

Rogers, K. N., Fernandez, M., Thurber, L., & Smitley, A. (2004). Exploring differential attrition rates among system of care evaluation participants. *Journal of Community Psychology*, 32(2), 167-176.

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The authors investigated differential attrition rates among a sample of children and their families who participated in the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. About a quarter of children and their families dropped out of the evaluation. Children of families who dropped out had less severe externalizing and impairment scores than children who remained in the evaluation.

There were 303 children and their families who participated in this study of attrition from the national evaluation (see *Data Trends* #31 for more information about the national evaluation). The children were receiving services from three North Carolina system-of-care sites; they were between the ages of 5-18, had a serious emotional or behavioral disorder, and were at-risk for out of home placement. The evaluation followed each family for 6-36 months, depending on when they entered the program. Interviews were conducted at baseline, and every six months thereafter until the 36th month; measures included the Descriptive Information Questionnaire, the Child and Adolescent Functional Assessment Scale (CAFAS) and the Child Behavior Checklist (CBCL).

A total of 78 (26%) families dropped out of the evaluation. European American families comprised 50% of the drop out sample, followed by African American (40%), Asian (5%), and Hispanic/Other (5%). The most common three reasons for dropping out of the evaluation were *refusal* (32%), *moved* (25%), or *could not be contacted* (20%). Notably, almost half (46%) of the families dropped out after completing the baseline interview only. Compared to the children who remained in the study, those who dropped out did not have as many mental health problems; they had significantly lower levels of clinical impairment for externalizing problems, and lower functioning in school, community, and thinking.

When child and family characteristics and levels of functioning were correlated with the number of completed interviews, it was found that parents with higher levels of education were significantly less likely than other parents to drop out of the evaluation. Furthermore, the child's rate of improvement did not influence attrition rates.

In conclusion, attrition is a common problem for researchers and clinicians. When children and families drop out of a longitudinal study, results may not reflect an accurate rate of change among those who remain in the study. Most importantly, children and families who drop out will not receive the additional services available to them. The authors of one study found that children and adolescents are the most likely of all age groups to attrit from services (see *Data Trends* #60). Understanding why attrition occurs is complex. Rogers et al. speculate that some of the children who dropped out of the current study may have completed treatment during the course of the study; in such cases families may not have been motivated to continue in the evaluation. Other reasons may include cultural differences, disagreement over the effectiveness of the treatment itself, problems within the family, and economic or insurance problems. The authors provide the following recommendations to reduce attrition from the evaluation. These suggestions are also relevant to retaining children and families in treatment.

- Ask families and children specific questions about why refuse to participate in the evaluation.
- Increase efforts to locate families.
- Expand travel efforts (within reason) to collect data from families who have changed addresses.
- Reassess incentive procedures.
- Disseminate community-specific outcome reports to local agencies and participating families.
- Extend efforts to increase family participation in the evaluation.
- Investigate predictors of attrition and adjust service delivery systems and/or treatments.