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Predictors and Outcomes of School Attachment and School Involvement in a Sample of Girls in Residential Treatment

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ABSTRACT

Researchers examined associations between number of schools attended, school attachment and involvement and social support among 86 girls (mean age = 15 years) living in a residential treatment center. Associations among school attachment and school involvement and symptoms of depression were also explored. Results indicated no association between numbers of schools attended and school attachment, involvement, or social support. Classmate support and support from people in school in general were significant predictors of school attachment and involvement, although teacher support was not. School attachment and involvement were not related to students' reported symptoms of depression. Implications for policy and practice are discussed.

KEYWORDS

depression; foster care; residential treatment; school attachment; social support

Introduction

Children currently in our foster care system often experience compromising situations, including neglect, domestic violence, physical, sexual, or emotional abuse. A stable placement that offers psychosocial support critical to adolescent development may not be available. There is often a history of persistent maltreatment or failure of caregivers to provide appropriate needs (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994). Those with a history of childhood maltreatment are at increased risk of several psychiatric disorders in adulthood (Sugaya et al., 2012). Social support systems offered within a school may benefit these children, as it may be the most consistent force in their lives. Because school-aged children spend a majority of their day in school, this source of social support is important to explore.

Theoretically, this makes sense. Traumatic and/or discordant, inconsistent caregiving ultimately affects these children's attachment. Attachment theory (Ainsworth & Bell, 1970) says that in order to develop healthy attachments, a secure environment, a reduction in threats, and a positive attachment with a

caregiver, must be in place. Otherwise, less healthy attachments can develop (e.g., ambivalent-insecure attachment and avoidant-insecure attachment). This creates an internal working model for how to attach (or detach) in adulthood. Children need a sense of consistency and security. Maslow's hierarchy of needs theory (Maslow, 1943) adds that in order for children to fully develop, these needs must be met beyond basic physical needs and include safety, love, and belonging.

The current study is important for both boys and girls, and the researchers recognize that there are patterns that are indeed different between the sexes; however, in residential treatment, they often naturally separate girls and boys. In the current study, the researchers have chosen to focus on girls.

Placement Disruption and School Mobility

Studies show that children in foster care are more likely than those who have never been in foster care to develop insecure attachments (Dozier, Stovall, Albus, & Bates, 2001), as they tend not to have strong social support systems at home. This association is likely due to frequent moves, defined here as "placement disruption." One study found that foster care youth move to new placements up to three times per year, possibly resulting in a school change each time (Julianelle, 2008). However, this number varies between studies. James (2004) found that the average number of placement disruptions over the course of time that a child was in foster care was 3.6 over an 18 month period, with a standard deviation of 2.9. School mobility rates are highest for those entering care for the first time, and 65% experience seven or more school changes as a result of placement disruption (Pecora et al., 2005; Smithgall, Gladden, Howard, George, & Courtney, 2004). A previous study found that school transfers were more likely to occur for those children who transferred to new homes, ran away, or remained in care longer than other children (Conger & Rebeck, 2001). According to Conger and Finkelstein (2003), children in the foster care system are more likely to transfer schools and experience long delays in enrollment when these transfers occur. Each change results in losing four to six months of educational progress, because of difficulties transferring records and credits from prior schools, and having to repeat courses and grade levels (McNaught, 2009). As a result, foster care youth fall behind and frequently drop out of school. Between 54 and 58% of former foster youth graduate from high school by 19 (Benedetto, 2005) compared to 87% in the general population (Courtney, 2009).

Harden (2004) suggests the quality of the foster relationship can have an influence on placement stability. In addition, previous studies have found a link between the number of placement disruptions and emotional well-being. Specifically, those who experience placement disruption are more likely to develop behavioral and emotional problems, such as aggression, coping difficulties, poor home adjustment, and low self-concept (Newton, Litrownik, & Landsverk, 2000; Smith, Stormshak, Chamberlain, & Bridges, 2001 & Staff & Fein, 1995). This

suggests that the more difficulties a child has either behaviorally or emotionally, the more placement disruption they may experience, resulting in a lesser ability to develop a secure attachment with their foster-care parents and a weaker social support system. Additionally, Rubin, O'Reilly, Luan, and Localio (2007) found a reciprocal relationship between placement disruption and behavioral and emotional problems. These researchers found that regardless of the child's initial behavioral and/or emotional problems, those children who could not achieve placement stability had a 36–63% risk of increased behavioral problems compared to those who did achieve placement stability.

Students with a greater number of school changes are less likely to rely on schools for important social supports. School mobility tends to interrupt relationships as well as participation in extracurricular activities (Joftus, 2007). Lawler, Sayfan, Goodman, Narr, and Cordon (2014) found that an academy residential environment, which provided a safe and secure learning environment, and significant positive relationships with adults, could help develop positive academic outcomes for students, as well as eliminate negative outcomes associated with school mobility and child maltreatment. It is clear from this and other research (Trout et al., 2008, 2010) that youth in residential treatment are at greater educational risk and that educational engagement and achievement are critical to focus on with them.

Social Support

Past research found that primary caregivers are important sources of social support for both students academically at-risk and those who are not (Rosenfeld & Richman, 1999). It was also found that students who receive less support from their caregivers have poorer school outcomes, including lower attendance rates; less hours spent studying; increased engagement in problem behavior; lower school satisfaction, school engagement and self-efficacy; and decreased academic achievement (Rosenfeld, Richman, & Bowen, 2000). Often times, children placed in residential care have higher needs than other foster care youth and they are unlikely to have caregiver support. They may rely on friends and teachers/staff at school for social and emotional support.

Past research has demonstrated the relation between peer social support and school engagement. Robu (2013) found that a high level of peer social support was associated with high levels of emotional and behavioral school engagement. These results were consistent with those of Rosenfeld et al. (2000). However, it is possible that students with high placement disruption will not have strong relationships with those in their school system, due to behavior in school or not enough time at their current placement to develop strong relationships.

School Attachment and School Involvement

School attachment and school involvement have been defined in different ways. Researchers have defined school attachment in terms of closeness to teachers, commitment to school goals, achievement of good grades, and feelings of commitment (Cernkovich & Giordano, 1992; Eggert, Thompson, Herting, Nicholas, & Dicker, 1994; and Firestone & Rosenblum, 1988). Some have characterized school attachment through close affective relationships with those at school (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004), while others demonstrated that attachment to school is related to academic engagement and motivation, expectancy for academic success, and the value that students attribute to their work (Goodenow & Grady, 1993). Overall, there is agreement that attachment to school is determined by how the student feels about the school, their teachers, and the classroom environment. Previous research has shown that school attachment and school involvement are correlated, though not perfectly. Somers and Gizzi (2001) found a .70 correlation between them, indicating that they are still somewhat different constructs and that both should be measured.

Research devoted to school attachment and school involvement has focused on predictors in school, as well as whether student outcomes are dependent upon school attachment and involvement. Previous research had found a significant relationship between student school involvement and their level of school attachment (Somers & Gizzi, 2001). Battistich and Hom (1997) suggested that the social context of school includes a wide range of student attitudes and behaviors. Catalano et al. (2004) found that enhancing the social environment at school led to more bonding to school, which enhanced academic achievement and reduced problem behavior. Their intervention involved proactive classroom management, interactive teaching, and cooperative learning. Another study found similar results, such that the social context of the classroom relates positively to students finding school likeable and satisfying (Baker, 1999). Social support within the school environment, particularly from teachers and peers, is an important factor in adolescents' school engagement (Wang & Eccles, 2012). The combination of support from parents/caregivers, teachers, and friends can result in positive outcomes for students, but its impact is greatest on school satisfaction, engagement, and self-efficacy. By itself, teacher support is not effective. Students must perceive teacher support in combination with support from parents, other caregivers, or friends (Rosenfeld et al., 2000).

Overall, greater attachment to and involvement in school relates to many positive outcomes for children. You, Furlong, Felix, Sharkey, and Tanigawa (2008) found that school connectedness in part explained a relationship between hope and global life satisfaction. Research has shown a relationship between stronger school attachment and less alcohol and drug use, less criminal and gang involvement, less school dropout and greater motivation and academic success (Catalano et al., 2004; Goodenow & Grady, 1993). Voelkl (1996) speculated that

lower school attachment or school involvement might be associated with a pattern of negative school behaviors that could lead to dropping out of school.

While past research has examined the relationships between these concepts and school-based outcomes, there has not been a direct examination of how these relate to students' mental health. Past research also tends to focus on the general student population, rather than subpopulations, like court-involved students living in out-of-home care settings, and those who come from compromising situations and may be leaning on the school environment as their major source of social support.

Mental Health of Adolescent Girls in Foster Care and Juvenile Justice Systems

There is a paucity of research that examines school attachment and involvement and school-based and mental health outcomes among adolescent girls placed in foster care and/or juvenile justice systems. Developmental research suggests that girls' involvement in the foster care and/or juvenile justice system can result from exposure to trauma and abuse and can result in anxiety and mood problems (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Living in a low-socio-economic status (SES) neighborhood has been found to be associated with delinquent and criminal behavior, drinking problems, conduct disorders, adolescent and nonmarital childbearing, and ineffective contraception (Leventhal & Brooks-Gunn, 2000).

A Wisconsin study found that foster care children receive 39% more mental health diagnoses than children in the Medicaid population (Cosgrove, Frost, Chown, & Anam, 2013). Many experience multiple risk factors that may lead to mental and behavioral problems. The type and duration of maltreatment, the age at first foster care placement, and placement instability were associated with higher risks for developmental delays and mental disorders (Oswald, Heil, & Goldbeck, 2010). The vast majority of children with a history of trauma and abuse come from families of origin with a low SES. Pilowsky and Wu (2006) found that children in foster care that came from low-SES environments had twice the number of conduct disorder symptoms; were significantly more likely to report suicide attempts and ideation; were about three times more likely to present symptoms of anxiety; and were four times more likely to present symptoms of disruptive behavior disorders than children without a history of foster care placement. They were also more likely to use alcohol and twice as likely to engage in illicit drug use (Pilowsky & Wu, 2006). Research also found a relationship between nonrelative out-of-home placement and the receipt of mental health services for children in the welfare system (Horwitz et al., 2012). The same study also found that children who had a history of increased placements, family psychosocial risks, and elevated CBCL scores also utilized mental health services.

Of specific interest in the current study is the level of depression among court-involved adolescents and how it affects their ability to engage in school.

Shin (2005) found that children in foster care had significantly higher levels of depression than their non-foster care peers. Pilowsky and Wu (2006) also found they are four times more likely to attempt suicide and five times more likely to receive a drug dependence diagnosis within the same period. Sawyer, Carbone, Searle, and Robinson (2007) also reported higher rates of attempts taken by foster youth that resulted in an injury, poisoning, or overdose that required treatment by a doctor or nurse.

The risk for depression, the most common psychiatric disorder faced by adolescents, may be greater in those who also have deficits in their social support system. Effective social support networks lessen the adverse psychological consequences of stress (Windle, 1992). Stice, Ragan, and Randall (2004) report associations between what they termed “support erosion” and symptoms of depression, particularly when *parental* support is eroded. The current study investigates the role of supports in adolescents’ attachment to and involvement in school, as well as the associations between attachment, involvement and current levels of depressive symptoms.

Purpose of the Current Study

Court-involved girls currently living in a residential treatment center were the focus of the current research. The purpose was to study the role of placement disruptions and the number of schools attended prior to living at the residential treatment center on the students’ level of school attachment and school involvement as well as their perception of social support. Additionally, the researchers examined how symptoms of depression were related to these variables.

Based on the aforementioned literature review and rationale, the following research questions were addressed in this study:

- (1) What is the association between the number of school moves and school attachment and involvement?
- (2) What is the association between student reports of social support and number of school moves?
- (3) How well does social support predict school attachment and involvement?
- (4) How well is school attachment and involvement correlated with students’ daily psychosocial functioning, particularly symptoms of depression?

It was hypothesized that the more schools previously attended, the lower the students’ level of school attachment and school involvement. Those students with a high number of moves were also expected to perceive lower levels of social support from teachers and school staff, with higher perceived support from their classmates. It was expected that those students with higher levels of school attachment and school involvement would report

lower symptoms of depression. The current study is important for both child welfare and education professionals, in addition to those who work in the juvenile justice system, as they look to support youth that may not have regular and predictable support systems at home, for any number of reasons. This study may help to increase knowledge and understanding of how schools can play a role in mitigating possible negative effects of trauma on student social and emotional well-being, as well as fill a gap on the importance of school related social support for girls involved in the foster care and juvenile court system.

Method

Participants

Data was collected from 86 primarily (98%) African-American girls ages 11–19 (mean = 15.53). They were currently living in a residential treatment center for adolescent girls in a southeast Michigan urban city during the 2012–2013 academic year. The residential treatment center provides access to a health clinic, a junior and senior high school, recreational facilities, a chapel, and mental health buildings to address the mental health care needs of the girls. The treatment center hosts 165 girls at a time. Prior to placement in the center, they had been living in various family and foster care settings and were primarily from low socioeconomic backgrounds. All of the girls were currently placed in out of home care as a result of a child maltreatment petition, delinquency adjudication, or both. Roughly half of the girls were in the treatment center as a result of being part of the juvenile justice system, while the other half were in the foster care system. Prior to attending their current school, participants reported attending an average of 3.10 schools, with a range from 0 to 11 schools. This sample was specifically targeted because of the explicit aims of this study. All but five girls elected to participate.

Measures

Participants answered a demographic questionnaire, which included questions about age, ethnicity, sex, grade level, and number of middle/high schools attended prior to the residential treatment center.

School Attachment

The researchers defined school attachment as the student's overall connectedness to school. A shortened version of a 10-item scale, developed in a previous study (Somers & Gizzi, 2001), was used to identify participant's level of school attachment, by asking if they enjoy attending school, their value of school, and if they feel that they belong at the school. Sample items included

“School is important in my life” and “School is one of my favorite places.” Students responded on a five point scale (1 = “Strongly Disagree,” 5 = “Strongly Agree”). In the previous study conducted with this survey, Cronbach’s alpha, a measure of internal consistency reliability, was .88. In the current sample, the alpha was .84.

School Involvement

Researchers measured school involvement using a 5-item scale that identified the participant’s perceived level of involvement in school. The questionnaire consisted of items like “I participate in my classes” and “I participate in school activities when we have them (clubs, sports, or other school groups or organizations).” This is a revision of an original 3-item measure (Somers & Gizzi, 2001). The previous study conducted with the 3-item scale found a Cronbach’s alpha of .72. In the current sample, the Cronbach’s alpha was .76.

Social Support

The researchers measured the student’s perceived social support by using three subscales of the Child and Adolescent Social Support Scale (CASSS; Malecki, Demaray, & Elliot, 2000): social support from Teacher, Classmates, and People in My School in General (the latter of which could include any support staff, administrators, educational professionals, or anyone else in the school building). Each subscale is 12 items reflecting how much support they perceive they have from each source. Students responded on a six point Likert scale (1 = “Never,” 6 = “Always”). Sample items include “My Teacher (s)...tells me I did a good job when I’ve done something well,” “My Classmates...give me good advice,” and “People in My School...listen to me when I talk.” The developers of the CASSS found an internal consistency of .92 for each of the Teacher, Classmate, and People in My School subscales. The developers also found high test-retest reliability for the total CASSS ($r = .78$). The internal consistency coefficients for these scales within the current sample were .94, .96, and .97, respectively.

Depression Symptoms

Depression symptomology was pulled from the Child Report of Posttraumatic Stress (CROPS). The CROPS is a self-report measure of posttraumatic symptoms within the last week. A new subscale was formed using these items to determine the participants’ levels of depression symptoms. This subscale differed from the CROPS in that it contained only questions that were specific to depression symptomology (i.e., “I feel sad or depressed,” “I don’t feel like doing much,” and “Things make me upset or mad”). Participants report on a 3-item Likert scale (0 = None, 1 = Some, 2 = Lots). Excellent internal consistency has been found for the CROPS (Cronbach’s alpha = .91), as well as

good test-retest validity ($r = .8$) (Greenwald & Rubin, 1999). The internal consistency for these three items within the current sample was .70.

Procedure

All students in the school were invited to participate. First, parental/caregiver consent was obtained by the researchers independent of the school. Youth in the juvenile justice system had their parents provide consent and youth in the foster care system had their caseworkers provide consent. The girls were then informed about the study through information sheets and assent forms were read to them. The students then gave their assent to participate or refused to assent. Only 5 of the students refused to complete the questionnaire. Completion of the survey took place in small groups within individual classrooms of a local public charter school, which shares a campus with the residential treatment facility and where all of the youth in this study were enrolled as students. The students completed the survey, which took between 20 and 40 minutes to complete, under the supervision of members of the research team. Students who struggled with reading were given the option to have the questions read to them. Students were given chips to eat and a drink, as well as a t-shirt, whether or not they participated. Full board review and approval by the University Institutional Review Board was secured.

Data Analysis

Data were entered into SPSS and analyzed first using correlation analyses. Following that, the primary study questions were analyzed using Multivariate Analysis of Covariance (MANCOVA) and Multiple Linear Regression Analysis.

Results

The purpose of this study was to examine the associations between placement disruption, school attachment and school involvement, levels of social support, and level of depression symptomology among a sample of adolescent girls currently living in a residential treatment center, that has a school on campus. Means and standard deviations for the subscales are included in [Table 1](#). There was a small number of missing data that was handled via a mean substitution.

The first aim of this study was to examine whether there was an association between the number of school moves and school attachment and involvement. Pearson correlation analyses were selected to analyze the zero-order correlation between the number of school moves and school attachment, which was not significant ($r = .09$; $p = .45$). In addition, the

Table 1. Means and Standard Deviations for the Subscales.

	N	Mean	Standard Deviation
My age is:	75	15.53	1.51
How many middle/high schools have you previously attended?	75	3.10	2.27
School Attachment	81	3.80	.75
School Involvement	81	4.04	.75
Teacher Support	79	5.10	.95
Classmate Support	79	3.65	1.50
People Support	79	4.29	1.38
Depression	69	2.94	1.80

Note. Minimum value for all school attachment and school involvement questions is 1 (Strongly Disagree) and maximum value is 5 (Strongly Agree). Minimum value for all teacher, classmate, and people support questions is 1 (Never) and maximum value is 6 (Always). Minimum value for all depression symptoms questions is 1 (None) and 2 (Lots).

correlation between the number of school moves and school involvement was not significant ($r = .04$; $p = .71$). [Table 2](#) presents all correlations between variables.

The second aim of this study was to examine whether there was an association between student reports of social support and number of school moves. A Multivariate Analysis of Covariance (MANOVA) was run with the three social support variables as the dependent variables and the number of school moves as the independent variable. Age was a covariate in this analysis. The results were not significant, indicating that who the students report getting their social support from does not vary by number of school moves (Hotelling's Trace = .65, $F = 1.16$, $df = 30, 161$, $p = .27$).

Next, all three social support variables were entered into regression models to analyze how well social support predicted school attachment and school involvement (aim 3). [Table 3](#) presents descriptive statistics for both school attachment and school involvement. Overall, classmates and people at school in general appear as the most strongly contributing variables. Specifically, in a regression analysis with school attachment as the criterion variable, age was entered at step one as a control variable, due to prior literature indicating the importance of maturation, given the fact that our sample ranged from early to late adolescence. However, it was not significant. Then, at step 2 the social support variables were added and the overall model was significant (R-squared = .38, $F = 10.55$, $df = 4, 68$, $p < .001$). An analysis of the Beta weights indicated that support from classmates ($\beta = .27$, $p < .05$) and the school context generally ($\beta = .37$, $p < .01$) were the significant contributors to the model. [Table 4](#) presents the results of the regression analysis.

In terms of school involvement, age was not significant at step 1, but the social support variables were significant at step 2 in explaining variance in school involvement (R-squared = .36, $F = 9.50$, $df = 4, 68$, $p < .001$). An analysis of the Beta weights indicated that support from classmates ($\beta = .30$,

Table 2. General Correlations of Study Variables.

	Number of School Moves	School Attachment	School Involvement	Symptoms of Depression	Teacher Support	Classmate Support	General School Support
Number of School Moves							
Pearson Correlation	—	—	—	—	—	—	—
Significance							
N							
School Attachment	.09						
Pearson Correlation		—	—	—	—	—	—
Significance	.45	—	—	—	—	—	—
N	75	—	—	—	—	—	—
School Involvement	.04						
Pearson Correlation		—	—	—	—	—	—
Significance	.71	—	—	—	—	—	—
N	75	—	—	—	—	—	—
Symptoms of Depression		-.12	-.19				
Pearson Correlation				—	—	—	—
Significance		.34	.13	—	—	—	—
N		65	65	—	—	—	—
Teacher Support		.38	.37	-.01			
Pearson Correlation					—	—	—
Significance		.001	.001	.96	—	—	—
N		79	79	63	—	—	—
Classmate Support		.48	.44	-.17	—		
Pearson Correlation					—	—	—
Significance		0	0	.17	—	—	—
N		79	79	63	—	—	—
General School Support		.56	.51	.10	—	—	
Pearson Correlation					—	—	—
Significance		0	0	.45	—	—	—
N		79	79	63	—	—	—

Table 3. Descriptive Statistics for School Attachment and School Involvement.

School Attachment	N	Mean	Standard Deviation
I enjoy attending school.	81	3.78	1.13
I am happy with my friendships at school.	79	3.92	1.17
I am proud of my school.	79	3.58	1.35
I value school.	79	4.19	.99
School is important in my life.	81	4.53	.87
I feel I belong here at this school.	80	3.16	1.42
School is one of my favorite places	79	3.34	1.35
Students at this school treat me with respect.	79	3.56	1.32
Teachers at this school treat me with respect.	79	4.34	.92
People at this school care about me.	80	3.60	1.29
<i>School Involvement</i>			
I contribute to this school in a positive way	80	4.05	.86
I participate in school activities when we have them	80	3.99	1.16
I participate in my classes	81	4.35	.87
I help the teachers or the principle when they ask for it	81	4.00	1.12
I volunteer to help even before I am asked	81	3.81	1.27

Note. Minimum value for all questions is 1 (Strongly Disagree) and maximum value for all questions is 5 (Strongly Agree).

Table 4. Regression Analysis–Social Support and School Attachment and Involvement.

Predictor Variables	School Attachment			
	B	B	t	sig
Step 1				
Age	−.10	−.19	−1.62	.11
Step 2				
Teacher Support	.07	.09	.84	.41
Classmate Support	.13	.27	2.46	.02
General School Support	.20	.37	3.10	.00
Predictor Variables	School Involvement			
	B	B	t	sig
Step 1				
Age	−.09	−.17	−1.45	.15
Step 2				
Teacher Support	.10	.12	1.09	.28
Classmate Support	.15	.30	2.75	.01
General School Support	.17	.30	2.48	.02

$p < .01$) and the general school context ($\beta = .30$, $p < .05$) were the significant contributors to the model.

The final aim of this study was designed to examine whether or not being attached to and involved in school correlated with students' daily psychosocial functioning, particularly symptoms of depression. Pearson correlation analysis indicated that there was not a significant association between school attachment and symptoms of depression ($r = -.12$, $p = .34$). Results also revealed that there was not a significant correlation between school involvement and symptoms of depression ($r = -.19$, $p = .13$).

Discussion

The primary purpose of this study was to examine the relation between number of school moves and perceived social support and students' level of school attachment and school involvement, and in turn, how their level of school attachment and school involvement related to their reported symptoms of depression. Prior research suggested that children who live in out of home care settings are less likely to have strong social supports as a result of placement disruption and likely subsequent school transfers, and because of a lack of social support from parents/other caregivers, are more likely to rely on social support from friends and teachers/staff at school (e.g., Harden, 2004). Research has also shown that children placed outside the home have a greater risk for depression and that risk for depression is most significant for those children who have deteriorated social support systems (e.g., Sawyer et al., 2007). Previous research has demonstrated that social support is an important variable in the development of school attachment and school involvement (e.g., Baker, 1999), and is a protective factor for students long-term well-being.

Placement Disruption

Overall, several relevant findings and themes emerged from the data analyses. One finding is that students' levels of school attachment and involvement were not associated with the number of moves that they had made between schools. It was originally hypothesized that youth who have been displaced many times would have lower levels of school attachment and involvement than those moved around less frequently. However, our results indicated no association. Thus, youth with frequent placement disruption may not be any more likely to have more difficulties in forming school attachment and being involved in subsequent school placements. It is also possible that effects of the McKinney-Vento Act of 1987 are being observed, as federal law requires schools to keep foster care youth enrolled in their school of origin (Julianelle, 2008). Specifically, the Michigan Department of Education adopted a more progressive version of the McKinney Vento Act in 2009 in which foster care youth are eligible for homeless youth services through the serving school district for the child's first six months in a consistent setting. Students who are not experiencing a consistent placement for six consecutive months are eligible for services until consistency is achieved (Day, 2010).

Another policy that has been enacted to address the educational disparities of foster youth is the Fostering Connections and Increasing Adoptions Act of 2008 (Day & Preston, 2013). Specifically, Title II of the Act helps youth in foster care achieve their educational goals by requiring that state child welfare agencies coordinate with local education agencies

to make sure that youth attend school. Child welfare agencies are mandated to ensure that foster youth remain in their same school, even if their placement changes, unless it is not in the child's best interest to do so (Day & Preston, 2013).

Additionally, these students' levels of social support did not vary by number of school moves. It should be noted that the variance in number of moves was not as wide as was expected. While there were some students who reported higher numbers of middle or high schools previously attended (6+), the majority of those who responded reported having been to between one and three different middle and high schools. It is possible that having been displaced and moved to many different schools was not as much of an issue for this population as was previously hypothesized. It is also possible that number of school moves is not an accurate measure of previous foster home displacement. Finally, it is also possible, as was previously mentioned, that positive benefits of federal and state policies at work (e.g., McKinney Vento Act, Fostering Connections to Success Act), as these acts have served to minimize the interpersonal or emotional consequences of school moves.

Students' Social Support

An interesting theme was that all three social support sources were moderately correlated with both school attachment and school involvement. However, when entered simultaneously in a regression model, teacher support fell out and was not a significant predictor of either school attachment or school involvement. Rather, classmate support and support from people in general (anyone in the school building, i.e., support staff, administrators, etc.) at school were the strong and statistically significant contributors. This may be due to slight multicollinearity, but the correlations being between .3 and .5 indicated that it was acceptable to load them in the model simultaneously. It is important to note that the combination of the correlation and regression results does not indicate that teacher support is not important, but when combined with classmate and general school support, it is not the primary predictor of school attachment and involvement for these girls in this sample. These results are consistent with previous research that indicated that teacher support alone is not an effective predictor of school attachment and school involvement (Rosenfeld et al., 2000). In any case, these results across both analyses indicate an important need for the development of opportunities for students to build positive social support in the school environment. Implications are great for the development of policies and practices that promote a positive school and classroom climate and students' accessibility to caring adults and peer mentoring both during the school day and within afterschool programs.

Symptoms of Depression

The final set of findings was that students' reported levels of school attachment and school involvement were not related to their reports of symptoms of depression. The reader is reminded that the sample used for this study was a group of girls currently living in a residential treatment facility, either because of being in the juvenile delinquent system or having difficulties in being placed in a less restrictive foster care placement. Previous research has shown that the vast majority of children in foster care come from a low-SES environment and all have a history of exposure to trauma because of child abuse and neglect. This has been shown in some research to put them at a higher risk for the development of mental health difficulties (e.g., Teplin et al., 2002). There was not a statistically significant relationship found between the students' level of school attachment and involvement and symptoms of depression. It is possible that because the participants' reported depression symptoms were relatively low and with little variance, it was unlikely that there would be any statistical significance between this factor and other variables simply because of restricted range. However, the results of this study may suggest that for this population, students' level of attachment and involvement in the school environment is not enough to counteract any symptoms of depression they are currently experiencing as a result of their past experiences and current living situation.

For many of the students in this population, school may not be a positive environment to which they want to form an attachment. School may often not be a top priority for many children in the foster care or juvenile delinquent system. This may be because of difficulties learning, trouble forming friendships, high expectations, and a lack of support at home. The demands of school may further exacerbate any difficulties that they are dealing with outside of school. This study did show that students do report receiving a level of social support from people within the school. As the students' level of school attachment and involvement were found to not be related to students' level of depression, the area of social support may be an area that educators and support staff may want to focus on. Students from adverse backgrounds, with multiple displacements, may be in need of more help and support within the school environment to deal with their mental health difficulties, as they may not be receiving this support at home. By building strong social support systems within the school environment, students may develop a stronger sense of support that may help combat any mental health difficulties. This is of particular importance for educators within an urban setting, as they encounter larger numbers of children struggling with trauma due to child abuse and neglect and chronic poverty.

Limitations

Limitations of the current study must be considered when interpreting these results. When interpreting the results of this study, caution should be taken given the small sample size and the fact that only girls were studied in this sample, limiting the generalizability to males in similar situations. Because of the small sample available, the findings may be only applicable to girls with similar characteristics. Although there was support for conceptualizing the number of schools attended prior to the current school as a measure of “displacement,” it may not have been an accurate representation of the number of placement disruptions that the students actually experienced. It is possible that they moved from placement to placement without experiencing school mobility, thus maintaining relationships within the school environment that they were in. The researchers also did not take into consideration how long the participants had been at the residential treatment facility, suggesting that even if they had moved around many different times prior to coming to the facility, they may not have been there long enough to form social support relationships (informal reports by school principal indicated that the average length of stay in the center/school is 4–6 months). In terms of asking the participants about social support, because they live in the same environment where they go to school, the researchers could not easily separate relationships at school and in their living environment. While survey questions were specifically geared toward people within the school environment, it is possible that the students were thinking of people associated with their living environment in addition to their school environment. Additionally, although the measures are judged to have face validity, only reliability data were available for the measures.

Conclusions and Applications

The literature does indeed show that that youth in residential care incur greater educational risks (e.g., Trout et al., 2008) and when academic engagement and achievement are emphasized, these risks can be addressed in residential settings (e.g., Lawler et al., 2014; Trout et al., 2010). However, our study expands such findings to include other key variables that may also interact with the emotional functioning and learning in the residential treatment/school context. Taken together, this study did demonstrate the importance of peer support and the support of people in school in general to students’ general school attachment. This is of importance to teachers, educators, and administrators to ensure that the development of positive school climates as trauma-informed is a priority. Teachers should foster the development of student relationships with all school staff members as well as encourage positive peer mentoring and engagement in an effort to provide an

element of social support that many children in the juvenile delinquent or foster care systems may be severely lacking in other social settings.

Further research should deepen the understanding of levels of depression symptomology in similar populations and in what ways the school environment can alleviate any of these symptoms, as well as examine differences between males and females in school attachment and involvement and levels of depression.

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