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Alexandra L. Trout

University of Nebraska – Lincoln, alex.trout@unl.edu

Steven Hoffman

University of Nebraska – Lincoln

Michael Epstein

University of Nebraska - Lincoln, mepstein1@unl.edu

Ronald W. Thompson

National Research Institute, Boys Town, Omaha, Nebraska,

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Family teacher and parent perceptions of youth needs and preparedness for transition upon discharge from residential care

**Alexandra L. Trout, Steven Hoffman
and Michael H. Epstein**

Center for Child and Family Well-Being, University of Nebraska – Lincoln,
Lincoln, Nebraska, USA

Ronald W. Thompson

National Research Institute, Boys Town, Omaha, Nebraska, USA

Corresponding author — Alexandra L Trout, Center for Child & Family
Well-Being, 247F Barkley Memorial Center, Lincoln, NE 68583- 0738, USA.
Email: alex.trout@unl.edu

Abstract

Summary: The purpose of this study was to compare parent ($N = 51$) and family teacher ($N = 102$) ratings of perceptions of aftercare for youth reintegrating into the home and community settings following a stay in residential care.

Findings: The results show large differences between treatment providers and parents as to the level of youth preparedness for transition.

Applications: Youth leaving residential care facilities struggle to maintain the gains they make during their time in treatment. Understanding what residential care providers and parents of youth perceive to be most important for youth during this transition period is essential to the youth's long-term success.

Keywords: Aftercare, disability, out-of-home care, permanency planning, skills teaching, social work, transition

Parents¹ and families of youth transitioning out of residential treatment centers in the US often find that the gains made by their child while in out-of-home care diminish over time (Courtney & Barth, 1996; Foster & Gifford, 2005; Wall, Koch, Link, & Graham, 2010). While residential care programs are an important component of the child welfare system because of their ability to stabilize youth behavior and protect the community, various policy makers and stakeholders question the value of out-of-home care given the poor evidence of long-term gains and the weak methodological rigor used to establish support for treatment outcomes (Bates, English, & Kouidou-Giles, 1997; Frensch & Cameron, 2002; Holstead, Dalton, Horne, & Lamond, 2010; Wall et al., 2010). One solution to this problem seems to center around aftercare services. Within the child welfare system, aftercare services are defined as supports designed to assist youth during the transition period following residential care (Guterman, Hodges, Blythe, & Bronson, 1989). Unfortunately, there are no system-wide evidence-based aftercare programs currently in place to help youth maintain gains during the transition process.

The sparse research that is available on the transition period following residential care suggests that families may be hesitant to engage in aftercare services (Trout, Huscroft-D'Angelo, Epstein, Duppong Hurley, & Stevens, in press). While the exact reasons they are hesitant to engage in services is unknown, it may be related to conflicting perceptions of youth needs. Trout and colleagues (in press) found that parents and youth have differing views on youth needs with regards to how prepared they are for success in areas such as relationships, family, and independent living. While this may partially explain their hesitance to engage in aftercare, comparing the perceptions of parents and service providers could offer additional information since residential care providers are likely to be offering the aftercare services. If the goals and objectives of aftercare service providers do not match the perceived needs of parents, this may help explain why families and youth are reluctant to engage in aftercare services. If these differences can be identified and resolved, it could lead to an increase in the use of aftercare services and a greater retention of gains made by youth while in residential treatment.

Although some researchers have compared parent and service provider opinions regarding youth needs and preparedness for transition within other areas of the child welfare continuum of services (e.g., Hogansen, Powers, Geenen, Gil-Kashiwabara, & Powers, 2008; Rosenthal & Curiel, 2006), no researchers have compared parent and treatment staff perceptions of youth transitioning out of residential care. This gap in the research literature is surprising given the number of studies that have found communication between mental health treatment providers (e.g., social workers, psychologists, etc.) and consumers to be an influential factor in client outcomes (Ingoldsby, 2010; Perrino, Coatsworth, Briones, Pantin, & Szapocznik, 2001; Wissow et al., 2008). In response to the limited available research, the purposes of this study were to: (a) compare parent and residential treatment provider perceptions of aftercare services, and (b) compare parent and residential treatment provider perceptions of the importance of various aftercare domains and how prepared youth are in each domain.

1. The term "parent" is used throughout this paper to denote a youth's legal guardian (e.g., caregiver).

Method

Setting and participants

Participants included parents ($N = 51$) of youth being treated in a residential Treatment Family Home (TFH) and family teachers ($N = 102$) working at the TFH. The TFH service program is located in Omaha, Nebraska, US and the parents and family teachers participated between April and June of 2010. The youth enter the TFH program for a range of behavioral (e.g., court involvement, problem school behaviors) or family reasons (e.g., abuse, neglect), and may enter care through a private placement, ward of the state, or court mandate. Each year nearly 400 youth enter the TFH program to live with and receive treatment from a married family teacher couple and over two-thirds (69%) return to their families following departure. Family teachers are trained in an adaptation of the Teaching Family Model and are the primary implementation agents of the intervention. The program is behaviorally based and emphasizes pro-social skills and strategy instruction; positive relationships between staff and youth; self-government and self-determination; and moral, spiritual and character development (Davis & Daly, 2003). The couple lives with the youth and up to seven additional same-sex peers in a family style home with a family assistant. The intervention targets several behavioral skills such as effective praise and problem solving to correct maladaptive youth behaviors and to teach and reinforce pro-social adaptive behaviors. At program entry, each youth receives an individualized service plan and is guided through a structured point system. As youth attend school on campus, pro-social youth behaviors are consistently taught and reinforced across settings (e.g., home, school, on-campus employment).

The caregivers who completed the survey were predominantly female (79.2%), had received at least some college education (58.3%), had a mean age of 47 years ($SD = 0.94$; range = 31–74), and many were Caucasian (43.8%), with the next largest ethnic population being African American (29.2%). The majority of parents were the youth's biological parents (70.8%), 26.8% were other family relatives (e.g., step parent, grandparent), and 2.4% were non-family caregivers (e.g., god parent). Half reported their household income to be less than or equal to \$30,000. About the same number of male and female family teachers participated (51% male), and they were predominately Caucasian (83.2%), had a mean age of 35.3 years ($SD = 8.59$; range = 22–58), and almost all had received at least some college education (96.1%). The average family teacher respondent had four to six years of experience working at the residential treatment facility.

Measures

The Youth Aftercare Survey and items included in the survey were designed by the primary author as part of a larger aftercare development project to identify perceptions regarding preferences for aftercare services and supports dur-

ing the transition period following out-of-home care. The survey was created following an extensive review of the aftercare literature, peer reviews by colleagues in the research community, an examination of survey clarity and formatting by undergraduate and graduate students, and a pilot test with youth who had previously been discharged from out-of-home care. There are four different versions of the survey. The two versions that were used for this study were the Caregiver Survey (CS) and the Family Teacher Survey (FTS). The differences between the two surveys were few, and were almost exclusively minor wording changes or questions related to the family teacher's employment (e.g., "How many years of experience have you had at ..."). However, it is important to note that parents were asked specifically about their child, while family teachers were asked to respond about all youth in the program (e.g., "... how involved were you in the development of your child's transition plan ..." vs. "... how involved are you in the development of transition plans ...").

The survey consists of multiple items that categorize into four distinct sections: (1) respondent demographic information, (2) transition planning and aftercare, (3) transition preparedness, and (4) transition importance. Questions from Section 1 included respondent age, gender, ethnicity, educational level, relation to child (CS only; e.g., biological parent, foster parent, relative, etc.), current household income (CS only), and years of work experience with the treatment family home organization (FTS only). Section 2 included three items designed to evaluate respondent involvement in and beliefs about the current supports available to transitioning youth. Items included (CS questions shown): (1) "How involved were you in the development of the transition plans?" (1 = not at all involved, to 3 = very involved); (2) How helpful do you feel the plans are in supporting the transition home?" (1 = not at all helpful, to 3 = very helpful); (3) "How important do you feel an aftercare program will be to your child/youth's transition home?" (1 = not at all important, to 3 = very important). Section 3 consisted of seven questions ranked on a three-point scale (1 = not prepared, 2 = prepared, 3 = very prepared) to describe how prepared the respondent perceived the youth to be for his or her transition in the following areas: education, relationships, community involvement, family, independent living, physical health, and mental health. Finally, Section 4 included 51 items rated on a 4 point Likert-scale (1 = not important at all to 4 = very important) evaluating respondent perceptions of the importance of specific aftercare services and supports within the seven transition domains: **(1)** education (14 items; e.g., enrolling in school, developing school organizational skills; Cronbach's Alpha = 0.87), **(2)** relationships (6 items; e.g., developing peer relationships, accessing information on dating; Cronbach's Alpha = 0.73), **(3)** community involvement and supports (7 items; e.g., accessing community services/agencies, finding volunteer opportunities; Cronbach's Alpha = 0.86), **(4)** family (7 items; e.g., developing family rules for discipline, developing positive family relationships; Cronbach's Alpha = 0.74), **(5)** independent living (10 items; e.g., developing money management skills, accessing housing; Cronbach's Alpha = 0.77), **(6)** physical health (3 items; e.g., accessing health care, developing a healthy lifestyle; Cronbach's Alpha = 0.59), and **(7)** mental health (4 items; e.g., medication management, accessing mental health services; Cronbach's Alpha = 0.77).

Procedures

Approximately one month prior to a youth's departure from the residential treatment home, packets containing a cover letter, consent form, and survey were mailed to the parent or guardian listed on the child's records. Youth whose guardian included a caseworker or health and human services worker were excluded from the study. This resulted in 106 surveys being mailed during the course of the study. Packets were sent out every two weeks to the parents who had not returned surveys until three attempts were made. Approximately half of the surveys were completed and returned, resulting in a final sample of 51 caregivers.

Family teachers were recruited during a monthly staff meeting. All potential participants were provided a brief overview of the project purpose and survey. Interested family teachers were provided packets containing a cover letter, consent form, and survey, and were instructed to read the cover letter that provided further directions for survey completion. Of the 102 family teachers approached, 100% agreed to participate and completed the survey. Both family teachers and parents were mailed a \$20 incentive card following survey completion.

Data analysis

The following procedures were used to interpret data and identify patterns among participant groups. First, descriptive statistics including means, standard deviations, ranges, frequencies, and percentages were calculated for items in each section. Second, non-parametric Chi-Square and Kruskal Wallis tests were used to compare parent and family teacher responses in Sections 2 and 3, and T-tests were used to compare responses in Section 4. To determine the magnitude of any differences, Cohen's *d* effect sizes were computed for each item. Criteria for interpreting the magnitude of the effect sizes were based on Cohen's (1988) recommendations ($d < 0.2$ = weak; $d = 0.2 - 0.79$ = moderate; $d > 0.8$ = strong).

Findings

The purposes of this study were to: (a) compare parent and residential treatment provider perspectives of aftercare services, and (b) compare parent and residential treatment provider perspectives regarding the importance of specific aftercare domains and how prepared youth are in each domain. Table 1 shows that parents and family teachers were similarly involved in developing a transition plan for the youth. However, significant differences with moderate effect sizes were found in their responses regarding the potential helpfulness of the plan ($\chi^2 = 16.86$; $d = 0.66$; $p < .01$) and how important they felt an aftercare program would be ($\chi^2 = 16.86$; $d = 0.78$; $p < .001$). The majority of parents felt that their child's transition plan would be very

Table 1. Transition planning comparisons.

	Parent			Family teacher			χ^2	<i>d</i>
	Not	Somewhat	Very	Not	Somewhat	Very		
Involvement in transition plan development	7.1%	23.8%	69.0%	1.0%	38.5%	60.4%	0.46	0.06
Potential helpfulness of a transition plan	2.7%	27.0%	70.3%	3.2%	61.1%	35.8%	11.69 ^b	0.66
Importance of an aftercare program	11.8%	29.4%	58.8%	1.0%	11.8%	87.3%	16.86 ^c	0.78

a. $p < .05$ b. $p < .01$ c. $p < .001$

important, while the majority of family teachers felt the plans were only somewhat important. On the other hand, 87% of family teachers felt that youth involvement in an aftercare program would be very important compared to 59% of parents.

Table 2 shows that, when compared to parents, family teachers generally perceived youth to be less prepared in each of the seven identified transition domains. Specifically, in five of the seven domains there were significant differences with moderate to strong effect sizes: education ($\chi^2 = 9.23$; $d = 0.62$; $p < .01$); relationship ($\chi^2 = 11.17$; $d = 0.64$; $p < .01$); community involvement ($\chi^2 = 29.93$; $d = 1.15$; $p < .001$); family ($\chi^2 = 5.84$; $d = 0.46$; $p < .05$); and physical health ($\chi^2 = 3.84$; $d = 0.40$; $p < .05$). Only the independent living and mental health domains showed no significant differences.

Table 2 also presents comparisons between caregivers and family teachers regarding the perceived importance of support in the seven transition related domains. Although some areas of support were rated differently between raters, other domains revealed similar perceptions of importance. For example, family teachers perceived mental health supports to be the most important ($m = 3.32$) while parents rated supports in this domain to be least important ($m = 2.78$). Both groups rated supports in relationships high, and felt support in community involvement was not a primary priority. While most and least important areas of support differed between groups, significant differences were found for only three domains. Specifically, when compared to family teachers, parents felt that support in the education ($t = 2.45$; $d = 0.42$; $p < .05$) and relationship ($t = 3.70$; $d = 0.66$; $p < .001$) domains were significantly more important. The only domain which family teachers reported to be significantly higher was mental health ($t = 5.18$; $d = 0.93$; $p < .001$).

Table 2. Preparedness and importance comparisons.

	Parent, Mean (SD)	Family teacher, Mean (SD)	χ^2	<i>d</i>
Preparedness				
Education	2.20 (0.68)	1.83 (0.57)	9.23 ^c	0.62
Relationship	2.18 (0.54)	1.85 (0.51)	11.17 ^b	0.64
Community involvement	2.09 (0.64)	1.42 (0.56)	29.93 ^c	1.15
Family	2.09 (0.57)	1.83 (0.57)	5.84 ^a	0.46
Independent living	1.87 (0.66)	1.83 (0.65)	0.11	0.06
Physical health	2.39 (0.54)	2.13 (0.71)	3.84 ^a	0.40
Mental health	1.86 (0.64)	1.81 (0.57)	0.14	0.09
Importance				
Education	3.37 (0.49)	3.20 (0.36)	2.45 ^a	0.42
Relationship	3.50 (0.37)	3.24 (0.41)	3.70 ^c	0.66
Community involvement	2.97 (0.67)	2.80 (0.53)	1.64	0.30
Family	3.22 (0.49)	3.23 (0.44)	0.23	0.02
Independent living	3.19 (0.51)	3.14 (0.39)	0.63	0.12
Physical health	3.23 (0.61)	3.23 (0.46)	0.02	0.00
Mental health	2.78 (0.83)	3.32 (0.43)	5.18 ^c	0.93

a. $p < .05$

b. $p < .01$

c. $p < .001$

Discussion

For decades, researchers, service providers, and professionals in the field of child welfare have noted the importance of aftercare for maintaining youth gains following the reintegration into the home and community settings following a stay in residential care (e.g., Allerhand, Weber, & Hoag, 1966; Barratt, 1987; Leichtman & Leichtman, 2001; Lieberman, 2004). Despite these calls, little is known about effective aftercare services or the perceived importance of specific services and supports (Walter & Petr, 2004). Findings from the present study begin to address these questions by evaluating the perceptions of the service providers who work with youth during their time in care and their reintegrating caregivers.

The results reveal several important differences and similarities between service providers and parents. Differences were most prevalent in regards to perceptions regarding the importance of aftercare and the helpfulness of the transition planning. Although future research is needed to further explore reasons why these differences exist, it is possible that the differing views be-

tween parents and family teachers regarding the importance of participating in an aftercare program are connected to their perceptions of youth preparedness for transition. Overall, family teachers thought that the youth were less prepared in each of the seven transition domains. In five of the domains the differences were statistically significant with moderate to large effect sizes. It is probable that family teachers felt that youth participation in aftercare services would help them be more prepared for success upon returning to their homes and communities, while parents may have felt that involvement in aftercare services would not be as important because their child had been receiving intensive services while in residential care. As family teacher perceptions are likely based on long-term knowledge regarding the transition outcomes of many youth, and have witnessed the long-term struggles that youth often face, family teachers may be less optimistic regarding the youth's maintenance of gains following the reintegration. In contrast, this transition may be new to parents and the promising changes and behaviors demonstrated by youth in care may lead to more optimism about sustaining these gains in the home and community settings.

Also compared was the perceived importance of each of the seven transition domains. Perhaps the most interesting finding was that the only domain family teachers reported as being more important than parents was the mental health domain. The difference was significant with a large effect size. Perhaps the reason for this large disparity in the rating of mental health importance is due to: (a) parents not being familiar with the potential impact of poor mental health, (b) an increased understanding of mental health among family teachers due to education or employee training, and/or (c) an increased exposure among family teachers to individual youth struggling with mental health challenges. Although these are all potential explanations, future researchers need to identify exactly why there is such a large discrepancy between parents and family teachers in this domain. Significant differences were also identified in the importance of education and relationship domains, although the effect sizes were not as large (education $d = .42$; relationship $d = .66$). These two domains were rated as the most important among parents, and could be reflective of emotional and educational challenges youth often struggle with before entering residential treatment such as high psychological distress and elevated school dropout rates (see Trout, Hagaman, Casey, Reid & Epstein, 2008; Trout, Hagaman, Chmelka, et al., 2008).

Limitations of study

There are several limitations to this study that should be noted. First, residential treatment homes vary in the number of services they provide, the manner in which they are provided, and the behavioral change approaches they use. Therefore, the generalizability of these results is limited because the youth all came from the same treatment home facility, and their needs, as well as the needs of their parents, may not be representative of youth and families in other residential facilities. Future researchers should seek to gather data from parents and service providers from multiple residential treatment centers in

order to improve generalizability. Survey questions could also be expanded by evaluating parent and service provider perceptions of the effectiveness of the therapeutic program as well as aftercare supports. Such findings may be helpful for program development as well as for understanding and addressing potential barriers to parent engagement in services. Second, the structure and item retention of the seven scales measuring the importance of various aftercare domains were not validated through an exploratory or confirmatory factor analysis. Future research projects should seek to obtain larger sample sizes that are more conducive to conducting these advanced factor analytic procedures. Third, while the parents were asked to respond to the survey with their child in mind, family teachers were asked to respond to the survey while thinking about all youth in the TFH facility. This may have contributed to the magnitude of the differences between family teachers and parents. Future studies should match family teachers and parents so they fill out their respective surveys with the same youth in mind. Finally, since approximately 50% of the parents who were mailed surveys did not respond, there is potential sample bias that may be masking or overemphasizing differences between parents and family teachers.

Conclusion

Despite these limitations, the results of this study have potential implications for residential care providers, policy makers, and researchers. In light of the large number of differences identified between family teachers and parents, treatment providers should consider methods of increasing communication between them, especially during the weeks immediately before and after discharge. As parent interaction may be limited during the youth's stay in residential care, they may not be intimately familiar with the progress their child has made or the struggles they continue to experience. By increasing the level of communication between parents and treatment personnel, providers can help ensure parents understand the unique challenges that their child will face upon returning home. Furthermore, as survey results revealed that less than two-thirds of parents thought participation in an aftercare program would be very important, service development would benefit from efforts to better understand parent reservation regarding initial engagement and ongoing participation in aftercare supports. For policy makers these results suggest that there could be a need for additional guidelines and trainings focused on enhancing the communication channels between service providers and parents. The development and dissemination of such resources to service providing organizations, social workers, and parents of youth receiving services could help decrease expectation differences during the transition process. Finally, while exploratory, these findings provide a foundation for future aftercare research studies. Researchers should build on these results by exploring the underlying reasons for the differing perspectives among parents and treatment providers regarding youth preparedness for transition. They should also seek to identify how perceived preparedness among youth and their parents is related to actual transition success. The results of these studies will assist researchers as they

work with treatment providers to develop and improve aftercare programs for adolescents transitioning to their homes and communities following a stay in residential care.

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References

- Allerhand, M. E., Weber, R. E., & Hoag, F. H. (1966). *Adaptation and adaptability: The Bellefaire follow-up study*. New York, NY: Child Welfare League of America.
- Barratt, C. (1987). Preparation for adult life: A study of residential schools for the maladjusted. *Maladjustment and Therapeutic Education*, 5(1), 17–25.
- Bates, B. C., English, D. J., & Kouidou-Giles, S. (1997). Residential treatment and its alternatives: A review of the literature. *Child and Youth Care Forum*, 26(1), 7–51. doi:10.1007/BF02589364.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Lawrence Erlbaum.
- Courtney, M., & Barth, R. (1996). Pathways of older adolescents out of foster care: Implications for independent living services. *Social Work*, 41(1), 75–83.
- Davis, J. L., & Daly, D. L. (2003). *Boys Town long-term residential program training manual*, 4th edition. Boys Town, NE: Father Flanagan's Boys' Home.
- Foster, E. M., & Gifford, E. J. (2005). The transition to adulthood for youth leaving public systems: Challenges to policies and research. In R. A. Settersten, Jr., F. F. Furstenberg, Jr., & R. G. Rumbaut, eds., *On the frontier of adulthood: Theory, research, and public policy* (pp. 501–533). IL: University of Chicago Press.
- Frensch, K. M., & Cameron, G. (2002). Treatment of choice or a last resort: A review of residential mental health placements for children and youth. *Child and Youth Care Forum*, 31(5), 307–339.
- Guterman, N. B., Hodges, V. G., Blythe, B. J., & Bronson, D. E. (1989). Aftercare service development for children in residential treatment. *Child & Youth Care Quarterly*, 18(2), 119–130. doi:10.1007/BF01184759.
- Hogansen, J. M., Powers, K., Geenen, S., Gil-Kashwabara, E., & Powers, L. (2008). Transition goals and experiences of females with disabilities: Youth, parents, and professionals. *Council for Exceptional Children*, 74(2), 215–234.
- Holstead, J., Dalton, J., Horne, A., & Lamond, D. (2010). Modernizing residential treatment centers for children and youth – an informed approach to improve long-term outcomes: The Damar pilot. *Child Welfare*, 89(2), 115–130.

- Ingoldsby, E. M. (2010). Review of interventions to improve family engagement and retention in parent and child mental health programs. *Journal of Child and Family Studies, 19*(5), 629–645. doi: 10.1007/s10826-009-9350-2.
- Leichtman, M., & Leichtman, M. L. (2001). Facilitating the transition from residential treatment into the community: I. The problem. *Residential Treatment for Children and Youth, 19*(1), 21–27. doi: 10.1300/J007v19n01_02.
- Lieberman, R. E. (2004). Future directions in residential treatment. *Child and Adolescent Psychiatric Clinics of North America, 13*(2), 279–294. doi: 10.1016/S1056-4993(03)00118-4.
- Perrino, T., Coatsworth, J. D., Briones, E., Pantin, H., & Szapocznik, J. (2001). Initial engagement in parent-centered preventive interventions: A family systems perspective. *Journal of Primary Prevention, 22*(1), 21–44.
- Rosenthal, J. A., & Curiel, H. F. (2006). Modeling behavioral problems of children in the child welfare system: Caregiver, youth, and teacher perceptions. *Children and Youth Services Review, 28*(11), 1391–1408. doi: 10.1016/j.childyouth.2006.02.007.
- Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children in out-of-home care: A review of the literature. *Children and Youth Services Review, 30*(9), 979–994.
- Trout, A. L., Hagaman, J., Chmelka, B., Gerringher, B., Epstein, M., & Reid, R. (2008). The academic, behavioral, and mental health status of children and youth at entry to residential care. *Residential Treatment for Children and Youth, 25*(4), 359–374. doi: 10.1080/08865710802533654.
- Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M., Duppong Hurley, K., & Stevens, A. (in press). Youth and parent/caregiver perceptions of after-care supports at discharge from residential care. *Child and Family Social Work*.
- Wall, J. R., Koch, S. M., Link, J. W., & Graham, C. (2010). Lessons learned from 14 years of outcomes: The need for collaboration, utilization, and projection. *Child Welfare, 89*(2), 251–267.
- Walter, U. M., & Petr, C. G. (2004). Promoting successful transitions from day school to regular school environments for youths with serious emotional disorders. *Children & Schools, 26*(3), 175–180.
- Wissow, L. S., Gadomski, A., Roter, D., Larson, S., Brown, J., Zachary, C., ... Wang, M. (2008). Improving child and parent mental health in primary care: A cluster-randomized trial of communication skills training. *Pediatrics, 121*(2), 266–275. doi: 10.1542/peds.2007-0418.