent home to the parents notifying them of a scheduled mediation. The mediation is an informal meeting that includes the parent, a trained mediator, a school representative, and the student in some cases. The mediator ensures that the mediation session is a neutral, facilitated, positive, non-punitive search for the causes of the attendance problems, and that a resolution is reached that is mutually agreeable. “The purpose of the mediation is to identify issues related to poor attendance, allow the families to develop their own solutions to the problem, and reach a voluntary agreement by all parties” (Ohio Commission on Dispute

Resolution and Conflict Management, 2006, para.1). Any subsequent absences following the mediation may result in either a second mediation session or court referral.

TPTMP has been utilized in over 400 elementary, middle, and secondary schools in 19 Ohio counties. Each county tailors the program in a way specific to local needs and issues, while maintaining a focus on neutral mediation. During the 2000-01 academic year, 1,700 mediations took place in 58 elementary and middle schools. During the 2002-03 academic year, over 1,900 mediations took place in 105 elementary and middle schools in nine Ohio counties.

In 2002, an external evaluator was hired to evaluate TPTMP's effectiveness. During the 2002-03 and 2003-04 academic years, evaluation reports demonstrated a statistically significant reduction in the average number of absences and tardies among students that participated in the program compared to pre-mediation rates of absenteeism and tardies (Kimberly, 2006). Students in surveyed counties were randomly selected "using an accepted selection tool," and the analysis was based primarily on attendance data (Ibid, p.1).

Evaluation results for the 2005-06 reporting period demonstrated a statistically significant difference in the number of absences and tardies among mediated and non-mediated students alike when compared to pre-mediation attendance rates. On average, absences decreased by six days and tardies decreased by three days following mediation. Non-mediated students (those who did not show up to the scheduled mediation) demonstrated less dramatic decreases, but nonetheless statistically significant. This suggests that if a family simply knows that a mediation is scheduled, they are likely to comply with attendance rules. This effect among non-mediation students appeared to be greater among elementary students' families. Evaluators of TPTMP have consistently found that the program has a greater impact on students in the lower elementary and middle school grades. Evaluators did not provide a detailed explanation for this particular finding.

Study limitations: The evaluation methodology did not include a no-treatment comparison or control group, which made it difficult to ascertain whether or not the program outcomes were entirely attributed to the intervention. The larger decreases in the mediated group compared to the non-mediated group who did not show up for mediation could be due to their being a more motivated group to begin with rather than the intervention itself.

Family and community involvement (Maryland)

Epstein and Sheldon (2002) analyzed the school practices and subsequent attendance rates for two consecutive school years at 12 elementary schools that were utilizing family and community activities to increase attendance rates. Most of the schools were located in Maryland, but others were located in California, Minnesota, and Pennsylvania. All

schools were key contacts for the National Network of Partnership Schools at John Hopkins University. This study focused on two goals: increasing school attendance for all children and decreasing the percentage of students who were frequently absent (i.e., more than 20 absences).

The study relied on school record data and results from a survey of school principals from all 12 schools. Results from the study indicate that attendance rates increased each year. Between the 1995-96 and 1996-97 school years, the average daily attendance percentage increased by .82 percentage points. The magnitude of this increase was quite small. However, there was also a marked decrease in unexcused absences among frequently absent students. “From 1996-1997, the average rate of frequently absent students in the schools decreased from 8.0% to 6.1%,” representing a 1.9 percentage point decrease in absences (Epstein & Sheldon, 2002, pg. 311).

Epstein and Sheldon investigated the correlation between various school practices and attendance rates. The study found that the best predictors of student attendance based on this analysis included the following:

- Rewarding students for improved attendance. This had an impact on both improved school attendance overall and the reduction of frequent absenteeism. Rewards varied and included special recognition, certificates, letters to parents, and opportunities to attend special events.
- Assigning a truancy officer to students and families with attendance problems. This was not *perceived* to be effective by students and their families, but the long-term results show that it does actually increase attendance rates. (The data indicate that this may not be effective with frequent truants.)
- Conducting family workshops focused on school attendance.
- Referring frequently absent students to counselors.
- Connecting parents with school contact persons with a particular emphasis on outreach to diverse families.
- Making home visits. This targets frequent absenteeism only, and does not have as much effect on overall attendance rates.

Study limitations: The evaluation methodology did not include a comparison or control group, which made it difficult to determine whether program outcomes resulted from the intervention versus other factors. In addition, participating schools self-selected into the study, thus limiting the generalizability of the results.

Multi-faceted approach (Bakersfield, California)

Since 1989, the Kern County Truancy Reduction Program (TRP) has served over 6,000 students. The Kern County TRP is a collaborative effort including 39 schools districts (serving 119 schools), the County Probation Department, the County Superintendent of Schools, and a host of child and family service agencies. The program's primary objective is to provide integrated services to the families of truant students in an effort to reduce truancy and possible risk factors leading to absenteeism.

Components of the program include assessments, home visits, casework management, incentives, weekly school contacts, counseling, referrals, and mentoring. The program targets elementary, middle, and high school students who have four or more absences and/or tardies, and the middle school grades attracted the largest number of participants. Selected students are referred to the program and their progress is typically monitored for the entire school year.

Program outcomes measured from 1994 to 1997 demonstrated a marked decrease in the number of absences and tardies among TRP participants. Results from a 2004-05 evaluation performed by Van Ry and Garcia (2006) showed that at two months post-intervention, there were 1.4 fewer absences on average than at two months pre-intervention. The evaluation also showed that 24 percent of students had zero tardies and 26 percent had no unexcused absences for the remainder of the 2004-05 academic year. In addition, 94 percent of program participants successfully completed the program.

Study limitations: The evaluation did not include a comparison or control group, thus limiting the ability to conclude whether program outcomes were in fact attributed to the intervention and not other factors. The study did not track the same students over time, but rather a new cohort each year, and consequently long-term outcomes were not assessed. In addition, the statistical significance of program outcomes was not reported.

Multi-modal approach (Midwest, US)

McCluskey and colleagues (2004) analyzed the effects of an early elementary truancy initiative involving three elementary schools. The initiative's primary goal was to reduce chronic absenteeism among elementary students in impoverished and educationally disadvantaged minority populations. Students who missed more than 20 percent of school days (N=281) during the course of six weeks were included in the program. Valid attendance data were available for 162 of these students.

The stages of intervention include the following:

- A letter is sent home to parents stating the importance of attending school and stating attendance laws.
- The principal reviews the student's attendance records. If attendance improves, a congratulatory letter is sent to the family. If attendance does not improve, the family is referred to an attendance officer.
- An attendance officer contacts the family by phone or visits the family, and the parents sign a "written acknowledgement of non-attendance" (McCluskey et al, 2004).
- The officer uses discretion as to whether or not a case worker should be assigned to assist the family in solving truancy problems.
- If attendance does not improve in two weeks, the family will be visited by a community police officer and attendance officer.
- Warrants are issued to families as a final resort.

In their analysis, McCluskey and colleagues found that the percentages of students with "extreme" numbers of absences decreased by six percentage points, and this improvement was statistically significant. The study also showed that attendance significantly improved immediately after the first two stages of intervention (letter and attendance officer visit). However, later stages of the intervention were considerably less frequent and demonstrated less promising outcomes.

Study limitations: The evaluation did not include a comparison or control group, so it is unknown whether the observed improvements can be attributed to the intervention. Also, the study did not examine long-term outcomes for students participating in the intervention.

Cognitive-based therapy, functional approach (Las Vegas, NV)

Kearney (1999) examined the effect of cognitive-based treatment on the school refusal behavior of eight school-aged children and adolescents. Students age 5 to 17 years participated in a study conducted by the University of Nevada-Las Vegas Child School Refusal and Anxiety Disorders Clinic. Students were referred to the program by parents and school personnel. The program aimed to provide individualized treatment to students based on their individual diagnoses and reasons for refusing school (i.e., functional approach).

Study participants were given a prescriptive treatment based on child and parent School Refusal Assessment Scale (SRAS) scores, which are used to diagnose and assign treatments to various types of school refusal behavior. Researchers prescribed treatments based on the "functional condition" (i.e., reason for refusing school) that received the

highest mean SRAS item score. For example, if a particular student received their highest SRAS rating on attention-seeking, their treatment would focus on training the parent in contingency management. According to Kearney's cognitive-based therapy model, contingency management involves the establishment of routines and creating an incentive structure that encourages positive behavior and school attendance (Kearney & Albano, 2000). Control group participants were given non-prescriptive treatments that were based on the functional condition that received the lowest mean SRAS item score.

Examples of treatments associated with other functional conditions include relaxation training, gradual reintroduction to school settings, psychoeducation, role-play, and practice in real-life situations (Kearney, 1999). The study was based on the case studies of eight students who exhibited school refusal behavior. Students received cognitive-based treatment until they began to demonstrate steady improvement in school attendance. The range of the number of sessions required for participants was between 2 and 11. In general, participants from the nonprescriptive group required more sessions than the prescriptive group.

Results from Kearney's analysis demonstrated that students who received the prescriptive treatment achieved 100 percent attendance after completing three to ten sessions of treatment. This is not surprising given that treatment continued until attendance improved. In comparison, students who received nonprescriptive treatment demonstrated a nine percentage point increase in absenteeism after three to seven sessions. After starting the prescription, absenteeism decreased to just 4.25 percent (time period unknown). At the time of follow-up, the students who originally received the prescriptive treatment maintained high attendance rates, while the nondescriptive group experienced decreased attendance. These results are difficult to interpret given the different durations of treatment and the fact that treatment was individualized. However, the findings generally suggest better outcomes for students who are given treatments that match their diagnosis. These results suggest that the functional-based cognitive-behavioral approach to increasing attendance is effective when treatment is individualized and continued until there are signs of consistent improvement.

Study limitations: The study does not include long-term outcomes for students participating in the intervention. The small sample size (N=8) makes it difficult to generalize the findings to the population at-large. Although statistical significance was reported, the results should be interpreted with caution given the small sample.

Family and community involvement (Portland, Oregon)

Since 1998, the School Attendance Initiative (SAI) has provided comprehensive outreach to the families of elementary and middle school students that face problems with school

attendance. SAI is a collaborative effort between the East County School Districts, Multnomah Education Service District, Office of School and Community Partnerships, Portland Public Schools, and North Portland Youth and Family Center.

SAI is an early intervention program that targets students from kindergarten to eighth grade with three or more absences in a particular week. Students are referred to the program by their principal who sends a letter to the child's family regarding the referral. Once the parents are contacted, SAI outreach staff visit the home or call the parents to investigate reasons underlying the child's absence. SAI staff work with families to devise solutions to the child's attendance problems. For example, if a child needs clothes, the staff will provide clothes, or if transportation is a problem, the staff will provide bus tokens or make alternative arrangements for transportation to and from school. Other services that are offered to families include tutoring, mentoring, medical assessments, parent education, assistance with establishing support plans, and summer programming for students.

In 1999, external evaluators representing the Oregon Department of Human Services, Multnomah County Health Department, and Multnomah County Department of Community Justice were hired to evaluate SAI's effectiveness. Each evaluation conducted between 1999 and 2003 demonstrated a statistically significant reduction in the average number of absences and tardies among students that participated in the program compared to pre-intervention rates of absenteeism and truancy (Holbert, Liang, and Stark, 2003). The research team's evaluation demonstrated a 7 to 10 percentage point increase in attendance after SAI contact. In addition, results demonstrated a 27 percentage point increase in the proportion of referred students meeting the 90 percent attendance benchmark over the five-year span.

Study limitations: Without a comparison or control group, it is unknown whether similar improvements would have occurred regardless of the evaluation, and so the true impact of the program is unknown. Although evaluations were conducted over a span of five years, long-term outcomes were not actually assessed because a new cohort of students was examined each year.

Relationship-based interventions (Minneapolis, MN)

Since 1990, Check & Connect has provided intervention to families of youth placed at risk for dropping out of school. Check & Connect is a collaborative effort among the Institute on Community Integration, practitioners, parents, and students. The program targets elementary, middle, and high school students who miss more than 12 percent of school days per academic year. Students are referred to the program by school personnel,

and letters are sent to the parents of referred students requesting permission for student participation.

Check & Connect focuses its efforts on engaging students through relationship building between students and mentors/monitors. Check & Connect is based on the premise that if students are genuinely engaged in school and enjoy attending school, absences will become more infrequent. The Check & Connect model promotes engagement by (1) monitoring engagement (attendance, behavior, and academics) on a weekly basis and (2) providing students with academic support, problem solving exercises, feedback, discussion, and opportunities to participate in community service events/recreation, thus encouraging engagement.

Anderson (2004) evaluated the effects of Check & Connect on school engagement for children ages 5 to 12 (N=116) at 11 elementary schools in Minneapolis. Intervention services lasted between 20 and 31 months. Evaluation results showed that the percentage of engaged students (as measured by less tardiness) increased by 44 percentage points, and the percentage of engaged students (as measured by fewer absences) increased by 23 percentage points. More rigorous evaluations including a comparison or control group have been conducted with older participants and were found to be even more promising.

Study limitations: The evaluation methodology for elementary school students did not include a comparison or control group, which made it difficult to determine the degree to which program outcomes were a result of the intervention. In addition, the statistical significance of the outcomes reported in this review was not included in the evaluation report.

Attendance groups (Indianapolis, IN)

Baker (2000) examined the impact of attendance groups on improving student's attendance and attitudes towards school. Program participants were selected from Lynwood Elementary School based on referrals from teachers. Students with varying levels of attendance problems were selected and all program participants had a minimum of ten unexcused absences. According to Baker, the rewarding nature of attendance groups functions as a replacement for punishment. The theory behind the attendance groups was that students who are engaged and motivated are more likely to attend school.

The three primary goals of attendance groups were to improve the overall attendance of group members by 50 percent, improve group members' attitudes toward school and learning; and improve the self-esteem of group members.

Once students were identified, letters were sent home to parents along with forms requesting their consent for their child's participation in second semester attendance

groups. Two groups were formed, the first of which included first and second graders (N=8), and the second of which included third, fourth, and fifth graders (N=6). In the attendance groups, students set weekly attendance goals and engaged in discussions with other students. Groups met each week over the course of four months and participated in a variety of activities that helped to increase self-esteem and engagement, such as completing goal-focused worksheets, playing games, self-esteem building activities, incentives, self-reporting of attendance, attendance charts, and problem-solving.

Results from the study indicate that the three primary goals of the intervention were achieved. On average, student absences decreased by 6.7 days over the four-month period. Improved attitude and engagement among students was measured by the Piers-Harris Children's Self-Concept Scale Profile Form. Enhanced self-esteem was measured by the teachers overseeing the intervention.

Study limitations: The evaluation methodology did not include a comparison or control group, which made it difficult to ascertain whether or not the program outcomes were entirely attributed to the intervention. Also, the statistical significance of program outcomes was not reported and the sample size was not large enough for the findings to be generalizable. In addition, the study does not include long-term outcomes for students participating in the intervention.

Other approaches

The following approaches were not focused on decreasing truancy; however, they were shown to improve school attendance rates among program participants.

Delinquency intervention program

The Hennepin County Targeted Early Intervention program for delinquents under age 10 (Gerrard and Owen, 2003) uses a team of county staff (social worker, economic assistance worker, psychologist, and public health worker) along with a staff member from a community organization, such as the YMCA or Phyllis Wheatley Community Center, to target the needs of extremely high-risk children and their families. On average, the youth attended school 89 percent of enrolled days compared to 78 percent of enrolled days for comparison youth. Although school attendance improved, most of the TEI youth (69%) continued to be involved with the courts related to their delinquent behavior.

Multimodal approach for improving academics and behavior

Muñoz (2001) studied interventions at elementary schools and found promise in intervention specialists, home school coordinators, individual success plans, one-on-one

attention, mentors, skill-building, counseling, contracts, incentive plans, and a team approach to addressing student and family needs. Attendance increased by .48 percentage points for participants in the year studied.

Mentoring

Tierney (2000) studied the effects of the Big Brother Big Sisters (BBBS) program on achievement indicators including school attendance. The Big Brother Big Sisters program pairs adults with children from low-income and diverse backgrounds. Mentors help to aid “Littles” in their holistic development as they enter into adolescence. Mentors typically meet with their Littles two to four times per month for one to two hours per meeting. The study’s sample consisted of 959 10-16 year-old students who were each matched with a mentor. The study’s design included parent/student surveys and interviews with case managers and other key informants. A matched comparison group was also utilized, which included non-participants who applied to BBBS during the same time period as students in the sample. The study found that Littles were significantly (at the 90% confidence level) less likely to skip school when compared to students in the matched control group. Littles skipped 36 percent fewer classes and 52 percent fewer school days than students in the comparison group. Although the study did not include pre-intervention attendance rates, the data demonstrate a significant difference in outcomes between the two groups at post-intervention.

Mentoring has also been incorporated into multimodal truancy interventions reviewed here such as the Kern County Truancy Reduction Program, Student Attendance Initiative, Check & Connect, and Positive Outreach Program. In these programs, mentoring is just one component and not the primary intervention approach. Our literature search identified only one truancy intervention in which mentoring is the main component, the Mentoring and Tutoring Help (MATH) program. Although this program has not been fully evaluated, it serves as an example of an intervention that focuses its efforts on providing one-on-one mentoring to elementary and middle school students. Mentors visit the student’s home and act as older, more experienced individuals, who help the students in their development. The program includes a tutoring component, which focuses on the subjects of math and English. This intervention also integrates parents into the program by inviting them to attend tutoring sessions with their students to act as “encouragers.” The program director, Gary Reglin, published a report in 1997, which described the components of the MATH program in full detail. Although quantitative outcomes were not reported, Reglin indicated that participants achieved the program’s goal of meeting at least fifty percent of the program’s objectives, which include improvements in mentoring, school attendance, academics, self-esteem, behavior, and parental engagement.

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