

BOYS TOWN

National Research Institute<sup>SM</sup>

*for Child and Family Studies*



2012

# APPLIED RESEARCH BIBLIOGRAPHY

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This is an annotated bibliography of Boys Town research published from 1991 to 2011. (Some articles contain the phrase "Girls and Boys Town." Boys Town used this title from 2000 through 2007 when referring to its program-related services.)

The bibliography contains 343 articles. There are 16 published and 15 in-press articles that are new to the 2012 edition.

The bibliography is categorized according to the major types of service programs offered by Boys Town (i.e., Integrated Continuum of Care). While some of our applied research has been directed at areas that do not fall into categories related to these services, these studies have provided some of the foundational work important for research on our own interventions. These areas are listed under the category "Other Research" in the Table of Contents.

Click on a category name in the Table of Contents to browse by category.

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### Acknowledgments:

Editor Robert Oats; Connie Spath and Terry Hyland for providing editorial assistance; Betty Ackerson for assisting with ordering articles; and Jay Ringle, Amy Stevens, and Jen Respass for their assistance with obtaining article citations and abstracts.

Revised and updated  
April 2013



## Table of Contents

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<b>Foreword .....</b>	<b>5</b>
<b>Introduction .....</b>	<b>9</b>
<b>Intensive Residential Treatment<sup>SM</sup> .....</b>	<b>13</b>
<b>Specialized Treatment Group Homes<sup>SM</sup> .....</b>	<b>17</b>
<b>Intervention and Assessment Services<sup>SM</sup> .....</b>	<b>19</b>
<b>Family Homes.....</b>	<b>23</b>
<b>Foster Family Services<sup>SM</sup> .....</b>	<b>43</b>
<b>In-Home Family Services<sup>SM</sup> .....</b>	<b>45</b>
<b>Community Support Services<sup>SM</sup> .....</b>	<b>49</b>
Outpatient Behavioral Health <sup>SM</sup> .....	49
School-Based Programs <sup>SM</sup> .....	53
Boys Town National Hotline <sup>SM</sup> .....	59
Common Sense Parenting <sup>®</sup> .....	61
<b>Integrated Continuum of Care<sup>SM</sup> .....</b>	<b>63</b>
<b>Other Research .....</b>	<b>67</b>
Parental Discipline.....	67
Behavioral Theory and Interventions .....	73
Research Methodology .....	87
Education of At-Risk Youth.....	95
Psychosocial Development and Risk.....	99
Neurobehavioral Development .....	107
Miscellaneous .....	111
<b>Author Index .....</b>	<b>115</b>
<b>References – Alphabetical Listing .....</b>	<b>119</b>
<b>Publications by Category (1991-2012) .....</b>	<b>143</b>



# The Boys Town Family Home Program: A History of Best Practice

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## Foreword

by

Daniel L. Daly, Ph.D.

Executive Vice President and Director of Youth Care  
Boys Town

Father Edward Flanagan was an innovator. The home for boys he started in 1917 was a radical departure from the cold, orphanage-style programs of its age. It was, first and foremost, a real home, a place where a boy could grow physically, emotionally, and spiritually. It was not a place where needy and troubled boys were removed from life and “institutionalized,” but somewhere they could be actively engaged in the prime tasks of childhood – starting friendships, learning how to give and receive love, becoming educated, and developing their relationship with God. Father Flanagan’s Boys’ Home was not an institution that warehoused children, but a family away from home where boys became successful citizens as they returned to their families or ventured out on their own.

Father Flanagan’s Boys’ Home became a model and a beacon of hope and healing, not only for Father Flanagan’s boys but for other child-care organizations throughout the nation. The name “Boys Town” became so popular that there once were more than 40 similarly named programs in the United States. Father Flanagan traveled the globe, teaching others how to bring to life his idea that there was “no such thing as a bad boy.”

Father Flanagan’s program constantly evolved over the 31 years he led the mission. He was a man who valued education for himself and his boys. He stayed on the cutting edge of methods of caring for and educating youth during his tenure as Executive Director. His child-care technology was a teaching technology. He believed and validated that a teaching approach – not an incarceration or punishment approach – was the way to true rehabilitation.

His methodology, like all great methods, was simple and straightforward.

First, a boy must get a good education, rooted in the basic skills of reading, writing, and math.

Second, a boy must learn life skills and work skills – how to be respectful in school, reverent in church, and attentive at work or on the athletic field. Every boy who lived at the Home learned a trade, such as barbering, shoe repair, carpentry, or auto repair, to help him succeed as an adult.

Third, each boy learned to worship. “Every boy must learn to pray; how he prays is between him and God,” said Father Flanagan. Boys of all faiths and races lived together, yet were taught and were able to worship in their own religious persuasion.

Fourth, Father Flanagan’s method emphasized youth empowerment, or self-government. If a boy was to truly “internalize” the values and knowledge imparted by the program, he had to buy in and be involved in his own development.

Father Flanagan’s methods were not limited to teaching skills, knowledge, and values. He knew that as important as the technology was, it alone could not nurture the human spirit. His Home was a warm place; the boys both received and learned compassion and caring. Father Flanagan’s genuine love for children was at the core of everything he did, and continues as a hallmark of Boys Town’s mission today.



Boys Town continued to be a leader in the child-care field in the years after Father Flanagan's death in 1948. But the cultural revolution of the 1960s stimulated Boys Town to add more science-based methods to the practices he had developed. In 1975, we partnered with the University of Kansas Teaching Family Project at Achievement Place in Lawrence, Kansas. Boys Town adopted the work of the behavioral scientists there, and developed, modified, expanded, and applied it to a wider range of programs.

This occurred while maintaining the principles of our founder – quality education, vocational training, spirituality, and self-government. The Teaching-Family Model was in 1975 the best-researched and best-specified methodology for helping children in residential-style programs. This partnership set the stage for Boys Town to carry out one of our nation's largest expansions in child-care services beginning in the mid-1980s.

Additionally, another major change exemplified Boys Town's progressive approach to child care and its desire to help more children. In 1979, Boys Town welcomed girls for the first time. Today, about half of the youth served by Boys Town are girls.

In the 1980s and 1990s, growing both geographically and programmatically, Boys Town began to offer a wide continuum of services, serving children and families nationwide. Many new sites were developed in or near major population areas, bringing Boys Town's approaches directly to communities that needed help most. Today, sites in ten states and the District of Columbia continue to provide healing and hope through a wide range of programs and services, including residential care (long-term and short-term), foster care, family-based and in-home services, and community support services such as care coordination, outpatient behavioral health services, parent training, and education.

This national expansion was not limited to programs owned and operated by Boys Town. Boys Town also trained other child-care and education providers in its residential, family-based, parent-training, and educational programs. In recent years, this training has affected the lives of nearly 1.5 million children annually. In addition, the Boys Town National Hotline opened in 1989 to provide counseling and referrals for abused and troubled children, parents who are struggling with family issues, and others in need. Since its inception, the Hotline has received more than eight million calls.

The lessons learned from the expansion and program replications continue to guide additional practice innovations and new research questions. Boys Town annually provides direct care to more than 130,000 abused and neglected children and their families through its programs nationwide. In 2012, Boys Town programs impacted the lives of more than 2 million children and adults across the United States, Canada, and the U.S. Territories, and in several foreign countries. The Boys Town National Hotline answered nearly 170,000 calls/contacts, including thousands in which Hotline staff intervened to save the caller's life or provide therapeutic counseling. The Boys Town National Research Hospital has brought healing to tens of thousands of youngsters, many of whom are suffering hearing and speech disorders.

Under the direction of Father Steven Boes, National Executive Director, Boys Town today is moving forward on an ambitious five-year strategic plan that will reshape and re-energize our Mission to save lost children and heal broken families. Our vision for the future is our Integrated Continuum of Child and Family Services, which provides the right treatment, in the right place, at the right time, in the right way. Besides helping children with more serious problems in our family-like, out-of-home programs, we also focus on keeping families together through in-home services and counseling. Today, we're working with more and more young people and families right in their own homes, enhancing their strengths and showing them how to solve problems together.

Our Mission is to change the way America cares for children, families, and communities by providing and promoting an integrated continuum of care that instills Boys Town values to strengthen body, mind, and spirit. Our Vision is to serve as America's beacon of healing and hope, strengthening children and families through life-changing care. Our goal is to save even more children and heal even more families in the years to come.

In our programs, we treat and care for the whole child, just as Father Flanagan did. Today, that means using proven, effective methods to meet our kids' social, academic, emotional, spiritual, and psychological needs. At the same time, the Boys Town National Research Hospital ensures that our boys and girls are physically healthy, have excellent medical care, and learn good wellness habits.

Some might say these are desperate times in America. Father Flanagan understood that in 1917, when the desperate times children faced then gave rise to his revolutionary concept that became Boys Town. We are a product of his vision, his tenacity, and his love and care for children. We follow in his footsteps when we embrace new ideas and bold action: bringing hope and healing to children and families who have lost their way.

Change has always been a cornerstone of Boys Town's approach to child and family care. Look at our Mission Statement. It begins, "Changing the way America cares for children, families, and communities...." Boys Town has survived and flourished because it has been able to adapt to the changing landscape of youth care over the past 90-plus years and create new and better ways to save children and heal families.

Even as Boys Town adapts to meet the changing needs of children and families, there are some things we will never change. Boys Town will always open its arms and its heart to children with love and compassion. We will never give up on kids who come to us for healing, and will always give our best to make broken children and broken families whole again. Most importantly, Boys Town will always be a home for those who need one.

Research will remain a vibrant and vital part of this new evolution of child care that is underway at Boys Town. We cannot continue to improve how our nation provides services to its children and families without maintaining the research-based focus that marked the growth of Boys Town in its more than 90 years of operation.

In 2000, we formed the Boys Town National Research Institute for Child and Family Studies. The Institute guides the research work of our programs and brings in noted scientists to educate our leaders and help us formulate research questions. In 2005, we joined hands with the Center for At-Risk Children's Services (CACS) at the University of Nebraska-Lincoln (UNL) to further sophisticate our research efforts. That same year, we invited a panel of distinguished child-care research experts to help design the research we would pursue with this UNL partnership over the next decade.

In 2008, we reconvened the advisory panel of research experts at Boys Town. They advised us to more formally establish the Boys Town/UNL relationship. Out of that meeting sprung the Boys Town/UNL Center for Child and Family Well-Being. Also, the panel encouraged us to continue to pursue research to support the "Integrated Continuum of Care" concept.

Boys Town is uniquely situated to conduct this practice-oriented research. We will continue to conduct research on these program development and dissemination efforts. Our experience with a wide continuum of services operating under one research-based model is one unique feature. It positions us to help provide answers to questions such as which children need which services or which combinations of services best meet the needs of children.



Our effort to disseminate our Common Sense Parenting® Program and the Boys Town Education Model to other organizations and agencies that help children and families is another unique feature. This will help to further program development and research in strength-based prevention programs. Finally, we have begun to capitalize on our combined strengths in youth care and health care to conduct research on the intersection of these fields in the treatment of youth with severe health and behavioral problems.

Both our Family Homes and our Common Sense Parenting® Programs are listed on *FindYouthInfo* and the *Office of Juvenile Justice and Delinquency Prevention Model Programs Guide* registries of evidence-based practices. Common Sense Parenting® has also been listed on the *California Evidence-Based Clearinghouse for Child Welfare*. We are expanding these evidence-based activities to other areas of our Integrated Continuum of Care, such as Boys Town In-Home Family Services.

Please enjoy and use our research bibliography. It contains research work that has been done across our Integrated Continuum of programs since 1990. We will continue to add to it as the work expands.

***“The work will continue, you see, whether I am there or not, because it is God’s work, not mine.”***

***Father Edward Flanagan***

# Applied Research: A Bibliography of Boys Town Studies

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## Introduction

by

Ronald W. Thompson, Ph.D.

Director

Boys Town National Research Institute

*for Child and Family Studies*

Located in the Village of Boys Town, Nebraska, the Boys Town National Research Institute for Child and Family Studies conducts applied research that is focused on understanding the nature of problems children and their families face in today's world and identifying the most effective ways to help them. While many are aware of the quality care provided by Boys Town, some may not know of the extensive research we have conducted during the past three decades. Boys Town is committed to combining quality care, love, and respect for children and families with sound, research-based practice. To put our current work in perspective, we offer a brief history of Boys Town's research and the organization's plans for the future. The bibliography that follows this introduction includes most of Boys Town's published research reports.

During the same time the Teaching Family Model (developed at the University of Kansas) was being refined and adapted at Boys Town, policy makers, scientists, and funding agencies were beginning to ask these difficult questions about residential care provided to youth:

- Is residential care for children effective?
- Is family-style care more effective than more traditional institutional care?

In addition to the ongoing program evaluation activities conducted at Boys Town, a ten-year longitudinal outcome study of the Boys Town residential program began in 1980. Participants included youth who were admitted to the program and youth who were eligible for admission but were served elsewhere. Youth were interviewed every three to six months during and after the time they were in the program. Results indicated that youth who received our family-style care with behavioral intervention and a strong educational component had more positive outcomes, and these benefits lasted well beyond their stay in the program. This was revolutionary news to the youth-care field, and it suggested that this type of residential care is a viable and effective method of intervention for many children.

During the 1990s, the field of child care began to change even more dramatically. New research questions were being asked:

- Can some children be served by specially trained foster parents or in their own homes by providing support to parents and other caregivers?
- Which types of care and treatment work with which children?
- Can behavioral and emotional problems be prevented with early intervention by parents and teachers?

As a result, Boys Town created a range of intervention programs that could be provided in different settings using similar intervention methods. We then began replicating these programs at several new sites around the country and providing training and consultation services for other agencies throughout the country. This enormous expansion of Boys Town services and programs created the need for new directions in applied research to contribute to the scientific knowledge base for practitioners. It became necessary to evaluate outcomes for these new services in the same way

residential care was evaluated. Therefore, as new types of intervention programs were developed at Boys Town, studies were conducted to help practitioners understand the problems facing children and family members, and to evaluate the effectiveness of interventions provided to them. These studies ranged from descriptive accounts to carefully designed outcome studies. They also included the development of assessment and intervention methods for specific populations.

For example, it became necessary to create residential programs for youth with the most serious behavioral and emotional problems. These programs offer more intensive treatment and more medical supervision than family-style residential group homes. Youth served in these programs often have been recently discharged from hospital settings or have problems that are too severe for them to be successful in family-style residential care. Also, youth admitted to Boys Town programs in more recent years, and their families, have presented with a variety of clinical problems requiring specialized assessment and treatment methods. Therefore, it was necessary to develop and evaluate a number of clinical techniques that could be applied to address problems such as Attention-Deficit/Hyperactive Disorder, nocturnal enuresis, and suicidal communications. One example of these techniques is the Diagnostic Interview Schedule for Children (DISC), a clinical assessment tool developed at Columbia University in New York. Boys Town served as a pilot test site for the DISC.

During this same period, it became apparent there was a great need for effective prevention programs. Because most prevention efforts for youth had been targeted toward parents, the first prevention program developed by Boys Town was a practical, skills-oriented parenting program. This program was designed for parents who were beginning to experience difficulties with their young children. Results of the research related to this parenting program suggested that it was less costly than more traditional family or individual counseling and could result in lasting benefits for younger children and their parents, even when they both have significant problems. Many families, however, need more intensive services than those offered by a parenting course to prevent their children from developing more serious problems and being placed in out-of-home care. Boys Town's In-Home Family Services programs were developed specifically for these families.

The second area where we focused our prevention efforts was schools. We found that the same intervention techniques that had proved effective in family-style residential programs could be adapted to classrooms to make that environment more conducive to learning. This approach was developed in Boys Town schools and modified so that it could be used in both general and special education classrooms. Many schools have adopted the Boys Town Education Model, and have significantly improved students' discipline problems, attention to academic tasks, and satisfaction with the classroom environment. Also, youth who have trouble at home or in school often have reading problems. Without effective instruction, these youth can be headed for trouble as adolescents and adults. Many reading programs have been developed, but they are primarily for young children. Boys Town developed the *Reading Is FAME*® program to teach adolescents who are poor readers how to read better. Outcome studies have indicated that, on average, youth in this program make twice the progress in reading that students in regular classes would be expected to make during their high school years.

Other studies also have contributed to the development of a range of effective Boys Town interventions for youth and their families who are at risk. The bibliography is categorized according to the major types of service programs offered by Boys Town. While some of our applied research has been directed at areas that do not fall into categories related to these services, these studies have provided some of the foundational work important for research on our own interventions. These areas include parental discipline, behavioral theory and interventions, research methodology, education of at-risk youth, psychosocial development and risk, and other research.

In addition to studies about the implementation and outcomes of these programs, Boys Town scientists have begun to study the Integrated Continuum of Care (see graph below). The goal of this research is to develop practical knowledge about how to place children and families in the right service at the right time and support their transition from more restrictive to less restrictive settings. This emphasis includes both intervention and prevention studies as well as the integration of youth care and health care.

## Boys Town Integrated Continuum of Care<sup>SM</sup>



### Plans for the Future

In 2007, Boys Town launched a new strategic plan and research plans were modified to support this plan. The major Youth Care goal identified at that time was growth of prevention and early intervention services. A supporting goal for research was the development of the evidence base for these services, an important criterion for obtaining service contracts from public agencies. To achieve this goal, there was an increased effort on large, federally funded efficacy and effectiveness trials.

In 2012, these strategic goals were again expanded to include an emphasis on using prevention and early intervention programs to achieve community-wide impact in selected locations and collaboration between Youth Care and Health Care to begin a program of applied neurobehavioral research. The goal is to use some of the most recent scientific findings about brain-behavior relationships to continue to improve the quality of intervention programs provided by Boys Town.

This annotated bibliography includes more than 340 published or in-press papers and reports. The research cited here has made a significant contribution to the knowledge base about providing services to children and their families. But many questions remain. Despite this work and the work of

other professionals throughout the country, many children and their families continue to need help. In order to expand this knowledge base, the National Research Institute will not only continue to do applied research about providing services to children and their families, but also will collaborate with researchers, clinicians, and policy makers at universities, public agencies, and other child-care organizations. Such collaborative work is necessary to answer the staggering questions about how best to care for America's children and their families in the 21st century.

Boys Town has launched new initiatives to increase this type of research collaboration. The first of these is the National Research Institute Speaker Series. Prominent youth-care and education experts have been invited to Boys Town's National Headquarters to present to and consult with youth-care staff and leaders. The focus of these visits has been to integrate findings from some of the most important external research into Boys Town programs, services, and research.

Another goal is to find potential partners for conducting future research and program development projects. This networking resulted in a long-term research partnership with the University of Nebraska-Lincoln and the creation of the UNL/Boys Town Center for Child and Family Well-Being. We also appointed a Scientific Advisory Panel to assist with strategic planning for youth-care research and program development. Since then, we have reached out to the Social Development Research Group at the University of Washington to conduct collaborative research. Finally, in partnership with the Boys Town National Research Hospital, we have begun to conduct research on the general health status of youth receiving services, and the utilization of psychotropic medication in treatment programs for children and adolescents. These are all critical areas for improving the knowledge base for effective intervention programs.

Through these efforts, Boys Town scientists are engaged in a number of federally funded research projects to include the development of aftercare interventions funded by the Department of Education's Institute for Educational Science and the Office of Juvenile Justice and Delinquency Prevention, studies of therapeutic process factors and program implementation funded by the National Institute on Mental Health, and parent training to prevent school dropout and related risky behavior in adolescents funded by the National Institute on Drug Abuse. We also recently hosted a scientific conference on the use of psychotropic medications by youth in residential care funded by the National Institute on Mental Health and the National Institute on Child Health and Development.

Just as applied research has played a vital role in the development of all Boys Town programs in the past, future program development, evaluation, and dissemination will involve the best of both informed practice and sound applied research. There will be an emphasis on rigorous evaluation of interventions for children and their families, and these evidence-based practices will be disseminated to Boys Town sites and other providers. This will require external validation of our research and practice models through federal and private research grants, continued publication of findings in the professional literature, and presentations at professional and scientific meetings. Finally, there will be an even stronger emphasis on prevention in the future. It is impossible to help all at-risk youth and their families through traditional intervention programs, so it will be crucial to continue to refine an Integrated Continuum of evidence-based intervention and prevention programs that can provide the right treatment, in the right place, at the right time, in the right way.



# Intensive Residential Treatment<sup>SM</sup>

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The Intensive Residential Treatment Facility provides residential psychiatric treatment for children ages 7 through 18 who have severe behavioral and mental health problems. Many of these children have failed in other placements like foster homes and other youth care programs, and have exhausted all other treatment options in the community. They require the most intensive treatment Boys Town provides, as well as 24-hour structure and monitoring, because there is a significant risk they may harm themselves or others. Trained staff members provide consistent teaching and treatment that focuses on children's strengths to help them improve their behaviors and learn necessary life skills. These children are referred by clinical therapists, psychologists, and other health care professionals. Most referrals come from inpatient psychiatric facilities and juvenile detention centers (many boys and girls in juvenile detention have a mental health disorder; some must wait months for treatment). The average length of stay for children is four to six months. When they reach their goals here, we want children to be able to move to less-restrictive care, either within the Boys Town Integrated Continuum or to another program, to continue their treatment.

## In Press

*Articles designated as "in press" will be available for order when they are published.*

Huefner, J. C., Griffith, A. K., Smith, G. L., Vollmer, D. G., & Leslie, L. K. (in press). **Reducing psychotropic medication in an intensive residential treatment center.** *Journal of Child and Family Studies*.

Medication rates in behaviorally disordered children and youth have greatly increased to current high levels and are very controversial. This study examined changes in psychotropic medication use, levels of behavioral disturbance, and use of personal restraint and seclusion in a population of youth with serious behavioral disorders receiving medically directed cognitive-behavioral treatment in an intensive residential setting. The hypothesis was that there would be significant reductions in medication rates, without the unintended consequences of increased rates of problem behavior or offsetting increases in the use of seclusion or personal restraint. Results showed significant reductions in both the number of youth on medication and the average number of psychotropic medications during the residential stay. There were also significant reductions in behavioral disturbance, seclusions, and personal restraints. These results demonstrate that psychotropic medication can be significantly reduced without increases in problem behavior or the use of seclusions or personal restraints. We conclude that it is possible to significantly reduce psychotropic medication rates to far more conservative levels within the context of a clinically directed cognitive-behavioral treatment milieu. Copyright © 2012 Springer.

## Published

Badura Brack, A. S., Huefner, J. C., & Handwerk, M. L. (2012). **The impact of abuse and gender on psychopathology, behavioral disturbance, and psychotropic medication count for youth in residential treatment.** *American Journal of Orthopsychiatry*, 82, 562-572.

This study examined the relationship between gender, abuse history, and clinical change in a residential treatment program for youth with emotional and behavioral disturbance. Admission data and data collected after 1 year of treatment or at discharge were examined for 1,303 youth. Measures included the Suicide Probability Scale, Child Behavior Checklist, and the Diagnostic Interview Schedule for Children. Data also included medication count, demographic data, and history of sexual or physical abuse or both. At intake, girls scored significantly more pathologically than boys on 9 out of 12 measures. At intake, abused youth indicated more hostility, anxiety, and mood disorder symptoms as well as psychotropic medication usage than nonabused youth. Youth improved significantly on all outcome measures with treatment, although interaction effects indicate some differing treatment responses by abuse history or gender. After treatment, girls still scored significantly higher than boys on 6 of 8 outcome measures, and abused youth, especially youth experiencing both sexual and physical abuse, had significantly higher anxiety, affective, behavior, and eating disorder symptom counts and were on more psychotropic



medications than nonabused youth. Although behaviorally focused treatment was associated with improvement on every measure, the most important implication of our study is that a singular treatment approach does not fit all youth completely as reflected by continuing treatment needs in our most troubled youth. Additional symptom-focused treatment and research attention must be given to girls and abused youth in residential care to maximize their therapeutic outcomes. Copyright © 2012 American Orthopsychiatric Association.

Griffith, A. K., Smith, G. L., Huefner, J. C., Epstein, M. H., Thompson, R. W., Singh, N. N., & Leslie, L. K. (2012). **Youth at entry to residential treatment: Understanding psychotropic medication use.** *Children and Youth Services Review*, 34(10), 2028-2035.

Youth entering residential treatment often present with complex mental health and behavioral needs. As a result, it is not surprising that many of these youth have active prescriptions for psychotropic medications. What is surprising, however, is that very little is known about how psychotropic medications are used for youth who enter residential treatment. Therefore, the purpose of this study was to gain a better understanding of psychotropic medication use for youth at their time of entry to residential treatment through the examination of archival data. Data suggested that the youth in this sample had high levels of emotional and behavioral difficulties and that many had active psychotropic prescriptions. Patterns of use differed slightly from those identified with previous samples, but several clinical and non-clinical factors were identified that were predictive of psychotropic medication use. Findings and implications are discussed in detail. Copyright © 2012 Elsevier Ltd.

Woodlock, D., Juliano, N., & Ringle, J. (2002, August). **Giving hope to troubled adolescents: Diverse treatment approach emphasizes self-control skills.** *Behavioral Healthcare Tomorrow*, 11, 8-11.

In 2000, the New York State Office of Mental Health requested that Girls and Boys Town train the staff at Rockland Children's Psychiatric Center in the Girls and Boys Town Psychoeducational Model (PEM). The PEM was chosen largely because of its emphasis on teaching patients to substitute positive self-control strategies in place of angry, aggressive outbursts. Incident data indicated a pre-PEM to post-PEM implementation reduction in aggressive behaviors and a self-reported increase in the use of self-calming strategies, cooperation skills, and consumer satisfaction. Maintenance of these improvements will require ongoing PEM training, skill practice, and consistent supervision from all those in leadership positions. Copyright © 2002 The Gale Group, Inc.

Larzelere, R. E., Dinges, K., Schmidt, M. D., Spellman, D. F., Criste, T. R., & Connell, P. (2001). **Outcomes of residential treatment: A study of the adolescent clients of Girls and Boys Town.** *Child & Youth Care Forum*, 30, 175-185.

Pre-treatment and post-treatment data was collected from adolescent clients of a new residential treatment center at Girls and Boys Town. Youth who received treatment improved significantly on the Child Behavior Checklist and the Children's Global Assessment Scale and were maintaining their treatment gains at follow-up. Ten months following discharge, the majority were stabilized and functioning adequately in school and with their primary caregiver. For these youth, residential treatment succeeded where other interventions failed. Copyright © 2001 Springer Publishing.

O'Brien, C., Ringle, J., & Larzelere, R. (2001, August). **Serving youths by modifying treatment: Girls and Boys Town approach uses ongoing outcome measures.** *Behavioral Healthcare Tomorrow*, 10, 19-21.

This article summarizes how a residential treatment center on the East Coast modified its treatment approach by adopting Girls and Boys Town's Psychoeducational Model (PEM). Several features of the PEM were considered relevant to improving treatment. The center tracked 19 problem behaviors during the transition to the PEM Model. Only one behavior increased significantly, whereas eight decreased significantly. Examples included a 90% decrease in runaways and a 29% decrease in physical assaults against staff. Copyright © 2001 The Gale Group, Inc.

Larzelere, R. E., Criste, T., Schmidt, M. D., Daly, D. L., Dinges, K., Spellman, D., Smith, G. L., & Coughlin, D. (1999). **A comprehensive evaluation plan for an intensive residential treatment center.** In J. Willis, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 11th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 363-368). Tampa: University of South Florida.

This paper summarizes the initial evaluation data from Boys Town's Intensive Residential Treatment Center. On average, youth reported being satisfied or completely satisfied with the treatment at the time of their discharge. During treatment, their externalizing problem behaviors and attention problems both decreased significantly. The sharpest decrease in aggressive symptoms during treatment occurred for youth who had been the most aggressive prior to treatment. We are encouraged by this initial evidence of the effectiveness of the Intensive Residential Treatment Center. Copyright © 1999 The de la Parte Institute.

Daly, D. L., Schmidt, M. D., Spellman, D. F., Criste, T. R., Dinges, K., & Teare, J. F. (1998). **The Boys Town Residential Treatment Center: Treatment implementation and preliminary outcomes.** *Child & Youth Care Forum*, 27, 267-279.

A well-specified residential treatment model is described, and preliminary outcome data are presented. The Boys Town Psychoeducational Model (PEM) empowers direct-care staff to be important treatment agents by training them to use systematic teaching techniques. Data obtained on youth served at the center since its inception in December 1995 indicate that the youth have had multiple prior placements and serious psychiatric disorders. The Model sustains an active and positive treatment environment as documented by high levels of focused treatment occurring during the youths' stay. To date, 94% of the youth have departed to placements that were equal to, or less restrictive than, their placements at admission to the program. Of those who had Children's Global Assessment Scale (CGAS) ratings both at admission and discharge, 84% (n = 21) of the youth had better functioning at discharge. Copyright © 1998 Springer Publishing.

Furst, D. W., Boever, W., Cohen, J., Dowd, T., Daly, D. L., & Criste, T. (1993). **Implementation of the Boys Town Psychoeducational Treatment Model in a children's psychiatric hospital.** *Hospital and Community Psychiatry*, 44, 863-868.

This study assessed the effect of the Boys Town Psychoeducational Treatment Model on the therapeutic milieu of a state-operated psychiatric hospital serving children and adolescents. Direct-care staff from two units for adolescents and one unit for children were trained to implement the Model, which guides staff in planned and spontaneous interactions with patients. Patients rated their satisfaction with direct-care staff immediately before the Model was implemented and one year later. Staff perceptions of changes in the treatment environments were assessed by retrospective interviews. Patients in two of the three units indicated significantly greater satisfaction with direct-care staff after the Psychoeducational Treatment Model was implemented. Results from retrospective interviews with staff showed statistically significant improvements in their perceptions of the therapeutic milieu. Staff comments recorded during the interview supported the quantitative results. Training direct-care staff at a children's psychiatric hospital to use the Boys Town Psychoeducational Treatment Model significantly improved perceptions of the therapeutic milieu among both staff and patients. Copyright © 1993 American Psychiatric Association.



## Specialized Treatment Group Homes<sup>SM</sup>

Specialized Treatment Group Homes provide structured, 24-hour care and treatment in a group home setting for youth ages 10 to 18 with severe behavioral and mental health disorders. These youth do not pose an immediate threat to themselves or others and can participate in family-style activities like preparing meals, doing chores, and going on outings. Professionally trained caregivers and therapists develop individualized Treatment Plans to meet the needs of each youth and provide needed therapy. These children come to the program from Intensive Residential Treatment or are referred by other mental health professionals in the community. The average length of stay is four to six months. When children reach their treatment goals here, we want them to be able to move to less-restrictive care, either within the Boys Town Integrated Continuum or to another program, to continue their treatment.

Thompson, R. W., Huefner, J. C., Vollmer, D. G., Davis, J. L., & Daly, D. L. (2008). **A case study of an organizational intervention to reduce physical interventions: Creating effective, harm-free environments.** In M. A. Nunno, D. M. Day, & L. B. Bullard (Eds.), *For our own safety: Examining the safety of high-risk interventions for children and young people* (pp. 167-182). Washington, DC: Child Welfare League of America.

Safety of staff and youth in out-of-home care and treatment settings has become a topic of national concern. Injuries, and in rare cases, even deaths have occurred when youth have been restrained in out-of-home care settings. In this chapter the authors identify the elements of an effective, harm-free treatment environment and describe an organizational case study of the application of these elements in a treatment group home setting. The case study involves a refinement and adjustment of some of these elements following a program leadership change. Copyright © 2008 Child Welfare League of America.

Larzelere, R. E., Chmelka, M. B., Schmidt, M. D., & Jones, M. (2002). **The Treatment Progress Checklist: Psychometric development of a daily symptom checklist.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 14th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 359-362). Tampa: University of South Florida.

This is a summary of the reliability and validity of the Treatment Progress Checklist, a daily symptom checklist designed for out-of-home placements in behavioral health and treatment foster care. The best 34 core items were selected from 52 items in a previous version based on perceived clinical usefulness, frequency of occurrence, and factor analysis. The following five clusters of five or six items were based on the factor analysis: Aggression, Covert, Hyperactivity, Internalizing, and Oppositional. The Checklist was made more clinically useful by adding program-specific items as needed, by adding clinically relevant events, and by improving the computer program for graphical trend reports. A during-treatment assessment like this Checklist is useful to clinical supervisors for treatment planning and advocating for the youth to other stakeholders. Copyright © 2002 The de la Parte Institute.

Jones, M., Larzelere, R. E., Smith, G. L., & Chmelka, M. B. (2000). **Multiple uses of daily data: From treatment planning to program outcomes.** In J. Willis, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 12th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 89-92). Tampa: University of South Florida.

As a contrast to more common evaluation measures, this study illustrates the multiple ways that daily symptom checklists can be used. Graphs of daily symptoms can be used for individual youth's treatment planning, utilization reviews, and other clinical decisions. After being aggregated over all youth, data can show overall trends in symptom rates in a treatment facility, including differential trends by types of youth. The first example is illustrated with a rise and fall in aggregated symptom rates during the first year of a new treatment group home. The second example is illustrated with differential symptom trends for boys according to how long they remained in treatment. Copyright © 2000 The de la Parte Institute.

Larzelere, R. E., & Schmidt, M. D. (1998). **Using during-treatment data for treatment planning.** *Caring*, 14, 12-13.

The usual evaluation measures provide little information about how to improve treatment overall or with a particular youth. In contrast, tracking daily symptoms is useful for a variety of purposes. First, it can be used for treatment planning for individual youth, such as determining whether or not a current medication protocol is working. Second, trends in daily symptoms can support providers' advocating for extended payment from managed care organizations when appropriate. Finally, symptom trends can sometimes be helpful in determining appropriate post-discharge placement. If home visits are consistently followed by a sharp increase in severe symptoms, then permanent placement into that home may be premature. Copyright © 1998 The Alliance for Children and Families

## Intervention and Assessment Services<sup>SM</sup>

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Intervention and Assessment Services provide care for abused, neglected, runaway and delinquent youth of all ages by removing them from dangerous situations, assessing their needs and beginning to work toward family reunification or other permanent care. These children may be referred by juvenile justice representatives or by child welfare agencies that have removed the children from their homes or have taken responsibility for their well-being. The average length of stay for children is 30 days. When children leave, they may move to another program in the Boys Town Integrated Continuum of Care, other outside programs, or return home to their families.

Duppong Hurley, K., Ingram, S., Czyz, J. D., Juliano, N., & Wilson, E. (2006). **Treatment for youth in short-term care facilities: The impact of a comprehensive behavior management intervention.** *Journal of Child and Family Studies*, 15, 617-632.

We describe a comprehensive program to train emergency shelter staff in effective methods for dealing with youth who have behavioral and emotional problems; assess the degree to which staff implemented the treatment approach; measure the impact of the intervention on shelter-wide incidents, such as out-of-control behavior, runaways, and violence against other youth; and examine pre-post changes in staff experiences at the shelter via anonymous surveys. Overall, the short-term shelter staff indicated adequate implementation of the intervention. The rate of youth incidents at the shelter significantly declined from pre to post assessment. Direct-care staff ratings of their satisfaction with their proficiency in behavior management and teaching youth skills increased significantly from pre to post implementation. These findings suggest that it is feasible to deliver an effective staff-training program to improve the behavior management and social skills of youth residing in short-term care facilities within the child welfare system. Copyright © 2006 Human Sciences Press, Inc.

Teare, J. F., Becker-Wilson, C. Y., & Larzelere, R. E. (2001). **Identifying risk factors for disrupted family reunifications following short-term shelter care.** *Journal of Emotional and Behavioral Disorders*, 9, 116-122.

Youth discharged from a short-term residential facility and reunified with their parents were contacted between one and three years after discharge to determine whether or not the youth had a subsequent placement following reunification. Of the 148 youth who reunified with their parents, 110 (74%) were contacted. Risk factors were identified by using survival analysis techniques to analyze differences in the time to the first subsequent placement. The number of self-reported personal problems reported at intake significantly predicted a shorter time to subsequent placement disruption. There was also a trend ( $p = .12$ ) for the number of prior formal placements to predict future placements. Copyright © 2001 SAGE Publications, Inc.

Teare, J. F. (1999). **Selecting outcomes for short-term programs: The role of program theory.** *Caring*, 15, 10-11.

Choosing appropriate program outcomes and indicators is a challenging task for administrators and evaluators. It is an even more daunting task when trying to identify relevant outcomes in programs in which the treatment is of very short duration. This article discusses the importance of examining program theory when selecting outcomes to measure in program evaluation. Copyright © 1999 The Alliance for Children and Families.

Teare, J. F., Larzelere, R. E., Smith, G. L., Becker, C. Y., Castrianno, L. M., & Peterson, R. W. (1999). **Placement stability following short-term residential care.** *Journal of Child and Family Studies*, 8, 59-69.

Youth discharged from a short-term residential facility and reunified with their parents were contacted at least one year after discharge to determine whether or not they had a disruption in their placement since reunification. Follow-up intervals of 149 youth contacted (82% of the eligible sample) ranged from a minimum of 12 months to a maximum of 30 months post-discharge. Differences in the time to placement disruption were analyzed using survival analysis techniques. After controlling for adjustment differences during the treatment program, youth behavior problems, and family problems, a significant interaction of



youth age and treatment intensity was found. Compared to the others, younger youth who received additional treatment components had placement disruptions later and less frequently. Copyright © 1999 Human Sciences Press, Inc.

Teare, J. F., Peterson, R. W., Authier, K., Schroeder, L., & Daly, D. L. (1998). **Maternal satisfaction following post-shelter family reunification.** *Child & Youth Care Forum*, 27, 125-138.

The purpose of this study was to examine the correlates of post-shelter maternal family satisfaction in a group of youth who were reunified with their families following a shelter stay. Findings indicated that higher ratings of family satisfaction were related to greater maternal problem-solving skills and less family conflict. Copyright © 1998 Human Sciences Press, Inc.

Teare, J. F., Smith, G. L., Osgood, D. W., Peterson, R. W., Authier, K., & Daly, D. L. (1995). **Ecological influences in youth crisis shelters: Effects of social density and length of stay on youth problem behaviors.** *Journal of Child and Family Studies*, 4, 89-101.

For 472 consecutive days we monitored the number of youth residing in a crisis shelter for adolescents, the average length of stay for the youth residing in the shelter on each day, and the number of problem behaviors occurring within the shelter on a daily basis. We analyzed these data using a combination of time series and logistic regression techniques to fit a model that would predict the occurrence of a problem behavior on any given day. After controlling for significant time trends in the data, our results indicate that both the number of youth in the shelter and the proportion of youth who have resided in the shelter longer than 14 days are significantly associated with a problem behavior occurring on any given day. The number of youth in the shelter and the probability of a problem behavior occurring correlated significantly. However, as the proportion of youth who resided in the shelter longer than 14 days increased, the probability of a problem behavior occurring decreased. Copyright © 1995 Human Sciences Press, Inc.

Daly, D. L. (1994). **Do boot camps work?** *Caring*, 10, 7-9.

The idea of sentencing juvenile offenders to military-style “boot camps” has been highly popular with the public and with many politicians. But how effective are such programs and how do they measure up when recidivism rates are the outcome of interest? This article examines some of the pros and cons of the boot camp philosophy, citing research on whether or not such camps achieved the desired results. Copyright © 1994 The Alliance for Children and Families.

Teare, J. F., Authier, K., & Peterson, R. (1994). **Differential patterns of post-shelter placement as a function of problem type and severity.** *Journal of Child and Family Studies*, 3, 7-22.

Changes in placement restrictiveness, as a function of problem type and severity, were examined in a sample of 154 children departing a shelter for runaway and homeless youth. Six problem types were identified using a principal components analysis of youth-reported personal and family problems. Four of the six factors obtained represented youth problem types interpreted as reflecting antisocial/conduct problems, victimization by abuse, risk of suicide, and rebellious youth behaviors. The two remaining problem types were interpreted as a chaotic/aggressive family type and a mixed pattern of youth aggression and parental skill deficiency. An analysis of the problem types indicated that youth at higher risk for suicide, and those who came from more dysfunctional families, departed to living environments that were more restrictive than their placements at entry. Copyright © 1994 Human Sciences Press, Inc.

Teare, J. F., Peterson, R. W., Furst, D., Authier, K., Baker, G., & Daly, D. L. (1994). **Treatment implementation in a short-term emergency shelter program.** *Child Welfare*, 73, 271-281.

Evidence of treatment implementation in a short-term emergency shelter program for runaway and homeless youth is presented. An examination of data collected from 100 youth consecutively admitted to the program indicated high frequencies of teaching interactions across a range of social skills, high levels of satisfaction with the program, and relatively low frequencies of negative/disruptive behaviors by the youth during their stays in the shelter. Copyright © 1994 Child Welfare League of America.

Teare, J. F., Furst, D. W., Peterson, R. W., & Authier, K. (1992). **Family reunification following shelter placement: Child, family, and program correlates.** *American Journal of Orthopsychiatry*, 62, 142-146.

Factors associated with family reunification following a short-term stay in a shelter for runaway and troubled youth were examined. Children who were not reunified with their caretakers following their stay reported more family problems, appeared to be at higher risk of suicide, and stayed longer in the shelter. Implications for delivery of shelter service programs are discussed. Copyright © 1992 American Orthopsychiatric Association, Inc.



## Family Homes

Boys Town Family Homes provide a family for children ages 10 to 18. Six to eight boys or girls live in each single-family home with a married couple called Family-Teachers. Many of these children have serious emotional and behavioral problems. They have not been able to stay in their own family's home but can function safely in a community setting. Family-Teachers and their assistants provide compassionate, effective treatment while meeting the daily needs of each child. During their stay, children learn social skills, attend school, participate in extracurricular activities and take part in daily chores and activities as members of their Family Home family. The ultimate goal is to reunify children with their families, whenever possible. These children come to the program from other Boys Town programs, through referrals by agencies like social services and juvenile justice, or through private placements by parents or other caregivers. The average length of stay is 12 to 18 months. When children leave, they generally return to their families or begin to live on their own (usually working, attending college or joining the military).

### In Press

*Articles designated as "in press" will be available for order when they are published.*

Duppong Hurley, K., Trout, A. L., Wheaton, N., Buddenberg, L., Howard, B., & Wiegel, M. (in press). **The voices of youth in out-of-home-care regarding developing healthy dating relationships.** *Children and Youth Services Review*.

Gallant, J., Snyder, G. S., von der Embse, N., & Cotter, D. D. (in press). **Characteristics and psychosocial predictors of youth non-suicidal self-injury in residential care.** *Preventing School Failure*.

This study examined characteristics and biopsychosocial predictors of non-suicidal self injury in a sample (N = 753) of youth in residential care admitted between 2005 and 2010. T-tests, chi-square tests, and multiple logistic regressions stratified by gender were used to model the data. Results suggested that 12% of youth engaged in NSSI during treatment. No significant difference between the prevalence of NSSI and demographic information were identified. Results from multiple logistic regression analyses identified that aggression, prior self harm, and age at placement significantly contributed to NSSI during residential care. Males with elevated levels of aggression and a history of prior self harm and younger females with elevated aggression were at increased risk of NSSI during treatment. Ultimately, these findings suggest a 2-3 variable model for classifying youth at-risk for engaging in NSSI in residential treatment. Furthermore, prevalence estimates of NSSI among adolescents in residential treatment are similar to rates obtained from nonclinical community samples. Implications, limitations, and future directions of these findings will be discussed. Copyright © 2012 Taylor & Francis Group, LLC.

Nelson, T. D., Smith, T. R., Duppong Hurley, K., Epstein, M. H., & Tonniges, T. F. (in press). **Association between psychopathology and physical health problems among youth in residential treatment.** *Journal of Emotional and Behavioral Disorders*.

Youth in residential treatment settings often present with a complex combination of mental and physical health problems. Despite an emerging literature documenting significant associations between mental health and physical health, the relationship between these two areas of functioning has not been systematically examined in youth presenting to residential treatment. This study examines the association between youth psychopathology and physical health problems in a sample of 606 youth entering a large residential treatment program between 2003 and 2010. As a part of the intake process, youth psychopathology symptoms were assessed using the parent-report form of the Child Behavior Checklist, and youth physical health problems were assessed in a medical evaluation by a licensed child health professional. Results indicated that higher levels of youth psychopathology, particularly internalizing problems, were associated with greater risk for physical health problems and more prescription medications. Psychopathology comorbidity was also associated with physical health problems. These findings suggest an interplay between physical and mental health among youth entering residential treatment, highlighting the need for integrated assessment and intervention services that address

psychological and medical needs within this population. Copyright © 2009 Hammill Institute on Disabilities.

Nelson, T. D., Smith, T. R., Pick, R., Epstein, M. H., Thompson, R. W., & Tonniges, T. F. (in press). **Psychopathology as a predictor of medical service utilization for youth in residential treatment.** *Journal of Behavioral Health Services & Research*.

Rising health care costs have led to an emphasis on identifying factors that contribute to medical service utilization. Previous research has suggested an association between youth psychopathology and service utilization; however, prospective studies among high-risk populations are needed. The current study examined youth psychopathology as a predictor of subsequent medical service utilization among a large sample (N = 536) of youth entering residential treatment. Youth psychopathology and medical status were assessed at intake, and medical service utilization was tracked across the duration of the residential placement. Results indicated that higher levels of psychopathology predicted greater youth medical service utilization, even after controlling for the presence of a diagnosed medical condition. Internalizing problems was a significant independent predictor of utilization, but externalizing problems was not. These findings highlight the association between mental health and medical service utilization and suggest that effective behavioral health services may be helpful in reducing costly medical service needs. Copyright © 2012 Springer.

### Published

Brown, D. L., Jewell, J. D., Stevens, A. L., Crawford, J. D., & Thompson, R. (2012). **Suicidal risk in adolescent residential treatment: Being female is more important than a depression diagnosis.** *Journal of Child and Family Studies*, 21, 359-367. doi:10.1007/s10826-011-9485-9

We investigated the relationship between gender and clinician diagnosis of a depressive disorder at intake on variables reflecting depression among adolescents in residential treatment. It was hypothesized that females diagnosed with a depressive disorder would have the highest scores on measures of suicide risk, the number of symptoms of a major depressive episode, suicidal behavior, and suicidal ideation. Results indicated partial support for the predicted comparisons. Females diagnosed with a depressive disorder scored significantly higher on measures of depressive symptom count and suicidal ideation. Surprisingly, females without a diagnosis of a depressive disorder had higher suicide risk scores than the remaining groups. The results of this study highlight the importance of assessment and treatment of internalizing disorders in youth entering residential programs, particularly female adolescents. Copyright © 2012 Springer.

Huefner, J. C., & Ringle, J. L. (2012). **Examination of negative peer contagion in a residential care setting.** *Journal of Child and Family Studies*, 21(5), 807-815. doi:10.1007/s10826-011-9540-6

There has been ongoing concern about the negative impact of residential treatment on youth in care. Research examining the impact of negative peer influence in juvenile justice, education, and residential care setting is reviewed. A study was conducted to examine the impact of negative peer contagion on the level of problem behavior in a residential care program, and the extent to which caregiver experience and youth time-in-program mediated that relationship. The study used archival data for 1,438 first-time admissions to a large Midwestern out-of-home residential program for youth with emotional and behavioral problems. Hierarchical Linear Modeling was used to examine the relationship between daily reports of conduct and oppositional defiant disorder (CD/ODD) behaviors and the percentage of conduct disorder youth living in a home. Greater exposure to conduct disordered peers was not related to increased rates of CD/ODD behavior. CD/ODD behavior was directly related to direct care staff level of experience and youth time in program. Implications for residential care are discussed. Copyright © 2012 Springer.

Smith, G. L., Stevens, A. L., & Huefner, J. C. (2012). **Admission and discharge differences for continuum and non-continuum youth in a staff secure residential program.** *Residential Treatment for Children & Youth, 29*(2), 118-131. doi: 10.1080/0886571X.2012.669259

This study examined admission data for differences between two groups of youth in a staff-secured treatment setting: one came from a locked setting within the same integrated continuum and the other came from outside the continuum. Results showed that youth who entered the less restrictive program directly were more aggressive and on more medications than youth who stepped down from the more restrictive setting. Results also showed that while disruptive behavior improved for both groups, there was a smaller group of youth who did not improve during treatment and who were ultimately stepped up to a higher level of care. Copyright © 2012 Taylor & Francis Group, LLC

Chmelka, M. B., Trout, A. L., Mason, W. A., & Wright, T. (2011). **Children with and without disabilities in residential care: Risk at program entry, departure, and six-month follow-up.** *Emotional and Behavioural Difficulties, 16*(4), 383-399. doi:10.1080/13632752.2011.616346

Although youth with disabilities represent nearly a third of the population served in residential care, little is known about the functioning of these children as compared to their peers without disabilities at program entry, departure, and six-month follow-up. This study sought to extend previous research by evaluating the behavioral, mental health, and educational characteristics of youth with (n = 159) and without disabilities (n = 344) served in a large residential treatment family group home program at three time points to determine group similarities and differences. Results revealed both groups presented significant risks and profiles that were more alike than different. However, across specific indicators of behavioral, mental health, and educational functioning, group differences were found. Specifically, youth with disabilities presented more formal placements and social problems at program entry, had more placement changes in care, and presented poorer peer and adult relationships and higher risk behaviors (e.g., arrests and probations) six-months post-departure. Implications, limitations, and future research are discussed. Copyright © 2011 SEBDA.

Nelson, T. D., Smith, T. R., Thompson, R. W., Epstein, M. H., Griffith, A. K., Duppong Hurley, K., & Tonniges, T. F. (2011). **Prevalence of physical health problems among youth entering residential treatment.** *Pediatrics, 128*, e1226-e1232. doi:10.1542/peds.2010-3609

**OBJECTIVE:** To examine the prevalence of physical health problems among youth entering residential treatment. **PATIENTS AND METHODS:** The sample included 1744 youth (mean age: 14.6 ± 1.8 years) entering a large residential treatment program between 2000 and 2010. Youth received an intake medical evaluation, including a review of available records, detailed medical history, and physical examination. Medical conditions present at the time of the evaluation were recorded by the examining physician and later coded by the research team. Only diagnoses recognized by the *International Classification of Diseases, 10th Revision*, were included in the analyses. To maintain the focus on physical health problems, behavioral and emotional disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* were excluded. Obesity, acne, and allergies were also excluded. **RESULTS:** Approximately one-third (33.7%) of youth had a physical health diagnosis at the time of intake. Asthma was the most prevalent condition diagnosed (15.3% of the sample). Girls were significantly more likely to have a diagnosis than were boys (37.1% vs 31.5%). Age was not associated with diagnostic status. Rates of physical health conditions differed significantly by ethnicity: black (36.4%) and white (35.4%) youth had the highest rates, and Hispanic youth (23.2%) had the lowest. **CONCLUSIONS:** Youth who enter residential treatment have high rates of physical health conditions. These problems could complicate mental health treatment and should be considered in multidisciplinary treatment planning. Copyright © 2011 American Academy of Pediatrics.

Trout, A. L., Huscroft-D'Angelo, J., DeSalvo, C., & Gehringer, R. (2011). **The language functioning of youth at entry to residential care.** *Residential Treatment for Children & Youth, 28*, 269-282. doi: 10.1080/0886571X.2011.615230

Although much is known about the behavioral and educational characteristics of youth at entry to residential care, little is known about youth language performance. Given the impact of language deficits



on outcomes this study assessed the specific language skills of 70 adolescents at entry to a residential treatment setting. Results revealed elevated levels of risk across Core Language and comprehensive language indexes. Areas of greatest concern were with receptive language skills with just over 75% of the sample indicating some level of impairment. Implications for treatment and practice, study limitations, and recommendations for future research are discussed. Copyright © 2011 Taylor & Francis Group, LLC

Casey, K. J., Reid, R., Trout, A. L., Duppong Hurley, K., Chmelka, M. B., & Thompson, R. (2010). **The transition status of youth departing residential care.** *Child & Youth Care Forum*, 39, 323-340.

This study evaluated the characteristics related to a successful reintegration among youth from a residential facility. Specifically, this study describes the transition skills of youth at departure in five areas: (a) education and employment goals, (b) self-determination skills, (c) social support, (d) life skills, and (e) hopefulness. Further, self-report and teacher ratings of youths' self-determination and life skills were examined to determine possible differences in perception between youth and their school and Family Teachers (house-parents). One hundred four youth departing the Boys Town Treatment Family Home residential program participated in the study. The majority of youth reported average to above average skills in the five domains. However, significant differences were found between youth and schoolteacher reports of self-determination skills. The results indicate the need to provide transition services related to success post-discharge, including individualized transition plans and family involvement during treatment. Copyright © 2010 Springer.

Griffith, A. K., Huscroft-D'Angelo, J., Epstein, M. H., Singh, N. N., Huefner, J. C., & Pick, R. (2010). **Psychotropic medication use for youth in residential treatment: A comparison of youth with monoparmacy versus polypharmacy.** *Journal of Child and Family Studies*, 19(6), 795-802.

At the time of entry into residential treatment, many youth have prescriptions for one or more psychotropic medications. It is not well understood why some youth are prescribed only one psychotropic medication while others may be prescribed more. We sought to determine if differences existed between youth entering residential treatment with monoparmacy ( $n = 77$ ) versus youth entering with polypharmacy ( $n=103$ ). Youth were compared across demographic, family, behavioral, mental health, and psychotropic medication variables. The only significant differences identified were related to the numbers of youth with prescriptions across the different psychotropic classes. As would be expected, youth experiencing polypharmacy were more likely to have prescriptions within each class. Implications, limitations, and recommendations for future research are discussed. Copyright © 2010 Springer.

Hagaman, J. L., Trout, A. L., Chmelka, B., Thompson, R., & Reid, R. (2010). **Risk profiles of children entering residential care: A cluster analysis.** *Journal of Child and Family Studies*, 19(4), 525-535.

Children in residential care are a heterogeneous population, presenting various combinations of risks. Existing studies on these children suggest high variability across multiple domains (e.g., academics, behavior). Given this heterogeneity, it is important to begin to identify the combinations and patterns of multiple risks, or risk profiles, these children present. The purpose of this study was to evaluate the academic and behavioral risk profiles of children entering residential care. Cluster analysis procedures using academic and behavior variables revealed three distinct profiles of children: Group 1: *Average Janes*, characterized by average academic skills, no behavior problems, and some demographic risks; Group 2: *Academic Risks*, characterized by low academics and increased rule-breaking behavior; and finally Group 3: *Behavioral Risks*, characterized by average academics and elevated behaviors. These preliminary findings are discussed along with limitations, directions for future research, and implications. Copyright © Springer.

Jewell, J. D., Brown, D. L., Smith, G., & Thompson, R. (2010). **Examining the influence of caregiver ethnicity on youth placed in out of home care: Ethnicity matters –for some.** *Children and Youth Services Review*, 32(10), 1278-1284.

The purpose of this study was to examine behavioral outcomes in an out of home placement depending on whether youth's ethnicity was congruent with the ethnicity of the caregiver (family teacher). It was hypothesized that African American children in transracial out of home placements would exhibit

significantly more internalizing and externalizing behavior problems compared to either Caucasian children in transracial out of home placements, or African American or Caucasian children placed with the same race caregivers. Results provide support for hypotheses related to some youth externalizing behaviors, while hypotheses regarding youth internalizing behaviors were not supported. We discuss the need to consider the ethnicity congruence between out of home placement caregivers and youth. Additionally, the results of this study reflect the need for caregiver training in multicultural competence. Copyright © 2010 Elsevier.

- Lee, B. R., Chmelka, M. B., & Thompson, R. (2010). **Does what happens in group care stay in group care? The relationship between problem behaviour trajectories during care and post-placement functioning.** *Child & Family Social Work*, 15(3), 286-296.

Residential programs for youth may improve youth behavior during placement, but it is not clear whether there is an association between a youth's behavior pattern during placement and post-placement outcomes. Life course perspective has been used to understand longitudinal patterns and pathways, and new statistical methods have been developed to identify latent trajectory groups. This study used administrative data from a family-style group care program to assess whether a youth's externalizing behavior trajectory while in placement can significantly predict delinquency and adjustment outcomes at discharge and 6-month follow-up. Findings from multinomial logistic regression revealed a statistically significant relationship between a youth's behavior trajectory class and outcomes. Behavior pattern during care was a stronger predictor of outcome than cross-sectional measures such as other demographic factors, placement history or mental-health need indicators. Copyright © 2010 John Wiley & Sons, Inc.

- Ringle, J. L., Ingram, S. D., & Thompson, R. W. (2010). **The association between length of stay in residential care and educational achievement: Results from 5- and 16-year follow-up studies.** *Children and Youth Services Review*, 32(7), 974-980.

Research on the relationship between length of stay in out-of-home residential care and educational outcomes is scant and has yielded mixed results. This study investigates this issue by examining the relationship between length of stay in family-style residential care and education achievement. Participants belonged to one of two cohorts that were part of a larger follow-up study designed to measure functional post-departure outcomes. Cohort 1 had departed care 5 years earlier whereas cohort 2 had departed 16 years earlier. Findings for both cohorts reveal that longer lengths of stay are predictive of obtaining at least a high school education. Older admission age was also found to be a predictor in the 5 year cohort. Results do not support the notion that longer lengths of stay are counterproductive. On the contrary, these results suggest that longer lengths of stay in quality residential care may benefit not only the youth and their families, but society by reducing the societal cost (e.g., lost wages, crime) when an at-risk youth does not receive sufficient treatment. Copyright © 2010 Elsevier.

- Spellman, D. F., Griffith, A. K., Huefner, J. C., Wise III, N., McElderry, E., & Leslie, L. K. (2010). **Psychotropic medication management in a residential group care program.** *Child Welfare*, 89(2), 151-167.

This article presents a psychotropic medication management approach that is used within a residential care program. The approach is used to assess medications at youths' times of entry and to facilitate decision making during care. Data from a typical case study have indicated that by making medication management decisions slowly, systematically, and based on behavioral data, it is possible to make changes to psychotropic treatment that have a positive effect on youth behavior and psychological well-being. Copyright © 2010 Child Welfare League of America.

- Trout, A. L., Chmelka, M. B., Thompson, R. W., Epstein, M. H., Tyler, P., & Pick, R. (2010). **The departure status of youth from residential group care: Implications for aftercare.** *Journal of Child and Family Studies*, 19(1), 67-78.

Youth departing from out-of-home care settings face numerous challenges as they adapt to new settings or return to placements that have been unsuccessful in the past. Although several thousand youth face this transition annually, little is known about their specific needs and risks at departure. To better identify needs and risks, we evaluated the discharge data of 640 youth served in a residential group care setting by

addressing the following questions: (a) to what settings do youth depart following a stay in residential group care, (b) what are the demographic, family, educational, behavioral, and departure characteristics of youth at departure, and (c) do these characteristics differ for youth departing to different levels of restrictiveness? Results indicate significant differences on youth characteristics based on levels of restrictiveness at departure placement. As one might expect, youth departing to more restrictive placements presented a broad host of challenges across domains, while those departing to less restrictive settings demonstrated fewer needs and departed with greater educational and behavioral gains. Results provide support for the development and planning of targeted aftercare programs designed to promote the short- and long-term functioning of youth served in out-of-home care. Copyright © 2010 Springer.

Trout, A. L., Wheaton, N. M., Epstein, M. H., DeSalvo, C., Gehringer, R., & Thompson, R. W. (2010, Spring/Summer). **Academic gains by youth in residential treatment.** *American Professional Society on the Abuse of Children (APSAC) Advisor*, 22 (2 & 3), 2-6.

Research has shown that youth in residential treatment often enter care with significant academic deficits and struggle in classroom settings. Yet, little research exists on their academic progress over time. Given the significant negative effects of school failure for these youth, and the protective influence of academic success, research needs to systematically evaluate their academic functioning and identify interventions that may improve their educational outcomes. This study sought to address some of the limitations in the literature by examining the academic gains made by youth from intake to one-year follow-up at the Boys Town Treatment Family Home Program, a large-scale residential treatment program in the Midwest. Copyright © 2010 American Professional Society on the Abuse of Children.

Duppong Hurley, K., Trout, A., Chmelka, M. B., Burns, B. J., Epstein, M. H., Thompson, R. W., & Daly, D. L. (2009). **The changing mental health needs of youth admitted to residential group home care: Comparing mental health status at admission in 1995 and 2004.** *Journal of Emotional and Behavioral Disorders*, 17, 164-176.

Youth entering residential care possess significant emotional and behavioral needs; yet, it is uncertain whether these needs have remained constant or are changing over time. This study examined mental health variables from the admission files of 1,047 youth entering residential group home care in 1995 and 2004. Sequential logistical regression analyses revealed that the mental health needs of youth admitted in 2004 were greater than those for youth in 1995 with regard to having multiple psychiatric diagnoses, being prescribed two or more psychotropic medications, and using alcohol or drugs. As such, these analyses should be replicated in other group homes as well as in other placement settings within the system of care. Copyright © 2009 SAGE.

Griffith, A. K., Ingram, S. D., Barth, R. P., Trout, A. L., Duppong Hurley, K., Thompson, R. W., & Epstein, M. H. (2009). **The family characteristics of youth entering a residential care program.** *Residential Treatment for Children & Youth*, 26(2), 135-150.

Although much is known about the mental health and behavioral functioning of youth who enter residential care programs, very little research has focused on examining the family characteristics of this population. Knowledge about family characteristics is important, however, as it can aid in tailoring programs to meet the needs of families who are involved in treatment and help them address concerns in order to facilitate the transition home. Therefore, the purpose of the present study was to examine the characteristics of youth's families at the time of entry into a residential care program. Using data from archived youth files, family characteristics were examined across several areas, including: (a) youth variables related to family (e.g., out-of-home placements, legal guardian), (b) family risk (e.g., substance abuse, domestic violence, financial problems), and (c) parenting (e.g., adequate supervision, discipline, communication). Findings suggested that youth entering residential care programs have families with high levels of risk and low levels of parenting skills. Implications and considerations for future research are discussed. Copyright © 2009 Routledge.

Griffith, A. K., Trout, A. L., Chmelka, M. B., Farmer, E. M. Z., Epstein, M. H., Reid, R., Huefner, J. C., & Orduna, D. (2009). **Youth departing from residential care: A gender comparison.** *Journal of Child and Family Studies*, 18, 31-38.

Although females represent almost half of all youth involved in residential care in the U.S., very little is known about this population. In order to examine differences in characteristics of male ( $n = 308$ ) and female ( $n = 180$ ) youth departing from residential care, data were collected on 488 youth from a large residential treatment facility in the Midwest. Gender differences were assessed on 16 variables measured at the time of departure across family, education, behavior, and departure domains. Overall, male and female youth departing from residential care were very similar for measures collected at the time of departure. Only three variables (GPA at departure, number of school referrals during the previous eight weeks, and planned departure) were found to be significantly different between males and females. Implications for future research and the provision of aftercare services are discussed. Copyright © 2009 Springer.

Huefner, J. C., Handwerk, M. L., Ringle, J. L., & Field, C. E. (2009). **Conduct disordered youth in group care: An examination of negative peer influence.** *Journal of Child and Family Studies*, 18, 719-730.

We examined the potential impact of negative peer influence within a treatment-focused residential care setting. Subjects were 712 youth consecutively admitted to a large residential treatment program (9–19 years of age). Based on Diagnostic Interview Schedule for Children (DISC) scores, 247 (35%) of these youth qualified for a Conduct Disorder diagnosis at admission. The dependent measures were the number of DISC Oppositional Defiant Disorder (ODD)/Conduct Disorder (CD) symptoms and the sum of Conduct Problem behaviors observed daily for each youth. Both the Conduct Problem Behaviors and the ODD/CD symptoms for both CD and non-CD groups decreased over time. Youth with a CD diagnosis or who were female improved at a faster rate than their peers. The data analyzed in this study do not support a negative peer influence effect for antisocial youth placed in a treatment-focused residential care setting. Copyright © 2009 Springer.

Lee, B. R., & Thompson, R. (2009). **Examining externalizing behavior trajectories of youth in group homes: Is there evidence for peer contagion?** *Journal of Abnormal Child Psychology*, 37, 31-44.

Although concerns about peer contagion are often cited in critiques of group treatments for troubled youths, few studies have examined the effects of exposure to deviant peers in residential group care settings. This study used administrative data of youth served at Boys Town, a nationally-known group care provider. Using latent class growth analysis, this study identified the externalizing behavior trajectories of youth in group care as well as the behavior trajectory of the peers with whom they lived, assessed the relationship between youth trajectory classes and individual and peer group characteristics as well as the relationship between an individual youth's behavior pattern and the behavior pattern of proximal peers. Several results suggested the presence of peer contagion on group care: a trajectory class of gradually increasing externalizing behavior problems, the strength of deviant peer density in predicting an individual youth's externalizing behavior trajectories and significant associations between behavior patterns of youth and proximal peers. While there is some evidence that suggests an increase in problem behavior during care, results from this study indicated that over 90% of the youth did not have an increase in problem behaviors and that positive peer influences may also be protective and inhibit problem behaviors. Copyright © 2009 Springer.

Bowers, F. E., Jensen, M. E., Cook, C. R., McEachern, A. D., & Snyder, T. (2008). **Improving the social status of peer-rejected youth with disabilities: Extending the research on positive peer reporting.** *International Journal of Behavioral Consultation and Therapy*, 4(3), 230-246.

Peer rejection is a common experience for youth with emotional and behavioral disabilities and it is associated with increased risk of negative short- and long-term outcomes. There is a high premium on interventions that can improve the social status and functioning of these youth. Positive Peer Reporting (PPR) is a behavior analytic intervention designed to increase the social status of peer-rejected youth.



Although several studies have demonstrated the efficacy of PPR, it is unclear whether the positive effects generalize to other settings and/or maintain after the intervention is withdrawn. This study provides preliminary support for the generalization and maintenance of PPR effects in a residential treatment program and highlights factors that may mitigate the effectiveness of PPR. Copyright © 2008 Behavior Analyst Online.

Casey, K. J., Hagaman, J. L., Trout, A. L., Reid, R., Chmelka, B., Thompson, R. W., & Daly, D. L. (2008). **Children with ADHD in residential care.** *Journal of Child and Family Studies*, 17, 909-927.

Little is known about the characteristics or functioning of children with ADHD in residential care as compared to their non-ADHD peers. This study evaluated data on 538 children with ( $n = 125$ ) and without ( $n = 413$ ) ADHD in residential care to determine demographic, mental health, behavioral, and treatment (i.e., medication use) characteristics. Results revealed that both groups presented elevated risks, however, scores for children with ADHD indicated even greater levels of need. Specifically, differences were found between the two groups on demographics (e.g., family reunification status, restrictiveness of prior out-of-home placements), behavior (e.g., attention problems, rule-breaking, and aggressive behaviors) and medication status. Findings suggest there is a need for aftercare services to help support families as children transition from care, interventions to address behavior, and medication management through assessment and monitoring. Copyright © 2008 Springer Science+Business Media.

Handwerk, M., Smith, G. L., Thompson, R., Chmelka, M. B., Howard, B. K., & Daly, D. (2008). **Psychotropic medication utilization at a group home residential facility.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 20th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 297-300). Tampa: University of South Florida.

Although there have been a few recent studies examining psychotropic medication utilization for youth in residential care, the majority of these studies have involved acute inpatient facilities. While critical to the understanding of psychotropic utilization for youth in out-of-home placement, a large percentage of youth placed in residential care reside in non-acute facilities. The high psychotropic medication utilization rates in acute hospitalizations may not be indicative of psychotropic medication utilization patterns for youth in group-home residential facilities. This study examined psychotropic medication utilization over the course of treatment for adolescents admitted to a large residential group home for youth with emotional and behavioral disorders. Copyright © 2008 The de la Parte Institute.

Handwerk, M. L., Huefner, J. C., Ringle, J. L., Howard, B. K., Soper, S. H., Almquist, J. K., & Chmelka, M. B. (2008). **The role of therapeutic alliance in therapy outcomes for youth in residential care.** *Residential Treatment for Children & Youth*, 25(2), 145-165.

This study examined the impact of therapeutic alliance (TA) on therapy outcomes for youth with behavioral and emotional problems residing in residential care. Study participants were 71 youth in an out-of-home family-style residential treatment facility who were referred to an onsite psychotherapy clinic. A therapeutic alliance scale was completed independently after each session by the youth and their therapist. Two outcome measures were used: a symptom scale that was completed by the youth before each therapy session, and a daily observational measure made by direct care staff of all significant events for each youth. Youth symptoms improved significantly over the course of therapy and their behaviors decreased to a rate similar to their peers. TA ratings, however, were only marginally related to therapy outcomes. Implications for assessing therapeutic alliance in child therapy are discussed. Copyright © 2008 Routledge.

Handwerk, M. L., Smith, G. L., Thompson, R. W., Spellman, D. F., & Daly, D. L. (2008). **Psychotropic medication utilization at a group-home residential facility for children and adolescents.** *Journal of Child and Adolescent Psychopharmacology*, 18(5), 517-525.

**Objective.** The purpose of this study was to examine psychotropic medication utilization over the course of treatment for children and adolescents admitted to a large residential group-home facility for youth with emotional and behavioral disorders. **Method.** Retrospective analyses of psychotropic medication

utilization at admission, during treatment, and at departure were examined for 1,010 children and adolescents consecutively admitted to the facility during 2001–2004. The relationship between psychotropic medication utilization and demographic variables, psychiatric diagnoses, objective measures of behavioral and emotional problems, in-program behavior, and ratings of program success were examined. **Results.** The overall utilization rate was 49%, and there was a significant reduction in utilization from admission (40%) to departure (26%). Reductions were evident across all medication classes (e.g., stimulants, antipsychotics, etc.). At admission, medication utilization was related to several psychosocial variables, higher scores on measures of behavioral and emotional problems, and psychiatric diagnoses (attention-deficit/hyperactivity disorder (ADHD) and mood disorders). A small percentage (16%) of youth was prescribed novel medication during stay. Being placed on medication during treatment was related to internalizing problems on the Child Behavior Checklist (CBCL) at admission, psychiatric diagnoses, higher rates of in-program behavior problems, and poorer outcomes at departure. Youth departing on medication were more likely to be male, younger, and rated as doing more poorly in the program. They also were more likely to be placed in more restrictive settings at follow-up.

**Conclusions.** There was a high rate of psychotropic medication utilization among this population, though utilization rates dropped significantly over the course of treatment. Copyright © 2008 Mary Ann Liebert, Inc.

Kingsley, D., Ringle, J. L., Thompson, R. W., Chmelka, B., & Ingram, S. (2008). **Cox Proportional Hazards Regression Analysis as a modeling technique for informing program improvement: Predicting recidivism in a Boys Town Five-Year Follow-up Study.** *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention*, 1, 82-97.

The objective of this study was to demonstrate the utility of time-to-event analysis as a means of developing a feedback loop from researchers to program staff for the purpose of quality improvement and program evaluation. Data collected in a Five-Year Follow-Up Study of 188 youth discharged from Boys Town residential care programs across the United States were treated with Cox Proportional Hazards Regression Analysis with time-to-criminal behavior as the criterion variable. The most explanatory and parsimonious model included history of criminal behavior at the time of intake and score on the *Departure Success Scale* at the time of discharge. The results suggest that increasing attention be focused on addressing developing criminal tendencies and intensive aftercare for youth with a high risk of offending. Review of cases of youth expected to offend but who did not offend indicate that those high-risk youth had formed and maintained healthy bonds with their caretakers during and after treatment. Copyright © 2008 Joseph D. Cautilli.

Trout, A. L., Hagaman, J., Chmelka, M. B., Gehringer, R., Epstein, M. H., & Reid, R. (2008). **The academic, behavioral, and mental health status of children and youth at entry to residential care.** *Residential Treatment for Children & Youth*, 25(4), 359-374.

Often considered a “last resort placement,” residential settings serve a broad range of children who present significant risks. While much is known about emotional and behavioral functioning, less is known about academic strengths and limitations. This study evaluated 127 children at intake into a residential care program to determine demographic, behavioral, mental health, and educational characteristics. Results indicated that children entering care present high levels of risk across domains. Primary risks were found on indicators of behavior (e.g., rule breaking, aggression), mental illness (e.g., disruptive behavior, anxiety), and academic performance (e.g., general knowledge, reading). Implications, limitations, and recommendations for future research are discussed. Copyright © 2008 Routledge.

Huefner, J. C., Ringle, J. L., Chmelka, M. B., & Ingram, S. D. (2007). **Breaking the cycle of intergenerational abuse: The long-term impact of a residential care program.** *Child Abuse & Neglect*, 31(2), 187-199.

**Objective:** The number of youth in residential care programs who have been abused is high. The relationship between childhood abuse victimization and adult intimate partner violence (IPV) is well documented. This study compared the rates of IPV 16 years after individuals had participated in a long-term residential care program with individuals accepted to the program who did not participate. The IPV rates for these two groups were also compared to national normative data. **Method:** Information on adult



functional outcomes was obtained from former residential care and comparison youth via a confidential survey that was administered either by telephone or by mail. Analysis was limited to respondents who were currently married or involved in a marriage-like relationship ( $n = 131$ ; 92% male). **Results:** The IPV rates for the sample were 9.3% for those who stayed in the residential program less than 18 months and 6.5% for those who stayed more than 18 months, neither of which were significantly different from the national norm of 8.4%. The IPV rate for the comparison group was 26.1%, which was significantly higher than the national norm. Regardless of length of program stay, respondents who were maltreated in childhood had a 14.5% IPV rate, which was significantly lower than the estimated 36–42% rate projected for individuals with similar backgrounds. **Conclusion:** We conclude that time spent in a treatment-oriented residential care program was associated with lower adult IPV rates. Specifically, the skills taught in a long-term, treatment-based residential program (e.g., healthy interpersonal relationships, self-government) may have a long-term beneficial impact for adolescents at high risk of adult IPV. Copyright © 2007 Elsevier.

Ringle, J. L., Ingram, S., Newman, V., Thompson, R. W., & Waite, T. (2007). **Preparing youth for the transition into adulthood: A process description.** *Residential Treatment for Children & Youth*, 24(3), 231-242.

This article describes the process that youth in a large residential out-of-home care program complete as they prepare for the transition into adulthood. This process is geared toward preparing these young people through a series of structured real-life activities and lessons. Results from a separate 5-year follow-up study indicate that those who completed this process report more positive functional outcomes than those who did not. Also addressed is the importance of effective after-care services to help these young adults maintain the gains established during treatment. Copyright © 2007 The Haworth Press.

Handwerk, M. L., Clopton, K., Huefner, J. C., Smith, G. L., Hoff, K. E., & Lucas, C. P. (2006). **Gender differences in adolescents in residential treatment.** *American Journal of Orthopsychiatry*, 76, 312-324.

Gender differences for adolescents in residential care were examined for a sample of 2,067 youth in a large residential facility. At admission, female youth were more troubled than male youth, as shown in significantly higher Diagnostic Interview Schedule for Children (DISC) diagnoses and comorbidity rates, higher internalizing and externalizing Child Behavior Checklist scores, and significantly higher Suicide Prevention Scale hopelessness, negative self-evaluation, and suicide-ideation scores. Girls had higher rates of depressive and anxiety diagnoses on the DISC at both admission and one year. Both genders demonstrated significant reductions in both externalizing and internalizing problem behaviors over the first year in the program. Girls had significantly higher rates of internalizing problem behavior but showed a significantly greater reduction in these behaviors than did boys. At departure, girls were rated as being more successful than boys by clinical staff. Youth did not differ by gender in their behavior on a 6-month follow-up success scale. Implications for prioritizing research addressing the needs of female adolescents in residential care are discussed. Copyright © 2006 American Psychological Association.

McNeal, R., Handwerk, M. L., Field, C. E., Roberts, M. C., Soper, S., Huefner, J. C., & Ringle, J. L. (2006). **Hope as an outcome variable among youths in a residential care setting.** *American Journal of Orthopsychiatry*, 76, 304-311.

This study investigated changes in hope among 155 youth (ages 10 to 17 years) placed in a residential treatment facility over a six-month period. The child and adolescent participants met criteria for a range of emotional and behavioral disorders and received interventions hypothesized to improve hopeful thinking. Hope scores significantly improved over six months of treatment. The positive changes in hope were not moderated by ethnicity or sex. For agency hope scores (i.e., willpower), those with higher levels of psychopathology at admission demonstrated significantly more improvement in agency thinking over the course of six months. Copyright © 2006 American Psychological Association.

Ervin, R. A., & Friman, P. C. (2005). **Positive peer reporting.** In G. Sugai & R. Horner (Eds.), *Encyclopedia of behavior modification and cognitive behavior therapy: Vol. 3. Educational applications* (pp. 1428-1430). Thousand Oaks, CA: Sage.

Social attention in the form of acknowledgment from one's peers can be a powerful positive reinforcer, particularly for students who are rejected or neglected by their peers. Unfortunately, peers may be more likely to attend to and reinforce antisocial behaviors of their peers than to attend to and acknowledge prosocial behaviors. Positive peer reporting is a strategy designed to address this issue by increasing the availability of peer acknowledgment for the display of appropriate behavior and social interactions for a target individual or group of students. Copyright © 2005 SAGE Publications, Inc.

Handwerk, M. L., Huefner, J., Ringle, J., Almquist, J., Chmelka, B. (2005). **The role of therapeutic alliance in therapy outcomes for youth in residential care.** In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 17th Annual Florida Mental Health Institute Research Conference: A system of care for children's mental health: Expanding the research base* (pp.489-492). Tampa: University of South Florida.

Therapy is often effective in ameliorating emotional and behavioral problems of children and adolescents. Therapeutic alliance (TA), or the quality of the relationship and collaboration between therapist and client, has been proposed as an important mechanism for client improvement. This study presents outcomes from the first year of an ongoing project at Father Flanagan's Boys' Home to evaluate the impact of TA on therapy outcomes for youth in residential care. Copyright © 2005 The de la Parte Institute.

Little, M., Kohm, A., & Thompson, R. (2005). **The impact of residential placement on child development: Research and policy implications.** *International Journal of Social Welfare*, 14, 200-209.

The accumulated knowledge on the development of children in residential settings covers a lot of ground but leaves a great deal unturned. The article summarizes what is known about child development in the context of residential settings and concludes that there is little evidence to draw on to make clear recommendations about what types of children are likely to benefit from what types of residential settings. It maintains that, in the absence of evidence, policy and practice regarding residential care often has been guided by ideology. Residence has become a place of last resort for young people who cannot receive the support and/or safety they need from their own families or from foster families, or who pose a danger to others. The article calls for more rigorous evaluations of the impact of residence on child outcomes as well as concerted efforts to apply research evidence to policy and practice. Copyright © 2005 Blackwell Publishing.

Thompson, R. W., Huefner, J. C., Ringle, J. L., & Daly, D. L. (2005). **Adult outcomes of Girls and Boys Town youth: A follow-up report.** In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 17th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 529-534). Tampa: University of South Florida.

The purpose of this study was to measure adult outcomes for youth served in a long-term residential care and education program. The results do indicate significant positive adult outcomes for these youth in several important areas, including high school graduation and reduced intimate partner violence, but concerns remain in the areas of post-secondary education and illicit drug use. Current findings also continue to support the hypothesis that a longer length of stay in residential care is associated with better long-term outcomes. Copyright © 2005 The de la Parte Institute.

Field, C. E., Nash, H. M., Handwerk, M. L., & Friman, P. C. (2004). **A modification of the token economy for nonresponsive youth in family-style residential care.** *Behavior Modification*, 28, 438-457.

Out-of-home treatment for youth with conduct problems is increasing rapidly in this country. Most programs for these youth deliver treatment in a group format and commonly employ some version of a

token economy. Despite widespread evidence of effectiveness, a substantial minority of treated youth fail to respond. Participants for this study were three youth who were nonresponsive to treatment provided in a family-style residential care program with a comprehensive token economy. Our approach to the "nonresponse" of these youth involved modifications of the frequency and immediacy of their access to the backup rewards earned with tokens. We evaluated the effects of the modifications with a treatment-withdrawal experimental design. Dependent measures included two indices of youth response to treatment: intense behavioral episodes and backup rewards earned. Results showed substantial improvement among these indices during treatment conditions. Copyright © 2004 SAGE Publications, Inc.

Field, C. E., Nash, H. M., Handwerk, M. L., & Friman, P. C. (2004). **Using functional assessment and experimental functional analysis to individualize treatment for adolescents in a residential care setting.** *Clinical Case Studies*, 3, 25-36.

This case study describes the use of functional assessment in combination with experimental functional analysis as methods for informing and evaluating individualized treatment in a large residential treatment setting for adolescents. The case of John, a normally developed 12-year-old male, illustrates how functional information can be used to derive a simple treatment that can be effective in modifying previously intractable and highly disruptive behavior. Challenges associated with maintenance of treatment over time are described in relation to John's follow-up status. Finally, recommendations are made about the utility of functional methodologies within residential care settings and the need for ongoing experimental evaluation testing limits of such methodologies. Copyright © 2004 SAGE Publications, Inc.

Freeman, K. A., & Friman, P. C. (2004). **Using simplified regulated breathing with an adolescent stutterer: Application of effective intervention in a residential context.** *Behavior Modification*, 28, 247-260.

Simplified regulated breathing (SRB) has been demonstrated to reduce or eliminate stuttering in children. However, much of the current research has evaluated the intervention with school-aged children within educational contexts. In the current case report, we extended the application of SRB by evaluating its effectiveness in treating stuttering displayed by a 15-year-old resident of a large midwestern residential facility. Further, we evaluated the impact across different assessment conditions. Results showed that SRB resulted in decreased stuttering for the participant, although differential effectiveness across conditions was noted. These results are discussed in terms of the generality of SRB across client populations and clinical settings, as well as the value of addressing contextual variables when treating stuttering. Copyright © 2004 SAGE Publications, Inc.

Friman, P. C., Woods, D. W., Freeman, K. A., Gilman, R., Short, M., McGrath, A. M., & Handwerk, M. L. (2004). **Relationships between tattling, likeability, and social classification: A preliminary investigation of adolescents in residential care.** *Behavior Modification*, 28, 331-348.

Little research has been published on tattling, even less on its social impact, and we found none directly investigating tattling by adolescents. This study assessed the extent to which tattling, as perceived by peers and caregivers of adolescents in a residential care program, was associated with various dimensions of social status and other behavioral correlates. Eighty-eight adolescent participants rated their housemates on likeability, perceived rates of tattling, and other behavioral descriptors. In addition, caretakers also rated each youth in terms of perceived tattling. On the basis of likeability ratings, participants were classified into one of five categories: popular, average, controversial, neglected, and rejected. Results showed a significant negative correlation between likeability and perceived tattling rates. In addition, youth classified as socially rejected were more likely to be perceived by both their peers and care providers as engaging in high rates of tattling. Copyright © 2004 SAGE Publications, Inc.

Huefner, J. C., Oats, R. G., & Thompson, R. W. (2004). **Adult outcomes of Girls and Boys Town youth.** *Rapport*, 8, 8-9.

This article describes a long-term follow-up study of 250 youth who applied for admission to Boys Town between 1981 and 1985. On average, the follow-up occurred 16 years after departure for those youth who came to Boys Town. The current survey consisted of 151 items that measured the productivity, social functioning, and quality of life for these individuals. The results for former youth were compared with information for the U.S. population at large. The results of the survey support the conclusion that quality residential care and education can help at-risk youth become productive citizens. Findings support the hypothesis that a longer length of stay is associated with better long-term outcomes in the areas of high school graduation, employment, domestic abuse, and criminality. Copyright © 2004 National Juvenile Court Services Association.

Larzelere, R. E., Daly, D. L., Davis, J. L., Chmelka, M. B., & Handwerk, M. L. (2004). **Outcome evaluation of Girls and Boys Town's Family Home Program.** *Education and Treatment of Children*, 27, 130-149.

The Teaching Family Program is one of the most extensively researched models for residential care. A major meta-analysis found that the Teaching Family Model (TFM) was one of the five most consistently effective treatments for delinquents. However, two recent publications imply that behaviorally based and/or group treatments might be harmful, and TFM has not been evaluated as much for girls as for boys. This study responds to these challenges by summarizing outcomes of the Girls and Boys Town Family Home Program, a modification of the Teaching Family Model. Both boys and girls improved significantly on 16 of 17 standardized outcome scores and were functioning as well as national norms three months after discharge. This expands evidence of the Family Home Program's effectiveness to a wide range of outcomes for girls, as well as boys. Copyright © 2004 West Virginia University Press.

Hoff, K. E., DuPaul, G. J., & Handwerk, M. L. (2003). **Rejected youth in residential treatment: Social affiliation and peer group configuration.** *Journal of Emotional and Behavioral Disorders*, 11, 112-121.

In this investigation we examined the social relationships formed by children who were identified as rejected. A total of 105 students attending a middle school (fourth through eighth grade) within a large community-style residential treatment facility participated in this study. Data were collected on the students' social networks and sociometric status. Results indicated that a majority of rejected children affiliated within a peer cluster and were well integrated within the broader social network. Students who affiliated in peer clusters with a rejected student tended to be similar in sociometric status. Implications of these findings are discussed in relation to the peer rejection and the social affiliation research literatures. Copyright © 2003 SAGE Publications, Inc.

Handwerk, M. L. (2002). **Least restrictive alternative: Challenging assumptions and further implications.** *Children's Services: Social Policy, Research, and Practice*, 5, 99-103.

In this article I expound several conceptual and pragmatic aspects of the least restrictive alternative (LRA) as alluded to by Fields and Ogles (2002). Specifically, the study and implementation of the LRA might be better served by attention to and appreciation of the variability and differential effectiveness of programs within as well as across programs with similar selling characteristics; a more thorough understanding of attitudes of parents, youth, and referral sources regarding placement and treatment; and an appreciation of the difference between effective treatment and least restrictive environment. Copyright © 2002 Lawrence Erlbaum Associates, Inc.

Gilman, R., & Handwerk, M. L. (2001). **Changes in life satisfaction as a function of stay in a residential setting.** *Residential Treatment for Children & Youth*, 18, 47-65.

Various authors have argued for the inclusion of well-being measures in order to assess children's quality of life in residential settings. In the present study, twenty-two children admitted to a residential treatment program were administered a multidimensional life satisfaction scale. The children were re-administered the instrument again approximately four months later. Results revealed that the present sample reported

positive satisfaction ratings across all life satisfaction domains. Further, significant positive increases on their Global, Friends, Self, and Total satisfaction scores were noted upon re-administration. Implications of the findings, as well as suggestions for future research, are discussed. Copyright © 2001 The Haworth Press, Inc.

Larzelere, R. E., Smith, G. L., Jorgensen, D. D., Daly, D. L., & Handwerk, M. L. (2001). **A prognosis index for group home residential programs.** In C. C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 13th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 359-362). Tampa: University of South Florida.

There has recently been a growing emphasis on empirical outcomes for behavioral health programs for children and adolescents. As these outcome systems are developed, they raise important questions about how fairly they will be used to evaluate programs and personnel. Measures of severity or prognosis of clients are also necessary to make risk adjustments for outcome measures in behavioral health. This study considers a wide range of admission information for a prognosis index to make adjustments to outcome measures. The authors selected items for the prognosis index according to their ability to predict success at discharge. Copyright © 2001 The de la Parte Institute.

Bowers, F. E., Woods, D. W., Carlyon, W. D., & Friman, P. C. (2000). **Using positive peer reporting to improve the social interactions and acceptance of socially isolated adolescents in residential care: A systematic replication.** *Journal of Applied Behavior Analysis*, 33, 239-242.

We studied how rewarding youth in residential care for publicly reporting positive social behavior influenced the social interactions and acceptance of their most socially isolated peers. Results showed that the intervention resulted in substantial improvements in social interactions by the previously isolated peers. Peer acceptance ratings also improved for 2 of the target youths. Copyright © 2000 PubMed Central.

Friman, P. C. (2000). **Behavioral family-style residential care for troubled out-of-home adolescents: Recent findings.** In J. Austin & J. Carr (Eds.), *Handbook of applied behavior analysis* (pp. 187-209). Reno, NV: Context Press.

This chapter reviews all of the residential research conducted at Father Flanagan's Boys' Home during the previous six years. The chapter is divided into three primary sections. The first section describes a variety of data that provide empirically derived profiles of youth in care. The second section describes a variety of experimentally derived outcomes of care. The third section provides a synthesis of all the findings, a behavioral interpretation, and a concluding statement. Copyright © 2000 Context Press.

Handwerk, M. L., Field, C. E., & Friman, P. C. (2000). **The iatrogenic effects of group intervention for antisocial youth: Premature extrapolations?** *Journal of Behavioral Education*, 10, 223-238.

Group intervention for antisocial youth has received harsh criticism in recent years. This paper reviews relevant research focused on the influence of contact with delinquent peers on the development of antisocial activity. Also reviewed are studies reporting outcomes of group intervention for antisocial youth. Although a few studies have found iatrogenic effects for group intervention with antisocial youth, the majority have not. Well-developed models of group intervention have produced substantial reductions in youth antisocial activity. We describe one such program, a family-style residential program based on behavioral learning principles, and review outcomes of this program. We conclude that treatment of antisocial youth in groups is feasible and can be effective in reducing delinquent behavior. Copyright © 2001 Human Sciences Press, Inc.



Bowers, F. E., McGinnis, C., Ervin, R. A., & Friman, P. C. (1999). **Merging research and practice: The example of positive peer reporting applied to social rejection.** *Education and Treatment of Children, 22*, 218-226.

We evaluated the influence of a positive peer-reporting procedure on positive and negative peer interactions, peer acceptance ratings, and the daily problem behaviors of a 15-year-old boy in residential care. Results suggested the procedure was effective in all three domains. The use of data to guide implementation of the procedure is discussed in terms of a Level 2, semi-scientific evaluation of procedures according to the categories of research described by Hawkins and Matthews (1999). Copyright © 1999 West Virginia University Press.

Friman, P. C. (1999). **Family-style residential care really works: Scientific findings demonstrating multiple benefits for troubled adolescents.** Boys Town, NE: Boys Town Press.

This booklet outlines the benefits supported by research of behaviorally oriented, family-style residential care programs for youth. Included is a description of research that profiles the youth in care and details program outcomes, such as Child Behavior Checklist, Diagnostic Interview Schedule for Children, quality of life, educational, and other measures. It concludes with a behavioral conceptualization and an extensive list of references. Copyright © 1999 Boys Town Press.

Handwerk, M. L., Larzelere, R. E., Soper, S. H., & Friman, P. C. (1999). **Parent and child discrepancies in reporting severity of problem behaviors in three out-of-home settings.** *Psychological Assessment, 11*, 14-23.

This study compared scores on the Child Behavior Checklist (CBCL) and Youth Self-Report (YSR) for samples of youth in three out-of-home placements with varying levels of restrictiveness. Mean CBCL *T* scores were more than a standard deviation higher than mean YSR *T* scores on the Broadband scales and about 2/3 of a standard deviation higher on the Syndrome scales. The magnitude of the discrepancy varied between placements for several scales, with the least restrictive placements having the largest difference between CBCL and YSR ratings for the Externalizing scale. For the Internalizing scale, the discrepancy was larger for older youth (ages 15-18) than for younger youth (ages 11-14). These results support previous findings that in clinical samples, adults rate children's behavioral and emotional problems as more severe than do children themselves. This study extends prior research by demonstrating the occurrence of this discrepancy across a continuum of care. Copyright © 1999 American Psychological Association.

Larzelere, R. E., Dinges, K., Daly, D. L., & Criste, T. R. (1999). **Outcome evaluations of children following out-of-home placement.** *Contributions to residential treatment* (pp. 29-34). Washington, DC: American Association of Children's Residential Centers.

This paper summarizes some lessons learned from our experiences with follow-up evaluations at Boys Town. We implemented an extensive series of follow-up interviews for our group home residential program from 1981 through 1992. Then we changed to a simpler uniform follow-up evaluation plan from 1992 through 1996. Currently we are doing briefer, more focused follow-up procedures. After describing these three efforts, the conclusion summarizes the major lessons learned. Although such evaluations are difficult to implement successfully, follow-up information is crucial for simultaneously enhancing both the long-term welfare of children and the cost effectiveness of treatment. Copyright © 1999 American Association of Children's Residential Centers.

Marshall, R. M., Schafer, V. A., O'Donnell, L., Elliott, J., & Handwerk, M. L. (1999). **Arithmetic disabilities and ADD subtypes: Implications for DSM-IV.** *Journal of Learning Disabilities, 32*, 239-247.

This study investigated whether specific academic deficits were associated with attention-deficit disorder (ADD) subtypes. Twenty students (ages 8-12) with attention-deficit disorder with hyperactivity (ADD/H) were compared to 20 students with attention-deficit disorder without hyperactivity (ADD/noH). Group differences were compared using a MANCOVA, and paired *t* tests were used to compare within-group differences. Dependent variables for the within-group differences were four achievement subtest scores



from the Woodcock-Johnson Psycho-Educational Battery-Revised: Letter-Word Identification, Passage Comprehension, Calculation, and Applied Problems. Consistent with much of the previous research, no significant between-group differences were found on the achievement measures. Significant differences did, however, appear in the six within-group comparisons, all involving lower performance on the Math Calculations subtest. For students with ADD/H, only one comparison (with Math Applied Problems) reached significance. Students with ADD/noH, however, had significantly lower scores on the Calculation subtest compared to all of the other achievement subtests. These results provided additional support for the hypothesis that inattention exerts a specific and deleterious effect on the acquisition of arithmetic computation skills. These findings have important implications for the diagnosis and treatment of ADHD as conceptualized in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*; American Psychiatric Association, 1994), because they suggest that students with ADHD-Predominantly Inattentive Type may be at increased risk for arithmetic calculation deficits. Copyright © 1999 PRO-ED Inc.

Ervin, R. A., DuPaul, G. J., Kern, L., & Friman, P. C. (1998). **Classroom-based functional and adjunctive assessments: Proactive approaches to intervention selection for adolescents with attention deficit hyperactivity disorder.** *Journal of Applied Behavior Analysis*, 31, 65-78.

The present investigation evaluated the utility of classroom-based functional and adjunctive assessment of problem behaviors for two adolescents who met diagnostic criteria for attention deficit hyperactivity disorder (ADHD) and comorbid oppositional defiant disorder (ODD). For children with ADHD-ODD, environmental classroom variables, when systematically manipulated by teachers, were related to the occurrence and nonoccurrence of problem behaviors. Classroom interventions derived from information that was obtained during functional and adjunctive assessments from subsequent analyses resulted in substantial reductions in problem behaviors. Teacher and student consumer satisfactions ratings indicated that the interventions were effective and feasible in the classroom setting. Copyright © 1998 The Society for the Experimental Analysis of Behavior, Inc.

Handwerk, M. L., & Marshall, R. (1998). **Behavioral and emotional problems of students with learning disabilities, serious emotional disturbance, or both conditions.** *Journal of Learning Disabilities*, 31, 327-338.

This study investigates the behavioral and emotional problems of children with learning disabilities (LD), serious emotional disturbance (SED), and LD/SED, using the Teacher Report Form (TRF) and Child Behavior Checklist (CBCL). The sample consisted of 217 students with LD, 72 students with SED, and 68 with LD/SED, ages 6 to 18 (mean age = 11.5). The students with SED were rated more impaired than the students with LD on all TRF scales, except Attention Problems, and on three of the eight CBCL syndrome scales. The children with LD differed from those with SED mainly in terms of severity of problems, not with respect to type of problem. It is concluded that students with co-morbid LD and SED are under-identified and underserved in special education systems. Copyright © 1998 PRO-ED Inc.

Handwerk, M. L., Larzelere, R. E., Friman, P. C., & Mitchell, A. M. (1998). **The relationship between lethality of attempted suicide and prior suicidal communications in a sample of residential youth.** *Journal of Adolescence*, 21, 407-414.

Some type of suicidal communication precedes 80% of attempted and completed suicides in adolescents. This study investigates the relationship between the number of suicidal communications prior to an attempt and the lethality of the attempt in a sample of adolescent youth residing in a residential treatment facility. The sample consisted of 46 youth who had a suicide attempt while in a large group home residential facility over a 9-year period. Results indicated that attempters who made fewer suicidal communications beforehand tended to use more lethal methods in their attempts. Attempters with two or more preceding suicidal communications had significantly lower lethality in their attempts than did those with fewer suicidal communications. Few differences emerged between the groups in regards to demographic or psychosocial variables. Copyright © 1998 The Association for Professionals in Services for Adolescents.

Chamberlain, P., & Friman, P. C. (1997). **Residential programs for antisocial children and adolescents.** In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 416-424). New York: Wiley.

Placement in residential programs is a widely used, rapidly growing method of treating children and adolescents with severe conduct problems and antisocial behavior. This chapter argues for increased research in residential care. Two lines of research are reviewed as exemplary, and data from studies in those lines provide the basis for conceptualizing future approaches. Copyright © 1997 John Wiley & Sons, Inc.

Friman, P. C., Jones, M., Smith, G., Daly, D. L., & Larzelere, R. (1997). **Decreasing disruptive behavior by adolescent boys in residential care by increasing their positive to negative interactional ratios.** *Behavior Modification*, 21, 470-486.

An intervention for disruptive boys in residential care involving increases in positive to negative interactional ratios is described. The target of the intervention was daily problem behavior. Results from pooled time series analysis of the data revealed a significant decrease in behavior problems (one problem per boy per day) during the intervention for the boys as a group. Results from comparisons of mean behavior problems during baseline and intervention revealed decrease for five of the six boys. Results from a multiple baseline across boys revealed experimental control for three of the six. The results are discussed in terms of response contingent reinforcement and systemic behavior analysis. The benefits of combined group and single subject data analyses are also discussed. Copyright © 1997 SAGE Publications, Inc.

Marshall, R. M., Hynd, G. W., Handwerk, M. L., & Hall, J. (1997). **Academic underachievement in ADHD subtypes.** *Journal of Learning Disabilities*, 30, 635-642.

Although a relationship between attention-deficit/hyperactivity disorder (ADHD) and academic underachievement has been widely reported, the nature of this relationship has not been specified. The present investigation addresses this relationship directly by comparing 24 students (20 males and 4 females) with ADHD and 20 students (15 males and 5 females) with attention deficit disorder without hyperactivity (ADD/noH) referred to a university-based diagnostic clinic for comprehensive neuropsychology assessment. The students ranged in age from 6 years 0 months to 12 years 10 months. Consistent with previous reports, this study found that math achievement test scores for students with ADD/noH were significantly lower than those for students with ADHD. These findings support previous research suggesting the ADD/noH may represent a distinct ADD subtype. It is hypothesized that inattention interferes with students' ability to master abstract symbol systems, especially in the acquisition of basic arithmetic skills in the primary grades. Copyright © 1997 PRO-ED Inc.

Daly, D. L. (1996). **"More restrictive" may be more effective.** *Caring*, 12, 7-9.

For several decades, residential care has been under attack for philosophical, economical, and practical reasons. The family preservation movement and managed care have further fueled cost concerns about residential care. Research on residential care is relatively weak, and few studies are longitudinal or employ comparison groups. Daly shares findings from a long-term follow-up study of Boys Town residents that was begun in the 1980s that counter some prevalent biases. Copyright © 1996 The Alliance for Children and Families

Ervin, R., Miller, P., & Friman, P. C. (1996). **Feed the hungry bee: Using positive peer reports to improve the social interactions and acceptance of a socially rejected girl in residential care.** *Journal of Applied Behavior Analysis*, 29, 251-253.

We studied how rewarding peers for publicly reporting positive aspects of a socially rejected girls' behavior affected her social interactions and acceptance. The results indicated that positive peer reports reduced negative social interactions (to near zero) and increased positive interactions (to above 70%). In addition, social acceptance ratings of the girl increased from pre- to post-intervention. Copyright © 1996 The Society for the Experimental Analysis of Behavior, Inc.

Friman, P. C. (1996). **Let research inform our design for youth residential care.** *The Brown University Child and Adolescent Behavior Letter*, 12, 1-3.

This paper briefly reviews recent research in behaviorally oriented residential care, argues against the placement of youth in orphanages, and makes a case for continued research into residential care as an option. Copyright © 1996 John Wiley & Sons.

Friman, P. C., & Lucas, C. (1996). **Social phobia obscured by disruptive behavior disorder: A case study.** *Clinical Child Psychology and Psychiatry*, 1, 399-407.

There is extensive literature on disruptive behavior and anxiety disorders and a growing literature on comorbidity. But there is little literature on comorbidity between disruptive behavior and anxiety, and we found none that specifically discusses social phobia. Because internalizing problems are more difficult to detect than externalizing problems, the latter may obscure the former when they occur together, especially with subtle internalizing problems such as social phobia. We present a case involving comorbidity between disruptive behavior and social phobia in a 14-year-old boy in residential care. Treatment for social phobia, involving modified public interactions, social-skills training, exposure and reinforcement-based feedback, reduced a high rate of disruptive behavior to near zero. Copyright © 1996 SAGE Publications, Inc.

Friman, P. C., Osgood, D. W., Smith, G. L., Shanahan, D. L., Thompson, R. W., Larzelere, R. E., & Daly, D. L. (1996). **A longitudinal evaluation of prevalent negative beliefs about residential placement for troubled adolescents.** *Journal of Abnormal Child Psychology*, 24, 299-324.

To investigate the validity of five prevalent negative beliefs about residential placement, we followed adolescents from a residential program and a comparison group at 3-month intervals for 4 to 8 years. This residential program in the Midwest uses the Teaching-Family Model in which six to eight adolescents live in a family-style environment. The interviews included five scales reflecting youths' views about important aspects of their lives in placement: (1) Delivery of Helpful Treatment, (2) Satisfaction with Supervising Adults, (3) Isolation from Family, (4) Isolation from Friends, and (5) Sense of Personal Control. Hierarchical Linear Modeling allowed us to estimate group differences while controlling for developmental trends, demographic factors, and prior differences between groups. The two groups were equivalent on all scales before the study. During the following placement, however, the treatment group's ratings were significantly more positive than the comparison group on four of the five scales and approached significance on the fifth. These findings suggest that negative beliefs about life in residential placement for adolescents may not apply to all programs. Copyright © 1996 Springer Publishing Corporation.

Friman, P. C., Toner, C., Soper, S., Sinclair, J., & Shanahan, D. (1996). **Maintaining placement for troubled and disruptive adolescents in voluntary residential care: The role of reduced youth-to-staff ratio.** *Journal of Child and Family Studies*, 5, 337-347.

We evaluated a program to protect the placements of 23 highly troublesome youth in voluntary residential care by reducing youth-to-staff ratios. Specifically, the youth were moved from regular program homes (with eight youth) to reduced ratio homes (with only four youth) instead of being terminated from the program. We provide evidence supporting the assertion that youth in the study sample were highly troublesome and at high risk for program failure and more restrictive placements. Placement in the reduced ratio homes protected the troubled youths' placement, resulting in an additional mean length of stay of 950 days without an increase in program restrictiveness. Further, the reduced-ratio homes increased the chances of success in the program for the study sample to a level equivalent to that for the much less troubled comparison sample. Cost estimates are also provided. Copyright © 1996 Human Sciences Press, Inc.

- Jones, K. M., Swearer, S. M., & Friman, P. C. (1996). **Functional analysis of entomophobia in a boy in residential care: A preliminary case report.** *The Clinical Behavior Analyst, 1*, 5-7.

A functional analysis of entomophobia in a 14-year-old boy in residential care will be presented. The dependent measure involved performance of math calculations in a school-like setting under three conditions: no bugs, saying bugs were present (when they were not), and presence of bugs (live crickets). The results showed high-level performance in the “no bugs” condition, initially low and subsequently high performance in the “say bugs” condition, and consistently low performance in the “bugs present” condition. These findings subsequently informed an effective treatment which we briefly describe.

- Thompson, R. W., Smith, G. L., Osgood, D. W., Dowd, T. P., Friman, P. C., & Daly, D. L. (1996). **Residential care: A study of short- and long-term educational effects.** *Children and Youth Services Review, 18*, 221-242.

School performance and attitudes of a group of children placed in residential care were assessed during placement and for an average of four years after discharge. A comparison group of children who were not placed in the program was also followed. The residential program emphasized both behavioral and educational treatment. Group differences were tested using Hierarchical Linear Modeling (HLM). Results indicated that the treatment group had significantly greater improvements in both school performance and attitudes during placement. These differences were also maintained after discharge. It is suggested that long-term educational effects with troubled children may require an intensive intervention over an extended period of time. Copyright © 1996 Elsevier Science Ltd.

- Friman, P. C., & Vollmer, D. (1995). **Successful use of the nocturnal urine alarm for diurnal enuresis.** *Journal of Applied Behavior Analysis, 28*, 89-90.

We report the effects of using an urine alarm, typically employed for nocturnal enuresis, to treat chronic diurnal enuresis in a 15-year-old female resident at Boys Town. The results of an ABAB reversal design indicate that the alarm eliminated wetting in both treatment phases and that continence was maintained at 3- and 6-month follow-up. Copyright © 1995 The Society for the Experimental Analysis of Behavior, Inc.

- Daly, D. L. (1994). **Creating effective programs for aggressive children.** *Caring, 10*, 29-32.

For those who work with young people, aggressive and conduct-disordered children are the most difficult of all to treat. This article discusses the relatively new concepts about how to treat such behavior, effective treatment methods, and how residential care programs can adopt strategies with aggressive youth. Copyright © 1994 The Alliance for Children and Families.

- Daly, D. L. (1994). **Improving services through outcomes evaluations.** *Caring, 10*, 25-28.

Outcome evaluations are a new undertaking for most residential child-care programs. Citing the significant impact such evaluations will have on improving services, Daly defines the concept and examines how they can best be developed and implemented. Copyright © 1994 The Alliance for Children and Families.

- Daly, D. L. (1993). **Maximizing the impact of psychotherapeutic interventions for your agency.** *Caring, 9*, 18-20.

Studies provide conflicting evidence about whether psychotherapy helps children who are in out-of-home placements. It does appear, however, that psychotherapy can be quite effective under the right set of circumstances. Strategies for creating these circumstances are presented and discussed. Copyright © 1993 The Alliance for Children and Families.

Daly, D. L. (1993). **Putting what we know about suicide prevention to work.** *Caring*, 9, 15-17.

Research and clinical practice suggest that organizations that provide out-of-home treatment for children can prevent most suicide attempts by organizing their efforts around eight principles. Each principle is discussed in this article and ideas for implementation are presented. Copyright © 1993 The Alliance for Children and Families.

Daly, D. L. (1993). **Residential program research: What board members and executive directors need to know.** *Caring*, 9, 18-19.

Research is a valuable resource for the leaders of child-care organizations. It can help guide decisions about program design and help organizations plan program evaluation, program design, and program funding priorities. This article outlines crucial areas in which research can supply information needed for such decisions. Copyright © 1993 The Alliance for Children and Families.

Daly, D. L. (1993). **Social skills: More than meets the eye.** *Caring*, 9, 25-27.

Irrespective of their backgrounds or their handicapping conditions, children need social skills to succeed in school, with peers, and eventually in their employment. This article stresses the importance of providing social skill development for children in residential treatment programs and outlines how agency leaders can determine whether they are providing adequate instruction in this area. Copyright © 1993 The Alliance for Children and Families.

Daly, D. L., & Dowd, T. P. (1992). **Characteristics of effective, harm-free environments for children in out-of-home care.** *Child Welfare*, 71, 487-496.

The history of out-of-home care for children is replete with documented examples of abusive and neglectful practices. Certain elements, however, can foster effective and harm-free out-of-home care. A number of those elements are outlined in this paper, including caregiver support, a model of care, a focus on positive behavior, consumer orientation, training, and program evaluation. Copyright © 1992 Child Welfare League of America.

Oswalt, G., Daly, D. L., & Richter, M. D. (1991). **A longitudinal follow-up study of Boys Town residents: Implications for treating "at risk" youth.** In A. Algarin & R. Friedman (Eds.), *Proceedings of the 4th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 155-161). Tampa: University of South Florida.

Boys Town began a longitudinal follow-up study of its residents in 1981. The design includes a non-residential comparison group. Participants were studied across a variety of self-reported measures, such as school performance, delinquency, victimization, perceptions of adults, drug/alcohol use, and psychological adjustment to their living situation. Previous analyses of the results indicated "during" treatment effects across a wide variety of measures – including school performance, delinquency, perception of adults, and victimization. Here we report the analyses of long-term results (2+ years after departure from Boys Town). There were no long-term differences attributable to program effects on placements, self-reported delinquent/criminal activity, victimization, drug/alcohol use, or measured psychological indices. There were long-term effects for school graduation/GED and grade level attained. These results have important implications for long-term treatment planning for "at risk" youth. These and other data question the durability of treatment effects for "at-risk youth" and support the need for continued treatment. Copyright © 1992 The de la Parte Institute.



## Foster Family Services<sup>SM</sup>

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Foster Family Services features Foster Parents, trained and supported by Boys Town, who open up their homes in the community to children who need a safe place to live. While providing a caring family, Foster Parents work to reunify children with their parents or other caregivers, whenever possible. These children come to the program through referrals from other agencies like social services or other Boys Town programs, or “step down” from residential and hospital settings to foster care as part of a transition back into their communities. The length of stay varies, depending on a child’s needs. When they leave, these children return home or, when that is not possible, are adopted or placed in another more permanent home.

Mason, M., Castrianno, L. M., Kessler, C., Holmstrand, L., Huefner, J., Payne, V., Pecora, P. J., Schmaltz, S., & Stenslie, M. (2003). **A comparison of foster care outcomes across four child welfare agencies.** *Journal of Family Social Work*, 7, 55-72.

A post-discharge outcomes interview for alumni of foster care was designed by four peer foster care agencies. Across all four agencies, 222 alumni were interviewed six months after being discharged from foster care services. Outcome domains, based on common measurement practices in child welfare and on social validation studies, include type of living environment (e.g., restrictiveness), placement stability, homelessness, school performance, employment, self-sufficiency, aggression, criminal behavior, substance use, relationships, community involvement, protection from harm, satisfaction, and impact of services. Results of the outcomes were compared to nationally sampled studies of children not in care. Generally, alumni reported positive outcomes across the various domains. The type of foster care, length of care, and age of alumni influenced the results. Implications for expanding this study to establish national benchmarks for outcomes, service use, and cost in foster care conclude the article. Copyright © 2003 Haworth Press, Inc.

Mott, M. A., Authier, K. J., & Arneil, J. M. (1995). **Treatment foster family services: Evaluation of a national multisite program.** *Teaching-Family Association Newsletter*, 21, 12-13.

This report discusses admission, outcome, and three-month follow-up information for children served in Boys Town’s ten Treatment Foster Family Services programs nationwide. Despite troubling histories and considerable behavioral difficulties, almost two-thirds of children served are discharged to less-restrictive settings after a little more than one year of treatment. Children continue to live in less-restrictive settings three months following discharge, and caregivers report improvements in school, with adults, peers, and biological families, and in the overall quality of life of the child. Copyright © 1995 Teaching Family Association.

Moore, K. J., Osgood, D. W., Larzelere, R. E., & Chamberlain, P. (1994). **Use of pooled time series in the study of naturally occurring clinical events and problem behavior in a foster care setting.** *Journal of Consulting and Clinical Psychology*, 62, 718-728.

Pooled time series is an underused analytic technique with the potential to increase researchers' ability to exploit clinical data. This article demonstrates the value of pooled time series by analyzing the behavior of youth in a specialized foster care treatment setting in response to naturally occurring clinical event changes in the number of youth living together in a treatment foster care setting. Pooled time series moves beyond typical clinical analyses with an increased capability of controlling statistically for complex within-subject effects and with a clinically useful measure of effect size. The complexity of the intrasubject data made it virtually impossible to determine the relevant significance (i.e., clinical meaning) of the clinical event by the use of standard  $n = 1$  visual analysis procedures or standard statistical methods (e.g., chi-square). After things such as autocorrelation and individual time trends were statistically controlled, each additional youth increased the number of problematic behaviors by one behavior per youth per day on the Parent Daily Report. Copyright © 1994 American Psychological Association.



Mott, M. A., Arneil, J. M., & Authier, K. (1994). **Tapping into the data: With a treatment foster care data base.** *Teaching-Family Association Newsletter*, 20, 10.

Program data are essential for the continued success of the Boys Town's Treatment Foster Care Services program. This report presents the various categories of information that are gathered for the National Data Base. Among other benefits, the data base provides a comprehensive system for tracking children and treatment foster parents in the program. Copyright © 1994 Teaching Family Association.

Thompson, R. W., Authier, K., & Ruma, P. (1994). **Behavior problems of sexually abused children in foster care: A preliminary study.** *Journal of Child Sexual Abuse*, 3, 79-91.

Research has shown that sexually abused children display a number of behavior problems. Many of these children are placed in substitute care, especially foster homes. The current project was undertaken to measure foster parents' perceptions about the behavior problems of sexually abused children in their care. Two studies were completed. The first was a large survey of foster parents in a Midwestern State. The second study utilized a sample of foster parents to complete a standardized behavior inventory which has previously been used in child sexual abuse research. The types of behavior problems described by foster parents and implications for future research are discussed. Copyright © 1994 The Haworth Press, Inc.

Mott, M. A., Authier, K. J., & Givner, N. (1993, Fall). **Tapping into the data: With an agency-wide data base.** *Foster Family-Based Treatment Association Newsletter*, 8-9.

The Boys Town National Data Base collects information on each Boys Town child and family involved in the Home's residential, foster care, family preservation, and parenting programs. The information is used in program management, evaluation, and research. This article explains the type of data that is collected and the usefulness of such a comprehensive data base. Copyright © 1993 Foster Family-Based Treatment Association.

## In-Home Family Services<sup>SM</sup>

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In-Home Family Services uses trained Family Consultants to work with families that are struggling to stay together or are in danger of having a child removed from the home. No matter what the underlying cause – economic hardship, substance abuse, marital issues, family conflicts, health challenges or others – the goal is to keep children in the home, or to reunify them with their family if they have been removed from their home. Consultants work right in the parents' home to help them improve their parenting skills by providing teaching and guidance. Family members learn how to create a safe, nurturing home for children, and how to use resources in the community to help them solve problems on their own. Consultants are on call 24/7 to provide support and assistance. The length and intensity of services depends upon a family's needs and the specific situation.

### In Press

*Articles designated as "in press" will be available for order when they are published.*

Ingram, S. D., Cash, S. J., Oats, R. G., Simpson, A., & Thompson, R. W. (in press). **Development of an evidence-informed in-home family services model for families and children at-risk of abuse and neglect.** *Child & Family Social Work*.

This paper describes the components of a programme designed to prevent child maltreatment which includes the promising practices of a continuous engagement process, cognitive-behavioural parent and skill teaching, and development of formal and informal supports for families. The programme was also designed to be implemented wide scale. Methods for assessment of strengths and needs, individualization of goals and intervention strategies, and assessment of goal achievement are also described. Finally, preliminary results of a programme implementation fidelity and outcome evaluation are summarized. The authors conclude that this programme is ready for a more rigorous efficacy trial to continue to build the evidence base for this promising intervention addressing a prevalent social problem. Copyright © 2012 Blackwell Publishing Ltd.

### Published

Cash, S. J., Ingram, S. D., Biben, D. S., McKeever, S. J., Thompson, R. W., & Ferrell, J. Z. (2012). **Moving forward without looking back: Performance management systems as real-time evidence-based practice tools.** *Children and Youth Services Review*, 34, 655-659. doi:10.1016/j.chilyouth.2011.12.008

Performance management systems provide child welfare agencies with tools to monitor program components, make real-time changes, and build an empirical base for the intervention. The two primary components of the performance management system discussed in this paper are balanced scorecards and dashboards. The goal is to provide an overview of the process, to describe how a performance management system was developed and the rationale behind it, and to provide examples of how the process was implemented at a national and site level. The paper provides an overview of performance management systems and an example of how performance management tools can be applied to child welfare agencies. These tools can assist in planning and quality improvement and can be used to support the ongoing development of an empirical base for service programs. Copyright © 2012 Elsevier Ltd.

Duppong Hurley, K., Griffith, A., Ingram, S., Bolivar, C., & Mason, W. A., & Trout, A. (2012). **An approach to examining the proximal and intermediate outcomes of an intensive family preservation program.** *Journal of Child and Family Studies*, 21, 1003-1017. doi:10.1007/s10826-011-9563-z

This study examined the effects of the Boys Town In-Home Family Program (BT-IHFP) on parenting skills, family functioning, and child behavior for at-risk families involved with child protective services. The BT-IHFP is designed as a home-based, family-centered alternative to out-of-home placement with the goal of improving family functioning, keeping families together, and preventing further involvement with child protective services. The model uses a hands-on cognitive-behavioral approach, promotes family engagement, provides 24/7 services to families, and links families to community resources. While it is

essential to examine ultimate, long-term outcomes such as family preservation, it is also important to investigate the proximal and intermediate outcomes that address the key changes in behavior that support successful long-term outcomes. The goals of this study were to (1) examine the pre-post change of proximal and intermediate outcomes and (2) examine if improvements in parenting skills, parental roles, and parental stress (proximal outcomes) will be related to improvements in child behavior at home, child behavior at school, and family functioning (intermediate outcomes). Inspecting intake and discharge data for 44 families, 94% were intact at discharge and significant pre-post improvements were found in proximal and intermediate outcomes. These findings suggest that this six-week intensive BT-IHFP holds promise for teaching at-risk families skills to promote positive family functioning. Copyright © 2012 Springer.

Duppong Hurley, K., Griffith, A. K., Casey, K. J., Ingram, S., & Simpson, A. (2011). **Behavioral and emotional outcomes of an in-home parent training intervention for young children.** *Journal of At-Risk Issues*, 16(2), 1-7.

This study examined the effects of the Boys Town In-Home Family Program on improving child behavior and parenting skills. The three-month parenting intervention was delivered to parents in their homes. All children were referred to the program by school personnel. Of the 107 families that enrolled in the study, 79% completed the intervention. Pre-post assessments of child behavior indicated significant improvements on Internalizing and Externalizing problem behavior as measured by the Child Behavior Checklist. Significant gains were found on all child, family, and school behavior subscales of the parent version of Behavioral Emotional Rating Scale. Service provider ratings of child problems and parental capabilities (as assessed by the North Carolina Family Assessment Scale) also demonstrated significant improvement from intake to discharge. These results indicate that the In-Home Family Program is a promising approach for serving at-risk children and their families. Copyright © 2011 National Dropout Prevention Center/Network.

Rauktis, M. E., Huefner, J. C., & Cahalane, H. G. (2011). **Perceptions of fidelity to family group decision making principles: Examining the impact of race, gender, and relationship.** *Child Welfare*, 90, 41-59.

This study explored the perceptions of fidelity to family group principles using comparative information from family, friends, and professionals, taking into account race and gender. White respondents felt that there was a greater degree of fidelity than did the African American respondents, with Other race respondents sometimes rating similarly to both White and African American respondents. Professionals generally perceived a greater level of fidelity and there were significant race by respondent interactions. Copyright © 2011 Child Welfare League of America.

Spielberger, J., Scannell, M., & Harden, A. (2010). *Characteristics and Outcomes of Children Served by the Boys Town South Florida Family Centered Services Program, 2004-2009*. Chicago: Chapin Hall at the University of Chicago.

This report describes the results of analyses of available data provided by Boys Town on services received through the Family Centered Services program, data from the school district on children's characteristics and behavioral and academic outcomes from the 2004–2005 through the 2008–2009 school years, and DCF records on child maltreatment. Copyright © 2010 Chapin Hall at the University of Chicago.

Griffith, A., Hurley, K., Ingram, S., & Cannezzaro, C. (2009). **An evaluation of Boys Town's Family Preservation Program.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 22nd Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 163-164). Tampa: University of South Florida.

Findings from research on family preservation programs have been mixed, with some finding positive effects and others either no effects or negative effects (Kauffman, 2007). Outcomes of family preservation programs are most often assessed based on re-referral to child welfare services or child removal from the home. However, these outcomes are often influenced by other factors (e.g., changing state policy;

resources of child protective agencies) and do not necessarily give a clear indication of family improvement or of the effectiveness of family preservation programs (Cash & Berry, 2003). Therefore, the purpose of the current study was to evaluate a commonly used family preservation program using outcome measures that were more indicative of family progress and which may serve as precursors to re-referral or out-of-home placements. Specifically, the current study sought to identify levels of child behavior and strengths, family functioning, parenting practices, and parenting stress prior to participation in a family preservation program and examine changes that occurred across these constructs following participation. Copyright © 2009 The de la Parte Institute.

Ingram, S., Shaw, T., Munger, R., Thompson, R. W., & Simpson, A. (2007). **Development and testing of a model fidelity assessment package for an ecological family-based intervention program.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 19th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 407-410). Tampa: University of South Florida.

With the national movement to identify and implement evidence-based treatments, model fidelity has emerged as a central issue. This is a pilot study designed to test and refine a comprehensive model fidelity package for a recently revised ecological family-based services program. Tools included an observation technique, service delivery tracking form, consumer survey, and file review process. Results suggested that the observation instrument and the service delivery tracking form were the most practical model fidelity assessment tools, and they proved useful for treatment supervisors in helping family consultants adhere to the program model. Copyright © 2007 The de la Parte Institute.

Thompson, R. W., Sinisterra, D., North, T., & Castrianno, L. (2001). **An evaluation system for community-based family centered services.** In C. C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 13th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 363-364). Tampa: University of South Florida.

Family Centered Services (FCS) is a program designed to treat at-risk children and their families in their own homes and schools. The primary goal of the program is to prevent more serious problems that may require out-of-home placement. Evaluating the effectiveness of this program requires choosing outcomes that are predictive of long-term success for these families and children. A comprehensive evaluation system was developed to track program implementation and outcomes. Selected outcome data from the Boys Town FCS program in Palm Beach County are presented. Participants reported significant improvements in child behavior problems, parenting stress, and referral problems at discharge. These improvements were maintained at 90-day follow-up. Copyright © 2001 The de la Parte Institute.



## Community Support Services<sup>SM</sup>

### Outpatient Behavioral Health<sup>SM</sup>

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Community Support Services provide a wide variety of resources that can help children and families learn how to help themselves, or receive specialized care or education assistance in specific locations. These services can help create a layer of prevention so that children and families don't need other services within the Integrated Continuum of Care in the future.

Outpatient Behavioral Health therapists work with children, infants to teens, and their families, to identify and treat difficult youth issues. Children benefit from individual treatment plans that focus on teaching skills and achieving lasting positive results.

Friman, P. C., & Piazza, C. (2011). **Behavioral pediatrics: Integrating applied behavior analysis with pediatric medicine.** In W. W. Fisher, C. C. Piazza, & H. S. Roane (Eds.), *Handbook of Applied Behavior Analysis* (pp. 433-450). New York: Guilford.

This chapter describes behavioral pediatrics and recommends it as an area of potential growth for the field of applied behavior analysis. In the paper, behavioral pediatrics is defined, its primary areas of interest are described, and its primary modes of treatment are also described. Multiple clinical examples are included ranging from routine behavior problems through major and minor incontinence up to life threatening feeding disorders.

Friman, P. C. (2010). **Come on in, the water is fine: Achieving mainstream relevance through integration with primary medical care.** *The Behavior Analyst*, 33(1), 19-36.

Behavior analysis is a generic science, and Skinner's vision for it was that it would become a mainstream force, relevant for most if not all human concerns, major and minor. Clearly his vision has not been realized. Determining why this is the case would require a complex multifactorial analysis. One likely factor is that the majority of its basic science findings have been obtained from the study of rats and pigeons. Another likely factor, one directly addressed by this paper, is the majority of its applied science findings have been obtained from the study of people in only one tail of the normal distribution. Regardless, those outside the field see the relevance of behavior analysis to general human affairs as very limited. Whether the path behavior analysis is on will lead to widespread perception of mainstream relevance anytime soon seems doubtful. An alternative route would involve integrating it with a field that has already made the trip successfully. A premier example involves primary medical care. This paper argues for the integration of behavior analysis with pediatric primary care, sketches a method for its accomplishment, and uses diurnal enuresis to illustrate the requirements of the method. Copyright © 2010 Association for Behavioral Analysis International.

Friman, P. C. (2008). **Primary care behavioral pediatrics.** In M. Hersen & A. M. Gross (Eds.), *Handbook of clinical psychology, Vol. 2: Children and adolescents* (pp. 728-758). Hoboken, NJ: Wiley.

The main purpose of this chapter was to present primary care behavioral pediatrics as a partial solution to the problems occupying the gap in behavioral health care between primary medical care and mental health services for children with behavioral problems. Copyright © 2008 John Wiley & Sons, Inc.

Friman, P. C. (2005). **Behavioral pediatrics.** In M. Hersen, A. M. Gross & R. S. Drabman (Eds.), *Encyclopedia of behavior modification and cognitive behavior therapy, Vol. 2: Child clinical applications* (pp. 731-739). Thousand Oaks, CA: Sage.

Behavioral pediatrics (BP) is a branch of pediatrics that integrates behavioral and pediatric sciences to promote the health of children. A unique aspect of BP is that competencies for practice can be met by physicians or psychologists, and thus its practitioners include both. This chapter is a multi-component description of this area of psychology. Copyright © 2005 Sage Publications, Inc.



Handwerk, M. L. (2004). **Drugs (psychotropic medication)**. In T. S. Watson & C. H. Skinner (Eds.), *Encyclopedia of school psychology* (pp. 100-102). New York: Kluwer.

Psychotropic medications are frequently utilized to treat child and adolescent behavioral and emotional problems. This brief chapter grossly outlines efficacy and side effects of major classes of psychotropic medications given to children and adolescents for a variety of diagnoses. Copyright © 2004 Kluwer Academic/Plenum Publishers.

Friman, P. C., & Blum, N. (2002). **Primary care behavioral pediatrics**. In M. Hersen & W. Sledge (Eds.), *Encyclopedia of psychotherapy* (Vol. 2, pp. 379-399). Cambridge, MA: Elsevier.

Behavioral pediatrics is the branch of pediatrics that addresses child behavior problems that populate the intersection between clinical child psychology, child psychiatry, and pediatric health care. This paper is a comprehensive description of behavioral pediatrics, its logical location in primary care, some of its conceptual underpinnings, and a case description. Copyright © 2002 Elsevier Science.

Blum, N. J., & Friman, P. C. (2000). **Behavioral pediatrics: The confluence of applied behavior analysis and pediatric medicine**. In J. Austin & J. E. Carr (Eds.), *Handbook of applied behavior analysis* (pp. 161-185). Reno, NV: Context Press.

Behavioral pediatrics is the branch of pediatrics that focuses on the relationship between behavior and pediatric health care. The scope of the field is quite broad and includes the study of: 1) the evaluation and treatment of behavior problems in primary care settings; 2) the influence of biologic variables on behavior; 3) the effects of behaviors or emotions on biologic variables; and 4) the interaction between biologic and behavioral factors in the evaluation, treatment, and outcome of medical problems. This chapter reviews behavioral approaches to pediatric problems in children and adolescents. Several behavioral pediatric topics are described, and an analysis is provided to show the benefit of a confluence between applied behavior analysis and pediatric medicine. Copyright © 2000 Context Press.

Warzak, W. J., & Friman, P. C. (1994). **Current concepts in pediatric primary nocturnal enuresis**. *Child and Adolescent Social Work Journal*, 11, 507-523.

It is estimated that enuresis affects 5 to 7 million children in the United States. Although the problem is common and well known, appropriate and effective treatment is not always provided. This may be due to the many etiological theories associated with this condition as well as a correspondingly high number of interventions. This present paper summarizes the empirical literature regarding primary nocturnal enuresis (PNE), with an emphasis on pharmacological and behavioral interventions. The data support the view that children with enuresis have a wide range of negative experiences that can affect self-esteem and development, but that enuresis is not associated with significant psychiatric or behavioral difficulties. Given the strong empirical support for several interventions for PNE, children who have this condition should not go untreated. Copyright © 1994 Human Sciences Press, Inc.

Friman, P. C., Thompson, R. W., Daly, D. L., Evans, J., Furst, D., & Burke, R. V. (1993). **Traditional and alternative community mental health services for children: Comparing entry level behavior problems**. In A. Algarin & R. Friedman (Eds.), *Proceedings of the 5th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 31-38). Tampa: University of South Florida.

We studied the extent to which children in alternative community mental health programs exhibited clinically significant behavior problems at entry. The community programs included parent training, family preservation, and residential care. Comparison groups included outpatient pediatrics, outpatient psychology, and inpatient psychiatry. We used two standardized assessment instruments: the Eyberg Child Behavior Inventory (study 1) and the Child Behavior Checklist (study 2). The results from study 1 show the scores from parent training and outpatient clinic were equivalent, clinically significant and higher than the normative group. The results from study 2 show that the externalizing scores from children in family preservation and residential treatment were equivalent to those from inpatient psychiatry and significantly higher than those from outpatient clinic. The internalizing scores from family

preservation and residential treatment were equivalent to each other, higher than those from outpatient clinic, and lower than those from inpatient psychiatry. Collectively, the results of the two studies suggest that the community programs studied are functioning as true alternatives for children with mild to severe externalizing problems and mild to moderate internalizing problems. Copyright © 1993 The de la Parte Institute.



## Community Support Services<sup>SM</sup>

### School-Based Programs<sup>SM</sup>

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Community Support Services provide a wide variety of resources that can help children and families learn how to help themselves, or receive specialized care or education assistance in specific locations. These services can help create a layer of prevention so that children and families don't need other services within the Integrated Continuum of Care in the future.

School-Based Programs provide a variety of training and instruction resources for teachers, administrators and other school staff that can support or enhance an educational environment. Training programs are based on the Boys Town Education Model, which focuses on skills teaching, relationship building and effective discipline procedures. Boys Town also developed the Reading Is FAME<sup>®</sup> program to teach poor readers in early adolescence how to read. FAME includes four one-semester courses: *Foundations*, *Adventures*, *Mastery*, and *Explorations*.

Burke, R. V., Oats, R. G., Ringle, J. L., O'Neill Fichtner, L., & DelGaudio, M. B. (2011). **Implementation of a classroom management program with urban elementary schools in low-income neighborhoods: Does program fidelity affect student behavior and academic outcomes?** *Journal of Education for Students Placed At Risk*, 16, 201-218. doi:10.1080/10824669.2011.585944

Students with persistent disruptive behavior problems lose valuable time in academic lessons, are a distraction for classmates, and cause stress for teachers. Recent meta-analyses indicate that 87% to 92% of published studies on school-based interventions targeting student problem behaviors report results from demonstration projects (involving highly trained staff under ideal circumstances) rather than routine practice programs. This study investigates the routine use of a schoolwide classroom management program and its relationship to elementary students' social and academic outcomes. Three years after training in the classroom management program, 56 second-, third-, and fourth-grade teachers in an urban school district were assessed for fidelity to the program. Program fidelity was determined via direct observation in the classroom and validated by teacher self-ratings of fidelity and administrator ratings of teacher fidelity. Dependent variables included student engagement during academic lessons, out-of-school suspension rates, and report card grades. Results indicated that high program fidelity was significantly related to greater academic engagement and fewer suspensions, but not higher report card grades. This study adds to the scant literature on implementation fidelity of routine programs with high-risk populations. Copyright © 2011 Taylor & Francis Group, LLC.

Burke, R., O'Neill Fichtner, L., Oats, R., DelGaudio, M., & Powell, W. (2007). **Relationships among model fidelity, dosage, and student outcomes in high risk elementary schools.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 19th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 215-218). Tampa: University of South Florida.

This study examined the effects of low and high levels of fidelity with the Girls and Boys Town Well-Managed Classroom (GBT WMC), a school-wide classroom management program, on Hartford (CT) Public Schools elementary students' classroom behavior and suspension rates. Fifty-six teachers from eight elementary schools participated in the study. Those teachers who provided a high dosage of the GBT WMC had more students on task and fewer students suspended than teachers providing a low dosage of the intervention. Copyright © 2007 The de la Parte Institute.

O'Neill Fichtner, L., Burke, R., DelGaudio, M., Oats, R., Johnson, S., & Powell, W. (2007). **School-wide and student-specific interventions: Behavioral and academic effects with urban middle school students.** In C. Newman, C. J. Liberton, K. Kutash, & R. M. Friedman (Eds.), *Proceedings of the 19th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 223-226). Tampa: University of South Florida.

This article describes a study examining the effects of a student and family assistance center and school-wide classroom management program in a middle school that serves students from a high-crime, high-poverty urban community. The participating middle school serves over 1,100 students with high-risk

profiles. Results suggest that use of student and family assistance centers and the Girls and Boys Town Well-Managed Classroom helps increase on-task behavior during academic lessons, reduce in-school and out-of-school suspensions, and improve scores on standardized tests of reading and writing with high-risk students. Copyright © 2007 The de la Parte Institute.

Burke, R. V., Guck, T. P., Robinson, M. L., Powell, W., & O'Neill Fichtner, L. (2006). **Overcoming resistance to implementing classroom management strategies: Use of the transtheoretical model to explain teacher behavior.** *Research in the Schools*, 13, 1-12.

This paper presents an overview of the transtheoretical model (TM) of change and use of the TM to explain an experienced, urban middle school teacher's resistance to implementing a classroom management program. The TM identifies six stages of change and nine change processes that serve as a catalyst for movement through the stages (Prochaska, 2000). This instrumental case study describes a teacher who habitually raised her voice in response to student misbehavior. After assessing the frequency with which she raised her voice, she implemented classroom management strategies that led to an 82% baseline-to-intervention decrease in the use of a raised voice, another 14% decrease at 3-year follow-up, and increases in student on-task behavior. The teacher's progression from resistance to implementation was consistent with the TM's stages of change. Copyright © 2006 Mid-South Educational Research Association.

Lash, R. (2005). **Building reading skills step by step.** *Principal Leadership High School Edition*, 5, 38-42.

A reading program builds upon the strengths of students who are reading below grade level, increases their success in school, and reduces their risk of dropping out. Students in the program make roughly a one-year grade equivalent gain for each semester of instruction. The program stresses low student-to-teacher ratios, teacher-student conferences, and parental involvement. Copyright © 2005 National Association of Secondary School Principals.

Curtis, M. E., & Longo, A. M. (2001, November). **Teaching vocabulary to adolescents to improve comprehension.** *Reading Online*, 5(4). Available: [http://www.readingonline.org/articles/art\\_index.asp?HREF=curtis/index.html](http://www.readingonline.org/articles/art_index.asp?HREF=curtis/index.html).

Providing vocabulary instruction is one of the most significant ways in which teachers can improve students' reading and listening comprehension. It can also be one of the most challenging things for teachers to do well. This article describes a 16-week intervention in which the comprehension of middle and high school students reading below grade level was improved significantly by instruction that developed their vocabularies through listening, speaking, reading, and writing. Guiding principles for the intervention are discussed and sample activities are provided. Copyright © 2001 International Reading Association.

Duppong Hurley, K., & Hyland, T. (2000, November). **Girls and Boys Town Education Model shows promise with elementary and adolescent SE/BD students.** *Teaching-Family Association Newsletter*, 26, 7.

This article describes a longitudinal study of specialized programs, which implemented the Girls and Boys Town Education Model with children who have serious emotional/behavioral disorders (SE/BD). Over 2,000 students participated in the study. SE/BD students showed gains in social skills from the start to the end of the school year. On average, office referrals for discipline problems were reduced for students in the program for two years. Copyright © 2000 Teaching Family Association.

Thompson, R., Nelson, C., Spenceri, M., & Maybank, D. (1999). **Safe and effective schools: The Boys Town Model.** *Caring* 15, 10-11, 15.

This article describes the Boys Town Education Model and reports on its effectiveness in a large, urban elementary school. Two years after the Model was implemented, this school saw a 52 percent reduction in school suspensions, and teachers reported that the majority of their students were paying attention in

class, following instructions, and participating in classroom activities. The article also discusses the Boys Town Safe and Effective Schools Program. Copyright © 1999 The Alliance for Children and Families.

Curtis, M. E., & Longo, A. M. (1998). **When adolescents can't read: Methods and materials that work.** Cambridge, MA: Brookline Books.

In this book, the authors present a remedial program for adolescents who are behind in reading as much as five to six grade levels. With this program, students make impressive gains in reading of about two years for every year of instruction; thus, it is possible to bring most of them up to grade level. The program, based on research and practice in reading and reading disabilities, has great simplicity, and does not require elaborate and expensive teacher training. Copyright © 1998 Brookline Books.

Furst, D. W., & Thompson, R. W. (1998). **Boys Town Education Model: Outcomes and effects.** Boys Town, NE: Father Flanagan's Boys' Home.

This report consists of a summary of outcomes documented through evaluation of the Boys Town Education Model. The studies described were performed in elementary and middle school regular education settings. The summary also includes a brief description of the Education Model. Copyright © 1998 Boys Town Press, Inc.

Hyland, T. (1998). **Readers play catch up --- and win.** *TECHNOS: Quarterly for Education & Technology*, 7, 23-26.

Seven years of dedicated work has produced a remarkable program that accelerates reading growth in teenagers who have fallen behind. Reading Is FAME, created by the Boys Town reading center, combines back-to-basics teaching methods and customized computer programming in a progressive curriculum that motivates students to improve their reading and comprehension skills. Soon to be disseminated nationwide, the program creates a climate for progress while teaching students the learning skills they need for success in school, home, and community. Copyright © 1998 Agency for Instructional Technology.

Thompson, R. W., Ruma, P. R., Nelson, C. S., & Criste, A. H. (1998). **Implementation of the Boys Town Education Model in four Georgia Psychoeducational Network programs: Initial impact on student social skills and adjustment.** *GPN Research Report*, 7, 31-40. Athens: University of Georgia.

This study evaluated the implementation of the Boys Town Educational Model (BTEM), a social skills training model, with severely emotionally disturbed/behaviorally disordered students in the Georgia Psychoeducational Network. The treatment group (received BTEM) was composed of 189 students (61 elementary and 128 adolescent); the control group (did not receive BTEM) was composed of 56 students (21 elementary and 35 adolescent). The dependent measure was the Walker-McConnell Scale of Social Competence and School Adjustment. Results indicated that students in the treatment group made significant gains in social skills and school adjustment while students in the control group did not. Discussions of the results are provided. Copyright © 1998 Alpine Psychoeducational Program.

Curtis, M. E. (1997). **Teaching reading to children, adolescents, and adults: Similarities and differences.** In L. R. Putnam (Ed.), *Readings on language and literacy: Essays in honor of Jeanne S. Chall* (pp. 75-88). Cambridge, MA: Brookline Books.

This chapter discusses the similarities and differences that exist among children, adolescents, and adults who are learning to read and to show how understanding these can help us to better understand how to develop reading abilities in adolescents and adults. The author focuses on three components of reading that theory and research have identified as important sources of developmental differences: word identification, knowledge of word meanings, and comprehension. Copyright © 1997 Brookline Books.



Curtis, M. E., & Longo, A. M. (1997). **Reversing reading failure in young adults.** *Focus on Basics*, 1(B).

A laboratory for older adolescents with reading problems, the goal of Boys Town's Reading Center is to develop research-based programs that prove effective in Boys Town's schools and to disseminate those programs to other schools around the country. Toward these goals, the Reading Center has developed the Boys Town Reading Curriculum. This article describes the Curriculum, along with the research and experiences that led the authors to design the Curriculum the way they did. Copyright © 1997 National Center for the Study of Adult Learning and Literacy.

Furst, D. W., & Criste, A. H. (1997). **Students as consumers: Using "satisfaction surveys" in the classroom.** *The Community Circle of Caring Journal*, 2, 11-13.

Boys Town offers the "Consumer Satisfaction Survey" as a way to tap the insight of the youth we serve and to make data-based decisions about improving the learning environment. This article describes how to create, administer, interpret, and act upon the survey results in order to bridge the gap between students and teachers. Copyright © 1997 National Education Service.

Jones, K. M., Wickstrom, K. F., & Friman, P. C. (1997). **The effects of observational feedback on treatment integrity in school-based behavioral consultation.** *School Psychology Quarterly*, 12, 316-326.

This study evaluated the effects of performance feedback on levels of treatment integrity in school-based behavioral consultation. Three teachers employed in a residential treatment community were responsible for treatment implementation. Treatment integrity was defined as the percentage of 2 minute intervals during which contingent teacher reinforcement for student on-task behavior was directly observed. Teacher and child behavior was monitored across baseline, traditional consultation, and consultation with performance feedback conditions in a multiple baseline design. Following a Problem Identification Interview and Problem Analysis Interview (Bergan, 1977), mean levels of treatment integrity for the three teachers ranged from 9% to 37%. The addition of a performance feedback package increased treatment integrity for all three teachers to levels ranging from 60% to 83%. The findings contribute to a growing literature supporting the need for direct assessment of treatment integrity in school-based consultation research and practice. Copyright © 1997 American Psychological Association.

Longo, A. M. (1997). **Trial lessons in reading: A dynamic assessment approach.** In L. R. Putnam (Ed.), *Readings on language and literacy: Essays in honor of Jeanne S. Chall* (pp. 211-233). Cambridge, MA: Brookline Books.

Trial lessons are tasks designed to test students' potential to learn under different instructional conditions. This chapter reviews such assessment techniques and gives a specific example of how trial lessons may be used to assess knowledge of word meanings. The chapter concludes with a discussion of the practical implications of trial lessons for both classroom instruction and diagnosis of reading difficulties. Copyright © 1997 Brookline Books.

Curtis, M. E. (1996). **Intervention for adolescents "at-risk."** In L. R. Putnam (Ed.), *How to become a better reading teacher* (pp. 231-239). Englewood Cliffs, NJ: Prentice-Hall.

A number of research programs demonstrate the value of early intervention when children experience difficulties in learning to read. For hundreds of thousands of adolescents and young adults, however, the opportunity for early intervention is long past. In this chapter, a research-based remedial program directed toward reversing the reading failure of socially and emotionally at-risk high school youth is described. Four interventions designed to meet the reading needs of such students are presented. For each intervention, the goals, activities, and materials used in the course are described, and the tests and test results used to establish the effectiveness of each course are discussed. From the data collected thus far, this approach to diagnosis and remediation holds great promise for other adolescents and adults with severe reading difficulties. Copyright © 1996 Prentice-Hall.

Hamman, D., Shell, D. F., Droesch, D., Husman, J., & Handwerk, M. (1996). **Middle-school students' perception of strategy use: Putting the learner back into self-regulated learning.** *Research in Middle Level Education Quarterly*, 19, 31-50.

This study examines students' perceptions of personal and behavioral factors believed to influence strategy use and self-regulated learning. Comprehension performance was also examined based upon differences in strategy use, interest, and self-regulation. Eighth-grade students ( $n=11$ ) were interviewed after reading a passage from a social studies textbook. Students were asked about the strategies they used, and the factors that influenced their strategy use. Results indicate that interest in the text topic was perceived by a majority of students to influence strategy use. Self-observation was related to the type of goal students set during reading. Performance differences were found among students based upon strategy use and self-regulation, but not based upon interest in the test topic. Implications are discussed in terms of classroom strategy training and enhancing middle-school students' motivation. Copyright © 1996 National Middle School Association.

Hyland, T. (1996). **Boys Town Reading Center.** *Notes From the Field*, 5, 10-15.

Young people who cannot read or read poorly drop out of school and much too often wind up in jail. This article describes Boys Town's answer to that problem: the Boys Town Reading Curriculum. Hyland describes the problem of teenage illiteracy in America, along with Boys Town's program, its implementation, and the lessons learned in evaluating its outcomes. Copyright © 1996 Jessie Ball duPont Fund.

Furst, D. W., Criste, A. H., & Daly, D. L. (1995). **What's wrong or what's right? Strength-based solutions.** *Reclaiming Children and Youth*, 4, 25-27.

The language of practitioners and researchers working with troubled children typically emphasizes deficiency rather than strength (Cambone, 1995), with the result that programs designed to help meet at-risk children's needs are steeped in that negative world-view. The same tends to be the case in educational settings, where programs too frequently are based on systems of coercion, attitudes of deficiency, and stigmatization, rather than on support for students with emotional behavioral problems. The emphasis is on "what's wrong," rather than "what's right" with kids. This article describes a comprehensive alternative to the "what's wrong" model of education for troubled students. The Boys Town Education Model currently is being used by several thousand educators in both regular and special education settings. Copyright © 1995 Circle of Courage.

Chall, J. S., & Curtis, M. E. (1994). **Illiteracy.** In R. J. Sternberg (Ed.), *The encyclopedia of human intelligence* (Vol. 1, pp. 557-561). New York: Macmillan.

The authors assess how widespread illiteracy might be in American society and explore the causes and correlates of illiteracy. The article also includes descriptions of various programs that are being used to deal with the problem. Copyright © 1994 Macmillan Publishers Ltd.

Curtis, M. E. (1994). **Research and criticism: A case for separate but equal.** *Research in the Teaching of English*, 28, 380-382.

In this article, Curtis responds to an essay written by David Flinders and Elliot Eisner, who suggest that educational criticism should be viewed as a form of qualitative research. Curtis argues for the need to consider research and criticism as different forms of inquiry, leading to different forms of understanding, each with its own kind of limitations. Copyright © 1994 The National Council of Teachers of English.

Curtis, M. E., & Chmelka, M. B. (1994). **Modifying the Laubach Way to Reading program for use with adolescents with LDs.** *Learning Disabilities Research & Practice*, 9, 38-43.

The effectiveness of the *Laubach Way to Reading* (1991) program was examined with four adolescents with learning disabilities who were reading below the fifth-grade level. Over the course of the instruction, students made significant gains on tests of basic reading skills and comprehension. Students' success with

the program seemed to depend, however, on being provided with supplemental lists of more challenging words that incorporated the letter-sound correspondences being taught by the Laubach program. Copyright © 1994 Blackwell Publishing.

Thompson, R. W., Bosn, A., & Ruma, P. R. (1993). **Application of assessment methods to instruction in a high school writing program.** *Evaluation and Program Planning*, 16, 153-157.

In this study, a holistic approach was used to evaluate the writing skills of high school students attending a residential treatment program for adolescents. Students were asked to produce spontaneous writing samples in response to a standardized prompt in the fall and spring of the 1990-91 school year. A total of 740 writing samples were scored by faculty members at the school. Results indicated significant gains in writing skills for students during the year. The criteria used to score the writing sample developed into an instructional tool for teaching writing skills. Applications of the assessment process and scoring criteria to student monitoring and classroom instruction are described. Copyright © 1993 Pergamon Press Ltd.

Chall, J. S., & Curtis, M. E. (1992). **Teaching the disabled or below-average reader.** In A. E. Farstrup & S. J. Samuels (Eds.), *What research has to say about reading instruction* (2nd ed., pp. 253-276). Newark, DE: International Reading Association.

This chapter identifies several major trends emerging from a review of what research has to say about teaching the disabled or below-average reader. With respect to the causes of reading failure, the authors describe how the focus of research has shifted away from the study of basic psychological processes and toward study of the reading process itself. As researchers have come to focus on the reading itself as the cause of reading problems rather than as just a symptom, concerns have been raised about the appropriateness of existing diagnostic methods and techniques. So too has research raised doubts about instructional techniques that target the reading skills of specific groups of children. Instead, Chall and Curtis say current research supports teaching designed to improve specific areas of need in reading. Their chapter concludes with a discussion of some of the features that research suggests are critical for remediation to be successful. Copyright © 1992 International Reading Association.

Curtis, M. E. (1992, September). **Should schoolhouses become schoolhomes?** [Review of the book *The schoolhome: Rethinking schools for changing families*]. *The Reader*, 5.

Curtis, Director of the Boys Town Reading Center, reviews *The Schoolhome: Rethinking Schools for Changing Families* by Jane Roland Martin. Martin says in her book that a new concept of schools is needed, one that is appropriate to changing social conditions. She suggests “schoolhomes” where children can learn social skills that they are not being taught outside school.

Curtis, M. E. (1992, March). **Learning to read in high school.** *The Reader*, 6-7.

Curtis discusses the importance of providing reading instruction for high school students that is appropriate to each student’s academic, social, and cognitive developmental level. This article includes brief assessments of reading programs Boys Town has used and an evaluation.

Curtis, M. E., & McCart, L. (1992). **Fun ways to promote poor readers’ word recognition.** *Journal of Reading*, 35, 398-399.

Coming up with ways to provide less-skilled adolescent readers with word identification practice they find enjoyable can be a challenge to teachers. This article presents various activities that can make such practice fun and effective. Copyright © 1992 International Reading Association.

## Community Support Services<sup>SM</sup>

### Boys Town National Hotline<sup>SM</sup>

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Community Support Services provide a wide variety of resources that can help children and families learn how to help themselves, or receive specialized care or education assistance in specific locations. These services can help create a layer of prevention so that children and families don't need other services within the Integrated Continuum of Care in the future.

The Boys Town National Hotline (800.448.3000) is a free resource and counseling service that assists youth and parents 24/7, year round, nationwide. The Hotline receives about 150,000 calls a year.

Ingram, S., Ringle, J. L., Hallstrom, K., Schill, D. E., Gohr, V. M., & Thompson, R. W. (2008). **Coping with crisis across the lifespan: The role of a telephone hotline.** *Journal of Child and Family Studies*, 17, 663-674.

We describe over 300,000 crisis calls made to a large national hotline over a 5-year period. Callers consisted of males and females between the ages of 10 and 89. Overall, a slight majority of callers were first-time callers (52%) and most (73%) sought assistance with issues related to parenting, youth concerns, and mental health. Across the lifespan, issues dealing with loneliness increased with age whereas depression-related calls decreased. Additionally, females were more likely than their male counterparts to call the hotline by over a 2- to 1-margin. Findings lend preliminary support to the efficacy of crisis call centers to utilize a flexible, yet well-defined problem-solving approach to assist those of all ages calling with the wide range of problems. Copyright © 2008 Springer Netherlands.

Teare, J. F., Garrett, C. R., Coughlin, D. D., Shanahan, D. L., & Daly, D. L. (1995). **America's children in crisis: Adolescents' requests for support from a national telephone hotline.** *Journal of Applied Developmental Psychology*, 16, 21-33.

More than 63,000 adolescents, aged 10 to 19 years, called a notional crisis hotline from September 1991 through June 1992. Nearly 73% of these (N = 46,392) were coded as crisis calls. Developmental trends were identified for various aspects of support-seeking by examining differences in proportions of calls within defined categories across these years. Calls for support for issues related to relationships accounted for nearly half of all calls by these young people. Within the broad category of relationships, specific trends included decreasing numbers of calls about peer relations from age 13 through 19; decreasing calls about parent-child relations from 11 through 19; and increasing calls about marriage beginning at age 15. Calls with concerns about sexuality increased steadily to a peak at age 16, and calls with concerns about addictions increased steadily from age 13. Sex differences were found for length of calls at each age and for the various categories of support-seeking. Copyright © 1995 Elsevier.





## Community Support Services<sup>SM</sup>

### Common Sense Parenting<sup>®</sup>

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Community Support Services provide a wide variety of resources that can help children and families learn how to help themselves, or receive specialized care or education assistance in specific locations. These services can help create a layer of prevention so that children and families don't need other services within the Integrated Continuum of Care in the future.

Common Sense Parenting provides parents and other caregivers with proven techniques that can help them build good family relationships, prevent and correct misbehavior and improve positive behavior. These informative classes are usually presented in the community and at schools.

Griffith, A. K. (2010). **The use of a behavioral parent training program for parents of adolescents.** *The Journal of At-Risk Issues*, 15(2), 1-8.

Adolescence can be a period of increased problem behavior, and parents often report this stage of development as being one of increased conflict with high levels of parenting-related stress and lower levels of confidence in parenting abilities. As a result, parents of adolescents seek out parenting information and support much more often than do parents of younger children. However, most parent training programs have been developed for parents of children aged 12 and under; very little is known about the use of parent training programs for parents of adolescents. Therefore, the purpose of this article was to examine the use of a behavioral parent training program for a population of parents with adolescent-aged youth to identify the characteristics of participants and examine pre-post changes. On average, both the parents and their youth had a high number of risk factors (e.g., substance abuse, domestic violence, clinical levels of problem behavior) when the program began. Significant changes were observed across both youth behavior and parent stress. Implications and directions for future research are discussed. Copyright © 2010 National Dropout Prevention Center/Network.

Thompson, R. W. (1998). **Evaluating outcomes in prevention programs.** *Caring*, 14, 21-22.

This article describes an ecological approach to the evaluation of outcomes in programs designed to prevent child behavior problems. In this approach, client needs, program components, and outcomes must all have logical relationships and be rooted in child treatment theory and research. Evaluation studies on Boys Town's Common Sense Parenting Program were outlined as an example. Copyright © 1998 The Alliance for Children and Families.

Thompson, R. W., Ruma, P. R., Brewster, A. L., Besetsney, L. K., & Burke, R. V. (1997). **Evaluation of an Air Force physical abuse prevention project using the reliable change index.** *Journal of Child and Family Studies*, 6, 421-434.

Three hundred and seventy-nine parents at 25 Air Force bases participated in a collaborative child physical abuse prevention project designed by the USAF Family Advocacy Program and Father Flanagan's Boys' Home. Participants attended the Boys Town Common Sense Parenting Program as part of a comprehensive prevention effort. These participants were active duty or civilian employee parents and their spouses who completed the Boys Town Common Sense Parenting Program as part of a comprehensive prevention effort. We hypothesized that participants would report decreased child behavior problems, improved relationships with family members, and reduced risk for child abuse after attending parenting sessions. Results supported this hypothesis. The data were also analyzed to determine the frequencies of individual parents who made statistically reliable changes on the dependent measures using Jacobson's Reliable Change Index. Nineteen to 30% of the participants reported significant improvement in the areas assessed. Parents who improved in abuse risk were at a higher level of risk and were less satisfied with family relationships prior to their participation than those who did not. Copyright © 1997 Human Sciences Press, Inc.

Ruma, P. R., Burke, R. V., & Thompson, R. W. (1996). **Group parent training: Is it effective for children of all ages?** *Behavior Therapy*, 27, 159-169.

Archival data from 304 mothers who attended group parent training were used to test for age effects on statistical and clinical significance of improvements in child behavior problems following participation in the program. The Total Problem *T* score from the Child Behavior Checklist served as the dependent measure for all analyses. Results indicated that, for the total sample, the severity of problem behaviors before treatment was the best predictor of treatment outcomes. When the sample was divided into age groups, older children had more severe behavior problems before treatment, but all groups improved. When outcomes were examined for clinically significant improvements, adolescents had the lowest rate of clinical recovery, but the only significant predictor of treatment effects was again the severity of behavior problems before treatment. In general, the data supported the null hypothesis that group parent training is effective for children from early childhood through adolescent. However, positive group parent training outcomes for families with children of any age was best predicted by the seriousness of the child's behavior prior to treatment. Copyright © 1996 Elsevier Ltd.

Thompson, R. W., Ruma, P. R., Schuchmann, L. P., & Burke, R. V. (1996). **A cost-effectiveness evaluation of parent training.** *Journal of Child and Family Studies*, 5, 415-429.

Outcomes from a parenting program that was modified to reduce costs and a wait-list control condition were compared. Costs were reduced by over 50%. Sixty-six parents participated. Treatment parents reported significantly greater improvement in child behavior problems, parent attitudes, and satisfaction with family relationships when compared to untreated controls. These effects were maintained at three months' follow-up. Outcomes for 35 of the children in the sample who had clinically significant behavior problems before treatment were also examined separately. The difference between clinical recovery rates, i.e., movement from the clinical to normal range during treatment, for control and treatment children was not statistically significant. Limitations of the current study and suggestions for future research are discussed. Copyright © 1996 Human Sciences Press, Inc.

Friman, P. C., Soper, S. H., Thompson, R. W., & Daly, D. L. (1993). **Do children from community-based parent training programs have clinically significant behavior problems?** *Journal of Community Psychology*, 21, 56-63.

Alternative mental health services for children, such as parent training, are expanding across the country. Yet the clinical picture of the children served in these programs is incomplete. In two studies, we compare the scores from standardized behavior problem inventories for groups of children from a parent training class with scores of groups of children from a clinic and non-clinic setting. In study one we used the Eyberg Child Behavior Inventory (ECBI), an instrument that primarily assesses externalizing problems. In study two, we used the Child Behavior Checklist (CBCL), an instrument that assesses both externalizing and internalizing problems. The results from both studies show that scores from the parent training groups were equivalent to scores from the clinic groups and were significantly higher than the scores from the non-clinic groups. These results suggest parent training classes serve children with clinically significant problems. Copyright © 1993 John Wiley & Sons, Inc.

Thompson, R. W., Grow, C. R., Ruma, P. R., Daly, D. L., & Burke, R. V. (1993). **Evaluation of a practical parenting program with middle- and low-income families.** *Family Relations*, 42, 21-25.

Parent training programs have been an effective intervention for middle-income families with children who have developmental, learning, and behavioral problems. Results have been mixed with low-income families. In the current study, a practical parenting program was tested with both middle- and low-income parents. Results indicate significant improvements for families of both income groups. These effects were maintained at 3 months follow-up. Implications of parenting programs and further research are discussed. Copyright © 1993 National Council on Family Relations.

# Integrated Continuum of Care<sup>SM</sup>

As youth progress in their treatment at Boys Town, their goals and therapeutic needs change. As such, while receiving services, youth may progress through a number of Boys Town programs with each providing differing levels of restrictiveness. For example, it is not uncommon for a youth to enter the Integrated Continuum of Care at the Intensive Residential Treatment Center, progress to a Specialized Treatment Group Home, and lastly be admitted to a Family Home. During this time, the family may be receiving services through our Common Sense Parenting Program. It is this Integrated Continuum of Care that allows children and their families to receive the treatment that meets their needs while maintaining a consistent therapeutic philosophy.

## In Press

*Articles designated as “in press” will be available for order when they are published.*

Trout, A. L., Hoffman, S., Huscroft-D’Angelo, J., Epstein, M., Duppong Hurley, K., & Stevens, A. (in press). **Youth and parent/caregiver perceptions of aftercare supports at discharge from residential care.** *Child & Family Social Work*.

**Purpose:** While much is known about youth struggles after reintegration into home and community settings following stays in out-of-home care, little is known about best practice in aftercare, family preparedness for the reintegration process, or youth and caregiver needs during this transition period. As part of a large Institutes of Education Sciences Goal 2 grant focused on the development and preliminary testing of an aftercare reintegration intervention, this study was designed to answer the following questions: 1) what are youth and parent perceptions of transition planning, family preparedness, and aftercare at discharge from a residential treatment setting, 2) how prepared do youth and parents believe youth are for the upcoming transition, and 3) do youth and parents differ in regards to perceptions of the benefits of aftercare supports and services for successful reintegration? **Methods:** Participants included youth discharging from a residential Treatment Family Home (TFH) program in Omaha, Nebraska, and their parents. Youth were eligible to participate if they were scheduled to depart from their TFH between April and June of 2010. Youth and parents who agreed to participate completed surveys with questions focused on four areas of interest: 1) Demographics, 2) Transition Planning, 3) Transition Preparedness, and 4) Importance of Specific Aftercare Services. The final sample consisted of 48 matched youth and parent surveys. **Results:** Outcome data suggests that there are significant differences between parents and youth with regards to the importance of aftercare and youth level of preparedness. With regard to the perceived importance of aftercare, 58.3% of parents felt that an aftercare program would be “very” important, while only 33.2% of youths indicated the same ( $p < .01$ ;  $r = 0.28$ ). Even greater disparities were found when asked about their likelihood of participation in aftercare, as more than 58% of parents reported that they would be “very” likely to participate as compared to less than 23% of the youth ( $p < .001$ ;  $r = 0.37$ ). Of the seven areas of perceived preparedness, parents were significantly less confident in the youth’s preparedness than the youth in three areas: *relationships* (youth  $M = 2.49$ ; parent/caregiver  $M = 2.17$ ;  $p < .01$ ;  $r = 0.29$ ), *family* (youth  $M = 2.42$ ; parent/caregiver  $M = 2.10$ ;  $p < .05$ ;  $r = 0.27$ ), and *independent living* (youth  $M = 2.20$ ; parent/caregiver  $M = 1.90$ ;  $p < .05$ ;  $r = 0.22$ ). **Implications:** The results of this study have potential implications for youth, parents, out-of-home service providers, and researchers involved with transition planning and aftercare. Authors discuss the potential benefits of changing traditional approaches to reintegration, and elaborate on the need for additional research on aftercare supports for youth and families. Copyright © 2012 Elsevier Ltd.

## Published

Ringle, J. L., Huefner, J. C., James, S., Pick, R., & Thompson, R. W. (2012). **12-month follow-up outcomes for youth departing an integrated residential continuum of care.** *Children and Youth Services Review*, 34, 675-679. doi:10.1016/j.childyouth.2011.12.013

This study examined the 12-month post-departure outcomes for youth who exited a residential treatment program at differing levels of restrictiveness. Study participants were 120 youth who entered an

integrated residential continuum of care at its most restrictive level and then either departed the program at the same level or stepped down and departed at a lower level of restrictiveness. Results indicate that youth who stepped down and exited at the lowest level of restrictiveness were the most likely to be living at home or in a homelike setting and experienced fewer formal post-departure out-of-home placements. However, there were no differences in post-departure rates of substance use, arrests, or being in school or having graduated. These results suggest that youth who were served in the integrated continuum and departed at the lowest level of restrictiveness had more positive outcomes at 12-month post-discharge. Copyright © 2012 Elsevier Ltd.

Trout, A. L., Tyler, P. M., Stewart, M. C. & Epstein, M. H. (2012). **On The Way Home: Program description and preliminary findings.** *Children and Youth Services Review*, 34, 1115-1120. doi: 10.1016/j.chilyouth.2012.01.046

Reintegrating into the home, school, and community settings following a stay in out-of-home care can present significant challenges to school-aged youths. During this transition, social, behavioral, and educational challenges can result in placement instability, academic failure, and ultimately school drop-out. This article describes a home and school-focused transition program, On the Way Home, which was designed to support youths, families, and schools during this critical reintegration period. The intervention model, preliminary data on program effects on youth placement and educational stability, and future research are discussed. Copyright © 2012 Elsevier Ltd.

Huefner, J. C., James, S., Ringle, J., Thompson, R. W., & Daly, D. L. (2010). **Patterns of movement for youth within an integrated continuum of residential services.** *Children and Youth Services Review*, 32, 857-864.

This study examined patterns of movement for youth receiving services within a continuum of intensive and restrictive residentially-based programs. Data were collected for 701 completed episodes of care within a three-program residential continuum of care over a 5 year period, and examined time within program, movement between programs, in-program disruptive behavior, and discharge status. Results showed that most youth either remained in a stable placement in the least restrictive of the programs, or followed a pattern of placements that systematically moved them from more restrictive to less restrictive settings. Of note, transitions from more restrictive to less restrictive programs correspond to deescalating levels of problem behavior; and over 80% of the youth were stepped down to either family-based or independent living situations at the time of departure. Findings support the notion that a continuum of intensive residential services can serve the needs of youth with significant emotional and behavioral needs. Copyright © 2010 Elsevier.

Thompson, R. W., Ringle, J. L., Way, M., Peterson, J., & Huefner, J. C. (2010). **Aftercare for a cognitive-behavioral program for juvenile offenders: A pilot investigation.** *Journal of Behavior Analysis of Offender and Victim Treatment and Prevention*, 2(3), 198-213.

Cognitive-behavioral and behavioral interventions have shown the most promise for reducing recidivism, and aftercare has been suggested as a promising approach to enhance these effects. This paper describes a pilot study of a cognitive-behavioral residential and aftercare intervention, using both process and outcome data. Thirty-three adolescents referred by juvenile courts for residential placement who had a goal of family reunification participated. Results indicate that youth had significantly decreased behavior problems and families had significantly improved parenting skills. Follow-up data also suggested that at six months post-discharge, youth who departed at home or in a homelike setting had a high rate of remaining arrest free, were still in a homelike setting, were attending school, and had remained drug and alcohol free. Finally, the data suggested that program implementation quality and outcomes improved over the course of the study. Implications for future research and practice are discussed. Copyright © 2010 Joseph Cautilli and BAO Journals.

Trout, A. L. & Epstein, M. H. (2010). **Developing aftercare: Phase I: Consumer feedback.** *Children and Youth Services Review*, 32(3), 445-451.

For many adolescents with disabilities the reintegration into the home and school settings following a stay in out-of-home care is fraught with difficulties. Although many return to environments that do not facilitate school success, few services and supports are available. As a result these youth are more likely to demonstrate poor homework completion, academic failure, and dropout prior to graduation. To date, no known empirically based intervention exists to address these risks and support these youth and their families during this critical reintegration period. This article reports the findings from Phase 1 in the development of an academic-based aftercare for adolescents reintegrating into the home and community school settings following a stay in out-of-home care. Data were collected from 31 youth, parents, and school professionals through 9 structured nominal group technique focus groups to determine factors that would contribute to participant buy-in and long-term participation. Common themes identified include the desire for program flexibility, 24-hour on-call support, and well trained, supportive staff. Service and training implications, study limitations, and future research are discussed. Copyright © 2010 Elsevier.

Lee, B. R., & Thompson, R. W. (2008). **Comparing outcomes for youth in treatment foster care and family-style group care.** *Children and Youth Services Review*, 30(7), 746-757.

Group-care programs are often criticized for producing poor outcomes, especially in light of community-based alternatives like treatment foster care that have a stronger evidence base. In this study, data from Girls and Boys Town were used to compare outcomes of youth in treatment foster care ( $n = 112$ ) and group care ( $n = 716$ ) using propensity score matching, a method that can minimize selection bias in nonrandomized designs. Eighteen background covariates were used to develop propensity scores for the likelihood of receiving treatment foster care rather than group care. Several matching methods generated balanced samples on which the outcomes were compared. Results found that group-care youth were more likely to be favorably discharged, more likely to return home, and less likely to experience subsequent placement in the first six months after discharge. Legal involvement and residing in a home-like environment at follow-up did not differ. Positive outcomes for group-care youth suggest that family-style group-care programs may promote effectiveness. Copyright © 2007 Elsevier Ltd.

Handwerk, M. L., Friman, P. C., Mott, M. A., & Stairs, J. M. (1998). **The relationship between program restrictiveness and youth behavior problems.** *Journal of Emotional and Behavioral Disorders*, 6, 170-179.

A key concept in the continuum-of-care model is matching the restrictiveness of treatment to the level of youth behavior problems. Restrictiveness refers to the degree that treatment and setting constrains choices and limits freedoms of patients. Only a few investigators have examined this relationship, and the findings have been equivocal. Extending our initial study of the relationship between youth behavior problems and program restrictiveness, we examined the relationship across seven programs spanning the continuum of care: parent training program, outpatient clinic, family preservation program, treatment foster care, residential group home, acute-care shelter, and inpatient psychiatric hospital. Results indicated a high level of correspondence between restrictiveness and youth behavior problems, with the least restrictive programs serving children with fewer behavior problems and highly restrictive programs serving children with more behavior problems. Copyright © 1998 SAGE Publications, Inc.

Friman, P. C., Evans, J., Larzelere, R. E., Williams, G., & Daly, D. L. (1993). **Correspondence between child dysfunction and program intrusion: Evidence of a continuum of care across five child mental health programs.** *Journal of Community Psychology*, 21, 227-233.

A fundamental goal of the continuum of care concept is high correspondence between child dysfunction and program intrusiveness. Yet the small body of relevant research has identified major discrepancies. We used the Child Behavior Checklist to compare entry-level behavior problems of children from five child mental health programs sequenced in order of level of intrusiveness: Outpatient clinic, parent training, intensive family preservation services, residential care, and inpatient hospitalization. Our results contrast with existing research by showing correspondence between level of child dysfunction and program intrusiveness. A possible reason for our contrasting results is that we included a larger number of mental



health programs than were used in previous studies. These results are important because they reflect the continuum of care concept being put into practice and support the assertion that increasing mental health options with alternative community mental health programs increases the chances of appropriate treatment for children in trouble. Copyright © 1993 John Wiley & Sons, Inc.

## Other Research

### Parental Discipline

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There is a strong relationship between behavioral and emotional problems in children and discipline methods used by parents. In order to effectively help parents, it is necessary to have some fundamental understanding of the ways parents interact with and discipline their children. Research in this area indicates that parents of young children who use a combination of reasoning and consequences have the most success in preventing future behavior problems.

Guajardo, N. R., Snyder, G. S., & Petersen, R. (2009). **Relationships among parenting practices, parental stress, child behaviour, and children's social cognitive development.** *Infant and Child Development*, 18, 37-60.

The present study included observational and self-report measures to examine associations among parental stress, parental behaviour, child behaviour, and children's theory of mind and emotion understanding. Eighty-three parents and their 3- to 5-year-old children participated. Parents completed measures of parental stress, parenting (laxness, overreactivity), and child behaviour (internalizing, externalizing); children completed language, theory of mind, and emotion understanding measures. Parent-child interactions also were observed ( $N=47$ ). Laxness and parenting stress predicted children's theory of mind performance and parental usage of imitative gestures and vocalizations accounted for unique variance in emotion understanding. Associations also were found between child behaviour and emotion understanding. Results provide support for direct and indirect associations between parent-child interactions and early social-cognitive development. Copyright © 2009 John Wiley & Sons, Ltd.

Larzelere, R. E., & Kuhn, B. R. (2005). **Comparing child outcomes of physical punishment and alternative disciplinary tactics: A meta-analysis.** *Clinical Child and Family Psychology Review*, 8, 1-37.

This meta-analysis investigates differences between the effect sizes of physical punishment and alternative disciplinary tactics for child outcomes in 26 qualifying studies. Analyzing differences in effect sizes reduces systematic biases and emphasizes direct comparisons between the disciplinary tactics that parents have to select among. The results indicated that effect sizes significantly favored conditional spanking over 10 of 13 alternative disciplinary tactics for reducing child noncompliance or antisocial behavior. Customary physical punishment yielded effect sizes equal to alternative tactics, except for one large study favoring physical punishment. Only overly severe or predominant use of physical punishment compared unfavorably with alternative disciplinary tactics. The discussion highlights the need for better discrimination between effective and counter productive use of disciplinary punishment in general. Copyright © 2005 Springer Science+Business Media.

Larzelere, R. E., & Kuhn, B. R. (2005). **Enhancing behavioral parent training with an extended discipline ladder.** *The Behavior Therapist*, 28, 105-108.

This article expands in two ways on Funderburk's discipline ladder, which organizes disciplinary responses from gentle (ask nicely) to aversive (time out). The first issue concerns the role of disciplinary reasoning in a parent's sequence of disciplinary tactics, based on research showing that a combination of reasoning and negative consequences is optimal, even for young preschoolers. The second issue is to clarify the role of more aversive tactics in backing up milder tactics, thereby making the milder tactics more effective by themselves subsequently. Copyright © 2005 The Association for Advancement of Behavior Therapy.

Powers, S. W., & Larzelere, R. E. (2005). **Behavioral theory and corporal punishment.** In M. Donnelly & M. A. Straus (Eds.), *Corporal punishment of children in theoretical perspective* (pp. 91-102). New Haven, CT: Yale University Press.

Children *learn* how to behave. Significant adults in children's lives, especially parents, are their primary teachers. Behavioral theory is based upon principles of learning derived from empirical investigation. The

application of learning principles to assist people in living more adaptively is often termed behavior therapy. A discussion of how behavioral research and its application can inform us about the causes of corporal punishment and its effect on children, families, and society is of great utility. This chapter discusses the topic of corporal punishment of children from a behavioral-theory and behavior-therapy perspective. Basic principles of learning theory will be presented, followed by information based upon the work of behavioral clinicians. The goal is to address the question, "How can we better understand the causes and consequences of corporal punishment and utilize this knowledge in an objective way to assist families in the important process of raising their children to be secure, adaptive, and productive people?" Copyright © 2005 Yale University Press.

Polaha, J., Larzelere, R. E., Shapiro, S. K., & Pettit, G. S. (2004). **Physical discipline and child behavior problems: A study of ethnic group differences.** *Parenting: Science and Practice*, 4, 339-360.

**Objective.** This study examines ethnic group differences in the relation between parents' use of physical discipline and children's externalizing behavior problems in younger children and assesses both same-source and distinct-source data. **Design.** One hundred and twelve mothers of African American ( $N = 63$ ) and European American ( $N = 49$ ) children were interviewed regarding their parenting strategies and their child's behavior. Preschool teacher ratings of child behavior were obtained. **Results.** Regression analyses revealed significant main effects for gender and discipline on externalizing behavior problems. Two-way interactions with ethnicity were significant, but only when predicting teacher-rated behavior problems. Post-hoc analyses showed that for African American men, there was a significant negative correlation between mother-reported physical discipline and teacher-rated externalizing behavior problems. Similar correlations for African American women and the European American gender groups were not significant. **Conclusions.** These findings show ethnic differences in the relation between physical discipline and externalizing behavior problems for young children when distinct-source information is obtained. The study extends the literature by showing this effect is particularly strong for boys. Copyright © 2004 Lawrence Erlbaum Associates, Inc.

Larzelere, R. E., & Kuhn, B. R. (2003). **Discipline.** In J. J. Ponzetti Jr. (Ed.), *International encyclopedia of marriage and family* (2nd ed., Vol. 1, pp. 462-469). New York: Macmillan.

This is a research-based overview of parental discipline. It covers the goals of discipline, proactive discipline, and discipline responses to misbehavior. It integrates complementary perspectives from child development and from clinical child psychology, culminating in a conditional sequence of discipline responses that resolves contradictions between the two perspectives. Copyright © 2003 Macmillan Reference Books.

Baumrind, D., Larzelere, R. E., & Cowan, P. A. (2002). **Ordinary physical punishment: Is it harmful? Comment on Gershoff (2002).** *Psychological Bulletin*, 128, 580-589.

E. T. Gershoff (2002) reviews processes that might mediate and contexts that might moderate the associations between corporal punishment (CP) and child behaviors and provides an account of the methodological weaknesses of the research reviewed in her meta-analyses. In this examination of Gershoff, the authors argue that the biases and confounds in the meta-analyses further limit any causal inferences that can be drawn concerning the detrimental "effects" of CP on associated child behaviors. The authors suggest that undesirable child outcomes are associated with CP because the construct marks inept harsh parenting, and they conclude that although the harmful effects of physical abuse and other extreme punishments are clear, a blanket injunction against spanking is not justified by the evidence presented by Gershoff. Copyright © 2002 American Psychological Association, Inc.

Larzelere, R. E. (2001). **Combining love and limits in authoritative parenting.** In J. C. Westman (Ed.), *Parenthood in America: Undervalued, underpaid, under siege* (pp. 81-89). Madison: The University of Wisconsin Press.

A conditional sequence model of discipline responses has the potential to resolve longstanding controversies about parental discipline. The Conditional Sequence Model holds that optimal discipline responses begin with mild disciplinary tactics, such as reasoning, but progress to more forceful

disciplinary tactics if milder tactics achieve neither adequate compliance nor an appropriate resolution. The more forceful tactics would initially consist of nonphysical consequences, such as time-out. The most forceful tactics, such as nonabusive spanking, would be reserved as a backup for time-out. The article shows how this Model is consistent with several lines of empirical evidence, some of which is otherwise counterintuitive. Copyright © 2001 The University of Wisconsin Press.

Larzelere, R. E. (2000). **Child outcomes of nonabusive and customary physical punishment by parents: An updated literature review.** *Clinical Child and Family Psychology Review*, 3, 199-221.

This article updates the only previous systematic literature review of child outcomes of nonabusive and customary physical punishment by parents. The outcomes differ by methodologic, child, and subcultural factors as well as by how the physical punishment was used. All six studies that used clinical samples (including four randomized clinical studies) and all three sequential-analysis studies found beneficial outcomes (e.g., reduced noncompliance and fighting). Five of eight longitudinal studies that controlled for initial child misbehavior found predominantly detrimental outcomes of spanking. However, those detrimental outcomes were primarily due to overly frequent use of physical punishment. Furthermore, apparently detrimental outcomes have been found for every alternative disciplinary tactic when investigated with similar analyses. Such detrimental associations of frequent use of any disciplinary tactic may be due to residual confounding from initial child misbehavior. Specific findings suggest discriminations between effective and counter productive physical punishment with young children. More research is needed to clarify the role of spanking and alternative disciplinary tactics in control system aspects of parental discipline. Copyright © 2000 Springer Science+Business Media.

Larzelere, R. E. (1999). **To spank or not to spank (letter to the editor).** *Pediatrics*, 103, 696-697.

This letter critiques the "Guidelines for Effective Discipline," adopted by the American Academy of Pediatrics in 1998. The guidelines are outstanding in many respects, but adopt a one-sided approach to two scientific controversies. On the first controversy, it prefers nonphysical consequences, such as time-out and privilege removal, to reasoning. On the second, it adopts a premature opposition to almost all spanking. The one-sided approach to both controversies results in opposing about two-thirds of the disciplinary responses that parents of preschoolers actually use, including all of the ones that were most effective at delaying misbehavior recurrences in research on 2- and 3-year-olds. Copyright © 1999 American Academy of Pediatrics.

Larzelere, R. E., & Johnson, B. (1999). **Evaluations of the effects of Sweden's spanking ban on physical child abuse rates: A literature review.** *Psychological Reports*, 85, 381-392.

Sweden's 1979 law banning corporal punishment by parents was welcomed by many as a needed policy to help reduce physical abuse of children. This study reviews the published empirical evidence relevant to that goal. Only seven journal articles with pertinent data were located. One study reported that the rate of physical child abuse was 49% higher in Sweden than in the USA, comparing its 1980 Swedish national survey with the average rates from two national surveys in the United States in 1975 and 1985. In contrast, a 1981 retrospective survey of university students suggested that the Swedish abuse rate had been 79% less than the American rate prior to the Swedish spanking ban. Some unpublished evidence suggests that Swedish rates of physical child abuse have remained high, although child abuse mortality rates have stayed low. A recent Swedish report suggested that the spanking ban has made little change in problematic forms of physical punishment. The conclusion calls for more timely and rigorous evaluations of similar social experiments in the future. Copyright © 1999 Ammons Scientific, LTD.

Larzelere, R. E. (1998). **Effective vs. counterproductive parental spanking: Toward more light and less heat.** *Marriage & Family: A Christian Journal*, 1, 179-192.

The best studies of nonabusive physical punishment have found beneficial outcomes for children from two to six years old. No adequate study has shown better outcomes associated with any alternative discipline response for children under 13. Spanking works best when used to back up less aversive discipline responses, especially reasoning and time out. It should be used nonabusively, privately, and flexibly by parents who communicate positive concern for the child within and outside the context of a

discipline incident. Nonphysical punishment is the only alternative that has the same beneficial motivational characteristics when used to back up reasoning in preschoolers. The article concludes by briefly considering the consistency of these findings with relevant Scriptures. Copyright © 1998 American Association of Christian Counselors.

Larzelere, R. E., Baumrind, D., & Polite, K. (1998). **Two emerging perspectives of parental spanking from two 1996 conferences.** *Archives of Pediatrics and Adolescent Medicine*, 152, 303-305.

This letter identifies: (1) an unconditional anti-spanking perspective, and (2) a more differentiated viewpoint that has emerged from two major 1996 national conferences. The unconditional anti-spanking stance takes any evidence against any use of physical punishment as evidence for its absolutist opposition to spanking. The differentiated viewpoint considers the full range of evidence to differentiate between effective and counterproductive use of physical punishment, as well as alternative disciplinary responses. Copyright © 1998 American Medical Association.

Larzelere, R. E., Sather, P. R., Schneider, W. N., Larson, D. B., & Pike, P. L. (1998). **Punishment enhances reasoning's effectiveness as a disciplinary response to toddlers.** *Journal of Marriage and the Family*, 60, 388-403.

Three different analyses investigated the effect of disciplinary reasoning on subsequent misbehavior with 2- and 3-year-olds. The effectiveness of reasoning by itself depended on how often reasoning had been combined with punishment on other occasions. In the longitudinal analyses, the largest increase in disruptive behaviors by age 4 occurred when parents used reasoning frequently without backing it up with punishment. The largest decrease in disruptive behavior occurred when parents used reasoning frequently but backed it up with punishment when necessary. Copyright © 1998 Blackwell Publishing.

Larzelere, R. E., Silver, C., & Polite, K. (1997). **Nonabusive spanking: Parental liberty or child abuse?** *Children's Legal Rights Journal*, 17, 7-17.

This article reviews legal criteria and empirical evidence as to whether nonabusive spanking should be legally prohibited or not. The legal standard of "clear and convincing evidence" represents the best balance between children's and parents' rights. The empirical evidence indicates that there is no minimally adequate evidence that nonabusive spanking is generally harmful to children. The article also responds to major points raised by absolutist anti-spanking advocates and considers cultural distinctions in the effectiveness of nonabusive spanking. Copyright © 1997 American Bar Association.

Larzelere, R. E. (1996). **A review of the outcomes of parental use of nonabusive or customary physical punishment.** *Pediatrics*, 98, 824-828.

This is the first published review of child outcomes associated with parental use of nonabusive or customary physical punishment. Of the best 35 empirical studies, only one study found a detrimental child outcome to be associated with prior nonabusive physical punishment. Only two other studies of children under age 13 found a detrimental child outcome to be associated with prior physical punishment. Grounding (with teenagers) was the only alternative discipline associated with more beneficial child outcomes, whereas nine alternative discipline tactics were associated with more detrimental child outcomes. How parents discipline seems to be more important than whether they avoid the use of nonabusive spanking or not. Copyright © 1996 American Academy of Pediatrics.

Larzelere, R. E., Schneider, W. N., Larson, D. B., & Pike, P. L. (1996). **The effects of discipline responses in delaying toddler misbehavior recurrences.** *Child & Family Behavior Therapy*, 18, 35-57.

To compare the effectiveness of maternal punishment (e.g., time-out, spanking), reasoning, and the combination of the two, 40 volunteer mothers recorded their responses to incidents of toddler fighting and disobedience in a structured diary for 4 weeks. Punishment frequency correlated positively with misbehavior frequency, but non-punishment response correlated even more strongly with misbehavior. The mean delay until a misbehavior recurrence was significantly longer after a punishment-reasoning

combination (e.g., 20.0 waking hours until a fighting reoccurrence) than after punishment. Copyright © 1996 Haworth Press, Inc.

Larzelere, R. E. (1994). **Should the use of corporal punishment by parents be considered child abuse? No.** In M. A. Mason & E. Gambrill (Eds.), *Debating children's lives: Current controversies on children and adolescents* (pp. 204-209, 217-218). Thousand Oaks, CA: Sage.

Corporal punishment (i.e., any hitting of children, in any form) is common in this country as well as many others. Is it a form of abuse, or is it a necessary option for parents to use in socializing their children? Is it the reflection of cultural differences in parenting practices that should be respected? In this debate, two authors provide arguments against considering corporal punishment child abuse, one an academic and one the director of an organization called the Center for Affirmative Parenting. Copyright © 1994 SAGE Publications, Inc.

Larzelere, R. E., & Merenda, J. A. (1994). **The effectiveness of parental discipline for toddler misbehavior at different levels of child distress.** *Family Relations*, 43, 480-488.

Behavior theories and Hoffman's information-processing theory have differing implications for how the effectiveness of parental discipline varies according to the level of distress experienced by the child. Consistent with behavioral theories, punishment was more effective in delaying the next recurrence of disobedience when toddlers' distress was high than when it was low or moderate. Consistent with Hoffman, reasoning and a punishment-reasoning combination were most effective at a moderate level of toddler distress. Thus, firm reasoning and a combination of reasoning with mild punishment are recommended. Copyright © 1994 Blackwell Publishing.

Larzelere, R. E., Amberson, T. G., & Martin, J. A. (1992). **Age differences in perceived discipline problems from 9 to 48 months.** *Family Relations*, 41, 192-199.

This study investigates age differences in the perceived frequency of discipline problems among preschoolers. There were clear-cut peaks in behavior occurrences at 30 to 36 months for total items and for four of five scales on the Toddler Behavior Checklist. However, by 48 months there were significant decreases from a peak in discipline problems only for the Physical Aggression and Immaturity scales. There were no gender or socioeconomic differences. Age-specific means and standard deviations provide a basis of comparison for family practitioners. Copyright © 1992 Blackwell Publishing.





## Other Research

### Behavioral Theory and Interventions

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Since the mid-1990s, youth admitted to Boys Town programs and their families have presented a variety of clinical problems requiring specialized assessment and treatment methods. Therefore, it was necessary to develop and evaluate a number of clinical techniques that could be applied in treatment settings to address problems such as Attention Deficit/Hyperactivity Disorder (ADHD), bed-wetting and soiling, anger management, bedtime problems and sleep disorders, out-of-control behaviors, poor peer relationships, learning challenges, anxiety and worry, phobias, depression, and habits.

### In Press

*Articles designated as “in press” will be available for order when they are published.*

Friman, P. C. (in press). **Enuresis and Encopresis**. In G. P. Koocher, J. C. Norcross, & B. A. Greene (Eds.), *Psychologists' desk reference (3rd ed.)*. New York: Oxford University Press.

Friman, P. C., & Christophersen, E. R. (in press). **Enuresis**. In R. Cautin & S. Lillienfeld (Eds.), *Encyclopedia of Clinical Psychology*. New York: Wiley-Blackwell.

Friman, P. C., & Shaw, S. (in press). **Exceptional clinical acumen: Comments on N'zi and Eyberg's chapter on parent child interactional therapy**. In W. O'Donohue & S. O. Lillienfeld (Eds.), *Case studies in clinical psychological science: Bridging the gap from science to practice*. Oxford, NY: Oxford University Press.

Snyder, G. S. & Shaw, S. (in press). **Applications of small-n research design in child and adolescent sexuality**. In W. O'Donohue & D. Bromberg (Eds.), *Handbook of child and adolescent sexuality: Developmental and forensic psychology*. Elsevier. doi:10.1016/B978-0-12-387759-8.00004-0

Group-based experimental designs employ random assignment, statistical probability, and sample size to establish causality between measured variables. While such programs of study are helpful when evaluating and comparing treatment effectiveness in large populations, small-n designs complement traditional large-group experimental paradigms by providing individual level response to treatment/intervention which is highly valued when exploring challenging phenomena within child and adolescent sexual development. The current chapter aims to broaden the methodological repertoire of existing clinicians and researchers operating in the field of child and adolescent sexual development through the introduction of the most frequently employed small-n methods and will include examples and considerations for normative and problematic sexualized behavior of children and adolescents. Copyright © 2012 Elsevier Ltd.

### Published

Friman, P. C., Reimers, T. M., & Legerski, J. P. (2012). **Enuresis and encopresis**. In E. Szigethy, J. Weisz, & R. Findling (Eds.), *Cognitive behavior therapy for children and adolescents* (pp. 467-512). Arlington, VA: American Psychiatric Publishing.

This chapter describes in meticulous detail the important dimensions of enuresis and encopresis, including definition, epidemiology, assessment and classification, etiology, and treatment. Although the chapter is richly descriptive, there is a definitive emphasis on treatment.

Schnoes, C. J. (2011). **The bedtime pass.** In M. Perlis, M. Aloia, & B. Kuhn (Eds.), *Behavioral treatments for sleep disorders: A comprehensive primer of behavioral sleep medicine interventions* (pp. 293-298). New York: Elsevier.

This chapter describes the bedtime pass, which is a viable and effective strategy to employ for children who present with bedtime struggles or bedtime refusal. Bedtime difficulties typically include resistance to going to bed and falling asleep. Such behaviors are reinforced or sustained by delaying bedtime, and maintaining contact with caregivers. Copyright © 2011 Elsevier, Inc.

Snyder, G. S., & Friman, P. (2011). **Habitual stereotypical movements: A descriptive analysis of four common types.** In J. E. Grant, D. J. Stein, D. W. Woods, & N. J. Keuthen (Eds.), *Trichotillomania, skin picking and other body-focused repetitive behaviors* (pp. 43-64). Washington, DC: American Psychiatric Publishing.

This chapter is devoted to habitual stereotypical movements in typically developing children. Four examples are presented including thumb sucking, nail biting, Stereotypical Movement Disorder, and head banging. Each session includes segments focused on definition, epidemiology, clinical characteristics, prognosis, and treatment. Copyright © 2011 American Psychiatric Association.

Christophersen, E. R., & Friman, P. C. (2010). *Elimination disorders in children and adolescents*. Cambridge, MA: Hogrefe.

The aim of this book is to provide readers with a practical overview of the definitions, characteristics, theories and models, diagnostic and treatment recommendations, and relevant aspects and methods of evidence-based psychosocial treatments for encopresis and enuresis, primarily in children. Although treatments and research for elimination disorders are reviewed in general, particular attention is directed at constipation and encopresis, toileting refusal, and diurnal and nocturnal enuresis due to the high incidence of these conditions in children. Case vignettes, websites, and suggestions for further reading are provided for the interested reader. Copyright © 2010 Hogrefe.

Friman, P. C. (2010). **Encopresis.** In I. B. Weiner & W. E. Craighead (Eds.), *The Corsini encyclopedia of psychology* (4th ed., Vol. 2, pp. 572-573). New York: Wiley.

This chapter provides a brief description of encopresis: the definition, including subtypes; underlying causes; and treatment. Copyright © 2010 John Wiley & Sons, Inc.

Friman, P. C. (2010). **Enuresis.** In I. B. Weiner & W. E. Craighead (Eds.), *The Corsini encyclopedia of psychology* (4th ed., Vol. 2, pp. 576-578). New York: Wiley.

This chapter provides a brief description of enuresis: the definition, including subtypes; underlying causes; and treatment. Copyright © 2010 John Wiley & Sons, Inc.

Friman, P. C. (2010). **Bed wetting.** In G. P. Koocher & A. M. La Greca (Eds.), *The parents' guide to psychological first aid: Helping children and adolescents cope with predictable life crises* (pp. 9-12). New York: Oxford University Press.

This is a brief description of enuresis, its causes, and treatment. Copyright © 2010 Oxford University Press.

Friman, P. C. (2010). **Fecal soiling.** In G. P. Koocher & A. M. La Greca (Eds.), *The parents' guide to psychological first aid: Helping children and adolescents cope with predictable life crises* (pp. 13-16). New York: Oxford University Press.

This is a brief description of encopresis, its causes, and treatment. Copyright © 2010 Oxford University Press.

Friman, P. C. (2010). **Toilet training.** In G. P. Koocher & A. M. La Greca (Eds.), *The parents' guide to psychological first aid: Helping children and adolescents cope with predictable life crises* (pp. 5-8). New York: Oxford University Press.

This is a brief description of when and how to begin toilet training. Copyright © 2010 Oxford University Press.

Friman, P. C., & Freeman, K. A. (2010). **Enuresis and encopresis.** In J. C. Thomas & M. Hersen (Eds.), *Handbook of clinical psychology competencies, Vol. III: Intervention and treatment for children and adolescents* (pp. 1371-1402). New York: Springer Publishing Co.

In this chapter, we describe the assessment and treatment of enuresis and encopresis. We first review literature on the symptoms, causes, and evidence-based treatments of each condition separately. We also incorporate a discussion of the mechanisms of change underlying effective intervention. Then, using Ryle's (1949) distinction between "knowing how" and "knowing that" as a framework, we discuss the basic competencies one should possess to address these clinical issues. A major reason for distinguishing between the "knowing how" and "knowing that" skill sets is that some clinicians teach and others practice. Based on this framework, we argue that demonstration of basic competency entails the clinician having the skills to conduct effective assessment and treatment of enuresis and/or encopresis, or the skills necessary to tell others (e.g., supervisees) how to do so. These skills include a thorough knowledge of the physiology of urination and defecation, potential pathophysiology of elimination disorders, the ability to effectively interface with medical providers regarding their treatment, and a strong working knowledge of evidence based treatments and their mechanisms of change. In our discussion of expert competency, we use no such distinction between "knowing how" and "knowing that", as an expert should be skilled in both. Further, expert competency in enuresis and encopresis entails the verbal and performance knowledge base to make scholarly contributions to the field, either by conducting one's own research or serving as a consultant to other research programs. Thus, an expert in this area is well poised to contribute to the field of elimination disorders as a master clinician, a specialty supervisor, and/or as a contributing researcher. Copyright © 2010 Springer.

Warzak, W. J., & Friman, P. C. (2010). **Moisture alarm therapy for primary nocturnal enuresis.** In M. Perlis, M. Aloia, B. Kuhn, & D. Posner (Eds.), *Behavioral treatments for sleep disorders: A comprehensive primer of behavioral sleep medicine interventions* (pp. 343-350). New York: Elsevier/Academic Press.

Nocturnal enuresis is a very common parasomnia affecting 5-7 million children annually. It is largely an inherited condition wherein children involuntarily pass urine while they sleep. The moisture alarm is the single best evidence-based intervention to treat this disorder. This chapter provides a rationale and detailed description of how to use the moisture alarm intervention. Copyright © 2010 Elsevier.

Ellis, C. R., & Schnoes, C. J. (2009). **Eating disorder, pica.** Retrieved from <http://emedicine.medscape.com/article/914765-overview>.

Pica is an eating disorder typically defined as the persistent ingestion of nonnutritive substances for a period of at least 1 month at an age at which this behavior is developmentally inappropriate (e.g., >18-24 mo). This article provides an overview of the disorder, including differential diagnosis and workup, treatment and medication, and follow-up. Copyright © 2009 Medscape.

Ellis, C. R., & Schnoes, C. J. (2009). **Eating disorder, rumination.** Retrieved from <http://emedicine.medscape.com/article/916297-overview>.

Rumination is characterized by the voluntary or involuntary regurgitation and rechewing of partially digested food that is either reswallowed or expelled. This article provides an overview of the disorder, including differential diagnosis and workup, treatment and medication, and follow-up. Copyright © 2009 Medscape.

Ellis, C. R., Roberts, H. J., & Schnoes, C. J. (2009). **Anxiety disorder, trichotillomania.** Retrieved from <http://emedicine.medscape.com/article/915057-overview>.

Trichotillomania is characterized by the persistent and excessive pulling of one's own hair, resulting in noticeable hair loss. This article provides an overview of the disorder, including differential diagnosis and workup, treatment and medication, follow-up, and detailed photos. Copyright © 2009 Medscape.

Schnoes, C. J., & Reimers, T. M. (2009). **Assessment and treatment of child and adolescent sleep disorders.** In D. McKay & E. A. Storch (Eds.), *Cognitive-behavior therapy for children: Treating complex and refractory cases* (pp.293-324). New York: Springer.

This chapter provides a comprehensive review of sleep disorders among children and adolescents. The content addresses assessment, diagnosis, and treatment of sleep disorders. Factors that contribute to poor treatment response are also addressed. A refractory case is presented to illustrate the treatment approach with attention to the cognitive behavior therapy component of treatment. The book is intended for researchers, clinicians, and students. Copyright © 2009 Springer Publishing Company.

Friman, P. C. (2008). **Behavior assessment.** In D. Barlow, M. Nock, & M. Hersen (Eds.), *Single case experimental designs: Strategies for studying behavior change* (3rd ed., pp. 99-134). Boston: Allyn & Bacon.

The chapter reviews all the relevant domains in behavioral assessment: definition of behavior, selection of behaviors to assess, measurement tactics, observational methods, reliability, validity, and functional analysis. Copyright © 2008 Allyn & Bacon, Inc.

Friman, P. C., Resetar, J., & DeRuyk, K. (2008). **Encopresis: Biobehavioral treatment.** In W. O'Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (2nd ed., pp. 187-196). New York: Wiley.

This chapter provides an in-depth description of the biobehavioral treatment approach for encopresis. The chapter also includes a description of a preventive intervention for encopresis. Copyright © 2008 John Wiley & Sons, Inc.

Friman, P. C. (2008). **Evidence-based therapies for enuresis and encopresis.** In R. G. Steele, T. D. Elkin, & M. C. Roberts (Eds.), *Handbook of evidence-based therapies for children and adolescents: Bridging science and practice* (pp. 311-333). New York: Springer.

This paper reviews the state of the scientific literature on enuresis and encopresis across all relevant dimensions of those disorders. Copyright © 2008 Springer Publishing.

Friman, P. C. (2008). **Time-out, time-in, and task-based grounding.** In W. O'Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (2nd ed., pp. 557-564). Hoboken, NJ: Wiley.

This chapter describes the use of time-out as a child disciplinary tactic. Time-out is a procedure that minimizes preferred experience and is used in response to inappropriate child behavior. The underlying processes of time-out are explained and the evidence of effectiveness is reviewed. The author describes the role of time-in with respect to time-out. Steps describing the actual use of time-out are provided. For older children (i.e., ages 7 – 16) the use of task-based grounding is recommended. This approach combines the customary elements of grounding (e.g., restriction of freedoms) with performance-based release criteria. Copyright © 2008 John Wiley & Sons, Inc.

Reimers, T. M., Stoller, C. M., Schlueter, C. L., & Johnson, K. I. (2008). **Boys Town's functional assessment team: An approach for evaluating challenging behavior.** *Teaching-Family Association Newsletter*, 34(2) 6-14.

This article describes the functional assessment team at Boys Town. It is comprised of approximately two dozen staff from various departments who meet on a regular basis to evaluate challenging behaviors of youth who live on campus. The methodology used by the team to evaluate the functional components of these challenging behaviors is described. Copyright © 2008 Teaching-Family Association.

Cataldo, M. F., Kahng, S., DeLeon, I. G., Martens, B. K., Friman, P. C., & Cataldo, M. (2007). **Behavioral principles, assessment, and therapy.** In M. L. Batshaw, L. Pellegrino & N. J. Roizen (Eds.), *Children with disabilities* (6th ed., pp. 539-555). Baltimore: Brookes.

This chapter is a broad-based exploration of behavioral analytic theory and application as both pertain to children with developmental disabilities. In addition, a small subsection is devoted to routine behavior problems that occur in developmentally delayed and typically developing populations of children. Copyright © 2007 Brookes Publishing.

Friman, P. C. (2007). **Encopresis and enuresis.** In M. Hersen (Ed.-in-Chief) & D. Reitman (Vol. Ed.), *Handbook of psychological assessment, case conceptualization, and treatment, Vol. 2: Children and adolescents* (pp. 589-621). Hoboken, NJ: Wiley.

This chapter discusses the two most commonly occurring elimination disorders affecting children: functional encopresis (FE) and nocturnal enuresis (NE). The structure for each section is virtually identical: (a) a description of the disorders with information on diagnosis and assessment; (b) conceptualizations of the disorders discussed in terms of development, learning and modeling, parental issues, life events, genetic influences, peer influences, physical factors affecting behavior, drugs affecting behavior, and cultural and diversity issues; (c) behavioral treatment; (d) medical treatment; and (e) a case description. Because of space limitations, the section on enuresis is confined to the nocturnal type (NE), which is by far the most prevalent. Copyright © 2008 John Wiley & Sons, Inc.

Friman, P. C. (2007). **The fear factor: A functional perspective on anxiety.** In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (pp. 335-355). San Diego: Elsevier.

Danger lurks in every part of human life, and fear is a ubiquitous human emotion. But human fear is not confined to true danger. The range of fear extends to almost all human experiences. People are afraid of sex, lack of sex, affection, lack of affection, attention, lack of attention, being with others, being alone, flying, missing a flight, riding, missing a ride, walking, not being able to walk, getting lost, being found, eating too much, eating too little, and other examples too numerous to list. Humans are also afraid of more abstract phenomena such as the past, future, unknown, freedom, or restriction. Many people do not know why they are afraid nor what of, but they do experience chronic fear. Currently, the most widely used categorical term for fear that does not involve true danger is *anxiety*, and this chapter will address it from a functional perspective. Copyright © 2007 Elsevier Academic Press.

Moore, B. A., Friman, P. C., Fruzzetti, A. E., & MacAleese, K. (2007). **Brief report: Evaluating the Bedtime Pass Program for child resistance to bedtime -- A randomized, controlled trial.** *Journal of Pediatric Psychology*, 32, 283-287.

**Objective:** To evaluate the Bedtime Pass Program (BPP), an extinction-based procedure for treating bedtime resistance in typically developing children. **Methods:** A randomized, controlled trial in which nineteen 3- to 6-year-old children demonstrating bedtime resistance were randomly assigned to a Bedtime Pass or Monitoring Control group. The experimental condition involved parent monitoring plus the Bedtime Pass: a card exchangeable for one parental visit or excused departure from the room after bedtime, with parents ignoring subsequent bids for attention. **Results:** Children in the Bedtime Pass condition left their rooms and called and cried out significantly less frequently than controls. They demonstrated significant reductions in the time required to get to sleep each night. Treatment effects were maintained at 3-month follow-up. Parents reported high levels of satisfaction and treatment acceptability.



**Conclusions:** BPP is a noncomplex, socially acceptable, effective treatment for bedtime resistance. It retains the powerful effects of extinction-based procedures without the “extinction burst.” Copyright © The Author 2006. Published by Oxford University Press on behalf of the Society for Pediatric Psychology.

Williams, K. L., Zhe, E. J., Resetar, J. L., Axelrod, M. I., & Friman, P. C. (2007). **The role of contingency management and parent training in the treatment of pediatric and adolescent obesity.** In W. T. O'Donohue, B. A. Moore, & B. J. Scott (Eds.), *Handbook of pediatric and adolescent obesity treatment* (pp. 89-103). New York: Routledge.

This chapter begins with a brief overview of contingency management and related behavioral components. Next, developmental considerations in the use of contingency management to treat pediatric and adolescent obesity are considered. Third, practical applications and recommendations for practitioners working with children and families with medical and mental health clinics are provided. Finally, future research directions are discussed. Copyright © 2007 Routledge.

Williams, W. L., Jackson, M., & Friman, P. C. (2007). **Encopresis and enuresis.** In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (pp. 171-191). San Diego: Elsevier.

Two of the most common presenting complaints in primary medical care for children involve disordered elimination, specifically enuresis and encopresis. The vast majority of cases are functional and their comprehensive assessment readily yields the identity of functionally relevant variables that can either be modified through behavioral intervention or manipulated to bring about modifications in behavior related to elimination. This paper reviews the state of the science on encopresis and enuresis across all relevant dimensions. Copyright © 2007 Elsevier Academic Press.

Ellis, C. R., Schnoes, C. J., & Roberts, H. J. (2006). **Childhood habit behaviors and stereotypic movement disorder.** Retrieved from <http://emedicine.medscape.com/article/914071-overview>.

Habit disorders, now subsumed under the diagnostic term stereotypic movement disorder, consist of repetitive, seemingly driven, and nonfunctional motor behaviors that interfere with normal activities or that result in bodily injury. This article provides an overview of the disorders, including differential diagnosis and workup, treatment and medication, and follow-up. Copyright © 2006 Medscape.

Field, C. E., & Friman, P. C. (2006). **Encopresis.** In J. E. Fisher & W. T. O'Donohue (Eds.), *Practitioner's guide to evidence-based psychotherapy* (pp. 277-283). New York: Springer.

Encopresis is generally defined as fecal incontinence, not resulting from physiological defect, among children with the developmental ability necessary to attain continence. This paper provides a state-of-the-art description of treatment-based approaches to functional encopresis that are empirically supported. Copyright © 2006 Springer Publishing.

Friman, P. C. (2006). **Eschew obfuscation: A colloquial description of contingent reinforcement.** *European Journal of Applied Behavior Analysis*, 7(2), 107-109.

This paper provides a plain English description of contingent reinforcement along with multiple examples. Copyright © 2006 Norwegian Association for Behavior Analysis.

Friman, P. C. (2006). **The future of applied behavior analysis is under the dome.** *The Association for Behavior Analysis International Newsletter*, 29, 4-5.

This paper argues that if the field of applied behavior analysis is to expand, it must start to address problems that afflict the mainstream of the population in the United States. Tremendous gains have been made in extreme populations, such as individuals with serious disabilities. Much less progress has been made on problems that are less severe and more prevalent. Copyright © 2006 The Association for Behavior Analysis International.

Friman, P. C., & Hawkins, R. O. (2006). **Contribution of establishing operations to antecedent intervention: Clinical implications of motivating events.** In J. K. Luiselli (Ed.), *Antecedent assessment & intervention: Supporting children & adults with developmental disabilities in community settings* (pp. 31-52). Baltimore: Brookes.

The concept of reinforcement dramatically expanded the scientific capacity to predict and influence behaviors, and, for this reason, it has been a cornerstone of the science of behaviors as conducted by operant psychologists for almost 70 years (e.g., Skinner, 1938). This science is exceptionally conservative, and to say it does not readily admit new concepts into its canonical conceptual armamentarium is to understate the case radically. Nonetheless, a new concept, the establishing operation (EO), has emerged and is increasingly influencing not just interpretations of behavioral science but even its most conservative practitioners. Foreshadowed in the writings of Skinner (e.g., 1953) as well as seminal operant tests (e.g., Keller & Schoenfeld, 1950), the EO has been technically distinguished as a conceptual entity in its own right for only a little more than 20 years (Michal, 1982). Before delving into its origins and technical details, however, this chapter gives a brief discussion of motivational events, the overarching concept that includes EOs. Copyright © 2006 Brookes Publishing Co.

Friman, P. C., Hofstadter, K. L., & Jones, K. M. (2006). **A biobehavioral approach to the treatment of functional encopresis in children.** *Journal of Early and Intensive Behavior Intervention*, 3, 263-272.

Functional encopresis (FE) refers to the repeated passage of feces into inappropriate places at least once per month for at least three months. Treatment of FE targets the processes that cause or exacerbate the condition, including reducing colonic motility, constipation, and fecal impaction. The cardinal elements of successful treatment include “demystifying” the elimination process, bowel evacuation, stool softeners, prompts and reinforcement for proper toileting habits, and dietary modifications. Despite misinformation and misinterpretations of encopresis, the assessment and treatment of this condition actually represent one of the most successful achievements of behavior therapy. Copyright © 2006 Joseph D. Cautilli.

Watson, T. S., Foster, N., & Friman, P. C. (2006). **Treatment adherence in children and adolescents.** In W. T. O'Donohue & E. R. Levensky (Eds.), *Promoting treatment adherence: A practical handbook for health care providers* (pp. 343-351). Thousand Oaks, CA: Sage.

Treatment effectiveness is a moot issue if treatment recommendations are not followed. Research indicates that approximately half the families receiving psychological services do not adhere to treatment recommendations. Although treatment adherence is problematic across clinical populations, it is particularly challenging with children and adolescents because there are at least two sources of non-adherence, the children and their parents. Thus, establishing acceptable levels of adherence requires examining parent and child variables that either facilitate or impede adherence to treatment recommendations. This article summarizes recent research on scientifically supported methods for improving compliance with prescribed psychological treatments by children and their parents. Copyright © 2006 SAGE Publications, Inc.

Field, C., & Friman, P. C. (2005). **Positive reinforcement.** In M. Hersen, A. M. Gross & R. S. Drabman (Eds.), *Encyclopedia of behavior modification and cognitive behavior therapy: Vol. 2. Child clinical applications* (pp. 961-966). Thousand Oaks, CA: Sage.

A positive reinforcer is a stimulus the presentation of which, or contact with which, increases the probability of responses that produce the presentation of contact. Positive reinforcement is the descriptive label for the relationship between the stimulus, the presentation or contact, and the change in probability. This chapter is a user-friendly description of positive reinforcement, a cornerstone of operant theory. Copyright © 2005 SAGE Publications, Inc.

Friman, P. C. (2005). **Negative reinforcement.** In M. Hersen, A. M. Gross & R. S. Drabman (Eds.), *Encyclopedia of behavior modification and cognitive behavior therapy: Vol. 2. Child clinical applications* (pp. 916-919). Thousand Oaks, CA: Sage.

A negative reinforcer is a stimulus the withdrawal or escape from which, or the postponement, termination, or avoidance of which, increases the probability of responses that produce any of the events. Negative reinforcement is the descriptive label for the relationship between the stimulus, the events, and the change in probability. This chapter is a user-friendly description of negative reinforcement, a complex concept in operant psychology. Copyright © 2005 SAGE Publications, Inc.

Friman, P. C. (2005). **Time-out.** In S. Lee (Ed.), *Encyclopedia of school psychology* (pp. 568-570). Thousand Oaks, CA: Sage.

Time-out is the most commonly used procedure of child disciplinary tactic in the United States. This involves limiting a child's access to preferred experiences, especially social interaction and all forms of entertainment. This chapter describes the concept of time-out, its theoretical background, its conceptual description, and steps toward effective use. Copyright © 2005 SAGE Publications, Inc.

Friman, P. C., & Jones, K. M. (2005). **Behavioral treatment for nocturnal enuresis.** *Journal of Early and Intensive Behavior Intervention*, 2, 259-267.

Nocturnal enuresis is one of the most prevalent and distressing of all childhood problems. The treatment of nocturnal enuresis has shifted in the past few decades from a strictly psychopathological perspective to a biobehavioral perspective. Although the primary clinical features of this disorder are medical/organic, there is currently strong evidence for a behavioral treatment package consisting of the urine alarm and various skills-oriented components. Alternative devices, methods, and adjunctive components are reviewed and presented in the context of an optimal treatment plan. Copyright © 2005 Joseph D. Cautilli.

Hoff, K. E., Ervin, R. A., & Friman, P. C. (2005). **Refining functional behavioral assessment: Analyzing the separate and combined effects of hypothesized controlling variables during ongoing classroom routines.** *School Psychology Review*, 34, 45-57.

This article presents results from an investigation using functional assessment strategies in a general education classroom for an early adolescent diagnosed with ADHD/ODD. In the first phase of the assessment, data were collected from teacher interviews, student interviews, and direct observations to generate hypotheses regarding the association between classroom environmental conditions and the occurrence of disruptive behavior. The hypotheses were then evaluated in the context of regularly occurring classroom activities. Based on the data obtained through the functional assessment procedure, a classroom intervention was designed, implemented, and evaluated. Results indicated the intervention was successful in decreasing the participant's disruptive behavior. Further, the teacher and student report high acceptability for the assessment and intervention. Project findings are discussed in terms of bridging the gap between research and practice, conducting a functional behavioral assessment (FBA) within applied settings, and the use of FBA for behaviors that are potentially under the control of multiple maintaining functions. Copyright © 2005 National Association of School Psychologists.

Barnes-Holmes, Y., Barnes-Holmes, D., Smeets, P. M., Strand, P., & Friman, P. (2004). **Establishing relational responding in accordance with more-than and less-than as generalized operant behavior in young children.** *International Journal of Psychology and Psychological Therapy*, 4, 531-558.

The current study constitutes the first attempt to generate repertoires of relational responding, as generalized operant behaviors, when they are found to be absent in young children, using interventions suggested by Relational Frame Theory. Three children, aged between four and six years, were exposed to a basic problem-solving task that involved two or three identically-sized paper coins in an attempt to test and train patterns of relational responding in accordance with more-than and less-than. On each trial, the experimenter described how the coins compared to one another in terms of their value, and the child was then asked to pick the coin that would "buy as many sweets as possible." All three participants failed to pass baseline tests for specific patterns of arbitrary more and less responding. Interventions suggested by

Relational Frame Theory, including training and testing across stimulus sets, were then successfully used to establish increasingly complex patterns of relational responding in all three children. Generalization tests demonstrated that the relational responding successfully generalized to novel stimuli and to a novel experimenter. In addition, the use of a non-contingent reinforcement condition for one participant, during which no improvement was made, together with contingency reversals for all children, indicated that the trained and tested relational responding may be considered a form of generalized operant behavior. These findings lend positive support to Relational Frame Theory's approach to derived relational responding, and to the functional analysis of human language and cognition. Alternative interpretations of the data are also considered. Copyright © 2004 International Journal of Psychology and Psychological Therapy.

Christophersen, E. R., & Friman, P. C. (2004). **Elimination disorders.** In R. T. Brown (Ed.), *Handbook of pediatric psychology in school settings* (pp. 467-487). Mahwah, NJ: Erlbaum.

This chapter is a comprehensive description of enuresis, encopresis, and delayed toilet training. Included within the chapter are prevalence data, causes and correlates information, and recommendations for treatment. Copyright © 2004 Lawrence Erlbaum Associates, Inc.

Handwerk, M. L. (2004). **Conduct disorder.** In T. S. Watson & C. H. Skinner (Eds.), *Encyclopedia of school psychology* (pp. 65-69). New York: Kluwer.

Conduct disorder (CD) is one of the most prevalent childhood disorders and it accounts for more than half of all childhood clinical referrals. This brief chapter outlines diagnosis, prognosis, correlates, and treatment of conduct disorder. Copyright © 2004 Kluwer Academic / Plenum Publishers.

Tarbox, R. S., Williams, W. L., & Friman, P. C. (2004). **Extended diaper wearing: Effects on continence in and out of the diaper.** *Journal of Applied Behavior Analysis*, 37, 97-100.

Diaper use is widespread and possibly even increasing across diverse populations in the United States, ranging from infants to very old adults. We found no reports of an experimental analysis of the effect of wearing diapers on the frequency of urinary accidents and attainment of continence skills (e.g., urinating in the toilet). In this study, we used a withdrawal design to evaluate the effect of wearing diapers on daily urinary accidents and successful voids for an adult who had been diagnosed with mental retardation. Results indicated that wearing diapers increased the rate of accidents and decreased the rate of successful voids. Clinical implications of these results are discussed. Copyright © 2004 Society for the Experimental Analysis of Behavior, Inc.

Twohig, M., & Friman, P. C. (2004). **Personality theory: Operant.** In T. S. Watson & C. H. Skinner (Eds.), *Encyclopedia of school psychology* (pp. 239-242). New York: Kluwer.

This article describes personality in terms and concepts supplied by operant psychology. In other words, it is a "behavioralized" description of a psychological concept that has long been dominated by hypothetical constructs rather than abstractions drawn from direct observations. This article is a corrective for that tradition. Copyright © 2004 Kluwer Academic / Plenum Publishers.

Drews, A., & Friman, P. C. (2003). **Trichotillomania.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 685-687). New York: Kluwer.

Trichotillomania is described in the dermatological literature as the chronic pulling of one's hair resulting in noticeable hair loss or alopecia. This chapter describes trichotillomania, its prevalence, causes, and treatments. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Friman, P. C. (2003). **Biobehavioral approach to bowel and toilet training treatment.** In W. O'Donohue, J. E. Fisher, & S. C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 51-58). Hoboken, NJ: Wiley.

Functional encopresis (FE) is a common, undertreated, and often overinterpreted form of fecal incontinence. When left untreated, FE is more likely than other forms of incontinence such as enuresis to lead to serious and potentially life-threatening medical sequelae and seriously impaired social acceptance, relations, and development. This chapter is a comprehensive, user-friendly description of encopresis and delayed toilet training. The chapter includes information on prevalence, causes and correlates, and a step-by-step guide for treatment. Copyright © 2003 John Wiley & Sons, Inc.

Friman, P. C. (2003). **Finger sucking.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 238-240). New York: Kluwer.

Sucking itself is an essential human activity that begins reflexively and continues because of the psychophysiological results it produces. Nonnutritional sucking (NNS), a virtually universal human activity in early life, occurs when children suck objects that are incapable of providing nutrition such as fingers, toes, portions of the caregiver's body, or objects designed ad hoc, termed pacifiers in American culture and dummies in others. This chapter describes finger sucking, its associated side effects, and effective treatments. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Friman, P. C. (2003). **Nail biting.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 394-395). New York: Kluwer.

Nail biting (onychophagia) is the eponymous term for repetitive biting and/or chewing of the finger (and sometimes toe) nails. This chapter describes nail biting, its prevalence, causes and correlates, theoretical perspectives, and recommendations for treatment. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Friman, P. C., & Finney, J. W. (2003). **Time-out (and time-in).** In W. O'Donohue, J. E. Fisher, & S. C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 429-435). Hoboken, NJ: Wiley.

Time-out is the most commonly used child disciplinary tactic in the United States. This chapter describes time-out, its research basis, how to use it, and some ideas about what to use it for. Copyright © 2003 John Wiley & Sons, Inc.

MacAleese, K. R., & Friman, P. C. (2003). **Stereotypic movement disorder.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 642-643). New York: Kluwer.

Stereotypic movement disorder (SMD) is a diagnostic classification of motor behavior that is repetitive, often seemingly driven, has no apparent purpose, markedly interferes with normal activities, can result in self-inflicted bodily harm and is not better accounted for by a compulsion, a tic, a stereotypy that is part of a Pervasive Developmental Disorder, or hair pulling. This chapter describes stereotypic movement disorder, its frequency, clinical correlates, and treatments. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Spear, S., & Friman, P. C. (2003). **Breath-holding spells.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 71-73). New York: Kluwer.

Breath-holding spells are common in healthy, otherwise normal infants and young children, have a dramatic presentation, and are often terrifying for parents to observe. This chapter describes breath-holding spells in terms of prevalence, causes and correlates, and treatments. Copyright © 2003 Kluwer Academic / Plenum Publishers.



Twohig, M., & Friman, P. C. (2003). **Habit reversal.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 271-272). New York: Kluwer.

This chapter describes one of the most effective treatments ever devised for habit disorders called habit reversal. It also describes some of its successful applications. Habit reversal is a multicomponent treatment procedure for repetitive behavior problems. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Twohig, M., & Friman, P. C. (2003). **Tic disorders: Tourette's disorder, chronic tic disorder, and transient tic disorder.** In T. H. Ollendick & C. S. Schroeder (Eds.), *Encyclopedia of clinical child and pediatric psychology* (pp. 669-671). New York: Kluwer.

The American Psychiatric Association defines tics as sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations. This chapter describes mild and chronic tic disorders, their frequency and causes, and some of their treatments. Copyright © 2003 Kluwer Academic / Plenum Publishers.

Byrd, M. R., Richards, D. F., Hove, G., & Friman, P. C. (2002). **Treatment of early onset hair pulling as a simple habit.** *Behavior Modification*, 26, 400-411.

The authors evaluated the effects of response prevention, a treatment previously shown to be effective for routine thumb sucking and suggested to be effective for early onset trichotillomania, applied to hair pulling in a 2-year-old. Response prevention was used alone in two settings (bedtime and naptime) and combined with a brief time-out in another (daytime). The authors also used a novel assessment, weight of hairs pulled, and the results indicated complete cessation of hair pulling. These results add to a growing literature suggesting early onset hair pulling may be more appropriately classified as a benign habit than as trichotillomania. Copyright © 2002 SAGE Publications, Inc.

Friman, P. C., Byrd, M. R., & Oksol, E. M. (2001). **Characteristics of oral-digital habits.** In D. W. Woods & R. G. Miltenberger (Eds.), *Tic disorders, trichotillomania, and other repetitive behavior disorders: Behavioral approaches to analysis and treatment* (pp. 197-222). New York: Kluwer.

This chapter discusses two predominant forms of oral-digital habits, thumb/finger sucking and nail biting in terms of their demographics, phenomenology, causes, functions, and clinical associations. Copyright © 2001 Kluwer Academic Publishers.

Woods, D. W., Friman, P. C., & Teng, E. J. (2001). **Physical and social impairment in persons with repetitive behavior disorders.** In D. W. Woods & R. G. Miltenberger (Eds.), *Tic disorders, trichotillomania, and other repetitive behavior disorders: Behavioral approaches to analysis and treatment* (pp. 33-52). New York: Kluwer.

Repetitive behavior disorders (RBD) such as tic disorders, trichotillomania, and a variety of other problematic habitual behaviors can produce a number of detrimental physical and social effects. In this chapter, we review a representative sample of harmful sequela from these disorders. Not all clients will suffer from, or be at risk for all negative effects discussed in this chapter, but clinicians should be aware of the potential for the presentation or development of multiple untoward effects of RBDs, and multiple representative examples will be described. Copyright © 2001 Kluwer Academic Publishers.

Woods, D. W., Watson, T. S., Wolfe, E., Twohig, M. P., & Friman, P. C. (2001). **Analyzing the influence of tic-related talk on vocal and motor tics in children with Tourette's Syndrome.** *Journal of Applied Behavior Analysis*, 34, 353-356.

This study examined the effect of tic-related talk on the vocal and motor tics of two boys with Tourette's syndrome. Using ABAB withdrawal designs, the boys were alternately exposed to conditions with and without talk of their tics. For both boys, vocal tics markedly increased when talk pertained to tics and decreased when talk did not pertain to tics, but motor tic covariance was less consistent. Copyright © 2001 The Society for the Experimental Analysis of Behavior, Inc.



Friman, P. C., Hoff, K. E., Schnoes, C., Freeman, K. A., Woods, D. W., & Blum, N. (1999). **The bedtime pass: An approach to bedtime crying and leaving the room.** *Archives of Pediatrics & Adolescent Medicine*, 153, 1027-1029.

Objective: To evaluate a novel intervention for bed-time problems. Design: We used an ABAB withdrawal-type experimental design. Setting: The intervention was prescribed in an outpatient primary health care context and evaluated in the home setting. Participants: Two normally developing boys aged three and ten years were the primary participants. Twenty parents and 23 practicing pediatricians rated the acceptability of the intervention. Intervention: A bedtime pass, exchangeable for one excused departure from bedroom after bedtime. Main Outcome Measures: For both primary participants, instances of crying and/or coming out from the bedroom after bedtime; for the 20 parents and 23 pediatricians, comparative ratings of acceptability for the pass and two other commonly used approaches to bedtime problems (ignoring crying and letting children sleep with their parents). Results: Crying and coming out from the bedroom reduced to zero rates in both children. Pediatricians rated using the pass as significantly more acceptable than letting children sleep with parents and equivalent to ignoring. Parents rated the pass as more acceptable than either alternative. Conclusion: The bedtime pass provides pediatricians with a readily usable, potentially effective, and highly acceptable novel intervention for bedtime problems, one of the most common complaints in outpatient pediatrics. Copyright © 1999 American Medical Association.

Friman, P. C., & Jones, K. M. (1998). **Elimination disorders in children.** In T. S. Watson & F. M. Gresham (Eds.), *Handbook of child behavior therapy* (pp. 239-260). New York: Plenum.

This chapter discusses enuresis and encopresis, the two most commonly occurring elimination disorders in children. The authors review the large bodies of literature on nocturnal enuresis, diurnal enuresis, and functional encopresis. The reviews cover definition, prevalence, etiology, clinical course, and treatment. Sample treatment plans are provided. Copyright © 1998 Plenum Press.

Friman, P. C., Handwerk, M. L., Swearer, S. M., McGinnis, J. C., & Warzak, W. J. (1998). **Do children with primary nocturnal enuresis have clinically significant behavior problems?** *Archives of Pediatrics & Adolescent Medicine*, 152, 537-539.

Objective: To determine if primary nocturnal enuresis (PNE) is accompanied by significant behavioral comorbidity. Design: A survey design using a standardized behavioral rating scale. Settings: Behavioral pediatric clinics in the Midwest. Participants: Subjects with PNE (n=92) were selected from 122 consecutive referrals for enuresis. Criteria included age 5 years or older, PNE status, and wetting frequency of at least once per week. The clinical sample without PNE (N=92) was randomly selected from 429 consecutive referrals to the same pediatric clinics, stratified for age and sex. The nonclinical sample (n=92) was randomly selected by strata from the standardization sample (N=614) of the behavioral checklist used in the study. Main Outcome Measure: The Eyberg Child Behavior Inventory (ECBI), a standardized parent report scale, was used to measure the degree of behavioral comorbidity. The ECBI yields 2 scores, Problem Intensity and Problem Number. Results: Results from 2 separate 3 (group) x 2 (sex) analyses of variance indicated a significant main effect for group on Problem Intensity and Problem Number ( $P < .001$ ). For Problem Intensity, post hoc comparisons indicated the mean of the PNE sample was significantly higher than the mean of the nonclinical sample ( $P < .05$ ), but the main scores of the clinical sample were significantly higher than those of both the PNE and nonclinical samples ( $P < .05$ ). For Problem Number, post hoc comparisons revealed the means of the PNE and nonclinical samples did not differ from each other ( $P > .05$ ) but were lower than the mean of the clinical sample ( $P < .05$ ). Conclusion: Primary nocturnal enuresis does not present with significant behavioral comorbidity in most cases. The results suggest that, with the exception of an extraordinary clinical presentation, pediatricians should treat PNE as a common biobehavioral problem without a psychiatric component. Copyright © 1998 American Medical Association.

Friman, P. C., Hayes, S. C., & Wilson, K. G. (1998). **Why behavior analysts should study emotion: The example of anxiety.** *Journal of Applied Behavior Analysis*, 31, 137-156.

Historically, anxiety has been a dominant subject in mainstream psychology but an incidental or even insignificant one in behavior analysis. We discuss several reasons for this discrepancy. We follow with a

behavior-analytic conceptualization of anxiety that could just as easily be applied to emotion in general. Its primary points are (a) that language-able humans have an extraordinary capacity to derive relations between events and that it is a simple matter to show that neutral stimuli can acquire discriminative functions indirectly with no direct training; (b) that private events can readily acquire discriminative functions; (c) that anxiety disorders seem to occur with little apparent direct learning or that the amount of direct learning is extraordinarily out of proportion with the amount of responding; and (d) that the primary function of anxious behavior is experiential avoidance. We conclude that the most interesting aspect of anxiety disorders may occur as a function of derived rather than direct relations between public events and overt and private responses with avoidance functions. Implicit in this conclusion and explicit in the paper is the assertion that anxiety is a suitable subject for behavior-analytic study. Copyright © 1998 The Society for the Experimental Analysis of Behavior, Inc.

Jones, K. M., Swearer, S. M., & Friman, P. C. (1997). **Relax and try this instead: Abbreviated habit reversal for maladaptive oral self-biting.** *Journal of Applied Behavior Analysis*, 30, 697-700.

We evaluated the effectiveness of an abbreviated habit reversal procedure to reduce maladaptive oral self-biting in an adolescent boy in residential care. Treatment involved a combination of relaxation and two competing responses. Results of a withdrawal design and two posttreatment medical evaluations indicated that the intervention eliminated the biting and the tissue damage it caused. Copyright © 1997 The Society for the Experimental Analysis of Behavior, Inc.

Friman, P. C. (1995). **Nocturnal enuresis in the child.** In R. Ferber & M. Kryger (Eds.), *Principles and practice of sleep medicine in the child* (pp. 107-113). Philadelphia, PA: Saunders.

Nocturnal enuresis is one of the most prevalent and persistent sleep problems in children. Despite extensive clinical research, many enuretic children in the United States remain untreated, mistreated, or treated ineffectively. For example, recent surveys suggest many parents use punishment and/or fluid restriction to treat their children's enuresis, while many primary-care physicians only recommend drug treatment or no treatment at all. Effective skill-based alternatives are available, but they are described infrequently in medical journal and/or medical texts. This chapter briefly discusses enuresis in terms of diagnosis, incidence, etiology, and bladder physiology, and then more thoroughly discusses drug treatments, their limitations, and skill-based treatment alternatives. Copyright © 1995 W.B. Saunders Company.

Friman, P. C., & Poling, A. (1995). **Making life easier with effort: Basic findings and applied research on response effort.** *Journal of Applied Behavior Analysis*, 28(4), 583-590.

Early basic research showed that increases in required response effort (or force) produced effects that resembled those produced by punishment. A recent study by Alling and Poling determined some subtle differences between the two behavior-change strategies, but also confirmed that increasing required effort is an effective response-reduction procedure with enduring effects. In this paper we summarize basic research on response effort and explore the role of effort in diverse applied areas including deceleration of aberrant behavior, attention deficit hyperactivity disorder, oral habits, health care appointment keeping, littering, indexes of functional disability, and problem solving. We conclude that renewed interest in response effort as an independent variable is justified because of its potent effects and because the political constraints imposed on punishment- and reinforcement-based procedures have yet to be imposed on procedures that entail manipulations of response effort. Copyright © 1995 The Society for the Experimental Analysis of Behavior, Inc.

Friman, P. C., Larzelere, R., & Finney, J. W. (1994). **Exploring the relationship between thumb-sucking and psychopathology.** *Journal of Pediatric Psychology*, 19(4), 431-441.

Studied the relationship between chronic thumb-sucking and behavior problems reflective of psychopathology. Compared scores on the Child Behavior Checklist (CBCL) and Eyberg Child Behavior Inventory (ECBI) for matched samples of thumb-sucking, referred, and nonreferred children. Mean scores for the thumb-sucking and nonreferred samples were equivalent and were significantly lower than scores for the referred sample. Comparing scores for older children (8 - 14 yrs) and younger children (4 - 7

yrs) did not produce a significant interaction. Correlating measures of thumb-sucking severity with ECBI and CBCL scores produced only 8 (of 42) significant correlations and a mean correlation of only .09. Results provide little support for the theoretically derived notion that thumb-sucking is necessarily a symptom of psychopathology. Copyright ©1994 Plenum Publishing Corporation.

## Other Research Research Methodology

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Boys Town utilizes a variety of scientific approaches to refine and evaluate programs and services. These approaches include the development and testing of assessment instruments, employing advanced statistical techniques for data analysis, and using best practices in outcome evaluations. For example, Boys Town has developed or revised instruments to help direct-care staff improve the quality of care they provide to youth and families, measure the restrictiveness of a child's living environment, and assess suicide risk in children. Additionally, Boys Town has conducted a series of studies examining the Diagnostic Interview Schedule for Children, a clinical assessment tool designed to assist in the diagnosis of disorders. The articles in this section demonstrate Boys Town's commitment to using scientific methods in assessment, treatment, and evaluation of services for youth and families.

### In Press

*Articles designated as "in press" will be available for order when they are published.*

Duppong Hurley, K., Lambert, M., VanRyzin, M., Sullivan, J., & Stevens, A. (in press). **Therapeutic alliance between youth and staff in residential group care: Psychometrics of the Therapeutic Alliance Quality Scale.** *Children and Youth Services Review*. doi:10.1016/j.childyouth.2012.10.009

Therapeutic alliance has been frequently studied in individual counseling sessions; however, research on therapeutic alliance in residential settings for youth with mental health diagnoses has been limited. This may be due, in part, to the presence of multiple service providers often in caregiving roles. The purpose of this study was to examine the psychometric quality of a widely utilized measure of therapeutic alliance used in psychotherapy with youth in residential care where the treatment is provided by a trained married couple. We also compared the relationship between youth ratings of their male and female service providers, as well as examined correlations in ratings between youth and staff on therapeutic alliance. Finally, we investigated the direction, magnitude, and trajectory of change in therapeutic alliance over a 12-month period following admission into residential care. The method was a longitudinal assessment of 135 youth and 124 staff regarding therapeutic alliance over the course of 12 months or discharge from services. Results indicated strong psychometric properties and high correlations for youth ratings of both their male and female service providers. However, the correlation was low between youth and service provider ratings of alliance. Longitudinal analyses indicated that rates of therapeutic alliance changed over time. Copyright © 2012 Elsevier Ltd.

Duppong Hurley, K., Huscroft, J., Trout, A., Griffith, A., & Epstein, M. (in press). **Assessing parenting skills and attitudes: A review of the psychometrics of parenting measures.** *Journal of Child and Family Studies*.

There are many measures that assess parenting skills or practices, such as behavior, beliefs, coping mechanisms, reactions to stress, or discipline. However, little is known about the psychometric quality of these parenting measures. This information is essential for practitioners and researchers to aide in the selection of the most valid and reliable measures to assess parenting behavior or attitudes. This study examined the psychometric quality among parenting measures published from 1985 to 2009. After the initial search 164 measures were identified, but were reduced to 25 measures that supplied some degree of psychometric information, were published in the United States or Canada, and were in English. Measures were compared across numerous categories including respondent type, norming data, administration type, and ten psychometric variables such as internal consistency, content validity, and predictive validity. Out of the 25 measures, seven had no acceptable psychometric properties, seven had only 1–2 acceptable ratings on psychometric properties, six had between 3 and 4 acceptable psychometric ratings, none had between 5 and 6 acceptable ratings, and only five had strong psychometric properties in seven or more of the 10 categories. Likewise, only five measures provided and norming information and 14 measures provided scoring procedures. Implications, limitations, and recommendations for future research are discussed. Copyright © 2012 Springer.

Hoffman, S., Lambert, M., Nelson, T. D., Trout, A. L., Sullivan, J., Epstein, M. H., & Pick, R. (in press). **Psychometric properties of the PedsQL among youth in a residential treatment setting.** *Quality of Life Research*. doi:10.1007/s11136-012-0327-z

The Pediatric Quality of Life assessment (PedsQL™) is the most widely used measure for assessing adolescent health-related quality of life (HRQoL). While youth in residential treatment facilities face many physical and mental health, behavioral, education, and familial challenges that could impact their HRQoL, no research has sought to assess the factor structure of the PedsQL™ among youth receiving residential care. High school-aged youth ( $N = 229$ ) attending a large residential treatment center in Omaha, NE were recruited to complete a data collection packet comprised of various health assessments including the PedsQL. Four competing confirmatory factor analysis models were used to test the hypothesized internal structure of the PedsQL™ 4.0 Teen Report. Models A, B, and C had acceptable CFI ( $\geq .90$ ), TLI ( $\geq .90$ ), and RMSEA ( $\leq .08$ ) fit indicators. However, factor loadings for items 5 and 6 were problematic. After removing the two problematic items, Model D was fit to the data and proved to be the superior of the four models. This model included two first-order factors (physical health problems; school attendance problems) and one second-order factor (psychological health problems). The findings suggest that researchers and practitioners studying youth in residential settings can reliably use the PedsQL™ to assess their HRQoL. Copyright © 2012 Springer.

### Published

Mason, W. A., Chmelka, M. B., & Thompson, R. W. (2012). **Responsiveness of the Strengths and Difficulties Questionnaire (SDQ) in a sample of high-risk youth in residential treatment.** *Child & Youth Care Forum*, 41(5), 479-492. doi:10.1007/s10566-012-9179-5

Quality assessment of children's functioning is critical for both research and service delivery. The Strengths and Difficulties Questionnaire (SDQ) is a brief, publicly-available instrument that provides such assessment. Although the SDQ has strong psychometric properties, less is known about its responsiveness or sensitivity to detecting change over time. This study examined the responsiveness of the SDQ among high-risk youth and tested the degree to which changes on the SDQ correspond to changes on the Child Behavior Checklist (CBCL), a well-established and lengthier reference measure. Longitudinal SDQ and CBCL data collected as part of routine service delivery were analyzed for 65 youth entering a large residential treatment program. Assessments were obtained both at intake and approximately 3 months into the program. Paired samples t-tests revealed statistically significant decreases in SDQ Conduct Problems and Emotional Symptoms scores, and McNemar's tests showed a statistically significant decrease in the proportion of Conduct Problems cases. Correlations between changes on the SDQ scales and changes on corresponding CBCL scales ranged from .58 to .83. Results from receiver operating characteristic curves indicated that the SDQ was relatively accurate in identifying changes in CBCL diagnostic cases, with overlap across corresponding problem behavior domains ranging from 68 to 81 %. Findings suggest that the SDQ may represent a shorter, low cost alternative to longer measures, such as the CBCL, for use when researchers and practitioners are faced with time or financial constraints associated with the assessment of child functioning over time. Copyright © 2012 Springer.

Ringle, J. L., & Larzelere, R. E. (2012). **The Child Suicide Risk Assessment.** In A. Shrivastava, M. Kimbrell & D. Lester (Eds.), *Suicide from a Global Perspective: Risk Assessment and Management* (pp. 61-66). Hauppauge, New York: Nova Science Publishers.

Suicide among young people is a serious global health problem. However, there are few well developed measures available to screen children under the age of fourteen for suicide risk. This chapter describes the development of the Child Suicide Risk Assessment (CSRA), which was developed to assess a wide range of suicide indicators (e.g., ideations, plans, and attempts) and predictors such suicidal tendencies among children aged 6 to 13 entering mental health services. The CSRA consists of 18 items and has demonstrated adequate internal consistency ( $\alpha = .69$ ) for a multi-dimensional scale (3 factors: worsening depression, lack of support, and death as escape). CSRA scores correlated significantly with criterion measures of prior suicide attempts and ideations. Finally, an ROC curve discriminated significantly



between prior attempters and non-attempters and was used to select preliminary CSRA cut-off scores for identifying substantial suicide risk. The CSRA is one of the first screening measures of suicide risk in pre-adolescents validated by associations with suicide attempts as well as ideations. Copyright © 2012 Nova Science Publishers, Inc.

Snyder, G. S. (2010). **Review of the Bracken Basic Concept Scale, Expressive**. In R. A. Spies, J. F. Carlson, & K. F. Geisinger (Eds.), *The eighteenth mental measurements yearbook*. Lincoln, NE: Buros Institute of Mental Measurements.

The Bracken Basic Concept Scale: Expressive version is an extension and expressive equivalent of the classic Bracken Basic Concept Scale (now referred to as the Bracken Basic Concept Scale, Third Edition: Receptive). With this latest revision the author has successfully created a parallel version to the BBCS-3: Receptive. The review outlines the foundation and psychometrics of the instrument and provides caution in using the instrument to diagnose/identify language impaired children. Copyright © 2010 University of Nebraska Press.

Snyder, G. S. (2010). **Review of the Clinical Evaluation of Language Fundamentals, Fourth Edition Screening Test (CELF-4, screening)**. In R. A. Spies, J. F. Carlson, & K. F. Geisinger (Eds.), *The eighteenth mental measurements yearbook*. Lincoln, NE: Buros Institute of Mental Measurements.

The Clinical Evaluation of Language Fundamentals – Screening Test (CELF-4 Screening) is an individually administered brief language assessment designed to quickly and efficiently identify children who may require additional, more extensive language assessment. The review provides a brief overview of the uses, standardization sample, and psychometrics of the instrument while also providing commentary on its general utility in clinical practice. The CELF-4 Screening assessment clearly succeeds as a brief, valid device aimed at identifying children in need of extensive expressive and receptive language assessment. Authors of the assessment selected powerful items and domains that are quite sensitive when predicting possible impairment. Inclusion of sentence repetition and comprehension of instructions are two examples of historically powerful “acid tests” of language impairment. Potential users would clearly find benefit from adding this very brief measure in larger batteries of cognitive assessment as a device to lend support for later language assessment or ruling out the potential of language impairment when explaining/interpreting results. Copyright © 2010 University of Nebraska Press.

Rauktis, M. E., Huefner, J. C., O'Brien, K., Pecora, P. J., Doucette, A., & Thompson, R. W. (2009). **Measuring the restrictiveness of living environments for children and youth: Reconceptualizing restriction**. *Journal of Emotional and Behavioral Disorders*, 17(3), 147-163.

The *Restrictiveness of Living Environment Scale* has long been the primary way to conceptualize the “restrictiveness” of a child’s living situation. However, changes in systems of care and other factors have created a need to revisit how restrictiveness is conceptualized and measured. A measure was created to assess an environment’s level of restrictiveness and form the basis for empirically created general environment types. The measure was refined using expert review, cognitive interviewing, and pilot testing. Over 1,000 child organizations and older youth were invited to participate, with responses completed for 446 youth. The sample was reduced to 313 because of a large response from one setting. Cluster analysis produced a four-cluster solution suggesting low, moderate, elevated, and high restrictiveness for a simplified general environment typology. The data also suggest overlap among clusters and that settings with the same names can vary. Limitations are described, and plans for how the measure will be further developed are outlined. Copyright © 2009 Hammill Institute on Disabilities and SAGE.

Swearer, S. M., Siebecker, A. B., Johnson-Frerichs, L. A., & Wang, C. (2009). **Assessment of bullying/victimization: The problem of comparability across studies and across methodologies**. In S. R. Jimerson, D. L. Espelage, & S. M. Swearer (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 305-328). New York: Routledge.

Research on bullying has focused on understanding it through investigating prevalence, risk factors, and behavioral correlates. Recently the focus has shifted a bit to include identification of effective prevention



and intervention strategies. To determine which programs will be effective, the accurate assessment of involvement in bullying is required. The purpose of this study is to examine involvement in bullying, within five bully/victim involvement categories, to determine which of these categories of involvement is correlated with school behavior and emotional problems, and are there significant differences between students falling into these categories. Copyright © 2009 Routledge.

Duppong Hurley, K., Shaw, T., Thompson, R., Griffith, A. K., Farmer, E. M. Z., & Tierney, J. (2008). **Assessing staff competence at implementing a multifaceted residential program for youth: Development and initial psychometrics of a staff observation form.** *Residential Treatment for Children & Youth*, 23(3/4), 83-104.

This study describes the development of the Staff Implementation Observation Form, an instrument to assess staff competence delivering an intervention to youth in group-home care with behavioral or emotional disorders. This instrument assesses staff skill at implementing the key treatment components, including building relationships with youth, teaching skills to youth, implementing a token economy, and establishing a youth self-government system. The pilot study, observing 92 staff members, found that the instrument possesses promising psychometric qualities, including adequate inter-rater agreement, internal scale consistency, and predictive validity. A cluster analysis identified groups of staff that had low, average, and high implementation. The instrument allows administrators to examine item-level implementation of residential staff to identify specific training needs within each subscale. Copyright © 2008 Haworth Press.

Huefner, J. C., Rautkis, M. B., Pecora, P. J., Thompson, R. W., Doucette, A., & O'Brien, K. (2007). **Revising the Restrictiveness of Living Environment Scale (ROLES): Re-conceptualizing the restrictiveness of living environments.** In C. Newman, C. Liberton, K. Kutash, & R. Friedman (Eds.), *Proceedings of the 19th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 423-426). Tampa: University of South Florida.

The Restrictiveness of Living Environment Scale (ROLES) has served for many years as the primary way of conceptualizing the "restrictiveness" of a child's living situations, but due to limitations with the scale, a revision of the ROLES was undertaken. Several content-expert panels provided feedback on the ROLES revision conceptual framework and strategy, as well as the Restrictiveness Evaluation Measure (REM-Y), which is a 26-item survey which measures movement, activity, social interaction, and treatment/care restrictions. The REM-Y instructions were modified and several additional items were added. The next phase of the project will be a pilot study of the revised REM-Y and a preliminary analysis of the data. Copyright © 2007 The de la Parte Institute.

Jewell, J., Handwerk, M., Almquist, J., & Lucas, C. (2004). **Comparing the validity of clinician-generated diagnosis of conduct disorder to the Diagnostic Interview Schedule for Children.** *Journal of Clinical Child and Adolescent Psychology*, 33, 536-546.

Clinician diagnoses of conduct disorder (CD) were compared to the diagnoses of CD generated by a structured interview against an observed criterion. Participants were 534 youth from a large residential program in the Midwest for delinquent youth. Rates of in-program CD behaviors were gathered from staff observations of the youth over a nine-month period. Youth diagnosed with CD by the Diagnostic Interview Schedule for Children (DISC) displayed significantly more CD behaviors in the first six months of treatment compared to both youth without an externalizing disorder and youth diagnosed with CD by a clinician. Youth diagnosed with CD by a clinician had rates of CD identical to youth with an externalizing disorder. Clinicians may have weighted contextual information more heavily, as this group was significantly more likely to have an arrest record. Results support the use of structured interviews and provide evidence that typical clinician diagnoses may lack adequate validity. Copyright © 2004 Lawrence Erlbaum Associates, Inc.

Larzelere, R. E., Andersen, J. J., Ringle, J. L., & Jorgensen, D. D. (2004). **The Child Suicide Risk Assessment: A screening measure of suicide risk in pre-adolescents.** *Death Studies*, 28, 809-827.

This study documents the initial reliability and validity of the Child Suicide Risk Assessment (CSRA) for children under the age of 13. The revised CSRA retained 18 of 20 original items based on item-specific psychometric data from 140 pre-adolescents in out-of-home treatment programs. The CSRA demonstrated adequate internal consistency ( $\alpha = .69$ ) for a multi-dimensional scale (three factors: worsening depression, lack of support, and death as escape). CSRA scores correlated significantly with criterion measures of prior suicide attempts and ideations. A receiver operating characteristic (ROC) curve discriminated significantly between prior attempters and non-attempters and was used to select preliminary CSRA cut-off scores for identifying substantial suicide risk. The CSRA is the first screening measure of suicide risk in pre-adolescents validated by associations with suicide attempts, as well as ideations. Copyright © 2004 Taylor & Francis Inc.

Larzelere, R. E., Kuhn, B. R., & Johnson, B. (2004). **The intervention selection bias: An underrecognized confound in intervention research.** *Psychological Bulletin*, 130, 289-303.

Selection bias can be the most important threat to internal validity in intervention research, but is often insufficiently recognized and controlled. The bias is illustrated in research on parental interventions (punishment, homework assistance); medical interventions (hospitalization); and psychological interventions for suicide risk, sex offending, and juvenile delinquency. The intervention selection bias is most adequately controlled in randomized studies or strong quasi-experimental designs, although recent statistical innovations can enhance weaker designs. The most important points are to increase awareness of the intervention selection bias and to systematically evaluate plausible alternative explanations of data before making causal conclusions. Copyright © 2004 American Psychological Association.

McGrath, A. M., Handwerk, M. L., Armstrong, K. J., Lucas, C. P., & Friman, P. C. (2004). **The validity of the ADHD section of the Diagnostic Interview Schedule for Children.** *Behavior Modification*, 28, 349-374.

The purpose of this study was to assess the concurrent criterion validity of the attention-deficit/hyperactivity disorder (ADHD) portion of the National Institute of Mental Health Diagnostic Interview Schedule for Children-IV (NIMHDISC-IV). Fifty-seven adolescent participants were divided into three groups on the basis of whether participants met criteria for ADHD on caretaker and adolescent responses on the DISC: (a) 18 participants for whom both the caretakers and adolescent endorsed ADHD, (b) 17 participants for whom the caretakers, but not the youth endorsed ADHD, and (c) a clinical control group with no ADHD diagnosis ( $n = 22$ ). These three groups were compared across parent, teacher, and adolescent checklists; clinician diagnosis; and three objective measures of behavior (continuous performance task, actigraphy monitoring, and a structured observation). Findings lend partial support to the concurrent criterion validity of the ADHD section of the DISC. Copyright © 2004 SAGE Publications, Inc.

Lucas, C. P., Zhang, H., Fisher, P. W., Shaffer, D., Regier, D. A., Narrow, W. E., Bourdon, K., Dulcan, M. K., Canino, G., Rubio-Stipec, M., Lahey, B. B., & Friman, P. C. (2001). **The DISC Predictive Scales (DPS): Efficiently screening for diagnoses.** *Journal of the American Academy of Child & Adolescent Psychiatry*, 40, 443-449.

**Objective:** To derive and test a series of brief diagnosis-specific scales to identify subjects who are high probability of meeting diagnostic criteria and those who may safely be spared more extensive diagnostic inquiry. **Method:** Secondary data analysis of a large epidemiological data set ( $n = 1,286$ ) produced a series of gate and contingent items for each diagnosis. Findings were replicated in a second retrospective analysis from a residential care sample ( $n = 884$ ). The DISC Predictive Scales (DPS) were then used prospectively as a self-report questionnaire in two studies, in which parent ( $n = 128$ ) and/or adolescents ( $n = 208$ ) had subsequent diagnostic interviewing with the Diagnostic Interview Schedule for Children or the Schedule for Affective Disorders and Schizophrenia for School-Age Children. **Results:** All analyses showed that gate item selection was valid and that any missed cases were due solely to inconsistent

reports on the same questions. Screening performance of the full scales was shown to be good, and substantial reductions in scale length were not associated with significant changes in discriminatory power. **Conclusions:** The DPS can accurately determine subjects who can safely be spared further diagnostic injury in any diagnostic area. This has the potential to speed up structured diagnostic intervening considerably. The full DPS can be used to screen accurately for cases of specific DSM-III-R disorders. Copyright © 2001 Lippincott Williams & Wilkins.

Friman, P. C., Handwerk, M. L., Smith, G. L., Larzelere, R. E., Lucas, C. P., & Shaffer, D. M. (2000). **External validity of conduct and oppositional defiant disorders determined by the NIMH Diagnostic Interview Schedule for Children.** *Journal of Abnormal Child Psychology*, 28, 277-286.

We administered the Diagnostic Interview Schedule for Children (DISC) two times to a group of youth (222 boys, 147 girls) entering residential care, once at their time of entry and once one year later. We then compared their DISC outcomes on conduct disorder (CD) and oppositional defiant disorder (ODD) against changes in independent direct observations of diagnostically relevant behavior obtained over the course of that year. Results from Hierarchical Linear Modeling analyses showed significant discriminative relationships between results from the DISC and the independent observations. Specifically, observations of symptomatic behaviors (CD or ODD) decreased for youth who met diagnostic criteria at the first administration of the DISC but not at the second, increased for youth who did not meet criteria at the first administration but did at the second, and did not change for youth who met criteria at both administrations. These results extend the data on the validity of the DISC and support continued research efforts to determine its clinical utility. Copyright © 2000 Plenum Publishing Corporation.

Handwerk, M. L., Friman, P. C., & Larzelere, R. (2000). **Comparing the DISC and the Youth Self-Report.** [Letter to the Editor]. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(7), 807-808.

Daly, D. L. (1996). **Evaluation and quality assurance: Current activities in the field.** *Caring*, 12, 33-34.

The National Association of Homes and Services for Children (NAHSC) surveyed member agencies on quality assurance and evaluation activities. Daly discusses the results of the survey and addresses the need that agencies have for additional knowledge or technical assistance in the various quality assurance and/or evaluation areas. Copyright © 1996 The Alliance for Children and Families.

Daly, D. L. (1996). **Outcomes evaluation: Practical suggestions for initiating an outcomes evaluation program at your agency.** *Caring*, 12, 13-17.

Outcomes measurement of any child and family services program is the cornerstone of good practice, regardless of any political and funding pressures to conduct it. This article gives ten practical suggestions for initiating and sustaining the process of outcomes evaluation along with a list of possible measurement tools. Copyright © 1996 The Alliance for Children and Families.

Daly, D. L. (1996). **Overcoming barriers to research-based practice.** *Caring*, 12, 21-23.

Unfortunately, research has had too little to do with mental health and social service practices. Daly discusses why this happens and what we need to do to successfully meet the needs of the children and families who enter care and treatment today. Copyright © 1996 The Alliance for Children and Families.

Larzelere, R. E., Smith, G. L., Batenhorst, L. M., & Kelly, D. B. (1996). **Predictive validity of the Suicide Probability Scale among adolescents in group home treatment.** *Journal of the American Academy of Child & Adolescent Psychiatry*, 35, 166-172.

**Objective:** To determine the predictive validity of the Suicide Probability Scale (SPS). **Method:** Prospective design, predicting subsequent suicide attempts, suicide verbalizations, and minor self-destructive behaviors from SPS scores at admission to a group home in a sample of 855 adolescents. **Results:** SPS scores significantly predicted all three suicide-relevant measures. Only 48% of subsequent attempts could have been predicted from SPS criteria that would have put 21% of newly admitted

adolescents in the at-risk group. Although the prediction is far from perfect, it can prevent some suicide attempts when combined with effective suicide precautions. **Conclusions:** This is the first known evidence of predictive validity of any measure of suicide risk in adolescents. Its predictive ability may have been reduced by interventions designed to reduce suicide risk. Despite the large number of false-positives and modest predictive validity, a large body of literature indicates that quantitative predictions perform better than clinical judgments in predicting psychological outcomes. However, the SPS measures only a subset of factors predictive of suicide, including suicidal ideation, hopelessness, and social isolation. Risk factors not assessed by the SPS include previous suicide attempts, conduct disorder, substance abuse, and reasons for living. These additional risk factors may be important to improve upon the predictive validity of the SPS. Copyright © 1996 American Academy of Child and Adolescent Psychiatry.

Osgood, D. W., & Smith, G. L. (1995). **Applying Hierarchical Linear Modeling to extended longitudinal evaluations: The Boys Town Follow-Up Study.** *Evaluation Review*, 19, 3-38.

Longitudinal research design with many waves of data have the potential to provide a fine-grained description of program impact, so they should be of special value for evaluation research. This potential has been illusive because our principal analysis methods are poorly suited to the task. We present strategies for analyzing these designs using Hierarchical Linear Modeling (HLM). The basic growth curve model found in most longitudinal applications of HLM are not well suited to program evaluation, so we developed more appropriate alternatives. Our approach defines well-focused parameters that yield meaningful effect-size estimates and significance tests, efficiently combining all waves of data available for each subject. These methods do not require a uniform set of observations from all respondents. The Boys Town Follow-Up Study, an exceptionally rich but complex data set, is used to illustrate our approach. Copyright © 1995 SAGE Publications, Inc.

Moore, K. J., & Shannon, K. K. (1993). **Brief report: The development of superstitious beliefs in the effectiveness of treatment of anger: Evidence for the importance of experimental program evaluation in applied settings.** *Behavioral Residential Treatment*, 8, 147-161.

Many youth placed in out-of-home care have serious anger and aggression problems. These youth create much administrative and staff frustration. This frustration can cause program administrators to look to new treatment modalities whether inside or outside of their specific milieu for the therapeutic solutions to these problems. This randomized control group study provides an example of the importance of experimental program evaluation when an applied setting begins a drift towards the use of new treatment modalities. The results showed that both treatment and control groups improved over time but that there were no differences between groups in the daily number of angry incidents, the number of youth negatively terminated from the program, or self-report of state-trait anger expression. The results also suggest that without this research the noneffective intervention would have continued to be funded and given causative status for the observed improvements in referred youth behavior into the foreseeable future. Moreover, the development of these types of superstitious beliefs may lead child-care organizations to spend scarce dollars on expensive treatments that do not increase the efficacy of the treatment as usual. Thus, this study shows that there are potential economic and treatment efficacy reasons for the use of experimental program evaluation when new treatments are implemented. Copyright © 1993 John Wiley & Sons, Ltd.

Daly, D. L. (1992). **Dispelling myths about outcome evaluation.** *Caring*, 8, 22-23.

This article challenges the “myths” that systematic outcome research conducted by child-care agencies is not effective, too complex, and expensive. In so doing, it provides a general strategy for initiating research at such agencies. Copyright © 1992 The Alliance for Children and Families.

Daly, D. L. (1992). **Program reviews: The minimum level of research that every agency needs.** *Caring*, 8, 12-13.

Regular program reviews are essential for any child-care agency in order to ensure quality care and to identify and address problems. This article presents and explains crucial areas that should be covered in such reviews. Copyright © 1992 The Alliance for Children and Families.

Daly, D. L. (1992). **The importance of research.** *Caring*, 8, 10-12.

Research and evaluation are vital to the future of child care and treatment. The benefits of such work (identifying costly ineffective treatment, uncovering potentially harmful treatment, and discovering factors that limit research and evaluation) are presented and discussed in this article. Copyright © 1992 The Alliance for Children and Families.



## Other Research

### Education of At-Risk Youth

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Many at-risk youth struggle with academic skill deficits in addition to behavioral problems. The articles in this section investigate the characteristics of youth at risk for academic failure and/or behavioral disorders and the effectiveness of various interventions provided in educational settings. Assessment and identification of these at-risk youth is essential to providing targeted interventions to improve academic and behavioral functioning.

Griffith, A. K., Trout, A. L., Epstein, M. H., Garbin, C. P., Pick, R., & Wright, T. (2010). **Predicting the academic functioning of youth involved in residential care.** *The Journal of At-Risk Issues*, 15(2), 27-34.

Youth involved in residential care programs present with significant difficulties across behavioral and mental health domains. Although this is a group that is also at considerable risk for academic failure, very little research has been done to understand the academic functioning of this population. The current study sought to expand what is known about this population and examine factors that are predictive of their levels of academic functioning. Results from 208 youth indicated that at the time of entry into residential care youth were performing in low average ranges across academic areas. While several variables were identified as predictors for level of academic functioning (e.g., IQ, age at admission, race/ethnicity, special education identification, and gender), variables particularly relevant for youth in residential care programs (e.g., behavior, number of previous schools attended) did not serve as predictors. Implications for practice and future research are discussed. Copyright © 2010 National Dropout Prevention Center/Network.

Hagaman, J. L., Trout, A. L., DeSalvo, C., Gehringer, R., & Epstein, M. H. (2010). **The academic and functional academic skills of youth at-risk for language impairment in residential care.** *Language, Speech, and Hearing Services in Schools*, 41, 14-22.

*Purpose.* Undiagnosed language impairment for youth in residential care is a concern as similar populations have shown elevated levels of language delays. Therefore, the purposes of this study were: (1) to identify the percent of youth in residential care at risk for language impairment (LI) and (2) to compare the demographic, academic achievement, and functional academic skills of youth with or without possible LI. *Method.* Participants were 80 youth in residential care. Risk for LI was determined using the Clinical Evaluation of Language Fundamentals Screening Test (Semel, Wiig, & Secord, 2004). Independent samples t-tests (*t*) and chi-square ( $\chi^2$ ) analyses were conducted to assess the differences between groups. Measures used include: the Woodcock Johnson Test of Achievement (Woodcock, McGrew, & Mather, 2001) and the Kaufman Functional Academic Skills Test (Kaufman & Kaufman, 1994). *Results.* Over half of this sample (54%) was identified as at-risk for LI. Statistically significant differences between youth with and without LI were found on academic variables. Specifically, youth at risk for LI presented academic achievement and functional academic scores in the low to low-average ranges. *Conclusion.* Findings suggest there is a need to screen youth who enter residential programs for possible LI. Implications for treatment and program planning are discussed. Copyright © 2010 American Speech-Language-Hearing Association.

Siebeck, A. B., & Swearer, S. M. (2010). **Bullying.** In C. Ehlers (Ed.), *Encyclopedia of cross-cultural school psychology* (pp. 172-174). New York: Springer.

Defines bullying and discusses the prevalence, impact, and development of bullying. Copyright © 2010 Springer.

Axelrod, M. I., Zhe, E. J., Haugen, K. A., & Klein, J. A. (2009). **Self-management of on-task homework behavior: A promising strategy for adolescents with attention and behavior problems.** *School Psychology Review*, 38(3), 325-333.

Students with attention and behavior problems oftentimes experience difficulty finishing academic work. On-task behavior is frequently cited as a primary reason for students' failure to complete homework assignments. Researchers have identified self-monitoring and self-management of on-task behavior as



effective tools for improving homework completion rates among students who experience difficulty attending to tasks. The purpose of this study was to examine the effectiveness of a 30-min naturalistic, home-based, self-management intervention for students with attention problems and behavioral disorders. Specifically, the current study set out to investigate differences in on-task behavior between baseline and intervention when self-monitoring intervals were set at 3 and 10 min. For all participants, on-task behavior improved significantly over baseline. Furthermore, the improvements in on-task behavior were evident for both the 3- and 10-min intervals, suggesting that shorter intervals did not enhance the intervention's effectiveness. Finally, based on school records, the frequency of completed homework assignments increased. Copyright © 2009 National Association of School Psychologists.

Trout, A. L., Casey, K., Chmelka, M. B., DeSalvo, C., Reid, R., & Epstein, M. (2009). **Overlooked: Children with disabilities in residential care.** *Child Welfare*, 88(2), 111-136.

While estimates suggest that 10% to 31% of children in residential care are identified as with a disability, little is known about their characteristics or functioning as compared to nondisabled peers. This study evaluated data of 123 children with ( $n = 34$ ) and without ( $n = 89$ ) disabilities in residential care to determine demographic, behavioral, mental health, and educational characteristics. Data included demographic, behavior checklist, and standardized mental health and academic measures. Results indicated that both groups presented elevated risks; however, scores for children with disabilities revealed even greater levels of need. Primary risks were found on indicators of behaviors (e.g., social functioning), mental illness (e.g., anxiety), and academic performance (e.g., general knowledge and reading). Implications, limitations, and recommendations for future research are discussed. Copyright © 2009 Child Welfare League of America.

Fontaine, E., & Snyder, G. S. (2008). **Diabetes.** In C. Castillo (Ed.), *Children with complex medical issues in the schools: Neuropsychological descriptions and interventions* (pp.105-134). New York: Springer Publications.

This chapter provides an overview of Insulin-Dependent Diabetes Mellitus management and symptoms as they commonly manifest themselves in school-age children. The chapter details the short- and long-term cognitive effects associated with successful and unsuccessful management of the disease, especially as it relates to educational challenges they face in the classroom. The chapter highlights the unique verbal-memory difficulties often present in this population through a case study approach utilizing neuropsychological assessment data. Copyright © 2008 Springer Publishing Company.

Griffith, A. K., Trout, A. L., Hagaman, J. L., & Harper, J. (2008). **Interventions to improve the literacy functioning of adolescents with emotional and/or behavior disorders: A review of the literature between 1965 and 2005.** *Behavioral Disorders*, 33(3), 124-140.

This review examines interventions intended to improve the literacy functioning of adolescent students with emotional and/or behavior disorders. Seventeen studies met inclusion criteria and included a variety of interventions designed to affect a variety of literacy areas, including spelling, writing, and reading fluency. Findings from these studies indicate that, overall, several different intervention types produced increases across areas of literacy functioning. However, both participant and setting characteristics were poorly described and were not representative of the population with emotional and/or behavioral disorders. The lack of research on interventions to increase adolescent literacy limits the generalizability of the results to a broader population. Considerations for practice implications and future research are discussed. Copyright © 2008 Council for Children with Behavioral Disorders.

Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). **The academic status of children and youth in out-of-home care: A review of the literature.** *Children and Youth Services Review*, 30(9), 979-994.

This literature review examined the status of the published research on the academic and school functioning behaviors of students in out-of-home care. Twenty-nine studies were identified and evaluated to assess the (a) characteristics of the children and youth studied, (b) academic and school functioning areas evaluated, (c) reports of overall academic performance, and (d) quality of the reported research.

Results suggest that overall, children in out-of-home care demonstrate several academic risks across placement settings and academic areas. However, despite an increase in attention to the academic functioning of this population, significant limitations in the published literature exist. For example, incomplete reporting of student information, inadequate research on specific academic skill sets, and limited numbers of studies reporting school functioning behavior narrow our understanding of the specific academic strengths and limitations of this population, and further hinder our abilities to develop targeted intervention programs. Study limitations, implications, and recommendations for future research are discussed. Copyright © 2008 Elsevier Ltd.

Trout, A. L., Lienemann, T., Reid, R., Epstein, M. H. (2007). **A review of non-medication interventions to improve the academic performance of children and youth with ADHD.** *Remedial and Special Education, 28*, 207-226.

Children with attention-deficit/hyperactivity disorder (ADHD) are at risk for academic failure. Although studies have evaluated the effects of medication on academic outcomes, the literature on non-medication interventions has not received equal attention. This review examined 41 studies that evaluated the impact of non-medication interventions on the academic functioning of students with ADHD. The findings revealed that a broad range of traditional and nontraditional interventions has been used to improve students' academic outcomes, yet systematic lines of research were clearly missing. Moreover, important demographic and descriptive information, such as participant characteristics and classroom settings, were often poorly defined and generally did not reflect the current population of students with ADHD. Despite some indications of promise, significant limitations in the literature allow for few conclusions about intervention effects and generalization. Further systematic research is needed to determine which academic intervention methods hold the most promise for children and youth with ADHD. Copyright © 2007 SAGE Publications, Inc.

Trout, A. L., Epstein, M. H., Nelson, J. R., Reid, R., & Ohlund, B. (2006). **Profiles of young children teacher-identified as at risk for emotional disturbance: A pilot study.** *Behavioral Disorders, 31*, 162-175.

As prevention and early intervention opportunities for young children at risk of emotional disturbance (ED) increase, questions regarding the effectiveness of these programs for specific subpopulations of children have emerged. To date, few investigators have examined young children entering early school prevention/intervention programs to determine if clear subpopulations can be identified, and if so, which characteristics are most distinguishing. This study examined the risk factors of 740 kindergarten and first-grade students, identified by teachers as at risk of ED, to determine if distinct profiles exist. Cluster analysis procedures using teacher, child, and parent reports of family, academic, and social/emotional data revealed five distinct clusters: Parent nominated ( $n = 24$ ), Elevated risks ( $n = 43$ ), Primarily behavior ( $n = 25$ ), Primarily academic ( $n = 27$ ), and False positives ( $n = 21$ ). Validation techniques revealed that the five clusters were distinguished by clear profiles, which differed across level of severity (i.e., high or low levels of risk per domain) and primary focus of risk (i.e., academic, social/emotional, or familial). Similarities and differences across cluster groups, possible implications for targeted prevention or early intervention programs, study limitations, and directions for future research are presented. Copyright © 2006 The Council for Children with Behavioral Disorders.

Trout, A. L., Epstein, M. H., Nelson, R., Synhorst, L., & Duppong Hurley, K. (2006). **Profiles of children served in early intervention programs for behavioral disorders: Early literacy and behavioral characteristics.** *Topics in Early Childhood Special Education, 26*, 206-218.

Special education legislation has placed an increased emphasis on early intervention programs for children at risk for early literacy delays and behavioral disorders. Given this trend, it is important to understand the characteristics of students identified and served in at-risk programs. This study presents the findings from a cluster analysis on the early literacy and behavioral characteristics of 195 children screened at risk for behavioral disorders served in an early intervention program. Clustered variables included behavioral measures from the *Early Screening Project* (ESP; Walker, Severson, & Feil, 1995), *Systematic Screening for Behavior Disorders* (SSBD; Walker & Severson, 1992), and measures of early reading development from the *Woodcock Reading Mastery Tests—Revised* (WRMT-R; Woodcock, 1998). Split-half procedures and external criteria were used to validate results. Five distinct subgroups were

revealed: Broad Risks, Academic Achievers, Primarily Behavior, Primarily Academic, and Extreme Behaviors. Results indicate heterogeneous characteristics and clear areas of behavioral and early reading risk between subgroups within the greater sample. Implications, limitations, and future research are discussed. Copyright © 2006 Hammill Institute on Disabilities and SAGE.

Epstein, M. H., Nelson, J. R., Trout, A. L., & Mooney, P. (2005). **Achievement and emotional disturbance: Academic status and intervention research.** In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their families: Programs and evaluation best practices* (2nd ed., pp. 451-477). Austin, TX: PRO-ED.

This chapter provides a comprehensive review of the current literature base on the academic status and interventions for children and youth identified with emotional and behavioral disorders. Results of the review suggest that these children present educational deficits across academic subject areas, with deficits increasing as children progress from elementary to middle and high school. Academic interventions studied for these children include a broad range of teacher, child, and peer-mediated interventions. However, limitations in the research limit conclusive recommendations for best practice in the remediation of academic deficits in children and youth with emotional and behavioral disorders. Copyright © 2005 PRO-ED, Inc.

Reid, R., Trout, A. L., & Schartz, M. (2005). **Self-regulation interventions for children with attention deficit/hyperactivity disorder.** *Exceptional Children*, 71, 361-377.

Current recommendations for the treatment of attention deficit/ hyperactivity disorder (ADHD) call for a multimodal approach including a combination of medication, behavior modification, school accommodations, and ancillary services. One method that has been proposed as an effective and efficient means for increasing students' attention and academic productivity is self-regulation. This article reports the results of a meta-analysis of the literature on the use of four self-regulation interventions (self-monitoring, self-monitoring plus reinforcement, self-management, and self-reinforcement) for children with ADHD. Combined effect sizes for these four treatments were greater than 1.0 for on-task behavior, inappropriate behavior, and academic accuracy and productivity, indicating that self-regulation interventions are effective for children with ADHD. Copyright © 2005 The Council for Exceptional Children.

Jones, K. M., Young, M. M., & Friman, P. C. (2000). **Increasing peer praise of socially rejected delinquent youth: Effects on cooperation and acceptance.** *School Psychology Quarterly*, 15, 30-39.

This study assessed the effects of positive peer reporting (PPR) on the cooperative behaviors and peer acceptance of three socially rejected, delinquent youths in residential care. PPR involved rewarding classroom peers with token points for publicly praising the social behavior of target students. A nonconcurrent multiple baseline was used to assess the effects of the procedure. Results indicated that PPR increased the use of cooperative statements made to peers. For all three students, PPR also led to increases in their peer status. Social validity measures indicated high treatment acceptability and a match between the amount of cooperative behavior emitted by participants and randomly selected classmates. Findings support the use of peers as sources of reinforcement for a rejected youth's prosocial behavior. Copyright © 2000 American Psychological Association.

## Other Research

### Psychosocial Development and Risk

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Behavioral and mental health problems are rooted in early developmental experiences and are shaped by multiple psychological and social influences. Effective prevention and early intervention efforts can interrupt the development of problem outcomes and promote positive youth development. The articles in this section examine longitudinal pathways leading toward behavioral and emotional problems, and identify risk and protective factors that either increase or decrease risk for problem outcomes over time. These studies provide essential knowledge for informing the development and refinement of interventions to prevent problem outcomes and promote positive functioning among youth.

Herrenkohl, T. I., Hemphill, S. A., Mason, W. A., Toumbourou, J. W., & Catalano, R. F. (2012). **Predictors and responses to the growth in physical violence during adolescence: A comparison of students in Washington State and Victoria, Australia.** *American Journal of Orthopsychiatry*, 82(1), 41-49.

This study investigates patterns in violence over 3 time points in early to midadolescence in 2 statewide representative samples of youth, one in Washington State, USA and the other in Victoria, Australia. Comparable data collection methods in both states were used to cross-nationally compare patterns of violence, risk factors, and responses to violence (school suspensions and arrests) in 2 policy contexts. Risk factors include early use of alcohol, binge drinking, involvement with antisocial peers, family conflict, poor family management, sensation seeking, and bully victimization. These are modeled as correlates of initial violence and predictors of change in violence over a 3-year period, from ages 12 - 15, for participating youth. Results suggest that patterns and predictors of violence are mostly similar in the 2 states. Initial levels of violence (age 13) and change over time in violence were associated in both states with more youth school suspensions and more police arrests in Grade 9. Some cross-national differences were also shown. For example, correlations of violence with gender and violence with binge drinking were stronger in Victoria, whereas correlations of violence with early use of alcohol and with antisocial peer involvement were stronger in Washington State. Antisocial peer involvement and family conflict were significant predictors of a gradual increase in violence from Grades 7 - 9 for youth in Victoria only. Implications are discussed with attention to prevention and intervention efforts. Copyright © 2012 American Orthopsychiatric Association.

Kiff, C. J., Cortes, R. C., Lengua, L. J., Kosterman, R., Hawkins, J. D., & Mason, W. A. (2012). **Effects of timing of adversity on adolescent and young adult adjustment.** *Journal of Research on Adolescence*, 22(2), 284-300.

Exposure to adversity during childhood and adolescence predicts adjustment across development. Furthermore, adolescent adjustment problems persist into young adulthood. This study examined relations of contextual adversity with concurrent adolescent adjustment and prospective mental health and health outcomes in young adulthood. A longitudinal sample (N=808) was followed from age 10 through 27. Perceptions of neighborhood in childhood predicted depression, alcohol use disorders, and HIV risk in young adulthood. Further, the timing of adversity was important in determining the type of problem experienced in adulthood. Youth adjustment predicted adult outcomes, and in some cases mediated the relation between adversity and outcomes. These findings support the importance of adversity in predicting adjustment and elucidate factors that affect outcomes into young adulthood. Copyright © 2012 The Authors. *Journal of Research on Adolescence* © 2012 Society for Research on Adolescence.

Mason, W. A., & Spoth, R. L. (2012). **Sequence of alcohol involvement from early onset to young adult alcohol abuse: Differential prediction and moderation by family-focused preventive intervention.** *Addiction*, 107, 2137-2148.

AIMS: This study tests risk factors for four dimensions of alcohol use in the sequence from (i) early onset prior to age 13 to (ii) adolescent alcohol use and (iii) alcohol problems to (iv) young adult alcohol abuse. It also examines whether family-focused preventive interventions buffer predictive relationships. DESIGN:



Data were from a randomized prevention trial extending from ages 11 to 21 years. **SETTING:** Families of sixth graders enrolled in 33 rural schools in the Midwestern United States were invited to participate. **PARTICIPANTS:** Families ( $n = 667$ ) were pretested and assigned randomly to a control group ( $n = 208$ ) or to family interventions ( $n = 459$ ). The average age of participating youth was 11.3 years when the study began (52% female). **MEASUREMENTS:** Questionnaire data were collected on alcohol dimensions during adolescence (early onset, alcohol use, alcohol problems) and young adulthood (alcohol abuse), and on risk factors in early adolescence (male gender, impulsive behaviors, aggression-hostility, peer deviance and parent problem drinking). **FINDINGS:** Impulsive behaviors predicted early onset, peer deviance predicted alcohol use and parent problem drinking predicted alcohol problems ( $P < 0.05$ ). Aggression-hostility and alcohol problems predicted alcohol abuse in the control group ( $P < 0.05$ ), but not in the family interventions group ( $P > 0.05$ ). **CONCLUSIONS:** Different dimensions of alcohol use and problems from before age 13 to young adulthood are predicted by different risk factors. Family-focused preventive interventions can reduce the influence of some of these risk factors, including early adolescent aggression-hostility and late adolescent alcohol problems. © 2012 The Authors, *Addiction* © 2012 Society for the Study of Addiction.

Mason, W. A., Haggerty, K. P., Fleming, A. P., & Casey-Goldstein, M. (2012). **Family intervention to prevent depression and substance use among adolescents of depressed parents.** *Journal of Child and Family Studies*, 21, 891-905. doi:10.1007/s10826-011-9549-x

Parental depression places offspring at elevated risk for multiple, co-occurring problems. The purpose of this study was to develop and preliminarily evaluate Project Hope, a family intervention for the prevention of both depression and substance use among adolescent-aged children ( $M = 13.9$  years) of depressed parents. The program was created by blending two empirically supported interventions: one for depression and another for substance use. Thirty families were randomly assigned to either Project Hope ( $n=16$ ) or a wait-list control condition ( $n=14$ ). Pretests, posttests ( $n = 29$ ), and 5-month follow-ups ( $n = 28$ ) were conducted separately with parents and youth via phone interviews. Questions asked about the family depression experience, family interactions, family management, coping, adolescent substance use beliefs and refusal skills, adolescent depression, and adolescent substance use. Project Hope was fully developed, manualized, and implemented with a small sample of targeted families. Engagement in the program was relatively high. Preliminary outcome analyses were conducted using 2 (Group) X 3 (Time) analyses of covariance. Results provided some evidence for significant improvements among intervention compared to control participants in indicators of the family depression experience, family management, and coping, and a statistically significant decrease from pretest to posttest in alcohol quantity for intervention compared to control youth. Next steps for this program of research are discussed. Copyright © 2012 Springer.

McCarty, C. A., Wymbs, B. T., King, K. M., Mason, W. A., Vander Stoep, A., McCauley, E., & Baer, J. (2012). **Developmental consistency in associations between depressive symptoms and alcohol use in early adolescence.** *Journal of Studies on Alcohol and Drugs*, 73(3), 444-453.

Despite frequent theorizing, prior literature on the association between depressive symptoms and alcohol use in adolescence has been inconsistent. Yet studies have varied widely with respect to age of assessments, time frame of prediction, and controls for co-morbid conditions and demographic factors. The current study examined whether the associations between depressive symptoms and alcohol use were similar in valence and magnitude over a four year period in early adolescence, while accounting for conduct problems and exploring the covarying and moderating role of gender. A sample of 521 young adolescents and their parents were interviewed every year from 6th (mean age = 12.0) through 9th grade. At each interview, symptom counts on depressive and conduct disorders were generated from the Diagnostic Interview Schedule for Children. Adolescents also reported quantity and frequency of alcohol use. Autoregressive, cross-lagged panel models specifying depressive and conduct disorder symptoms as predictors of alcohol use one year later with equality constraints were tested and compared to models allowing path coefficients to vary over time. For youth self-report, depressive symptoms were positively associated with alcohol use one year later over and above conduct problems and earlier alcohol use throughout early adolescence. By parent report, only very early adolescent depressive symptoms (6th- 7th grade) were associated with alcohol use. Gender did not moderate findings for analyses with self- or

parent-report data. These results indicate that, even in the context of conduct disorder symptoms, depressive symptoms are important indicators of risk for use of alcohol across early adolescence. Copyright © 2013 Rutgers University.

Savolainen, J., Hughes, L. A., Mason, W. A., Hurtig, T. M., Ebeling, H., Moilanen, I. K., Kivivuori, J., & Taanila, A. M. (2012). **Antisocial propensity, adolescent school outcomes, and the risk of criminal conviction.** *Journal of Research on Adolescence*, 22(1), 54-64. doi: 10.1111/j.1532-7795.2011.00754.x

Data from the 1986 Northern Finland Birth Cohort Study ( $n = 4,645$ ) were used to examine the influence of mid-adolescent (age 15) school outcomes on late-adolescent (ages 17–19) risk of criminal conviction. Consistent with social-developmental theories of offending, we found that poor academic performance and reduced school attachment increase the risk of criminal conviction independently of pre-existing differences in antisocial propensity and other confounding factors identified in prior research. Moreover, in support of an integrated model, our research suggests that academic performance and school attachment mediate the effects of childhood antisociality and learning difficulties on late-adolescent risk of criminal conviction. The implications of findings for policy and future research are discussed. Copyright © 2012 The Authors. *Journal of Research on Adolescence* © 2012 Society for Research on Adolescence.

Trudeau, L., Mason, W. A., Randall, G. K., Spoth, R. L., & Ralston, E. (2012). **Effects of parenting and deviant peers on early adolescent conduct problems.** *Journal of Abnormal Child Psychology*, 40(8), 1249-1264.

We investigated the influence of effective parenting behaviors (father and mother reports) and deviant peer association (adolescent reports) on subsequent young adolescent conduct problems (teacher reports) during grades 7–9, using structural equation modeling. Data were from a sample of 226 rural adolescents ( $n = 112$  boys;  $n = 107$  girls;  $n = 7$  gender unknown), their parents, and teachers. Both effective parenting and association with deviant peers influenced later conduct problems; however, the pattern of influence varied across time and between fathers and mothers, with complex patterns of interactions between effective parenting and peer deviance. From seventh to eighth grade, effective parenting by both mothers and fathers buffered the effect of higher levels of peer deviance on conduct problems across adolescent gender. From eighth to ninth grade (i.e., transition into high school), fathers' effective parenting buffered the effects of deviant peer association on their daughters' conduct problems, whereas both fathers' and mothers' influence was stronger for sons when deviant peer associations were lower. Analyses also evaluated bi-directional longitudinal effects among adolescents, parents, and peers. Although varying by parent and adolescent gender or adolescent age, results generally supported the protective effects of parenting on their children's conduct problems during early to mid adolescence. Copyright © 2012 Springer.

Trudeau, L., Spoth, R., Randall, G. K., Mason, W. A., & Shin, C. (2012). **Internalizing symptoms: Effects of a preventive intervention on developmental pathways from early adolescence to young adulthood.** *Journal of Youth and Adolescence*, 41, 788-801. doi: 10.1007/s10964-011-9735-6

This study examined the mediated and moderated effects of a universal family-focused preventive intervention, delivered during young adolescence, on internalizing symptoms assessed in young adulthood. Sixth grade students ( $N=446$ ; 52% female; 98% White) and their families from 22 rural Midwestern school districts were randomly assigned to the experimental conditions in 1993. Self-report questionnaires were administered at seven time points (pre-test to young adulthood—age 21) to those receiving the Iowa Strengthening Families Program (ISFP) and to the control group. Results showed that growth factors of adolescent internalizing symptoms (grades 6–12) were predicted by ISFP condition and risk status (defined as early substance initiation). Moderation of the condition effect by risk status was found, with higher-risk adolescents benefitting more from the ISFP. Results also supported the hypothesis that the ISFP's effect on internalizing symptoms in young adulthood was mediated through growth factors of adolescents' internalizing symptoms; risk moderation, however, was only marginally significant in young adulthood. The relative reduction rate on clinical or subclinical levels of young adult internalizing symptoms was 28%, indicating that for every 100 young adults displaying clinical or subclinical levels of internalizing symptoms from school districts not offering an intervention, there could



be as few as 72 displaying those levels of symptoms in school districts that offered middle school prevention programming. These findings highlight how the positive effects of family-focused universal interventions can extend to non-targeted outcomes and the related potential public-health impact of scaling up these interventions. Copyright © 2012 Springer.

- Kosterman, R., Mason, W. A., Haggerty, K. P., Hawkins, J. D., Spoth, R., & Redmond, C. (2011). **Positive childhood experiences and positive adult functioning: Prosocial continuity and the role of adolescent substance use.** *Journal of Adolescent Health, 49*, 180-186. doi:10.1016/j.jadohealth.2010.11.244

**Purpose:** To examine positive childhood experiences as predictors of positive adult functioning, including civic involvement, productivity and responsibility, interpersonal connection, and physical exercise; and to examine adolescent substance use as a mediator of prosocial continuity. **Methods:** A total of 429 rural participants were interviewed across seven waves from age 11 to 22 years. Structural equation models examined the relationship between positive childhood experiences and adult functioning, with adolescent substance use added to each model as a possible mediating mechanism. **Results:** Positive childhood experiences predicted significantly better adult functioning for each model, even after accounting for adolescent substance use. Positive childhood experiences also consistently predicted significantly less adolescent substance use. In turn, adolescent substance use predicted significantly less civic involvement and less productivity and responsibility, but was not associated with interpersonal connection or physical exercise when accounting for childhood experiences. Results were largely consistent across gender and levels of family income. **Conclusion:** Findings show the enduring importance of positive childhood experiences in predicting positive functioning in early adulthood. Although adolescent substance use increased risk for poorer functioning in important domains of adult life, results suggest that positive experiences in late childhood continued to have a significant prosocial effect into young adulthood. The study also highlights the late elementary grades as a time when parents, teachers, and others can potentially have a large influence in proactively providing prosocial opportunities for children. Copyright © 2011 Society for Adolescent Health and Medicine.

- Mason, W. A., & Spoth, R. (2011). **Longitudinal associations of alcohol involvement with subjective well-being in adolescence and prediction to alcohol problems in early adulthood.** *Journal of Youth and Adolescence, 40*, 1215-1224. doi:10.1007/s10964-011-9632-z

Adolescent alcohol involvement is associated with numerous negative outcomes, but also appears to have positive correlates, including subjective well-being. Additional research is needed to understand these paradoxical findings. The current study examines alcohol use, adverse alcohol-related (and other substance-related) consequences, and subjective well being in adolescence, and prediction to problem alcohol use in early adulthood. Participants in this longitudinal study, which extended from age 11 to age 21, were 208 rural teens (109 girls) and their families. Covariates included early substance use, early conduct problems, early depressed mood, gender, and parent educational attainment. Structural equation modeling showed that subjective well-being at age 16 positively predicted increased alcohol use at age 18. Alcohol use was not a significant predictor of subjective well-being; however, alcohol use at age 18 positively predicted alcohol problems at age 21, even while controlling for earlier adverse consequences and other predictors. Results help to further elucidate both the negative and positive correlates of underage drinking, and support the value of delaying alcohol initiation. Copyright © 2011 Springer Science+Business Media, LLC.

- Mason, W. A., & Spoth, R. L. (2011). **Thrill seeking and religiosity in relation to adolescent substance use: Tests of joint, interactive, and indirect influences.** *Psychology of Addictive Behaviors, 25*, 683-696. doi:10.1037/a0023793

Thrill seeking is a robust positive predictor of adolescent substance use. Religiosity is negatively associated with substance use among teens, although findings are mixed. Few studies have examined the interplay between these two prominent risk and protective factors. The current study addresses this gap by examining the joint, interactive, and indirect influences of thrill seeking and each of two dimensions of religiosity, religious salience and religious attendance, in relation to adolescent substance use. Participants were 667 rural youths (345 girls and 322 boys) and their families participating in a

longitudinal family-focused prevention trial. Data were collected via self-report surveys at six time points across 7 years, spanning ages 11 through 18. Results from latent growth curve analyses showed that both religious salience and religious attendance growth factors were associated negatively with late adolescent substance use, while adjusting for thrill seeking and selected covariates. Although the link between thrill seeking and substance use was not moderated by religiosity, there was a statistically significant indirect effect of thrill seeking on the outcome through a faster rate of downturn in religious attendance. Family intervention also predicted a slower rate of downturn in religious attendance and was associated negatively with substance use in late adolescence. Early adolescent substance use predicted a faster rate of decrease in religious salience throughout the teen years. The pattern of associations was similar for boys and girls. Findings suggest that teens who are elevated on thrill seeking could be targeted for specially-designed substance use prevention programs and provide additional evidence for the efficacy of family interventions. Copyright © 2011 American Psychological Association.

- Mason, W. A., Toumbourou, J. W., Herrenkohl, T. I., Hemphill, S. A., Catalano, R. F., & Patton, G. C. (2011). **Early age alcohol use and later alcohol problems in adolescents: Individual and peer mediators in a bi-national study.** *Psychology of Addictive Behaviors*, 25, 625-633. doi:10.1037/a0023320

This paper examines whether there is cross-national similarity in the longitudinal relationship between early age alcohol use and adolescent alcohol problems. Potential mechanisms underlying this relationship also are examined, testing adolescent alcohol use, low self-regulation, and peer deviance as possible mediators. Students ( $N=1,945$ ) participating in the International Youth Development Study, a longitudinal panel survey study, responded to questions on alcohol use and influencing factors, and were followed annually over a three-year period from 2002 to 2004 (98% retention rate). State-representative, community student samples were recruited in grade 7 in Washington State, United States (US,  $n = 961$ , 78% of those eligible;  $M_{age} = 13.09$ ,  $SD = .44$ ) and Victoria, Australia ( $n = 984$ , 76% of those eligible;  $M_{age} = 12.93$ ,  $SD = .41$ ). Analyses were conducted using multiple-group structural equation modeling. In both states, early-age alcohol use (age 13) had a small but statistically significant association with subsequent alcohol problems (age 15). Overall, there was little evidence for mediation of early alcohol effects. Low self-regulation prospectively predicted peer deviance, alcohol use, and alcohol problems in both states. Peer deviance was more positively related to alcohol use and low self-regulation among students in Victoria compared to students in Washington State. The small but persistent association of early age alcohol use with alcohol problems across both samples is consistent with efforts to delay alcohol initiation to help prevent problematic alcohol use. Self-regulation was an important influence, supporting the need to further investigate the developmental contribution of neurobehavioral disinhibition. Copyright © 2011 American Psychological Association.

- Herrenkohl, T. I., Kosterman, R., Mason, W. A., Hawkins, J. D., McCarty, C. A., & McCauley, E. (2010). **Effects of childhood conduct problems and family adversity on health, health behaviors, and service use in early adulthood: Tests of developmental pathways involving adolescent risk taking and depression.** *Development and Psychopathology*, 22, 655-665.

This study examined a developmental, cascade model that includes childhood risks of conduct problems and family adversity at age 10–12; conduct problems, risk taking, and internalizing during adolescence; and adult outcomes of conduct problems, poor health, health risks, depression, and service use at ages 27 and 30. Analyses showed that childhood conduct problems predicted adolescent conduct problems and risk taking, which in turn, predicted adult conduct problems, health risks, depression, and service use. Childhood family adversity predicted adolescent internalizing, a predictor itself of poor health, depression, and service use at age 27. There was considerable continuity in the same adult outcomes measured over a 3-year period, as well as some cross-domain prediction from variables at age 27 to measures at age 30. Developmental patterns found in these data offer implications for future research and prevention. Copyright © 2010 Cambridge University Press.

Kosterman, R., Hawkins, J. D., Mason, W. A., Herrenkohl, T. I., Lengua, L. J., & McCauley, E. (2010).

**Assessment of behavior problems in childhood and adolescence as predictors of early adult depression.** *Journal of Psychopathology and Behavioral Assessment*, 32(1), 118-127.

Behavior and psychological problems assessed prospectively by teachers and parents and by youths' self-reports through late childhood and adolescence were examined as possible predictors of early adult depression. Data were from 765 participants in the Seattle Social Development Project, a multiethnic and gender-balanced urban sample. Analyses examined 7 waves of data from ages 10 to 21, and included measures from the Achenbach Child Behavior Checklist and assessments of past-year depressive episode based on the Diagnostic Interview Schedule. Self-reported conduct problems as early as age 10 (Mason et al. 2001) and throughout adolescence consistently predicted depression at age 21. Parent reports of conduct and other externalizing problems in adolescence also significantly predicted adult depression. None of the available teacher reports through age 14 were significant predictors. Results suggest that externalizing problems can be useful indicators of risk for adult depression. Prevention efforts that target externalizing problems in youth may hold promise for reducing later depression. Copyright © 2010 Springer.

Mason, W. A., Hawkins, J. D., Kosterman, R., & Catalano, R. F. (2010). **Alcohol use disorders and depression: Protective factors in the development of unique versus comorbid outcomes.** *Journal of Child & Adolescent Substance Abuse*, 19(4), 309-323.

This study examines protective factors for young adult alcohol use disorders, depression, and comorbid alcohol use disorders and depression. Participants were recruited from all fifth-grade students attending 18 Seattle elementary schools. Of the 1,053 students eligible, 808 (77%) agreed to participate. Youths were surveyed when they were 10 years old in 1985 and followed to age 21 years in 1996 (95% retention). Protective factors were measured at age 14 years. Young adult disorders were assessed with the Diagnostic Interview Schedule. Alcohol refusal skills, academic skills, school and family bonding, parental rewards, school rewards, and family cohesion at age 14 years were associated with decreased risk for comorbidity at age 21 years. Copyright © 2010 Hawthorn Press.

Mason, W. A., Hitch, J. E., Kosterman, R., McCarty, C. A., Herrenkohl, T. I., & Hawkins, J. D. (2010). **Growth in adolescent delinquency and alcohol use in relation to young adult crime, alcohol use disorders, and risky sex: A comparison of youth from low- versus middle-income backgrounds.** *Journal of Child Psychology and Psychiatry*, 51(12), 1377-1385.

This study examined adolescent delinquency and alcohol use in relation to young adult crime, alcohol use disorders (AUDs), and risky sex. Analyses further examined the influences of late childhood involvement in these problem behavior outcomes, with mediation through teen delinquency and alcohol use, and examined differences in the pathways for youth from low- compared to middle-income backgrounds. Method: Multiple-group latent growth curve modeling was conducted using data collected from a sample of 808 youth followed from age 10 to age 24. Self-report assessments included delinquent involvement, alcohol use, and sexual activity in late childhood; delinquency and alcohol use in adolescence; and crime, AUDs, and risky sex in early adulthood. Results: Late childhood delinquent involvement was associated with young adult crime, AUDs, and risky sex indirectly through adolescent delinquency, and had a persistent direct effect on crime. Adolescent delinquency also mediated the relation between early sex onset and crime. Early alcohol use predicted a higher level of, and a faster rate of increase in, adolescent drinking, which predicted, in turn, young adult AUDs and risky sex. Significant group differences indicated stronger associations between adolescent delinquency and each young adult outcome for youth from low- compared to those from middle-income backgrounds. Conclusions: Early intervention may help prevent the development of crime, AUDs, and risky sex behaviors, especially among disadvantaged youth. Copyright © 2010 John Wiley & Sons, Inc.

Cortes, R. C., Fleming, C. B., Mason, W. A., & Catalano, R. F. (2009). **Risk factors linking maternal depressed mood to growth in adolescent substance use.** *Journal of Emotional and Behavioral Disorders*, 17, 49-64.

Maternal depression has been implicated in the development of adolescent substance use. Conceptualizing depression as a continuum, the aims of this study are to (a) understand the relationship between maternal depressed mood and risk factors associated with adolescent substance use; (b) understand the relationship between maternal depressed mood and level and growth in adolescent alcohol, cigarette, and marijuana use assessed at multiple time points during adolescence; and (c) examine the unique and relative contribution of maternal depressed mood after taking into account contextual risk factors related to adolescent substance use. Participants are 792 children and their mothers. Latent growth modeling is used with adolescent alcohol, cigarette, and marijuana use treated as ordinal variables. Child depressive phenomena and child antisocial behavior partially explain the relationship between maternal depressed mood and adolescent alcohol and cigarette use. Mothers' own substance use does not contribute to level or change in adolescent substance use after other risk factors are considered. Copyright © 2009 Hammill Institute on Disabilities.





## Other Research

### Neurobehavioral Development

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Behavioral and mental health problems are rooted in early developmental experiences and are shaped by multiple psychological and social influences. Effective prevention and early intervention efforts can interrupt the development of problem outcomes and promote positive youth development. The articles in this section examine longitudinal pathways leading toward behavioral and emotional problems, and identify risk and protective factors that either increase or decrease risk for problem outcomes over time. These studies provide essential knowledge for informing the development and refinement of interventions to prevent problem outcomes and promote positive functioning among youth.

### In Press

White, S. F., Brislin, S., Sinclair, S., Fowler, K. A., Pope, K., & Blair, R. J. (in press). **The relationship between large cavum septum pellucidum and antisocial behavior, callous-unemotional traits and psychopathy in adolescents.** *Journal of Child Psychology and Psychiatry*. doi: 10.1111/j.1469-7610.2012.02603.x.

The presence of a large cavum septum pellucidum (CSP) has been previously associated with antisocial behavior/psychopathic traits in an adult community sample. The current study investigated the relationship between a large CSP and symptom severity in disruptive behavior disorders (DBD; conduct disorder and oppositional defiant disorder). Structural MRI scans of youth with DBDs (N = 32) and healthy comparison youth (N = 27) were examined for the presence of a large CSP and if this was related to symptom severity. Replicating previous results, a large CSP was associated with DBD diagnosis, proactive aggression, and level of psychopathic traits in youth. However, the presence of a large CSP was unrelated to aggression or psychopathic traits within the DBD sample. Early brain mal-development may increase the risk of a DBD diagnosis, but does not mark a particularly severe form of DBD within patients receiving these diagnoses. Copyright © 2012 The Author. *Journal of Child Psychology and Psychiatry* © 2012 Association for Child and Adolescent Mental Health.

### Published

Finger, E. C., Marsh, A., Blair, K. S., Majestic, C., Evangelou, I., Gupta, K., Schneider, M. R., Sims, C., Pope, K., Fowler, K., Sinclair, S., Tovar-Moll, F., Pine, D., & Blair, R. J. (2012). **Impaired functional but preserved structural connectivity in limbic white matter tracts in youth with conduct disorder or oppositional defiant disorder plus psychopathic traits.** *Psychiatry Research*, 202(3), 239-244. doi:10.1016/j.psychresns.2011.11.002

Youths with conduct disorder or oppositional defiant disorder and psychopathic traits (CD/ODD+PT) are at high risk of adult antisocial behavior and psychopathy. Neuroimaging studies demonstrate functional abnormalities in orbitofrontal cortex and the amygdala in both youths and adults with psychopathic traits. Diffusion tensor imaging in psychopathic adults demonstrates disrupted structural connectivity between these regions (uncinate fasciculus). The current study examined whether functional neural abnormalities present in youths with CD/ODD+PT are associated with similar white matter abnormalities. Youths with CD/ODD+PT and comparison participants completed 3.0 T diffusion tensor scans and functional magnetic resonance imaging scans. Diffusion tensor imaging did not reveal disruption in structural connections within the uncinate fasciculus or other white matter tracts in youths with CD/ODD+PT, despite the demonstration of disrupted amygdala-prefrontal functional connectivity in these youths. These results suggest that disrupted amygdala-frontal white matter connectivity as measured by fractional anisotropy is less sensitive than imaging measurements of functional perturbations in youths with psychopathic traits. If white matter tracts are intact in youths with this disorder, childhood may provide a critical window for intervention and treatment, before significant structural brain abnormalities solidify. Copyright © 2012 Elsevier Ireland Ltd.

Pope, K., & Blair, R. J. R. (2012). **The use of fMRI in understanding antisocial behavior.** In C. R. Thomas & K. Pope (Eds.), *The origins of antisocial behavior: A developmental perspective*. Oxford: University Press.

Pope, K., Luna, B., & Thomas, C. R. (2012). **Developmental neuroscience and the courts: How science is influencing the disposition of juvenile offenders.** *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(4), 341-342.

Thomas, C. R., & Pope, K. (Eds.). (2012). **The origins of antisocial behavior: A developmental perspective.** Oxford: University Press.

*The Origins of Antisocial Behavior: A Developmental Perspective* provides an overview of the recent research on the development of antisocial behavior and synthesizes this information to inform readers not only of the risks, but also how they interact, to result in antisocial and aggressive behavior. The volume is divided into three sections: advances in neuroscience, advances in behavioral and clinical research, and legal and policy implications. Specific topics include genetic markers and aggressive behavior, the use of fMRI to track adolescent brain development, the role of peer influences on aggression, parenting and temperament, screening tools for diagnosing antisocial behavior in toddlers and adolescents, and how new research will influence interventions, policy, and future study. Experts from genetics, neuroimaging, and developmental science discuss the insights these scientific approaches have provided in understanding how nature and the environment interact in the emergence of antisocial behavior. *The Origins of Antisocial Behavior* is an important and unique resource that will be of use to developmental scientists, mental health professionals, and policymakers involved in the juvenile justice system. Copyright © 2012 Oxford University Press.

White, S. F., Marsh, A. A., Fowler, K. A., Schechter, J. C., Adalio, C., Pope, K., Sinclair, S., Pine, D. S., Blair, R. J. (2012). **Reduced amygdala response in youths with disruptive behavior disorders and psychopathic traits: Decreased emotional response versus increased top-down attention to nonemotional features.** *The American Journal of Psychiatry*, 169(7), 750-758.

**Objective:** Amygdala dysfunction has been reported to exist in youths and adults with psychopathic traits. However, there has been disagreement as to whether this dysfunction reflects a primary emotional deficit or is secondary to atypical attentional control. The authors examined the validity of the contrasting predictions. **Method:** Participants were 15 children and adolescents (ages 10–17 years) with both disruptive behavior disorders and psychopathic traits and 17 healthy comparison youths. Functional MRI was used to assess the response of the amygdala and regions implicated in top-down attentional control (the dorsomedial and lateral frontal cortices) to emotional expression under conditions of high and low attentional load. **Results:** Relative to youths with disruptive behavior disorders and psychopathic traits, healthy comparison subjects showed a significantly greater increase in the typical amygdala response to fearful expressions under low relative to high attentional load conditions. There was also a selective inverse relationship between the response to fearful expressions under low attentional load and the callous-unemotional component (but not the narcissism or impulsivity component) of psychopathic traits. In contrast, the two groups did not differ in the significant recruitment of the dorsomedial and lateral frontal cortices as a function of attentional load. **Conclusions:** Youths with disruptive behavior disorders and psychopathic traits showed reduced amygdala responses to fearful expressions under low attentional load but no indications of increased recruitment of regions implicated in top-down attentional control. These findings suggest that the emotional deficit observed in youths with disruptive behavior disorders and psychopathic traits is primary and not secondary to increased top-down attention to nonemotional stimulus features. Copyright © 2012 American Psychiatric Association.

White, S. F., Williams, W. C., Brislin, S. J., Sinclair, S., Blair, K. S., Fowler, K. A., Pine, D. S., Pope, K., & Blair, R. J. (2012). **Reduced activity within the dorsal endogenous orienting of attention network to fearful expressions in youth with disruptive behavior disorders and psychopathic traits.** *Development and Psychopathology*, 24(3), 1105-1116. doi: 10.1017/S0954579412000569

Using behavioral and blood oxygen level dependent (BOLD) response indices through functional magnetic resonance imaging (fMRI), the current study investigated whether youths with disruptive behavior disorders (conduct disorder and oppositional defiant disorder) plus psychopathic traits (DBD + PT) show aberrant sensitivity to eye gaze information generally and/or whether they show particular insensitivity to eye gaze information in the context of fearful expressions. The participants were 36 children and adolescents (ages 10–17 years); 17 had DBD + PT and 19 were healthy comparison subjects. Participants performed a spatial attention paradigm where spatial attention was cued by eye gaze in faces displaying fearful, angry, or neutral affect. Eye gaze sensitivity was indexed both behaviorally and as BOLD response. There were no group differences in behavioral response: both groups showed significantly faster responses if the target was in the congruent spatial direction indicated by eye gaze. Neither group showed a Congruence × Emotion interaction; neither group showed an advantage from the displayer's emotional expression behaviorally. However, the BOLD response revealed a significant Group × Congruence × Emotion interaction. The comparison youth showed increased activity within the dorsal endogenous orienting network (superior parietal lobule and inferior parietal sulcus) for fearful congruent relative to incongruent trials relative to the youth with DBD + PT. The results are discussed with reference to current models of DBD + PT and possible treatment innovations. Copyright © 2012 Cambridge University Press.



## Other Research Miscellaneous

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Some of our applied research has been directed at areas that do not fall into specific categories in this research bibliography.

Duppong Hurley, K., Trout, A., Griffith, A., Epstein, M., Thompson, R., Mason, W. A., Huefner, J., & Daly, D. (2010). **Creating and sustaining effective partnerships to advance research on youth with serious emotional and behavioral disorders.** *Journal of Disability Policy Studies*, 21(3), 141-151.

A key barrier to conducting research involving children and families is the difficulty of creating partnerships among researchers, treatment agencies, and schools. This article describes several key factors that were essential to establishing an effective research collaboration between practitioners and university-based researchers, including a mutual respect for the unique needs of research and practice; a strategy for joint decision making; a partnership model of incremental growth; a plan for mentoring junior faculty and students; a format for regular contact between the partners; and a plan for long-term sustainability. This collaboration has conducted over a dozen evaluation studies, as well as examined best practice issues surrounding the needs of children and families with serious emotional and behavioral needs. Even more important has been the lines of research that have been developed from this partnership which keeps the collaboration focused. The lessons learned from this research partnership should inform other collaborations. Copyright © 2010 Hammill Institute on Disabilities.

Friman, P. C. (2010). **Cooper, Heron, and Heward's *Applied Behavior Analysis (2nd ed.)*: Checkered flag for students and professors, yellow flag for the field.** *Journal of Applied Behavior Analysis*, 43(1), 161-174.

At last the field of applied behavior analysis has a beautifully crafted, true textbook that can proudly stand cover to cover and spine to spine beside any of the expensive, imposing, and ornately designed textbooks used by college instructors who teach courses in conventional areas of education or psychology. In this review, I fully laud this development, credit Cooper, Heron, and Heward for making it happen, argue that it signifies checkered flag for students and professors, and recommend the book for classes in applied behavior analysis everywhere. Subsequently, I review its chapters, each of which could easily stand alone as publications in their own right. Finally, I supply a cautionary note, a yellow flag to accompany the well-earned checkered flags, by pointing out that, as is true with all general textbooks on applied behavior analysis, a major portion of the references involves research on persons who occupy only a tail of the normal distribution. To attain the mainstream role Skinner envisioned and most (if not all) behavior analysts desire, the field will have to increase its focus on persons who reside under the dome of that distribution. Copyright © 2010 Society for the Experimental Analysis of Behavior, Inc.

Friman, P. C. (2010, January). **Testing: The good, the bad, and the sometimes necessary (part 3).** *Family Spectrum*, 17.

This is a brief discussion of the effects of legislation regarding standardized testing on children, parents, teachers, and schools. Copyright © 2010 Family Spectrum.

Friman, P. C., Volz, J. L., & Haugen, K. A. (2010). **Parents and school psychologists as child behavior problem-solving partners: Helpful concepts and applications.** In G. Gimpel Peacock, R. A. Ervin, E. J. Daly, & K. W. Merrell (Eds.), *Practical handbook of school psychology: Effective practices for the 21st Century* (pp. 390-407). New York: Guilford.

The purpose of this chapter is to contribute to the latter, expanding subject area, parent training; the specific intent is to provide school psychologists with information that will enhance their ability to help parents solve their children's school relevant behavior problems. The chapter has two primary dimensions. The first is obvious - the chapter provides examples of concepts and applications that significantly contribute to understanding the development and management of child behaviors exhibited



at home and school. The second is more subtle - the chapter describes those concepts and applications in mostly nontechnical, user-friendly language, the kind of language that is much more likely to reflect how parents speak in their everyday capacity as parents than the technical language that dominates most literature in psychology. Copyright © 2009 Guilford Press.

Gilman, R., & Handwerk, M. L. (2001). **Undergraduate students' perceptions of school psychology: Findings and implications.** *School Psychology Review*, 30, 120-134.

The present study was an initial exploration of the fund and source(s) of knowledge that undergraduate students possess about school psychology. A total of 622 students completed a five-part inventory that assessed their understanding of various psychology disciplines. The responses given for school psychology and clinical psychology were compared across psychology majors, education majors, and "other" majors. Results indicated that although undergraduate students rated their perceived knowledge of school psychology significantly higher than clinical psychology, the mean ratings for both disciplines were low. Undergraduates utilized different sources of information to learn of clinical and school psychology. Both psychology and education majors assigned low priority to school psychology as a graduate school choice. Further, psychology majors rated clinical psychologists as being more involved in individual therapy, assessment, consultation, and research than school psychologists. The implications of these findings as they pertain to future recruitment strategies are discussed. Copyright © 2001 National Association of School Psychologists.

Koehn, C. E., Thompson, R. W., Authier, K. J., & Bosco, M. (2001). **Palm Beach County child abuse and neglect system redesign: Initial process evaluation.** *Journal of Child and Family Studies*, 10, 245-254.

For the families in Palm Beach County who entered the child abuse and neglect system as a result of having a child placed into emergency shelter, their experience was that the system was frequently intimidating, confusing, and fragmented. The reaction of the children and their families to this system was often defensiveness and resistance. To increase the system's effectiveness, it was redesigned and privatized. The redesigned system included centralized shelter placement, a comprehensive assessment, independent service coordination, and treatment service provision within a managed care model. By emphasizing family involvement and quality service provision, the goal was to increase voluntary participation and improve family outcomes. Based on initial data, it appears that the redesigned system has been successfully implemented and has made notable progress toward meeting its system flow timeframes. The initial data also indicate that high percentages of families are participating in and are satisfied with the system, that children are spending less time in shelter placements, and that only one family has reentered the system. Copyright © 2001 Human Sciences Press, Inc.

Koehn, C. E., & Thompson, R. W. (2000). **Palm Beach County child abuse and neglect pilot program: Initial evaluation.** In C. Liberton, D. Newman, K. Kutash, & R. Friedman (Eds.), *Proceedings of the 12th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base* (pp. 169-172). Tampa: University of South Florida.

In 1996, Palm Beach County, Florida, received 6,000 reports of child abuse or neglect representing approximately 10,000 to 15,000 children with 600 children and families having confirmed reports of severe physical or sexual abuse. Children and families who entered the county's child protection system often found that services were fragmented, confusing, frequently intimidating, and provided without family input. In order to improve services to these families, changes to the system needed to be made. The authors designed an evaluation that would monitor the system's changes, examine the services provided, and assess the outcomes for children and their families. Copyright © 2000 The de la Parte Institute.

Thompson, R. W., & Way, M. L. (2000). **How to prepare and present effective outcome reports for external payers and regulators.** *Education and Treatment of Children*, 23, 60-74.

This article describes practical methods for agencies to *move* from a process to an outcomes focus when preparing and presenting reports to payers and regulators. Essential components of an outcomes system,

the source for information used to construct outcomes reports, are outlined (e.g., choose the right outcomes, use a program evaluation model, include appropriate outcome domains, and design or purchase an information management system). Methods for preparing and presenting reports for payers and regulators (e.g., start with an executive summary, use consistent terms, use graphs and charts, use benchmarks or industry standards, and disaggregate the data) are drawn from experiences at Father Flanagan's Boys' Home. Finally, examples from reports to two common payers are provided (public sector contractors and managed-care organizations). Copyright © 2000 West Virginia University Press.

Thompson, R. W. (1999). **Benefits-based management of recreation services: Turning leisure activities into improved outcomes for at-risk youth.** *Caring, 15*, 10-11, 27.

The Benefits-Based Management of Recreation Services (BBM) Model is described in this article. In this approach, leisure activities are designed to be outcome-focused. Finally, recommendations for the application of this Model to child and family services are described. Copyright © 1999 The Alliance for Children and Families.

Thompson, R. W. (1998). **Social validation: A practical application for agency program planning and evaluation.** *Caring, 14*, 6-8.

Social validation is the assessment of social acceptability of intervention techniques and outcomes. Some states have done surveys of a large number of stakeholders of child and family service providers to investigate this. The application of this approach to program planning and evaluation for individual agencies is described. Copyright © 1998 The Alliance for Children and Families.

Daly, D. L., & Nordlinger, B. R. (1997). **National standards: Guiding principles in outcome assessment.** *Caring, 13*, 19-21.

Providers must seize the initiative and drive performance standards in directions that will advance practice and policy. Daly and Nordlinger suggest that providers need a much greater say in the construction of outcome measures for child and family treatment systems. Examples of during-program performance standards and postcare or long-term performance standards are given. A proposed process to develop the standards is laid out in ten steps. Copyright © 1997 The Alliance for Children and Families.

Daly, D. L. (1995). **Relationship building: The tie that binds.** *Caring, 11*, 18-20.

Relationship-building is the tie that binds children to adults and, consequently, to the skills they need to succeed. Research tells us how important relationships are to children in out-of-home care, but too often is taken for granted. This article emphasizes that relationship skills need to be actively taught and enhanced by training and careful monitoring. A list of "do's" and "don'ts" is given, along with suggestions for what administrators can do to promote relationship-building. Copyright © 1995 The Alliance for Children and Families.

Daly, D. L. (1995). **Youth programs: Rhetoric or results?** *Caring, 11*, 22-24.

Programs flourish for a variety of reasons. The fact that they produce positive outcomes is not necessarily one of the reasons. Daly contends that if we are to make progress in youth and family services, we must separate those approaches that deliver outcomes from those that deliver rhetoric. Copyright © 1995 The Alliance for Children and Families.

Daly, D. L. (1995). **Youth violence: Separating the wheat from the chaff.** *Caring, 11*, 29-31.

Solving the problem of youth violence requires complex, long-term efforts and significant expense, something that supporters of current programs fail to realize. This article discusses programs and recommendations made by experts on youth violence (most notably those produced during a conference sponsored by the National Education Service) and why they fall short in identifying and addressing this growing problem. Copyright © 1995 The Alliance for Children and Families.

Thompson, R. W., Ruma, P. R., Authier, K. J., & Bouska, T. C. (1994). **Application of a community needs assessment survey to decategorization of child welfare services.** *Journal of Community Psychology*, 22, 33-42.

Decategorization is a process of restructuring funding sources and services to encourage interagency collaboration, out-of-home placement prevention, and innovative programming driven by needs of families as opposed to bureaucratic contingencies. In this study a community needs assessment survey was used as one of the first steps in decategorization program planning. The survey assessed the most serious problems, the priorities for tax dollar support, and the service needs in a county beginning decategorization of child welfare services. Methods, results, and implications are discussed and compared to other types of data available about needs of the residents of the county as a model for other communities that may be undertaking decategorization projects or other large-scale planning efforts. Copyright © 1994 John Wiley & Sons, Inc.

Friman, P. C., Allen, K. D., Kerwin, M. L., & Larzelere, R. (1993). **Changes in modern psychology: A citation analysis of the Kuhnian displacement thesis.** *American Psychologist*, 48, 658-664.

Many psychologists believe a Kuhnian revolution—a competitive event between incommensurate paradigms in which a winner displaces losers after chaotic upheaval—has occurred in psychology. Cognitive psychology is said to be displacing behavioral psychology and psychoanalysis but few published data support this thesis. Social science citation records from the leading journals in cognitive psychology, behavioral psychology, and psychoanalysis between 1979 and 1988 were analyzed. Results show an increasing trend for cognitive psychology but also high citation rates with no downward trends for behavioral psychology. Citation rates for psychoanalysis are not as high, but indications of decline are marginal. These findings do not support the Kuhnian displacement thesis on changes in modern psychology. Copyright © 1993 American Psychological Association.

## Author Index

- Adalio, C. .... 108  
 Allen, K. D. .... 114  
 Almquist, J. .... 33, 90  
 Almquist, J. K. .... 30  
 Amberson, T. G. .... 71  
 Andersen, J. J. .... 91  
 Armstrong, K. J. .... 91  
 Arneil, J. M. .... 43, 44  
 Authier, K. .... 20, 21, 43, 44, 112, 114  
 Axelrod, M. I. .... 78, 95  
 Badura Brack, A. S. .... 13  
 Baer, J. .... 100  
 Baker, G. .... 20  
 Barnes-Holmes, D. .... 80  
 Barnes-Holmes, Y. .... 80  
 Barth, R. P. .... 28  
 Batenhorst, L. M. .... 92  
 Baumrind, D. .... 68, 70  
 Becker, C. Y. .... 19  
 Becker-Wilson, C. Y. .... 19  
 Besetsney, L. K. .... 61  
 Biben, D. S. .... 45  
 Blair, K. S. .... 107, 109  
 Blair, R. J. .... 107, 108, 109  
 Blair, R. J. R. .... 108  
 Blum, N. .... 50, 84  
 Boever, W. .... 15  
 Bolivar, C. .... 45  
 Bosco, M. .... 112  
 Bosn, A. .... 58  
 Bourdon, K. .... 91  
 Bouska, T. C. .... 114  
 Bowers, F. E. .... 29, 36, 37  
 Brewster, A. L. .... 61  
 Brislin, S. .... 107  
 Brislin, S. J. .... 109  
 Brown, D. L. .... 24, 26  
 Buddenberg, L. .... 23  
 Burke, R. .... 53  
 Burke, R. V. .... 50, 53, 54, 61, 62  
 Burns, B. J. .... 28  
 Byrd, M. R. .... 83  
 Cahalane, H. G. .... 46  
 Canino, G. .... 91  
 Cannezzaro, C. .... 46  
 Carlyon, W. D. .... 36  
 Casey, K. .... 96  
 Casey, K. J. .... 26, 30, 46  
 Casey-Goldstein, M. .... 100  
 Cash, S. J. .... 45  
 Castrianno, L. .... 47  
 Castrianno, L. M. .... 19, 43  
 Catalano, R. F. .... 99, 103, 104, 105  
 Cataldo, M. .... 77  
 Cataldo, M. F. .... 77  
 Chall, J. S. .... 57, 58  
 Chamberlain, P. .... 39, 43  
 Chmelka, B. .... 26, 30, 31, 33  
 Chmelka, M. B. .... 17, 25, 26, 27, 28, 29, 30, 31, 35, 57, 88, 96  
 Christophersen, E. R. .... 73, 74, 81  
 Clopton, K. .... 32  
 Cohen, J. .... 15  
 Connell, P. .... 14  
 Cook, C. R. .... 29  
 Cortes, R. C. .... 99, 105  
 Cotter, D. D. .... 23  
 Coughlin, D. .... 15  
 Coughlin, D. D. .... 59  
 Cowan, P. A. .... 68  
 Crawford, J. D. .... 24  
 Criste, A. H. .... 55, 56, 57  
 Criste, T. .... 15  
 Criste, T. R. .... 14, 15, 37  
 Curtis, M. E. .... 54, 55, 56, 57, 58  
 Czyz, J. D. .... 19  
 Daly, D. .... 30, 111  
 Daly, D. L. .... 15, 17, 20, 28, 30, 33, 35, 36, 37, 39, 40, 41, 42, 50, 57, 59, 62, 64, 65, 92, 93, 94, 113  
 Davis, J. L. .... 17, 35  
 DeLeon, I. G. .... 77  
 DelGaudio, M. .... 53  
 DelGaudio, M. B. .... 53  
 DeRuyk, K. .... 76  
 DeSalvo, C. .... 25, 28, 95, 96  
 Dinges, K. .... 14, 15, 37  
 Doucette, A. .... 89, 90  
 Dowd, T. .... 15  
 Dowd, T. P. .... 41, 42  
 Drows, A. .... 81  
 Drosch, D. .... 57  
 Dulcan, M. K. .... 91  
 DuPaul, G. J. .... 35, 38  
 Duppong Hurley, K. .... 19, 23, 25, 26, 28, 45, 46, 54, 63, 87, 90, 97, 111  
 Ebeling, H. .... 101  
 Elliott, J. .... 37  
 Ellis, C. R. .... 75, 76, 78  
 Epstein, M. .... 63, 87, 96, 111  
 Epstein, M. H. .... 14, 23, 25, 26, 27, 28, 29, 31, 64, 65, 88, 95, 96, 97, 98  
 Ervin, R. .... 39  
 Ervin, R. A. .... 33, 37, 38, 80  
 Evangelou, I. .... 107  
 Evans, J. .... 50, 65  
 Farmer, E. M. Z. .... 29, 90  
 Ferrell, J. Z. .... 45  
 Field, C. .... 79  
 Field, C. E. .... 29, 32, 33, 34, 36, 78  
 Finger, E. C. .... 107  
 Finney, J. W. .... 82, 85  
 Fisher, P. W. .... 91  
 Fleming, A. P. .... 100  
 Fleming, C. B. .... 105  
 Fontaine, E. .... 96  
 Foster, N. .... 79  
 Fowler, K. .... 107  
 Fowler, K. A. .... 107, 108, 109  
 Freeman, K. .... 75  
 Freeman, K. A. .... 34, 84  
 Friman, P. .... 74, 80  
 Friman, P. C. .... 33, 34, 36, 37, 38, 39, 40, 41, 49, 50, 56, 62, 65, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 91, 92, 98, 111, 114  
 Fruzzetti, A. E. .... 77  
 Furst, D. .... 20, 50  
 Furst, D. W. .... 15, 21, 55, 56, 57  
 Gallant, J. .... 23  
 Garbin, C. P. .... 95  
 Garrett, C. R. .... 59  
 Gehringer, R. .... 25, 28, 31, 95  
 Gilman, R. .... 34, 35, 112  
 Givner, N. .... 44  
 Gohr, V. M. .... 59  
 Griffith, A. .... 45, 46, 87, 111  
 Griffith, A. K. .... 13, 14, 25, 26, 27, 28, 29, 46, 61, 90, 95, 96  
 Grow, C. R. .... 62  
 Guajardo, N. R. .... 67  
 Guck, T. P. .... 54  
 Gupta, K. .... 107  
 Hagaman, J. .... 31, 96  
 Hagaman, J. L. .... 26, 30, 95, 96  
 Haggerty, K. P. .... 100, 102  
 Hall, J. .... 39  
 Hallstrom, K. .... 59  
 Hamman, D. .... 57  
 Handwerk, M. .... 30, 57, 90  
 Handwerk, M. L. .... 13, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 50, 65, 81, 84, 91, 92, 112  
 Harden, A. .... 46  
 Harper, J. .... 96  
 Haugen, K. A. .... 95, 111  
 Hawkins, J. D. .... 99, 102, 103, 104  
 Hawkins, R. O. .... 79  
 Hayes, S. C. .... 84  
 Hemphill, S. A. .... 99, 103

- Herrenkohl, T. I. .... 99, 103, 104  
Hitch, J. A. .... 104  
Hoff, K. E. .... 32, 35, 80, 84  
Hoffman, S. .... 63, 88  
Hofstadter, K. L. .... 79  
Holmstrand, L. .... 43  
Hove, G. .... 83  
Howard, B. .... 23  
Howard, B. K. .... 30  
Huefner, J. .... 33, 43, 111  
Huefner, J. C. .... 13, 14, 17, 24, 25, 26, 27, 29, 30, 31, 32, 33, 35, 46, 63, 64, 89, 90  
Hughes, L. A. .... 101  
Hurley, K. .... 46  
Hurtig, T. M. .... 101  
Huscroft, J. .... 87  
Huscroft-D'Angelo, J. .... 25, 26, 63  
Husman, J. .... 57  
Hyland, T. .... 54, 55, 57  
Hynd, G. W. .... 39  
Ingram, S. .... 19, 31, 32, 45, 46, 47, 59  
Ingram, S. D. .... 27, 28, 31, 45  
Jackson, M. .... 78  
James, S. .... 63, 64  
Jensen, M. E. .... 29  
Jewell, J. .... 90  
Jewell, J. D. .... 24, 26  
Johnson, B. .... 69, 91  
Johnson, K. I. .... 77  
Johnson, S. .... 53  
Johnson-Frerichs, L. A. .... 89  
Jones, K. M. .... 41, 56, 79, 80, 84, 85, 98  
Jones, M. .... 17, 39  
Jorgensen, D. D. .... 36, 91  
Juliano, N. .... 14, 19  
Kahng, S. .... 77  
Kelly, D. B. .... 92  
Kern, L. .... 38  
Kerwin, M. L. .... 114  
Kessler, C. .... 43  
Kiff, C. J. .... 99  
King, K. M. .... 100  
Kingsley, D. .... 31  
Kivivuori, J. .... 101  
Klein, J. A. .... 95  
Koehn, C. E. .... 112  
Kohm, A. .... 33  
Kosterman, R. .... 99, 102, 103, 104  
Kuhn, B. R. .... 67, 68, 91  
Lahey, B. B. .... 91  
Lambert, M. .... 87, 88  
Larson, D. B. .... 70  
Larzelere, R. .... 14, 39, 85, 92, 114  
Larzelere, R. E. .... 14, 15, 17, 18, 19, 35, 36, 37, 38, 40, 43, 65, 67, 68, 69, 70, 71, 88, 91, 92  
Lash, R. .... 54  
Lee, B. R. .... 27, 29, 65  
Legerski, J. P. .... 73  
Lengua, L. J. .... 99, 104  
Leslie, L. K. .... 13, 14, 27  
Lienemann, T. .... 97  
Little, M. .... 33  
Longo, A. M. .... 54, 55, 56  
Lucas, C. .... 40, 90, 91  
Lucas, C. P. .... 32, 92  
Luna, B. .... 108  
MacAleese, K. .... 77  
MacAleese, K. R. .... 82  
Majestic, C. .... 107  
Marsh, A. .... 107  
Marsh, A. A. .... 108  
Marshall, R. .... 38  
Marshall, R. M. .... 37, 39  
Martens, B. K. .... 77  
Martin, J. A. .... 71  
Mason, M. .... 43  
Mason, W. A. .... 25, 45, 88, 99, 100, 101, 102, 103, 104, 105, 111  
Maybank, D. .... 54  
McAuley, E. .... 103  
McCart, L. .... 58  
McCarty, C. A. .... 100, 103, 104  
McCauley, E. .... 100, 104  
McEachern, A. D. .... 29  
McElderry, E. .... 27  
McGinnis, C. .... 37  
McGinnis, J. C. .... 84  
McGrath, A. M. .... 34, 91  
McKeever, S. J. .... 45  
McNeal, R. .... 32  
Merenda, J. A. .... 71  
Miller, P. .... 39  
Mitchell, A. M. .... 38  
Moilanen, I. K. .... 101  
Mooney, P. .... 98  
Moore, B. A. .... 77  
Moore, K. J. .... 43, 93  
Mott, M. A. .... 43, 44, 65  
Munger, R. .... 47  
Narrow, W. E. .... 91  
Nash, H. M. .... 33, 34  
Nelson, C. .... 54  
Nelson, J. R. .... 97, 98  
Nelson, R. .... 97  
Nelson, T. D. .... 23, 25, 88  
Newman, V. .... 32  
Nordlinger, B. R. .... 113  
North, T. .... 47  
O'Brien, C. .... 14  
O'Brien, K. .... 90  
O'Donnell, L. .... 37  
O'Neill Fichtner, L. .... 53, 54  
Oats, R. .... 53  
Oats, R. G. .... 35, 45, 53  
O'Brien, K. .... 89  
Ohlund, B. .... 97  
Oksol, E. M. .... 83  
Orduna, D. .... 29  
Osgood, D. W. .... 20, 40, 41, 43, 93  
Oswalt, G. .... 42  
Patton, G. C. .... 103  
Payne, V. .... 43  
Pecora, P. J. .... 43, 89, 90  
Petersen, R. .... 67  
Peterson, J. .... 64  
Peterson, R. .... 20  
Peterson, R. W. .... 19, 20, 21  
Pettit, G. S. .... 68  
Piazza, C. .... 49  
Pick, R. .... 26, 27, 63, 88, 95  
Pike, P. L. .... 70  
Pine, D. .... 107  
Pine, D. S. .... 108, 109  
Polaha, J. .... 68  
Poling, A. .... 85  
Polite, K. .... 70  
Pope, K. .... 107, 108, 109  
Powell, W. .... 53, 54  
Powers, S. W. .... 67  
Ralston, E. .... 101  
Randall, G. K. .... 101  
Rauktis, M. E. .... 46, 89  
Rauktis, M. B. .... 90  
Redmond, C. .... 102  
Regier, D. A. .... 91  
Reid, R. .... 26, 29, 30, 31, 96, 97, 98  
Reimers, T. M. .... 73, 76, 77  
Resetar, J. .... 76  
Resetar, J. L. .... 78  
Richards, D. F. .... 83  
Richter, M. D. .... 42  
Ringle, J. .... 14, 33  
Ringle, J. L. .... 24, 27, 29, 30, 31, 32, 33, 53, 59, 63, 64, 88, 91  
Roberts, H. J. .... 76, 78  
Roberts, M. C. .... 32  
Robinson, M. L. .... 54  
Rubio-Stipek, M. .... 91  
Ruma, P. .... 44  
Ruma, P. R. .... 55, 58, 61, 62, 114  
Sather, P. R. .... 70  
Savolainen, J. .... 101  
Scannell, M. .... 46  
Schaffer, V. A. .... 37  
Schartz, M. .... 98



- Schechter, J. C. .... 108  
 Schill, D. E. .... 59  
 Schlueter, C. L. .... 77  
 Schmaltz, S. .... 43  
 Schmidt, M. D. .... 14, 15, 17, 18  
 Schneider, M. R. .... 107  
 Schneider, W. N. .... 70  
 Schnoes, C. .... 84  
 Schnoes, C. J. .... 74, 75, 76, 78  
 Schroeder, L. .... 20  
 Schuchmann, L. P. .... 62  
 Shaffer, D. .... 91  
 Shaffer, D. M. .... 92  
 Shanahan, D. .... 40  
 Shanahan, D. L. .... 40, 59  
 Shannon, K. K. .... 93  
 Shapiro, S. K. .... 68  
 Shaw, S. .... 73  
 Shaw, T. .... 47, 90  
 Shell, D. F. .... 57  
 Shin, C. .... 101  
 Short, M. .... 34  
 Siebecker, A. B. .... 89, 95  
 Silver, C. .... 70  
 Simpson, A. .... 45, 46, 47  
 Sims, C. .... 107  
 Sinclair, J. .... 40  
 Sinclair, S. .... 107, 108, 109  
 Singh, N. N. .... 14, 26  
 Sinisterra, D. .... 47  
 Smeets, P. M. .... 80  
 Smith, G. .... 26, 39  
 Smith, G. L. 13, 14, 15, 17, 19, 20,  
 25, 30, 32, 36, 40, 41, 92, 93  
 Smith, T. R. .... 23, 25  
 Snyder, G. S. .... 23, 67, 73, 74, 89,  
 96  
 Snyder, T. .... 29  
 Soper, S. .... 32, 40  
 Soper, S. H. .... 30, 37, 62  
 Spear, S. .... 82  
 Spellman, D. .... 15  
 Spellman, D. F. .... 14, 15, 27, 30  
 Spenceri, M. .... 54  
 Spielberger, J. .... 46  
 Spoth, R. .... 101, 102  
 Spoth, R. L. .... 99, 101, 102  
 Spoth, R. L. .... 102  
 Stairs, J. M. .... 65  
 Stenslie, M. .... 43  
 Stevens, A. .... 63, 87  
 Stevens, A. L. .... 24, 25  
 Stewart, M. C. .... 64  
 Stoller, C. M. .... 77  
 Strand, P. .... 80  
 Sullivan, J. .... 87, 88  
 Swearer, S. M. .... 41, 84, 85, 89, 95  
 Synhorst, L. .... 97  
 Taanila, A. M. .... 101  
 Tarbox, R. S. .... 81  
 Teare, J. F. .... 15, 19, 20, 21, 59  
 Teng, E. J. .... 83  
 Thomas, C. R. .... 108  
 Thompson, R. 24, 26, 27, 29, 30,  
 33, 54, 90, 111  
 Thompson, R. W. .... 14, 17, 25, 27,  
 28, 30, 31, 32, 33, 35, 40, 41,  
 44, 45, 47, 50, 55, 58, 59, 61,  
 62, 63, 64, 65, 88, 89, 90,  
 112, 113, 114  
 Tierney, J. .... 90  
 Toner, C. .... 40  
 Tonniges, T. F. .... 23, 25  
 Toumbourou, J. W. .... 99, 103  
 Tovar-Moll, F. .... 107  
 Trout, A. .... 28, 45, 87, 111  
 Trout, A. L. .... 23, 25, 26, 27, 28,  
 29, 30, 31, 63, 64, 65, 88, 95,  
 96, 97, 98  
 Trudeau, L. .... 101  
 Twohig, M. .... 81, 83  
 Twohig, M. P. .... 83  
 Tyler, P. .... 27  
 Tyler, P. M. .... 64  
 Vander Stoep, A. .... 100  
 VanRyzin, M. .... 87  
 Vollmer, D. .... 41  
 Vollmer, D. G. .... 13, 17  
 Volz, J. L. .... 111  
 von der Embse, N. .... 23  
 Waite, T. .... 32  
 Wang, C. .... 89  
 Warzak, W. J. .... 50, 84  
 Watson, T. S. .... 79, 83  
 Way, M. .... 64  
 Way, M. L. .... 112  
 Wheaton, N. .... 23  
 Wheaton, N. M. .... 28  
 White, S. F. .... 107, 108, 109  
 Wickstrom, K. F. .... 56  
 Wiegel, M. .... 23  
 Williams, G. .... 65  
 Williams, K. L. .... 78  
 Williams, W. C. .... 109  
 Williams, W. L. .... 78, 81  
 Wilson, E. .... 19  
 Wilson, K. G. .... 84  
 Wise III, N. .... 27  
 Wolfe, E. .... 83  
 Woodlock, D. .... 14  
 Woods, D. W. .... 34, 36, 83, 84  
 Wright, T. .... 25, 95  
 Wymbs, B. T. .... 100  
 Young, M. M. .... 98  
 Zhang, H. .... 91  
 Zhe, E. J. .... 78, 95



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Note: Click the first author last name to go to the citation listing in the body of the bibliography.

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## **Publications by Category (1991-2012)**

### **Publications within Periodicals/Journals**

**(n = 101)**

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Addiction

American Journal of Orthopsychiatry

American Journal of Psychiatry

American Professional Society on the Abuse of Children (APSAC) Advisor

American Psychologist

Archives of Pediatrics & Adolescent Medicine

Behavior Analyst

Behavior Modification

Behavior Therapist

Behavior Therapy

Behavioral Disorders

Behavioral Healthcare Tomorrow

Behavioral Residential Treatment

Caring

Child & Family Behavior Therapy

Child & Family Social Work

Child & Youth Care Forum

Child Abuse & Neglect: The International Journal

Child and Adolescent Social Work Journal

Child Welfare

Children and Youth Services Review

Children's Legal Rights Journal

Children's Services: Social Policy, Research, and Practice

Clinical Behavior Analyst

Clinical Case Studies

Clinical Child and Family Psychology Review

Clinical Child Psychology and Psychiatry

Community Circle of Caring Journal

Death Studies

Development and Psychopathology

Education and Treatment of Children

Emotional and Behavioural Difficulties

European Journal of Applied Behavior Analysis

Evaluation and Program Planning

Evaluation Review

Exceptional Children  
Family Relations  
Focus on Basics  
Hospital and Community Psychiatry  
Infant and Child Development  
International Journal of Behavioral Consultation and Therapy  
International Journal of Psychology and Psychological Therapy  
International Journal of Social Welfare  
Journal of Abnormal Child Psychology  
Journal of Adolescence  
Journal of Adolescent Health  
Journal of Applied Behavior Analysis  
Journal of Applied Developmental Psychology  
Journal of At-Risk Issues  
Journal of Behavior Analysis of Offender and Victim Treatment and Prevention  
Journal of Behavioral Education  
Journal of Behavioral Health Services & Research  
Journal of Child & Adolescent Substance Abuse  
Journal of Child and Adolescent Psychopharmacology  
Journal of Child and Family Studies  
Journal of Child Psychology and Psychiatry  
Journal of Child Sexual Abuse  
Journal of Clinical Child and Adolescent Psychology  
Journal of Community Psychology  
Journal of Consulting and Clinical Psychology  
Journal of Disability Policy Studies  
Journal of Early and Intensive Behavior Intervention  
Journal of Education for Students Placed At Risk  
Journal of Emotional and Behavioral Disorders  
Journal of Family Social Work  
Journal of Learning Disabilities  
Journal of Marriage and the Family  
Journal of Pediatric Psychology  
Journal of Psychopathology and Behavioral Assessment  
Journal of Reading  
Journal of Research on Adolescence  
Journal of Studies on Alcohol and Drugs  
Journal of the American Academy of Child & Adolescent Psychiatry

Journal of Youth and Adolescence  
Language, Speech, and Hearing Services in Schools  
Learning Disabilities Research & Practice  
Marriage & Family: A Christian Journal  
Notes From the Field  
Parenting: Science and Practice  
Pediatrics  
Preventing School Failure  
Principal Leadership High School Edition  
Psychiatry Research  
Psychological Assessment  
Psychological Bulletin  
Psychological Reports  
Psychology of Addictive Behaviors  
Quality of Life Research  
Reader  
Reading Online  
Reclaiming Children and Youth  
Remedial and Special Education  
Research in Middle Level Education Quarterly  
Research in the Schools  
Research in the Teaching of English  
Residential Treatment for Children & Youth  
School Psychology Quarterly  
School Psychology Review  
Teaching-Family Association Newsletter  
TECHNOS: Quarterly for Education & Technology  
Topics in Early Childhood Special Education



## **Publications by Category (1991-2012)**

### **Publications within Books and Other Sources**

**(n = 73)**

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Antecedent Assessment & Intervention: Supporting Children & Adults with Developmental Disabilities in  
Community Settings

Behavioral Treatments for Sleep Disorders: A Comprehensive Primer of Behavioral Sleep Medicine  
Interventions

Boys Town Education Model: Outcomes and Effects

Case Studies in Clinical Psychological Science: Bridging the Gap from Science to Practice

Characteristics and Outcomes of Children Served by the Boys Town South Florida Family Centered Services  
Program, 2004-2009

Children with Complex Medical Issues in the Schools: Neuropsychological Descriptions and Interventions

Children with Disabilities

Cognitive Behavior Therapy for Children and Adolescents

Cognitive Behavior Therapy: Applying Empirically Supported Techniques in Your Practice

Cognitive-Behavior Therapy for Children: Treating Complex and Refractory Cases

Contributions to Residential Treatment

Corporal Punishment of Children in Theoretical Perspective

Debating Children's Lives: Current Controversies on Children and Adolescents

Elimination Disorders in Children and Adolescents

Emedicine.medscape.com

Encyclopedia of Behavior Modification and Cognitive Behavior Therapy: Vol. 2. Child Clinical Applications

Encyclopedia of Behavior Modification and Cognitive Behavior Therapy: Vol. 3. Educational Applications

Encyclopedia of Clinical Child and Pediatric Psychology

Encyclopedia of Clinical Psychology

Encyclopedia of Cross-Cultural School Psychology

Encyclopedia of Psychotherapy, Vol. 2

Encyclopedia of School Psychology

Family Spectrum

Family-Style Residential Care Really Works: Scientific Findings Demonstrating Multiple Benefits for Troubled  
Adolescents

For Our Own Safety: Examining the Safety of High-Risk Interventions for Children and Young People

Foster Family-Based Treatment Association Newsletter

Functional Analysis in Clinical Treatment

GPN Research Report

Handbook of Antisocial Behavior

Handbook of Applied Behavior Analysis

Handbook of Bullying in Schools: An International Perspective



## **Publications by Category (1991-2012): Books and Other Sources**

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Handbook of Child and Adolescent Sexuality: Developmental and Forensic Psychology  
Handbook of Child Behavior Therapy  
Handbook of Clinical Psychology Competencies, Vol. III: Intervention and Treatment for Children and Adolescents  
Handbook of Clinical Psychology, Vol. 2. Children and Adolescents  
Handbook of Evidence-Based Therapies for Children and Adolescents: Bridging Science and Practice  
Handbook of Pediatric and Adolescent Obesity Treatment  
Handbook of Pediatric Psychology in School Settings  
How to Become a Better Reading Teacher  
International Encyclopedia of Marriage and Family  
Outcomes for Children and Youth with Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices  
Parenthood in America: Undervalued, Underpaid, Under Siege  
Practical Handbook of School Psychology: Effective Practices for the 21st Century  
Practitioner's Guide to Evidence-Based Psychotherapy  
Principles and Practice of Sleep Medicine in the Child  
Proceedings of the 4th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 5th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 11th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 12th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 13th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 14th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 17th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 19th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 20th Annual Florida Mental Health Institute Research Conference  
Proceedings of the 22nd Annual Florida Mental Health Institute Research Conference  
Promoting Treatment Adherence: A Practical Handbook for Health Care Providers  
Psychologists' Desk Reference (3rd Ed.)  
Rapport  
Readings On Language and Literacy: Essays in Honor of Jeanne S. Chall  
Single Case Experimental Designs  
Suicide From A Global Perspective: Risk Assessment and Management  
Teaching-Family Association Newsletter  
The Association for Behavior Analysis International Newsletter  
The Brown University Child and Adolescent Behavior Letter  
The Corsini Encyclopedia of Psychology  
The Eighteenth Mental Measurements Yearbook  
The Encyclopedia of Human Intelligence

The Origins of Antisocial Behavior: A Developmental Perspective

The Parents' Guide to Psychological First Aid: Helping Children and Adolescents Cope with Predictable Life Crises

Tic Disorders, Trichotillomania, and Other Repetitive Behavior Disorders: Behavioral Approaches to Analysis and Treatment

Trichotillomania, Skin Picking and Other Body-Focused Repetitive Behaviors

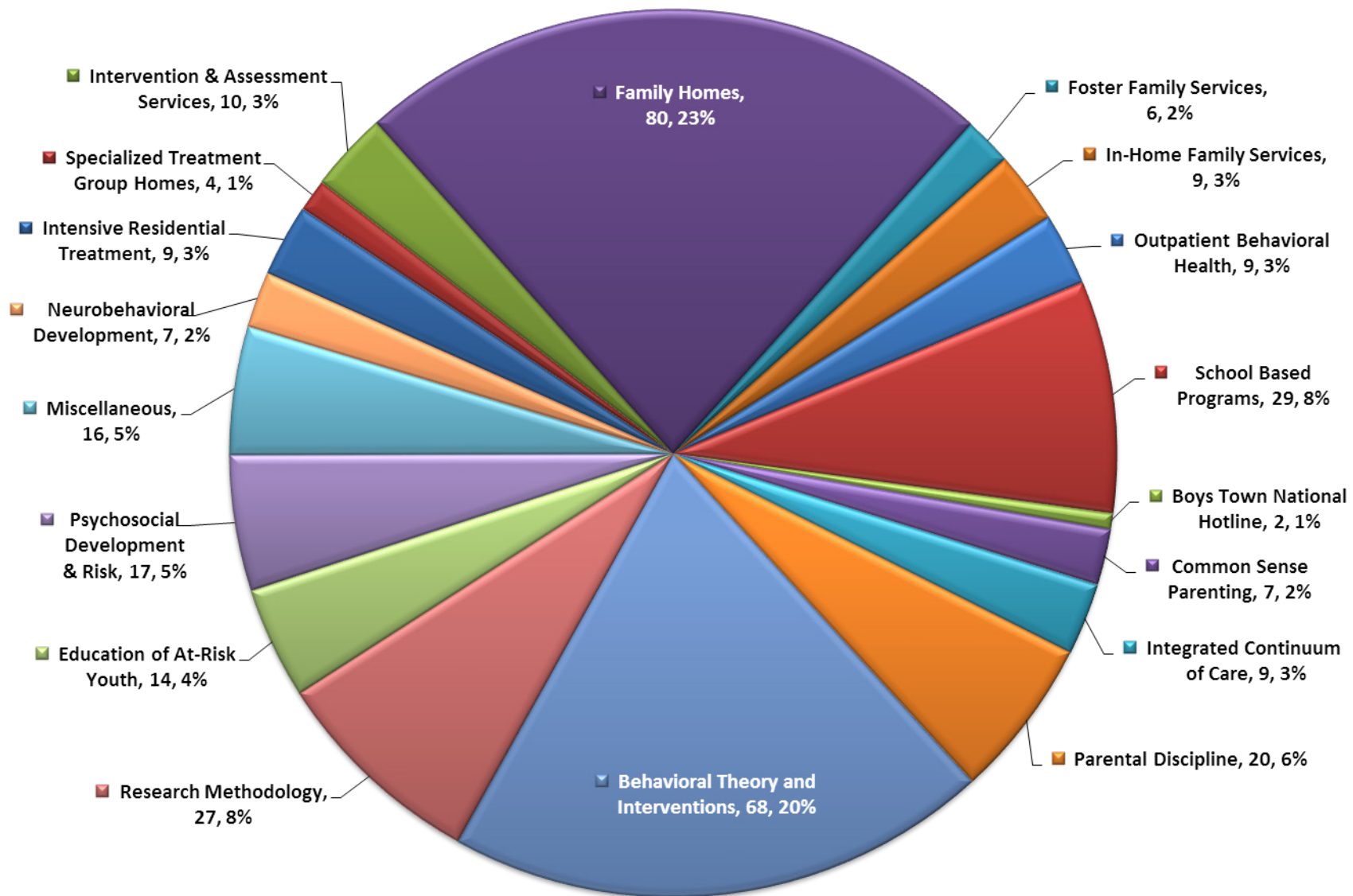
What Research Has to Say about Reading Instruction

When Adolescents Can't Read: Methods and Materials that Work



## Publications by Category (1991-2012)

### Publications with Continuum Categories Overall (n = 343)

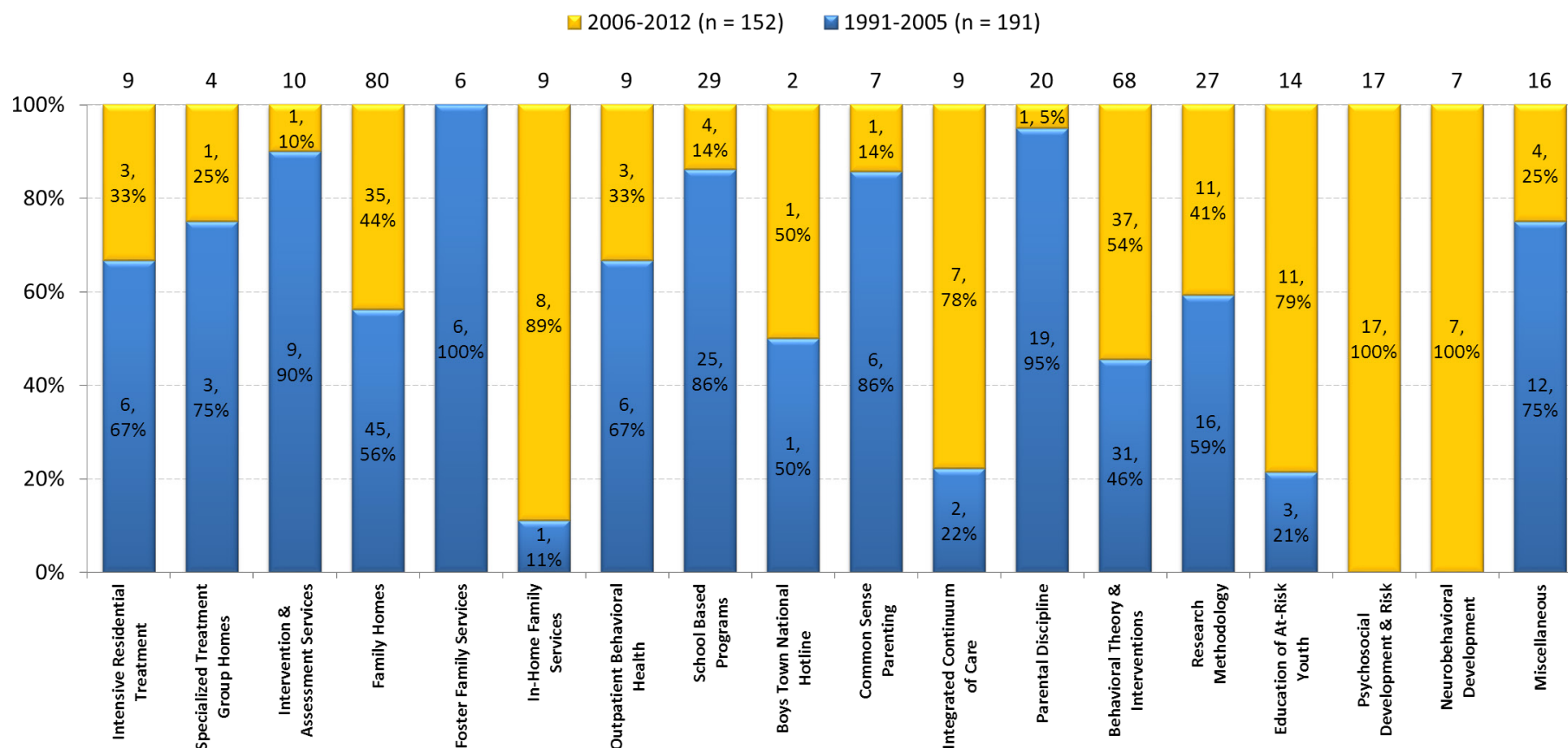






## Publications by Category (1991-2012)

### Publications within Continuum Categories: 1991-2005 vs. 2006-2012



The chart above displays the percentage of publications by category from 1991-2005 vs. 2006-2012, with the total number of publications appearing at the top of a given category. Larger yellow bars indicate recent areas of emphasis for research. For example, publications have increased recently in the categories of In-Home Family Services, Integrated Continuum of Care, Education of At-Risk Youth, Psychosocial Development & Risk, and Neurobehavioral Development. These increases primarily reflect the youth-care research and program development recommendations from the National Research Institute Scientific Advisory Panel and the Boys Town Strategic Plan directives.

The National Research Institute<sup>SM</sup> *for Child and Family Studies*  
disseminates research to promote the Boys Town Mission  
and evaluates the effectiveness of its programs and services.



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