Mentorship: A Rehabilitation Strategy for Youth Exiting Psychiatric Residential Treatment Facilities

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Sarah L. Smith

Topeka, Kansas

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Thesis Approval
Department of Psychology
Washburn University
Topeka, Kansas

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I hereby recommend that the thesis, prepared under my supervision by

SARAH L. SMITH

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Dave Provorse, Ph. D
Chair of the Thesis Committee

Juliann Mazachek, Ph. D
Vice President for Academic Affairs

Cynthia L. Turk, Ph. D
Head of the Department

Recommendation Concurred by

Jericho Hockett, Ph. D

Michael McGuire, Ph. D

Committee for the Thesis

Abstract

Problem

Psychiatric Residential Treatment Facilities (PRTFs) remain controversial forms of care for youth experiencing mental health concerns (Kapp et al., 2015). Mentorship programs are popular community-based interventions for at-risk youth. DuBois et al., (2002) postulate environmentally at-risk youth may be optimal candidates for mentoring due to often lacking a positive adult role model. Despite rising popularity of mentorship programs, research has yet to identify specific factors that produce consistent positive effects for disadvantaged youths transitioning out of PRTF settings.

Procedure

The current study adopts a retrospective approach of asking adults who were placed in a PRTF during adolescence to reflect upon how high-quality mentor-mentee relationships impacted functioning in an academic setting. Participants with a high-quality mentoring relationship post-discharge (N=18) were compared to a control group of those who had not (N=16). Participants completed seven self-report online surveys in two timeframes: during the year before PRTF placement and one year after discharge from the PRTF.

Results

A series of 2 x 2 mixed factorial ANOVAs were used to compare pre- and post-placement scores on all measures for the mentored and non-mentored groups. The current study revealed no significant difference between the mentored and non-mentored groups on social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, classroom effort, or rate of office disciplinary referrals and unexcused absences. The current study may serve as the foundation for future research seeking to identify differential effects of the specific components of mentoring programs for PRTF youth.

Mentorship: A Rehabilitation Strategy for Youth Exiting Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTFs) have been and remain topics of controversial debate as a form of care for youth experiencing mental health issues (Kapp et al., 2015). While PRTFs have become a standard component of the continuum of care in mental health treatment, operation of such facilities varies greatly as a universal definition of PRTFs has yet to be established (Butler & McPherson, 2007). Variations may include such elements as the type of therapeutic strategies implemented, the therapeutic framework operated under, and the use of punitive consequences. Due to such variations, the effectiveness of PRTFs have proven difficult to monitor (Kapp et al., 2015).

The challenges stated above have also increased difficulties for researchers dedicated to conducting meaningful research on the factors that are most predictive of positive outcomes for youth placed in PRTFs. The inability to monitor and standardize the types of interventions employed across PRTFs has resulted in a lack of agreement between researchers on how to measure effectiveness and outcome, as well as an overall lack of specificity when prescribing treatments and best practices based on the research literature (Epstein, 2004). Epstein further states the lack of consensus in the literature greatly limits comparability between studies. This lack of uniformity renders a grey area when determining which aspects of treatment are either most helpful or most inhibiting.

Regarding the outcome trajectories of adolescents ages 9-18 who are admitted to PRTFs, Bates et al., (1997) found the maintenance of positive changes made during treatment are not guaranteed post-discharge, with approximately 20% to 40% of adolescents showing no improvement during treatment. Using readmittance to a PRTF as evidence of poor outcomes, Blader (2004) and Warner and Pottick (2003) reported of the almost 66,000 youth who are discharged from inpatient mental health care yearly, over 16,000, or 25%, are readmitted within one-year post discharge.

Researchers have been more successful in identifying a number of factors that serve to increase the likelihood of adolescent readmittance to a PRTF. Some of the greatest influences noted by researchers include the severity and length of endured trauma, the nature and severity of the diagnosis, as well as access to community and familial supports (Epstein, 2004; Kapp et al., 2015; Yampolskaya et al., 2013).

Academia and At-Risk Populations

When adolescents are admitted to PRTFs, the length of stay is commonly a few weeks to upwards of six months. During this time, the admitted adolescent is usually expected to continue with education to mitigate the additional stressor of falling behind same-aged peers academically. Interestingly, youth placed in PRTFs may have already experienced difficulties within the context of an academic setting, and the presence of maladaptive behaviors at school may have served as “warning signs” and/or directly contributed to the need to seek inpatient placements. Although the vast majority of PRTFs engage in substantial efforts to provide those living in these inpatient facilities with an educational experience, some researchers argue education is not sufficiently addressed (Shabat et al., 2008).

While a few studies have documented that adolescents who have spent time in a PRTF experience poorer educational outcomes in the long-term when compared to non-institutionalized peers (Embry et al., 2000), many studies have not examined academic outcomes. A meta-analysis conducted by Knorth et al., (2008) found youth who received inpatient treatment from a PRTF showed clinically significant improvements in psychosocial functioning three to four months post-discharge when compared to the psychosocial functioning pre-treatment but made no reference to academic functioning. Efforts to identify mechanisms that could improve academic outcomes have included discussions of mentoring, with DuBois et al., (2002) postulating youth in situations of environmental risk might be suitable candidates for mentoring due to a lack of a positive adult role model in the youth's daily life. Youth placed in residential treatment facilities may derive particular benefit from mentorship programs, as such youth may also be products of extreme environmental risks.

Within the educational system, a student is identified as "at-risk" when the likelihood of dropping out of school and not reaching graduation is high (Reddick & Peach, 1990). A review of the literature has identified five risk factors found to consistently correlate with students who had dropped out of school: low socioeconomic status, pregnancy, motherhood and fatherhood, a dislike for school and school-related activities, and minority status (Elffers, 2012; Gubbels, et al., 2019; Reddick & Peach, 1990). Combining the social stigmas associated with mental health, and the unavoidable academic and social consequences of prolonged absence from an academic setting, students transitioning out of inpatient care are at an increased risk for academic disappointment.

Mentorship as a Transitional Support

As part of the effort to reduce negative impact on academic performance, mentorship programs have been developed and implemented to encourage resiliency. Targeting youth from at-risk backgrounds, mentorship assists in forming positive relationships with adults outside of the youth's family (Rhodes, 1994). Social cognitive theory states that individuals emulate the behaviors seen in others who are respected (Bandura, 1997). Utilizing Bandura's theory as a framework, formal mentorship programs attempt to create healthy, one-on-one relationships between a recipient (mentee) and caring adult (mentor) to support the healthy development of the child or adolescent participant (Lee & Cramond, 1999; Tolan et al., 2014). With many parallels between the mentor role and the role of a therapist (Lee & Cramond, 1999) or parent (Kapp et al., 2015), the mentor is intended to provide support and serve as a positive role model for the mentee.

Through social experiences and interactions with adults, children can determine and develop appropriate behaviors via modeling. Through supportive, understanding, and encouraging child-adult interactions, children can make sense of the surrounding environment and their place in it (Bandura, 1997). Furthermore, child-adult interactions also influence the child's behavioral responses to the surrounding environment (Grusec, 1992). The child's understanding, formed by receiving behavioral feedback from adults and observing modeled behaviors, aid in the child's ability to form judgments, and determine the usefulness of certain behaviors for resolving commonly occurring problems (Grusec, 1992).

When addressing the mechanisms responsible for the positive influence mentors can have on at-risk adolescents, the length and quality of the mentor-mentee relationship have demonstrated the most impact on the outcome of the mentee (Converse & Lignugaris, 2009; Goldner & Mayseless, 2009; Komar & Borić, 2014). During modeling in a mentor-mentee relationship, the strength of influence of the modeling is determined by the perceived competencies of the adult and how valued the adult is to the adolescent (Grusec, 1992). Research has identified specific elements of the mentor-mentee relationship, such as mentor positivity, meeting with mentees consistently, mentee-driven sessions, and mentee-driven activities as factors that result in clinically significant outcomes towards positive change (Converse &Lignugaris, 2009; DuBois et al., 2013; Valentine & Cooper, 2002).

When assessing the quality of the mentor-mentee relationships and the impact the perceived quality had on outcomes, Converse and Lignugaris (2009) found outcomes were improved when the mentoring relationship was “viewed positively” by mentors. Mentors whose logs reflected positive statements (e.g., “This is inspiring”, “I enjoy this”) and met with the mentees consistently had greater improvements overall compared to mentors who did not meet with mentees regularly and whose logs did not reflect positive statements. The study’s findings reported mentoring sessions where the mentee was allowed more flexibility and control, and when the mentor pursued activities tailored to the mentee’s interests, also promoted positive outcomes. A recent meta-analysis of mentor contributions to the mentor-mentee relationship found the effectiveness of mentorship hinged largely on the quality of the relationship and that relationships low in quality had low efficacy (Spencer, 2012). When studying which mentor characteristics promote high quality relationships, Allen and Eby (2003) found mentors and mentees paired by perceived similarities reported high quality relationships. At the end of the mentoring experiences examined by the researchers, mentors and mentees reported gains in interpersonal skills and co-learning.

To further evaluate the role quality of the relationship plays in the overall success of a mentorship program, Goldner and Mayseless (2009) examined the influences closeness, dependency, and unrealistic expectations had on mentee functioning. The researchers reported success within the program correlated positively with reports of mentor-mentee closeness. Positive changes were identified in the areas of improved academic functioning, lower levels of dependency, and increased self-perceptions of academic competence for mentees when compared to pre-treatment mentee reports.

Research indicates while the effects may not be overwhelming, mentorship can have positive influences on mentee academic performance. In a meta-analysis examining the efficacy of school-based mentorship, Wheeler et al., (2010) found after one year of participation, mentees displayed modest improvements with interpersonal relationships, reductions in truancy, and increased classroom engagement. In a separate study, Converse and Lignugaris (2009) evaluated a school-based mentorship program and the effects mentorship had on the frequency of disciplinary office referrals for disruptive behavior, number of unexcused absences, and attitudes toward school among at-risk students. Results indicated a 54% reduction of office referrals post-mentorship for mentee participants when compared to the controls. Results also indicated improvements in school attitudes and a roughly 26% drop in unexcused absences for student-mentees when compared to controls.

Intrigued by the role school-based mentorship (SBM) may play in improving academic performance, Herrera et al., (2007) found a 4% increase in student-mentee academic attitudes and performance after one year of involvement in a Big Brothers Big Sisters (BBBS) SBM program when compared to non-mentored peers. In a follow-up study, members of the same research team (Herrera et al., 2011) conducted an evaluation of a BBBS SBM program in which data was collected from youth participants, school-based teachers, and school records. Comparing findings from the two studies identified an important trend. While modest academic improvement among mentored students occurred within the first five months of the program, the research team found once the mentorship relationships ended, the modest academic improvements previously made did not remain. Furthermore, no statistically significant findings supported that SBM impacted the youths classroom effort, problem behaviors, or social and personal well-being either during or beyond the duration of the study.

Varying results in research studying the impacts and potential benefits of mentorship in and outside of an academic setting are not uncommon when reviewing the literature. Several research studies have concluded the benefits of mentorship are only apparent during mentoring (Abrams et al., 2014; Herrera et al., 2011; Wheeler et al., 2010), while other studies found mentorship results in positive, long-lasting improvements in mentee functioning (Converse & Lignugaris, 2009; Goldner & Mayseless, 2009; Herrera et al., 2007). Despite some promising results that fostered a rise in popularity of mentorship programs, research has yet to identify the specific factors within such programs that produce consistent, statistically significant, current and long-term positive impacts on disadvantaged youths. With the variability of mentorship programs and the difficulties obtaining valid and reliable measures of progress, strong support for the elements proposed as the most influential—quality and duration of the mentoring relationship—have not been realized (Abrams et al., 2014; DuBois et al., 2002; Herrera et al., 2011).

Transitioning within the education system is an incredibly stressful undertaking, even for the most prepared student. Herrera et al., (2011) reported adolescent students transitioning across educational settings are subjected to experiencing developmental and school-related changes that increase student susceptibility to academic, social, and behavioral problems. Considering how stressful such transition periods are for a developing adolescent, youth transitioning from inpatient care are at an increased risk of social ostracization by peers and experiencing a reduction in self-confidence. Unfortunately, when these factors are combined, the transitioning adolescent can become caught in a cycle of academic failure (Herrera et al., 2011; Verhaeghe et al., 2008).

While the preceding review of the current literature has described the benefits of mentorship programs for non-institutionalized, at-risk youth (Converse & Lignugaris, 2009; DuBois et al., 2002; Herrera et al., 2007), the current study focuses on the utility of using mentoring as a form of rehabilitation, where trusted mentors could provide transitional support for youth following discharge from a PRTF as they seek to re-acclimate to life outside of a residential treatment setting. Deficits in skills and abilities impact a child's perceptions of academic capability, but beliefs may also be strongly related to the development of negative and pessimistic expectations of one's ability, low self-efficacy, and low self-esteem (Lee & Cramond, 1999). Therefore, developing strong relationships with an encouraging and supportive mentor may also help foster an increased sense of self-efficacy among troubled youth. With self-efficacy rooted in the child's history of achievement and past performance, social learning theory states the reactions of a respected adult can be directly influential for improving the child's sense of self-efficacy (Grusec, 1992).

Purpose and Hypotheses

The purpose of the current study was to examine the effects high quality mentoring relationships have on various important aspects of functioning for youth transitioning from PRTF-type institutionalized settings back into mainstream academia. More specifically, the outcomes measured include social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, classroom effort, unexcused absences, and office disciplinary referrals for behavioral disruptions. Currently, empirical research focused solely on the impact mentorship can have on youth transitioning from a PRTF setting back into an academic setting is lacking.

Hypothesis 1: Participants who report having received a high-quality mentor relationship will report significantly higher social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, following discharge from a PRTF compared to no-mentor controls.

Hypothesis 2: Participants who report having received a high-quality mentor relationship will report significantly higher classroom effort following discharge from a PRTF compared to no-mentor controls.

Hypothesis 3: Participants who report having experienced a high-quality mentor relationship will report significantly lower office disciplinary referrals and unexcused absences following discharge from a PRTF compared to no-mentor controls.

Method

Participants

Participants (N=242) were recruited from introductory psychology courses at a mid-sized Midwestern university and Facebook. From the initial 242, 192 participants were excluded from the study due to lacking a history of PRTF placement. From the remaining 50 participants who had indicated a history of PRTF placement, 16 participants were excluded due to not completing all measures in the study, and two participants were further excluded due to reporting low-quality mentor relationships. The final group consisted of N = 34 participants meeting the study's criteria of having a history of PRTF placement, as well as either having a high-quality mentor relationship or no mentor relationship one year post discharge. The majority of participants self-identified as white, young adult (M = 24.5 years, SD = 7.38) females. Demographic characteristics of participants are summarized in Table 1.

Two groups of participants were compared in the current study. The first group (*N* = 18) was comprised of participants with a history of PRTF placement who had high-quality mentor relationships post-discharge. Within the high-quality mentor relationships group, 16.7% identified an adult relative as their mentor, 50% identified a parent or guardian as their mentor, 11.1% identified a teacher as their mentor, and 5.6% identified an adult friend as their mentor. The second group (*N* =16) was comprised of participants with a history PRTF placement who did not have a mentor post discharge (see Table 2). The ages between participants recruited on Facebook compared to participants recruited through the college course were notable with participants recruited through the college course trending younger than participants recruited through Facebook.

Procedure

The current study adopted a retrospective approach of asking adults who had spent time in a PRTF during adolescence to reflect upon how high-quality mentor relationships impacted functioning in an academic setting. Participants were recruited through Facebook groups for individuals placed in a PRTF and from introductory psychology courses at a mid-sized Midwestern university. All participants completed an informed consent (see Appendix A for Facebook recruitment and Appendix B for college course recruitment) describing the process of the study and were pre-screened with a demographic survey (see Appendix C) that addressed the criteria of PRTF placement. After eligibility was established through the demographic survey, participants were given seven self-report online surveys measuring social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, classroom effort, the presence of a special adult, and rate of unexcused absences and office disciplinary referrals. Participants were asked to complete all measures in two specified timeframes: during the year before PRTF placement and one year after discharge from PRTF placement. At the end of the study, participants were provided with a debriefing form (see Appendix D) and list of nationwide resources (see Appendix E). The full set of measures required approximately 50 minutes to complete. This study was reviewed by and received approval from the university-based Institutional Review Board and complied with ethical standards for treatment of human research participants.

Measures

Demographic Questionnaire. Participants were asked to report age, gender, and ethnic/racial identification through a demographic survey. To pre-screen participants to ensure they met the study's criteria, the survey included items asking if the participant had prior placement in a Psychiatric Residential Treatment Facility (PRTF). To assess the presence of the five at-risk factors consistently correlated with students who had dropped out of school, participants were asked five questions designed to measure the presence of dislike for school and school-related activities, socioeconomic status, pregnancy, motherhood or fatherhood, and minority status. On these items, participants employed a 4-point scale where 1 = *strongly disagree* and 4 = *strongly agree*. After reverse-scoring Item 3, responses were summed across all items to produce total scores ranging from 5 to 20, with higher scores indicating a stronger presence of at-risk factors (see Appendix F). Participants who *agreed* or *strongly agreed* to the presence of 3 or more of the 5 at-risk factors or met the cut-off score of 10 suggest an increased risk of school dropout. For the present sample, the Cronbach's alpha for the presence of the five at-risk factors was .62, illustrating acceptable internal consistency.

Presence of a Special Adult. Herrera et al. (2011) developed a four-item measure to assess the quality of the relationship with a special, non-parental adult mentor. Items include statements such as, “There is a very important adult who makes me feel better when I am sad” and “There is a very important adult who cares about my feelings” (see Appendix G for pre-PRTF items, and Appendix H for post-PRTF items). Participants rated responses using a 4-point scale where 1 = *strongly disagree* and 4 = *strongly agree*. By summing scores, total scores could range from 4 to 16, with higher scores indicating a higher quality mentor relationship. Scores of 8 or lower indicated the participant overarchingly disagreed with having a high-quality mentor post-discharge and thus served as a cutoff score. This measure has shown utility in identifying presence of quality and was used in studies with significant results (Herrera et al., 2011; Herrera, DuBois, & Grossman, 2013). For the present sample, the Cronbach’s alpha for the Presence of a Special Adult Survey was 1.00 post-PRTF, illustrating high internal consistency.

Student Connectedness Survey. Adapted from a survey developed by King et al. (2002), the Student Connectedness Survey measures student attitudes about school. The King et al. measure includes five subscales: self-esteem, school connectedness, peer connectedness, family connectedness, and health behaviors. For the purposes of the current study, the family connectedness and health behaviors subscales were not included due to lack of relevance to the hypotheses of the present study. Inclusion of the self-esteem, school connectedness, and peer connectedness scales resulted in a total of fifteen items, and participants rated responses using a 4-point scale where 1 = *strongly disagree* and 4 = *strongly agree*. Sample items from each subscale are “I feel proud of myself” (Self-Esteem), “Others my age think I am fun to be around” (Peer Connectedness) and “My teachers are fair with what they expect from me” (School Connectedness, see Appendix I for pre-PRTF items, and Appendix J for post-PRTF items). As each subscale includes five questions, summed subscale scores can range from 5 to 20, with higher scores indicating a more positive connectedness rating. For the present study, the

Cronbach's alpha for the Student Connectedness Survey was .89 pre-PRTF and .95 post-PRTF, illustrating high internal consistency.

Classroom Effort. This survey is a 4-item subscale drawn from the Research Assessment Package from School-Teacher Report (Research Assessment Package for Schools – Teacher Report (nd). The Classroom Effort measure is used to assess the teacher's perceptions of how often students demonstrate effort on different classroom tasks (Herrera et al., 2011). Due to the retrospective nature of the current study, participant perspectives on how often each demonstrated effort on different classroom tasks were collected using a 4-point scale where 1 = *strongly disagree* and 4 = *strongly agree*. For the present study, one additional item was added to the survey to gain more information about the participants' overall effort when working on class assignments (e.g., "When doing classwork, I did my best"). With five items, total scale scores can range from 5 to 20. For the measure, item two will be reverse scored so higher scores are interpreted as representing higher amounts of effort (see Appendix K for pre-PRTF placement items and Appendix L for post-PRTF items). For the present study, the Cronbach's alpha for the Classroom Effort survey was .80 pre-PRTF and .75 post-PRTF, illustrating good internal consistency.

Office Disciplinary Referrals and Unexcused Absences. Office Disciplinary Referrals (ODRs) represented the total number of times a student was sent to the office due to a conduct-related behavioral issue during the semester that resulted in disciplinary action (e.g., detention, in school suspension, out of school suspension). Participants were asked to self-report the number of ODRs pre and post PRTF discharge using a 4-point scale where 1 = *0* and 4 = *5 or more*. School absences represented the total number of days a participant had an unexcused absence from school. Participants were asked to self-report the number of unexcused absences pre and post PRTF discharge using a 4-point scale where 1 = *0* and 4 = *5 or more*. (See Appendix M for pre-PRTF measure, and Appendix N for post-PRTF measure.)

Statistical Analyses

To test the three hypotheses, a series of 2 x 2 mixed factorial ANOVAs were conducted that contrasted independent grouping variables of mentor present vs. mentor absent and pre-PRTF vs. post-PRTF placement as the between-subjects factors and ODRs as one within-subjects factor, unexcused absences as a second within-subjects factor, social functioning as a third within-subjects factor, and academic effort as a fourth within-subjects factor. Participants who provided ratings on the "Presence of a Special Adult" measure where the total score summed across all four items was "9" or above were placed in the "high quality mentor relationship" category (N = 18). Those with total scores summed across all four items of "8" or below were considered to have received lower quality mentoring and were excluded from the study (N = 2). Participants who reported the absence of a mentoring relationship served as the control group (N = 16).

Results

Social Functioning

In the analysis that employed social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, as the dependent variable, the main effect of pre- to post-PRTF timeframe was not significant, $F(1, 27) = .16$, $p = .695$, $p < .05$, $\eta^2 = .006$. The main effect of mentorship was also not significant, $F(1, 27) = 3.29$, $p = .080$, $p < .05$, $\eta^2 = .075$. Additionally a significant interaction between time and mentorship status was not found, $F(1, 27) = 2.19$, $p = .151$, $p < .05$, $\eta^2 = .109$. This finding reveals that participants who had experienced a high-quality mentor relationship did not report significantly higher social functioning after discharge from a PRTF compared to the no-mentor controls.

Classroom Effort Data

In the analysis that employed classroom effort as the dependent variable, the main effect of classroom effort was not significant, $F(1, 25) = .274$, $p = .605$, $p < .05$, $\eta^2 = .011$. The main effect of mentorship was also not significant, $F(1, 25) = 1.33$, $p = .261$, $p < .05$, $\eta^2 = .052$. Additionally the interaction between high quality mentorship and pre- to post-PRTF classroom effort was not significant, $F(1, 25) = .081$, $p = .779$, $p < .05$, $\eta^2 = .003$. This finding reveals that participants who experienced a high-quality mentorship relationship following discharge from a PRTF did not report a significant increase in classroom effort compared to the no-mentor control group.

Office Disciplinary Referrals

In the analysis that employed self-reported ODRs as the dependent variable, the main effect of ODRs was not significant, $F(1, 34) = 1.31$, $p = .261$, $p < .05$, $\eta^2 = .039$. The main effect of mentorship was also not significant, $F(1, 34) = .15$, $p = .706$, $p < .05$, $\eta^2 = .000$. Additionally the interaction between high quality mentorship and ODRs was not significant $F(1, 34) = .005$, $p = .947$, $p < .05$, $\eta^2 = .005$. These findings reveal that participants who experienced a high-quality mentor relationship following discharge from a PRTF did not report a significant decrease in the number of ODRs beyond that reported by no mentor controls.

Unexcused Absences

In the analyses that utilized self-reported unexcused absences as the dependent variable, the main effect of pre- to post-PRTF timeframe was not significant, $F(1, 34) = .42$, $p = .520$, $p < .05$, $\eta^2 = .013$. The main effect of mentorship status was also not significant, $F(1, 34) = .06$, $p =$

.806, $p < .05$, $\eta^2 = .005$. Additionally, a significant interaction between mentorship status and timeframe was not found, $F(1, 34) = .17$, $p = .682$, $p < .05$, $\eta^2 = .002$. These findings reveal that participants who experienced a high-quality mentor relationship following discharge from a PRTF did not report a significant decrease in unexcused absences beyond that reported by no mentor controls.

Discussion

Previous research on mentorship has provided more understanding of both the short-term and long-term benefits of mentor-mentee relationships for at-risk, noninstitutionalized mentees. Previous research on mentorship has also shown contradictory findings as to which specific factors within mentorship relationships produce consistent, statistically significant impacts on mentee functioning (Converse & Lignugaris, 2009; Goldner & Mayseless, 2009; Herrera et al., 2007). The current study investigated how the presence of a high-quality mentor-mentee relationship influenced academic and social outcomes for previously institutionalized mentees. To our knowledge, the current study is the first study to focus solely on the impact mentorship can have on youth transitioning from a PRTF back into an academic setting.

Results from the study do not support the original hypotheses. Hypothesis 1 predicted participants who report having received a high-quality mentor relationship will report significantly higher social functioning, as measured by self-esteem, perceptions of school connectedness and peer connectedness, following discharge from a PRTF compared to no-mentor controls was not supported. Results from Hypothesis 1 revealed no significant group differences. While a significance of $p < .05$ was not obtained, the mean change between pre and post social functioning for the high-quality mentor relationship group improved by 3.77 points compared to a decrease of 2.18 points for the no-mentor controls and reached a significance level of $p = .08$. This trend is consistent with the direction of the hypothesis in that participants that report high quality mentor-mentee relationships would experience improved social functioning (see figure 1). Descriptive statistics presented in Table 3.

Hypothesis 2 predicted participants who report having received a high-quality mentor relationship will report significantly higher classroom effort following discharge from a PRTF compared to no-mentor controls was not supported. Closer evaluation of mean changes, as shown in Table 3, suggests the direction of the change in classroom effort for the no mentor group is inconsistent with hypothesis 2 in that the no mentor group experienced a 2.78-point increase from pre to post while the high-quality mentor relationship only experienced a 1.67-point increase pre to post.

Hypothesis 3 predicated participants who report having experienced a high-quality mentor relationship will report significantly lower office referrals and unexcused absences following discharge from a PRTF compared to no-mentor controls was not supported, as no significant difference between the mentored and non-mentored groups was found. Therefore, this study produced no evidence suggesting persons discharged from a PRTF experience any significant improvements in rate of ODRs or frequency in unexcused absences due to having experienced a high-quality mentor relationship with no reportable trends in data.

There are limitations in this study that should be considered. First, the current study was conducted as a retrospective study, asking participants to recall experiences from adolescence. While for the college-aged participants the lapse in time may have only been a few years, some participants drawn from Facebook were asked to recall experiences from over thirty years ago. When recalling autobiographical information, length of time between when the memory was acquired to when it was retrieved can be impacted by age. Furthermore, the ability for an individual to accurately recall autobiographical memories declines over time (Peters & Sheldon, 2020). As such, with varying degrees of time having passed from adolescent experience to present, the risk that recalled memory may be skewed or misremembered increases. Due to the specificity of the study's sample and challenges posed for participant recruitment, the present study was unable to control for length of time without significantly reducing the number of viable participants. Thus, minimizing or controlling the length of time between involvement in a mentor-mentee relationship and participation in research is recommended to increase accuracy of participant self-reports in future studies. Better yet, conducting a study in real-time, which would allow for routine and planned data collection prior to, during, and in the months immediately following PRTF placement, would be optimal. Also optimal would be obtaining ratings from multiple sources that could be used to corroborate self-report may produce more reliable and valid data. Teachers' ratings of school performance and classroom effort, peer ratings of social adjustment, mentor's rating of the quality of the relationship, and obtaining access to actual school records of ODRs and absences would all be possible in a synchronous study.

Another limitation of this study is found in how means for ODRs and unexcused absences were coded. The means used to analyze the frequency of ODRs and unexcused absences do not equate exactly. By coding responses using a 4-point Likert scale, the distribution of scores were potentially compressed as participants who may have had quite disparate rates of ODRs and unexcused absences were placed in the same category. For example, because the highest category on the 4-point Likert scale was "five or more," a participant who may have experienced five ODRs or unexcused absences was coded the same way as a participant who may have experienced 10 ODRs or unexcused absences.

Another limitation to the current study is sample size. We acknowledge the limited generalizability of our findings to this specific subset of at-risk populations at this moment in time. As extending time to continue data collection was outside of the scope of the study, future research aimed at enlarging sample sizes by increasing the breadth of platforms used for recruitment is recommended.

Additionally, the nature of the information gathered in the current study may be triggering or emotionally activating for participants. When recalling autobiographical information, details surrounding the memories can be influenced by the individuals current emotional state (Simpson & Sheldon, 2020). As the present study was not conducted in a controlled space, and participant reactions to the information were not monitored and the possibility reported data was influenced by outside factors increases. Thus, future research may consider administering surveys in a controlled space.

Finally, important to note is that the current study collected data from participants during the COVID-19 pandemic in the fall of 2020 and spring of 2021. When combining the stressors of a global pandemic with asking participants to recall memories from a potentially difficult time in their lives, the data collected may be impacted or skewed. The current study may serve as the foundation for future research seeking to identify differential effects of specific components of mentoring programs toward the goal of maximizing the benefits mentoring can provide to at-risk youth.

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Appendix A

Informed Consent (Facebook)

The Department of Psychology at Washburn University supports the practice of protection for human participants in research. The following information is provided so that you can make an informed judgment about your participation in the present study. You should be aware that even if you agree to participate you are free to withdraw at any time, without penalty.

PURPOSE OF RESEARCH:

This study seeks to understand how mentorship serves as a support by asking participants to reflect upon their life experiences during adolescence related to mentor-mentee relationships. The data collected for this research may further our understanding of how mentorship may positively influence social adjustment, classroom effort, and decreases in office referrals and unexcused absences.

PROCEDURES OR METHODS TO BE USED:

Participants will complete 7 surveys in which they will report their demographic information, perceptions of school connectedness, whether there is an influential adult in their life, and perceptions of their classroom effort. All participants' responses on the questionnaires are anonymous.

LENGTH OF STUDY:

This study will take approximately 30 minutes.

RISKS ANTICIPATED:

There are minimal risks associated with this study beyond what would be encountered in your daily life. If any of the questions regarding the mentorship process produce strong emotions, you may choose to not answer the question(s) or stop participating at any time without explanation or penalty. In the event that participation in the study results in discomfort, anxiety, etc., resources for help will be provided at the end.

BENEFITS ANTICIPATED:

You will learn about and contribute to psychological research.

EXTENT OF CONFIDENTIALITY:

Your responses are anonymous. Your name will not be associated with your responses. No one other than the members of the research team, listed above, will have access to the data for this research and there will be no attempt to connect answers back to participants. No personal data is accessible, and data will be examined in aggregate, such that no individual's responses will be traceable from the products of this work, such as journal articles and presentations.

TERMS OF PARTICIPATION:

I understand this project is research and that my participation is being solicited but is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits to which I may otherwise be entitled.

IRB INFORMATION:
IRB Number: 20-57
IRB Address/Contact:
irb@washburn.edu
IRB Chair
Washburn University
Topeka, Kansas 66621

PRINCIPAL INVESTIGATOR & CONTACT INFORMATION:

Sarah Smith
sarah.smith12@washburn.edu

FACULTY SUPERVISOR & CONTACT INFORMATION FOR ANY PROBLEMS/QUESTIONS:

Dave Provorse, Ph.D.
dave.provorse@washburn.edu
(785) 670-1562

Your participation is solicited but is strictly voluntary. Do not hesitate to ask any questions about the study. We appreciate your cooperation very much!

By choosing *yes* below, you are verifying that you have read and understand this consent form, and willingly agree to participate in this study.

Appendix B

Informed Consent (College Course Recruitment)

The Department of Psychology at Washburn University supports the practice of protection for human participants in research. The following information is provided so that you can make an informed judgment about your participation in the present study. You should be aware that even if you agree to participate you are free to withdraw at any time, without penalty.

PURPOSE OF RESEARCH:

This study seeks to understand how mentorship serves as a support by asking participants to reflect upon their life experiences during adolescence related to mentor-mentee relationships. The data collected for this research may further our understanding of how mentorship may positively influence social adjustment, classroom effort, and decreases in office referrals and unexcused absences.

PROCEDURES OR METHODS TO BE USED:

Participants will complete 7 surveys in which they will report their demographic information, perceptions of school connectedness, whether there is an influential adult in their life, and perceptions of their classroom effort. All participants' responses on the questionnaires are anonymous.

LENGTH OF STUDY:

This study will take approximately 30 minutes.

RISKS ANTICIPATED:

There are minimal risks associated with this study beyond what would be encountered in your daily life. If any of the questions regarding the mentorship process produce strong emotions, you may choose to not answer the question(s) or stop participating at any time without explanation or penalty. In the event that participation in the study results in discomfort, anxiety, etc., resources for help will be provided at the end.

BENEFITS ANTICIPATED:

You will learn about and contribute to psychological research. You will earn 5 points of credit towards your PY100 Psychological Research Activities requirement.

EXTENT OF CONFIDENTIALITY:

Your responses are anonymous. Your name will not be associated with your responses. No one other than the members of the research team, listed above, will have access to the data for this research and there will be no attempt to connect answers back to participants. No personal data is accessible, and data will be examined in aggregate, such that no individual's responses will be traceable from the products of this work, such as journal articles and presentations.

TERMS OF PARTICIPATION:

I understand this project is research and that my participation is being solicited but is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits to which I may otherwise be entitled.

IRB INFORMATION:
IRB Number: 20-57
IRB Address/Contact:
irb@washburn.edu
IRB Chair
Washburn University
Topeka, Kansas 66621

PRINCIPAL INVESTIGATOR & CONTACT INFORMATION:

Sarah Smith
sarah.smith12@washburn.edu

FACULTY SUPERVISOR & CONTACT INFORMATION FOR ANY PROBLEMS/QUESTIONS:

Dave Provorse, Ph.D.
dave.provorse@washburn.edu
(785) 670-1562

Your participation is solicited but is strictly voluntary. Do not hesitate to ask any questions about the study. We appreciate your cooperation very much!

By choosing *yes* below, you are verifying that you have read and understand this consent form, and willingly agree to participate in this study.

Appendix C

Demographic Questionnaire

1. What is your age _________________

2. If in enrolled in school, what is your current grade? _________________

3. If not currently enrolled in school, what is your highest level of academic achievement (ex. Highschool, College, Graduate School)? ____________

4. What gender do you identify with?
   □ Female □ Male □ Other gender identity not listed

5. What is your racial/ ethnic background?
   □ Black or African American
   □ White or Caucasian
   □ Other racial/ethnic identity not listed

6. Have you ever lived in a Psychiatric Residential Treatment Facility (PRTF) or a Residential Treatment Center (RTC) before?
   - □ Yes
   - □ No

7. Have you or do you currently have a mentor?
   - □ Yes
   - □ No

8. If Yes, please indicate the years you had a mentor (ex. from 2017-2019)

   ____

Appendix D

Debriefing

Thank you for participating in this study! This research would not be possible without your input.

The present study attempts to examine how the quality of the mentor-mentee relationship influences improvements in the mentees social functioning, academic effort, and frequency of office disciplinary referrals and unexcused absences specifically for individuals transitioning from a PRTF/RTC setting. Participants reports of quality were assessed via various questionnaires.

The data collected from this study may further our understanding of how to improve effectiveness of mentorship programs.

If you wish to find out more about this study, including its results, or make a comment or complaint about the study, please contact Sarah Smith, the study's primary investigator, by email at sarah.smith12@washburn.edu, by phone at (785) 670-1562, or in person at 211 Henderson Hall.

Appendix E

Resources

If you have experienced any distress or discomfort as a result of considering or responding to any item or items included on any of the questionnaire in this study, you may contact:

Dave Provorse, Ph.D.

dave.provorse@washburn.edu

(785) 670-1562

Sarah Smith, B.A.

Principal Investigator

sarah.smith12@washburn.edu

CONFIDENTIAL National Resources

- **National Domestic Violence Hotline:** Trained advocates are available 24/7 to talk confidentially about individuals experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.
    - http://www.thehotline.org/
    - 1.800.799.7233
    - TTY: 1.800.787.3224

- **National Suicide Prevention Lifeline:** Skilled, trained counselors are available 24/7 to listen to your problems and help you connect with mental health services in your area. The Lifeline provides free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
    - http://www.suicidepreventionlifeline.org/
    - 1.800.273.8255 or 1.800.784.2433
    - *For hearing and Speech Impaired with TTY equipment*: 1-800-799-4TTY (779-4889)

- **National Hopeline:** If you are in crisis and need to speak with someone right now, calls are connected to certified crisis center nearest to the caller's location. Staff and volunteers are trained and certified in crisis intervention.
    - http://www.hopeline.com/ or http://www.hopeline.com/gethelpnow.html
    - 1.800.442.4673 or 1.800.442.HOPE.

- **The Trevor Project:** A national 24-hour, toll free confidential suicide hotline for LGBTQ youth.
    - TrevorLifeline: 866.488.7386 (24-hours, 7 days a week)

    - TrevorText: Text “Trevor” to 1.202.304.1200 (2 pm – 9 pm, Monday-Friday)

- **S.A.F.E. Alternatives:** A nationally recognized treatment approach, professional network, and educational resource base, which is committed to helping you and others achieve an end to self-injurious behavior.
    - 800.DONTCUT (363.8288)

Appendix F

Five At-Risk Factors

Please choose one answer for each item (1-5). Please do your best to answer each item.

For the following questions, think back to when you were in school.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a dislike for school and school-related activities.	1	2	3	4
2. I identify as a minority.	1	2	3	4
3. My family makes a lot of money.	1	2	3	4
4. I am or have been pregnant.	1	2	3	4
5. I have a child (or children).	1	2	3	4

Appendix G

Presence of a Special Adult (Pre-PRTF)

Now we'd like to know about a Very Important Adult you might have in your life. A Very Important Adult is a person who is ALL of these things:

- **someone who spends a lot of time with you;**
- **someone you can really count on;**
- **someone who gets you to do your best; AND**
- **someone who cares a lot about what happens to you.**

For this set of questions, think back to one year before you were placed in a PRTF/RTC.

1. To indicate whether you happen to have a Very Important Adult in your life, please check the box below to show who the Very Important Adult is in your life.

- ☐ My parent or other person who raises me
- ☐ Another adult relative (grandparent, aunt or uncle, etc.)
- ☐ Teacher, guidance counselor, or other adult at school
- ☐ Coach or activity leader outside of school
- ☐ Adult friend, neighbor, friend of your family, or friend's parent
- ☐ A teacher-mentor at school
- ☐ A mentor through another program outside of school
- ☐ I did not have a Very Important Adult in my life
- ☐ If you have a Very Important Adult that is not listed here, please check this box and write in the blank who that person is to you—not the person's name: ____

2. To indicate whether you happen to have a Very Important Adult in your life, please choose 1, 2, 3, or 4, on items a., b., c., and d.

a. There is a Very Important Adult who is around when I am in need.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
b. There is a Very Important Adult with whom I can share good and bad things that happen in my life.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

c. There is a Very Important Adult who makes me feel better when bad things happen to me.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
d. There is a Very Important Adult who cares about my feelings.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

Appendix H

Presence of a Special Adult (Post- PRTF)

Now we'd like to know about a Very Important Adult you might have in your life. A Very Important Adult is a person who is ALL of these things:

- **someone who spends a lot of time with you;**
- **someone you can really count on;**
- **someone who gets you to do your best; AND**
- **someone who cares a lot about what happens to you.**

For this set of questions, think back to one year after you were discharged from the PRTF/RTC.

1. To indicate whether you happen to have a Very Important Adult in your life, please check the box below to show who the Very Important Adult is in your life.

- ☐ My parent or other person who raises me
- ☐ Another adult relative (grandparent, aunt or uncle, etc.)
- ☐ Teacher, guidance counselor, or other adult at school
- ☐ Coach or activity leader outside of school
- ☐ Adult friend, neighbor, friend of your family, or friend's parent
- ☐ A teacher-mentor at school
- ☐ A mentor through another program outside of school
- ☐ I did not have a Very Important Adult
- ☐ If you have a Very Important Adult that is not listed here, please check this box and write in the blank who that person is to you—not the person's name: ____

2. To indicate whether you happen to have a Very Important Adult in your life, please choose 1, 2, 3, or 4, on items a., b., c., and d.

a. There is a Very Important Adult who is around when I am in need.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
b. There is a Very Important Adult with whom I can share good and bad things that happen in my life.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

c. There is a Very Important Adult who makes me feel better when bad things happen to me.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
d. There is a Very Important Adult who cares about my feelings.	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

Appendix I

Student Connectedness (Pre- PRTF)

Please circle one answer for each item (1-15). Please do your best to answer each item.

For this set of questions, think back to one year before you were placed in a PRTF/RTC.

Self-Esteem	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I like myself	1	2	3	4
2. I feel like there are many good things about me	1	2	3	4
3. I feel proud of myself	1	2	3	4
4. I feel confident	1	2	3	4
5. I like the way I am	1	2	3	4
Peer Connectedness	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I have as many friends as others my age	1	2	3	4
7. I am as popular as others my age	1	2	3	4
8. Others my age think I am fun to be with	1	2	3	4
9. Others my age wish they were like me	1	2	3	4
10. I am a person others turn to for help	1	2	3	4
School Connectedness	Strongly Disagree	Disagree	Agree	Strongly Agree
11. My teachers are fair with what they expect from me	1	2	3	4
12. I am usually proud of my report card	1	2	3	4

13. School is as hard for me as it is for most others	1	2	3	4
14. My teachers are happy with the kind of work I do	1	2	3	4
15. Most of my teachers understand me	1	2	3	4

Appendix J

Student Connectedness (Post- PRTF)

Please circle one answer for each item (1-15). Please do your best to answer each item.

For this set of questions, think back to one year after you were discharged from the PRTF/RTC.

Self-Esteem	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I like myself	1	2	3	4
2. I feel like there are many good things about me	1	2	3	4
3. I feel proud of myself	1	2	3	4
4. I feel confident	1	2	3	4
5. I like the way I am	1	2	3	4
Peer Connectedness	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I have as many friends as others my age	1	2	3	4
7. I am as popular as others my age	1	2	3	4
8. Others my age think I am fun to be with	1	2	3	4
9. Others my age wish they were like me	1	2	3	4
10. I am a person others turn to for help	1	2	3	4
School Connectedness	Strongly Disagree	2 Disagree	Agree	Strongly Agree
11. My teachers are fair with what they expect from me	1	2	3	4
12. I am usually proud of my report card	1	2	3	4

13. School is as hard for me as it is for most others	1	2	3	4
14. My teachers are happy with the kind of work I do	1	2	3	4
15. Most of my teachers understand me	1	2	3	4

Appendix K

Classroom Effort (Pre- PRTF)

For this set of questions, think back to one year before you were placed in a PRTF/RTC.

Please circle one answer for each item (1-4). Please do your best to answer each item.

1. When I was in class, I was tuned-in	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
2. I came to class unprepared	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
3. I did more than required	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
4. When doing classwork, I did my best	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

Appendix L

Classroom Effort (Post- PRTF)

For this set of questions, think back to one year after you were discharged from the PRTF/RTC.

Please circle one answer for each item (1-4). Please do your best to answer each item.

1. When I was in class, I was tuned-in	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
2. I came to class unprepared	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
3. I did more than required	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
4. When doing classwork, I did my best	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4

Appendix M

ODRs and Unexcused Absences (Pre-PRTF)

For this set of questions, think back to when you were in school.

1. One year leading up to my placement in a PRTF/RTC, in a school year, I had _________ unexcused absences from school.

    □ 0

    □ 1– 3

    □ 3 – 5
    □ More than 5

2. One year leading up to my placement in a PRTF/RTC, in a school year, I had _________office disciplinary referrals.

    □ 0

    □ 1– 3

    □ 3 – 5
    □ More than 5

Appendix N

ODRs and Unexcused Absences (Post-PRTF)

For this set of questions, think back to when you were in school.

1. One year after my release, in a school year, I had __________ unexcused absences from school.

    □ 0
    □ 1– 3
    □ 3 – 5
    □ More than 5

2. One year after my release, in a school year, I had __________ office disciplinary referrals.

    □ 0
    □ 1– 3
    □ 3 – 5
    □ More than 5

Tables

Table 1

Characteristics of Participants

Variable		N=34(%)
Age, years, mean ± SD		24.45 ± 7.38
Gender		
	Female	81.3
	Male	15.6
	Other gender identity not listed	9.4
Racial or Ethnic Background		
	White or Caucasian	87.5
	Black or African American	6.3
	Other racial/ethnic identity not listed	12.5
Education		
	HS Degree	15.6
	Some College	50
	Bachelor’s degree	25
	Graduate Degree	15.6
Met "at-risk" criteria		
	Yes	53.1

Table 2
Characteristics of Participants Continued

Variable		College Course Recruitment	Facebook Recruitment
		n = 9	*n = 25*
Age, years, mean ± *SD*		18.78 ± 1.56	26.2 ± 6.8
Gender			
	Female	20.6	55.9
	Male	5.9	8.8
	Other gender identity not listed		8.8
Racial or Ethnic Background			
	White or Caucasian	14.7	67.7
	Black or African American	5.9	
	Other racial/ethnic identity not listed	5.9	5.9
Education			
	HS Degree		14.7
	Some College	100	26.5
	Bachelor's Degree		17.7
	Graduate Degree		14.7
Met "at-risk" criteria			
	Yes	9.4	37.5

Table 3

Descriptive Statistics and Correlations for Study Variables

Variable	No Mentor			High Quality Mentor Relationship		
	n	*M*	*SD*	*n*	*M*	*SD*
1. Pre Social Functioning	11	31.5455	8.042	18	34.1667	9.096
2. Post Social Functioning	11	29.3636	8.103	18	37.9444	11.614
3. Pre Classroom Effort	9	10.8889	3.257	18	9.1111	3.008
4. Post Classroom Effort	9	13.6667	11.565	18	10.7778	3.388
5. Pre ODRs	16	1.1875	0.544	18	1.2222	0.548
6. Post ODRs	16	1.0625	0.25	18	1.1111	0.323
7. Pre Unexcused Absences	16	2.5625	1.314	18	2.5556	1.247
8. Post Unexcused Absences	16	2.3125	1.302	18	2.5	1.2

Note. ODRs = Office Disciplinary Referrals.

Figures

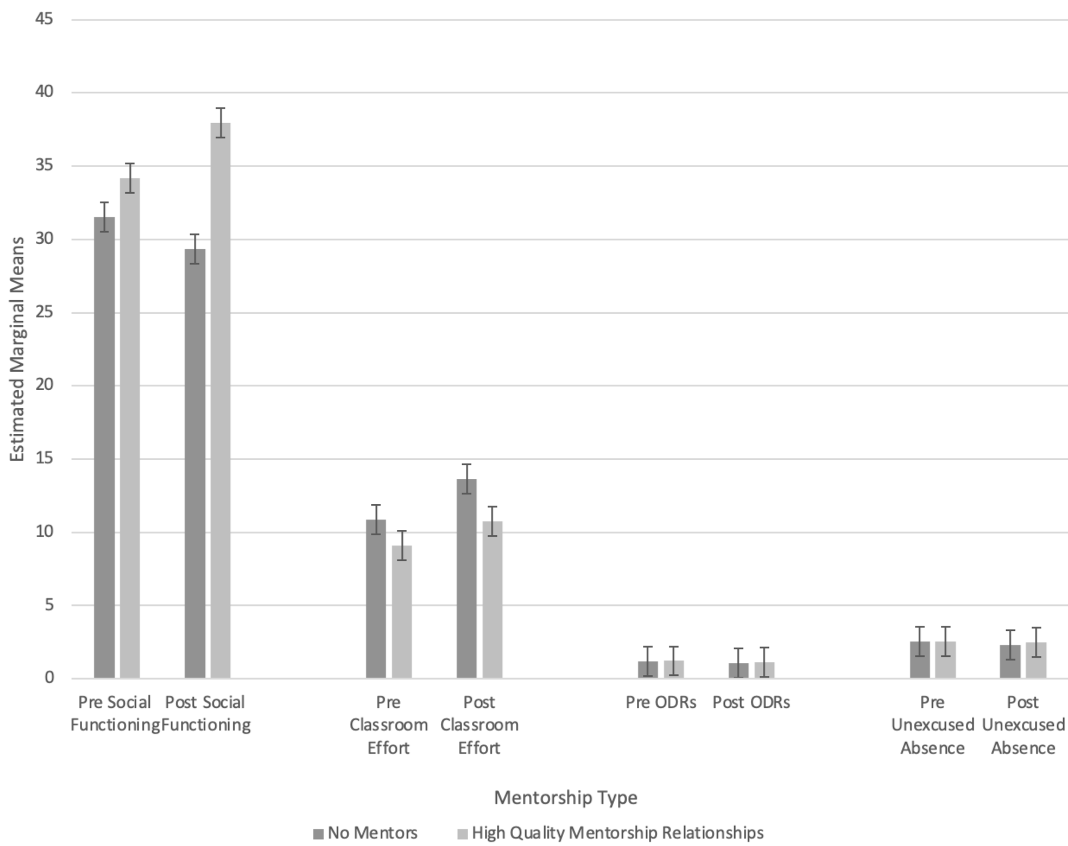

Figure 1. Estimated marginal means data. Error bars represent standard deviation. Mentorship type (no mentor or high-quality relationship mentor) corresponding to each pre and post outcome variable (social functioning, classroom effort, ODRs, and unexcused absence).