

2022

BOYS TOWN

Child and Family Translational
Research Center



Applied Research Bibliography

This is an annotated bibliography of Boys Town research published from 1991 to 2022. 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 579 citations and 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 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.

COPYRIGHT NOTICE

All materials available from the Translational Research Center (TRC; formerly the National Research Institute), including, but not limited to articles, documents, contents, structure, form, titles, photographs and logos are subject to international intellectual property and copyright laws. The information provided by TRC is made available **for academic and educational purposes only. Father Flanagan’s Boys’ Home employees who receive permission to use information or articles from TRC are permitted to use that material solely for academic or educational purposes. Mass production in the form of printing, posting, or distributing the information is strictly prohibited.** Failure to comply with these requirements may result in civil or criminal action, and or loss of use of TRC materials. Indication and proper citation of authorship is required when utilizing information from these sources. TRC reserves the right to add or remove articles at any time without notice. TRC makes no commitment that the information contained in the articles is up to date.

Please contact Ashley Porter for any questions or comments regarding this bibliography.

Ashley Porter
Boys Town Child and Family
Translational Research Center
Office: (531) 355-1255
E-mail: ashley.porter@boystown.org

Acknowledgments:

Editor Rob Oats; Ashley Porter for providing editorial assistance.

Revised and updated
Aug 2023

Table of Contents

2022 In-Press and Published Citations (n=16)	1
Residential Treatment Center	3
Intervention and Assessment ServicesSM	9
Family Home Program	13
Foster Family ServicesSM	49
In-Home Family ServicesSM	53
Aftercare	59
Community Support ServicesSM	65
Outpatient Behavioral Health SM	65
School-Based Programs SM	69
Boys Town National Hotline®	77
Common Sense Parenting®	79
Parent Connectors	85
Care Coordination Services.....	87
Other Research	89
Parental Discipline	89
Behavioral Theory and Interventions	95
Research Methodology.....	115
Education of At-Risk Youth	129
Psychosocial Development and Risk.....	137
Neurobehavioral Development	167
Miscellaneous	181
Author Index	191
References – Alphabetical Listing	197
Publications by Category (1991-2022)	239
Publications within Periodicals/Journals	239
Publications within Books and Other Sources	243
Publications within Continuum Categories Overall	247
Publications within Continuum Categories: 1991-2011 vs. 2012-2022.....	249

2022 In-Press and Published Citations (n=16)

Family Home Program

- Gordon, C. T., Nguyen, P. T., Mitchell, A. K., & Tyler, P. M. (2023). **Profiles of childhood adversity and associated psychopathology in youth entering residential care.** *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(Suppl 1), S82–S91. (article in press in 2022)
- Huefner, J. C., & Ainsworth, F. (2022). **Comparing the effectiveness of home-based and group-care programs for children and young people: The challenge and path forward.** *Residential Treatment for Children & Youth*, *39*(1), 3-15.
- Tyler, P. M., Hillman, D. S., & Ringle, J. L. (2022). **Peer relations training moderates trauma symptoms and suicide ideation for youth in a residential program.** *Journal of Child and Family Studies*, *31*, 447-458.

Parent Connectors

- Duppong Hurley, K., Farley, J., & Huscroft D'Angelo, J. (2022). **Assessing treatment integrity of parent-to-parent phone support for families of students with emotional and behavioral disturbance.** *School Mental Health*, *14*, 35-48.

Education of At-Risk Youth

- Farley, J., Duppong Hurley, K., Lambert, M. C., & Gross, T. J. (in press). **Profiles of behavioral, academic, and demographic characteristics of middle school students with emotional or behavioral needs.** *Journal of Emotional and Behavioral Disorders*.
- Farley, J., Huscroft-D'Angelo, J., Duppong Hurley, K., Aitken, A. A., & Trout, A. L. (2022). **Teacher perspectives on information sharing and parent knowledge of special education.** *Journal of At-Risk Issues*, *24*(1), 1-12. OPEN ACCESS ARTICLE
- Huscroft-D'Angelo, J., Farley, J., Duppong Hurley, K., Lambert, M., & Trout, A. (2022). **Engaging parents in special education: An examination of knowledge and access to resources.** *Exceptionality*, *30*(3), 201-214.
- Lambert, M. C., Duppong Hurley, K., January, S.-A., & Huscroft D'Angelo, J. (2022). **The role of parental involvement in narrowing the academic achievement gap for high school students with elevated emotional and behavioral risks.** *Journal of Emotional and Behavioral Disorders*, *30*(1), 54-66. OPEN ACCESS ARTICLE

Psychosocial Development and Risk

- Cumming, M. M., Poling, D. V., Patwardhan, I., & Ozenbaugh, I. C. (2023). **Executive function in kindergarten and development of behavioral competence: The moderating role of positive parenting practices.** *Early Childhood Research Quarterly*, *60*, 161-172. (article in press in 2022)
- Guo, Y., Fleming, C. B., Patwardhan, I., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **A comparison of task-based and questionnaire assessments of executive control aspects in relation to adolescent marijuana initiation.** *Cannabis*, *6*(1), 65-78. (article in press in 2022)

- Herrenkohl, T. I., Fedina, L., Roberto, K. A., Raquet, K. L., Hu, R. X., Rousson, A. N., & Mason, W. A. (2022). **Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course.** *Trauma, Violence, & Abuse, 23*(1), 314-328.
- Nguyen, P. T., Gordon, C. T., Owens, E. B., & Hinshaw, S. P. (in press). **Patterns of childhood adversity among women with and without childhood ADHD: Links to adult psychopathology and global functioning.** *Research on Child and Adolescent Psychopathology.*
- Patwardhan, I., Guo, Y., Hamburger, E. R., Sarwar, S., Fleming, C. B., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **Childhood executive control and adolescent substance use initiation: The mediating roles of physical and relational aggression and prosocial behavior.** *Child Neuropsychology, 29* (2), 235-254. (article in press in 2022)

Neurobehavioral Development

- Bajaj, S., Blair, K., Dobbertin, M., Tyler, P., Ringle, J., Zhang, R., Mathur, A., Bashford-Largo, J., Elowsky, J., & Blair, J. (2022). **Identification of structural brain alterations in adolescents at suicide risk: A machine learning approach.** *Biological Psychiatry, 91*(9), S378-S379.
- Blair, K. S., Aloj, J., Bashford-Largo, J., Zhang, R., Elowsky, J., Lukoff, J., Vogel, S., Carollo, E., Schwartz, A., Pope, K., Bajaj, S., Tottenham, N., Dobbertin, M., & Blair, R. J. (2022). **Different forms of childhood maltreatment have different impacts on the neural systems involved in the representation of reinforcement value.** *Developmental Cognitive Neuroscience, 53*, 101051. OPEN ACCESS ARTICLE
- Zhang, R., Aloj, J., Bajaj, S., Bashford-Largo, J., Lukoff, J., Schwartz, A., Elowsky, J., Dobbertin, M., Blair, K. S., & Blair, R. J. R. (2023). **Dysfunction in differential reward-punishment responsiveness in conduct disorder relates to severity of callous-unemotional traits but not irritability.** *Psychological Medicine, 53*(5), 1870-1880. OPEN ACCESS ARTICLE (article in press in 2022)

Residential Treatment Center

The Boys Town Residential Treatment Center is changing the lives of children ages 5 to 18 who have severe behavioral and mental health problems through a proven medically-directed treatment program. Our goal is to help children gain the self-assurance and academic and social skills to succeed in life. The Residential Treatment Center at Boys Town National Research Hospital is part of the nationally recognized Boys Town integrated system of child and family services. The Center is licensed by the Nebraska Department of Health and accredited by The Joint Commission. Our treatment program is specifically designed to offer medically-directed care for more seriously troubled youth who require supervision, safety and therapy but do not require inpatient psychiatric care. The program offers around-the-clock supervision, locked facilities and numerous other safety and program features.

[Huefner, J. C., O'Brien, C., & Vollmer, D. G. \(2021\). Designing and testing a developmentally appropriate intervention for children in a psychiatric residential treatment facility. *Child and Adolescent Psychiatric Clinics of North America*, 30\(3\), 527-536. OPEN ACCESS ARTICLE](#)

Preadolescent children in residential care have treatment needs that are different from adolescents. An intervention was created using developmental theory to inform decisions about the timing, objectives, strategies, and context best suited to preadolescents in an intensive residential treatment center. Aggressive behavior, seclusions, and restraints data for preadolescents during a 32-month period was used in the analysis. There was a significant decrease in aggressive behavior, seclusions, and restraints for preadolescents during the periods when the developmentally appropriate intervention was used versus the times when they received same intervention as the adolescents. Copyright © 2021 Elsevier Inc.

[Huefner, J. C., Smith, G. L., Ringle, J. L., Stevens, A. L., Mason, W. A., & Parra, G. R. \(2017\). Patterns of psychotropic medication at admission for youth in residential care. *Journal of Child and Family Studies*, 26, 317-328.](#)

High levels of psychotropic medication use and polypharmacy are common for emotionally and behaviorally troubled youth entering residential care. Polypharmacy has often been characterized as an especially serious problem in this vulnerable population. Latent Class Analysis was used to identify medication subgroups for 636 youth in an intensive residential program. Additionally, auxiliary analyses (e.g., diagnoses, demographics, expressed problem behaviors) were used to identify the personal and behavioral attributes associated with individuals in each of the latent classes. Three distinct medication patterns emerged: low/no psychotropic medication, the combination of antidepressant and antipsychotic medications, and multiple psychotropic medications. The latent classes were significantly different from one another on 12 of the 14 variables, helping explicate how patient and clinical characteristics underlie patterns of psychotropic medication use. Findings of this study, combined with additional research, hold promise for leading to improved, youth-centered prescribing practices. Our findings also highlight the need for careful monitoring of the types and range of medications that some youth are prescribed, and research on how youth with certain background characteristics are more likely to get prescribed multiple psychotropic medications. For youth experiencing higher levels of psychotropic polypharmacy, medication regimens need thoughtful reassessment using the principle of sufficiency as the foundation for medication management. Copyright © 2017 Springer.

[Bellonci, C., & Huefner, J. C. \(2014\). Best practices in psychotropic medication treatment during residential interventions for youth and families. In G. M. Blau, B. Caldwell, & R. E. Lieberman \(Eds.\), *Residential interventions for children, adolescents, and families: A best practice guide* \(pp. 142-153\). New York: Routledge.](#)

This chapter will briefly summarize the research and concerns regarding the use of psychotropic medications for youth, address research and issues specific to residential programs, discuss youth and family involvement in decisions about the use of medications, and identify best practices in the use of psychotropic medications during residential interventions for youth. Copyright © 2014 Taylor & Francis.

Foltz, R., & Huefner, J. C. (2014). **The subjective experience of being medicated in troubled youth: A sample from residential treatment.** *Journal of Child and Family Studies, 23*(4), 752-763.

The use of psychotropic medications in youth has significantly increased in recent years. Moreover, the use of multiple medications, or polypharmacy, has seen a corresponding increase. The use of medications is largely based on diagnostic impressions and the targeted symptom. However, due to the dearth of applied research with severely troubled youth, there is very little “evidence base” to guide this practice. The Survey of Adolescent Treatment Experience study surveyed youth, currently placed in residential care, on their impressions of medication effectiveness on a wide-range of symptom categories. Youth report only mediocre effectiveness in their medication across a range of symptom questions. Approximately one third of youth indicated that they felt positive about taking medications. On average, slightly less than 50 % of youth reported benefits from medications across symptom categories. It is argued that these findings should inform the efforts toward individualized treatment models. Copyright © 2014 Springer.

Huefner, J. C., Griffith, A. K., Smith, G. L., Vollmer, D. G., & Leslie, L. K. (2014). **Reducing psychotropic medication in an intensive residential treatment center.** *Journal of Child and Family Studies, 23*(4), 675-685.

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 © 2014 Springer.

Huefner, J. C., & Vollmer, D. G. (2014). **Characteristics and treatment needs of preadolescent versus adolescent children in an intensive residential treatment program.** *Residential Treatment for Children & Youth, 31*, 301-315.

Increasing numbers of younger children are entering intensive residential treatment, but most programs were developed for older children. This study compares preadolescent and adolescent children in a residential treatment program across a broad range of behavioral, emotional, and medical measures. This study examined data for 693 children consecutively admitted to a psychiatric residential treatment facility between January 2005 and December 2010. Data included problems at admission, early problem behavior in program, use of seclusion and restraint, health care and psychological services utilization, psychotropic medications, and length of stay. Generally, preadolescents were more behaviorally and emotionally troubled than were adolescents. Adolescents had higher medical care utilization rates. Results highlight the need for designing and implementing treatment programs tailored to meet the differing needs of preadolescent and adolescent children. Copyright © 2014 Routledge.

Bellonci, C., Huefner, J. C., Griffith, A. K., Vogel-Rosen, G., Smith, G. L., & Preston, S. (2013). Concurrent reductions in psychotropic medication, assault, and physical restraint in two residential treatment programs for youth. *Children and Youth Services Review, 35, 1773-1779.*

Over the past decade, the level of clinical needs of youth in residential treatment has increased significantly. Youth in out-of-home settings typically experience higher levels of psychotropic medication use than their peers living at home, even when controlling for the severity of clinical issues. The purpose of the current study was to examine the effects of an approach to clinically reassess psychotropic medication utilization for youth residing in residential treatment settings while also observing the impact on the youth's need for physical containment. Medication changes were based on a data-informed process, using input from a multi-disciplinary treatment team. Data for 531 youth who were consecutively admitted to one of two non-affiliated intensive residential treatment programs, one in the Midwest and one in New England, was analyzed. Over half of these youth (n=292, 55%) had their medications reduced during their stay and only 14% (n=76) were prescribed more medication at discharge than they had been taking at admission. The remainder either saw no change during their stay (n=104, 20%) or were never on medication at any time (n=59, 11%). From admission to discharge there was a 62% decrease in the number of assaultive incidents as well as a 72% decrease in the use of physical restraints. These results support the view that residential treatment can provide a treatment milieu that allows for thoughtful reassessment of the clinical basis for behavioral disorders in children that can achieve the dual goals of medication reduction and behavioral stabilization. Copyright © 2013 Elsevier Ltd.

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.

[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.

[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.

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., 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.

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

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.

Intervention and Assessment ServicesSM

Boys Town's Intervention and Assessment Services[®] provide emergency, short-term, 24-hour care in a residential setting for boys and girls ages 10 to 18. Many have been abused and/or neglected, are runaways or have come through the juvenile justice system. When youth enter these services, professionally trained staff members begin assessing their safety, health and service needs in order to determine and plan for the best permanent care arrangement. The primary goals at this level of service are to remove youth from dangerous situations and/or provide temporary care. Every child receives an immediate behavioral intervention, and may also receive additional clinical assessments based on his or her needs and the desire of the referral source. Staff members also teach youth social skills, ensure that they continue going to school and work with youth (and when possible, their families) to develop individualized, skill-focused service plans that address behavior problem areas. Whenever possible, staff members help youth work toward reunification with their family. 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.

Cohen, M. I., Gies, S. V., Williams, K., Gainey, R., Bekelman, A., & Yeide, M. (2010). **Final report on the evaluation of the Boys Town Short-Term Residential Treatment Program for Girls**. Bethesda, MD: Development Services Group, Inc.

NOTE: This report is a federally-funded external evaluation of the Short-Term Residential Treatment Program; there are no Boys Town co-authors on this report.

Few studies have carefully examined the effectiveness of short-term care facilities for juvenile offenders. Even fewer have concentrated on female offenders. This study examines the effect of the Boys Town Short-Term Residential Treatment Program on female juvenile offenders. The impact on six classes of outcomes was assessed using a quasi-experimental design with a nonequivalent comparison group. The principal outcome was recidivism; others were substance use, academic commitment, high-risk sexual behavior, employment attitude, and cognitive functioning. The process evaluation used both quantitative and qualitative methods to examine the context of the program treatment and structure. The comparison group was composed of girls on standard probation. The sample consisted of 365 (treatment = 235; comparison = 130) participants across three sites. Program impact was assessed through a series of sequential analyses: 1) exploring the differences in means between the two groups on pretreatment characteristics; 2) performing a series of difference-of-means analyses to test for the main effects of the intervention; 3) using regression models for factors other than the intervention that may affect the outcomes, and 4) using survival analysis to predict time until a new arrest. The process evaluation found the Boys Town Model was well documented and theoretically based. There were clearly delineated job responsibilities, a strong emphasis on staff training, and the number of daily interactions met or exceeded program guidelines. Despite frequent fidelity review, the sites' fidelity clustered slightly below average. Program utilization was reduced by a national shift in juvenile justice philosophy away from out-of-home placement toward community-based interventions. The outcome results support the conclusion that the Boys Town girls may be expected to have superior delinquent and sexual behavior outcomes 1 year after enrollment compared with girls who received traditional probation. As the level of program exposure was increased—whether through increased staff interactions, length of stay, or both—the propensity of girls to engage in subsequent delinquency was reduced. No significant impact for substance abuse, academic commitment, and employment attitude was found. As one of the more rigorous evaluations on short-term care for female offenders, this study provides evidence that such programs can be effective in improving certain behaviors. The authors recommend altering expectations of short-term residential programs so that such placements are used to, first, stabilize the youth and their family, and, second, to conduct assessments for recommendations on future interventions and treatment. They also suggest using the Boys Town Model to develop a community-based day treatment program. Copyright © 2010 Development Services Group, Inc.

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 Home Program

At this service level, youth with serious behavioral or emotional problems live in a family-style home and receive teaching and care from professionally trained married couples called Family-Teachers®. Six to eight boys or girls, usually ages 10 to 18, live in each home. The couple and a full-time Assistant Family-Teacher® are responsible for providing structured supervision for youth in their daily living and care activities. This includes meeting the educational, medical, psychological, emotional and behavioral needs of the youth in care. A major focus of this program is teaching youth social, independent-living and educational skills, and helping them build healthy relationships with others. With a focus on reunification, the Family-Teaching staff works with families to achieve permanency, safety and child well-being. When children leave, they generally return to their families or begin to live on their own (usually working, attending college or joining the military).

NOTE: Some articles in this section pertain to issues for residential programs in general, and not necessarily the Family Home Program specifically.

In Press

[Gordon](#), C. T., [Nguyen](#), P. T., [Mitchell](#), A. K., & [Tyler](#), P. M. (2023). **Profiles of childhood adversity and associated psychopathology in youth entering residential care.** *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(Suppl 1), S82–S91. (article in press in 2022)

Objective: We explore patterns of childhood adversity (CA) in youth entering residential care. We also examine possible sex differences as well as the association between these patterns and key indicators of clinical functioning, including emotional problems, conduct problems, hyperactivity/inattention, prosocial behavior, peer problems, and trauma symptoms. Method: Data were obtained from archival records of 2,066 youth ($M_{age} = 15.57$, $SD = 1.57$) entering a family style residential program for the first time. The sample composition was: 65% boys, 45.8% White, 26.0% Black or African American, 12.5% Hispanic or Latino, 10.5% Multiracial, and 5.1% Other race. Inclusive latent class analysis was used to identify profiles of CA. Profile membership was used to examine sex differences and predict clinical functioning. Results: Five CA profiles were found: (1) Low Exposure, (2) Familial Dysfunction, (3) Neglect/Emotional Abuse, (4) High Exposure without Sexual Abuse, and (5) High Exposure with Sexual Abuse. Girls were more likely than boys to be in Neglect/Emotional Abuse and High Exposure with Sexual Abuse profiles. Each CA profile was associated with distinct clinical outcomes. Conclusions: This study highlights the importance of considering CA patterns when working with youth entering residential care. CA screening and classification during residential care admissions could better inform interventions for youth and their families and potentially improve the effectiveness of mental health services received. Future research should continue to study the connections between CA profiles and clinical outcomes. PsycInfo Database Record © 2023 APA, all rights reserved.

Published

[Huefner](#), J. C. & [Ainsworth](#), F. (2022). **Comparing the effectiveness of home-based and group-care programs for children and young people: The challenge and path forward.** *Residential Treatment for Children & Youth*, 39(1), 3-15.

It is not unusual to see research studies or published opinion pieces that claim to demonstrate that home-based interventions (HBI) are more effective than group-care (GC) programs for young people with emotional and behavioral difficulties. The claim about the comparative effectiveness of HBIs in contrast to GC programs can only be true if they serve the same population of young people by age, gender, and degree of emotional and behavioral difficulties and that the outcomes for HBIs are statistically significantly better than those for GC. There is a long-standing argument between those who think that GC programs are unnecessary in

comparison to those who think a mature child welfare system will always need some GC programs, albeit for a few young people with extreme difficulties. This article explores this issue in terms of how legitimate comparisons can be made between these two forms of service and how case-mix adjustment provides an established method for doing this. The purpose is to move away from ideological posturing by advocates from either side of the argument and put the debate about these forms of service and their effectiveness onto a firmer evidence base. Copyright © 2020 Taylor & Francis.

Tyler, P. M., Hillman, D. S., & Ringle, J. L. (2022). **Peer relations training moderates trauma symptoms and suicide ideation for youth in a residential program.** *Journal of Child and Family Studies, 31*, 447-458.

Youth in residential programs have high rates of Posttraumatic Stress Disorder (PTSD) and suicidality. Although trauma symptoms and suicidality can both be related to peer relationship problems, there is little research on how social skills training on peer relations could help these youth. This study examined if progress made on peer relations training and sex moderated the association between trauma symptoms at intake and suicide ideation incidents while in the program. The sample included archival data on youth placed in a large residential program in the Midwest ($N = 1118$) ages 12–19 years old ($M = 15.97$ years, $SD = 1.15$), of which 62.2% were boys. Results indicated both peer relations training ($b = -0.07$, $SE = 0.02$, $p = 0.001$) and sex ($b = -0.04$, $SE = 0.02$, $p = 0.032$) moderated the relationship between trauma symptoms at intake and suicide ideation incidents in care. The benefits of peer relations training for youth presenting with trauma symptoms and suicide ideations are discussed along with recommendations for further research. Copyright © 2022 Springer.

Huefner, J., & Ainsworth, F. (2021). **Commentary: Recognizing the value of the milieu in therapeutic residential care for children and youth.** *Residential Treatment for Children & Youth, 38*(3), 324-335.

Therapeutic residential care differs markedly from other forms of out-of-home care for children and youth. Support for the view that therapeutic residential care needs to be a milieu approach that leverages all interactions in the living environment to achieve a beneficial emotional and behavioral experience for children and youth is presented. A therapeutic milieu has the advantage of maintaining focus on what is in the best clinical interest for a child by aligning and coordinating all interactions and activities. We provide a rationale for a milieu-based foundation for therapeutic residential care that consists of five elements: care, treatment, nurturing, teaching, and order. Attending to milieu as defined will provide a sound foundation upon which effective and well-implemented treatment can be fully expressed. Copyright © 2021 Taylor & Francis.

Tyler, P. M., Aitken, A. A., Ringle, J. L., Stephenson, J. M., & Mason, W. A. (2021). **Evaluating social skills training for youth with trauma symptoms in residential programs.** *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(1), 104-113.

Objective: Youth who receive services in residential programs have high rates of traumatic exposure and associated symptoms of Posttraumatic Stress Disorder (PTSD). Little information is available on specific social skills training that could be beneficial for youth in residential programs with PTSD. This study examined changes in behavioral incidents and psychopathology in youth receiving group home services based on training they received across three categories of social skills (i.e., self-advocacy, emotional regulation, problem-solving). Method: The sample included archival data on youth ($N = 677$) ages 10–18 years ($M = 15.7$ years, $SD = 1.53$). Hierarchical Linear Modeling was used to examine the frequency of disruptive and self-injurious behaviors over 12 months as it relates to reported traumatic symptoms at admission and the presence of the three types of social skills objectives. Analysis of Covariance was conducted to test whether the social skill objectives differentially predicted changes in youth psychopathology from intake to discharge for youth with low and high trauma symptoms. Results: Youth with high trauma symptoms who received training on problem-solving skills had significantly greater decrease in emotional problems from intake to discharge compared to youth with high trauma symptoms who did not receive problem-solving training ($d = -.54$). Conclusion:

Problem-solving training could be further developed and tested to maximize the support youth with trauma symptoms receive in trauma-informed residential programs. Copyright © 2020 American Psychological Association.

Huefner, J. C., Ringle, J. L., Gordon, C., & Tyler, P. M. (2020). Impact of perception of safety on outcomes in the context of trauma. *Children and Youth Services Review, 114*, 105060.

Youth safety is an essential component of trauma-informed services (U.S. Department of Health & Human Services, 2020). Youth perception of safety should be indicative of a healthy care environment and contribute to successful outcomes. It has been shown that trauma impacts an individual's perception of and response to perceived threat. This study examines the relationship between youth perception of safety, history of trauma, level of aggression, and outcomes in a residential care setting. Data came from the organization's administrative database and from the care provider certification measures collected during the period of January 2016 through December 2018. Trauma exposure and symptoms, the perceived safety and aggression were used in a mediational path model analysis in predicting goal attainment, program completion, and post-discharge placement. Higher levels of youth trauma were not directly associated with poorer outcomes, and higher percentages of goals met when program supervisor perception of safety was higher. Additionally, trauma symptoms were related to lower rates of program completion when youth perception of safety was higher. Results provide insight into how trauma, perception of safety, and aggression within a residential placement intersect to impact the youth's treatment progress. Copyright © 2020 Elsevier.

Mastronardi, P., Ainsworth, F., Huefner, J. C. (2020). Demonstrating the effectiveness of a residential education program for disengaged young people: A preliminary report. *Children Australia, 45*(4), 312-316.

This article reports on the early results of using behavioural and educational data to evaluate a residential education programme. The programme serves male and female students between 12 and 16 years of age who have been suspended or expelled from school due to behavioural issues or who refused to attend school. Using measures of behavioural and educational progress during care and reporting these changes over time provided empirical evidence that the programme was achieving its primary aims of 'behaviour change and educational gains.' Collecting and reporting this data has empowered the programme to increase programme effectiveness through both data-informed decision-making and ongoing programme evaluation. Copyright © 2020 Cambridge University Press.

Schnur, E., Steinke, C., Muirhead, J., & Huefner, J. C. (2020). Shining a light: Youth in residential treatment with history of sexual exploitation. *Residential Treatment for Children & Youth, 37*(1), 3-19.

Residential treatment providers increasingly are aware of histories of sexual exploitation among youth they serve, and have begun to question whether these youth require specialized programs and treatment. While it is evident that Commercial Sexual Exploitation of Children (CSEC) is a significant problem with profound emotional and behavioral consequences, there is little research focusing on treatment. This study assesses the perceived incidence of CSEC among youth in residential treatment, and explores treatment currently provided by residential programs. A survey instrument was administered to members of The Association of Children's Residential Centers (ACRC), and follow-up interviews were undertaken with providers of CSEC-focused program. Nearly two-thirds of organizations reported CSEC history among youth. Despite this high proportion, only six agencies provided explicit, discrete programs/units specifically to treat these youth. Follow-up phone interviews conducted with the six providers with specialized treatment programs/units revealed many commonalities with respect to referral source, admission criteria, and treatment approach. Recommendations are proposed for improving screening, awareness, treatment, evaluation and research for CSEC-involved youth in residential treatment, and to increase communication and interaction both among providers of services to CSEC youth as well as with the advocacy community. Copyright © 2019 Taylor & Francis.

Boel-Studt, S., Huefner, J. C., & Huang, H. (2019). **The Group Care Quality Standards Assessment: A framework for assessment, quality improvement, and effectiveness.** *Children and Youth Services Review, 105*, 104425.

Concerns about the quality of residential care for children and youth are longstanding. These concerns prompted a Florida-based initiative aimed at transforming residential care through the integration of research-informed practice standards, on-going assessment, and continuous quality improvement. The initiative resulted in the development of the Group Care Quality Standards and the Group Care Quality Standards Assessment (GCQSA) as mechanisms for guiding transformation efforts. In this article, we elaborate on the conceptual and implementation frameworks guiding the development and efforts to scale up the GCQSA throughout Florida. We begin by summarizing empirical sources that informed the guiding frameworks. Next, we describe the project phases highlighting the aims, methods and summarizing results where relevant. The aim of this article is to offer a working blue print to guide the adaptation of quality initiatives in other child welfare organizations or jurisdictions while taking into consideration the fit of such initiatives within the service environment and the complexities of system-wide change. Copyright © 2019 Elsevier.

Boel-Studt, S., Huefner, J. C., Bender, K., Huang, H., & Abell, N. (2019). **Developing quality standards and performance measures for residential group care: Translating theory to practice.** *Residential Treatment for Children & Youth, 36*(4), 260-281.

With the increased emphasis on accountability at the federal and state levels, efforts to identify and address issues impacting the quality and effectiveness of residential care programs are needed. Establishing quality practice standards with measurable performance indicators is a useful means for promoting and evaluating the quality of care in residential programs and informing a process of continuous quality improvement. In this article, we describe a state-wide initiative to enhance the quality of residential group care in Florida. Specifically, we describe efforts to establish a set of quality standards for residential programs and to operationalize the standards by developing and piloting an assessment designed to measure the extent to which group home practices align with the standards. In addition to describing steps taken, we highlight important conceptual and practical considerations for translating standards generated from extant research, best practices, and field experts into clearly defined domains and measurable standards that can be meaningfully transported into a complex practice setting. Finally, we discuss lessons learned and recommendations that may guide similar efforts beyond the state of Florida. Copyright © 2019 Taylor & Francis.

Tyler, P. M., Patwardhan, I., Ringle, J. L., Chmelka, M. B., & Mason, W. A. (2019). **Youth needs at intake into trauma-informed group homes and response to services: An examination of trauma exposure, symptoms, and clinical impression.** *American Journal of Community Psychology, 64*, 321-332. OPEN ACCESS ARTICLE.

Trauma-informed care is recommended to improve the quality of group home services for youth. Youth exposure to trauma and associated symptoms are important factors involved in making the clinical impression that determines treatment services. This study considered three dimensions of trauma (exposure, symptoms, and clinical impression) to determine associations with behavioral incidents of youth in trauma-informed group homes and how trauma was related to changes in psychopathology from intake to discharge. Archival records of youth (N = 1,096), age 9–18 (M = 15.7 years) who received services from January 2013 to December 2017, and departed the program were used. Statistical procedures included hierarchical linear modeling and analysis of covariance. Results indicated trauma symptoms predicted emotional problems and self-injurious behavior. Youth in high- and low-trauma groups both showed decreases in behavioral incidents and psychopathology, but clinical impression of trauma moderated the change in emotional problems from intake to discharge. Youth deemed by clinicians to have lower trauma (based on history of maltreatment and expression of trauma symptoms) had greater decrease in emotional problems from admission to discharge.

Limitations and implications for further research on implementation and effectiveness of trauma-informed models are discussed. Copyright © 2020 John Wiley & Sons, Inc.

Daly, D. L., Huefner, J. C., Bender, K. E., Davis, J. L., Whittaker, J. K., & Thompson, R. W. (2018). **Quality care in therapeutic residential programs: Definition, evidence for effectiveness, and quality standards.** *Residential Treatment for Children & Youth, 35*(3), 242-262.

There are three recent developments in the field of therapeutic residential care (TRC) which provide a major leap forward for new policy and practice directions. These developments further promote TRC as an essential component in the system of care for youth services. First, an international consensus statement provides a definition on what are key elements for the TRC level for the first time. Second, research reviews documenting the effectiveness of TRC practices and models provide a clear base for determining current program quality and establishing future research, program development, and policy directions. Third a public/private partnership involving providers, lead agencies, research leaders and state agencies is establishing new quality standards for out-of-home care in Florida. These standards draw on both the consensus statement and the TRC empirical base and seek to elevate the quality of individual TRC programs as well as out-of-home care statewide. We provide the experience of one agency, which is a national provider of TRC using a model of care with promising research evidence, to suggest that these three developments give practitioners, policy makers, and researchers a fresh perspective on how to fit TRC programs into an integrated continuum of care. Copyright © 2018 Taylor & Francis.

Huefner, J. C. (2018). **Crosswalk of published quality standards for residential care for children and adolescents.** *Children and Youth Services Review, 88*, 267-273.

There is a growing emphasis on the need for quality in residential care programs for children and adolescents. This present review is an effort to determine what practices have been identified in published sources specifically focused on quality standards for residential care for children and adolescents. Published quality standards for residential care from seven organizations or government agencies were identified and included in the review. Sixty-five quality standards within 8 domains were identified, and a crosswalk table linking each standard to the seven source documents was produced. Overall there was a 72.5% agreement across the seven sources for the quality standards. The identified quality standards clearly show the common elements and multidimensional nature of quality issues for residential care for children and adolescents. It is imperative that a comprehensive approach to, and measurement of, quality standards become pervasive and fully integrated into the services provided to troubled youth and their families. Copyright © 2018 Elsevier.

Huefner, J. C., Ringle, J. L., Thompson, R. W., & Wilson, F. A. (2018). **Economic evaluation of residential length of stay and long-term outcomes.** *Residential Treatment for Children & Youth, 35*(3), 192-208.

The high cost of residential services for troubled youth is an ongoing concern, and has formed the basis for arguments made for reducing or eliminating residential services for these youth with some recommending that lengths of residential stay be less than 6 months. This is countered by the view that the challenges faced by troubled youth are associated with high public funds expenditures in the future due to limited education, underemployment, and increased risk of criminality. Analysis used 24 month follow-up education, employment, and criminality follow-up data from 1476 former residential care youth who were now in their 20s. Individuals who were in the program for more than 6 months had better educational, employment, and criminality outcomes than youth that were in the program for less than 6 months. These improved outcomes were associated with significantly better estimated financial societal benefit over the long-term, specifically a 361% return on investment from a societal perspective. Copyright © 2018 Taylor & Francis.

Huefner, J. C., Smith, G. L., & Stevens, A. L. (2018). **Positive and negative peer influence in residential care.** *Journal of Abnormal Child Psychology*, 46(6), 1161-1169.

The potential for negative peer influence has been well established in research, and there is a growing interest in how positive peer influence also impacts youth. No research, however, has concurrently examined positive and negative peer influence in the context of residential care. Clinical records for 886 residential care youth were used in a Hierarchical Linear Model analysis to examine the impact of negative and positive peer influence on naturally occurring patterns of serious problem behavior over time. Negative peer influence, where the majority of youth in a home manifested above the average number of serious behavior problems, occurred 13.7% of the time. Positive peer influence, where the majority of youth manifested no serious problem behaviors for the month, occurred 47.7% of the time. Overall, youth problem behavior improved over time. There were significantly lower rates of serious problem behavior in target youth during positive peer influence months. Conversely, there were significantly higher rates of serious problem behaviors in target youth during negative peer influence months. Negative peer influence had a relatively greater impact on target peers' serious behavior problems than did positive peer influence. Caregiver experience significantly reduced the impact of negative peer influence, but did not significantly augment positive peer influence. Months where negative peer influence was combined with inexperienced caregivers produced the highest rates of serious problem behavior. Our results support the view that residential programs for troubled youth need to create circumstances that promote positive and control for negative peer influence. Copyright © 2017 Springer Science+Business Media, LLC.

January, S.-A. A., Trout, A. L., Huscroft-D'Angelo, J., Duppong Hurley, K. L., & Thompson, R. W. (2018). **Perspectives on factors impacting youth's reentry into residential care: An exploratory study.** *Journal of Child and Family Studies*, 27(8), 2584-2595.

Multiple placements in therapeutic residential care is expensive, and is associated with poor outcomes; thus, identifying barriers to successful reintegration into the home and community school settings is essential for developing appropriate post-discharge supports, and reducing societal costs. Participants were seven youth (four female; three White/Caucasian, one Black/African American, one Hispanic/Latino, two multi-racial) recently readmitted to a therapeutic residential care program and five of their primary caregivers (four female; four White/Caucasian, one Black/African American). Through semi-structured interviews with caregivers and youth, this exploratory study investigated (1) the perceptions of preparedness for the youth's successful transition from therapeutic residential care to the home setting, (2) the post-discharge factors that contributed to the youth's return to care, and (3) the lessons learned about the youth's transition from therapeutic residential care to home. The results of this exploratory, qualitative study revealed rich information about youth and their caregivers' perspectives about their experiences prior to returning to care, such as the importance of healthy relationships (family and peers), transition planning, and post-discharge supports at the individual, family, and school levels. Copyright © 2018 Springer.

Weiner, D., Lieberman, R., Thompson, R., Huefner, J. C., Blau, G., & McCrae, T. (2018). **Feasibility of long-term outcomes measurement by residential providers.** *Residential Treatment for Children & Youth*, 35(3), 175-191.

Policy makers and funders working to address best practices for residential care and treatment require evidence for the effectiveness of residential interventions, particularly related to maintenance of effects post-discharge. With support from the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services, the Building Bridges Initiative and providers of residential interventions partnered with Chapin Hall to study the feasibility of a method for collecting follow-up data on the functioning of young people who were recently discharged from residential treatment. This paper describes the implementation and findings regarding the feasibility of (1) identifying the location of youth 6 months post-discharge, (2) contacting the caregivers of these youth for the purpose of administering a follow-up survey, and (3) administering a brief (10-min) survey inquiring about youth functioning in key

domains. The results of this research provide guidance for measuring youth progress and outcomes after residential interventions. This study also lays the groundwork for a larger post-discharge outcomes study that includes linkage to administrative data, baseline data on youth functioning, and assessment of the services received in the context of residential interventions. Data and information obtained from the feasibility study provide evidence for the viability of a brief, telephone-administered post-discharge survey with caregivers. Copyright © 2018 Taylor & Francis.

Baker, M., Bellonci, C., Huefner, J. C., Hilt, R. J., & Carlson, G. A. (2017). Polypharmacy and the pursuit of appropriate prescribing for children and adolescents. *Child and Adolescent Psychopharmacology News, 22(1), 1-7.*

Duppong Hurley, K., Lambert, M. C., Gross, T. J., Thompson, R. W., & Farmer, E. M. Z. (2017). The role of therapeutic alliance and fidelity in predicting youth outcomes during therapeutic residential care. *Journal of Emotional and Behavioral Disorders, 25(1), 37-45.*

There is a gap in understanding how the treatment fidelity aspects of adherence and quality, along with common process factors such as therapeutic alliance, impact outcomes for youth. Few studies have examined both constructs of implementation and process factors simultaneously in regard to their relationship to client outcomes. This study examined the role of (a) youth ratings of implementation quality for a provider of therapeutic residential care, (b) the records of staff ratios of positive to negative statements to youth as reported for a token economy system, and (c) youth ratings of therapeutic alliance in relation to youth emotional and behavioral functioning at 6 months into therapeutic residential services. The study included data collection activities with 112 youth and staff at intake into residential group care through 6 months into residential services. Both youth ratings of therapeutic alliance and the ratio of positive to negative staff interactions with youth were related to improved youth emotional and behavioral functioning, as reported by staff using the Child Behavior Checklist. These findings suggest that it is important to consider both implementation and common process factors when looking to improve the quality of care for youth in therapeutic residential care. Copyright © 2017 Hammill Institute on Disabilities.

James, S. S., Thompson, R. W., & Ringle, J. L. (2017). The implementation of evidence-based practices in residential care: Outcomes, processes and barriers. *Journal of Emotional and Behavioral Disorders, 25(1), 4-18.*

Using data from a U.S. survey of residential care providers on the utilization of evidence-based practices (EBPs) in residential care, this study examines outcomes, processes, and barriers related to the implementation of EBPs. Descriptive data on 115 EBPs implemented in 66 residential care agencies were analyzed with regard to multiple domains of implementation outcomes, such as the adoption, appropriateness, fidelity, and sustainability of EBPs. Study results showed that residential care programs are primarily implementing EBPs that target specific client problems and populations and address prevalent problems of trauma and emotional disorders. A low rate of utilization of milieu-based program models, which were specifically designed for residential care, was noted. Child care staff were mostly excluded from the training and delivery of EBPs. Although providers reported that implementation of EBPs yielded desired results, considerable barriers persisted. Fidelity data raised questions about the degree to which agencies are in fact implementing EBPs. Findings from this exploratory study are meant to encourage further inquiry of the conditions necessary in residential care programs to foster openness toward the implementation of EBPs and to achieve sustained success. Copyright © 2017 Hammill Institute on Disabilities.

Sternberg, N., Schnur, E., Huefner, J. C., Muirhead, J., Butler, L., Mihalo, J., Puett, L., Schedin, R., Triplett, D. R., Klee, S., Thompson, R., & Tibbits, J. (2017). A work in progress: Electronic health record utilization in residential treatment. *Residential Treatment for Children & Youth, 34(2), 122-134.*

The use of Electronic Health Records (EHRs) has increased dramatically in the past few years, in part as a result of the 2009 Health Information Technology for Economic and Clinical Health Act (HITECH), and has

significant potential benefit for youth residential treatment providers. Although use is widespread in the medical profession, youth residential treatment providers have only recently begun to use EHRs, and there is little information available to guide them in selection. Members of the Association of Children's Residential Centers (ACRC) were invited via the association newsletter, and targeted email and phone call reminders, to participate in a 13-item on-line survey focused on use, satisfaction and concerns with EHRs. Eighty-seven percent of ACRC member organizations responded to the survey. Two thirds (66%) of the organizations reported using a wide variety of EHRs, and cited a range of strengths and challenges of the various systems; no single EHR product dominated the residential agency market. The authors discuss the need for further comparative EHR information and stress the importance of EHRs for data exchange and outcomes evaluation. Copyright © 2017 Taylor & Francis

Thompson, R. W., Duppong Hurley, K., Trout, A. L., Huefner, J. C., & Daly, D. L. (2017). Closing the research to practice gap in therapeutic residential care: Service provider-university partnerships focused on evidence-based practice. *Journal of Emotional and Behavioral Disorders, 25*(1), 46-56.

Residential care has been criticized for its high cost and limited research evidence. While recent studies and reviews of the literature suggest that a number of evidence-based practices are being implemented in residential care settings, more research is needed to develop and test empirically based practices that can be successfully implemented in residential care. In this article, we offer a promising strategy to address this issue: a long-term research partnership between a large service provider agency and a university-based research center to conduct a program of research which has resulted in translation of evidence-supported practices into service provider programs, contributions to the science of residential care, and training opportunities for young applied scientists to specialize in this important work. This evolving program of research includes four core applied research topic areas in which this collaboration has had some ongoing success: program and practice implementation fidelity, therapeutic process factors, aftercare, and psychotropic medication use. We suggest that this type of long-term collaborative research partnership is an approach for others to consider for conducting research that informs effective residential care practices. Copyright © 2017 Hammill Institute on Disabilities.

Bellonci, C., Baker, M., Huefner, J. C., & Hilt, R. J. (2016). Deprescribing and its application to child psychiatry. *Child and Adolescent Psychopharmacology News, 21*(6), 1-9. OPEN ACCESS ARTICLE

Deprescribing is the structured approach to drug discontinuation with the goal of "parsimonious use" (Gupta & Cahill, 2016), or use that is designed to provide the minimum effective dose and number of medications. It is not synonymous with medication cessation, although that can be a result of deprescribing. The term was first developed in the fields of geriatric medicine and end-of-life care and then extended to primary care and more recently to psychiatry. The deprescribing process is the systematic approach to identifying and discontinuing medications when existing or potential harms outweigh existing or potential benefits. This is accomplished with consideration of an individual's treatment goals, functioning, values, and preferences (Scott et al., 2015). Copyright © 2016 Guilford Press.

Lambert, M. C., Trout, A. L., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2016). Medical service utilization among youth with school-identified disabilities in residential care. *Child & Youth Care Forum, 45*, 315-327.

Behavioral, social, emotional, and educational risks among children and youth with school identified disabilities served in residential care have been well documented. However, the health care needs and medical service utilization of this high-risk population are less well known. Given the risks associated with children with disabilities, one might expect that medical care usage is elevated and will continue to be a need when children return home or age out of the system. The purpose of this study was to evaluate if medical service utilization differed between youth with and without school-identified disabilities in care, and whether certain correlates (e.g., demographic characteristics and mental health functioning) would be associated with

medical service use among youth with disabilities. Hierarchical multiple regression models were used to explore the role of disability status in the utilization of medical services as well as to predict the effects of mental health functioning on utilization while controlling for other known factors. Results indicated that medical service usage for youth with school identified disabilities was statistically higher than usage for peers without disabilities after accounting for other factors associated with utilization, and internalizing and externalizing behavior severity were significantly related to medical service utilization for youth with disabilities. As expected, the findings suggest that youth with disabilities use more medical services than peers without disabilities regardless of the presence of a physical health condition, but might be due to differences in the severity of the physical health conditions. Copyright © 2016 Springer.

[Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., ... Zeira, A. \(2016\). Therapeutic residential care for children and youth: A consensus statement of the International Work Group on Therapeutic Residential Care. *Residential Treatment for Children & Youth, 33*\(2\), 89-106.](#)

[Duppong Hurley, K., Van Ryzin, M. J., Lambert, M., & Stevens, A. L. \(2015\). Examining change in therapeutic alliance to predict youth mental health outcomes. *Journal of Emotional and Behavioral Disorders, 23*\(2\), 90-100.](#)

The objective of the study was to examine the link between therapeutic alliance and youth outcomes. The study was conducted at a group home with 112 youth with a disruptive-behavior diagnosis. Therapeutic alliance was collected routinely via youth and staff report. Outcome data were collected using youth and staff reports of externalizing behavior as well as behavioral incidents occurring during care. Outcome data were collected following intake into services and at 6 and 12 months of care. Data were analyzed to examine (a) whether youth behavior problems at intake were predictive of therapeutic alliance and (b) whether changes in alliance were predictive of subsequent youth outcomes. These were conducted with a 6-month service-delivery model and replicated with a 12-month model. There was some support for the first hypothesis, that initial levels of youth externalizing behavior would be related to alliance ratings; however, most of the effects were marginally significant. The second hypothesis, that changes in therapeutic alliance would be related to subsequent youth outcomes, was supported for the 6-month model, but not the 12-month model. Changes in therapeutic alliance may be predictive of youth outcomes during care. Additional research into examining therapeutic alliance trajectories is warranted to improve mental health services for youth. Copyright © 2014 Hammill Institute on Disabilities.

[Gross, T. J., Duppong Hurley, K., Sullivan, J. J., Lambert, M. C., Van Ryzin, M. J., & Thompson, R. W. \(2015\). Program records as a source for program implementation assessment and youth outcomes predictors during residential care. *Children and Youth Services Review, 58*, 153-162.](#)

This study used point card information from a residential program to generate treatment fidelity metrics and determine if the metrics predicted youth outcomes after six months in care. Youth outcomes included staff ($n = 52$) and youth ($n = 143$) ratings, youth conduct records kept by the residential program's teaching-family homes and school records. Treatment fidelity metrics included the program components: (a) percentage of positive interactions, (b) number of privileges earned, and (c) a skills taught to interactions ratio. The percentage of positive interactions averaged 90% per youth; 76% of the point cards indicated that privileges were earned; and a variety of life skills were typically taught to the youth (skills ratio = .61). The data from the treatment fidelity metrics supported that the program was implemented consistent with program expectations. The range of implementation quality for each measured component was then used to predict youth outcomes. Increased percent of positive interactions predicted significantly decreased externalizing behaviors as reported by staff ($\beta = -0.31, p < .001$) and youth ($\beta = -0.30, p < .001$), and significantly fewer incidents of non-compliance ($Exp(b) = 0.93, p < .001$) and school problems ($Exp(b) = 0.91, p < .001$) as indicated on the program records. The skills ratio indicated similar trends across outcomes, although non-significant at the $p < .01$ level. Permanent products may be helpful to develop program treatment fidelity

metrics, which may be useful for monitoring implementation and may be associated with improved youth outcomes. Copyright © 2015 Elsevier Ltd.

Huefner, J. C., Pick, R. M., Smith, G. L., Stevens, A. L., & Mason, W. A. (2015). **Parental involvement in residential care: Distance, frequency of contact, and youth outcomes.** *Journal of Child and Family Studies, 24*, 1481-1489.

The relationship between physical distance to program, different types of family contact, and youth behavioral outcomes, discharge assessment, and 6-month follow-up was examined. Data came from clinical record information for 350 youth who had been admitted to a group home program between July 2009 and October 2011. Path analysis was used to examine the hypothesized pattern of interrelationships among the variables. Study results found that home visits of youth with their families were related to better outcomes, while program visits by family were unrelated to outcomes. Phone contacts during the week were also unrelated to youth outcomes, whereas weekend phone contacts were significantly related to less successful outcomes. Findings suggest that family contact is important for the health and wellbeing of youth in residential care, but that not all family/friend contacts are equally beneficial and that some can even undermine a youth's progress. Specific recommendations are made for future research to inform practice on how to make the most of these opportunities. Ultimately, all family and friend contact should be a positive factor in the youth's treatment and outcomes. Copyright © 2014 Springer.

James, S., Thompson, R., Sternberg, N., Schnur, E., Ross, J., Butler, L., Triplett, D., Puett, L., & Muirhead, J. (2015). **Attitudes, perceptions, and utilization of evidence-based practices in residential care.** *Residential Treatment for Children & Youth, 32*(2), 144-166.

This study reports on results of a national survey conducted in the United States about the attitudes, perceptions, and utilization of evidence-based practices (EBPs) in residential care settings. Seventy-five of 118 member agencies (63.6% response rate) of a voluntary national residential care association responded to a web-administered structured survey, which included the Evidence-Based Practices Attitude Scale. Results show overwhelmingly positive attitudes toward EBPs. Concerns were reported mainly with regard to cost and impeding a client-driven practice approach. The study also showed a high degree of utilization of EBPs with over 88% of programs reporting the use of at least one practice they considered to be evidence-based. Altogether 53 different practices were reported although it is unknown at this point whether practices were delivered with fidelity. Behaviorally-based and trauma-focused interventions constituted the most common interventions used by residential care agencies. Practices were subsequently validated against four national clearinghouse sites, indicating that only slightly over half of all reported practices had been evaluated by at least one clearinghouse and rated as having some research evidence for effectiveness. Divergent views about what practices are evidence-based point to the need for continued discussion between the practice and research fields about conceptualizations of evidence. Copyright © 2015 Taylor & Francis.

Nelson, T. D., Haugen, K. A., Resetar Volz, J. L., Zhe, E. J., Axelrod, M. I., Spear Filigno, S., Stevens, A. L., & Lundahl, A. (2015). **Overweight and obesity among youth entering residential care: Prevalence and correlates.** *Residential Treatment for Children & Youth, 32*, 99-112.

Little is known about the prevalence of clinical weight problems for youth living in residential care. Therefore, this study examined the prevalence and correlates of overweight and obesity in a large sample of youth ($N = 1709$) entering a residential care program. Results indicated that 48% of youth were overweight or obese at the time of intake, which is much higher than national pediatric rates. Females had higher rates of overweight/obesity, as did youth referred from moderately restrictive placements such as foster care. Youth who were overweight/obese had greater internalizing symptoms at intake. Clinical and research implications are discussed. Copyright © 2015 Taylor & Francis.

Thompson, R. W., & Daly, D. L. (2015). **The Family Home Program: An adaptation of the Teaching Family Model at Boys Town.** In J. K. Whittaker, J. F. Del Valle, & L. Holmes (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice* (pp. 113-123). London and Philadelphia: Kingsley Publishers.

Trout, A. L., Lambert, M. C., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2015). **Prevalence of physical health issues of youth with school identified disabilities in residential settings: A brief report.** *Disability and Health Journal, 8*(1), 118-122.

Background. Each year a number of youth with a school identified disability are placed in residential care. It has been well documented that these youth enter with elevated rates of behavioral, emotional, educational, mental health, and familial challenges. However, the physical and medical condition of these youth remains unstudied. Objective. The purpose of the present study was to determine the prevalence of health and medical problems among a group of youth with school identified disabilities at entrance to a residential care center. Methods. Archival medical, demographic, and disability status data were obtained for 346 youth served in a large residential care center in the Midwest. Chi-square and correlation tests, and relative risk ratio estimates, were used to evaluate the relationship between medical condition and hypothesized correlates. Results. Findings revealed that over one-third of the sample had at least one medical condition, with asthma being the most prevalent (15.6%). Rates of medical condition differed by disability type and prevalence of asthma differed by race/ethnicity. Conclusions. Youth with a school identified disability in care demonstrate health care needs that need to be addressed while in care and following community reintegration. Intervention programs and targeted curriculum are needed to teach youth how to manage their health specific needs and how to independently navigate the health care system. Copyright © 2015 Elsevier Inc.

Duppong Hurley, K., Wheaton, R. L., Mason, W. A., Schnoes, C. J., & Epstein, M. H. (2014). **Exploring suicide risk history among youth in residential care.** *Residential Treatment for Children & Youth, 31*, 316-327.

Adolescents in residential care settings have double the national average of suicide risk histories (attempts, threats, and ideation). However, little is known about youth with specific suicide-risk histories. This study explored differences in demographic characteristics and mental health variables for 509 youth in residential care with high and low suicide-risk histories. Overall, nearly 40% of participants had a high suicide-risk history, and significant differences between low and high suicide-risk history groups were found for multiple variables (e.g., gender, ethnicity, number of diagnoses). This study highlights a need for research into areas associated with suicide-risk history in residential care. Copyright © 2014 Routledge.

Gallant, J., Snyder, G. S., von der Embse, N., & Cotter, D. D. (2014). **Characteristics and psychosocial predictors of adolescent non-suicidal self-injury in residential care.** *Preventing School Failure: Alternative Education for Children and Youth, 58*(1), 26-31.

This study examined characteristics and biopsychosocial predictors of nonsuicidal self-injury in a sample ($N=753$) of youth in residential care admitted between 2005 and 2010. To model the data, the authors used t -tests, chi-square tests, and multiple logistic regressions stratified by gender. Results suggested that 12% of youth engaged in nonsuicidal self-injury during treatment. The authors identified no significant difference between the prevalence of nonsuicidal self-injury and demographic information. Results from multiple logistic regression analyses identified that aggression, prior self-harm, and age at placement significantly contributed to nonsuicidal self-injury during residential care. Boys with elevated levels of aggression and a history of prior self-harm and younger girls with elevated aggression were at increased risk of nonsuicidal self-injury during treatment. These findings suggest a 2–3 variable model for classifying youth as being at risk for engaging in nonsuicidal self-injury in residential treatment. Furthermore, prevalence estimates of nonsuicidal self-injury among adolescents in residential treatment are similar to rates obtained from

nonclinical community samples. Implications, limitations, and future directions of these findings are discussed. Copyright © 2013 Taylor & Francis Group, LLC.

Griffith, A. K., Epstein, M. H., & Huefner, J. C. (2014). **Psychotropic medication management within residential treatment centers: Physician opinions about difficulties and barriers.** *Journal of Child and Family Studies, 23*(4), 745-751.

Research has shown that between 40 and 98 % of youth entering residential treatment are taking at least one psychotropic medication and that psychotropic medication management is often an integral component of treatment in residential settings. To determine physician opinion about the difficulty of managing psychotropic medications for youth in residential treatment and to determine the resources that are used in the process, a survey study was conducted. Overall, physicians indicated that youth involved in residential settings were much more complex than those in traditional outpatient settings, due to multiple mental health diagnoses, polypharmacy, and unknown treatment histories. They also reported that many existing resources are not applicable to youth, particularly those in residential settings, and that they are difficult to read and interpret. Copyright © 2013 Springer.

Huefner, J. C., & Griffith, A. K. (2014). **Psychotropic medication use with troubled children and youth.** *Journal of Child and Family Studies, 23*(4), 613-616.

This article serves as an introduction to a Special Issue focused on the use of psychotropic medication with children and youth identified with psychiatric disorders and emotional and behavioral disturbance. In this editorial, we provide a brief summary of why research examining psychotropic medication use for children and youth is increasingly important and a brief background on what research to date has identified. We also provide a brief description of the manuscripts selected for inclusion in this Special Issue. Copyright © 2014 Springer.

Huscroft-D'Angelo, J., Trout, A. L., Epstein, M. H., & Thompson, R. (2014). **The health literacy status of youth with disabilities in a residential treatment setting.** *Social Welfare: Interdisciplinary Approach, 4*, 109-118.

Research has indicated that youth eligible for special education services in residential centers are at an increased risk across many areas including overall health, medication use, academic, behavioral, and familial functioning. Yet it remains unknown how well they are able to read, understand, and use health-related information. The purpose of this study was to investigate the health literacy status of youth receiving special education (N= 61) services at a large residential care facility in the Midwest. Results indicate youth with disabilities are at increased risk of low health literacy in areas of reading recognition and comprehension. Specifically, well over 50% of the sample scored in the possible to likely limited health literacy level. Study limitations, future research, and implications are provided. Copyright © 2014 Siauliai University.

Nelson, T. D., Kidwell, K. M., Hoffman, S., Trout, A. L., Epstein, M. H., & Thompson, R. W. (2014). **Health-related quality of life among adolescents in residential care: Description and correlates.** *American Journal of Orthopsychiatry, 84*(3), 266-233.

The purpose of this article is to describe the health-related quality of life (HRQoL) of adolescents in residential care and to examine selected correlates. A sample of 229 adolescents (mean age = 17 years) living in a residential care setting completed a validated measure of HRQoL (PedsQL 4.0 Generic Scales). Mean-level scores for Total HRQoL, Physical HRQoL, and Psychosocial HRQoL were examined, and the percentage of youth scoring below a clinical cutoff value was reported. Demographic and psychotropic medication data for each youth were accessed from an electronic database maintained by the residential care program and used to examine correlates of HRQoL. Approximately 25% of youth had at least 1 HRQoL score in the "at risk" range, indicating a significant proportion of youth in residential care have significant impairments in HRQoL.

Younger age and female gender were associated with poorer HRQoL. Psychotropic medication prescriptions were associated with poorer HRQoL. A significant percentage of adolescents in residential care may experience suboptimal HRQoL, and certain demographic and clinical factors appear to be associated with greater risk. Systematic assessment of HRQoL is recommended for youth in residential care, and interventions to promote better HRQoL among youth at particularly high risk may be beneficial. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

Trout, A. L., Hoffman, S., Epstein, M., & Thompson, R. W. (2014). **Family teacher and parent perceptions of youth needs and preparedness for transition upon youth discharge from residential care.** *Journal of Social Work, 14*(6), 594-604.

The purpose of this study was to compare parent ($N = 51$) and family teacher ($N = 102$) ratings of perceptions of aftercare for youth reintegrating into the home and community settings following a stay in residential care. The results show large differences between treatment providers and parents as to the level of youth preparedness for transition. Youth leaving residential care facilities struggle to maintain the gains they make during their time in treatment. Understanding what residential care providers and parents of youth perceive to be most important for youth during this transition period is essential to the youth's long-term success. Copyright © 2014 by SAGE Publications.

Trout, A. L., Hoffman, S., Epstein, M., Nelson, T. D., & Thompson, R. W. (2014). **Health literacy in high risk youth: A descriptive study of children in residential care.** *Child and Youth Services, 35*, 35-45.

Although previous studies have demonstrated that children in out-of-home care present with elevated levels of mental and physical health, educational, and behavioral problems, little is known about youth's ability to manage health care needs or access health information and support. This study evaluates the health literacy skills of 229 youth served in a residential setting. Results revealed that the majority of youth demonstrated some level of risk, and anywhere from one-quarter to one-third demonstrated significant health literacy deficits suggesting a need for additional research and treatment intervention. Implications, study limitations, and recommendations for practice and future research are discussed. Copyright © 2014 Routledge.

Trout, A. L., Lambert, M. C., Nelson, T. D., Epstein, M. H. & Thompson, R. W. (2014). **Prevalence of weight problems among youth with high-incidence disabilities in residential care.** *Behavioral Disorders, 39*, 165-174.

The prevalence of weight problems among youth in general and youth in out-of-home care has been well documented; however, the prevalence of obesity/overweight among youth with high-incidence disabilities in more restrictive settings, such as residential care, has not been assessed. The purpose of the present study was to evaluate the prevalence of weight problems in 245 youth with learning disabilities or emotional disturbance at entrance to residential care. Youth intake files were examined to evaluate the association between youth demographic characteristics, medical conditions, prior placements and placement settings, medication usage, and internalizing and externalizing behavioral problems and clinical weight problems. Findings revealed that over one half of the youth were overweight or obese (50.6%), and weight problems were associated with gender, medical conditions, and age. Study limitations, future research efforts, and treatment implications are discussed. Copyright © 2014 Council for Exceptional Children.

Van Dyk, T. R., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2014). **Physical health status as a predictor of treatment outcomes among youth in residential treatment.** *Journal of Emotional and Behavioral Disorders, 22*, 237-248.

In addition to complex behavioral and emotional issues, youth presenting to residential care tend to have higher rates of physical health conditions than those in the general population. Although a strong body of research has found a relationship between physical and mental health, the influence of health status on

youth residential care outcomes has not been explored. This study examined the impact of poor physical health on mental health treatment outcomes in a sample of 1,735 youth entering residential care from 2000 to 2010. At intake, youth received medical evaluations identifying physical health conditions, medication prescriptions, and anthropometric measurements. Residential care outcomes were measured by changes in 1-year National Institute of Mental Health (NIMH) Diagnostic Interview Schedule for Children–IV mental health diagnoses and discharge setting. Rates of school dropout and placement stability were also examined 6 months after discharge. Results suggest that factors related to poor physical health, specifically nonpsychotropic medication prescriptions, are associated with suboptimal mental health outcomes at 1 year, discharge, and follow-up from residential care. These findings indicate that physical health issues adversely impact residential care outcomes, suggesting these youth may require specialized services, such as integrated treatment planning, to achieve optimal treatment outcomes. Copyright © 2013 Hammill Institute on Disabilities.

[Duppong Hurley, K., Trout, A. L., Wheaton, N., Buddenberg, L., Howard, B., & Wiegel, M. \(2013\). **The voices of youth in out-of-home-care regarding developing healthy dating relationships.** *Child & Youth Services, 34\(1\), 23-36.*](#)

Minimal attention has been focused on difficulties for youth in residential care regarding building healthy dating relationships, despite the significant risks to this group of adolescents. This study provided a unique opportunity to conduct focus groups with youth in residential care on issues surrounding dating relationships. The majority of youth feedback centered on the themes of desiring support developing relationship boundaries, establishing trust in relationships, understanding the consequences of sexual activity, and having real world examples regarding dating relationships. The data were examined for differences between the genders and recommendations for next steps provided. Copyright © 2013 Taylor & Francis Group, LLC.

[Hoffman, S., Trout, A. L., Nelson, T. D., Sullivan, J., Epstein, M. H., Huscroft D'Angelo, J., & Gibbons, C. \(2013\). **A psychometric assessment of health literacy measures among youth in a residential treatment setting.** *Journal of Studies in Social Sciences, 5\(2\), 288-300.* OPEN ACCESS ARTICLE](#)

Minimal research has focused on the health literacy status of adolescents, and few measures have been validated among specific subgroups of youth. One such group is youth living in residential treatment centers. It is currently unknown how well this group is able to read, understand, and use health-related information. The purpose of this study was to assess the psychometric properties of three widely-used health literacy measures among a group of youth at a large residential care facility located in Omaha, NE. Results indicate that all measures are psychometrically adequate for use among this population. Study limitations and implications are provided. Copyright © 2014 InfinityPress.Info.

[Mason, W. A., Chmelka, M. B., Howard, B. K., & Thompson, R. W. \(2013\). **Comorbid alcohol and cannabis use disorders among high-risk youth at intake into residential care.** *Journal of Adolescent Health, 53\(3\), 350-355.*](#)

Purpose. Alcohol use disorder (AUD) and cannabis use disorder (CUD) are prevalent among high-risk adolescents, such as those referred for residential care. These disorders are often comorbid, and comorbidity is associated with heightened adverse consequences compared with each disorder alone. Little is known about factors that are associated with the development of comorbid AUD and CUD. This study tested individual, family, peer, school, and community variables as common versus specific correlates of singular and comorbid AUDs and CUDs among high-risk youth. Methods. Participants were 1,662 youth at entry into a large residential group home program. The average age of participants was 15.2 years, and 63% were male. Routine intake assessments, including standardized questionnaires (e.g., Diagnostic Interview Schedule for Children) and structured checklists, provided archival data for the analyses, conducted using multinomial logistic regression (with neither disorder as the reference group). Results. Male gender was a specific positive correlate of CUD-only. Several common positive correlates of the disorder groups were identified, including

individual (e.g., anxiety/depression), family (e.g., family history of substance use), peer (e.g., hanging around troubled peers), and school (e.g., truancy) variables. Age at intake and troubled peers had stronger positive associations with comorbid AUD and CUD than with either disorder alone. Conclusions. Many more common than specific correlates were identified; these variables may be associated with generalized risk for substance use disorders. Two variables were particularly strong positive correlates of comorbid AUD and CUD, and potentially could be targeted in interventions designed to prevent comorbid substance use disorders. Copyright © 2013 Society for Adolescent Health and Medicine.

Nelson, T. D., Smith, T. R., Duppong Hurley, K., Epstein, M. H., & Tonniges, T. F. (2013). Association between psychopathology and physical health problems among youth in residential treatment. *Journal of Emotional and Behavioral Disorders, 21*, 150-161.

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 © 2013 Hammill Institute on Disabilities.

Nelson, T. D., Smith, T. R., Pick, R., Epstein, M. H., Thompson, R. W., & Tonniges, T. F. (2013). Psychopathology as a predictor of medical service utilization for youth in residential treatment. *Journal of Behavioral Health Services & Research, 40*, 36-45.

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 © 2013 Springer.

Nelson, T. D., Van Dyk, T. R., Lundahl, A., Huefner, J., Thompson, R. W., & Epstein, M. H. (2013). Patterns and correlates of adolescent weight change in residential care. *Children and Youth Services Review, 35*, 960-965.

Adolescents entering residential care have high rates of clinical weight problems; however, some aspects of the residential setting may be conducive to healthy weight management. This study aimed to examine the change in adolescent weight status from intake to discharge among a large sample of youth in a residential care program (N = 1195). Although weight management was not a specific target of the program, adolescents

were more likely to move to a healthier weight status than a less healthy one by the end of the placement. Adolescents who were obese at the time of intake ($n = 274$) showed an average decrease of .21 zBMI units, and approximately a quarter of this group moved to a healthier weight category at discharge. These changes compare favorably to outcomes for existing treatments for adolescent weight problems and may represent clinically-meaningful improvements in weight status for many youth. Further, a decrease in psychotropic medication prescriptions was significantly associated with weight loss for adolescents who were overweight at intake. The implications of these findings, including the possible benefits of effective weight management in residential settings and the potential value of highly structured environments in promoting healthy weight among vulnerable adolescents, are discussed. Copyright © 2013 Elsevier Ltd.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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 between youth with monopharmacy 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 monopharmacy ($n = 77$) 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.

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.

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.

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.

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 SED/LD, 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 ServicesSM

Boys Town Foster Family Services[®] is a community-based program where professionally trained Foster Parents provide care and support to children of all ages, infancy through adolescents. Foster parents help meet the behavioral, emotional and educational needs of the children in their care. Service intensity ranges from highly intensive to less intensive, based upon the needs of the child. With a focus on reunification, Foster Family Services utilize a strength-based, team approach to work with families to achieve safety, permanency and well-being. Foster Parents receive 24/7 support from Boys Town professionals. When they leave, these children return home or, when that is not possible, are adopted or placed in another more permanent home.

[Huscroft-D'Angelo, J., Trout, A. L., Henningsen, C., Synhorst, L., Lambert, M., Patwardhan, I., & Tyler, P. \(2019\). Legal professional perspectives on barriers and supports for school-aged students and families during reunification from foster care. *Children and Youth Services Review, 107*, 104525.](#)

Background. Supports following reunification play an important role in successful transitions from out-of-home care to home and school settings for children and their families. There are several stakeholders who play critical roles supporting families during this transition. One key role is tied to legal professionals, who often work closely with the child or family while in care and then continue to monitor family progress during the transition from foster care to the home setting. Although work has been conducted to understand what supports other stakeholders feel children and families need during this transition, little is known about the perspectives of legal professionals. **Objective.** This exploratory study gathered perspectives from legal professionals regarding the challenges these youths and families face and necessary supports to promote successful reunification. Three research questions guided this work: (1) How prepared do legal professionals feel youth and families are for the reunification period? (2) What do legal professionals perceive as existing barriers for youth and families during reunification? and (3) What services do legal professional perceive as necessary to promote successful reunification and the effectiveness of existing supports? **Methods.** Participants (N = 13) completed a brief survey including demographic items and questions on reunification supports following departure from foster care. Participants also engaged in a focus group using the nominal group technique to address two primary questions that addressed challenges faced by families during reunification and necessary supports or services to promote positive youth and family outcomes. **Results.** Participants felt that families were not well prepared for reunification and that current supports were somewhat effective to support this transition period. They also indicated supports in the mental health domain to be most important. A total of 36 independent barriers were generated for the first question and 27 supports were identified for question two. **Conclusion.** Establishing effective and accessible supports for families during reunification is necessary for positive family outcomes. This study highlighted barriers in preventing successful reunification, namely limited access to resources and supports in preventing successful reunification and the importance of mental health support for the entire family in promoting successful outcomes. Copyright © 2019 Elsevier Ltd.

[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 Database 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 database. Copyright © 1993 Foster Family-Based Treatment Association.

In-Home Family ServicesSM

The main goal of In-Home Family Services is to prevent children from being placed outside of the home and/or to reunify them with their family if outside placement is necessary. Boys Town's In-Home Family Services® provide a family-centered, skill-based intervention for families that are in or near a crisis situation, and are at risk for having a child removed from the home. Intervention duration ranges from short term to long term, and service intensity ranges from highly intensive to less intensive, depending on a family's needs. Boys Town Family Consultants are available 24/7 and work with families in their homes to help caregivers build on their strengths, improve their parenting skills and identify community resources and supports. Services focus on the entire family. Consultants also help families learn how to solve problems that may threaten their stability or the children's safety after the intervention ends.

[Duppong Hurley, K., Lambert, M. C., Patwardhan, I., Ringle, J. L., Thompson, R. W., & Farley, J. \(2020\). Parental report of outcomes from a randomized trial of in-home family services. *Journal of Family Psychology, 34*\(1\), 79-89.](#)

This study conducted a randomized trial to examine the efficacy of the Boys Town In-Home Family Services (IHFS) program for families of high-risk youth. Participants were recruited from a state helpline for families struggling with poor family functioning and child emotional or behavioral issues. Consent was obtained for 300 of which 152 were randomly assigned to participate in IHFS for 3–4 months and 148 were assigned to the services as usual comparison group. For the families in the treatment group, 18% did not participate in the intervention, and 66% of families received 20 or more service hours. Parent report data were collected at intake, post, as well 6 and 12 months after post data collection. Data were collected on constructs such as caregiver strain, family functioning, parenting, family resources, and parent report of child behavior. Piecewise analyses of the intake to post data indicated significantly greater reductions in caregiver strain for the treatment condition. Given the conservative corrections for the use of multiple tests, no other measures demonstrated significant differences. For the piecewise model of the maintenance phase, there were no significant differences between groups aside from caregiver strain that showed a significant improvement for the comparison condition. Supplementary dose-response analyses indicated that for most families there was an ideal dosage of about 25–75 hr to bring about the largest improvements in caregiver strain, parenting skills, and child behavior. Copyright © 2020 American Psychological Association.

[Patwardhan, I., Duppong Hurley, K., Thompson, R. W., Mason, W. A., & Ringle, J. L. \(2017\). Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program. *Child Abuse & Neglect, 70*, 92–99.](#)

This study examined child maltreatment as a function of cumulative family risk in a sample of at-risk families (N = 837) who were referred to an intensive family preservation program because of child behavior problems or suspected child abuse and neglect. The goal of this intensive family preservation program is to improve parenting skills and reduce immediate family stressors that may lead to an increased risk of child abuse and neglect. The findings indicate that the most prominent family risks comprising the cumulative risk scale in our sample were socio-economic disadvantage (e.g., income, unemployment, housing instability) and parental characteristics (e.g., mental/physical health, parental use of alcohol, domestic violence). Further, the results demonstrated a strong quadratic trend in the relationship between cumulative family risk and child maltreatment, and identified a risk threshold effect at three cumulative family risks after which the child risk for maltreatment increased exponentially. These findings are interpreted in the light of the current research on differentiative interventions, supporting differentiated services to the families with low vs. higher risk for child maltreatment. Copyright © 2017 Elsevier Ltd.

Gross, T. J., Duppong Hurley, K., Ross, J., & Thompson, R. (2016). **Comparing self-report and observations to assess the implementation of an in-home program serving at-risk families.** *Journal of Public Child Welfare, 10*(1), 96-116.

Assessing the implementation of home visitation interventions for families with at-risk children is an essential component of effective service delivery; however, collecting implementation assessment data is expensive. This study examined two different methods of assessing the adherence and quality of a home visitation program, provider self-reports of service delivery, and video observations of the home visit that assessed a total of 64 sessions. Detailed transcriptions were also coded with regard to quality of skills instruction. The two implementation assessment methods overlapped considerably regarding whether a core topic was discussed during the home visit and the percentage of time spent during the average session on many of the core components. Areas of divergence between the two assessment methods are reviewed. Implications for supervision and quality improvement efforts of home visitation providers are discussed. Copyright © 2015 Taylor & Francis.

Parra, G. R., Ross, J. R., Ringle, J. L., Sampson, N., & Thompson, R. W. (2016). **Evaluation of Boys Town In-Home Family Services with families referred by child welfare.** *Journal of Evidence-Informed Social Work, 13*, 401-411.

This study evaluated the Boys Town In-Home Family Services (IHFS) model with families referred by child welfare for issues related to maltreatment. Participants were 135 parents (mean age = 32.15 years, $SD = 9.13$) who completed intake and discharge assessments. The target child ranged in age from one month to 17 years ($M = 4.54$, $SD = 4.38$). We had a high-risk sample (e.g., 57% and 41% of parents reported being victims of physical and sexual abuse, respectively; 24% of parents reported attempting suicide in their lifetimes). The intervention was implemented with a degree of fidelity consistent with model standards. Reduced levels of perceived stressors were found for several domains of functioning with the largest effects observed for family safety, parental capabilities, and environmental factors. Results serve as an important step in building the evidence base of a widely disseminated intervention. Copyright © 2015 Taylor & Francis.

Stuva, D., Ringle, J. L., Thompson, R. W., Chmelka, B., Juliano, N., & Bohn, K. (2016). **In-home family services: Providing lasting results to crisis helpline callers.** *The American Journal of Family Therapy, 44*(5), 245-254.

Families oftentimes struggle with issues that seem too burdensome to bear alone. In an effort to alleviate this burden, Boys Town partnered with the Nebraska Region VI Office of Mental Health to provide in-home services to families calling the Nebraska Family Helpline. Results indicate that families experienced a significant reduction in stress and were able to remain intact. Follow-up data indicate that outcomes were maintained up to twelve months after case closure. This preliminary evidence suggests that this type of early intervention can have an impact on families not involved in public systems, but who are voluntarily asking for help. Copyright © 2016 Taylor & Francis.

Ingram, S. D., Cash, S. J., Oats, R. G., Simpson, A., & Thompson, R. W. (2015). **Development of an evidence-informed in-home family services model for families and children at-risk of abuse and neglect.** *Child & Family Social Work, 20*(2), 139-148.

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 © 2013 Blackwell Publishing Ltd.

Thompson, R., & Koley, S. (2014). **Engaging families in in-home family intervention.** *Reclaiming Children and Youth*, 23(2), 19-22.

This article describes key practices and strategies to engage families in their own homes who may not respond to typical office-based interventions.

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.

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.

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.

Aftercare

Aftercare services increase continuity with community supports to help youth transition from residential programs, sustain the gains they made, prevent reentry, and promote long term success.

Trout, A. L., Lambert, M. C., Thompson, R., Tyler, P. M., & Duppong Hurley, K. (2020). **On the Way Home: Promoting caregiver empowerment, self-efficacy, and adolescent stability during family reunification following placements in residential care.** *Residential Treatment for Children & Youth, 37*(4), 269-292.

Although newly passed federal regulations mandate the provision of family-based aftercare supports for adolescents served in therapeutic residential care, very little research has been conducted to determine best practice. This efficacy and replication study compares the outcomes of youths and caregivers randomly assigned to On the Way Home (OTWH; n = 98) or traditional aftercare supports (n = 89) following discharge from therapeutic residential care (TRC). Findings were mixed. At posttest (12-months) no significant differences were found between groups on indicators of placement stability and school involvement, however, significant differences were found between groups on several indicators of caregiver empowerment and self-efficacy, with caregivers in OTWH reporting greater levels of self-efficacy and empowerment across the domains of family and community. At follow-up (21-months), moderate to large differences were found between groups on indicators of placement stability and school involvement, with odds ratios indicating youths in OTWH were 2 and 3 times more likely to be engaged in school and living in the community, respectively. Implications, limitations, and future research are discussed. Copyright © 2019 Taylor & Francis Group, LLC.

Tyler, P. M., Trout, A. L., Huscroft-D'Angelo, J., Lambert, M., & Synhorst, L. L. (2018) **Promoting stability for youth returning from residential care: Attorney perspectives.** *Juvenile and Family Court Journal, 69*(3), 5-18.

Aftercare services have been suggested to improve reintegration for youth departing residential care programs. The purpose of this study was to collect views from legal professionals about the challenges youth and families face during reintegration and solutions to improve stability. Views were collected from 14 legal professionals (e.g., guardian ad litem, legal counsel) through a survey and 90-minute nominal group technique focus group. Results indicated parent expectations about re-entry and lack of services, supports and resources were challenges. Solutions suggested by participants included family, mental health and educational supports, and transition planning. Study limitations and future implications are discussed. Copyright © 2018 Wiley.

Huscroft-D'Angelo, J., Trout, A. L., Lambert, M., & Thompson, R. (2017). **Caregiver perceptions of empowerment and self-efficacy following youths' discharge from residential care.** *Journal of Family Social Work, 20*(5), 433-456.

Residential care is one of the most restrictive out-of-home care settings; however, this is a temporary placement and youth eventually reintegrate into the home and community setting. Reintegration presents many challenges, and aftercare becomes critical for maintaining youth gains and promoting family stability. Aftercare programs and supports should align to individual family needs that entail understanding individual and familial characteristics. Previous studies have explored characteristics related to family functioning, mental health, behavior, and perceptions of need during reintegration; yet little is known regarding how affective characteristics (i.e., self-efficacy, empowerment) factor into reintegration, or the implications this may have for providers. The purpose of this study was to address this gap by exploring empowerment and self-efficacy in caregivers (N = 120) who had a child return home within 1 month of departing residential care. Overall, caregivers reported high levels of empowerment and self-efficacy during the initial transition period. Significant differences for empowerment and self-efficacy were present in characteristics such as race, income, number of children in the home, and free/reduced lunch status. Copyright © 2017 Taylor & Francis Group, LLC.

Tyler, P. M., Thompson, R., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2017). **Important elements of aftercare services for youth departing group homes.** *Journal of Child and Family Studies, 26*(6), 1603-1613.

Aftercare services have been suggested to improve the outcomes of youth who depart group homes. The purpose of this study was to collect views from social service agency leaders about the aftercare supports they believed were most important for youth departing group homes. This project used a survey method and gathered views from 38 agency leaders who were 28–66 years of age, with an average of 21 years of experience working with residential care programs in 23 states across the United States. Participants ranked seven support domains (i.e., family, education, mental health, relationships, physical health, safety, and independent living) and rated 56 specific aftercare supports based on importance for youth who were departing group homes and returning to their homes/schools prior to high school graduation. Results suggested family, safety, and mental health supports were the most important domains of support for aftercare. Specific aftercare items that were rated critically important included support for self-harm/suicidal thoughts, accessing mental health services, coping with trauma, and managing medication for behavior/mental health. Tables are provided for the complete list of 56 specific support ratings. The findings are summarized and limitations are discussed. Also included are the implications the findings could have regarding future research on the design of aftercare services. Copyright © 2016 Springer.

Tyler, P. M., Thompson, R. W., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2016). **Availability of aftercare for youth departing group homes.** *Residential Treatment for Children & Youth, 33*(3-4), 270-285.

Aftercare has been suggested to improve the outcomes of youth who depart group homes. This project used a survey method to collect data from 38 agency leaders from across the United States on the aftercare supports they believed were available for youth departing group homes and returning to their homes/schools prior to high school graduation. The results revealed that 34% of agencies provided an aftercare service with a model, and 29% of agencies received external funding for aftercare. The findings are summarized and limitations and implications for future research are discussed. Copyright © 2016 Routledge.

Ringle, J. L., Thompson, R. W., & Way, M. (2015). **Reunifying families after an out-of-home residential stay: Evaluation of a blended intervention.** *Journal of Child and Family Studies, 24*, 2079-2087.

For youth placed in out-of-home residential care, there has been a trend towards shorter lengths of stay and earlier reentry into the community. In order to support reentry, we propose blending out-of-home residential care with aftercare services. In this study 89 youth that were in or at risk of entering the juvenile justice system received a unique blend of a behavioral-focused residential care program with a family based in-home aftercare service. Results indicate that youth displayed decreased behavior problems and families practiced improved parenting skills at discharge. Further, at discharge from services youth were reported to engage in more positive interactions with peers. Follow-up data also suggested that at 12 months post-discharge, these youth had a high rate of remaining arrest-free, were living in a homelike setting, and had either graduated or were attending school. Copyright © 2014 Springer.

Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M., Duppong Hurley, K., & Stevens, A. (2014). **Youth and parent perceptions of aftercare supports at discharge from residential care.** *Child & Family Social Work, 19*, 304-311.

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? 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. 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 $M = 1.90$; $p < .05$; $r = 0.22$). 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 © 2014 Elsevier Ltd.

Trout, A. L., Huscroft-D’Angelo, J., Epstein, M., & Kavan, J. (2014). **Identifying aftercare supports for out-of-home transitions: A descriptive analysis of youth perceptions and preparedness.** *Journal of At-Risk Issues*, *18*(1), 11-17.

Youth served in residential care often demonstrate significant educational and behavioral gains during treatment; however, struggles evidenced during the reunification and reintegration process underscore the importance of continued aftercare services and supports. While these needs have been widely noted in the literature, little is known about youth perceptions regarding the importance of aftercare or preferences regarding specific supports. The purpose of this study was to assess the views of youth discharging from a residential program on perceptions of transition planning and aftercare, preparedness for the reintegration, and perceptions regarding specific services and supports. One-hundred and thirty-two youth served in a large residential care facility were asked to complete a Youth Aftercare Survey prior to departure to determine youth perceptions. Overall, results revealed high levels of youth optimism about their preparedness for the upcoming transition and identified supports in education, relationships, physical health, independent living, and family as most important to the reintegration process. Although promising findings were revealed regarding youth perceptions of the importance of continued supports across broad domains, youth were less concerned about mental health supports; a factor critical to long-term success. Implications, limitations, and future research are discussed. Copyright © 2014 NDPC/N.

Tyler, P. M., Trout, A. L., Epstein, M. H. & Thompson, R. (2014). **Provider perspectives on aftercare services for youth in residential care.** *Residential Treatment for Children & Youth*, *31*(3), 219-229.

The provision of aftercare services for youth and families is an important topic in residential care. Focus groups were conducted with seven service professionals working with youth in residential care in the United States. Providers responded to two questions: Based on your involvement in residential care 1) what barriers do providers experience when trying to access aftercare services for youth who are departing residential care; and 2) what solutions have providers attempted or recommended to overcome barriers so that aftercare services are made available to youth? Common themes for barriers included: 1) Youth/Family barriers to engagement; 2) Aftercare programming issues and concerns; 3) State, local, and agency policy; 4)

Lack of funding; and 5) Lack of interagency collaboration. Common themes for solutions included: 1) Continuity of care; 2) State, local, and agency policy recommendations; 3) Family engagement; 4) Funding solutions; 5) Discharge planning; 6) Agency collaboration; and 7) Technology. Study limitations, future research, and implications are discussed. Copyright © 2014 Routledge.

Huscroft-D'Angelo, J., Trout, A. L., Epstein, M. H., Duppong-Hurley, K., & Thompson, R. (2013). Gender differences in perceptions of aftercare supports and services. *Children and Youth Services Review, 35*(5), 916-922.

Youth depart residential care with many continued risk factors, unique needs, and challenges as they reintegrate into the home, school, and community settings. Currently, there is limited research on needs and best practices in aftercare services and supports for youth departing from residential settings and even less is known about how these differ by gender. While preliminary studies have explored perceptions of need during reintegration and aftercare by youth and caregivers, little is known about how these may differ by gender or if perceptions change over time after experiencing the initial transition period. One way to address this knowledge gap is to identify how prepared males and females feel for reintegration in critical life domains, their beliefs about aftercare, and preferences regarding potential services or supports to aide in the reintegration at discharge. Therefore, the purpose of this study was to explore if males and females differ on preparedness for reintegration across critical life domains, beliefs about aftercare, and preferences regarding potential services or supports to aide in the reintegration at departure from a residential treatment facility ($N = 132$). Overall, very few differences were found between males and females at departure. Implications, limitations, and future research are discussed. Copyright © 2013 Elsevier Ltd.

Trout, A. L., Jansz, C., Epstein, M. H., & Tyler, P. (2013). Evaluating service delivery in aftercare for school-aged youth departing residential care. *Journal of Public Child Welfare, 7*, 142-153.

Much is known about the services youths receive when placed in residential care, yet services in aftercare remain poorly defined. We describe a method of tracking service delivery in a newly developed aftercare program, On the Way Home (OTWH), for youths reintegrating into home, school, and community settings following a stay in a residential care. Results reveal that OTWH addressed key areas related to successful transition outcomes and provided broad supports across settings. Moreover, the service delivery monitoring process provided important information to program developers and service providers regarding implementation issues such as provider caseloads and resource allocations. Copyright © 2013 Taylor & Francis Group, LLC.

Trout, A. L., Lambert, M. C., Epstein, M. H., Tyler, P., Thompson, R. W., Stewart, M., & Daly, D. L. (2013). Comparison of On The Way Home aftercare supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial. *Child Welfare, 92*(3), 27-45.

This study compares the On the Way Home (OTWH) aftercare program to traditional aftercare supports on placement and school stability for 82 youth (43 treatment, 39 control) with disabilities discharging from residential care. One-year-post-discharge results revealed that negative event occurrence (i.e., returning to care or discontinuing enrollment in the community school) was three to over five times less likely for OTWH youth compared to youth in the control condition. Copyright © 2013 Child Welfare League of America.

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.

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.

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.

Community Support ServicesSM

Outpatient Behavioral HealthSM

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. \(2021\). 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* (2nd ed., pp. 408-426). New York: Guilford.

[Van Dyk, T. R., Thompson, R. W., & Nelson, T. D. \(2016\). Daily bidirectional relationships between sleep and mental health symptoms in youth with emotional and behavioral problems.](#) *Journal of Pediatric Psychology, 41*, 983-992.

The present study examined the daily, bidirectional relationships between sleep and mental health symptoms in youth presenting to mental health treatment. Youth aged 6 to 11 (36% female, 44% European American) presenting to outpatient behavioral health treatment ($N = 25$) were recruited to participate in the study. Children and parents completed daily questionnaires regarding the child's sleep, mood, and behavior for a 14-day period, while youth wore an actigraph watch to objectively measure sleep. Examining between- and within-person variance using multilevel models, results indicate that youth had poor sleep duration and quality and that sleep and mental health symptoms were highly related at the daily level. Between-person effects were found to be most important and significant bidirectional relationships exist. Identifying and addressing sleep problems in the context of mental health treatment is important, as poor sleep is associated with increased symptomology and may contribute to worsened mental health. Copyright © The Author 2016. Published by Oxford University Press on behalf of the Society for Pediatric Psychology.

[Heckman, D. R. \(2013\). Family therapy in out-of-the ordinary settings: Tips and resources.](#) *The Family Psychologist, 29* (2), 25-26.

[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 behavioral 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 ServicesSM

School-Based ProgramsSM

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[®] program to teach poor readers in early adolescence how to read. FAME includes four one-semester courses: *Foundations, Adventures, Mastery, and Explorations*.

Fabiano, G. A., Schatz, N. K., Lupas, K., Gordon, C., Hayes, T., Tower, D., Santos Soto, T., Macphee, F., Pelham Jr, W. E., & Hulme, K. (2021). A school-based parenting program for children with attention-deficit/hyperactivity disorder: Impact on paternal caregivers. *Journal of School Psychology, 86*, 133-150.

Engaging male caregivers within school settings is a major need within the educational field. Paternal engagement may be particularly important for children with attention-deficit/hyperactivity disorder (ADHD). Children with ADHD have increased risk for a number of poor educational outcomes, which may be attenuated by the benefits of positive male caregiver involvement. The Coaching Our Acting Out Children: Heightening Essential Skills (COACHES) program has been illustrated to be an effective approach for engaging, retaining, and improving the parenting of male caregivers of children with ADHD in clinical settings. The present study reports on the efficacy of the COACHES in Schools program, an adaptation intended for deployment in elementary school settings. Sixty-one male caregivers were randomly assigned to COACHES in Schools or a waitlist control. Results indicated that male caregivers in COACHES in Schools used significantly more praise and less negative talk in a parent-child activity relative to male caregivers in the waitlist control at post-treatment and one-month follow-up. Distal outcomes related to child behavior at home and at school were not significantly different. Implications of the results for future studies and continued efforts to engage male caregivers within school settings are discussed. Copyright © 2021 Society for the Study of School Psychology. Published by Elsevier Ltd.

Oliver, R. M., Lambert, M. C., & Mason, W. A. (2019). A pilot study for improving classroom systems within schoolwide positive behavior support. *Journal of Emotional and Behavioral Disorders, 27*(1), 25-36.

Despite the overall success of Schoolwide Positive Behavior Support, there is evidence teachers do not effectively utilize Schoolwide Positive Behavior Support features in the classroom. Classrooms are important systems within a Schoolwide Positive Behavior Support framework as this is the location within the school that students spend the majority of their time. This is especially important for students with emotional and behavioral disorders as teacher proficiency with classroom management affects the progression and malleability of the disorder. The purpose of this study was to examine the use of a manualized classroom management program to improve classroom atmosphere and teacher use of classroom management practices within schools already utilizing Schoolwide Positive Behavior Support with fidelity. Results suggest significant improvements in teacher use of certain classroom practices (e.g., praise) and classroom systems. Strengths and limitations of the study are presented along with implications for research and practice. Copyright © 2017 Hammill Institute on Disabilities and SAGE.

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.

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), 1-12.

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., Drosch, 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 ServicesSM Boys Town National Hotline[®]

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 callers 24/7, 365 days a year, nationwide. Open to everyone, but with an emphasis on helping children and parents, the Hotline has trained professional counselors who provide emergency or direct assistance, or refer callers to community resources. The Hotline receives about 185,000 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 ServicesSM

Common Sense Parenting[®]

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, use consequences to improve behavior, teach self-control and remain calm. This instruction is generally provided in the community and schools in both formal and informal settings.

Duppong-Hurley, K., Hoffman, S., Barnes, B., & Oats, R. (2016). Perspectives on engagement barriers and alternative delivery formats from non-completers of a community-run parenting program. *Journal of Child and Family Studies, 25*(2), 545-552.

The purpose of our study was to learn about barriers to participation faced by families who had signed up for but not completed a community-based parenting program that was not part of a research project. We also sought to gauge interest in alternative, web-based methods of delivering a parent training intervention. Semi-structured phone interviews were conducted with 27 parents who had signed up for but not completed a community-based parenting program. Results indicated that practical reasons such as scheduling were the most common barrier faced by parents. Results also suggested substantial interest in alternative web-based and hybrid models of program delivery. Hybrid models would allow participants to move between face-to-face small group classes and web-based classes; allowing for easy make-up of missed small-group sessions. Interventions designed by community organizations and researchers should consider using alternative methods, including hybrid models, of program delivery in order to reach a larger number of individuals. Copyright © 2015 Springer.

Fleming, C. B., Mason, W. A., Thompson, R. W., Haggerty, K. P., & Gross, T. J. (2016). Child and parent report of parenting as predictors of substance use and suspensions from school. *Journal of Early Adolescence, 36*(5), 625-645.

This study examined how child and parent reports of parenting were related to early adolescent substance use and school suspensions. Data were from two time points 6 months apart on 321 families with an eighth-grade student attending one of five schools in the Pacific Northwest. Child- and parent-report measures of family management practices were moderately correlated ($r = .29$). Child report, but not parent report, of more positive family management practices uniquely predicted a lower likelihood of adolescent substance use. Also, discrepancies between child and parent report of parenting predicted substance use, with child positive report of family management losing its protective association with adolescent substance use when parents had negative reports of their parenting. Parent report, but not child report, of better parenting predicted lower likelihood of suspensions, suggesting that the salience of child and parent report may depend on the type of behavioral outcome. Copyright © 2014 SAGE Publications.

Mason, W. A., Fleming, C. B., Gross, T. J., Thompson, R. W., Parra, G. R., Haggerty, K. P., & Snyder, J. J. (2016). Randomized trial of parent training to prevent adolescent problem behaviors during the high school transition. *Journal of Family Psychology, 30*(8), 944-954.

This randomized controlled trial tested a widely used general parent training program, Common Sense Parenting (CSP), with low-income 8th graders and their families to support a positive transition to high

school. The program was tested in its original 6-session format and in a modified format (CSP-Plus), which added 2 sessions that included adolescents. Over 2 annual cohorts, 321 families were enrolled and randomly assigned to either the CSP, CSP-Plus, or minimal-contact control condition. Pretest, posttest, 1-year follow-up, and 2-year follow-up survey data on parenting as well as youth school bonding, social skills, and problem behaviors were collected from parents and youth (94% retention). Extending prior examinations of posttest outcomes, intent-to-treat regression analyses tested for intervention effects at the 2 follow-up assessments, and growth curve analyses examined experimental condition differences in yearly change across time. Separate exploratory tests of moderation by youth gender, youth conduct problems, and family economic hardship also were conducted. Out of 52 regression models predicting 1- and 2-year follow-up outcomes, only 2 out of 104 possible intervention effects were statistically significant. No statistically significant intervention effects were found in the growth curve analyses. Tests of moderation also showed few statistically significant effects. Because CSP already is in widespread use, findings have direct implications for practice. Specifically, findings suggest that the program may not be efficacious with parents of adolescents in a selective prevention context and may reveal the limits of brief, general parent training for achieving outcomes with parents of adolescents. Copyright © 2016 APA.

Mason, W. A., January, S-A. A., Fleming, C. B., Thompson, R. W., Parra, G. R., Haggerty, K. P., & Snyder, J. J. (2016). **Parent training to reduce problem behaviors over the transition to high school: Tests of indirect effects through improved emotion regulation skills.** *Children and Youth Services Review, 61*, 176-183.

Adolescent problem behaviors are costly for individuals and society. Promoting the self-regulatory functioning of youth may help prevent the development of such behaviors. Parent-training and family intervention programs have been shown to improve child and adolescent self-regulation. This study helps fill gaps in knowledge by testing for indirect effects of the Common Sense Parenting® (CSP) program on reduced substance use, conduct problems, and school suspensions through previously identified short-term improvements in parents' reports of their children's emotion regulation skills. Over two cohorts, 321 low income families of 8th graders were enrolled and randomly assigned to either the standard CSP program, an adapted CSP *Plus* program, or a minimal-contact control condition. Pretest, posttest, 1-year follow-up, and 2-year follow-up survey assessments were completed by parents and students with 94% retention. Intent-to-treat multivariate path analyses were conducted. Neither intervention had statistically significant total effects on the three targeted adolescent outcomes. CSP, but not CSP*Plus*, had statistically significant indirect effects on reduced substance use and school suspensions at the 1-year follow-up as well as conduct problems and school suspensions at the 2-year follow-up through increased child emotion regulation skills at posttest. Findings provide some support for emotion regulation as one pathway through which the intervention was associated, indirectly, with reduced substance use, conduct problems, and school suspensions among at-risk students over the high school transition. Copyright © 2015 Elsevier Ltd.

Fleming, C. B., Mason, W. A., Haggerty, K. P., Thompson, R. W., Fernandez, K., Casey-Goldstein, M., & Oats, R. G. (2015). **Predictors of participation in parenting workshops for improving adolescent behavioral and mental health: Results from the Common Sense Parenting trial.** *The Journal of Primary Prevention, 36*(2), 105-118.

Engaging and retaining participants are crucial to achieving adequate implementation of parenting interventions designed to prevent problem behaviors among children and adolescents. This study examined predictors of engagement and retention in a group-based family intervention across two versions of the program: a standard version requiring only parent attendance for six sessions and an adapted version with two additional sessions that required attendance by the son or daughter. Families included a parent and an eighth grader who attended one of five high-poverty schools in an urban Pacific Northwest school district. The adapted version of the intervention had a higher rate of engagement than the standard version, a difference that was statistically significant after adjusting for other variables assessed at enrollment in the study. Higher household income and parent education, younger student age, and poorer affective quality in the parent-child relationship predicted greater likelihood of initial attendance. In the adapted version of the

intervention, parents of boys were more likely to engage with the program than those of girls. The variables considered did not strongly predict retention, although retention was higher among parents of boys. Retention did not significantly differ between conditions. Asking for child attendance at workshops may have increased engagement in the intervention, while findings for other predictors of attendance point to the need for added efforts to recruit families who have less socioeconomic resources, as well as families who perceive they have less need for services. Copyright © 2014 Springer.

Gross, T. J., Mason, W. A., Parra, G. R., Ringle, J., Oats, R. G., & Haggerty, K. P. (2015). **Adherence and dosage contributions to parenting program quality.** *Journal of the Society for Social Work and Research, 6(4), 467-489.*

The 3 most frequently examined elements of treatment fidelity are adherence, dosage, and quality. The relationships between these fidelity elements are complex, and additional research is needed to provide clarity. Improving clarity may be especially relevant to parenting programs, which tend to include direct explicit instruction (DEI) elements (i.e., instruction, modeling, and practice). The adherence to and dosage of these DEI elements are frequently assumed to improve program quality; however, little information is available to determine if such adherence and dosage affect program quality. This study examines whether adherence to and dosage of DEI elements predict quality ratings for a widely disseminated, manualized parenting program. Adherence is defined as the percentage of intervention tasks completed for each DEI element. Dosage is defined as the number of minutes and seconds spent in each intervention DEI element. Treatment fidelity is assessed for 36 of 144 sessions across 10 program facilitators. A hierarchical linear regression analysis examines the contributions of adherence and dosage in the prediction of session quality ratings. The analysis indicates that adherence accounts for a significant proportion of the variance (26%), whereas dosage contributes a nonsignificant proportion of variance (11%). Adherence to skill practice was the strongest individual predictor ($\beta = .445, p < .01$). Findings suggest that ensuring a high degree of adherence can contribute to quality program delivery. However, more exploration is needed to better understand the ways in which adherence and dosage of DEI elements affect program quality. Copyright © 2015 University of Chicago Press.

Mason, W. A., Fleming, C. B., Ringle, J. L., Thompson, R. W., Haggerty, K. P., & Snyder, J. J. (2015). **Reducing risks for problem behaviors during the high school transition: Proximal outcomes in the Common Sense Parenting trial.** *Journal of Child and Family Studies, 24(9), 2568-2578.*

This study tests Common Sense Parenting (CSP)®, a widely used parent-training program, in its standard form and in a modified form known as CSP *Plus*, with low-income 8th graders and their families during the high school transition. The six-session CSP program proximally targets parenting and child emotion regulation skills. CSP *Plus* adds two sessions that include youth, and the eight-session program further targets skills for avoiding negative peers and activities in high school. Over two cohorts, 321 families were enrolled and randomly assigned to either CSP, CSP *Plus*, or minimal-contact control conditions. To date, pretest and posttest assessments have been completed, with 93% retention over about a 6-month interval. Here, analyses of preliminary outcomes from pretest to posttest focus on data collected from parents, who represent the primary proximal intervention targets. Intent-to-treat structural equation modeling analyses were conducted. CSP and CSP *Plus* had statistically significant effects on increased parent-reported child emotion regulation skills. CSP *Plus* further showed a statistically significant effect on increased parent perceptions of their adolescent being prepared for high school, but only in a model that excluded the CSP condition. Neither program had a significant proximal effect on parenting practices. Emotion regulation, one indicator of self-control, is a robust protective factor against problem behaviors. Intervention effects on this outcome may translate into reduced problems during high school. Moreover, CSP *Plus* showed some limited signs of added value for preparing families for the high school transition. Copyright © 2014 Springer.

Mason, W. A., Fleming, C. B., Thompson, R. W., Haggerty, K. P., & Snyder, J. J. (2014). **A framework for testing and promoting the expanded dissemination of promising preventive interventions that are being implemented in community settings.** *Prevention Science, 15*(5), 674-683.

Many evidence-based preventive interventions have been developed in recent years, but few are widely used. With the current focus on efficacy trials, widespread dissemination and implementation of evidence-based interventions are often afterthoughts. One potential strategy for reversing this trend is to find a promising program with a strong delivery vehicle in place and improve and test the program's efficacy through rigorous evaluation. If the program is supported by evidence, the dissemination vehicle is already in place and potentially can be expanded. This strategy has been used infrequently and has met with limited success to date, in part, because the field lacks a framework for guiding such research. To address this gap, we outline a framework for moving promising preventive interventions that are currently being implemented in community settings through a process of rigorous testing and, if needed, program modification in order to promote expanded dissemination. The framework is guided by RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance) (Glasgow et al., *Am J Publ Health* 89:1322–1327, 1999), which focuses attention on external as well as internal validity in program tests, and is illustrated with examples. Challenges, such as responding to negative and null results, and opportunities inherent in the framework are discussed. Copyright © 2013 Springer.

Oats, R. G., Cross, W. F., Mason, W. A., Casey-Goldstein, M., Thompson, R. W., Hanson, K., & Haggerty, K. P. (2014). **Implementation assessment of widely used but understudied prevention programs: An illustration from the Common Sense Parenting trial.** *Evaluation and Program Planning, 44*, 89-97.

Common Sense Parenting is a parent-training program that is widely disseminated, has promising preliminary support, and is being tested in a randomized controlled trial that targets lower-income, urban 8th-grade students and their families (recruited in two annual cohorts) to improve the transition to high school. The workshop-based program is being tested in both standard 6-session (CSP) and modified 8-session (CSP Plus) formats; CSP Plus adds adolescent-skills training activities. To offer a comprehensive picture of implementation outcomes in the CSP trial, we describe the tools used to assess program adherence, quality of delivery, program dosage, and participant satisfaction, and report the implementation data collected during the trial. Results indicated that workshop leaders had high adherence to the program content and manual-stated goal times of the CSP/CSP Plus curriculum and delivered the intervention with high quality. The majority of intervention families attended some or all of the sessions. Participant satisfaction ratings for the workshops were high. There were no significant cohort differences for adherence, quality and dosage; however, there were significant cohort improvements for participant satisfaction. Positive fidelity results may be due to the availability of detailed workshop leader guides, in addition to ongoing training and supervision, which included performance-based feedback. Copyright © 2015 Elsevier.

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. OPEN ACCESS ARTICLE

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.

Community Support ServicesSM

Parent Connectors

Parent Connectors is a promising peer-to-peer family support program developed to increase parents' engagement in their child's educational and mental health services. Core components of Parent Connectors include the provision of emotional support (e.g., to reduce feelings of blame and stigma), instrumental support (e.g., basic needs such as clothing, food, and housing assistance), informational support (e.g., special education regulations and procedures, strategies to support academic and behavioral success), and the promotion of positive attitudes toward building social support networks and positive relationships with community providers. The core components of this intervention are delivered to participants through weekly phone calls from veteran parents, referred to as Parent Connectors. During the provision of services, a licensed mental health practitioner provides weekly supervision to Parent Connectors to monitor implementation of the intervention.

Duppong Hurley, K., Farley, J., & Huscroft D'Angelo, J. (2022). **Assessing treatment integrity of parent-to-parent phone support for families of students with emotional and behavioral disturbance.** *School Mental Health, 14*, 35-48.

Assessing treatment integrity is essential to understanding how well school-based interventions are delivered. The assessment of treatment integrity is especially challenging for interventions that provide one-on-one peer support over the phone. To address this gap, we explored treatment integrity approaches used for the Parent Connectors program, which provides parent-to-parent support via weekly phone calls to families of students receiving special education services for emotional and behavioral disturbance. Our multi-dimensional approach to assessing treatment integrity includes the consideration of dose, adherence, quality of service delivery, participant responsiveness to the intervention and program differentiation. We share and discuss data from a variety of approaches that have been used with this intervention to collect treatment integrity data such as logs completed by the trained parents following each phone call, content ratings of behavioral rehearsals between trained parents and research staff and surveys regarding services received from participants. We discuss obstacles collecting treatment implementation data, ways our approach is continually evolving and possibilities of applying some treatment integrity approaches to wide-scale intervention applications in the field. Copyright © 2022 Springer.

Duppong Hurley, K., Kutash, K., Duchnowski, A., & Farley, J. (2020). **Peer to peer support: Innovative strategies for families of youth with EBD.** In T.W. Farmer, M. Conroy, K. Sutherland, & E.M.Z. Farmer (Eds.), *Handbook of Research on Emotional & Behavioral Disorders: Interdisciplinary Developmental Perspectives on Children and Youth* (pp. 69-110). Routledge, New York, NY.

Historically, families have been viewed as the cause of their child's emotional and behavioral problems. Research, improved theories of family dynamics, and advances and improvements in the children's mental health system led to changing roles for families of children who have emotional and behavioral problems. Families also realized the need to advocate for and support each other, creating state and national advocacy groups to provide parent support, training, and ensure family voice in providing services to youth. While family-driven care has become the standard, families of children with emotional and behavioral needs still experience stigma, shame, blame, and strain which can lead to isolation. This chapter discusses promising practices to provide peer-to-peer support for parents of children with emotional or behavioral problems through comprehensive interventions such as Parent Connectors. It will also discuss future directions for supporting families of youth with emotional or behavioral problems. Copyright © 2020 Taylor & Francis.

January, S.-A. A., Duppong Hurley, K., Stevens, A. L., Kutash, K., Duchnowski, A. J., & Pereda, N. (2016). **Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties.** *Journal of Child and Family Studies, 25*(3), 836-844.

Parents of children with emotional and behavioral needs frequently experience difficulty navigating community-based services for their child, as well as experience increased stress and parental strain. Peer-to-peer support programs are an emerging approach to assist these parents, and evidence suggests that they are effective in increasing parents' perceptions of social support, self-efficacy, and well-being. However, these programs often focus on parents of youth with diagnosed mental health disorders, despite the potential benefit for parents of youth who are at-risk for significant emotional and behavioral problems. In the current study, we used a pre-post design to evaluate a community-based, peer-to-peer support prevention program delivered via telephone to parents ($N = 139$) of youth with emerging behavioral and emotional difficulties. We evaluated (1) whether the intervention was delivered as designed, (2) the pre- and post-intervention gains in social support and concrete support, and (3) whether parents' level of participation in the intervention and program adherence predicted outcomes. Results indicated that the intervention was delivered as intended and resulted in increased parental perceived social support and concrete support over time. Furthermore, higher levels of parental participation and intervention adherence were associated with increases in perceived social support. Thus, findings suggest that it may be beneficial for parents of at-risk youth with significant emotional and behavioral difficulties to engage in a peer-to-peer phone support prevention program. Copyright © 2015 Springer.

Community Support ServicesSM

Care Coordination Services

The Care Coordination Services model is designed as an intervention for youth and or families who are in need of multiple coordinated services/supports, are involved in at least one formal system (e.g., education, mental health, substance abuse, criminal justice) and who have the capacity to develop a formal and informal support system. The desired outcome is to help families and youth become more self-sufficient through improved problem solving skills, self-advocacy, and their ability to find and access community supports and services. Services continue long enough to ensure that families have the necessary skills and knowledge to be self-sufficient. Ongoing assessment of progress and evaluation of implementation of service delivery is monitored throughout.

[Anderson, L., Ringle, J. L., Ross, J. R., Ingram, S. D., & Thompson, R. W. \(2017\). Care Coordination Services: A description of an alternative service model for at-risk families. *Journal of Evidence-Informed Social Work, 14*, 217-228.](#)

Objective: The objective of this article is to describe a care coordination model that includes promising practices which are supported by both practice-based and research-based evidence. This model was developed to address the gaps of other models, namely an emphasis on skill teaching with parents, the flexibility to adapt to the needs of youth with a wide variety of presenting problems, and model fidelity assessment tools to help scale up the program across multiple locations with fidelity. **Method:** We discuss preliminary administrative and outcome data from 898 youth served across eight locations. **Results:** Data suggest positive outcomes at departure from service, as well as 6 months and 12 months post case closure. **Conclusion:** Preliminary data indicate that youth with educational and behavioral health challenges can benefit from coordination of services that are both youth guided and family driven. As this program has been scaled up and has an established vehicle of dissemination, it is in a unique position to be tested via more highly controlled and rigorous efficacy trials. Copyright © 2017 Taylor & Francis.

Other Research

Parental Discipline

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 counterproductive 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 counterproductive 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. Gambrell (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

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.

Friman, P. C. (2021). **Dissemination of direct instruction: Ponder these while pursuing that.** *Perspectives on Behavioral Science, 44*(2), 307-316.

We happy few but why so few is a question initially posed by Skinner and subsequently posed by many members of the behavior-analytic community, and advocates for Direct Instruction (DI) are no exception. On the contrary, the limited extent to which DI has been adopted by the educational community is an abiding source of frustration for DI devotees. This article contains little information about DI, which parallels the amount its author has to share. Instead the article focuses on five concepts, attention to which could improve disseminative efforts for behavior analysis in general and DI in particular. The five concepts are social validity, marketing, being behavior analytic, the behavioral dynamics of training, and politics. Failure to address any or all of these could supply at least a partial answer to the question posed by Skinner and subsequently by like-minded behavior analysts and DI advocates. Copyright © 2021 Springer.

Friman, P. C. (2021). **There is no such thing as a bad boy: The circumstances view of problem behavior.** *Journal of Applied Behavior Analysis, 54*(2), 636-653.

From the beginning of recorded time human beings have assigned blame to persons who misbehave. The first prominent person to make an alternative case was Father Edward J. Flanagan, the founder of Boys Town, who proclaimed there was “no such thing as a bad boy, only bad environment, bad modeling, and bad teaching” (Oursler & Oursler, 1949, p. 7) in other words, bad circumstances. This paper will refer to this perspective as the Circumstances View of problem behavior and anchor it as the foundational idea for the field of behavior analysis. This paper will discuss the origins of the Circumstances View, the benefits that result from its adoption, reasons why its adoption is not more widespread, and suggestions for disseminating it more widely. Copyright © 2021 John Wiley & Sons, Inc.

Friman, P. C. (2020). **Clinical behavior analysis.** In S. Hupp & J. Jewell (Eds.), *The encyclopedia of child and adolescent development (Vol. 2)*. New York: Wiley.

Behavior analysis has contributed significantly to knowledge of behavioral dynamics and processes across species and settings. Clinical behavior analysis (CBA) is a major subdivision of behavior analysis, which involves the use of direct and indirect conditioning models to understand and address clinically significant behavior problems. Although adult-focused CBA is growing rapidly, especially as it incorporates indirect conditioning models, the majority of CBA literature is still devoted to children. This entry briefly describes the role of indirect conditioning models and more broadly documents the clinical utility of direct conditioning treatments for a large and diverse set of conditions afflicting typically developing children. Copyright © 2020 John Wiley & Sons, Inc.

Friman, P. C. (2020). **Evidence-based therapies for enuresis and encopresis.** In R.G. Steele, & M.C. Roberts (Eds.), *Handbook of evidence-based therapies for children and adolescents: Bridging science and practice* (2nd ed., 267-280). New York: Springer.

Among the most common, persistent, and stressful presenting complaints in primary medical care for children are two disorders involving developmentally inappropriate elimination of waste—enuresis (urine) and encopresis (feces). The author emphasizes that, although evaluation and treatment of these conditions absolutely requires the direct involvement of a physician, ideal management involves a partnership between the physician, therapist, and family. This united, empirically supported, biobehavioral approach can alleviate incontinence and eliminate or at least minimize the possibility of the damaging overinterpretation and dangerous forms of treatment that blemished the approach to enuresis and encopresis from antiquity throughout large portions of the twentieth century. Enuresis and encopresis are among the most treatable of all child behavior problems. The most effective treatments for enuresis and encopresis are multicomponent and effortful and therefore motivation to participate in treatment, by parents and children, is a significant concern. The chapter outlines the essential components of successful treatments following the evidence-base in the professional literature. Copyright © 2020 Springer.

Friman, P. C. (2020). **The fear factor: A functional approach to anxiety.** In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (2nd ed., pp. 375-397). San Diego: Elsevier.

This is an updated version of the chapter on anxiety published in the first edition of this book. Unfortunately, advances in the functional perspective on anxiety have been few since publication of that edition. Hundreds of papers on anxiety have been published since, but very few of these add to the anxiety literature with a functional perspective that was available then. The vast majority of new papers on anxiety continue with the same formal rather than functional perspective. The new literature, just like the old, is rife with category errors, specifically referring to anxiety as a thing or entity rather than a category that groups things or entities with a collective term. To be fair, we will make the same mistake throughout this paper. It also continues the practice, now universal outside the field of behavior analysis and actually quite common within it, of referring to anxiety as something people have rather than something people do. This is not to say that humans do not have feelings consistent with what is commonly called anxiety (i.e., fear) but the feelings are not the primary, nor even secondary, concern. What people do in the presence of those feelings is the primary (i.e., only?) concern. All human beings after a certain age experience those feelings from time to time—not just in the course of their life but actually in the course of their typical day. This has no clinical significance whatsoever and frankly, little psychological significance. Anxiety and its synonymous experiential referents (e.g., fear, apprehension, worry, fretting, etc.) are simply part of the normal human makeup. But a substantial percentage of people exhibit behavior in the presence of those feelings that is clinically and psychologically significant and this behavior is of the utmost concern to persons with a functional perspective whereas persons with a more formal perspective seem more (or only) concerned with the feelings. Copyright © 2020 Elsevier Inc.

Friman, P. C., & Schnoes, C. (2020). **Pediatric prevention: Sleep dysfunction.** In H. S. Roane (Ed.), *Pediatric prevention, an issue of pediatric clinics of North America, e-book* (pp. 559-572). Philadelphia: Elsevier.

Sleep plays an essential role in the healthy growth and development of children and yet it is often overlooked by caregivers and underemphasized by primary medical providers (pediatricians hereafter). This is partly because the detriments caused by sleep deprivation are not immediately apparent. It is also partly due to a reportedly limited confidence many pediatricians have in their ability to diagnose and treat sleep problems in children. This article addresses the critical role of sleep in the health and functioning of children, describes sleep processes and architecture, and provides information central to identifying and addressing sleep concerns and disorders. Its primary purpose is to serve the pediatrician faced with children at risk for sleep-related problems. Copyright © 2020 Elsevier Inc.

Jackson, M. L., Williams, W. L., Rafacz, S. D., & Friman, P. C. (2020). **Encopresis and enuresis**. In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (2nd ed., pp. 199-255). San Diego: Elsevier.

The endpoint of the alimentary process involves elimination of urine and feces and these processes represent a common developmental milestone for children; however, failure to achieve appropriate elimination by the expected age is a common pediatric complaint. Specifically, enuresis (urine) and encopresis (feces) are estimated to occur in approximately 25% of 6-year old children. It has been noted by several authors that the prevalence is higher in boys than girls and that rates decrease as a function of age (Friman, 2008; Shepard & Cox, 2017). These disorders usually occur independently but can co-occur. There is a broad range of medical conditions that can cause encopresis and enuresis, but these causes are rare. They are real, however, and need to be ruled out prior to going forward with behavioral assessment and treatment. The vast majority of cases are functional and their comprehensive assessment readily yields functionally relevant variables that can either be modified or manipulated through behavioral intervention to bring about modifications in behavior related to elimination. Copyright © 2020 Elsevier Inc.

Friman, P. C. (2019). **Incontinence: A biobehavioral perspective**. In T. H. Ollendick, S. W. White, & B. A. White (Eds.), *The Oxford handbook of clinical child and adolescent psychology* (pp. 367-381). New York, NY: Oxford University Press.

Incontinence in childhood in either of its forms, enuresis and encopresis, is one of the most prevalent and distressing of all childhood problems. Due to widespread misunderstanding, incontinence is a significant precipitating factor in the mistreatment of afflicted children. Interpretations of and treatments for enuresis and encopresis have shifted in the past few decades from a mostly psychopathological perspective to a biobehavioral perspective. Although the primary clinical features of incontinence are medical/organic, environmental and psychosocial elements are factors, and the most empirically supported treatments have a significant behavioral dimension. This chapter reviews the literatures on enuresis and encopresis with attention focused on clinical description, causes and correlates, assessment, treatment, challenges, and implications for practice. Case examples are included to illustrate these features. Copyright © 2019 Oxford University Press.

Milnes, S. M., Piazza, C. C., Ibañez, V. F., & Kozisek, J. M. (2019). **A comparison of Nuk presentation and Nuk redistribution to treat packing**. *Journal of Applied Behavior Analysis*, 52(2), 476-490.

Children with feeding disorders may pack food when they lack the oral-motor skills, the motivation, or both to swallow. Presenting bites on the tongue with a Nuk brush, or redistribution, replacing packed food on the tongue, are two treatments whose relative efficacy is untested. In the current study, we compared the effects of (a) presenting on an upright spoon, (b) presenting on a Nuk, and (c) redistributing with a Nuk on two product measures of swallowing, which we refer to as 15-s and 30-s mouth clean, for three children with feeding disorders. Nuk presentation produced the highest levels of 15-s mouth clean relative to Nuk redistribution and upright-spoon presentation across participants. Levels of 30-s mouth clean were higher during Nuk presentation and Nuk redistribution relative to upright-spoon presentation for two participants. We discuss the oral-motor skills and motivational deficits that might account for the findings. Copyright © 2018 Wiley.

Woidneck, M. R., Bluett, E. J., Potts, S. A. (2019). **New wave therapies for posttraumatic stress disorder in youth**. In T. Ollendick, P. Muris, & L. Farrell (Eds.). *Innovations in CBT for childhood anxiety, OCD, and PTSD: Improving access & outcomes*. Cambridge University Press.

Shalev, R. A., Milnes, S. M., Piazza, C. C., & Kozisek, J. M. (2018). **Treating liquid expulsion in children with feeding disorders.** *Journal of Applied Behavior Analysis, 51*(1), 70-79.

In the current investigation, we compared and evaluated the effects of two intervention procedures, a modified chin prompt and reclined seating, on the liquid expulsion of 2 children with feeding disorders. For both participants, expulsion decreased to clinically meaningful levels when we added the modified chin prompt or reclined seating to a treatment package consisting of differential reinforcement of acceptance, nonremoval of the cup, and re-presentation. We discuss possible mechanisms underlying the effects of the 2 interventions and areas for future research. Copyright © 2018 Wiley.

Drayton, A. K., Byrd, M. R., Albright, J. J., Nelson, E. M., Andersen, M. N., & Morris, N. K. (2017). **Deconstructing the time-out: What do mothers understand about a common disciplinary procedure?** *Child & Family Behavior Therapy, 39*(2), 91-107.

Time-out (TO) is one of the most common and effective disciplinary tactics used to address problem behavior; however, parents rate TO as one of the least useful behavior modification techniques. This may be due to a discrepancy between empirically supported TO procedures and how mothers are actually conducting TO. Fifty-five mothers were asked to define TO, provide information on how they conduct TO, and identify errors in TO procedures. Results indicate that maternal knowledge and implementation of TO differs considerably from the empirical ideal, potentially impacting the utility and frequency of TO usage in the home to address child problem behaviors. Copyright © 2017 Taylor & Francis Inc.

Friman, P. C. (2017). **Elimination disorders.** In A. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage.

Friman, P. C. (2017). **Thumb sucking.** In A. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage.

Reimers, T. (2017). *Elimination disorders: Evidence-based treatment for enuresis and encopresis*. New York, NY: Momentum Press.

Reimers, T. (2017). **Elimination disorders: Gender and sex differences.** In A. Wenzel (Ed.). *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage.

Lau, J., Theall, L., Stewart, S. L., Reimers, T., Ashworth, M., McLean, J., Belleville-Taylor, P., Martin, L., & Rabinowitz, R. (2016). **Continence CAP.** In S.L. Stewart, L.A. Theall, J.N. Morris, K. Berg, M. Björkgren, A. Declercq, et al. *interRAI Child and Youth Mental Health – Developmental Disabilities Collaborative Action Plans (CAPs) for use with the interRAI Child and Youth Mental Health – Developmental Disabilities (ChYMH-DD) Assessment Instrument*. Version 9.3 Washington, DC: interRAI.

Nelson, T. D., Van Dyk, T. R., McGinnis, J. C., Nguyen, A. V., & Long, S. K. (2016). **Brief sleep intervention to enhance behavioral parent training for noncompliance: Preliminary findings from a practice-based study.** *Clinical Practice in Pediatric Psychology, 4*(2), 176-187.

The purpose of this study was to conduct a preliminary evaluation of a brief behavioral sleep protocol for enhancing standard behavioral treatment for child noncompliance among children with behavior problems. Data were drawn from an archival analysis of pediatric cases treated for noncompliance or disruptive behavior problems in an outpatient behavioral health clinic. A total of 50 cases (mean age = 7.6 years) were identified in which the brief behavioral sleep protocol was delivered prior to behavioral parent training, and weekly parent ratings of child sleep and compliance were collected. Repeated-measures analyses indicated a significant immediate improvement in both child sleep and compliance ratings following the brief behavioral

sleep protocol and prior to initiating behavioral parent training. Analyses examining changes from pretreatment to the end of all treatment (including both sleep and behavioral parent training) indicated large improvements in parent ratings of child compliance, with an effect size much larger than typical effect sizes in the literature for behavioral parent training alone. Treatment effects did not significantly differ across 3 clinicians delivering the interventions. Results of this preliminary evaluation suggest that the addition of a brief behavioral sleep protocol at the beginning of standard behavioral treatment for child noncompliance can substantially improve treatment outcomes. Further evaluation using rigorous clinical trial methods and norm-referenced measures is needed, but this study suggests that addressing sleep problems may be an important component of optimal treatment for child behavior problems. Copyright © 2016 APA.

[Friman](#), P. C., & Christophersen, E. R. (2015). **Enuresis**. In R. Cautin & S. Lilienfeld (Eds.), *Encyclopedia of clinical psychology*. New York: Wiley-Blackwell.

[Coutts](#), M. J., Sheridan, S. M., Sjuts, T. M., & Smith, T. E. (2014). **Home-school collaboration for intervention planning**. In J. T. Mascolo, V.C. Alfonso & D. P. Flanagan (Eds.), *Essentials of planning, selecting and tailoring interventions for unique learners* (pp. 92-119). Hoboken, NJ: Wiley.

Of all that is known about children's learning and behavior, one fact is very clear: Opportunities to promote optimal educational experiences are evident across many settings. The most influential environments that predict and support learning are the home and school. Learning and development do not occur in a vacuum; that is, events a child experiences in one setting (e.g., at home) influence and are influenced by events in the other (e.g., the classroom). Given that adults in these complementary settings control the events and conditions experienced by children, it follows that cooperation and coordination (in fact, collaboration) between setting and the adults populating and driving them is a reasonable goal. Copyright © 2014 John Wiley & Sons, Inc.

[Heckman](#), A. R., Cummings, J., & Bellini, S. (2014). **Predicting interventionists' intention to use video self-modeling: An investigation of the Intervention Technology Acceptance Model**. *Journal for Special Education Technology*, 29(1), 35-49.

Technology provides educators with significant advantages in working with today's students. Video self-modeling (VSM) is an evidence-based intervention requiring the use of technology that has been successfully used to address problems that children experience in schools. The present study tested a model of predicting educators' use of technology-based treatments by accounting for perceived usefulness, perceived ease of use, and treatment acceptability. Eighty-one interventionists completed a survey designed to measure perceptions of VSM. A factor analysis supported a three-factor model for the data (i.e., usefulness, ease of use, and treatment acceptability). A sequential multiple regression indicated that a significant portion of interventionists' intention to use VSM can be accounted for by perceptions concerning the usefulness of digital camcorders, the ease of using digital camcorders, and the acceptability of the treatment. Each independent variable accounted for a significant portion of interventionists' intention to use VSM. Professional development sessions intended to improve intentions to use technology-based treatments such as VSM should specifically target technology variables (i.e., usefulness and ease of use) along with treatment acceptability. Copyright © 2014 Technology and Media Division of the Council for Exceptional Children.

[Sheridan](#), S. M., Koziol, N., Clarke, B. L., Rispoli, K., & Coutts, M. J. (2014). **The influence of rurality and parental affect on kindergarten children's social and behavioral functioning**. *Early Education and Development*, 25, 1057-1082.

Children's early academic achievement is supported by positive social and behavioral skills, and difficulties with these skills frequently gives way to underachievement. Social and behavioral problems often arise as a product of parent-child interactional patterns and environmental influences. Few studies have examined the role of a salient aspect of children's environments, community locale, in the relationship between parenting

practices and child outcomes. Using a large, nationally representative sample, we examined whether preschool parenting practices and children's social-behavioral skills in kindergarten were related to geographic setting (rural vs. city, suburban, and town). Results indicated that rural children experienced greater difficulties with parent-reported externalizing behaviors. Furthermore, rural parents displayed less emotional support than parents in other settings. Preschool parenting behaviors were associated with social skills and behavior problems in kindergarten, as reported by both parents and teachers. Parents' emotional supportiveness was found to account for the relationship between geographic setting and parent-reported children's social skills, such that rural parents who provided less emotional support had children with lower social skills in kindergarten. Findings of this research indicate that rural children may face particular risk for behavioral issues and highlight the need for increased behavioral supports in rural communities. Moreover, our results suggest that interventions designed to promote parents' support of children's emotions may have particular utility for rural families. Copyright © 2014 Routledge.

[Friman](#), P. C. (2013). **Treating enuresis and encopresis**. In G. P. Koocher, J. C. Norcross, & B. A. Greene (Eds.), *Psychologists' desk reference* (3rd ed.) (pp. 395-398). New York: Oxford University Press.

[Friman](#), P. C., & Shaw, S. (2013). **Exceptional clinical acumen: Comments on N'zi and Eyberg's chapter on parent child interactional therapy**. In W. O'Donohue & S. O. Lilienfeld (Eds.), *Case studies in clinical psychological science: Bridging the gap from science to practice* (pp. 17-21). Oxford, NY: Oxford University Press.

[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.

[Schoes](#), 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 as 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 ties 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 ties 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 will discuss enuresis and encopresis, the two most commonly occurring elimination disorders in children. Although the primary clinical features of both disorders are medical/organic, a fusion of medical, psychological, and behavioral literature supports biobehavioral methods of assessment and treatment as state of the art. For many years, the interpretation and treatment of both problems was governed primarily by a psychological perspective. This perspective shifted with respect to imputation of personal responsibility. Elimination disorders were initially perceived as volitional acts occurring as a function of character defect; thus, treatment tended to be highly punitive (Glicklich, 1951; Levine, 1982). Although a cultural residue of this early characterological perspective remains (i.e., children are still frequently punished for urinary and fecal accidents), toward the middle of this century the characterological position was superseded by a psychopathological perspective. This position lifted the emphasis on volition and personal responsibility and instead emphasized variables such as aberrant family dynamics and toilet training practices and their potentially maladaptive influence on subsequent psychic development (Sperling, 1982; Warson, Caldwell, Warinner, & Kirk, 1954). In the past two decades, the strictly psychopathological perspective has shifted to the aforementioned biobehavioral perspective (Friman, 1986, 1995; Friman & Chrisophersen, 1986; Houts, 1991; Levine, 1982; Mellon & Houts, 1995; Warzak & Friman, 1994). Our approach to assessment and treatment will be guided by that perspective. 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. OPEN ACCESS ARTICLE

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*, 697-699.

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

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.

Stevens, A. L., Ho, K. Y., Mason, W. A., & Chmelka, M. B. (2021). Using equipercentile equating to link scores of the CBCL and SDQ in residential youth. *Residential Treatment for Children & Youth, 38*(1), 102-113.

In data-driven residential care settings, it is sometimes necessary to change an established assessment tool due to cost and respondent burden. However, accurate assessment of youth functioning over time or across samples can be compromised when different assessments are used. Hence, the ability to crosswalk between assessments is important. The Child Behavior Checklist (CBCL) and Strengths and Difficulties Questionnaire (SDQ) screen for similar attributes and are highly correlated. The SDQ is shorter and free and can be an alternative to the CBCL. This study links the CBCL and SDQ total problem scores in a sample of 284 high-risk youth in a residential care facility, using equipercentile equating. Youth had both assessments completed on them concurrently by caregivers. The "equate" package in R Studio was used to conduct the analysis. Concordance tables were created for crosswalks from CBCL to SDQ and vice versa. Results showed linked scores that were consistent when equating from each assessment to the other. The concordance tables can serve as a comparison tool between total problem scores of each assessment. In particular, they could be a resource for residential care providers and researchers considering a switch from the CBCL to the SDQ as a resource-effective alternative. Copyright © 2021 Taylor & Francis Inc.

Tyler, P. M., Mason, W. A., Vollmer, B., & Trout, A. L. (2021). Practice to research and back in a social service agency: Trying to DO BETTER. *Child & Youth Care Forum, 50*, 149-165.

Background. There is a growing emphasis of evidence-based program requirements being integrated into social welfare policies for youth care services in the U.S. This trend highlights the need for increased practitioner understanding and involvement in the research process to develop and implement evidence-based programs for youth with emotional and behavioral disorders who receive residential services. **Objective.** The purpose of this review was to provide residential care practitioners and researchers with an understanding of a transdisciplinary translational research approach for social service agencies and the research activities that can be included. **Method.** A review of the literature from a collaborative project between a social service agency and university that resulted in the development and testing of an aftercare intervention for youth departing residential programs was used to explain the framework. **Result.** The DO BETTER framework outlines a process that (1) focuses on input from practitioners and consumers to help determine problems that impact youth and families, (2) involves research and practitioner partnerships to conduct a variety of research activities to create solutions and (3) provides results that are useful for practitioners. The research activities of the project illustrate the iterative processes of practice to research and back to practice that included youth, caregivers, practitioners, researchers, and experts from other disciplines. **Conclusion.** The framework is provided to help researchers plan for collaborative research with social service agencies, and to help non-researchers in agencies become more familiar with research activities to increase their involvement in program design, testing, implementation and sustainability. Copyright © 2021 Springer.

Patwardhan, I., Duppong Hurley, K., Lambert, M., & Ringle, J. L. (2019). **An examination of the psychometric properties and validation of the Family Resource Scale for families seeking assistance with their child's behavioral difficulties.** *Journal of Psychoeducational Assessment, 37*(3), 372-381.

Psychometric properties of the 30-item Family Resource Scale (FRS) were examined in a sample of families seeking assistance for their child's behavioral difficulties (N = 300). The FRS is a measure that assesses the adequacy of family resources across several contexts including intra-family support and personal resources. Our analyses supported a modified 29-item four-factor solution (basic needs, extra money and time, time for family, and essential) compared with the seven-factor solution provided by the developers. Results showed that families' perception of their resources as adequate across all domains was associated with better family functioning and less caregiver strain. Combined, our findings suggest modifications to the existent structure of the FRS. Copyright © 2018 SAGE.

Ringle, J. L., James, S., Ross, J. R., & Thompson, R. W. (2019). **Measuring youth residential care provider attitudes: A confirmatory factor analysis of the Evidence-Based Practice Attitude Scale.** *European Journal of Psychological Assessment, 35*, 241-247.

In this study the 15-item Evidence-Based Practices Attitude Scale (EBPAS), a measure designed to assess attitudes towards the adoption of EBPs, was collected from administrators of residential care facilities for youth in the United States. As the EBPAS was administered to a different sample for which it was originally developed (i.e., community mental health), we conducted a Confirmatory Factor Analysis to investigate if its factor structure was maintained. Results confirm the factor structure of the EBPAS as a valid measure of attitude towards evidence-based practice among youth residential care providers. Limitations and areas of future research are discussed. Copyright © 2017 Hogrefe Publishing.

Ringle, J. L., Mason, W. A., Oats, R. G., & Cogua, J. (2019). **Parenting Children and Adolescents (PARCA) Scale English to Spanish translation: An investigation of measurement invariance.** *Journal of Family Psychology, 33*(8), 938-944.

Parenting is multidimensional and dynamic, involving a complex set of behaviors as well as thousands of decisions and interactions that affect the lives of children. Numerous parenting measures have been developed over the years, but very few have been shown to have strong psychometric properties. Further, of those with strong psychometric properties, only a handful have been translated into Spanish, and these have not been well tested. Given the importance that parenting plays in the development of children and the fact that Latinos are the fastest growing minority group in the United States, there is a need for studies of general parenting measures that compare the psychometric properties of their English and Spanish versions. The current study tests measurement invariance of the English and Spanish versions of the Parenting Children and Adolescents (PARCA) scale, a brief 19-item questionnaire designed to measure parenting practices in children between the ages of 6 and 18 years. Results indicate that the PARCA was largely invariant across language groups (i.e., configural and metric invariance were supported); though a few items demonstrated differential functioning in the intercepts, effect sizes for these group differences were generally modest to negligible. Thus, findings suggest that the PARCA can be used to measure parenting dimensions and examine associations among those dimensions in studies of English- compared with Spanish-speaking parents. Copyright © 2019 American Psychological Association.

Tyler, P. M., Mason, W. A., Chmelka, M. B., Patwardhan, I., Dobbertin, M., Pope, K., Shah, N., Abdel-Rahim, H., Johnson, K., & Blair, R. J. (2019). **Psychometrics of a brief trauma symptom screen for youth in residential care.** *Journal of Traumatic Stress, 32*(5), 753-763.

Trauma screening is an important element for providing trauma-informed services to youth in residential care. Unfortunately, lack of time and resources may deter clinicians from conducting trauma screening at intake. This

study tested the psychometric properties of the Brief Trauma Symptom Screen for Youth (BTSSY), which could be used during intake into residential care. Participants included 572 youth, ages 10–18 years ($M = 14.28$ years, $SD = 2.31$), of whom 58.9% were boys, 78.7% were Caucasian, 51.7% were youth receiving services in residential care, 15.6% were youth with clinical needs, and 32.7% were typically developing youth from the local community. Participants completed the BTSSY; other questionnaires of psychopathology, childhood maltreatment, and symptomology of posttraumatic stress disorder (PTSD); and diagnostic interviews, which were conducted by licensed psychiatrists. The total BTSSY score had a good composite reliability (CR) of .80 and was valid based on a significant positive correlation, $r = .64$, with the UCLA PTSD–Reaction Index. The BTSSY score was also fair, area under the curve = .75, at detecting a diagnosis of PTSD from a psychiatrist. Significant group differences in the BTSSY scores were found between youth with a diagnosis of PTSD and the other two groups, with moderate-to-large effect sizes, $d s = 0.73–1.22$. Preliminary results indicated the BTSSY may be a useful screening tool for identifying youth at residential care intake who may need additional assessment for PTSD. Limitations and implications for future research and practice are discussed. Copyright © 2019 John Wiley & Sons, Inc.

Gross, T. J., Fleming, C. B., Mason, W. A., & Haggerty, K. P. (2017). **Alabama Parenting Questionnaire-9: Longitudinal measurement invariance across parents and youth during the transition to high school.** *Assessment, 24*(5), 646-659.

The Alabama Parenting Questionnaire nine-item short form (APQ-9) is an often used assessment of parenting in research and applied settings. It uses parent and youth ratings for three scales: Positive Parenting, Inconsistent Discipline, and Poor Supervision. The purpose of this study is to examine the longitudinal invariance of the APQ-9 for both parents and youth, and the multigroup invariance between parents and youth during the transition from middle school to high school. Parent and youth longitudinal configural, metric, and scalar invariance for the APQ-9 were supported when tested separately. However, the multigroup invariance tests indicated that scalar invariance was not achieved between parent and youth ratings. Essentially, parent and youth mean scores for Positive Parenting, Inconsistent Discipline, and Poor Supervision can be independently compared across the transition from middle school to high school. However, comparing parent and youth scores across the APQ-9 scales may not be meaningful. Copyright © 2017 SAGE.

Huscroft-D'Angelo, J., Trout, A. L., Lambert, M. C., & Thompson, R. (2017). **Reliability and validity of the Youth Empowerment Scale-Mental Health in youth departing residential care and reintegrating into school and community settings.** *Education and Treatment of Children, 40*(4), 547-570.

Empowerment has been established as an important factor in resilience in adolescence. It has also been deemed critical for youth with emotional and behavioral disorders to achieve successful outcomes across academic, social, and behavioral domains, especially during a major transition. There is currently one measure used to evaluate empowerment in youth with mental health difficulties, yet it is unclear if this is a reliable measure for youth in therapeutic residential care. The purpose of this study was to examine the reliability and validity of this measure of empowerment in a sample of youth departing therapeutic residential care ($N = 138$) and to examine whether or not specific factors contribute to varied levels of empowerment. Findings indicate that the empowerment measure is reliable and valid for use with youth departing therapeutic residential care. Overall, youth report high levels of empowerment at discharge from care. None of the predictors in the three multivariate general linear models were statistically significant. Limitations and implications are discussed. Copyright © 2017 West Virginia University Press.

Wilson, F. A., Araz, O. M., Thompson, R. W., Ringle, J. L., Mason, W. A., & Stimpson, J. P. (2016). **A decision support tool to determine cost-to-benefit of a family-centered in-home program for at-risk adolescents.** *Evaluation and Program Planning, 56*, 43-49.

Family-centered program research has demonstrated its effectiveness in improving adolescent outcomes. However, given current fiscal constraints faced by governmental agencies, a recent report from the Institute

of Medicine and National Research Council highlighted the need for cost-benefit analyses to inform decision making by policymakers. Furthermore, performance management tools such as balanced scorecards and dashboards do not generally include cost-benefit analyses. In this paper, we describe the development of an Excel-based decision support tool that can be used to evaluate a selected family-based program for at-risk children and adolescents relative to a comparison program or the *status quo*. This tool incorporates the use of an efficient, user-friendly interface with results provided in concise tabular and graphical formats that may be interpreted without need for substantial training in economic evaluation. To illustrate, we present an application of this tool to evaluate use of Boys Town's In-Home Family Services (IHFS) relative to detention and out-of-home placement in New York City. Use of the decision support tool can help mitigate the need for programs to contract experts in economic evaluation, especially when there are financial or time constraints. Copyright © 2015 Elsevier Ltd.

Duppong Hurley, K., Lambert, M. C., & Stevens, A. (2015). Psychometrics of the Symptoms and Functioning Severity Scale for high-risk youth. *Journal of Emotional and Behavioral Disorders, 23*(4), 206-214.

Youth in residential care have significant mental health needs, which require regular progress monitoring; however, very few emotional or behavioral assessments have been examined with this unique, high-risk population. This study examined the psychometrics of the Symptoms and Functioning Severity Scale (SFSS), a brief 24-item measure designed to assess the emotional and behavioral status of youth. This study examined the SFSS ratings from 143 youth with a disruptive behavior diagnosis living in a group-home facility in the Midwest and 52 of their service providers. Overall, the findings suggest that the psychometrics of the SFSS, when rated by staff or youth, were similar to the original outpatient clinical samples. More specifically, the Rasch analyses indicate that the SFSS items and the overall scale are performing adequately, and the confirmatory factor analyses replicated the two-factor structure for staff. However, the fit of the two-factor model was less compelling for youth ratings. In all, the brief SFSS seems a promising measure for assessing problem severity for youth in residential care. Copyright © 2014 Hammill Institute on Disabilities and SAGE.

Duppong Hurley, K., Lambert, M., Epstein, M. H., & Stevens, A. (2015). Convergent validity of the strength-based Behavioral and Emotional Rating Scale with youth in a residential setting. *The Journal of Behavioral Health Services & Research, 42*(3) 346-354.

Strength-based assessment has been identified as an appropriate approach to use in planning treatment and evaluating outcomes of youth in residential settings. In previous research, the *Behavioral and Emotional Rating Scale-2*, a standardized and norm-referenced strength-based measure, has demonstrated adequate reliability and validity with youth served in community and educational settings. The purpose of the present study was to examine the internal reliability and convergent validity of the BERS-2 by comparing the test to the *Child Behavior Checklist* and the *Symptoms and Functioning Severity Scale*. The results indicate that the scores from the BERS-2 are internally consistent and converge with other behavioral and emotional measures which, taken together, suggest that the BERS-2 could be acceptable for assessing the emotional and behavioral strengths of youth in residential settings. Study limitations and future research directions are identified. Copyright © 2014 Springer.

Gross, T. J., Duppong Hurley, K., Lambert, M. C., Epstein, M. H., & Stevens, A. L. (2015). Psychometric evaluation of the Symptoms and Functioning Severity Scale (SFSS) Short Forms with out-of-home care youth. *Child & Youth Care Forum, 44*, 239-249.

There is a need for brief progress monitoring measures of behavioral and emotional symptoms for youth in out-of-home care. The Symptoms and Functioning Severity Scale (SFSS; Bickman et al. in *Manual of the peabody treatment progress battery*. Vanderbilt University, Nashville, 2010) is one measure that has clinician and youth short forms (SFSS-SFs); however, the psychometric soundness of the SFSS-SFs with youth in out-of-home care has yet to be examined. The objective was to determine if the psychometric characteristics of the

clinician and youth SFSS-SFs are viable for use in out-of-home care programs. The participants included 143 youth receiving residential treatment and 52 direct care residential staff. The current study assessed internal consistency and alternate forms reliability for SFSS-SFs for youth in a residential care setting. Further, a binary classification test was completed to determine if the SFSS-SFs similarly classified youth as the SFSS full version for low- and elevated-severity. The internal consistency for the clinician and youth SFSS-SFs was adequate ($\alpha = .75-.82$) as was the parallel forms reliability ($r = .85-.97$). The sensitivity (0.80–0.95), specificity (0.88–0.97), and overall accuracy (0.89–0.93) for differentiating low and elevated symptom severity was acceptable. The clinician and youth SFSS-SFs have acceptable psychometrics and may be beneficial for progress monitoring; however, more research is needed to assess their sensitivity to change over time in out-of-home programs. Copyright © 2014 Springer.

Lambert, M. C., Duppong Hurley, K., Gross, T. J., Epstein, M. H., & Stevens, A. L. (2015). **Validation of the Symptoms and Functioning Severity Scale in residential group care.** *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 356-362.

Tests that measure the emotional and behavioral problems of children and youth are typically not normed and standardized on youth diagnosed with disruptive behavior, particularly those youth in residential care. Yet professional standards mandate that before instruments are used with a specific population the psychometric properties need to be studied and re-established: specifically, psychometric properties, including validity, need to be evaluated (AERA, APA, and NCME, The standards for educational and psychological testing. AERA, Washington, DC, 1999). The purpose of the present study was to assess the validity characteristics of the Symptoms and Functioning Severity Scale (SFSS; Bickman et al., Manual of the Peabody Treatment Progress Battery, Vanderbilt University, Nashville, TN, 2010), a widely used test developed for use in outpatient clinics, with youth in a residential care program. The convergent validity of the SFSS was established with the large correlations (0.78–0.86) with the CBCL. Several binary classification analyses including specificity, area under the receiver operating characteristic curve, positive and negative likelihood ratios, and the Youden Index supported the validity of the SFSS. However, the sensitivity index was somewhat low indicating the test may produce a high level of false negatives. Limitations, future research and implications are discussed. Copyright © 2014 Springer.

Mason, W. A., Brown, E. C., Fleming, C. B., & Haggerty, K. P. (2015) **Growth redefined in terms of preventing drug use and delinquency.** In Scheier, L. M. (Ed.), *Handbook of adolescent drug use prevention* (pp. 479-497). Washington, DC: American Psychological Association.

This chapter examines latent growth curve modeling (LGM) as a flexible tool for testing the effects of drug use and delinquency preventive interventions. The chapter reviews basic LGM and describes extensions of the model, such as parallel process and two-part LGMs, that can be used to examine nuanced research questions of interest to prevention science (e.g., mediation). Caveats are noted, and the chapter concludes by encouraging drug use and delinquency prevention researchers to increase their use of LGM to test theory-driven hypotheses about intervention effects. It is our hope that this chapter, which is conceptual and illustrative in nature, will help expand the ways in which researchers examine hypothesized processes of change relevant to the fields of drug use and also delinquency prevention. We begin the chapter with a general overview of basic LGM, including unconditional and conditional latent growth curve models. Next, we illustrate how basic LGM can be used to test randomized preventive interventions. Then, we discuss extensions of LGM that can be used to examine specific questions about hypothesized program effects. We address LGM for testing hypothesized intervention-induced mediating processes and discuss two-part models for examining differential prevention effects on the multiple dimensions of complex, time-varying outcome variables. Recent advancements in models for testing preventive intervention effects across latent or unobserved trajectory groups also are reviewed briefly, as are developments in so-called shared-parameters models, which combine LGM with other longitudinal data analytic techniques, such as survival analysis. Concluding the chapter are some cautionary notes and a discussion of future research directions. Copyright © 2015 American Psychological Association.

Berlin, K. S., Parra, G. R., & Williams, N. A. (2014). **An introduction to latent variable mixture modeling (Part 2): Longitudinal latent class growth and growth mixture models.** *Journal of Pediatric Psychology, 39*(2), 188-203.

Pediatric psychologists are often interested in finding patterns in heterogeneous longitudinal data. Latent variable mixture modeling is an emerging statistical approach that models such heterogeneity by classifying individuals into unobserved groupings (latent classes) with similar (more homogenous) patterns. The purpose of the second of a 2-article set is to offer a nontechnical introduction to longitudinal latent variable mixture modeling. Three latent variable approaches to modeling longitudinal data are reviewed and distinguished. Step-by-step pediatric psychology examples of latent growth curve modeling, latent class growth analysis, and growth mixture modeling are provided using the Early Childhood Longitudinal Study-Kindergarten Class of 1998–1999 data file. Latent variable mixture modeling is a technique that is useful to pediatric psychologists who wish to find groupings of individuals who share similar longitudinal data patterns to determine the extent to which these patterns may relate to variables of interest. Copyright © 2014 The Author.

Berlin, K. S., Williams, N. A., & Parra, G. R. (2014). **An introduction to latent variable mixture modeling (Part 1): Cross sectional latent class and latent profile analyses.** *Journal of Pediatric Psychology, 39*(2), 174-187.

Pediatric psychologists are often interested in finding patterns in heterogeneous cross-sectional data. Latent variable mixture modeling is an emerging person-centered statistical approach that models heterogeneity by classifying individuals into unobserved groupings (latent classes) with similar (more homogenous) patterns. The purpose of this article is to offer a nontechnical introduction to cross-sectional mixture modeling. An overview of latent variable mixture modeling is provided and 2 cross-sectional examples are reviewed and distinguished. Step-by-step pediatric psychology examples of latent class and latent profile analyses are provided using the Early Childhood Longitudinal Study–Kindergarten Class of 1998–1999 data file. Latent variable mixture modeling is a technique that is useful to pediatric psychologists who wish to find groupings of individuals who share similar data patterns to determine the extent to which these patterns may relate to variables of interest. Copyright © 2014 The Author. Published by Oxford University Press on behalf of the Society for Pediatric Psychology.

Brown, C. H., Mason, W. A., & Brown, E. C. (2014). **Translating the intervention approach into an appropriate research design: The next-generation adaptive designs for effectiveness and implementation research.** In Z. Sloboda, & H. Petras (Eds.), *Handbook of drug abuse prevention* (pp. 363-387). New York: Springer.

New prevention approaches require innovative research designs to maximize our ability to obtain answers to research questions. This chapter provides an overview of new research designs that address both effectiveness and implementation research in prevention. It also includes a discussion of what we have called adaptive or hybrid designs that integrate the concepts of effectiveness and implementation into an ongoing trial. These adaptive designs have the flexibility to adapt to changes in research questions and yet maintain the rigor associated with randomized control trials. We illustrate these approaches with examples from recent studies and point the way toward the design of future trials for prevention. Copyright © 2015 Springer.

Duppong Hurley, K., Huscroft, J., Trout, A., Griffith, A., & Epstein, M. (2014). **Assessing parenting skills and attitudes: A review of the psychometrics of parenting measures.** *Journal of Child and Family Studies, 23*(5), 812-823.

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 © 2014 Springer.

Lambert, M. C., Epstein, M. H., Ingram, S. D., Simpson, A., & Bernstein, S. (2014). Psychometrics and measurement invariance of the Emotional and Behavioral Screener. *Behavioral Disorders, 39*(2), 89-101.

Many students who exhibit behavioral and emotional problems during adolescence often show less severe problems in school in early grades. Screening for these early indicators can help educational professionals direct support to students who are more likely to benefit from increased support. The screening protocol needs to be psychometrically sound, accurate in identifying students at risk, and resource efficient. The present study explored the psychometric properties of a brief behavioral screener—the 10-item Emotional and Behavioral Screener (EBS)—for a sample of 5,109 first-grade students assessed as part of a universal screening process. Confirmatory factor analysis and Rasch measurement techniques were used in conjunction to evaluate the factorial validity, item quality, rating scale functioning, and measurement invariance across gender of the EBS. Results indicated that the EBS has largely strong psychometric properties, with a few notable exceptions: potential multidimensionality, significant differential item functioning across gender, and only moderate differentiation between rating-scale categories (i. e., response options). Limitations and directions for research to clarify some remaining questions about this screening procedure are also discussed. Copyright © 2014 Council for Exceptional Children.

Duppong Hurley, K., Lambert, M., Van Ryzin, M., Sullivan, J., & Stevens, A. (2013). Therapeutic alliance between youth and staff in residential group care: Psychometrics of the Therapeutic Alliance Quality Scale. *Children and Youth Services Review, 35*(1), 56-64.

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 © 2013 Elsevier Ltd.

Hoffman, S., Lambert, M., Nelson, T. D., Trout, A. L., Epstein, M. H., & Pick, R. (2013). Confirmatory factor analysis of the PedsQL among youth in a residential treatment setting. *Quality of Life Research, 22*, 2151-2157.

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 © 2013 Springer.

Lambert, M. C., Duppong Hurley, K., Athay Thomlinson, M., & Stevens, A. (2013). **Measurement properties of the Motivation for Youth Treatment Scale with a residential group home population.** *Child & Youth Care Forum*, 42(6), 555-570.

Background. A client's motivation to receive services is significantly related to seeking services, remaining in services, and improved outcomes. The Motivation for Youth Treatment Scale (MYTS) is one of the few brief measures used to assess motivation for mental health treatment. **Objective.** To investigate if the psychometric properties of the MYTS previously found for youth receiving outpatient treatment would be replicated in a sample of youth entering residential care. **Methods.** The study was conducted at a large residential group care agency in the Midwest with 145 youth who completed the 8-item MYTS upon intake into the group homes. To investigate the psychometrics of the MYTS, we used classical test theory, Rasch modeling, and confirmatory factor analysis approaches. **Results.** Most of the psychometric properties were strong and replicated previous research in outpatient settings. The primary divergent finding was that the two subscales, problem recognition and treatment readiness were not significantly correlated in the residential sample, in contrast to the moderate correlations found in outpatient samples. **Conclusions.** The MYTS can be recommended for use in residential settings, however, researchers and practitioners should carefully examine the sub-scale scores. Future research needs to replicate these findings in residential settings and further explore why the two subscales are minimally correlated. Copyright © 2013 Springer.

Snyder, G. S., & Shaw, S. (2013). **Applications of small-n research design in child and adolescent sexuality.** In D. Bromberg, & W. O'Donohue (Eds.) *Handbook of child and adolescent sexuality: Developmental and forensic psychology*. London: Elsevier.

Human sexuality, sexual development, and remediation of problematic sexual behaviors are equally accessible to small-n methods. We will provide readers with an introduction to the use of small-n methods, and will include examples and consideration for normative and problematic sexualized behavior of children and adolescents, though we have included some examples of adult populations because of the paucity of existing research with children and adolescents. Although we are ardent supporters of small-n designs ourselves, we acknowledge that they are not a panacea. Copyright © 2013 Academic Press.

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.

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.

Swearer, S. M., Siebecker, A. B., Johnson-Frerichs, L. A., & Wang, C. (2010). 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. 305-327). 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 © 2010 Routledge.

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.

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 & 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

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.

Farley, J., Duppong Hurley, K., Lambert, M. C., & Gross, T. J. (in press). **Profiles of behavioral, academic, and demographic characteristics of middle school students with emotional or behavioral needs.** *Journal of Emotional and Behavioral Disorders*.

Often the characteristics of students with emotional and behavioral disturbances (EBDs) are described in terms of how they compare to students with and without other disabilities. However, such a conceptualization or categorization may overshadow differences that exist among these youth, and few studies examine unique subpopulations within this group. To explore meaningful differences and similarities among students with EBD, which could help to facilitate customization of interventions and supports, we conducted a latent profile analysis of over 300 middle school student receiving special education services for emotional or behavioral needs. Results identified four profiles using demographic variables, school setting (alternative school or not), teacher ratings of behavior and academic competence, and parent report on child suspensions. Criterion variables were then tested, with significant differences identified in use of mental health services, parent empowerment, and caregiver strain. However, significant differences were not found in parent satisfaction with school. Limitations, implications, and the need for additional research are discussed. Copyright © 2022 Hammill Institute on Disabilities.

Farley, J., Huscroft-D'Angelo, J., Duppong Hurley, K., Aitken, A. A., & Trout, A. L. (2022). **Teacher perspectives on information sharing and parent knowledge of special education.** *Journal of At-Risk Issues, 24(1), 1-12*. OPEN ACCESS ARTICLE

Policy and professional standards shape the way that special education teachers partner with parents. Such partnership is key to engaging parents in the process of special education and can serve as the foundation for collaboration and information sharing. Although the literature describes recommendations for how teachers can provide information to parents, few studies examine what information teachers provide. The purpose of this exploratory study was to investigate how teachers perceive school information sharing and parents' knowledge relative to special education. To understand these perspectives, we developed and piloted the Parent Knowledge and Resources in Special Education--Teacher Version survey, with a group of 142 special education teachers. Results indicated that 67.6% of teachers perceived parents to be satisfied or very satisfied with the special education information received from schools. However, teachers had varied perspectives on how well parents understand special education, and the majority (56%) did not feel resources and supports to help parents better understand special education exist. Teachers perceived that schools most frequently encouraged parents to access information through conversations with teachers (75.9%), conversations with school administrators (44.4%), and paper handouts provided by the school (41.9%). Teachers also reported that how well school districts provided information varied by special education topic. We also identify implications of the study results and areas for future research. Copyright © 2022 National Dropout Prevention Center.

[Huscroft-D'Angelo, J., Farley, J., Duppong Hurley, K., Lambert, M., & Trout, A. \(2022\). Engaging parents in special education: An examination of knowledge and access to resources. *Exceptionality*, 30\(3\), 201-214.](#)

Parental engagement in special education promotes positive student outcomes and parent-school relationships. In order to promote engagement, parents must possess a basic knowledge and understanding of special education processes and parent and student rights. Little is known regarding parental knowledge about special education or how they learn about and access information on the special education process. This exploratory study surveyed 133 parents of students with disabilities to identify how they received special education related information, specific information received or searched across primary special education topics, and their perceived current and retrospective understanding of these topics as well as how these may differ based on specific parent and special education status characteristics. Findings indicate that parents gain the majority of information from personal communication (i.e., conversations with special education teachers, other parents), often independently search out additional information on key aspects of special education, and feel most knowledgeable about Individualized Education Programs (IEPs) and least knowledgeable about the legal aspects of special education. Significant differences were noted on some family characteristics in areas of satisfaction with resources, overall special education knowledge, and ways in which parents obtain information (e.g., school or on their own). Limitations, implications, and future research are discussed. Copyright © 2022 Taylor & Francis.

[Lambert, M. C., Duppong Hurley, K., January, S.-A., & Huscroft D'Angelo, J. \(2022\). The role of parental involvement in narrowing the academic achievement gap for high school students with elevated emotional and behavioral risks. *Journal of Emotional and Behavioral Disorders*, 30\(1\), 54-66. OPEN ACCESS ARTICLE](#)

Parental involvement in school is an undoubtedly important element of a student's educational experience and outcomes. Students with elevated emotional and behavioral risks (EBR) tend to experience poor educational outcomes, and research suggests varying levels of parental involvement across domains for these at-risk students. However, there is minimal research on the links between elevated EBR, parental involvement, and academic achievement for high school students. The purpose of this study was to examine the degree to which (a) parental involvement differed between high school students with elevated EBR and students without EBR, (b) parental involvement was related to academic outcomes, and (c) the gap in academic achievement between students with elevated EBR and students without EBR could be attributed to differences in parental involvement. To address these questions, we fit a structural equation model using data from the High School Longitudinal Survey of 2009. The results demonstrated that (a) parental involvement was significantly lower in multiple domains for students with elevated EBR, (b) was significantly associated with academic outcomes, and (c) differences in parental involvement could account for a significant proportion of the achievement gap. Research limitations, directions for future research directions, and implications are discussed. Copyright © 2022 Hammill Institute on Disabilities.

[Lupas, K. K., Mavrakis, A., Altszuler, A., Tower, D., Gnagy, E., MacPhee, F., Ramos, M., Merrill, B., Ward, L., Gordon, C., Schatz, N., Fabiano, G., & Pelham, W. \(2021\). The short-term impact of remote instruction on achievement in children with ADHD during the COVID-19 pandemic. *School Psychology*, 36\(5\), 313-324.](#)

There is nationwide concern that the abrupt transition to remote instruction in response to the Coronavirus disease (COVID-19) pandemic will have detrimental impacts on student learning. As a uniquely vulnerable group within schools, students with disabilities like attention deficit hyperactivity disorder (ADHD) may be at enhanced risk for these negative outcomes. The present study features a unique examination of achievement scores, collected for two Cohorts (2018–2019, 2019–2020) of students with ADHD. By collecting achievement data in both the fall and spring for each Cohort, direct comparisons between changes in achievement for Cohort One (2018–2019) can be made to those in Cohort Two (2019–2020). Analyses summarized remote learning practices, within-group changes in achievement data over time for Cohort Two, and between-group differences in score changes over time for Cohorts One and Two. Teachers used a variety of remote learning

approaches, including videoconferencing and independently completed assignments. Student achievement scores in both Cohorts significantly improved from fall to spring. No significant differences were found in score growth between the Cohorts, indicating that the move to remote instruction did not have a differentially negative impact on Cohort Two. Implications focus on the promise of well-delivered remote instruction, and the need to examine individual factors (such as poor internet access) that may exacerbate the risk of students with disabilities receiving remote instruction. (PsycInfo Database Record (c) 2022 APA, all rights reserved) Copyright © 2021, American Psychological Association

Gross, T. J., Duncan, J., Kim, S. Y., Mason, W. A., & Haggerty, K. P. (2019). **Predicting school suspension risk from eighth through tenth grade using the Strengths and Difficulties Questionnaire.** *Contemporary School Psychology, 23*, 270-289.

The current study examined (1) if the Strengths and Difficulties Questionnaire (SDQ) would yield alternative factor structures related to either symptoms or strengths with early adolescent students when an exploratory factor analysis (EFA) is used; (2) which scales best predicted suspensions of typically developing early adolescents; and (3) what cutoff scores were useful for identifying youth at risk for suspensions. The current study included 321 parent-student dyads, who were followed from the middle of eighth grade until the end of tenth grade. A symptoms-based EFA yielded three factors: Misbehavior, Isolation, and Agitation. A strength-based EFA yielded three factors, as well: Emotional, Social, and Moral competence. Logistic regression path analyses were used to predict risk of any suspension at the end of eighth, ninth, and tenth grades. The predictor variables were the original SDQ Conduct Problems and Hyperactivity scales in one model, the Misbehavior and Agitation scales in a second model, and the Emotional and Moral competence scales in the third model. Only the Misbehavior scale consistently predicted suspensions across each grade ($b = .27$, $OR = 1.32$, $p < .001$; $b = .15$, $OR = 1.18$, $p = .029$; $b = .17$, $OR = 1.18$, $p = .029$, respectively). For the Misbehavior scale, cutoff scores were established that reflected the 75th and 90th percentile; however, each cutoff demonstrated strengths and weaknesses for identifying at-risk students. The expectation of screening to identify youth at risk for suspensions, a complex school discipline decision, is discussed. Copyright © 2018 Springer.

Wood, L., Kiperman, S., Esch, R. C., Leroux, A., & Truscott, S. (2017). **Predicting dropout using student- and school-level factors: An ecological perspective.** *School Psychology Quarterly, 32*(1), 35-49.

High school dropout has been associated with negative outcomes, including increased rates of unemployment, incarceration, and mortality. Dropout rates vary significantly depending on individual and environmental factors. The purpose of our study was to use an ecological perspective to concurrently explore student- and school-level predictors associated with dropout for the purpose of better understanding how to prevent it. We used the Education Longitudinal Study of 2002 dataset. Participants included 14,106 sophomores across 684 public and private schools. We identified variables of interest based on previous research on dropout and implemented hierarchical generalized linear modeling. In the final model, significant student-level predictors included academic achievement, retention, sex, family socioeconomic status (SES), and extracurricular involvement. Significant school-level predictors included school SES and school size. Race/ethnicity, special education status, born in the United States, English as first language, school urbanicity, and school region did not significantly predict dropout after controlling for the aforementioned predictors. Implications for prevention and intervention efforts within a multitiered intervention model are discussed. Copyright © 2017 American Psychological Association.

Craig, J. T., Gregus, S. J., Elledge, L. C., Pastrana, F. A., & Cavell, T. A. (2016). **Preliminary investigation of the relation between lunchroom peer acceptance and peer victimization.** *Journal of Applied Developmental Psychology*, *43*, 101-111.

Less structured school settings such as lunchrooms and playgrounds occasion more frequent instances of peer victimization than structured classroom settings (Fite et al., 2013; Vaillancourt et al., 2010) but, also provide students with the opportunity for social exchanges that can further their social development (Boulton, 1999; Low et al., 2010). We hypothesized that lunchroom-specific peer acceptance would predict children's level of peer victimization even when controlling for classroom-based social preference scores. Peers completed measures of acceptance, and children, teachers, and peers completed measures assessing peer victimization. As expected, lunchroom-specific peer acceptance differed significantly for rejected versus preferred/average children and for victims versus non-victims. Results also revealed that lunchroom-specific acceptance predicted concurrent levels of peer victimization when controlling for class-wide social preference scores. Findings suggest that children's acceptance by lunch mates is a potentially important parameter to consider when assessing or intervening with children who experience difficulties with peer relationships. Copyright © 2015 Elsevier Ltd.

Jimerson, S. R., Brock, S. E., & Brown, J. A. (2013). **Immediate school-based intervention following violent crises.** In C. Franklin, M. B. Harris, & P. Allen-Meares (Eds.), *The school services sourcebook* (2nd ed., pp. 579-589). New York, NY: Oxford University Press.

This chapter provides a brief review of the practice and theory of school-based crisis intervention. To support the implementation of these activities, this chapter provides a framework for conceptualizing the elements of school crisis intervention, reviews specific school crisis interventions, and discusses relevant research. It concludes with an overview of the school crisis intervention process and provides a case illustration. Copyright © 2013 Oxford University Press.

Stifel, S. W. F., Brown, J. A., Jimerson, S. R., & Dowdy, E. (2013). **Integrating email communication with counseling at school.** *School Mental Health*, *5*, 110-118.

Children are immersed in technology, from television to the Internet, and increasingly, education curricula have embraced the powerful potential of integrating technology to facilitate student learning and success. However, to date, researchers and practitioners have not fully considered the potential for technology to help counselors access and enhance their empirically supported counseling services in schools. This article aims to fill this gap by initiating a discussion about the key considerations, merits, and limitations of using email with counseling services in schools. Beginning with a brief literature review, recent research describing the scope and potential benefits of telemental health is discussed. Specific legal and ethical considerations are outlined, as well as recommendations for counselors to consider when implementing this tool in counseling. This article also presents a case study to illustrate the key considerations in using email when counseling a student. Finally, future directions related to use of technology with counseling at school are explored. Copyright © 2013 Springer.

Watanabe, Y., & Brown, J. A. (2013). **Preventative education in Canada.** In K. Yamazaki, Y. Toda, & Y. Watanabe (Eds.), *School-based preventive education in the world* (pp. 82-89). Japan: Kaneko-Shobo.

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 who are 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 (χ^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.

[Siebecker](#), 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 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

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

Cumming, M. M., Poling, D. V., Patwardhan, I., & Ozenbaugh, I. C. (2023). **Executive function in kindergarten and development of behavioral competence: The moderating role of positive parenting practices.** *Early Childhood Research Quarterly, 60*, 161-172. (article in press in 2022)

The present study used data from the Early Childhood Longitudinal Study–Kindergarten Cohort of 2011 (N = 15,827; 51.1% male; 48.4% White, 13.5% Black/African-American, 24.3% Hispanic/Latinx, 7.5% Asian, and 6.3% other ethnicity) to examine the unique contribution of specific executive function processes (working memory and cognitive flexibility) at kindergarten entry on externalizing and internalizing behavior problems in spring of kindergarten, after controlling for fall behavior problems and demographic covariates. Due to the transition to elementary school being a critical identification and prevention period, we also focused on examining the moderating role of specific positive parenting practices (i.e., cognitive stimulation, warmth, and behavior management) on associations between child executive function processes and behavioral functioning. Results indicated working memory was negatively associated with parent-reported externalizing and teacher-rated internalizing behavior problems. Further, the association between working memory and parent-rated externalizing problems was moderated by cognitive stimulation, whereas the association between parent-rated internalizing problems was moderated by behavior management. Cognitive flexibility did not have any significant associations. We discuss implications for research and practice on how parenting practices may be leveraged to improve child outcomes. Copyright © 2022 Elsevier.

Guo, Y., Fleming, C. B., Patwardhan, I., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **A comparison of task-based and questionnaire assessments of executive control aspects in relation to adolescent marijuana initiation.** *Cannabis, 6*(1), 65-78. OPEN ACCESS ARTICLE (article in press in 2022)

Prior research has linked deficits in executive control (EC) to marijuana use in adolescents but has relied either primarily on adolescent self-report of EC or task-based EC, and focused on limited aspects of EC, usually inhibitory control. We examined unique associations of three established aspects of EC (inhibitory control, working memory, and flexible shifting) assessed with both performance on laboratory tasks and self-report in relation to marijuana initiation. Participants were 260 youth (ages 14-18 years) from a small Midwestern city in the United States enrolled in the adolescent phase (beginning in 2017) of an ongoing study of EC development recruited originally between 2006 and 2012 (46% male, 72% European American). The three aspects of executive control were measured in a laboratory setting with well-established performance-based measures and with a psychometrically-sound self-report survey instrument. Youth also provided self-report of marijuana initiation in a phone survey administered during their laboratory visit. Multiple logistic regression analysis indicated that flexible shifting as measured by a performance-based task was negatively and uniquely associated with marijuana initiation (AOR = 0.68, 95% CI = 0.48 – 0.91), and self-reported deficits in inhibitory control were positively associated with marijuana initiation (AOR = 1.92, 95% CI = 1.15 – 3.21). Although larger-scale longitudinal research is needed, findings of this study suggest that

screening efforts to identify youth at risk of marijuana initiation might rely on more cost-effective self-report assessment of inhibitory control, but further valuable information can come from more resource-intensive but sensitive performance-based assessment of flexible shifting. Copyright © 2023 Authors et al.

Nguyen, P. T., Gordon, C. T., Owens, E. B., & Hinshaw, S. P. (in press). **Patterns of childhood adversity among women with and without childhood ADHD: Links to adult psychopathology and global functioning.** *Research on Child and Adolescent Psychopathology*.

We examine the outcomes associated with childhood adversity for women with and without carefully diagnosed childhood ADHD, via an ethnically diverse sample of 140 participants with ADHD ($M_{age} = 9.7$) and 88 age- and ethnicity-matched comparisons ($M_{age} = 9.4$). At adult follow-up, we retained 211 of the original 228 participants (92.6%; $M_{age} = 25.6$). We used latent class analysis to identify patterns of childhood adversity and examine their association with adult global functioning and psychopathology. Key findings: (1) Four childhood adversity classes emerged (Low Exposure, Familial Dysfunction, Emotional Maltreatment, Pervasive Exposure); (2) Childhood ADHD predicted membership in the Emotional Maltreatment class; and (3) Childhood adversity classes were differently associated with adult outcomes, such that membership in both the Emotional Maltreatment and Pervasive Exposure classes predicted significantly higher internalizing and externalizing symptoms as well as significantly lower global functioning than women in the Low Exposure class. Furthermore, compared to the Emotional Maltreatment class, the Familial Dysfunction class had lower externalizing symptoms, whereas the Pervasive Exposure class had lower global functioning and higher internalizing symptoms by adulthood. Findings provide information about girls and women who could be targeted for intervention in terms of ADHD behavior patterns plus adverse experiences in childhood. Beyond limitations, we discuss the need to investigate the confluence of neurodevelopmental conditions and adverse child events with respect to maladaptive outcomes. Copyright © 2022 Springer.

Patwardhan, I., Guo, Y., Hamburger, E. R., Sarwar, S., Fleming, C. B., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **Childhood executive control and adolescent substance use initiation: The mediating roles of physical and relational aggression and prosocial behavior.** *Child Neuropsychology*, 29 (2), 235-254. (article in press in 2022)

Although predictive associations between childhood executive control (EC) and adolescent substance use have been established in prior research, the developmental pathways involved in these long-term links have not been well understood. The goal of the current study was to investigate the degree to which aggressive behaviors, including both physical and relational aggression, and prosocial behaviors in elementary school operate as developmental pathways between preschool EC and adolescent substance use, while accounting for participants' age, sex, family history of substance use, and family socioeconomic status. Participants were 329 youth (49% male; 63.6% European American) who were recruited to participate in a study between 2006 and 2012 while youth were in preschool and elementary school and followed into adolescence. The sample was recruited from a small Midwestern city in the United States. EC was assessed with performance-based tasks when children were 5 years 3 months. Youth behaviors with peers were reported by teachers when participants were in elementary school. Self-reports of the substance use initiation (e-cigarettes, cigarettes, alcohol, and marijuana) were obtained in adolescence via phone surveys. Mediation analyses revealed a statistically significant indirect effect from preschool EC to adolescent substance use through youth's engagement in relational aggression in elementary school ($b = > -0.22 [-0.51; -0.08]$; $\beta = > -0.18$). Our results suggest that developmental pathways to adolescent substance use may begin in preschool, setting the stage for susceptibility to engagement in relational aggression, which increases, in turn, youth's likelihood for substance use initiation in adolescence.

Published

[Herrenkohl, T. I., Fedina, L., Roberto, K. A., Raquet, K. L., Hu, R. X., Rousson, A. N., & Mason, W. A. \(2022\). **Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course.** *Trauma, Violence, & Abuse, 23*\(1\), 314-328.](#)

This article reports the results of a scoping review of the literature on life-course patterns of violence that span the developmental periods of childhood, adolescence, and early and middle adulthood. We also assess the evidence on elder mistreatment and its relation to earlier forms of violence. Additionally, we draw on theories and empirical studies to help explain the transmission of violence over time and relational contexts and the factors that appear to mitigate risks and promote resilience in individuals exposed to violence. Results suggest that encounters with violence beginning in childhood elevate the risk for violence in subsequent developmental periods. The strongest connections are between child maltreatment (physical abuse, emotional abuse, sexual abuse, and neglect) and violence in adolescence and between violence in adolescence and violence in early and middle adulthood. Persistence of violence into older adulthood leading to elder mistreatment is less well-documented, but probable, based on available research. We conclude that more attention should be paid to studying developmental patterns and intersecting forms of violence that extend into old age. To eradicate violence in all its forms, considerably more must be done to increase awareness of the repetition of violence; to connect research to actionable steps for prevention and intervention across the life course; and to better integrate systems that serve vulnerable children, youth, and adults. Primary prevention is essential to breaking the cycle of violence within families and to alleviating the risks to children caused by poverty and other external factors such as social disconnection within communities. Copyright © 2020 SAGE Journals.

[Fleming, C. B., Mason, W. A., Stevens, A. L., Jaffe, A. E., Cadigan, J., Rhew, I. C., & Lee, C. M. \(2021\). **Antecedents, concurrent correlates, and potential consequences of young adult solitary alcohol use.** *Psychology of Addictive Behaviors, 35*\(5\), 553-564.](#)

Objective: Research on young adults has found solitary alcohol use to be positively associated with negative emotions, coping motives for drinking, and negative alcohol-related consequences, but most research has been cross-sectional and based on samples of college students. We examined associations across multiple time points within a sample that was diverse with respect to educational status and age. Methods: A community sample (N = 754, ages 18–26; 56% female) completed surveys at baseline, monthly for 2 years, and at 30-month postbaseline. Multilevel and single-level regression models assessed longitudinal and concurrent associations between solitary drinking and potential correlates, adjusting for frequency of alcohol use. Results: Moderate depressive symptoms at baseline were associated with a greater likelihood of solitary drinking in drinking months in the subsequent 2 years (Adjusted Odds Ratio [AOR] = 2.22, 95% CI [1.54–3.20]). During those 2 years, both depressive symptoms and coping motives were positively concurrently associated with solitary drinking at the between- and within-person level. Although solitary drinking in a particular month had a small and nonsignificant association with negative alcohol-related consequences, the proportion of drinking months that involved solitary drinking was positively associated with negative alcohol-related consequences across months. More solitary drinking during monthly data collection was associated with greater likelihoods of hazardous drinking and moderate depressive symptoms at 30-month follow-up, but these associations were not statistically significant after adjusting for earlier measures of drinking and depressive symptoms. Conclusions: The findings point to the importance of considering the drinking context when screening and providing treatment for alcohol misuse. Copyright © 2021 APA.

Guo, Y., Fleming, C. B., Stevens, A. L., Swaim, R. C., & Mason, W. A. (2021). **Correlates of solitary alcohol and cannabis use among American Indian adolescents.** *Drug and alcohol dependence, 221, Part A, 109155.*

Background. Solitary substance use, or using substances while alone, is common among adolescents but understudied. This is the first study to examine solitary substance use among American Indian (AI) adolescents. The objective was to examine correlates of solitary alcohol use and solitary cannabis use that occur within the individual, family, school, peer, and cultural domains of the social ecology. Method. Data were from the 2009–2013 Drug Use Among Young American Indians Study, a cross-sectional cohort study. Two sets of hierarchical logistic regressions were conducted to examine solitary alcohol use (getting drunk) among lifetime alcohol users ($n = 2082$; $M^{\text{age}} = 15.12$ years; $SD = 1.68$; 54.2% female) and solitary cannabis use among lifetime cannabis users ($n = 2085$; $M^{\text{age}} = 14.99$ years; $SD = 1.69$; 50.5% female), including adjustment for level of substance involvement. Results. Prevalence of solitary alcohol use among lifetime drinkers was 24.9%. Among lifetime cannabis users, 53.6% reported solitary cannabis use. Regression analyses for solitary alcohol use showed statistically significant positive associations with coping motive, descriptive norms, violent behavior, depression, peer models for use, and (unexpectedly) peer sanctions against use and a negative association with family sanctions against use. Regression analyses for solitary cannabis use showed statistically significant positive associations with coping motive, violent behavior, and peer models for use and a negative association with family sanctions against use. Conclusions. Solitary alcohol and cannabis use are prevalent among AI adolescents and might, in particular, reflect attempts to cope with adversity. Findings could help guide the development of screening and prevention efforts. Copyright © 2021 Elsevier.

Mason, W. A., Patwardhan, I., Fleming, C. B., Stevens, A. L., James, T. D., Nelson, J. M., Espy, K. A., & Nelson, T. D. (2021). **Associations of childhood executive control with adolescent cigarette and E-cigarette use: Tests of moderation by poverty level.** *Addictive Behaviors, 119, 106923.*

Background. Adolescent cigarette smoking has continued to decline, whereas electronic cigarette (e-cigarette) use has increased dramatically among youth. Nicotine use in any form, even at low levels, during adolescence can have adverse consequences, particularly for low-income individuals. To elucidate potential early intervention targets, this study examined childhood executive control (EC), a set of cognitive processes for directing attention and behavior, in relation to adolescent cigarette and e-cigarette onset, testing for differential prediction by poverty level. Method. Participants were 313 children (51% female, 64% European American) recruited in a small city in the Midwestern United States beginning in 2006 and then followed into adolescence between ages 14 and 16 years. EC was measured in the laboratory with performance-based tasks when children were age 5 years, 3 months. Self-reports of cigarette onset and e-cigarette onset were obtained in adolescence ($M^{\text{age}} = 15.65$ years). Overall, 24% of the sample was at or below the poverty line. Results. Cigarette onset was higher in the poverty group (17%) than in the non-poverty (8%) group, but e-cigarette onset did not differ by poverty level (36% poverty versus 38% non-poverty). Multiple group structural equation modeling revealed a statistically significant group difference such that EC ability was a significant negative predictor of e-cigarette onset for poverty but not for non-poverty youth. A similar group difference was evident as a trend for cigarette onset. Conclusions. Because EC has been shown to be modifiable, early interventions to improve EC for children living in poverty might help prevent adolescent e-cigarette onset. Copyright © 2021 Elsevier.

Patwardhan, I., Nelson, T. D., McClelland, M. M., & Mason, W. A. (2021). **Childhood cognitive flexibility and externalizing and internalizing behavior problems: Examination of prospective bidirectional associations.** *Research on Child and Adolescent Psychopathology, 49(4), 413-427.*

The goal of this study was to examine reciprocal associations between cognitive flexibility and externalizing and internalizing behavior problems longitudinally using data on four occasions from kindergarten through first grade and test for potential gender differences in these associations. The Dimensional Change Card Sort task was used to assess children's cognitive flexibility as a measure of executive function. Participants were 12,462 kindergarteners (49% female) from the Early Childhood Longitudinal Study (ECLS-K: 2011). Results from

multivariate latent curve models with structured residuals revealed that children's cognitive flexibility at the beginning of kindergarten was not associated with their growth in either externalizing ($r = -0.01$, $p = .174$), or internalizing ($r = -0.03$, $p = .403$) problems between kindergarten and the end of first grade. However, after controlling for individual differences in growth, cognitive flexibility at each assessment directly contributed to subsequent lower levels of internalizing (but not externalizing) behavior problems at the next assessment ($b = -0.004$, $p = 0.013$; $\beta = -0.03$), suggesting that children who are more flexible in switching from one activity to another may be less prone to developing internalizing problems. At kindergarten entry boys had lower levels of cognitive flexibility ($b = -0.31$, $p < .001$, $\beta = -.12$) and higher levels of externalizing ($b = 0.25$, $p < .001$, $\beta = .23$), and internalizing problems ($b = 0.04$, $p = .001$, $\beta = .05$) compared to girls, but did not differ from girls in their rates of change in cognitive flexibility and externalizing or internalizing behavior problems. Copyright © 2020 Springer.

Tomaso, C. C., Johnson, A. B., James, T. D., Nelson, J. M., Mason, W. A., Espy, K. A., & Nelson, T. D. (2021). Emotion regulation strategies as mediators of the relationship between internalizing psychopathology and sleep-wake problems during the transition to early adolescence: A longitudinal study. *The Journal of Early Adolescence, 41*(5), 657-682.

Internalizing psychopathology, including depression and anxiety, has been associated with sleep-wake problems among youth. Although transdiagnostic theories of psychopathology posit that emotion dysregulation explains many of the symptoms associated with internalizing psychopathology, examination of regulatory mechanisms underlying this association is limited, particularly during the transition to early adolescence when risk for affective dysregulation and sleep-wake problems is heightened. Using a longitudinal design with a youth community sample ($N = 278$), the current study found a positive, indirect effect of internalizing psychopathology (\bar{X} age = 9.84) on later sleep-wake problems (\bar{X} age = 14.53) via higher levels of a more maladaptive emotion regulation strategy (i.e., expressive suppression), with no evidence of an indirect effect of a more adaptive strategy (i.e., cognitive reappraisal; \bar{X} age = 12.02). Findings have important clinical implications for targeting the reduction of maladaptive emotion regulation strategies, such as expressive suppression, in order to address sleep problems among youth with internalizing psychopathology. Copyright © 2020 SAGE Journals.

Fleming, C. B., Stevens, A. L., Vivero, M., Patwardhan, I., Nelson, T. D., Nelson, J. M., James, T. D., Espy, K. A., & Mason, W. A. (2020). Executive control in early childhood as an antecedent of adolescent problem behaviors: A longitudinal study with performance-based measures of early childhood cognitive processes. *Journal of Youth and Adolescence, 49*, 2429-2440.

Identifying childhood cognitive processes that predict adolescent problem behaviors can help guide understanding and prevention of these behaviors. In a community sample of 313 youth recruited in a small Midwestern city between 2006 and 2012 (49% male, 64% European American), executive control and foundational cognitive abilities were assessed at age 5 in a lab setting with performance-based measures. In adolescence, youth provided self-report of problem behaviors in surveys administered annually between ages 14 and 16. Executive control was negatively associated with externalizing behavior problems and adolescents getting in trouble at school, accounting for foundational cognitive abilities and family background covariates. Executive control had negative, but nonsignificant, associations with internalizing problems and substance use initiation. The findings point to deficits in executive control as a childhood risk factor for later problems and a potential target for preventive interventions. Copyright © 2020 Springer.

Gordon, C. T., & Hinshaw, S. P. (2020). Executive functions in girls with and without childhood ADHD followed through emerging adulthood: Developmental trajectories. *Journal of Clinical Child & Adolescent Psychology, 49*(4), 509-523.

Identifying childhood cognitive processes that predict adolescent problem behaviors can help guide understanding and prevention of these behaviors. In a community sample of 313 youth recruited in a small

Midwestern city between 2006 and 2012 (49% male, 64% European American), executive control and foundational cognitive abilities were assessed at age 5 in a lab setting with performance-based measures. In adolescence, youth provided self-report of problem behaviors in surveys administered annually between ages 14 and 16. Executive control was negatively associated with externalizing behavior problems and adolescents getting in trouble at school, accounting for foundational cognitive abilities and family background covariates. Executive control had negative, but nonsignificant, associations with internalizing problems and substance use initiation. The findings point to deficits in executive control as a childhood risk factor for later problems and a potential target for preventive interventions. Copyright © 2020 Springer.

Mason, W. A., Fleming, C. B., Tomaso, C. C., James, T. D., Nelson, J. M., Espy, K. A., & Nelson, T. D. (2020). **Associations of early socio-familial stress with maladaptive and adaptive functioning in middle childhood: Roles of executive control and foundational cognitive abilities.** *Prevention Science, 21*, 681-690.

This study examined whether cognitive processes in preschool, conceptualized as a unitary construct of executive control (EC) as well as foundational cognitive abilities (FCA), predict both maladaptive and adaptive functioning in middle childhood and mediate associations between early childhood socio-familial stress and those functional outcomes. Performance-based, multidimensional, and age-appropriate measures of EC and FCA were collected in a laboratory setting from 313 preschool-age children at age 5, along with questionnaire data from children and their parents on three dimensions of early socio-familial stress and parent smoking. Parent, teacher, and child self-report data on 285 of these children were obtained when they were in grade 3 or 4. Middle childhood data were used to create indices of maladaptive and adaptive functioning. A bi-factor structural equation modeling analysis captured distinct dimensions of preschool EC and FCA and was used to test the hypothesized pathways. EC had a statistically significant negative association with later maladaptive functioning. FCA, but not EC, served as a mediator in links between each type of family stressor and both maladaptive and adaptive functioning in middle childhood. Results suggest that EC may play a role in predicting maladaptation, whereas early childhood FCA may operate as an intervening variable in pathways from early family stressors to subsequent maladaptation as well as adaptation. Findings point to the need to address FCA by reducing early family stressors. Early interventions that enhance cognitive abilities may help reduce maladaptive and promote adaptive functioning later in childhood, thereby potentially preventing, in turn, later behavioral problems. Copyright © 2019 Springer.

Mason, W. A., Stevens, A. L., & Fleming, C. B. (2020). **A systematic review of research on adolescent solitary alcohol and marijuana use in the United States.** *Addiction, 115*, 19-31.

Background and Aims. Alcohol use and marijuana use tend to be social activities among adolescents. Some youth use alcohol or marijuana while alone. This article provides a framework for examining the risk factors for and consequences of solitary alcohol and marijuana use, grounded in a motivational model that emphasizes coping with negative emotions, and provides the first systematic review of research on solitary alcohol and marijuana use among middle school- and high school-aged adolescents in the United States. **Methods.** PubMed, PsycINFO and Web of Science were searched. Articles were included if they mention solitary alcohol or marijuana (or illicit drug) use among adolescents aged 12–18 years. Studies on non-human animals, college students, non-English language publications and articles exclusively about solitary tobacco or inhalant use were excluded. Overall, 22 articles were selected. **Results.** Prevalence of adolescent solitary alcohol and marijuana use was relatively high (e.g. 14% life-time solitary drinking in the general adolescent population), particularly in high-risk subgroups (e.g. 38.8% life-time solitary drinking in a sample of youth recruited from clinical and community settings). Risk factors for solitary alcohol and marijuana use include earlier onset and heavier use, coping motives, negative emotions and positive expectancies about use. Solitary alcohol and marijuana use are prospectively associated with later substance use disorder (SUD) symptoms, diminished academic performance and perceived health. **Conclusions.** Approximately 1 in 7 adolescents in the US appear to have engaged in solitary alcohol and marijuana use at some point. It is positively associated with extent of drinking and marijuana use, coping motives, negative emotions, and

positive expectancies, as well as subsequent SUD symptoms and poor academic and health-related outcomes. Copyright © 2019 John Wiley & Sons, Inc.

Nelson, T. D., James, T. D., Nelson, J. M., Johnson, A. B., Mason, W. A., Yaroch, A. L., & Espy, K. A. (2020). Associations between specific components of executive control and eating behaviors in adolescence: A study using objective and subjective measures. *Appetite, 154*, 104784.

A growing literature suggests that executive control (EC; also known as “executive functioning” or “EF”) in adolescence may play an important role in the development of key health behaviors, including eating behaviors. However, existing literature has significant limitations in the conceptualization and measurement of EC. The current study aims to address these limitations by employing a multidimensional approach to conceptualizing and measuring adolescent EC, including both objective and subjective measures covering multiple components of EC, and examining links with specific eating behaviors. A community sample of adolescents (N = 208; mean age = 14.5 years) completed a battery of performance-based neuropsychological tasks assessing specific components of EC (i.e., working memory, inhibitory control, flexible shifting), a norm-referenced questionnaire covering problems with specific components of EC in daily life, and a measure assessing key eating behaviors (i.e., uncontrolled eating, emotional eating, cognitive restraint). Objectively-measured adolescent working memory was significantly and uniquely associated with cognitive restraint, with stronger working memory associated with less cognitive restraint. No other associations between performance-based EC tasks and eating behaviors were found. In contrast, using subjective reports of EC, problems with inhibitory control were associated with greater uncontrolled eating, and problems with flexible shifting were associated with greater emotional eating. The results suggest links between specific aspects of EC and specific eating behaviors in adolescence, as well as the potential importance of context for understanding the role of EC in eating behavior. Given evidence that EC is modifiable, the findings have potential implications for novel interventions addressing eating behaviors by targeting EC. Copyright © 2020 Elsevier.

Parra, G. R., Patwardhan, I., Mason, W. A., Chmelka, M. B., Savolainen, J., Miettunen, J., & Järvelin, M.-R. (2020). Parental alcohol use and the alcohol misuse of their offspring in a Finnish Birth Cohort: Investigation of developmental timing. *Journal of Youth and Adolescence, 49*, 1702-1715.

There is a positive association between parental alcohol use and the alcohol use of their offspring. It is less clear whether this relation exists at different developmental periods. The purpose of the current study was to examine the associations between parental alcohol use at two developmental periods (prenatal and adolescence) and the alcohol misuse of their offspring at two developmental periods (adolescence and young adulthood). Data from the Northern Finland Birth Cohort 1986 (NFBC1986; n = 6963; 51% of offspring were girls) were used. The NFBC1986 is a population-based study of individuals born during a 1-year period in Finland. Multi-informant (parent, teacher, and youth) and multi-method (surveys and population registers) data were collected at four developmental periods (prenatal, childhood, adolescence, and young adulthood). The findings indicated that parents’ alcohol use was stable from the prenatal period to adolescence. Mothers’ and fathers’ (based on mothers’ perceptions) alcohol use during the prenatal period and adolescence were directly related to adolescents’ heavy drinking. Prenatal alcohol use by mothers and fathers were related to young adults’ alcohol use disorder indirectly (but not directly) through mothers’ and fathers’ alcohol use during adolescence and then through adolescents’ heavy drinking. The results suggest that early and ongoing screening for alcohol use by mothers and fathers could help identify individuals at risk for heavy drinking and alcohol-related problems during adolescence and young adulthood. Copyright © 2020 Springer.

Ringle, J. L., Mason, W. A., Herrenkohl, T. I., Smith, G., Stevens, A. L., & Jung, H. (2020). **Prospective associations of child maltreatment subtypes with adult educational attainment: Tests of mediating mechanisms through school-related outcomes.** *Child Maltreatment, 25*(4), 398-409.

This study tests a developmental cascades model in which childhood maltreatment is hypothesized to influence adult educational attainment by increasing attention problems and reducing successful school experiences during adolescence. Two path models tested direct and indirect associations of childhood maltreatment with adult educational attainment. Model 1 used three parent-reported subtypes of childhood maltreatment (physical/emotional abuse, sexual abuse, neglect). Model 2 added an agency-reported measure of childhood maltreatment. Both models detected indirect effects of childhood maltreatment subtypes on adult educational attainment through attention and school discipline problems, poor school engagement, and low extracurricular involvement. Model 2 also detected a direct effect of agency-reported childhood maltreatment on the adult outcome. Regardless of the type of maltreatment or data source used, school factors mediated the associations of childhood maltreatment on adult educational attainment. Promoting school engagement and reducing disciplinary referrals for maltreated youth could improve their educational attainment over the long term. Copyright © 2019 SAGE Publications.

Mason, W. A., Chmelka, M. B., Patwardhan, I., January, S-A. A., Fleming, C. B., Savolainen, J., Miettunen, J., & Järvelin, M-R. (2019). **Associations of cumulative family risk with academic performance and substance involvement: Tests of moderation by child reading engagement.** *Substance Use & Misuse, 54*(10), 1679-1690.

Background: Exposure to cumulative contextual risk within the family early in life increases children's risk for substance involvement and related difficulties, including school failure, in adolescence and young adulthood. However, potential protective factors that buffer these risk associations are relatively untested, yet such tests are needed to improve existing preventive interventions for enhancing resilience among vulnerable children. Objectives: This study tested child reading engagement with parents at home as a moderator of cumulative family risk associations with adolescent substance use and academic performance as well as young adult substance abuse. Methods: Population register data as well as parent-report and adolescent-report data from 6,963 participants of the 1986 Northern Finland Birth Cohort study were analyzed via structural equation modeling with latent variable interactions. Results: Results showed that child reading engagement moderated the associations of cumulative family risk with both adolescent academic performance and young adult substance abuse, but not with adolescent substance use. The highest levels of academic performance were observed under conditions of low risk and high reading engagement. Interestingly, cumulative family risk had a small positive association with substance abuse when reading engagement was low and a negative association with the young adult outcome when reading engagement was high. Conclusions/Importance: Moderation tests revealed complex interaction forms that may have implications for both theory and family-based preventive interventions. Copyright © 2019 Taylor & Francis.

Nelson, T. D., Nelson, J. M., Mason, W. A., Kozikowski, C. B., Tomaso, C. C., & Espy, K. A. (2019). **Executive control and adolescent health: Toward a conceptual framework.** *Adolescent Research Review, 4*, 31-43.

Executive control is a set of cognitive abilities that may impact a variety of adolescent health behaviors and outcomes; however, research on executive control as a contributor to the physical health of youth is relatively limited. Therefore, the current article explores the possible role of executive control in adolescent health by reviewing relevant literature and proposing a conceptual framework to guide future research in this area. The development of executive control from preschool through adolescence is described, with particular attention to executive control in the unique health context of adolescence. A new conceptual model is proposed, focusing on how executive control may play a critical role in supporting health in adolescence and beyond through the mechanisms of attentional, behavioral, and emotional control. Literature exploring associations between youth executive control and key health behaviors (including diet, physical activity, sleep and substance use) is reviewed. Researchers and clinicians are encouraged to consider executive control as

an important cross-cutting contributor to health during adolescence and beyond and to incorporate this construct into longitudinal studies of health. Copyright © 2018 Springer.

Patwardhan, I., Mason, W. A., Chmelka, M. B., Savolainen, J., Miettunen, J., & Järvelin, M-R. (2019). **Prospective relations between alexithymia, substance use and depression: Findings from a national birth cohort.** *Nordic Journal of Psychiatry, 73*(6), 340-348.

Purpose: This study examined a developmental model that links affect-regulation difficulties in childhood with three dimensions of alexithymia in adolescence (difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking) and substance use and depression in adulthood, while accounting for cumulative contextual risk in childhood, and testing potential gender moderation. Methods: Multiple group path analyses were conducted using data from the Northern Finland Birth Cohort 1986 (N = 6963). Analyses used data collected during prenatal/birth, childhood, adolescence, and young adulthood periods. Results: Our examination of early precursors for alexithymia indicated that the associations of affect-regulation problems in childhood with alexithymia were stronger for girls, potentially putting girls with affect-regulation difficulties in childhood at higher risk for developing alexithymia in adolescence. The associations of cumulative contextual risk in childhood with alexithymia, substance use disorder, and depression diagnosis in adulthood were significant for both girls and boys. Our findings in regard to substance use and depression disorders revealed that alexithymia in adolescence predicted depression diagnosis in adulthood, particularly due to a contribution from the alexithymia domain of 'difficulties identifying feelings.' However, none of the alexithymia domains was directly associated with substance use disorder in adulthood. Conclusions: Our study contributes to research that links alexithymia with difficulties in affect regulation and cumulative contextual risk in childhood, yielding findings that may be relevant for preventive interventions. Copyright © 2019 Taylor & Francis.

Spoth, R. L., Trudeau, L., Shin, C., Randall, G. K., & Mason, W. A. (2019). **Testing a model of universal prevention effects on adolescent relationships and marijuana use as pathways to young adult outcomes.** *Journal of Youth and Adolescence, 48*, 444-458.

There are several interrelated knowledge gaps in the literature on skills-building interventions for middle schoolers designed to prevent initiation of substance use, all of which concern the limited study of the adolescent pathways of those intervention effects on distal young adult outcomes. Among the most important yet understudied pathways of influence on long-term effects are positive youth relationship outcomes of middle-school interventions. Other influential pathways for long-term effects are reductions in adolescent substance misuse, particularly marijuana use, considering the long-term consequences of early marijuana initiation. To address these knowledge gaps, data from a randomized controlled trial were used to test a longitudinal, developmental model positing pathways of intervention effects on age 21 illicit drug use and positive relationship affect, via earlier effects on adolescent relationships and marijuana use. Sixth-graders and their families enrolled in 22 Iowa schools were randomly assigned to the Iowa Strengthening Families Program or a control group (N = 446). The average age of students at baseline was 11.3 years (10–13 year age range); 48% were male and 98% were Caucasian, reflective of the demographics in the participating rural Midwest communities. Measures included middle-school relationships (parents, peers, school), high school marijuana use, plus age 21 illicit drug use and relationship affect (parents, work, school), 10 years past intervention implementation. As expected, intervention effects on young adult variables were indirect, through effects on adolescent outcomes, with higher-risk participants showing greater intervention impact. The findings suggest preventive interventions with young adolescents have potential to demonstrate effects into young adulthood. Copyright © 2018 Springer.

Crockett, L. J., Wasserman, A. M., Rudasill, K. M., Hoffman, L., & Kalutskaya, I. (2018). **Temperamental anger and effortful control, teacher–child conflict, and externalizing behavior across the elementary school years.** *Child Development, 89*(6), 2176-2195.

This study examined teacher–child conflict as a possible mediator of the effects of temperamental anger and effortful control on subsequent externalizing behavior. Reciprocal influences between teacher–child conflict and externalizing behavior were also examined. Participants were 1,152 children (49% female; 81.6% non-Hispanic White) from the Study of Early Child Care and Youth Development. Multivariate growth curve modeling revealed that greater effortful control at age 54 months indirectly predicted lower levels of, and subsequent changes in, externalizing behavior from kindergarten to Grade 6 through reduced teacher–child conflict. An alternative model, in which greater effortful control predicted lower teacher–child conflict through lower externalizing behavior, received less support. Within persons, greater-than-expected teacher–child conflict predicted greater-than-expected teacher-reported externalizing behavior concurrently and over time. Copyright © 2017 John Wiley & Sons, Inc.

Hanson, K., Haggerty, K. P., Fleming, C. B., Skinner, M. L., Casey-Goldstein, M., Mason, W. A., Thompson, R. W., & Redmond, C. (2018). **Washington State retail marijuana legalization: Parent and adolescent preferences for marijuana messages in a sample of low-income families.** *Journal of Studies on Alcohol and Drugs, 79*(2), 309-317.

Objective. As legalization of nonmedical retail marijuana increases, states are implementing public health campaigns designed to prevent increases in youth marijuana use. This study investigated which types of marijuana-related messages were rated most highly by parents and their teens and whether these preferences differed by age and marijuana use. **Method.** Nine marijuana-focused messages were developed as potential radio, newspaper, or television announcements. The messages fell into four categories: information about the law, general advice/conversation starters, consequences of marijuana use/positive alternatives, and information on potential harmful effects of teen marijuana use. The messages were presented through an online survey to 282 parent (84% female) and 283 teen (54% female) participants in an ongoing study in Washington State. **Results.** Both parents and youth rated messages containing information about the law higher than other types of messages. Messages about potential harms of marijuana use were rated lower than other messages by both generations. Parents who had used marijuana within the past year ($n = 80$) rated consequence/positive alternative messages lower than parent nonusers ($n = 199$). Youth marijuana users ($n = 77$) and nonusers ($n = 202$) both rated messages containing information about the law higher than other types of messages. Youth users and nonusers were less likely than parents to believe messages on the harmful effects of marijuana. **Conclusions.** The high ratings for messages based on information about the marijuana law highlight the need for informational health campaigns to be established as a first step in the marijuana legalization process. Copyright © 2018 Rutgers University.

Parra, G. R., Smith, G., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., Järvelin, M.-R., Moilanen, I., Veijola, J. (2018). **Profiles of contextual risk at birth and adolescent substance use.** *Journal of Child and Family Studies, 27*(3), 717-724.

This study examined whether there are subgroups of families with distinct profiles of prenatal/birth contextual risk, and whether subgroup membership was differentially related to adolescent substance use. Data from the Northern Finland Birth Cohort 1986 were used. A five-class model provided the most meaningful solution. Large Family Size (7.72%) and Low Risk (69.69%) groups had the lowest levels of alcohol, cigarette, and illegal drug use. Similar high levels for each of the three substance-related outcomes were found for Parent Substance Misuse (11.20%), Maternal School Dropout (4.66%), and Socioeconomic Disadvantage (6.72%) groups. Maternal smoking and drinking while pregnant and paternal heavy alcohol use were found to be key prenatal risk factors that tended to cluster together and co-occur with other prenatal risk factors differently for different subgroups of youth. Copyright © 2018 Springer.

Savolainen, J., Eisman, A., Mason, W. A., Miettunen, J., & Järvelin, M.-R. (2018). **Socioeconomic disadvantage and psychological deficits: Pathways from early cumulative risk to late-adolescent criminal conviction.** *Journal of Adolescence, 65*, 16-24.

Early exposure to multiple risk factors has been shown to predict criminal offending, but the mechanisms responsible for this association are poorly understood. Integrating social-environmental and dispositional theories of crime this research investigated the capacity of family socioeconomic disadvantage and individual psychological deficits to mediate the association between childhood cumulative risk and late adolescent criminal convictions. Male participants in the 1986 Northern Finland Birth Cohort Study (n = 3414) were followed from the prenatal period through age 19–20. The data were analyzed by estimating a structural equation model of the hypothesized pathways. The results found support for both processes of influence, and the model sustained a statistically significant direct effect of cumulative risk on crime. Socioeconomic disadvantage and psychological deficits contribute to criminal offending independently and with roughly equal magnitude. The results point to the utility of both environmental and psychological interventions to prevent criminality among children at risk. Copyright © 2018 Elsevier.

Sousa, C., Mason, W. A., Herrenkohl, T. I., Prince, D., Herrenkohl, R. C., & Russo, M. J. (2018). **Direct and indirect effects of child abuse and environmental stress: A lifecourse perspective on adversity and depressive symptoms.** *American Journal of Orthopsychiatry, 88*(2), 180-188.

There is a great deal of evidence about the mental health implications of physical child abuse and environmental stressors, or hardships that people experience at the household and neighborhood level (e.g., neighborhood violence; economic hardship, substance abuse, or conflict among family members). Yet, studies often focus on either abuse or environmental stress, not both, or examine abuse and environmental stressors as a combined set of experiences. Less is known, therefore, about how child abuse and environmental stress might work as either distinct or interrelated risks to diminish mental health over time. In this longitudinal study, we used path analyses to examine the cumulative effects of physical child abuse and environmental stressors on adult depressive symptoms among a sample of children followed into adulthood (N = 356). The goal was to assess whether chronic physical child abuse remains an independent predictor of adult outcomes once we accounted for the cumulative effects of household and neighborhood stressors across the lifecourse. Cumulative measures of physical child abuse and environmental stress each independently predicted a higher likelihood of adult depressive symptoms ($\beta = .122$, $p < .01$ and $\beta = .283$, $p < .001$, respectively). After accounting for adolescent depressive symptoms, only cumulative environmental stressors independently predicted depressive symptoms ($\beta = .202$, $p < .001$). Tests of the indirect effect of cumulative environmental stress on the relationship between cumulative physical abuse and adult depressive symptoms were marginally statistically significant. Results add to literature that examines child abuse, adversity, and lifecourse perspectives on health. PsycINFO Database Record copyright © 2018 APA.

Stevens, A. L., Herrenkohl, T. I., Mason, W. A., Smith, G. L., Klevens, J., & Merrick, M. T. (2018). **Developmental effects of childhood household adversity, transitions, and relationship quality on adult outcomes of socioeconomic status: Effects of substantiated child maltreatment.** *Child Abuse & Neglect, 79*, 42-50.

The degree to which child maltreatment interacts with other household adversities to exacerbate risk for poor adult socioeconomic outcomes is uncertain. Moreover, the effects of residential, school, and caregiver transitions during childhood on adult outcomes are not well understood. This study examined the relation between household adversity and transitions in childhood with adult income problems, education, and unemployment in individuals with or without a childhood maltreatment history. The potential protective role of positive relationship quality in buffering these risk relationships was also tested. Data were from the Lehigh Longitudinal Study (n = 457), where subjects were assessed at preschool, elementary, adolescent, and adult ages. Multiple group path analysis tested the relationships between childhood household adversity; residential, school, and caregiver transitions; and adult socioeconomic outcomes for each group. Caregiver relationship

quality was included as a moderator, and gender as a covariate. Household adversity was negatively associated with education level and positively associated with income problems for non-maltreated children only. For both groups, residential transitions was negatively associated with education level and caregiver transitions was positively associated with unemployment problems. Relationship quality was positively associated with education level only for non-maltreated children. For children who did not experience maltreatment, reducing exposure to household adversity is an important goal for prevention. Reducing exposure to child maltreatment for all children remains an important public health priority. Results underscore the need for programs and policies that promote stable relationships and environments. Copyright © 2018 Elsevier.

January, S-A. A., Mason, W. A., Savolainen, J., Solomon, S., Chmelka, M. B., Miettunen, J., Veijola, J., Moilanen, I., Taanila, A., & Järvelin, M-R. (2017). **Longitudinal pathways from cumulative contextual risk at birth to school functioning in adolescence: Analysis of mediation effects and gender moderation.** *Journal of Youth and Adolescence*, 46(1), 180-196.

Children and adolescents exposed to multiple contextual risks are more likely to have academic difficulties and externalizing behavior problems than those who experience fewer risks. This study used data from the Northern Finland Birth Cohort 1986 (a population-based study; $N = 6961$; 51 % female) to investigate (a) the impact of cumulative contextual risk at birth on adolescents' academic performance and misbehavior in school, (b) learning difficulties and/or externalizing behavior problems in childhood as intervening mechanisms in the association of cumulative contextual risk with functioning in adolescence, and (c) potential gender differences in the predictive associations of cumulative contextual risk at birth with functioning in childhood or adolescence. The results of the structural equation modeling analysis suggested that exposure to cumulative contextual risk at birth had negative associations with functioning 16 years later, and academic difficulties and externalizing behavior problems in childhood mediated some of the predictive relations. Gender, however, did not moderate any of the associations. Therefore, the findings of this study have implications for the prevention of learning and conduct problems in youth and future research on the impact of cumulative risk exposure. Copyright © 2017 Springer.

Kim, M. J., Mason, W. A., Herrenkohl, T. I., Catalano, R. F., Toumbourou, J. W. , & Hemphill, S. A. (2017). **Influence of early onset of alcohol use on the development of adolescent alcohol problems: A longitudinal binational study.** *Prevention Science*, 18, 1-11.

This study examined cross-national similarities in a developmental model linking early age of alcohol use onset to frequent drinking and heavy drinking and alcohol problems 1 and 2 years later in a binational sample of 13-year-old students from two states: Washington State, USA and Victoria, Australia ($N = 1833$). A range of individual, family, school, and peer influences was included in analyses to investigate their unique and shared contribution to development of early and more serious forms of alcohol use and harms from misuse. Data were collected annually over a 3-year period from ages 13 to 15. Analyses were conducted using multiple-group structural equation modeling. For both states, early use of alcohol predicted frequent drinking, which predicted alcohol problems. Family protective influences had neither direct effects on heavy drinking nor effects on alcohol harm in either state, whereas school protection directly reduced the risk of heavy drinking in both states. Exposure to antisocial peers and siblings predicted a higher likelihood of heavy drinking and alcohol harm for students in both Washington and Victoria. Implications for the prevention of adolescent alcohol problems are discussed. Copyright © 2017 American Psychological Association.

Mason, W. A., Chmelka, M. B., Trudeau, L., & Spoth, R. L. (2017). **Gender moderation of the intergenerational transmission and stability of depressive symptoms from early adolescence to early adulthood.** *Journal of Youth and Adolescence*, 46(1), 248-260.

Factors that might exacerbate or mitigate the transmission of depressive symptoms from parents to adolescents and the continuity of depressive symptoms into early adulthood are poorly understood. This

study tested the hypothesis that the intergenerational transmission and stability of depressive symptoms would be stronger for girls than boys over adolescence and into early adulthood, while considering the possibility that the pattern of gender moderation might vary depending on parent gender and developmental timing. The participants were 667 rural Midwestern adolescents (52 % female) and their parents. Survey data on maternal and paternal depressive symptoms (at youth age 11) and on adolescent and young adult depressive symptoms (at youth ages 11, 18, and 21) were analyzed via multiple group structural equation modeling. Maternal depressive symptoms predicted increased late adolescent depressive symptoms for girls but not boys, and adolescent depressive symptoms were more stable in girls. Paternal depressive symptoms predicted increased late adolescent depressive symptoms for all youth. The findings suggest the need for early, tailored interventions. Copyright © 2017 Springer.

Mason, W. A., Patwardhan, I., Smith, G. L., Chmelka, M. B., Savolainen, J., January, S-A. A., Miettunen, J., & Järvelin, M-R. (2017). **Cumulative contextual risk at birth and adolescent substance initiation: Peer mediation tests.** *Drug and Alcohol Dependence, 177, 291-298.*

Background. Children who experience multiple adversities, such as prenatal exposure to drugs and poverty, early in development are at increased risk for the early initiation of alcohol and cigarette use. However, studies that examine potentially malleable processes associated with substance use initiation in the context of exposure to cumulative stressors are scant. This study examined associations between cumulative contextual risk at birth and initiation of alcohol and cigarette use in adolescence, testing childhood peer marginalization and peer aggression and behavior problems as mediating mechanisms. Analyses further adjusted for fearfulness/inhibition and hyperactivity/distractibility to determine if the hypothesized mediating mechanisms were significant after accounting for temperamental characteristics associated with substance initiation. *Methods.* Participants were 6190 adolescents from the Northern Finland Birth Cohort 1986 Study. Data were collected on cumulative contextual risk (parent reports), substance initiation (adolescent reports), childhood peer processes and behavior problems (teacher reports), and temperamental characteristics (teacher reports). Novel discrete-time survival mediation analysis was conducted to test the hypothesized mediating mechanisms. *Results.* Initial analyses showed that the associations between cumulative contextual risk and both alcohol and cigarette initiation were mediated by childhood peer processes and behavior problems; however, the indirect effects became statistically non-significant after adding the temperament variables, which themselves predicted substance initiation. *Conclusions.* Targeting peer processes may not be an effective way to interrupt pathways leading from early contextual risk to substance initiation. Instead, early screening and intervention efforts to delay substance initiation may need to be tailored to the individual temperamental characteristics of targeted participants. Copyright © 2017 Elsevier.

Mason, W. A., Russo, M. J., Chmelka, M. B., Herrenkohl, R. C., & Herrenkohl, R. C. (2017). **Parent and peer pathways linking childhood experiences of abuse with marijuana use in adolescence and adulthood.** *Addictive Behaviors, 66, 70-75.*

The social developmental processes by which child maltreatment increases risk for marijuana use are understudied. This study examined hypothesized parent and peer pathways linking preschool abuse and sexual abuse with adolescent and adult marijuana use. Analyses used data from the Lehigh Longitudinal Study. Measures included child abuse (physical abuse, emotional abuse, domestic violence, and neglect) in preschool, sexual abuse up to age 18, adolescent (average age = 18 years) parental attachment and peer marijuana approval/use, as well as adolescent and adult (average age = 36 years) marijuana use. Confirming elevated risk due to child maltreatment, path analysis showed that sexual abuse was positively related to adolescent marijuana use, whereas preschool abuse was positively related to adult marijuana use. In support of mediation, it was found that both forms of maltreatment were negatively related to parental attachment, which was negatively related, in turn, to having peers who use and approve of marijuana use. Peer marijuana approval/use was a strong positive predictor of adolescent marijuana use, which was a strong positive

predictor, in turn, of adult marijuana use. Results support social developmental theories that hypothesize a sequence of events leading from child maltreatment experiences to lower levels of parental attachment and, in turn, higher levels of involvement with pro-marijuana peers and, ultimately, to both adolescent and adult marijuana use. This sequence of events suggests developmentally-timed intervention activities designed to prevent maltreatment as well as the initiation and progression of marijuana use among vulnerable individuals. Copyright © 2017 American Psychological Association.

Parra, G. R., Smith, G., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., Järvelin, M.-R. (2017). Tests of linear and nonlinear relations between cumulative contextual risk at birth and psychosocial problems during adolescence. *Journal of Adolescence, 60*, 64-73.

This study tested whether there are linear or nonlinear relations between prenatal/birth cumulative risk and psychosocial outcomes during adolescence. Participants ($n = 6963$) were taken from the Northern Finland Birth Cohort Study 1986. The majority of participants did not experience any contextual risk factors around the time of the target child's birth (58.1%). Even in this low-risk sample, cumulative contextual risk assessed around the time of birth was related to seven different psychosocial outcomes 16 years later. There was some evidence for nonlinear effects, but only for substance-related outcomes; however, the form of the association depended on how the cumulative risk index was calculated. Gender did not moderate the relation between cumulative risk and any of the adolescent psychosocial outcomes. Results highlight the potential value of using the cumulative risk framework for identifying children at birth who are at risk for a range of poor psychosocial outcomes during adolescence. Copyright © 2017 Elsevier.

Patwardhan, I., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., & Järvelin, M.-R. (2017). Childhood cumulative contextual risk and depression diagnosis among young adults: The mediating roles of adolescent alcohol use and perceived social support. *Journal of Adolescence, 60*, 16-26.

This study examined associations between cumulative contextual risk in childhood and depression diagnosis in early adulthood, testing two adolescent mediating mechanisms, alcohol use and perceived social support from family and friends, while accounting for the stability of internalizing problems over time and examining possible gender moderation. Multiple group mediation analyses were conducted using parent- and adolescent-report as well as hospital records data from the Northern Finland Birth Cohort 1986 ($N = 6963$). Our analyses demonstrated that the association between cumulative contextual risk in childhood and depression diagnosis in adulthood is mediated by adolescent alcohol use and perceived social support both for boys and girls. The findings highlight potentially malleable mediating mechanisms associated with depression in vulnerable youth that could be targets in selective depression preventive interventions. Copyright © 2017 Elsevier.

Savolainen, J., Mason, W. A., Lyyra, A.-L., Pulkkinen, L., & Kokko, K. (2017). Antisocial and human capital pathways to socioeconomic exclusion: A 42-year prospective study. *Developmental Psychology, 53*(8), 1597-1609.

Nordic welfare states have been very successful at reducing poverty and inequality among their citizens. However, the presence of a strong social safety net in these countries has not solved the problem of socioeconomic exclusion, manifesting in such outcomes as chronic unemployment and welfare dependency. In an effort to understand this phenomenon, the current study builds on the assumption that psychological risk factors emerge as important determinants of socioeconomic disadvantage in an environment where ascribed characteristics have less impact on educational and occupational attainment. Using data from Finland, this research examined a life course model linking childhood differences in cognitive skills and antisocial propensity to midlife socioeconomic exclusion. The Jyväskylä Longitudinal Study of Personality and Social Development ($n = 369$) follows individuals from age 8 (b. 1959) through age 50. Evidence from a structural equation model found support for key theoretical predictions: (a) human capital and antisocial pathways contributed independently to socioeconomic exclusion; (b) the effect of childhood psychological

factors on midlife socioeconomic exclusion was mediated by adolescent and adult life course outcomes; and (c) the human capital and antisocial domains intersected such that antisocial children struggled in school as adolescents, which contributed to their persistence in crime and deviance in adulthood—a behavioral pattern that directly increased the risk of socioeconomic exclusion in midlife. In short, the findings suggest that early emerging differences in cognitive ability and antisociality set in motion a process of negative life outcomes with enduring consequences for socioeconomic well-being. The results are discussed from the perspective of sociohistorical context and public policy. Copyright © 2017 APA.

Skinner, M. L., Haggerty, K. P., Casey-Goldstein, M., Thompson, R. W., Buddenberg, L., & Mason, W. A. (2017). Focus groups of parents and teens help develop messages to prevent early marijuana use in the context of legal retail sales. *Substance Use & Misuse, 52*(3), 351-358.

The changes in Washington State and Colorado marijuana laws call for the development of new brief family-focused adolescent marijuana use preventive interventions that are relevant for and tailored to the context of legalization for retail sale. To that end, focus groups with parents and teens were conducted to find out about their concerns and needs in the context of legalization. Six semi-structured focus groups (3 with parents, 3 with teens) were conducted in Washington State in 2013 related to consequences of teen marijuana use and messages that would be effective in helping to prevent teens from using marijuana in the context of legal adult use. A total of 33 teens and 35 parents participated. Three primary themes were common to these parents and teens: the negative consequences of marijuana use during adolescence on mental, physical, and social health; the need for more or better information; and the need for information/messages to come from trusted sources. The themes related to potential prevention messages include the use of fear; stories about real people; focusing on short-term consequences; and teens needing alternative activities (something better to do). The results suggest that parents and teens need information about the new retail marijuana legalization law. Teens are open to both information and guidance from parents as long as it is calm and respectful. Firsthand accounts of consequences of marijuana use from peers and adults, rather than threats from authority figures, could hold some promise for persuading teens to avoid marijuana use. Copyright © 2017 Informa Plc.

Solomon, S. J., Savolainen, J., Mason, W. A., Miettunen, J., January, S.-A. A., & Järvelin, M.-R. (2017). Does educational marginalization mediate the path from childhood cumulative risk to criminal offending? *Journal of Developmental and Life Course Criminology, 3*(3), 326-346.

Purpose. Early exposure to multiple risk factors is known to predict involvement in criminal offending. The purpose of this study was to examine the processes responsible for this association. Specifically, the focus was on the capacity of adolescent educational experience to mediate the effect of childhood cumulative risk (CCR) on criminal offending, net of expected continuity in antisocial propensity, and behavior. **Methods.** Data from the Northern Finland Birth Cohort Study 1986 (n = 5743) were used to estimate a structural equation model to examine the hypothesized pathways. The educational pathway was captured by a latent variable (educational marginalization) consisting of indicators of low academic performance, weak school attachment, and low educational aspirations. **Results.** CCR had a strong positive relation with educational marginalization, which, in turn, emerged as a statistically significant predictor of having criminal record by age 19. Although continuity in antisocial behavior accounted for most of the total effect of CCR on criminal offending, one-third of it was mediated by educational marginalization. **Conclusions.** The results highlight the adolescent educational experience as a promising target of intervention in efforts to curb criminal careers among children at risk. Copyright © 2017 Springer.

Herrenkohl, T. I., Jung, H., Klika, J. B., Mason, W. A., Brown, E. C., Leeb, R. T., & Herrenkohl, R. C. (2016). **Mediating and moderating effects of social support in the study of child abuse and adult physical and mental health.** *American Journal of Orthopsychiatry*, 86(5), 573-583.

A number of cross-sectional and a few longitudinal studies have shown a developmental relationship between child abuse and adult physical and mental health. Published findings also suggest that social support can lessen the risk of adverse outcomes for some abused children. However, few studies have investigated whether social support mediates or moderates the relationship between child abuse and adult physical and mental health. Structural equation modeling was used to examine data on these topics from a longitudinal study of more than 30 years. While a latent construct of physical and emotional child abuse did not predict adult health outcomes directly, child abuse did predict outcomes indirectly through social support. A test of variable moderation for child abuse and social support was nonsignificant. Results suggest that social support may help explain the association between child abuse and health outcomes at midlife. Implications of the findings for prevention and treatment are discussed. Copyright © 2015 American Psychological Association.

Howard Sharp, K. M., Cohen, R., Kitzmann, K. M., & Parra, G. R. (2016). **Mechanisms mediating children's perceived maternal nonsupportive reactions to sadness and children's social and emotional functioning.** *Journal of Child and Family Studies*, 25(2), 367-380.

This study examined whether children's perceptions of maternal nonsupportive reactions to sadness (active discouragement and non-response) influenced children's loneliness and classroom popularity indirectly through their effects on children's sadness inhibition and self-perception of social competence. Participants were children in grades 3–6 from a university affiliated public elementary school ($N = 175$; 53 % females; 37 % racial/ethnic minority). Children reported on the frequency of their mother's active discouragement and non-response of their sadness, as well their own sadness inhibition, self-perceived social competence, and loneliness. Classroom peers reported on children's popularity. Results indicated that perceived maternal non-response to sadness was indirectly related to classroom popularity and loneliness through the effect on children's self-perception of social competence. In contrast, perceived maternal active discouragement of sadness was indirectly related to children's classroom popularity through the effect on children's sadness inhibition. These results support the consideration of active discouragement and non-response as distinct constructs and indicate the likelihood of different pathways of influence in predicting emotional and social outcomes such as loneliness and classroom popularity. Copyright © 2015 Springer.

Kelly, A. B., Mason, W. A., Chmelka, M. B., Herrenkohl, T. I., Kim, M. J., Patton, G. C., Hemphill, S. A., Toumbourou, J. W., & Catalano, R. F. (2016). **Depressed mood during early to middle adolescence: A bi-national longitudinal study of the unique impact of family conflict.** *Journal of Youth and Adolescence*, 45(8), 1604-1613.

Adolescent depressed mood is related to the development of subsequent mental health problems, and family problems have been linked to adolescent depression. Longitudinal research on adolescent depressed mood is needed to establish the unique impact of family problems independent of other potential drivers. This study tested the extent to which family conflict exacerbates depressed mood during adolescence, independent of changes in depressed mood over time, academic performance, bullying victimization, negative cognitive style, and gender. Students (13 years old) participated in a three-wave bi-national study ($n = 961$ from the State of Washington, United States, $n = 981$ from Victoria, Australia; 98 % retention, 51 % female in each sample). The model was cross-lagged and controlled for the autocorrelation of depressed mood, negative cognitive style, academic failure, and bullying victimization. Family conflict partially predicted changes in depressed mood independent of changes in depressed mood over time and the other controls. There was also evidence that family conflict and adolescent depressed mood are reciprocally related over time. The findings were closely replicated across the two samples. The study identifies potential points of intervention to interrupt the progression of depressed mood in early to middle adolescence. Copyright © 2016 Springer.

Mason, W. A., Fleming, C. B., & Haggerty, K. P. (2016). **Prevention of marijuana misuse: School-, family-, and community-based approaches.** In M. T. Compton (Ed.), *Marijuana and mental health* (pp. 199-225). Arlington, VA: American Psychiatric Publishing, Inc.

In this chapter we review the evidence base for youth problematic marijuana use prevention strategies. In subsequent sections, we briefly describe the legal and historical changes and basic scientific advancements that provide the backdrop for current marijuana use prevention research and practice. Next, we review evidence-based programs in the school, family, and community domains that have demonstrated, within the context of rigorous trials, significant effects on marijuana-related outcomes among youth. Drawing from themes across multiple studies, we outline some lessons learned to date and note areas where further research is needed to more fully realize the potential to effectively prevent problematic marijuana use. Finally; we conclude with policy and practice recommendations. Copyright © 2015 American Psychiatric Publishing, Inc.

Mason, W. A., Fleming, C. B., Ringle, J. L., Hanson, K., Gross, T. J., Haggerty, K. P. (2016). **Prevalence of marijuana and other substance use before and after Washington State's change from legal medical marijuana to legal medical and non-medical marijuana: Cohort comparisons in a sample of adolescents.** *Substance Abuse, 37*(2), 330-335.

A growing number of states have new legislation extending prior legalization of medical marijuana by allowing non-medical marijuana use for adults. The potential influence of this change in legislation on adolescent marijuana and other substance use (e.g., spillover or substitution effects) is uncertain. We capitalize on an ongoing study to explore the prevalence of marijuana and other substance use in two cohorts of adolescents who experienced the non-medical marijuana law change in Washington State at different ages. Participants were 8th graders enrolled in targeted Tacoma, Washington public schools and recruited in two consecutive annual cohorts. The analysis sample was 238 students who completed a baseline survey in the 8th grade and a follow-up survey after the 9th grade. Between the two assessments, the second cohort experienced the Washington State non-medical marijuana law change, whereas the first cohort did not. Self-report survey data on lifetime and past month marijuana, cigarette, and alcohol use were collected. Multivariate multilevel modeling showed that cohort differences in the likelihood of marijuana use were significantly different from those for cigarette and alcohol use at follow-up (adjusting for baseline substance initiation). Marijuana use was higher for the second cohort than the first cohort, but this difference was not statistically significant. Rates of cigarette and alcohol use were slightly lower in the second cohort than in the first cohort. This exploratory study found that marijuana use was more prevalent among teens shortly after the transition from medical marijuana legalization only to medical and non-medical marijuana legalization, although the difference between cohorts was not statistically significant. The findings also provided some evidence of substitution effects. The analytic technique used here may be useful for examining potential long-term effects of non-medical marijuana laws on adolescent marijuana use and substitution or spillover effects in future studies. Copyright © 2015 Taylor & Francis.

Mason, W. A., January, S-A. A., Chmelka, M. B., Parra, G. R., Savolainen, J., Miettunen, J., Järvelin, M-R., Taanila, A., & Moilanen, I. (2016). **Cumulative contextual risk at birth in relation to adolescent substance use, conduct problems, and risky sex: General and specific predictive associations in a Finnish birth cohort.** *Addictive Behaviors, 58*, 161-166.

Research indicates that risk factors cluster in the most vulnerable youth, increasing their susceptibility for adverse developmental outcomes. However, most studies of cumulative risk are cross-sectional or short-term longitudinal, and have been based on data from the United States or the United Kingdom. Using data from the Northern Finland Birth Cohort 1986 Study (NFBC1986), we examined cumulative contextual risk (CCR) at birth as a predictor of adolescent substance use and co-occurring conduct problems and risky sex to determine the degree to which CCR predicts specific outcomes over-and-above its effect on general problem behavior, while

testing for moderation of associations by gender. Analyses of survey data from 6963 participants of the NFBC1986 followed from the prenatal/birth period into adolescence were conducted using structural equation modeling. CCR had long-term positive associations with first-order substance use, conduct problems, and risky sex factors, and, in a separate analysis, with a second-order general problem behavior factor. Further analyses showed that there was a positive specific effect of CCR on risky sex, over-and-above general problem behavior, for girls only. This study, conducted within the Finnish context, showed that CCR at birth had long-term general and specific predictive associations with substance use and co-occurring problem behaviors in adolescence; effects on risky sex were stronger for girls. Results are consistent with the hypothesis that early exposure to CCR can have lasting adverse consequences, suggesting the need for early identification and intervention efforts for vulnerable children. Copyright © 2016 Elsevier Ltd.

Trudeau, L. T., Spoth, R. L., Mason, W. A., Randall, G. K., Redmond, C., & Schainker, L. (2016). **Effects of adolescent universal substance misuse preventive interventions on young adult depression symptoms: Mediation modeling.** *Journal of Abnormal Child Psychology, 44*(2), 257-268.

Depression symptoms are associated with impairments in functioning and have substantial health and economic consequences. Universal substance misuse prevention programs have shown effects on non-targeted mental health-related symptoms, but long-term effects are understudied. This cluster randomized controlled trial examined effects of both the *LifeSkills Training (LST)* and *Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14)* interventions, delivered during seventh grade, on age 22 young adult depression symptoms. The study was conducted in US rural Midwestern communities with a randomly-selected sample from a larger study ($N = 670$). Experimental conditions were LST+SFP 10–14, LST-only, and a control condition. Effects on age 22 depression symptoms were hypothesized as mediated through effects on age 21 relationship problems and illicit use of substances. Structural equation modeling with manifest and latent variables was conducted to test hypotheses; the intervention conditions were combined and compared with the control condition because analyses indicated a comparable pattern of effects between intervention conditions. Significant indirect intervention effects were found on age 22 depression symptoms via effects on the mediating variables (indirect effect: $\beta = -0.06$, 95 % CI $[-0.10, -0.01]$, $p = 0.011$). Effect sizes for the young adult variables were between $d = 0.17$ and 0.29 , which can be considered small, but nontrivial, especially in the context of public health benefits. Results support scaled-up implementation of school-based and family-focused universal substance misuse preventive interventions. Copyright © 2014 Springer Science+Business Media New York.

Yurasek, A. M., Robinson, L. A., & Parra, G. R. (2016). **Ethnic and gender differences in strategies used by adolescents when attempting to quit or reduce smoking.** *Journal of Child & Adolescent Substance Abuse, 25*(3), 252-259.

Few adolescent smoking cessation programs have been able to match the success rate found in adult programs. The current study identified smoking cessation strategies used by adolescents and whether strategies differed as a function of ethnic, gender, or individual smoking level. Participants were 136 high school students who made an attempt to quit or reduce their smoking. Logistic regressions revealed that individuals making an actual quit attempt and African-American adolescents used cessation strategies presumed to be more effective. Adolescents are more likely to use informal cessation methods and may need to be provided with more information on effective quit strategies. Copyright © 2016 Taylor & Francis.

Buckholdt, K. E., Parra, G. R., Anestis, M. D., Lavender, J. M., Jobe-Shields, L. E., Tull, M. T., & Gratz, K. L. (2015). **Emotion regulation difficulties and maladaptive behaviors: Examination of deliberate self-harm, disordered eating, and substance misuse in two samples.** *Cognitive Therapy and Research, 39*, 140-152.

Data from two studies were utilized to examine whether the co-occurrence of maladaptive behaviors thought to serve an emotion regulating function would be associated with greater emotion regulation difficulties compared to one or none of these behaviors. Study 1 included an undergraduate sample ($N = 119$; 76 %

female) and Study 2 included a sample of patients receiving treatment at a residential substance abuse treatment facility ($N = 82$; 48 % female). Subgroups were created based on the presence or absence of the following maladaptive behaviors: (a) deliberate self-harm (DSH) and disordered eating (Study 1); and (b) DSH, disordered eating, and substance misuse (Study 2). Subgroup differences in mean levels of emotion regulation difficulties (overall and six dimensions) were evaluated for each study. In Study 1, individuals who reported clinically-relevant levels of both DSH and disordered eating had more difficulties with emotion regulation (overall and three dimensions) compared to those who reported neither behavior. In Study 2, individuals who reported clinically-relevant levels of both DSH and substance misuse had more difficulties with emotion regulation (Study 2; overall and five dimensions) compared to those with only substance misuse. Overall, the results of these studies support the hypothesis that the co-occurrence of clinically-relevant maladaptive behaviors is associated with greater difficulties regulating emotions than the presence of only one maladaptive behavior (or no maladaptive behaviors). These findings suggest that clinical interventions targeting emotion regulation skills may be particularly useful for individuals who display a pattern of co-occurring maladaptive behaviors. Copyright © 2014 Springer.

Jobe-Shields, L., Andrews, A., Parra, G. R., & Williams, N. A. (2015). **Person-centered approaches to understanding early family risk.** *Journal of Family Theory & Review*, 7(4), 432-451.

Research consistently indicates that exposure to early family adversity is associated with compromised development in early childhood. Consequently, researchers, direct service workers, and policy makers have sought to understand and alleviate the multidimensional stressors faced by families during the prenatal and early childhood periods. Person-centered approaches are one method of understanding the interplay of risk factors. The present review synthesizes current person-centered research investigating social and economic risk factors during the prenatal and early childhood periods, and summarizes how person-centered approaches have advanced the understanding of early family risk and later child adaptive functioning. Results are discussed in the context of the family during early childhood development, with a discussion of clinical and prevention-based implications. Copyright © 2015 Wiley.

Kelly, A. B., Chan, G. C. K., Mason, W. A., & Williams, J. W. (2015). **The relationship between psychological distress and adolescent polydrug use.** *Psychology of Addictive Behaviors*, 29(3), 787-793.

Polydrug use is relatively common amongst adolescents. Psychological distress is associated with the use of specific drugs, and may be uniquely associated with polydrug use. The purpose was to test the association of psychological distress with polydrug use using a large adolescent sample. The sample consisted of 10,273 students aged 12-17 years of age from the State of Victoria, Australia. Participants completed frequency measures of tobacco, alcohol, cannabis, inhalant, and other drug use in the past thirty days, and psychological distress. Control variables included age, gender, family socioeconomic status, school suspensions, academic failure, cultural background, and peer drug use. Drug use classes were derived using latent class analysis, then the association of psychological distress and controls with drug use classes was modelled using multinomial ordinal regression. There were three distinct classes of drug use: *no drug use* (47.7%), *mainly alcohol use* (44.1%), and *polydrug use* (8.2%). Independent of all controls, psychological distress was higher in polydrug users and alcohol users, relative to nondrug users, and polydrug users reported more psychological distress than alcohol users. Psychological distress was most characteristic of polydrug users, and targeted prevention outcomes may be enhanced by a collateral focus on polydrug use and depression and/or anxiety. Copyright © 2014 American Psychological Association.

Lewis, J. T., Parra, G. R., & Cohen, R. (2015). **Apologies in close relationships: A review of theory and research.** *Journal of Family Theory & Review*, 7(1), 47-61.

This article summarizes current theory and research related to apologies in close relationships. Eight studies examined predictors of the occurrence and effectiveness of apologies, and 7 studies investigated outcomes

associated with apologies. Two studies investigated predictors and associated outcomes of apologies. Findings indicated that characteristics of the victim (e.g., willingness to empathize), characteristics of the transgressor (e.g., gender, personality), and specific contextual factors (e.g., relational closeness) influence the occurrence and effectiveness of an apology. Several factors, including the transgressor's ability to adopt a self-focus or self-other focus when apologizing, were associated with positive relationship outcomes. The review highlights a lack of consensus in apology conceptualization and the need for additional research on the role of apologies in maintaining close relationships. Copyright © 2014 National Council on Family Relations.

Mason, W. A., Hanson, K., Fleming, C. B., Ringle, J. L., & Haggerty, K. P. (2015). **Washington State recreational marijuana legalization: Parent and adolescent perceptions, knowledge, and discussions in a sample of low-income families.** *Substance Use & Misuse, 50*(5), 541-545.

In November 2012, Washington State and Colorado became the first states in the United States to legalize recreational marijuana use for adults, and Uruguay became the first country to allow the cultivation, distribution, possession, and use of marijuana. One possible consequence of these changes is increased adolescent marijuana use. Parents may mitigate this adverse consequence; however, whether parents and adolescents have accurate knowledge about the laws and are discussing marijuana use in light of the law changes is unknown. We examine perceptions, knowledge, and parent-child discussions about Washington State's recreational marijuana law in a sample of low-income families. Participants were a subset of families ($n = 115$) in an ongoing study that originally recruited parents and adolescents from middle schools in Tacoma, Washington. In summer 2013, when students were entering the 11th grade, students and their parents were asked questions about the recreational marijuana law. Participants perceived that their marijuana-related attitudes and behaviors changed little as a result of the law, and displayed uncertainty about what is legal and illegal. Most parents reported discussing the new law with their children but only occasionally, and conversations emphasized household rules, particularly among parent lifetime marijuana users compared to non-users. Results suggest that there should be a public health campaign focused on families that provides clear information about the recreational marijuana laws. Copyright © 2014 Informa Plc.

Savolainen, J., Hughes, L. A., Mason, W. A., Kivivuori, J., Hurting, T. M., Ebeling, H., Moilanen, I. K., Taanila, A. M. (2015). **Pubertal development and sexual intercourse among adolescent girls: An examination of direct, mediated, and spurious pathways.** *Youth and Society, 47*(4) 520-538.

There are strong reasons to assume that early onset of puberty accelerates coital debut among adolescent girls. Although many studies support this assumption, evidence regarding the putative causal processes is limited and inconclusive. In this research, longitudinal data from the 1986 Northern Finland Birth Cohort Study ($N = 2,596$) were used to address three theoretical explanations: (a) a *direct* effect premised on biological processes, (b) a *mediated* path based on social psychological processes, and (c) a *spurious* effect derived from the evolutionary theory of socialization. In support of the social psychological pathway, the negative association between age at menarche and coital status at age 15 was almost fully mediated by differential *social exposure*—an empirical construct measuring involvement in high-risk social contexts. Copyright © 2013 SAGE Publications.

Savolainen, J., Mason, W. A., Bolen, J. D., Chmelka, M. B., Hurtig, T., Ebeling, H., Nordström, T., Taanila, A. (2015). **The path from childhood behavioural disorders to felony offending: Investigating the role of adolescent drinking, peer marginalization, and school failure.** *Criminal Behaviour and Mental Health, 25*(5), 375-388.

Although a pathway from childhood behavioural disorders to criminal offending is well established, the aetiological processes remain poorly understood. Also, it is not clear if attention deficit hyperactivity disorder (ADHD) is predictive of crime in the absence of comorbid disruptive behaviour disorder (DBD). We examined two research questions: (1) Does ADHD have a unique effect on the risk of criminal offending, independently

of DBD? (2) Is the effect of childhood behavioural disorders on criminal offending direct or mediated by adolescent processes related to school experience, substance misuse and peers? Structural equation modelling, with latent variables, was applied to longitudinally collected data on 4644 men from the 1986 Northern Finland Birth Cohort Study. Both ADHD and DBD separately predicted felony conviction risk. Most of these effects were mediated by adolescent alcohol use and low academic performance. The effect of DBD was stronger and included a direct pathway to criminal offending. Findings were more consistent with the life course mediation hypothesis of pathways into crime than the behavioural continuity path, in that the effects of each disorder category were mediated by heavy drinking and educational failure. Preventing these adolescent risk outcomes may be an effective approach to closing pathways to criminal behaviour amongst behaviourally disordered children. However, as there was some evidence of a direct pathway from DBD, effective treatments targeting this disorder are also expected to reduce criminal offending. Copyright © 2014 John Wiley & Sons, Ltd.

[Spoth, R. L., Redmond, C., Mason, W. A., Schainker, L., & Borduin, L. \(2015\). Research on the Strengthening Families Program for Parents and Youth Ages 10-14: Long-term effects, mechanisms, translation to public health, PROSPER Partnership scale up.](#) In L. M. Scheier (Ed.), *Handbook of adolescent drug use prevention* (pp. 267-292). Washington, DC: American Psychological Association.

About 10 years ago, a special issue of the journal *Prevention Science* reviewed the “great progress” that had occurred in the subfield of family-focused preventive intervention research. The summary of almost two decades of effort highlighted how, in particular, the scientific community was well poised to seize an opportunity for larger scale implementation and greater public health impact (Spoth, Kavanagh, & Dishion, 2002). Over a decade later, the field has further progressed, and the opportunity for public health impact is even greater, although many challenges remain. In part, one of the articles (Spoth & Redmond, 2002) featured in the special issue reviewed the research to date on the Iowa Strengthening Families Program (subsequently revised and renamed the Strengthening Families Program: For Parents and Youth 10–14 [SFP 10-14]). In this chapter, we recapitulate and update this program of research. Most important, the chapter reflects the progress in the broader field of prevention science. It also illustrates critical opportunities that, when properly seized, could better achieve the public health impact through family-focused prevention. These opportunities are suggested by knowledge gaps addressed through the SFP 10-14 program of research. Copyright © 2015 American Psychological Association.

[Tillery, R., Cohen, R., Parra, G. R., Kitzmann, K. M., & Howard Sharp, K. M. \(2015\). Friendship and the socialization of sadness.](#) *Merrill-Palmer Quarterly*, 61(4), 486-508.

Children’s ability to manage the expression of sadness is critical to their development and adjustment. Although parents have been the primary focus of research examining sadness socialization, many acknowledge the influence of other agents such as children’s peers. The present research evaluated one type of emotion socialization—reactions to sadness—by two different socialization agents: mothers and best friends. The sample included 125 third-grade through fifth-grade children enrolled in classrooms for typically developing children who reported on their sadness management, their depressive symptoms, and their mother’s and best friend’s responses to their sadness. Results revealed that reactions to children’s sadness made unique contributions to children’s ability to manage sadness and were further related to children’s depressive symptoms. Mothers’ reactions appeared to be directly associated with children’s depressive symptoms, and best-friend reactions were indirectly associated with depressive symptoms through emotion management. These results highlight the value of examining multiple emotion socialization agents in children’s lives. Copyright © 2015 Wayne State University Press.

[Buckholdt, K. E., Parra, G. R., & Jobe-Shields, L. \(2014\). Intergenerational transmission of emotion dysregulation through parental invalidation of emotions: Implications for adolescent internalizing and externalizing behaviors. *Journal of Child and Family Studies*, 23, 324-332.](#)

We examined parent emotion dysregulation as part of a model of family emotion-related processes and adolescent psychopathology. Participants were 80 parent–adolescent dyads (mean age = 13.6; 79 % African-American and 17 % Caucasian) with diverse family composition and socioeconomic status. Parent and adolescent dyads self-reported on their emotion regulation difficulties and adolescents reported on their perceptions of parent invalidation (i.e., punishment and neglect) of emotions and their own internalizing and externalizing behaviors. Results showed that parents who reported higher levels of emotion dysregulation tended to invalidate their adolescent’s emotional expressions more often, which in turn related to higher levels of adolescent emotion dysregulation. Additionally, adolescent-reported emotion dysregulation mediated the relation between parent invalidation of emotions and adolescent internalizing and externalizing behaviors. Potential applied implications are discussed. Copyright © 2014 Springer.

[Jobe-Shields, L., Parra, G. R., & Buckholdt, K. E. \(2014\). Adolescent reactions to maternal responsiveness and internalizing symptomatology: A daily diary investigation. *Personal Relationships*, 21\(2\), 335-348.](#)

A daily diary methodology was employed to gather teens' perceptions of maternal responsiveness to daily stressful events and teens' reactions to maternal responsiveness in a diverse sample (792 entries from 104 teens; 81% African American, mean age = 13.7 years). Additionally, parents and teens completed baseline reports of internalizing symptoms. Diary findings were congruent with prior studies employing self-report measures of global maternal responses to emotion (e.g., higher probability of Accepting reactions to supportive responses, higher probabilities of Attack, Avoid-Withdraw reactions to nonsupportive responses). Elevated baseline internalizing symptoms were related to perception of elevated Punish and Magnify responses during the week, and more Avoidant (Avoid-Withdraw and Avoid-Protect) reactions to responsiveness. Results are discussed in the context of reciprocal emotion socialization processes. Copyright © 2014 John Wiley & Sons, Ltd

[Mason, W. A., & Fleming, C. B. \(2014\). A more accurate approach to assessing alcohol use by self-report? *The American Journal of Drug and Alcohol Abuse*, 40\(6\), 422-423.](#)

Studies of adolescent alcohol use commonly rely on a small number of self-report survey items used to calculate a quantity-frequency index (QFI). This approach requires respondents to average across multiple drinking occasions, and is susceptible to error due to social desirability as well as inaccurate recall. Consumption estimates based on traditional self-report methods often fall short of estimates based on sales data, suggesting that self-report measures are prone to underreporting bias. The consequences of measurement error include inaccurate assessment of drinking levels and imprecision that can attenuate estimates of associations between alcohol consumption and its predictors or sequelae. In a relatively straightforward albeit novel approach to this problem, Roberts and colleagues have proposed what may be a useful tool for enhancing the accuracy of self-reports of alcohol consumption based on a brand-specific measure of drinking. Both pilot research and the current study, which compares the new measure with the standard QFI, show this to be a feasible and promising methodology. This work emerges from a growing body of research that extends the QFI by more fully contextualizing drinking episodes to facilitate accurate self-reports. Whereas methods for situating respondents’ drinking within particular time points and locations have been developed and used successfully, relatively little attention has been given to the issue of alcohol branding in self-report methodology. Copyright © 2014 Informa Plc.

Tillery, R., DiSabatino, K., Parra, G. R., Buckholdt, K. E., & Jobe-Shields, L. (2014). **Examination of consistency of adolescent and parent reports across several psychosocial constructs.** *Personal Relationships, 21(4)*, 599-611.

This study investigated the consistency of discrepancy scores between adolescent and parent reports across several psychosocial constructs (adolescent internalizing, externalizing, emotion regulation difficulties, parent rewarding responses to adolescent emotions, and parent depressive symptoms). Sixty-two adolescents (67.7% females; 76.7% African American) and one of their parents participated. Most of the associations among discrepancy scores were equivalent. There was one instance in which the association among two discrepancy scores (youth internalizing and externalizing) was stronger than the others and one instance in which the association was weaker than the others (youth internalizing and parent rewarding). These results suggest that discrepancies between adolescent and parent reports are not necessarily a stable characteristic of the dyad and depend on the construct under consideration. Copyright © 2014 IARR.

Wymbs, B. T., McCarty, C. A., Mason, W. A., King, K. M., Baer, J. S., Vander Stoep, A., & McCauley, E. (2014). **Early adolescent substance use as a risk factor for developing conduct disorder and depression symptoms.** *Journal of Studies on Alcohol and Drugs, 75(2)*, 279-289.

Conduct disorder and depression symptoms are well-established risk factors for substance use during adolescence. However, few investigations have examined whether early substance use increases adolescents' risk of developing conduct disorder/depression symptoms. Using the Developmental Pathways Project sample of 521 middle school students (51.6% male), we tested whether substance use (indicated by alcohol and marijuana use, and use-related impairment) in 8th and 9th grade increased risk of conduct disorder and depression symptoms in 9th and 12th grade over and above prior symptoms. We examined whether associations between substance use and conduct disorder/depression symptoms were consistent across self- or parent-reported symptoms and whether associations were moderated by gender. Analyses indicated that, over and above prior symptoms, elevated substance use in 8th grade predicted elevated conduct disorder symptoms in 9th grade, and substance use in 9th grade predicted conduct disorder symptoms in 12th grade. In contrast, substance use failed to predict later depression symptoms independent of prior symptoms. These findings were consistent across self- and parent-reported conduct disorder/depression symptoms. With one exception (association between substance use in 8th grade and self-reported conduct disorder symptoms in 9th grade), relations between early substance use and later conduct disorder symptoms did not differ between boys and girls. Study findings underscore the unique contribution of substance use during early adolescence to the development of conduct disorder symptoms by late adolescence. Copyright © 2014 Rutgers University.

McCarty, C. A., Wymbs, B. T., Mason, W. A., King, K. M., McCauley, E., Baer, J., & Vander Stoep, A. (2013). **Early adolescent growth in depression and conduct problem symptoms as predictors of later substance use impairment.** *Journal of Abnormal Child Psychology, 41(7)*, 1041-1051.

Most studies of adolescent substance use and psychological comorbidity have examined the contributions of conduct problems and depressive symptoms measured only at particular points-in-time. Yet, during adolescence, risk factors such as conduct problems and depression exist within a developmental context, and vary over time. Though internalizing and comorbid pathways to substance use have been theorized (Hussong et al. *Psychology of Addictive Behaviors* 25:390-404,2011), the degree to which developmental increases in depressive symptoms and conduct problems elevate risk for substance use impairment among adolescents, in either an additive or potentially a synergistic fashion, is unclear. Using a school-based sample of 521 adolescents, we tested additive and synergistic influences of changes in depressive symptoms and conduct problems from 6th to 9th grade using parallel process growth curve modeling with latent interactions in the prediction of late adolescent (12th grade) substance use impairment, while examining gender as a moderator. We found that the interaction between growth in depression and conduct disorder symptoms uniquely predicted later substance use problems, in addition to main effects of each, across boys and girls. Results indicated that adolescents whose parents reported

increases in both depression and conduct disorder symptoms from 6th to 9th grade reported the most substance use-related impairment in 12th grade. The current study demonstrates that patterns of depression and conduct problems (e.g., growth vs. decreasing) are likely more important than the static levels at any particular point-in-time in relation to substance use risk. Copyright © 2013 Springer.

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 predictors 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.

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.

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 to mid-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.

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.

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. L. (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.

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.

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.

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; $M_{\text{age}} = 13.09$, $SD = .44$) and Victoria, Australia ($n = 984$, 76% of those eligible; $M_{\text{age}} = 12.93$, $SD = .41$). 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

The Neurobehavioral Research Center is a collaboration between Boys Town National Research Hospital and Boys Town Youth Care Services to study and improve methods for intervening early in the lives of children with behavioral and mental health problems. Boys Town's long history of providing effective treatment for children with a wide range of disorders and Boys Town National Research Hospital's successful history of research over the past 40 years, position the Center to become a state-of-the-art collaborative research effort that will offer evidence-based solutions for treatment to the larger mental health community. The Center actively partners with researchers both locally and nationally to develop the best practices to treat behavioral and mental health problems in children. The Center focuses on research programs in four areas: mood and anxiety disorders, disruptive behavior disorders, substance abuse, and web and computer-based therapeutics.

In Press

Zhang, R., Aloji, J., Bajaj, S., Bashford-Largo, J., Lukoff, J., Schwartz, A., Elowsky, J., Dobbertin, M., Blair, K. S., & Blair, R. J. R. (2023). **Dysfunction in differential reward-punishment responsiveness in conduct disorder relates to severity of callous-unemotional traits but not irritability.** *Psychological Medicine*, *53*(5), 1870-1880. OPEN ACCESS ARTICLE (article in press in 2022)

Background. Conduct disorder (CD) has been associated with dysfunction in reinforcement-based decision-making. Two forms of affective traits that reflect the components of CD severity are callous-unemotional (CU; reduced guilt/empathy) traits and irritability. The form of the reinforcement-based decision-making dysfunction with respect to CD and CU traits remains debated and has not been examined with respect to irritability in cases with CD. The goals of the current study were to determine the extent of dysfunction in differential (reward v. punishment) responsiveness in CD, and CU traits and irritability in participants with CD. **Methods.** The study involved 178 adolescents [typically developing (TD; N = 77) and cases with CD (N = 101)]. Participants were scanned with fMRI during a passive avoidance task that required participants to learn to respond to (i.e. approach) stimuli that engender reward and refrain from responding to (i.e. passively avoid) stimuli that engender punishment. **Results.** Adolescents with CD showed reduced differential reward-punishment responsiveness within the striatum relative to TD adolescents. CU traits, but not irritability, were associated with reduced differential reward-punishment responsiveness within the striatum, rostromedial, and lateral frontal cortices. **Conclusions.** The results suggest CD is associated with reduced differential reward-punishment responsiveness and the extent of this dysfunction in participants with CD is associated with the severity of CU traits but not irritability. Copyright © The Author(s), 2021. Published by Cambridge University Press.

Published

Bajaj, S., Blair, K., Dobbertin, M., Tyler, P., Ringle, J., Zhang, R., Mathur, A., Bashford-Largo, J., Elowsky, J., & Blair, J. (2022). **Identification of structural brain alterations in adolescents at suicide risk: A machine learning approach.** *Biological Psychiatry*, *91*(9), S378-S379.

Suicide is one of the leading causes of death in youth in the US. Previous studies have mainly attempted to examine structural neural correlates of suicide risk using pre-specified brain regions. The current study implements a machine-learning (ML) algorithm to examine whole-brain structural brain alterations in adolescents at suicide risk relative to typically developing (TD) adolescents. Copyright © 2022 Elsevier, Inc.

Blair, K. S., Aloji, J., Bashford-Largo, J., Zhang, R., Elowsky, J., Lukoff, J., Vogel, S., Carollo, E., Schwartz, A., Pope, K., Bajaj, S., Tottenham, N., Dobbertin, M., & Blair, R. J. (2022). **Different forms of childhood maltreatment have different impacts on the neural systems involved in the representation of reinforcement value.** *Developmental Cognitive Neuroscience, 53*, 101051. OPEN ACCESS ARTICLE

Background. The current study aimed to address two gaps in the literature on child maltreatment, reinforcement processing and psychopathology. First, the extent to which compromised reinforcement processing might be particularly associated with either neglect or abuse. Second, the extent to which maltreatment-related compromised reinforcement processing might be associated with particular symptom sets (depression, conduct problems, anxiety) or symptomatology more generally. **Methods.** A sample of adolescents (N = 142) aged between 14 and 18 years with varying levels of prior maltreatment participated in this fMRI study. They were scanned while performing a passive avoidance learning task, where the participant learns to respond to stimuli that engender reward and avoid responding to stimuli that engender punishment. Maltreatment (abuse and neglect) levels were assessed with the Childhood Trauma Questionnaire (CTQ). **Results.** We found that: (i) level of neglect, but not abuse, was negatively associated with differential BOLD responses to reward-punishment within the striatum and medial frontal cortex; and (ii) differential reward-punishment responses within these neglect-associated regions were particularly negatively associated with level of conduct problems. **Conclusion.** Our findings demonstrate the adverse neurodevelopmental impact of childhood maltreatment, particularly neglect, on reinforcement processing. Moreover, they suggest a neurodevelopmental route by which neglect might increase the risk for conduct problems. Copyright © 2022 The Authors. Published by Elsevier.

Aloji, J., Blair, K. S., Meffert, H., White, S. F., Hwang, S., Tyler, P. M., Crum, K. I., Thornton, L. C., Mobley, A., Killanin, A. D., Filbey, F. M., Pope, K., & Blair, R. J. R. (2021). **Alcohol use disorder and cannabis use disorder symptomatology in adolescents is associated with dysfunction in neural processing of future events.** *Addiction Biology, 26*(1), e12885.

Two of the most commonly used substances by adolescents in the United States are cannabis and alcohol. Cannabis use disorder (CUD) and alcohol use disorder (AUD) are associated with impairments in decision-making processes. One mechanism for impaired decision-making in these individuals is thought to be an inability to adequately represent future events during decision-making. In the current study involving 112 adolescents, we used a comparative optimism task to examine the relationship between relative severity of CUD/AUD (as indexed by the CUD/AUD Identification Tests [CUDIT/AUDIT]) and atypical function within neural systems underlying affect-based neural representation future events. Greater CUDIT scores were negatively related to responses within subgenual anterior and posterior cingulate cortex when processing high-intensity potential future positive and negative events. There was also a particularly marked negative relationship between CUD symptoms and blood oxygen level-dependent (BOLD) responses within visual and premotor cortices to high-intensity, negatively valenced potential future events. However, AUD symptom severity was not associated with dysfunction within these brain regions. These data indicate that relative risk/severity of CUD is associated with reduced responsiveness to future high-intensity events. This may impair decision-making where future significant consequences should guide response choice. Copyright © 2020 Society for the Study of Addiction.

Aloji, J., Crum, K. I., Blair, K. S., Zhang, R., Bashford-Largo, J., Bajaj, S., Schwartz, A., Carollo, E., Hwang, S., Leiker, E., Filbey, F. M., Averbek, B. B., Dobbertin, M., & Blair, R. J. R. (2021). **Individual associations of adolescent alcohol use disorder versus cannabis use disorder symptoms in neural prediction error signaling and the response to novelty.** *Developmental Cognitive Neuroscience, 48*, 100944. OPEN ACCESS ARTICLE

Two of the most commonly used illegal substances by adolescents are alcohol and cannabis. Alcohol use disorder (AUD) and cannabis use disorder (CUD) are associated with poorer decision-making in adolescents. In adolescents, level of AUD symptomatology has been negatively associated with striatal reward

responsivity. However, little work has explored the relationship with striatal reward prediction error (RPE) representation and the extent to which any augmentation of RPE by novel stimuli is impacted. One-hundred fifty-one adolescents participated in the Novelty Task while undergoing functional magnetic resonance imaging (fMRI). In this task, participants learn to choose novel or non-novel stimuli to gain monetary reward. Level of AUD symptomatology was negatively associated with both optimal decision-making and BOLD response modulation by RPE within striatum and regions of prefrontal cortex. The neural alterations in RPE representation were particularly pronounced when participants were exploring novel stimuli. Level of CUD symptomatology moderated the relationship between novelty propensity and RPE representation within inferior parietal lobule and dorsomedial prefrontal cortex. These data expand on an emerging literature investigating individual associations of AUD symptomatology levels versus CUD symptomatology levels and RPE representation during reinforcement processing and provide insight on the role of neuro-computational processes underlying reinforcement learning/decision-making in adolescents. Copyright © 2021 Elsevier.

[Bashford-Largo, J., Aloï, J., Lukoff, J., Johnson, K., White, S. F., Dobbertin, M., Blair, R. J. R., & Blair, K. S. \(2021\). **Reduced top-down attentional control in adolescents with generalized anxiety disorder.** *Brain and Behavior, 11*\(2\), e01994. OPEN ACCESS ARTICLE](#)

Background. Generalized anxiety disorder (GAD) can significantly impair quality of life and is associated with a relatively poor long-term prognosis. Anxiety disorders are often associated with hyper-responsiveness to threat, perhaps coupled with impaired executive functioning. However, GAD, particularly adolescent GAD, has been the focus of little functional neuroimaging work compared to other anxiety disorders. Here, we examine the neural association of adolescent GAD with responsiveness to threat and response control. **Methods.** The study involved 35 adolescents with GAD and 34 healthy comparison individuals ($N = 69$) matched on age, gender, and IQ. Participants were scanned during an affective number Stroop task. **Results.** We found significant Group-by-Task Condition interactions in regions involved in response control/motor responding (bilateral precentral gyri and cerebellum) and/or cognitive control/attention (dorsomedial and lateral frontal cortex, posterior cingulate cortex, cuneus, and precuneus). In line with predictions, the youth with GAD showed significantly less recruitment during task trials than the healthy comparison individuals. However, no indications of specific heightened responses to threat were seen. **Conclusions.** GAD involves reduced capacity for engaging regions involved in response control/motor responding and/or cognitive control/attention. This might reflect either a secondary consequence of the patient's worry or an early risk factor for the development of worry. Copyright © 2021 John Wiley & Sons, Inc.

[Bashford-Largo, J., Aloï, J., Zhang, R., Bajaj, S., Carollo, E., Elowsky, J., Schwartz, A., Dobbertin, M., Blair, R. J. R., & Blair, K. S. \(2021\). **Reduced neural differentiation of rewards and punishment during passive avoidance learning in adolescents with generalized anxiety disorder.** *Depression and Anxiety, 38*\(8\), 794-803.](#)

Background. It has been proposed that individuals with generalized anxiety disorder (GAD) show dysfunctional computations related to approach-avoidance decision-making. However, few studies have examined the neural basis of this impairment, particularly in adolescents with GAD. The goal of the current study was to address this gap in the literature. **Method.** The study involved 51 adolescents with GAD and 51 typically developing (TD) comparison individuals matched on age (16.10 and 15.75 respective means), gender (30 F/21 M and 24 F/27 M), and IQ (103.20 and 103.18 respective means). Participants underwent functional magnetic resonance imaging during a passive avoidance task. **Results.** We found a significant Group-by-Reinforcement interaction within reward-related brain regions including the caudate, putamen, mid cingulate/paracentral lobule, and superior and middle frontal gyrus. TD adolescents showed a greater differential response to reward versus punishment feedback within these regions relative to adolescents with GAD. In particular, this reflected reduced responses to rewards in the adolescents with GAD. There were no group differences in neural responses when making approach/avoidance responses. **Conclusion.** The results of this study suggest reduced differential responsiveness to reinforcement as a component of the pathophysiology seen in adolescents with GAD.

This dysfunction likely underpins decision-making impairments that may exacerbate the participants' worry. Copyright © 2021 John Wiley & Sons, Inc.

Blair, R. J., Zhang, R., Bashford-Largo, J., Bajaj, S., Marthur, A., Ringle, J., Schwartz, A., Elowsky, J., Dobbertin, M., Blair, K. S., & Tyler, P. M. (2021). **Reduced neural responsiveness to looming stimuli is associated with increased aggression.** *Social Cognitive and Affective Neuroscience*, *16*(10), 1091-1099. OPEN ACCESS ARTICLE

While neuro-cognitive work examining aggression has examined patients with conditions at increased risk for aggression or individuals self-reporting past aggression, little work has attempted to identify neuro-cognitive markers associated with *observed/recorded* aggression. The goal of the current study was to determine the extent to which aggression by youth in the first three months of residential care was associated with atypical responsiveness to threat stimuli. This functional MRI study involved 98 (68 male; mean age = 15.96 [sd = 1.52]) adolescents in residential care performing a looming threat task involving images of threatening and neutral human faces or animals that appeared to be either loom or recede. Level of aggression was negatively associated with responding to looming stimuli (irrespective of whether these were threatening or neutral) within regions including bilateral inferior frontal gyrus, right inferior parietal lobule, right superior/middle temporal gyrus and a region of right uncus proximal to the amygdala. These data indicate that aggression level is associated with a decrease in responsiveness to a basic threat cue-looming stimuli. Reduced threat responsiveness likely results in the individual being less able to represent the negative consequences that may result from engaging in aggression, thereby increasing the risk for aggressive episodes. Copyright © 2021 Oxford University Press.

Blair, R. J. R., Bajaj, S., Sherer, N., Bashford-Largo, J., Zhang, R., Aloj, J., Hammond, C., Lukoff, J., Schwartz, A., Elowsky, J., Tyler, P., Filbey, F. M., Dobbertin, M., & Blair, K. S. (2021). **Alcohol use disorder and cannabis use disorder symptomatology in adolescents and aggression: Associations with recruitment of neural regions implicated in retaliation.** *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, *6*(5), 536-544.

Background. Alcohol and cannabis are commonly used by adolescents in the United States. Both alcohol use disorder (AUD) and cannabis use disorder (CUD) have been associated with an increased risk of aggression. One form of aggression seen during retaliation is reactive aggression to social provocation. This study investigated the association between AUD and CUD symptom severity and recruitment of neural regions implicated in retaliation. Methods. In this study, 102 youths aged 13–18 years (67 male; 84 in residential care) completed self-report measures of aggression-related constructs and participated in a retaliation task during functional magnetic resonance imaging to investigate the association between relative severity of AUD/CUD and atypical recruitment of regions implicated in retaliation. Results. AUD Identification Test scores were positively associated with irritability and reactive aggression scores. CUD Identification Test scores were positively associated with callous-unemotional traits and both proactive and reactive aggression scores. In functional magnetic resonance imaging analyses, only AUD Identification Test (not CUD Identification Test) scores were associated with an exaggerated recruitment of regions implicated in retaliation (dorsomedial frontal, anterior insula cortices, caudate, and, to a lesser extent, periaqueductal gray). Conclusions. These data suggest that relative severity of AUD is associated with a disinhibited, exaggerated retaliation response that relates to an increased risk for reactive aggression. Similar findings were not related to severity of CUD. Copyright © 2021. Published by Elsevier Inc on behalf of Society of Biological Psychiatry.

Blair, R. J. R., Bashford-Largo, J., Zhang, R., Mathur, A., Schwartz, A., Elowsky, J., Tyler, P., Hammond, C. J., Filbey, F. M., Dobbertin, M., Bajaj, S., & Blair, K. S. (2021). **Alcohol and cannabis use disorder symptom severity, conduct disorder, and callous-unemotional traits and impairment in expression recognition.** *Frontiers in Psychiatry*, *12*, 714189. OPEN ACCESS ARTICLE

Background: Alcohol and cannabis are commonly used by adolescents in the United States. Both alcohol use disorder (AUD) and cannabis use disorder (CUD) have been associated with reduced emotion expression

recognition ability. However, this work has primarily occurred in adults and has not considered neuro-cognitive risk factors associated with conduct problems that commonly co-occur with, and precede, substance use. Yet, conduct problems are also associated with reduced emotion expression recognition ability. The current study investigated the extent of negative association between AUD and CUD symptom severity and expression recognition ability *over and above* any association of expression recognition ability with conduct problems [conduct disorder (CD) diagnostic status]. Methods: In this study, 152 youths aged 12.5–18 years (56 female; 60 diagnosed with CD) completed a rapid presentation morphed intensity facial expression task to investigate the association between relative severity of AUD/CUD and expression recognition ability. Results: Cannabis use disorder identification test (CUDIT) scores were negatively associated with recognition accuracy for higher intensity (particularly sad and fearful) expressions while CD diagnostic status was independently negatively associated with recognition of sad expressions. Alcohol use disorder identification test (AUDIT) scores were not significantly associated with expression recognition ability. Conclusions: These data indicate that relative severity of CUD and CD diagnostic status are statistically independently associated with reduced expression recognition ability. On the basis of these data, we speculate that increased cannabis use during adolescence may exacerbate a neuro-cognitive risk factor for the emergence of aggression and antisocial behavior. Copyright © 2021 Frontiers Media S.A.

Crum, K. I., Hwang, S., Blair, K. S., Aloji, J. M., Meffert, H., White, S. F., Tyler, P. M., Leibenluft, E., Pope, K., & Blair, R. J. R. (2021). **Interaction of irritability and anxiety of emotional responding and emotion regulation: A functional MRI study.** *Psychological Medicine, 51*(16), 2778-2788. OPEN ACCESS ARTICLE

Background. Irritability and anxiety frequently co-occur in pediatric populations. Studies separately looking at the neural correlates of these symptoms have identified engagement of similar neural systems – particularly those implicated in emotional processing. Both irritability and anxiety can be considered negative valence emotional states that might relate to emotion dysregulation. However, previous work has not examined the neural responding during the performance of an emotion regulation task as a function of interaction between irritability and anxiety simultaneously. Methods. This fMRI study involved 155 participants (90 with significant psychopathologies and 92 male) who performed the Affective Stroop Task, designed to engage emotion regulation as a function of task demands. The Affective Reactivity Index (ARI) was used to index irritability and the Screen for Child Anxiety Related Emotional Disorders (SCARED) was used to index anxiety. Results. Levels of irritability, but not anxiety, was positively correlated with responses to visual images within the right rostro-medial prefrontal cortex and left anterior cingulate cortex during view trials. The second region of ventral anterior cingulate cortex showed a condition-by-emotion-by-ARI score-by-SCARED score interaction. Specifically, anxiety level was significantly correlated with a decreased differential BOLD response to negative relative to neutral view trials but only in the presence of relatively high irritability. Conclusions. Atypical maintenance of emotional stimuli within the rostro-medial prefrontal cortex may exacerbate the difficulties faced by adolescents with irritability. Moreover, increased anxiety combined with significant irritability may disrupt an automatic emotional conflict-based form of emotion regulation that is particularly associated with the ventral anterior cingulate cortex. Copyright © 2020 Cambridge University Press.

Zhang, R., Bashford-Largo, J., Lukoff, J., Elowsky, J., Carollo, E., Schwartz, A., Dobbertin, M., Bajaj, S., Blair, K. S., Ellen Leibenluft, E., & Blair, R. J. R. (2021). **Callous-unemotional traits moderate the relationship between irritability and threatening responding.** *Frontiers in Psychiatry, 12*, 617052. OPEN ACCESS ARTICLE

Background: Irritability and callous-unemotional (CU; reduced guilt/empathy) traits vary dimensionally in the typically developing population but may be particularly marked in youth with conduct disorder (CD). While these dimensional traits are positively correlated, they have been associated with divergent forms of dysfunction, particularly with respect to threat processing (i.e., irritability with increased, and CU traits with decreased, threat responsiveness). This suggests that interactions between these two dimensions may be complex at the neurobiological level. However, this issue has received minimal empirical attention. Methods: The study included 105 adolescents (typically developing and cases with CD; $N = 59$). They were scanned with

fMRI during a looming threat task that involved images of threatening and neutral human faces or animals that appeared to be either looming or receding. Results: Significant *irritability-by-CU traits-by-Direction-by-Emotion interactions* were seen within right thalamus/PAG, left lingual gyrus and right fusiform gyrus; irritability was positively associated with the BOLD response for Looming Threatening vs. Receding Threatening trials, particularly for youth with low CU traits. In contrast, CU traits were *negatively* associated with the same differential BOLD response but particularly for youth showing higher levels of irritability. Similar findings were seen within left ventral anterior and posterior cingulate cortices, though the addition of the interaction with CU traits was only seen at slightly more lenient thresholds. Conclusions: The results support previous work linking irritability to increased, and CU traits to reduced, threat responsiveness. However, for adolescents with high irritability, if CU traits are also high, the underlying neuropathology appears to relate to reduced, rather than increased, threat responsiveness. Copyright © 2021 Frontiers Media S.A.

Aloi, J., Meffert, H., White, S. F., Hwang, S., Tyler, P. M., Thornton, L. C., Crum, K. I., Adams, K. O., Killanin, A. D., Filbey, F., Pope, K., & Blair, R. J. R. (2019). **Differential dysfunctions related to alcohol and cannabis use disorder symptom severity in reward and error-processing neuro-circuitries in adolescents.** *Developmental Cognitive Neuroscience*, *36*, 100618. OPEN ACCESS ARTICLE.

Alcohol and cannabis are two of the most commonly used substances by adolescents and are associated with adverse medical and psychiatric outcomes. These adverse psychiatric outcomes may reflect the negative impact of alcohol and/or cannabis abuse on neural systems mediating reward and/or error detection. However, work indicative of this has mostly been conducted in adults with Alcohol and/or Cannabis Use Disorder (i.e., AUD and CUD), with relatively little work in adolescent patients. Furthermore, of the work that has been conducted in adolescents, groups were based on categorical diagnoses of AUD and/or CUD, so the relationship between AUD and/or CUD symptom severity in adolescents and neural dysfunction is unclear. We used a Monetary Incentive Delay (MID) task to examine the relationship between AUDIT and/or CUDIT scores and functional integrity of neuro-circuitries mediating reward processing and error detection within 150 adolescents. Our findings indicate that AUDIT score is negatively related to activity in reward processing neuro-circuitry in adolescents. However, CUDIT score is negatively related to activity in brain regions involved in error detection. Each of these relationships reflected a medium effect size (Partial- η^2 0.09-0.14). These data suggest differential impacts of AUD and CUD on reward versus error detection neuro-circuitries within the adolescent brain. Copyright © 2018 Elsevier.

Blair, K., Aloi, J., Crum, K., Meffert, H., White, S., Taylor, B. K., Leiker, E. K., Thornton, L. C., Tyler, P. M., Shah, N., Johnson, K., Abdel-Rahim, H., Lukoff, J., Dobbertin, M., Pope, K., Pollak, S., & Blair, R. J. (2019). **Associations of different types of childhood maltreatment with emotional responding and response control among youths.** *JAMA Network Open*, *2*(5), e194604. OPEN ACCESS ARTICLE

Importance. Childhood maltreatment is associated with serious developmental consequences that may be different depending on the form of maltreatment. However, relatively little research has investigated this issue despite implications for understanding the development of psychiatric disorders after maltreatment. Objective. To determine the association of childhood maltreatment and potential differential associations of childhood abuse or neglect with neural responsiveness within regions of the brain implicated in emotional responding and response control. Design, Setting, and Participants. In this cross-sectional study, participants aged 10 to 18 years with varying levels of prior maltreatment as indexed by the Childhood Trauma Questionnaire (CTQ) were recruited from a residential care facility and the surrounding community. Blood oxygen level-dependent response data were analyzed via 2 analyses of covariance that examined 2 (sex) × 3 (task condition [view, congruent, incongruent]) × 3 (valence [negative, neutral, positive]) with Blom-transformed covariates: (1) total CTQ score; and (2) abuse and neglect subscores. Data were collected from April 1, 2016, to June 30, 2018. Data analyses occurred from June 10, 2018, to October 31, 2018. Main Outcomes and Measures. Blood oxygenation level-dependent signals in response to an Affective Stroop task were measured via functional magnetic resonance imaging. Results. The sample included 116 youths (mean

[SD] age, 15.0 [2.2] years; 70 [60.3%] male). Fifteen participants reported no prior maltreatment. The remaining 101 participants (87.1%) reported at least some prior maltreatment, and 55 (54.5%) reported significant maltreatment, ie, total CTQ scores were greater than the validated CTQ score threshold of 40. There were significant total CTQ score \times task condition associations within the bilateral postcentral gyrus, left precentral gyrus, midcingulate cortex, middle temporal gyrus, and superior temporal gyrus (left postcentral gyrus: $F = 11.73$; partial $\eta^2 = 0.14$; right postcentral and precentral gyrus: $F = 9.81$; partial $\eta^2 = 0.10$; midcingulate cortex: $F = 12.76$; partial $\eta^2 = 0.12$; middle temporal gyrus: $F = 13.24$; partial $\eta^2 = 0.10$; superior temporal gyrus: $F = 10.33$; partial $\eta^2 = 0.11$). In all examined regions of the brain, increased maltreatment was associated with decreased differential responsiveness to incongruent task trials compared with view trials (left postcentral gyrus: $r = -0.34$; 95% CI, -0.17 to -0.51 ; right postcentral and precentral gyrus: $r = -0.31$; 95% CI, -0.14 to -0.49 ; midcingulate cortex: $r = -0.36$; 95% CI, -0.18 to -0.53 ; middle temporal gyrus: $r = -0.35$; 95% CI, -0.17 to -0.52 ; superior temporal gyrus: $r = -0.37$; 95% CI, -0.20 to -0.55). These interactions were particularly associated with level of abuse rather than neglect. A second analysis of covariance revealed significant abuse \times task condition (but not neglect \times task) interactions within the midcingulate cortex ($F = 13.96$; partial $\eta^2 = 0.11$), right postcentral gyrus and inferior parietal lobule ($F = 15.21$; partial $\eta^2 = 0.12$), left postcentral and precentral gyri ($F = 11.16$; partial $\eta^2 = 0.12$), and rostromedial frontal cortex ($F = 10.36$; partial $\eta^2 = 0.08$). In all examined regions of the brain, increased abuse was associated with decreased differential responsiveness to incongruent task trials compared with view trials (midcingulate cortex: partial $r = -0.33$; $P < .001$; right postcentral gyrus and inferior parietal lobule: partial $r = -0.41$; $P < .001$; left postcentral and precentral gyri: partial $r = -0.40$; $P < .001$; and rostromedial frontal cortex: partial $r = -0.40$; $P < .001$). Conclusions and Relevance. These data document associations of different forms of childhood maltreatment with atypical neural response. This suggests that forms of maltreatment may differentially influence the development of psychiatric pathology. Copyright © 2020 American Medical Association.

Blair, R. J. R., White, S. F., Tyler, P. M., Johnson, K., Lukoff, J., Thornton, L. C., Leiker, E. K., Filbey, F., Dobbertin, M., & Blair, K. S. (2019). **Threat responsiveness as a function of cannabis and alcohol use disorder severity.** *Journal of Child and Adolescent Psychopharmacology*, 29(7), 526-534.

Objective. Two of the most commonly abused substances by adolescents in the United States are alcohol and cannabis, both of which are associated with adverse medical and psychiatric outcomes throughout the lifespan. Both are assumed to impact the development of emotional processing although findings on the direction of this impact have been mixed. Preclinical animal work and some functional magnetic resonance imaging (fMRI) work with humans have suggested cannabis use disorder (CUD) and alcohol use disorder (AUD) are associated with increased threat responsiveness. However, other fMRI work has indicated CUD/AUD are associated with diminished threat responsiveness. In this study, we report on a study examining the relationship of severity of CUD/AUD and threat responsiveness in an adolescent population. **Methods.** The study involved 87 (43 male) adolescents with varying levels of CUD/AUD symptomatology ($N = 45$ above clinical cutoffs for CUD or AUD). They were scanned with fMRI during a looming threat task that involved images of threatening and neutral human faces or animals that appeared to be either looming or receding. **Results.** Increasing levels of CUD symptomatology were associated with decreased responding to looming stimuli within regions, including rostral frontal and fusiform gyrus as well as the amygdala. There were no relationships with AUD symptomatology. **Conclusions.** These data indicate that CUD in particular is associated with a decrease in responsiveness to the looming threat cue possibly relating to the putative neurotoxic impact of cannabis abuse. Copyright © 2020 Mary Ann Liebert, Inc., publishers.

Hwang, S., Meffert, H., Parsley, I., Tyler, P. M., Erway, A. K., Botkin, M., Pope, K., & Blair, R. J. R. (2019). **Segregating sustained attention from response inhibition in ADHD: An fMRI study.** *Neuroimage: Clinical*, 21, 101677. OPEN ACCESS ARTICLE.

Background. The functional significance of the impairment shown by patients with ADHD on response inhibition tasks is unclear. Dysfunctional behavioral and BOLD responses to rare no-go cues might reflect

disruption of response inhibition (mediating withholding the response) or selective attention (identifying the rare cue). However, a factorial go/no-go design (involving high and low frequency go and no-go stimuli) can disentangle these possibilities. **Methods.** Eighty youths [22 female, mean age = 13.70 (SD = 2.21), mean IQ = 104.65 (SD = 13.00); 49 with diagnosed ADHD] completed the factorial go/no-go task while undergoing fMRI. **Results.** There was a significant response type-by-ADHD symptom severity interaction within the left anterior insula cortex; increasing ADHD symptom severity was associated with decreased recruitment of this region to no-go cues irrespective of cue frequency. There was also a significant frequency-by-ADHD symptom severity interaction within the left superior frontal gyrus. ADHD symptom severity showed a quadratic relationship with responsiveness to low frequency cues (irrespective of whether these cues were go or no-go); within this region, at lower levels of symptom severity, increasing severity was associated with increased BOLD responses but at higher levels of symptom severity, decreasing BOLD responses. **Conclusion.** The current study reveals two separable forms of dysfunction that together probably contribute to the impairments shown by patients with ADHD on go/no-go tasks. Copyright © 2018 Elsevier.

Leiker, E. K., Meffert, H., Thornton, L. C., Taylor, B. K., Aloji, J., Abel-Rahim, H., Shah, N., Tyler, P. M., White, S. F., Blair, K. S., Filbey, F., Pope, K., Dobbertin, M., & Blair, R. J. R. (2019). Alcohol use disorder and cannabis use disorder symptomology in adolescents are differentially related to dysfunction in brain regions supporting face processing. *Psychiatry Research: Neuroimaging*, 292, 62-71.

Despite extensive behavioral evidence of impairments in face processing and expression recognition in adults with alcohol or cannabis use disorders (AUD/CUD), neuroimaging findings have been inconsistent. Moreover, relatively little work has examined the relationship of AUD or CUD symptoms with face or expression processing within adolescents. Given the high prevalence of alcohol and cannabis use during adolescence, understanding how these usage behaviors interact with neural mechanisms supporting face and expression processing could have important implications for youth social and emotional functioning. In this study, adolescents (N = 104) responded to morphed fearful and happy expressions during fMRI and their level of AUD and/or CUD symptoms were related to the BOLD response data. We found that AUD and CUD symptom severity were both negatively related to responses to faces generally. However, whereas this relationship was shown for AUD within ventromedial prefrontal cortex and lingual gyrus, it was shown for CUD within rostromedial prefrontal cortex including anterior cingulate cortex. Additionally, AUD symptom levels were associated with differential responses within medial temporal pole and inferior parietal lobule as a function of expression. These results have potential implications for understanding the social and emotional functioning of adolescents with AUD and CUD symptoms. Copyright © 2020 Elsevier

Tyler, P. M., White, S. F., Thompson, R. W., & Blair, R. J. (2019). Applying a cognitive neuroscience perspective to disruptive behavior disorders: Implications for schools. *Developmental Neuropsychology*, 44(1), 17-42.

A cognitive neuroscience perspective seeks to understand behavior, in this case disruptive behavior disorders (DBD), in terms of dysfunction in cognitive processes underpinned by neural processes. While this type of approach has clear implications for clinical mental health practice, it also has implications for school-based assessment and intervention with children and adolescents who have disruptive behavior and aggression. This review articulates a cognitive neuroscience account of DBD by discussing the neurocognitive dysfunction related to emotional empathy, threat sensitivity, reinforcement-based decision-making, and response inhibition. The potential implications for current and future classroom-based assessments and interventions for students with these deficits are discussed. Copyright © 2017 Taylor & Francis.

Aloi, J., Blair, K. S., Crum, K. I., Meffert, H., White, S. F., Tyler, P. M., Thornton, L. C., Killanin, A. D., Mobley, A. M., Adams, K. O., Filbey, F. M., Pope, K., & Blair, R. J. R. (2018). **Adolescents show differential dysfunctions related to Alcohol and Cannabis Use Disorder severity in emotion and executive attention neuro-circuitries.** *NeuroImage: Clinical, 19*, 782-792.

Alcohol and cannabis are two substances that are commonly abused by adolescents in the United States and which, when abused, are associated with negative medical and psychiatric outcomes across the lifespan. These negative psychiatric outcomes may reflect the detrimental impact of substance abuse on neural systems mediating emotion processing and executive attention. However, work indicative of this has mostly been conducted either in animal models or adults with Alcohol and/or Cannabis Use Disorder (AUD/CUD). Little work has been conducted in adolescent patients. In this study, we used the Affective Stroop task to examine the relationship in 82 adolescents between AUD and/or CUD symptom severity and the functional integrity of neural systems mediating emotional processing and executive attention. We found that AUD symptom severity was positively related to amygdala responsiveness to emotional stimuli and negatively related to responsiveness within regions implicated in executive attention and response control (i.e., dorsolateral prefrontal cortex, anterior cingulate cortex, precuneus) as a function of task performance. In contrast, CUD symptom severity was unrelated to amygdala responsiveness but positively related to responsiveness within regions including precuneus, posterior cingulate cortex, and inferior parietal lobule as a function of task performance. These data suggest differential impacts of alcohol and cannabis abuse on the adolescent brain. Copyright © 2018 Elsevier.

Meffert, H., Thornton, L. C., Tyler, P. M., Botkin, M. L., Erway, A. E., Kolli, V., Pope, K., White, S. F., & Blair, R. J. R. (2018). **Moderation of prior exposure to trauma on the inverse relationship between callous-unemotional traits and amygdala responses to fearful expressions: An exploratory study.** *Psychological Medicine, 48(15)*, 2541-2549.

Background. Previous work has shown that amygdala responsiveness to fearful expressions is inversely related to level of callous-unemotional (CU) traits (i.e. reduced guilt and empathy) in youth with conduct problems. However, some research has suggested that the relationship between pathophysiology and CU traits may be different in those youth with significant prior trauma exposure. Methods. In experiment 1, 72 youth with varying levels of disruptive behavior and trauma exposure performed a gender discrimination task while viewing morphed fear expressions (0, 50, 100, 150 fear) and Blood Oxygenation Level Dependent responses were recorded. In experiment 2, 66 of these youth performed the Social Goals Task, which measures self-reports of the importance of specific social goals to the participant in provoking social situations. Results. In experiment 1, a significant CU traits-by-trauma exposure interaction was observed within right amygdala; fear intensity-modulated amygdala responses negatively predicted CU traits for those youth with low levels of trauma but positively predicted CU traits for those with high levels of trauma. In experiment 2, a bootstrapped model revealed that the indirect effect of fear intensity amygdala response on social goal importance through CU traits is moderated by prior trauma exposure. Conclusions. This study, while exploratory, indicates that the pathophysiology associated with CU traits differs in youth as a function of prior trauma exposure. These data suggest that prior trauma exposure should be considered when evaluating potential interventions for youth with high CU traits. Copyright © 2017 Cambridge University Press.

White, S. F., Tyler, P. M., Botkin, M. L., Erway, A. K., Thornton, L. C., Kolli, V., Pope, K., Meffert, H., & Blair, R. J. (2016). **Youth with substance abuse histories exhibit dysfunctional representation of expected value during a passive avoidance task.** *Psychiatry Research: Neuroimaging, 257*, 17-24.

Individuals with substance abuse (SA) histories show impairment in the computations necessary for decision-making, including expected value (EV) and prediction error (PE). Neuroimaging findings, however, have been inconsistent. Sixteen youth with (SA_{positive}) and 29 youth without (SA_{negative}) substance abuse histories completed a passive avoidance task while undergoing functional MRI. The groups did not significantly differ on age, gender

composition or IQ. Behavioral results indicated that SA_{positive} youth showed significantly less learning than SA_{negative} youth over the task. SA_{positive} youth show problems representing EV information when attempting to avoid sub-optimal choices in bilateral inferior frontal gyrus and striatum. Furthermore, SA_{positive} youth showed a significantly increased differential response to reward versus punishment feedback modulated by PE in posterior cingulate cortex relative to SA_{negative} youth. Disrupted decision-making is likely to exacerbate SA as a failure to represent EV during the avoidance of sub-optimal choices is likely to increase the likelihood of SA. With respect to the representation of PE, future work will be needed to clarify the impact of different substances on the neural systems underpinning PE representation. Moreover, interaction of age/development and substance abuse on PE signaling will need to be explored. Copyright © 2016 Elsevier Ireland Ltd.

[White, S. F., Tyler, P. M., Erway, A., Kolli, V., Botkin, M. L., Meffert, H., Pope, K., & Blair, R. J. \(2016\). **Dysfunctional representation of expected value is associated with reinforcement-based decision-making deficits in adolescents with conduct problems.** *Journal of Child Psychology and Psychiatry*, 57\(8\), 938-946.](#)

Previous work has shown that patients with conduct problems (CP) show impairments in reinforcement-based decision-making. However, studies with patients have not previously demonstrated any relationships between impairment in any of the neurocomputations underpinning reinforcement-based decision-making and specific symptom sets [e.g. level of CP and/or callous-unemotional (CU) traits]. Seventy-two youths [20 female, mean age = 13.81 (*SD* = 2.14), mean IQ = 102.34 (*SD* = 10.99)] from a residential treatment program and the community completed a passive avoidance task while undergoing functional MRI. Greater levels of CP were associated with poorer task performance. Reduced representation of expected values (EV) when making avoidance responses within bilateral anterior insula cortex/inferior frontal gyrus (AIC/iFG) and striatum was associated with greater levels of CP but not CU traits. The current data indicate that difficulties in the use of value information to motivate decisions to avoid suboptimal choices are associated with increased levels of CP (though not severity of CU traits). Moreover, they account for the behavioral deficits observed during reinforcement-based decision-making in youth with CP. In short, an individual's relative failure to utilize value information within AIC/iFG to avoid bad choices is associated with elevated levels of CP. Copyright © 2016 John Wiley & Sons, Inc.

[White, S. F., Brislin, S., Sinclair, S., Fowler, K. A., Pope, K., & Blair, R. J. \(2013\). **The relationship between large cavum septum pellucidum and antisocial behavior, callous-unemotional traits and psychopathy in adolescents.** *Journal of Child Psychology and Psychiatry*, 54\(5\), 575-581.](#)

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 © 2013 The Author. *Journal of Child Psychology and Psychiatry* © 2012 Association for Child and Adolescent Mental Health.

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.

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. (2012). **The use of fMRI in understanding antisocial behavior.** In C. R. Thomas & K. Pope (Eds.), *The origins of antisocial behavior: A developmental perspective* (pp. 71-85). Oxford: University Press.

Our understanding and conceptualization of pathological aggression in children has evolved over time. The development of noninvasive technologies, including functional magnetic resonance imaging (fMRI), allows us the opportunity to examine the differences in brain function that may underlie the behavioral problems observed in this population. The use of fMRI to evaluate the pathology associated with conduct disorder (CD) and psychopathy is still in its infancy. Most studies to date have looked at brain functioning in adult participants, and only a few have examined the pathology in a developmentally sensitive way. Despite the limited number of studies, differences in brain functioning are emerging, and this knowledge deepens our understanding of the behavior observed within this clinical population. The remainder of this chapter reviews the research to date, the impact of this body of work on our current understanding of antisocial behavior, and future directions for research with this population. Copyright © 2012 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.

The clinical application of neuroscience research may not always be readily apparent, but two recent U.S. Supreme Court decisions highlight how neuroscience is beginning to guide public policy. In these cases, the Supreme Court took into consideration the mounting body of research that brain processes underlying decision making are still immature during adolescence. Although this research was not central in either decision, the Court's acknowledgment and reliance on this research raises interesting questions about how we as a society will assess questions of culpability in the future, especially with youth. This article presents some of the key findings from studies using diffusion tensor imaging, which measures the integrity of white matter tracts, and functional magnetic resonance imaging (fMRI), which measures changes in brain activation in the context of a task and the strength of functional integration, which provides information on how key immaturities in the adolescent brain may speak to their well-recognized patterns of behavior. Copyright © 2012 American Academy of Child and Adolescent Psychiatry.

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. R. (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.

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

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

Baker, M., Huefner, J. C., Bellonci, C., Hilt, R., & Carlson, G. A. (2021). Polypharmacy in the management of attention-deficit/hyperactivity disorder in children and adolescents: A review and update. *Journal of Child and Adolescent Psychopharmacology*, 31(3), 148-163.

Objective: Prescription of multiple medications concurrently for children and adolescents has increased in recent years. Examination of this practice has been undervalued relative to its incidence. This article reviews studies investigating effectiveness of medication combinations for youth with attention-deficit/hyperactivity disorder (ADHD). Methods: A literature search identified studies that combined two or more prescribed medications for the treatment of ADHD. Included studies focused on youth; had study design of randomized controlled trial (RCT), nonrandomized trial, or case review ($n > 10$); and included an outcome measure of treatment effectiveness. Results: Thirty-nine pertinent studies were identified. All studies combined two medications, with the vast majority including a stimulant ($n = 37$). The largest group ($n = 16$) combined stimulant and alpha-agonist, finding greater efficacy than alpha-agonist alone but not stimulant alone in all cases. A few RCTs found benefit from the addition of risperidone or divalproex to stimulant for comorbid aggression. Four studies adding atomoxetine found mixed reports of benefit, including the only small RCT showing no benefit. RCTs with selective serotonin reuptake inhibitors found minimal evidence of benefit for mood or anxiety comorbidities. Conclusion: The best studied combination is stimulant and alpha-agonist; addition of alpha-agonist to stimulant seems effective for residual symptoms of ADHD. Stimulant plus risperidone has the most evidence of efficacy for comorbid aggression or disruptive behavior. Limited support exists for the effectiveness of other medication combinations, including no trials studying three or more medications concurrently. Combinations frequently yielded more side effects, leaving monotherapy preferable if a sufficient treatment response can be achieved. Copyright © 2021, Mary Ann Liebert, Inc.

Deng, Q., Patwardhan, I., Rudasill, K., Trainin, G., Wessels, S., Torquati, J., & Coplan, R. J. (2021). Shy and outgoing preservice teachers and their responses to hypothetical problem behaviors in the classroom. *Educational Psychology*, 41(5), 658-673.

The present study explored the relations among preservice teacher shyness (shy, average, outgoing) and their responses towards hypothetical children displaying classroom problem behaviours (shy/quiet, exuberant/talkative) in the classroom. Participants were 335 elementary preservice teachers attending a Midwest university in the United States. Preservice teachers completed self-reports of shyness and responded to hypothetical vignettes depicting different classroom behaviours. Among the results, shy preservice teachers reported lower self-efficacy and less tendency to use warm/supportive and social-learning strategies as compared to their more outgoing counterparts. Shy preservice teachers also had lower tendency than average teachers to refer to high-powered strategies when dealing with shy children, but more likely with exuberant children. Results are discussed in terms of the role of personality in teaching. Copyright © 2020 Taylor & Francis.

Gordon, C. T., Fabiano, G. A., Hulme, K. F., Sodano, S. M., Adragna, M., Lim, R., Stanford, S., Janikowski L., Bufalo, B., Rodriguez, Z., & Swiatek, D. (2021). **Efficacy of lisdexamfetamine dimesylate for promoting occupational success in adolescents and young adults with attention-deficit/hyperactivity disorder.** *Experimental and Clinical Psychopharmacology, 29(4)*, 308-318.

There has been a lack of research on the third area of impairment noted in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition—"occupational functioning." It is important to understand the impact of common treatments for attention-deficit/hyperactivity disorder (ADHD) in occupational settings. Twenty individuals with ADHD between ages 16 and 25 participated in a double-blind, placebo controlled evaluation of 40 mg lisdexamfetamine dimesylate in a setting designed to approximate a restaurant workplace with associated, simulated food delivery. Outcome measures included ratings of performance, as well as behavioral productivity. Results indicated that participants completed more workplace tasks when on medication, relative to placebo. Ratings of job application quality, job interview performance, and delivery outcomes were not significantly different on medication versus placebo. These results suggest positive effects of medication in a workplace environment, but also a need for study of additional interventions to support workplace-related behavior and functioning. Copyright © 2020 APA.

Gordon, C. T., Fabiano, G. A., Schatz, N. K., Hulme, K., & Vujnovic, R. K. (2021). **Parenting stress during late adolescence in mothers of individuals with ADHD with and without ODD.** *Journal of Child and Family Studies, 30(12)*, 2966-2979.

Although children with ADHD continue to experience impairment well into adolescence, research exploring the experiences of their parents during late adolescence is lacking. Thus, we examined changes in parenting stress and family conflict in mothers of adolescents with ADHD during the transition to early adulthood. We also explored predictors of these changes in addition to investigating differences in these trajectories due to comorbid ODD. Forty-nine mothers of adolescents with ADHD only and thirty-seven mothers of adolescents with ADHD/ODD reported on parenting stress and perceptions of family conflict at baseline (mean age = 16.88) and at 3-month, 9-month, and 15-month follow up assessments. Growth curve modeling indicated that both groups of mothers reported relative declines in parenting stress and family conflict across time. However, the mothers of adolescents with ADHD/ODD persistently reported more stress and conflict. Furthermore, decreases in family conflict were more predictive of reduced parenting stress in families of adolescents only diagnosed with ADHD. Our findings suggest that comorbid ODD is associated with parenting stress during late adolescence. Thus, interventions should focus on further reducing this stress as adolescents with ADHD/ODD transition to adulthood. Copyright © 2021 Springer.

Bellonci, C. & Huefner, J. C. (2020). **Best practices for prescribing and deprescribing psychotropic medications for children and youth.** In E.M.Z. Farmer, K. Sutherland, & M. Conroy (Eds.), *Handbook of Research on Emotional & Behavioral Disabilities: Interdisciplinary Developmental Perspectives on Children and Youth*. London, England: Routledge Press.

Psychotropic medications are medications used to treat emotional or behavioral conditions. These medications can be a critical component of the service and supports provided to a youth diagnosed with a behavioral health disorder. While there have been significant gains in the evidence base for the use of psychotropic medications for children, these medications are often used for conditions or in age groups where the efficacy (ie does the medication work?) and safety (ie there are minimal harmful side-effects when using this medication with a youth of this age with this specific condition) have yet to be established. This is especially true when medications are combined (ie polypharmacy) or used for long periods of time (ie more than 60 days, see Chen, Patel, Sherer, & Aparasu (2011); most medication research trials are 6–8 weeks in duration). In the first half of this chapter we will outline best practices in the use of psychotropic medications for youth. We will then focus the second half of this chapter on a relatively new concept in medicine, "Deprescribing," the process of reassessing the need for medication after a period of stability has been

achieved or when the risks or side-effects of the medication outweigh the benefits. In many cases deprescribing is needed to bring psychotropic medication regimens in line with best practice principles. Copyright ©2020 Taylor & Francis.

Gyte, J., Zeiger, S., Hunter, T., Iruayenama, A., Yuliani, A., Khan, S., Adams, T., Subramaniam, L., Musliu, A., Mattei, C., Walkenhorst, D., Peracha, F., Jarva, H., Horgan, J., Domergue, J., Bennardi, M., Kusumarini, M., Mulbocus, O., Tyler, P., Knoope, P., Bryson, R., & Orell, R. (2020). **Blueprint of a rehabilitation and reintegration center: Guiding principles for rehabilitating and reintegrating return foreign terrorist fighters and their families.** *Hedayah Countering Violent Extremism Conference, Abu Dhabi, United Arab Emirates.* Contributor: pp 70, 99-100, 134, 147-148, 186, 196, 202.

Nicolia, A. C., Fabiano, G. A., & Gordon, C. T. (2020). **An investigation of predictors of attendance for fathers in behavioral parent training programs for children with ADHD.** *Children and Youth Services Review, 109*, 104690.

Behavioral parent training programs are evidence-based treatment for children with attention-deficit/hyperactivity disorder (ADHD), yet attendance in such programs is variable. Relative to mothers of children with ADHD, far less is known about fathers and what predicts their attendance in treatment. The current study aimed to explore predictors of father (N = 171) attendance using data from four studies that tested the efficacy of behavioral parent training programs aimed specifically at fathers. A hierarchical regression was performed to test four potential predictors of attendance, including father race/ethnicity, father education level, child medication status, and father ratings of the child's oppositional defiant disorder symptoms. Father education level was determined to be a significant predictor of attendance, whereas father race/ethnicity, child medication status, and father ratings of the child's ODD behavior were not. The results suggest that future parent training interventions may need to be adapted to improve attendance from fathers of lower education levels. Copyright © 2019 Elsevier Ltd.

Cogua, J., Ho, K. Y., & Mason, W. A. (2019). **The peril and promise of racial and ethnic subgroup analysis in health disparities research.** *Journal of Evidence-Based Social Work, 26*(3), 311-321.

Objective. The purpose of this paper is to introduce a rubric for both researchers and consumers of research to guide best practices in the conduct of exploratory and confirmatory subgroup analyses studies. **Methods.** Paper draws on a review of the literature on subgroup analyses techniques and studies on racial and ethnic disparities in behavioral, mental, and physical health outcomes. **Results.** The paper highlights theoretical, methodological, and interpretational challenges in the use of subgroup analyses and illustrates them with specific examples. **Conclusion.** The paper concludes with a series of specific recommendations for the development of subgroup analyses specifically within three practice areas: theoretical, methodological, and interpretational. Such recommendations are captured in a rubric of best practices that aim to strengthen the evidence-base derived from subgroup studies to guide treatment and prevention interventions as well as the design and evaluation of effective policy recommendations to ameliorate health disparities. Copyright © 2019 Taylor & Francis.

Mason, W. A., Cogua-Lopez, J., Fleming, C. B., & Scheier, L. M. (2018). **Challenges facing evidence-based prevention: Incorporating an Abductive Theory of Method.** *Evaluation & the Health Professions, 41*(2), 155-182.

Current systems used to determine whether prevention programs are “evidence-based” rely on the logic of deductive reasoning. This reliance has fostered implementation of strategies with explicitly stated evaluation criteria used to gauge program validity and suitability for dissemination. Frequently, investigators resort to the randomized controlled trial (RCT) combined with null hypothesis significance testing (NHST) as a means to rule out competing hypotheses and determine whether an intervention works. The RCT design has achieved success across numerous disciplines but is not without limitations. We outline several issues that question

allegiance to the RCT, NHST, and the hypothetico-deductive method of scientific inquiry. We also discuss three challenges to the status of program evaluation including reproducibility, generalizability, and credibility of findings. As an alternative, we posit that extending current program evaluation criteria with principles drawn from an abductive theory of method (ATOM) can strengthen our ability to address these challenges and advance studies of drug prevention. Abductive reasoning involves working from observed phenomena to the generation of alternative explanations for the phenomena and comparing the alternatives to select the best possible explanation. We conclude that an ATOM can help increase the influence and impact of evidence-based prevention for population benefit. Copyright © 2017 SAGE.

Mason, W. A., Cogua-Lopez, J., & Thompson, R. W. (2018). **Turning a big ship: Unleashing the power of prevention within treatment settings.** *Journal of the Society for Social Work and Research, 9(4), 765-781.*

We offer a practitioner's perspective on "Unleashing the Power of Prevention," the guiding paper of the American Academy of Social Work and Social Welfare's Grand Challenge to Ensure Healthy Development for All Youth. We present an innovative strategy aimed at reducing behavioral health problems in young people by helping treatment providers in social work and other human service settings to redirect a portion of their existing intervention efforts to tested and effective preventive interventions. Conceptually guided by Kotter's 8-step model of organizational change, the shifting from treatment to evidence-based prevention (STEP) framework outlines specific steps treatment providers can use to implement evidence-based prevention programs. The framework also includes a call to action for prevention scientists to support these efforts at a broader level. We provide a case example that illustrates a systematic shift from treatment to evidence-based prevention at Boys Town, a national service organization with a deep history of providing treatment to vulnerable children and families. We conclude with a consideration of the framework's challenges and opportunities. Copyright © 2018 The University of Chicago Press Journals.

Deng, Q., Trainin, G., Rudasill, K., Kalutskaya, I., Wessels, S., Torquati, J., & Coplan, R. J. (2017). **Elementary preservice teachers' attitudes and pedagogical strategies toward hypothetical shy, exuberant, and average children.** *Learning and Individual Differences, 56, 85-95.*

Children's learning and development are directly and indirectly influenced by teachers' beliefs and pedagogical strategies toward child behaviors. This cross-sectional study explored elementary preservice teachers' attitudes and pedagogical strategies for working with hypothetical children demonstrating temperament-based shy, exuberant, and average behaviors in the classroom. A secondary goal was to compare attitudes and pedagogical strategies at the beginning and end of teacher training program. A total of 354 participants responded to three vignettes describing children frequently displaying these behaviors. Results indicated preservice teachers were more likely to use social-learning strategies with shy children and high-powered strategies with exuberant children. Participants were more likely to show warmth to shy children, but believed they would be less academically successful. Participants at the end of the program reported higher self-efficacy and more warmth toward all children compared to those beginning the program. Results are discussed in terms of their educational implications. Copyright © 2017 Elsevier.

Friman, P. C. (2017). **Practice dissemination: Public speaking.** In J. K. Luiselli (Ed.), *Applied behavior analysis advanced guidebook* (pp. 349-365). London, UK: Elsevier.

Friman, P. C. (2017). **You are in the way! Opening lines of transmission for Skinner's view of behavior.** *The Behavior Analyst, 40, 173-177.*

Gold, K., Simmons, C., Huefner, J., & Bulbulian, R. (2017). **Cognition, sleep, suicidality, work and opiate use in chronic pain patients.** *Archives of Physical Medicine and Rehabilitation, 98(10), e5.*

Graybill, E., Esch, R., Vinoski, E., Truscott, S., Torres, A., Daniel, K., Crenshaw, M., & Crimmins, D. (2016). **Including the family member in interdisciplinary team meetings: Communication trend analysis.** *Small Group Research, 47*, 3-27.

This study explored the interaction patterns of family members of individuals with disabilities in a simulated interdisciplinary team problem-solving process. Participants included 15 members of a training cohort within a Leadership Education in Neurodevelopmental and Related Disabilities program. Family trainees and non-family trainees engaged in a simulated team discussion at two points during the training year (Time 1 and Time 2). To understand how family members and other professionals interact in interdisciplinary problem-solving meetings, we applied three coding schemes to the interdisciplinary team discussions to measure language similarity, dominance and domineeringness, problem solving, and balance of power. The results suggested there were trends in the communication dynamics between family trainees and non-family trainees at Time 1 and Time 2. For example, language similarity between groups was high at both Time 1 and Time 2, yet families were less successful at controlling the team conversation at Time 2. The implications of these and other results are discussed. Copyright © 2015 SAGE.

Friman, P. C. (2015). **My heroes have always been cowboys.** *Behavior Analysis in Practice, 8*, 138-139.

Mason-Plunkett, M., Johnstone, T., Vollmer, B., Daly, D. L., & Robuck, R. M. (2014). **Responding to policy change and creating policy impact and systems change through strategy.** In M. Mortell, & T. Hansen-Turton (Eds.), *Making strategy count in the health and human services sector: Lessons learned from 20 organizations and chief strategy officers* (pp. 207-239). New York: Springer.

The ground under nonprofits is shifting quickly and profoundly, especially for organizations with a mission to ameliorate or solve intractable social problems. In the current political and economic environment, the demand for increased and more measureable service impacts is greater than ever before, with agency and program funding increasingly tied to demonstrable success. This is ultimately a positive trend for the nonprofit sector, but it is a sea change in its operational implications for many nonprofits. The scrutiny and accompanying demands for accountability will become even more intense as government budget woes deepen and performance-based contracting proponents become more common. To thrive during this period of change and uncertainty, savvy organizations are getting out in front of these changes and developing clear and effective long-term strategies to influence positive change in their communities and in their clients' lives. Copyright © 2014 Springer.

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 project: 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.

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.

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.

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.

Author Index

- A**
- Abdel-Rahim, H. 116, 172
Abell, N. 16
Abel-Rahim, H. 174
Adalio, C. 178
Adams, K. O. 172, 175
Adams, T. 183
Adragna, M. 182
Ainsworth, F. 13, 14, 15, 21, 215
Aitken, A. A. 14, 129
Albright, J. J. 98
Allen, K. D. 189
Almquist, J. 38, 125
Almquist, J. K. 35
Aloi, J. 167, 168, 169, 170, 172, 174, 175
Aloi, J. M. 171
Altzuler, A. 130
Amberson, T. G. 93
Andersen, J. J. 125
Andersen, M. N. 98
Anderson, L. 87
Andreassen, T. 21
Andrews, A. 155
Anestis, M. D. 154
Anglin, J. 21
Araz, O. M. 117
Armstrong, K. J. 126
Arneil, J. M. 50
Ashworth, M. 98
Athay Thomlinson, M. 122
Authier, K. . 11, 12, 50, 51, 187, 189
Averbeck, B. B. 168
Axelrod, M. I. 22, 104, 133
- B**
- Badura Brack, A. S. 5
Baer, J. 159, 161
Baer, J. S. 159
Bajaj, S. 167, 168, 169, 170, 171
Baker, G. 11
Baker, M. 19, 20, 181
Barnes, B. 79
Barnes-Holmes, D. 107
Barnes-Holmes, Y. 107
Barth, R. P. 33
Bashford-Largo, J. 167, 168, 169, 170, 171
Batenhorst, L. M. 127
Baumrind, D. 90, 92
Becker, C. Y. 10
Becker-Wilson, C. Y. 10
Belleville-Taylor, P. 98
Bellini, S. 99
Bellonci, C. 3, 5, 19, 20, 181, 182
Bender, K. 16
Bender, K. E. 17
Bennardi, M. 183
Berlin, K. S. 120
Bernstein, S. 121
Besetsney, L. K. 83
Biben, D. S. 55
Blair, J. 167
Blair, K. 167, 172
Blair, K. S. 167, 168, 169, 170, 171, 173, 174, 175, 177, 178
Blair, R. J. 116, 168, 170, 172, 174, 175, 176, 177, 178
Blair, R. J. R. 167, 168, 169, 170, 171, 172, 173, 174, 175, 178
Blau, G. 18
Bluett, E. J. 97
Blum, N. 66, 111
Boel-Studt, S. 16
Boever, W. 8
Bohn, K. 54
Bolen, J. D. 156
Bolivar, C. 55
Borduin, L. 157
Bosco, M. 187
Bosn, A. 75
Botkin, M. 173
Botkin, M. L. 175, 176
Bourdon, K. 126
Bouska, T. C. 189
Bowers, F. E. 34, 41, 42
Brewster, A. L. 83
Brislin, S. 176
Brislin, S. J. 178
Brock, S. E. 132
Brown, C. H. 120
Brown, D. L. 28, 31
Brown, E. C. 119, 120, 152
Brown, J. A. 132
Bryson, R. 183
Buckholdt, K. E. 154, 158, 159
Buddenberg, L. 26, 151
Bufalo, B. 182
Bulbulian, R. 184
Burke, R. 70
Burke, R. V. 67, 70, 71, 83, 84
Burns, B. J. 33
Butler, L. 19, 22
Byrd, M. R. 98, 110
- C**
- Cadigan, J. 139
Cahalane, H. G. 56
Canino, G. 126
Cannezzaro, C. 56
Carlson, G. A. 19, 181
Carlyon, W. D. 41
Carollo, E. 168, 169, 171
Casey, K. 134
Casey, K. J. 30, 34, 55
Casey-Goldstein, M. 80, 82, 146, 151, 161
Cash, S. J. 54, 55
Castrrianno, L. 57
Castrrianno, L. M. 10, 49
Catalano, R. F. . 148, 152, 160, 164, 165, 166
Cataldo, M. 103
Cataldo, M. F. 103
Cavell, T. A. 132
Chall, J. S. 74, 75
Chamberlain, P. 44, 50
Chan, G. C. K. 155
Chmelka, B. 30, 34, 36, 38, 54
Chmelka, M. B. . 6, 7, 16, 26, 29, 30, 31, 32, 33, 35, 36, 40, 75, 115, 116, 122, 134, 143, 144, 145, 146, 148, 149, 150, 152, 153, 156
Christophersen, E. R. 99, 101, 108
Clarke, B. L. 99
Clopton, K. 37
Cogua, J. 116, 183
Cogua-Lopez, J. 183, 184
Cohen, J. 8
Cohen, R. 152, 155, 157
Connell, P. 7
Cook, C. R. 34
Coplan, R. J. 184
Cortes, R. C. 160, 166
Cotter, D. D. 23
Coughlin, D. 7
Coughlin, D. D. 77
Coutts, M. J. 99
Cowan, P. A. 90
Craig, J. T. 132
Crawford, J. D. 28

Crenshaw, M. 185
 Crimmins, D. 185
 Criste, A. H. 72, 73, 74
 Criste, T. 7, 8
 Criste, T. R. 7, 8, 42
 Crockett, L. J. 146
 Cross, W. F. 82
 Crum, K. 172
 Crum, K. I. 168, 171, 172, 175
 Cumming, M. M. 137
 Cummings, J. 99
 Curtis, M. E. 71, 72, 73, 74, 75, 76
 Czyz, J. D. 10

D

Daly, D. 35, 185
 Daly, D. L. 6, 7, 8, 11, 17, 20, 23, 31,
 33, 34, 35, 38, 40, 41, 42, 44, 45,
 46, 47, 62, 67, 74, 77, 84, 127,
 128, 185, 188, 189
 Daniel, K. 185
 Davis, J. L. 6, 17, 40
 del Valle, J. F. 21
 DeLeon, I. G. 103
 DelGaudio, M. 70
 DelGaudio, M. B. 70
 Deng, Q. 184
 DeRuyk, K. 103
 DeSalvo, C. 30, 32, 133, 134
 Dinges, K. 7, 8, 42
 DiSabatino, K. 159
 Dobbertin, M. ... 116, 167, 168, 169,
 170, 171, 172, 173, 174
 Domergue, J. 183
 Doucette, A. 124, 125
 Dowd, T. 8
 Dowd, T. P. 46, 47
 Dowdy, E. 132
 Drayton, A. K. 98
 Drews, A. 108
 Drosch, D. 74
 Duchnowski, A. 85
 Duchnowski, A. J. 86
 Dulcan, M. K. 126
 Duncan, J. 131
 DuPaul, G. J. 40, 43
 Duppong Hurley, K. ... 10, 19, 20, 21,
 23, 26, 27, 29, 30, 33, 53, 54, 55,
 59, 60, 71, 85, 86, 116, 118, 119,
 120, 121, 122, 124, 129, 130,
 135, 185
 Duppong Hurley, K. L. 18
 Duppong-Hurley, K. 62, 79

E

Ebeling, H. 156, 162
 Eisman, A. 147
 Elledge, L. C. 132
 Ellen Leibenluft, E. 171
 Elliott, J. 43
 Ellis, C. R. 102, 105
 Elowsky, J. 167, 168, 169, 170, 171
 Epstein, M. 25, 60, 61, 120, 134,
 185
 Epstein, M. H. .5, 20, 23, 24, 25, 26,
 27, 29, 30, 32, 33, 36, 61, 62, 63,
 118, 119, 121, 132, 133, 134,
 135, 136
 Ervin, R. 45
 Ervin, R. A. 38, 42, 43, 107
 Erway, A. 176
 Erway, A. E. 175
 Erway, A. K. 173, 175
 Esch, R. 185
 Esch, R. C. 131
 Espy, K. A. 137, 138, 140, 141, 142,
 143, 144
 Evangelou, I. 177
 Evans, J. 67, 189

F

Fabiano, G. 130
 Fabiano, G. A. 69, 182, 183
 Farley, J. 53, 85, 129, 130
 Farmer, E. M. Z. 19, 33, 124
 Fedina, L. 139
 Fernandez, K. 80
 Ferrell, J. Z. 55
 Field, C. 106
 Field, C. E. 33, 37, 39, 41, 105
 Filbey, F. 172, 173, 174
 Filbey, F. M. 168, 170, 175
 Finger, E. C. 177
 Finney, J. W. 109, 113
 Fisher, P. W. 126
 Fleming, A. P. 161
 Fleming, C. B. 79, 80, 81, 82, 117,
 119, 137, 138, 139, 140, 141,
 142, 144, 146, 153, 156, 158,
 166, 183
 Foltz, R. 4
 Fontaine, E. 134
 Foster, N. 106
 Fowler, K. 177
 Fowler, K. A. 176, 178
 Freeman, K. 101
 Freeman, K. A. 39, 111

Friman, P. 100, 107
 Friman, P. C. . 38, 39, 41, 42, 43, 44,
 45, 46, 65, 66, 67, 73, 84, 95, 96,
 97, 98, 99, 100, 101, 103, 104,
 105, 106, 107, 108, 109, 110,
 111, 112, 113, 126, 127, 136,
 184, 185, 186, 188, 189
 Fruzzetti, A. E. 104
 Furst, D. 11, 67
 Furst, D. W. 8, 12, 72, 73, 74

G

Gallant, J. 23
 Garbin, C. P. 132
 Garrett, C. R. 77
 Gehringer, R. 30, 32, 36, 133
 Gibbons, C. 26
 Gilman, R. 39, 41, 186
 Givner, N. 51
 Gnagy, E. 130
 Gohr, V. M. 77
 Gold, K. 184
 Gordon, C. 15, 69, 130
 Gordon, C. T. 13, 138, 141, 182, 183
 Gratz, K. L. 154
 Graybill, E. 185
 Gregus, S. J. 132
 Griffith, A. 55, 56, 120, 185
 Griffith, A. K. 4, 5, 24, 29, 30, 32, 33,
 55, 82, 124, 132, 134
 Gross, T. J. ... 19, 21, 54, 79, 81, 117,
 118, 119, 129, 131, 153
 Grow, C. R. 84
 Guajardo, N. R. 89
 Guck, T. P. 71
 Guo, Y. 137, 138, 140
 Gupta, K. 177
 Gyte, J. 183

H

Hagaman, J. 36, 134
 Hagaman, J. L. 30, 34, 133, 134
 Haggerty, K. P. ... 79, 80, 81, 82, 117,
 119, 131, 146, 151, 153, 156,
 161, 163
 Hall, J. 44
 Hallstrom, K. 77
 Hamburger, E. R. 138
 Hamman, D. 74
 Hammond, C. 170
 Hammond, C. J. 170
 Handwerk, M. 35, 74, 125

Handwerk, M. L.... 5, 33, 35, 37, 38,
39, 40, 41, 42, 43, 44, 66, 108,
111, 126, 127, 186, 188
Hanson, K. 82, 146, 153, 156
Harden, A. 56
Harper, J. 134
Haugen, K. A. 22, 133, 186
Hawkins, J. D. 160, 163, 164, 165
Hawkins, R. O. 105
Hayes, S. C. 112
Hayes, T. 69
Heckman, A. R. 99
Heckman, D. R. 65
Hemphill, S. A. 152, 160, 164
Henningsen, C. 49
Herrenkohl, R. C. 147, 149, 152
Herrenkohl, T. I. 139, 144, 147, 148,
152, 160, 164, 165
Hillman, D. S. 14
Hilt, R. 181
Hilt, R. J. 19, 20
Hinshaw, S. P. 138, 141
Hitch, J. A. 165
Ho, K. Y. 115, 183
Hoff, K. E. 37, 40, 107, 111
Hoffman, L. 146
Hoffman, S. . 24, 25, 26, 60, 79, 121
Hofstadter, K. L. 106
Holmes, L. 21
Holmstrand, L. 49
Horgan, J. 183
Hove, G. 110
Howard Sharp, K. M. 152, 157
Howard, B. 26
Howard, B. K. 26, 35
Hu, R. X. 139
Huang, H. 16
Huefner, J. 14, 27, 38, 49, 184, 185,
215
Huefner, J. C. ... 3, 4, 5, 6, 13, 15, 16,
17, 18, 19, 20, 22, 24, 28, 29, 30,
31, 32, 33, 35, 36, 37, 38, 40, 56,
63, 124, 125, 181, 182
Hughes, L. A. 156, 162
Hulme, K. 69, 182
Hulme, K. F. 182
Hunter, T. 183
Hurley, K. 56
Hurtig, T. 156
Hurtig, T. M. 162
Hurting, T. M. 156
Huscroft D'Angelo, J. 26, 85, 130
Huscroft, J. 120

Huscroft-D'Angelo, J. 18, 24, 30, 49,
59, 60, 61, 62, 117, 129, 130
Husman, J. 74
Hwang, S. 168, 171, 172, 173
Hyland, T. 71, 72, 74
Hynd, G. W. 44

I

Ibañez, V. F. 97
Ingram, S. 10, 36, 37, 55, 56, 77
Ingram, S. D. . 32, 33, 36, 54, 55, 87,
121
Iruayenama, A. 183

J

Jackson, M. 105
Jackson, M. L. 97
Jaffe, A. E. 139
James, S. 22, 28, 31, 116
James, S. S. 19
James, T. D. 137, 138, 140, 141,
142, 143
Janikowski L. 182
Jansz, C. 62
January, S.-A. 130
January, S.-A. A. 18, 86, 151
January, S-A. A. 80, 144, 148, 149,
153
Jarva, H. 183
Järvelin, M.-R. 143, 146, 147, 150,
151
Järvelin, M-R. 144, 145, 148, 149,
153
Jensen, M. E. 34
Jewell, J. 125
Jewell, J. D. 28, 31
Jimerson, S. R. 132
Jobe-Shields, L. 155, 158, 159
Jobe-Shields, L. E. 154
Johnson, A. B. 141, 143
Johnson, B. 91, 125
Johnson, K. 116, 169, 172, 173
Johnson, K. I. 103
Johnson, S. 70
Johnson-Frerichs, L. A. 124
Johnstone, T. 185
Jones, K. M. . 46, 73, 106, 107, 111,
112, 136
Jones, M. 6, 7, 44
Jorgensen, D. D. 41, 125
Juliano, N. 6, 10, 54
Jung, H. 144, 152

K

Kahng, S. 103
Kalutskaya, I. 146, 184
Kavan, J. 61
Kelly, A. B. 152, 155
Kelly, D. B. 127
Kern, L. 43
Kerwin, M. L. 189
Kessler, C. 49
Khan, S. 183
Kidwell, K. M. 24
Kiff, C. J. 160
Killanin, A. D. 168, 172, 175
Kim, M. J. 148, 152
Kim, S. Y. 131
King, K. M. 159, 161
Kingsley, D. 36
Kiperman, S. 131
Kitzmann, K. M. 152, 157
Kivivuori, J. 156, 162
Klee, S. 19
Klein, J. A. 133
Klevens, J. 147
Klika, J. B. 152
Knoope, P. 183
Koehn, C. E. 187
Kohm, A. 38
Kokko, K. 150
Koley, S. 55
Kolli, V. 175, 176
Kosterman, R. 160, 163, 164, 165
Kozikowski, C. B. 144
Koziol, N. 99
Kozisek, J. M. 97, 98
Kuhn, B. R. 89, 90, 125
Kusumarini, M. 183
Kutash, K. 85, 86

L

Lahey, B. B. 126
Lambert, M. ... 21, 49, 59, 116, 118,
121, 130
Lambert, M. C. ... 19, 20, 21, 23, 25,
53, 59, 60, 62, 69, 117, 118, 119,
121, 122, 129, 130
Larson, D. B. 92, 93
Larzelere, R. 7, 44, 113, 127, 189
Larzelere, R. E. 6, 7, 8, 10, 40, 41,
42, 43, 45, 50, 89, 90, 91, 92, 93,
123, 125, 126, 127, 189
Lash, R. 71
Lau, J. 98
Lavender, J. M. 154

Lee, B. R. 31, 34, 36
 Lee, C. M. 139
 Leeb, R. T. 152
 Legerski, J. P. 100
 Leibenluft, E. 171
 Leiker, E. 168
 Leiker, E. K. 172, 173, 174
 Lengua, L. J. 160, 165
 Leroux, A. 131
 Leslie, L. K. 4, 5, 32
 Lewis, J. T. 155
 Lieberman, R. 18
 Lienemann, T. 135
 Lim, R. 182
 Little, M. 38
 Long, S. K. 98
 Longo, A. M. 71, 72, 73
 Lucas, C. 45, 125
 Lucas, C. P. 37, 126
 Lukoff, J. 167, 168, 169, 170, 171,
 172, 173
 Luna, B. 177
 Lundahl, A. 22, 27
 Lupas, K. 69
 Lupas, K. K. 130
 Lyrra, A.-L. 150

M

MacAleese, K. 104
 MacAleese, K. R. 109
 Macphee, F. 69
 MacPhee, F. 130
 Majestic, C. 177
 Marsh, A. 177
 Marsh, A. A. 178
 Marshall, R. 43
 Marshall, R. M. 43, 44
 Martens, B. K. 103
 Marthur, A. 170
 Martin, J. A. 93
 Martin, L. 98
 Mason, M. 49
 Mason, W. A. . 3, 14, 16, 22, 23, 26,
 29, 53, 55, 69, 79, 80, 81, 82,
 115, 116, 117, 119, 120, 122,
 131, 137, 138, 139, 140, 141,
 142, 143, 144, 145, 146, 147,
 148, 149, 150, 151, 152, 153,
 154, 155, 156, 157, 158, 159,
 160, 161, 162, 163, 164, 165,
 166, 183, 184, 185
 Mason-Plunkett, M. 185
 Mastronardi, P. 15

Mathur, A. 167, 170
 Mattei, C. 183
 Mavrakis, A. 130
 Maybank, D. 71
 McAuley, E. 164
 McCart, L. 76
 McCarty, C. A. 159, 161, 164, 165
 McCauley, E. 159, 161, 165
 McClelland, M. M. 140
 McCrae, T. 18
 McEachern, A. D. 34
 McElderry, E. 32
 McGinnis, C. 42
 McGinnis, J. C. 98, 111
 McGrath, A. M. 39, 126
 McKeever, S. J. 55
 McLean, J. 98
 McNeal, R. 37
 Meffert, H. 168, 171, 172, 173, 174,
 175, 176
 Merenda, J. A. 93
 Merrick, M. T. 147
 Merrill, B. 130
 Miettunen, J. 143, 144, 145, 146,
 147, 148, 149, 150, 151, 153
 Mihalo, J. 19
 Miller, P. 45
 Milnes, S. M. 97, 98
 Mitchell, A. K. 13
 Mitchell, A. M. 43
 Mobley, A. 168
 Mobley, A. M. 175
 Moilanen, I. 146, 148, 153
 Moilanen, I. K. 156, 162
 Mooney, P. 136
 Moore, B. A. 104
 Moore, K. J. 50, 128
 Morris, N. K. 98
 Mott, M. A. 50, 51, 188
 Muirhead, J. 15, 19, 22
 Mulbocus, O. 183
 Munger, R. 56
 Musliu, A. 183

N

Narrow, W. E. 126
 Nash, H. M. 39
 Nelson, C. 71
 Nelson, E. M. 98
 Nelson, J. M. 137, 138, 140, 141,
 142, 143, 144
 Nelson, J. R. 135, 136
 Nelson, R. 135

Nelson, T. D. . 20, 22, 23, 24, 25, 26,
 27, 29, 65, 98, 121, 137, 138,
 140, 141, 142, 143, 144
 Newman, V. 37
 Nguyen, A. V. 98
 Nguyen, P. T. 13, 138
 Nicolia, A. C. 183
 Nordlinger, B. R. 188
 Nordström, T. 156
 North, T. 57

O

O'Brien, C. 7
 O'Brien, K. 125
 O'Donnell, L. 43
 O'Neill Fichtner, L. 70, 71
 Oats, R. 70, 79
 Oats, R. G. 40, 54, 70, 80, 81, 82,
 116
 O'Brien, C. 3
 O'Brien, K. 124
 Ohlund, B. 135
 Oksol, E. M. 110
 Oliver, R. M. 69
 Orduna, D. 33
 Orell, R. 183
 Osgood, D. W. 11, 45, 46, 50, 128
 Oswalt, G. 47
 Owens, E. B. 138
 Ozenbaugh, I. C. 137

P

Parra, G. R. ... 3, 54, 79, 80, 81, 120,
 143, 146, 150, 152, 153, 154,
 155, 157, 158, 159
 Parsley, I. 173
 Pastrana, F. A. 132
 Patton, G. C. 152, 164
 Patwardhan, I. 16, 49, 53, 116, 137,
 138, 140, 141, 143, 144, 145,
 149, 150
 Payne, V. 49
 Pecora, P. J. 49, 124, 125
 Pelham Jr, W. E. 69
 Pelham, W. 130
 Peracha, F. 183
 Pereda, N. 86
 Petersen, R. 89
 Peterson, J. 63
 Peterson, R. 11
 Peterson, R. W. 10, 11, 12
 Pettit, G. S. 90
 Piazza, C. 65

- Piazza, C. C. 97, 98
 Pick, R. 27, 28, 30, 32, 121, 132
 Pick, R. M. 22
 Pike, P. L. 92, 93
 Pine, D. 177
 Pine, D. S. 178
 Polaha, J. 90
 Poling, A. 113
 Poling, D. V. 137
 Polite, K. 92
 Pollak, S. 172
 Pope, K. 116, 168, 171, 172, 173,
 174, 175, 176, 177, 178
 Potts, S. A. 97
 Powell, W. 70, 71
 Powers, S. W. 90
 Preston, S. 5
 Prince, D. 147
 Puett, L. 19, 22
 Pulkkinen, L. 150
- R**
- Rabinowitz, R. 98
 Rafacz, S. D. 97
 Ralston, E. 162
 Ramos, M. 130
 Randall, G. K. 145, 154, 162
 Raquet, K. L. 139
 Rauktis, M. E. 56, 124
 Rautkis, M. B. 125
 Redmond, C. 146, 154, 157, 163
 Regier, D. A. 126
 Reid, R. 30, 33, 34, 36, 134, 135,
 136
 Reimers, T. 98
 Reimers, T. M. 100, 102, 103
 Resetar Volz, J. L. 22
 Resetar, J. 103
 Resetar, J. L. 104
 Rhew, I. C. 139
 Richards, D. F. 110
 Richter, M. D. 47
 Ringle, J. 6, 7, 38, 81, 167, 170
 Ringle, J. L. 3, 14, 15, 16, 17, 19, 28,
 31, 32, 33, 35, 36, 37, 38, 53, 54,
 60, 63, 70, 77, 81, 87, 116, 117,
 123, 125, 144, 153, 156
 Rispoli, K. 99
 Roberto, K. A. 139
 Roberts, H. J. 102, 105
 Roberts, M. C. 37
 Robinson, L. A. 154
 Robinson, M. L. 71
- Robuck, R. M. 185
 Rodriguez, Z. 182
 Ross, J. 22, 54
 Ross, J. R. 54, 87, 116
 Rousson, A. N. 139
 Rubio-Stipec, M. 126
 Rudasill, K. 184
 Rudasill, K. M. 146
 Ruma, P. 50
 Ruma, P. R. 72, 75, 83, 84, 189
 Russo, M. J. 147, 149
- S**
- Santos Soto, T. 69
 Sarwar, S. 138
 Sather, P. R. 92
 Savolainen, J. 143, 144, 145, 146,
 147, 148, 149, 150, 151, 153,
 156, 162
 Scannell, M. 56
 Schafer, V. A. 43
 Schainker, L. 154, 157
 Schartz, M. 136
 Schatz, N. 130
 Schatz, N. K. 69, 182
 Schechter, J. C. 178
 Schedin, R. 19
 Scheier, L. M. 183
 Schill, D. E. 77
 Schlueter, C. L. 103
 Schmaltz, S. 49
 Schmidt, M. D. 6, 7, 8
 Schneider, M. R. 177
 Schneider, W. N. 92, 93
 Schnoes, C. 96, 111
 Schnoes, C. J. 23, 100, 102, 105
 Schnur, E. 15, 19, 22
 Schroeder, L. 11
 Schuchmann, L. P. 83
 Schwartz, A. 167, 168, 169, 170,
 171
 Shaffer, D. 126
 Shaffer, D. M. 126
 Shah, N. 116, 172, 174
 Shalev, R. A. 98
 Shanahan, D. 45
 Shanahan, D. L. 45, 77
 Shannon, K. K. 128
 Shapiro, S. K. 90
 Shaw, S. 100, 122
 Shaw, T. 56, 124
 Shell, D. F. 74
 Sherer, N. 170
- Sheridan, S. M. 99
 Shin, C. 145, 162
 Short, M. 39
 Siebecker, A. B. 124, 133
 Silver, C. 92
 Simmons, C. 184
 Simpson, A. 54, 55, 56, 121
 Sims, C. 177
 Sinclair, J. 45
 Sinclair, S. 176, 177, 178
 Singh, N. N. 5, 30
 Sinisterra, D. 57
 Sjuts, T. M. 99
 Skinner, M. L. 146, 151
 Smeets, P. M. 107
 Smith, G. 31, 44, 144, 146, 150
 Smith, G. L. 3, 4, 5, 7, 10, 11, 18, 22,
 29, 35, 37, 41, 45, 46, 126, 127,
 128, 147, 149
 Smith, T. E. 99
 Smith, T. R. 27, 29
 Snyder, G. S. . 23, 89, 100, 122, 123,
 134
 Snyder, J. J. 79, 80, 81, 82
 Snyder, T. 34
 Sodano, S. M. 182
 Solomon, S. 148
 Solomon, S. J. 151
 Soper, S. 37, 45
 Soper, S. H. 35, 42, 84
 Sousa, C. 147
 Spear Filigno, S. 22
 Spear, S. 109
 Spellman, D. 7
 Spellman, D. F. 7, 8, 32, 35
 Spenceri, M. 71
 Spielberg, J. 56
 Spoth, R. 154, 162, 163
 Spoth, R. L. 145, 148, 157, 160, 162,
 163
 Stairs, J. M. 188
 Stanford, S. 182
 Steinke, C. 15
 Stenslie, M. 49
 Stephenson, J. M. 14
 Sternberg, N. 19, 22
 Stevens, A. 60, 118, 121, 122
 Stevens, A. L. . 3, 18, 21, 22, 28, 29,
 86, 115, 119, 139, 140, 141, 142,
 144, 147
 Stewart, M. 62
 Stewart, M. C. 62
 Stewart, S. L. 98

References – Alphabetical Listing

- Aloi, J., Blair, K. S., Crum, K. I., Meffert, H., White, S. F., Tyler, P. M., Thornton, L. C., Killanin, A. D., Mobley, A. M., Adams, K. O., Filbey, F. M., Pope, K., & Blair, R. J. R. (2018). **Adolescents show differential dysfunctions related to Alcohol and Cannabis Use Disorder severity in emotion and executive attention neuro-circuitries.** *NeuroImage: Clinical, 19*, 782-792.
- Aloi, J., Blair, K. S., Meffert, H., White, S. F., Hwang, S., Tyler, P. M., Crum, K. I., Thornton, L. C., Mobley, A., Killanin, A. D., Filbey, F. M., Pope, K., & Blair, R. J. R. (2021). **Alcohol use disorder and cannabis use disorder symptomatology in adolescents is associated with dysfunction in neural processing of future events.** *Addiction Biology, 26*(1), e12885.
- Aloi, J., Crum, K. I., Blair, K. S., Zhang, R., Bashford-Largo, J., Bajaj, S., Schwartz, A., Carollo, E., Hwang, S., Leiker, E., Filbey, F. M., Averbeck, B. B., Dobbertin, M., & Blair, R. J. R. (2021). **Individual associations of adolescent alcohol use disorder versus cannabis use disorder symptoms in neural prediction error signaling and the response to novelty.** *Developmental Cognitive Neuroscience, 48*, 100944.
- Aloi, J., Meffert, H., White, S. F., Hwang, S., Tyler, P. M., Thornton, L. C., Crum, K. I., Adams, K. O., Killanin, A. D., Filbey, F., Pope, K., & Blair, R. J. R. (2019). **Differential dysfunctions related to alcohol and cannabis use disorder symptom severity in reward and error-processing neuro-circuitries in adolescents.** *Developmental Cognitive Neuroscience, 36*, 100618.
- Anderson, L., Ringle, J. L., Ross, J. R., Ingram, S. D., & Thompson, R. W. (2017). **Care Coordination Services: A description of an alternative service model for at-risk families.** *Journal of Evidence-Informed Social Work, 14*, 217-228.
- 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.
- 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.
- Bajaj, S., Blair, K., Dobbertin, M., Tyler, P., Ringle, J., Zhang, R., Mathur, A., Bashford-Largo, J., Elowsky, J., & Blair, J. (2022). **Identification of structural brain alterations in adolescents at suicide risk: A machine learning approach.** *Biological Psychiatry, 91*(9), S378-S379.
- Baker, M., Bellonci, C., Huefner, J. C., Hilt, R. J., & Carlson, G. A. (2017). **Polypharmacy and the pursuit of appropriate prescribing for children and adolescents.** *Child and Adolescent Psychopharmacology News, 22*(1), 1-7.
- Baker, M., Huefner, J. C., Bellonci, C., Hilt, R., & Carlson, G. A. (2021). **Polypharmacy in the management of attention-deficit/hyperactivity disorder in children and adolescents: A review and update.** *Journal of Child and Adolescent Psychopharmacology, 31*(3), 148-163.
- 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.

- [Bashford-Largo, J., Aloï, J., Lukoff, J., Johnson, K., White, S. F., Dobbertin, M., Blair, R. J. R., & Blair, K. S. \(2021\).](#) **Reduced top-down attentional control in adolescents with generalized anxiety disorder.** *Brain and Behavior, 11(2)*, e01994.
- [Bashford-Largo, J., Aloï, J., Zhang, R., Bajaj, S., Carollo, E., Elowsky, J., Schwartz, A., Dobbertin, M., Blair, R. J. R., & Blair, K. S. \(2021\).](#) **Reduced neural differentiation of rewards and punishment during passive avoidance learning in adolescents with generalized anxiety disorder.** *Depression and Anxiety, 38(8)*, 794-803.
- [Baumrind, D., Larzelere, R. E., & Cowan, P. A. \(2002\).](#) **Ordinary physical punishment: Is it harmful? Comment on Gershoff (2002).** *Psychological Bulletin, 128*, 580-589.
- [Bellonci, C., Baker, M., Huefner, J. C., & Hilt, R. J. \(2016\).](#) **Deprescribing and its application to child psychiatry.** *Child and Adolescent Psychopharmacology News, 21(6)*, 1-9.
- [Bellonci, C. & Huefner, J. C. \(2020\).](#) **Best practices for prescribing and deprescribing psychotropic medications for children and youth.** In E.M.Z. Farmer, K. Sutherland, & M. Conroy (Eds.), *Handbook of Research on Emotional & Behavioral Disabilities: Interdisciplinary Developmental Perspectives on Children and Youth*. London, England: Routledge Press.
- [Bellonci, C., & Huefner, J. C. \(2014\).](#) **Best practices in psychotropic medication treatment during residential interventions for youth and families.** In G. M. Blau, B. Caldwell, & R. E. Lieberman (Eds.), *Residential interventions for children, adolescents, and families: A best practice guide* (pp. 142-153). New York: Routledge.
- [Bellonci, C., Huefner, J. C., Griffith, A. K., Vogel-Rosen, G., Smith, G. L., & Preston, S. \(2013\).](#) **Concurrent reductions in psychotropic medication, assault, and physical restraint in two residential treatment programs for youth.** *Children and Youth Services Review, 35*, 1773-1779.
- [Berlin, K. S., Parra, G. R., & Williams, N. A. \(2014\).](#) **An introduction to latent variable mixture modeling (Part 2): Longitudinal latent class growth and growth mixture models.** *Journal of Pediatric Psychology, 39(2)*, 188-203.
- [Berlin, K. S., Williams, N. A., & Parra, G. R. \(2014\).](#) **An introduction to latent variable mixture modeling (Part 1): Cross sectional latent class and latent profile analyses.** *Journal of Pediatric Psychology, 39(2)*, 174-187.
- [Blair, K., Aloï, J., Crum, K., Meffert, H., White, S., Taylor, B. K., Leiker, E. K., Thornton, L. C., Tyler, P. M., Shah, N., Johnson, K., Abdel-Rahim, H., Lukoff, J., Dobbertin, M., Pope, K., Pollak, S., & Blair, R. J. \(2019\).](#) **Associations of different types of childhood maltreatment with emotional responding and response control among youths.** *JAMA Network Open, 2(5)*, e194604.
- [Blair, K. S., Aloï, J., Bashford-Largo, J., Zhang, R., Elowsky, J., Lukoff, J., Vogel, S., Carollo, E., Schwartz, A., Pope, K., Bajaj, S., Tottenham, N., Dobbertin, M., & Blair, R. J. \(2022\).](#) **Different forms of childhood maltreatment have different impacts on the neural systems involved in the representation of reinforcement value.** *Developmental Cognitive Neuroscience, 53*, 101051.
- [Blair, R. J., Zhang, R., Bashford-Largo, J., Bajaj, S., Marthur, A., Ringle, J., Schwartz, A., Elowsky, J., Dobbertin, M., Blair, K. S., & Tyler, P. M. \(2021\).](#) **Reduced neural responsiveness to looming stimuli is associated with increased aggression.** *Social Cognitive and Affective Neuroscience, 16(10)*, 1091-1099.

- Blair, R. J. R., Bajaj, S., Sherer, N., Bashford-Largo, J., Zhang, R., Aloji, J., Hammond, C., Lukoff, J., Schwartz, A., Elowsky, J., Tyler, P., Filbey, F. M., Dobbertin, M., & Blair, K. S. (2021). **Alcohol use disorder and cannabis use disorder symptomatology in adolescents and aggression: Associations with recruitment of neural regions implicated in retaliation.** *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, 6(5), 536-544.
- Blair, R. J. R., Bashford-Largo, J., Zhang, R., Mathur, A., Schwartz, A., Elowsky, J., Tyler, P., Hammond, C. J., Filbey, F. M., Dobbertin, M., Bajaj, S., & Blair, K. S. (2021). **Alcohol and cannabis use disorder symptom severity, conduct disorder, and callous-unemotional traits and impairment in expression recognition.** *Frontiers in Psychiatry*, 12, 714189.
- Blair, R. J. R., White, S. F., Tyler, P. M., Johnson, K., Lukoff, J., Thornton, L. C., Leiker, E. K., Filbey, F., Dobbertin, M., & Blair, K. S. (2019). **Threat responsiveness as a function of cannabis and alcohol use disorder severity.** *Journal of Child and Adolescent Psychopharmacology*, 29(7), 526-534.
- 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.
- Boel-Studt, S., Huefner, J. C., Bender, K., Huang, H., & Abell, N. (2019). **Developing quality standards and performance measures for residential group care: Translating theory to practice.** *Residential Treatment for Children & Youth*, 36(4), 260-281.
- Boel-Studt, S., Huefner, J. C., & Huang, H. (2019). **The Group Care Quality Standards Assessment: A framework for assessment, quality improvement, and effectiveness.** *Children and Youth Services Review*, 105, 104425
- 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.
- 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.
- 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.
- Brown, C. H., Mason, W. A., & Brown, E. C. (2014). **Translating the intervention approach into an appropriate research design: The next-generation adaptive designs for effectiveness and implementation research.** In Z. Sloboda, & H. Petras (Eds.), *Handbook of drug abuse prevention* (pp. 363-387). New York: Springer.
- 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.
- Buckholdt, K. E., Parra, G. R., & Jobe-Shields, L. (2014). **Intergenerational transmission of emotion dysregulation through parental invalidation of emotions: Implications for adolescent internalizing and externalizing behaviors.** *Journal of Child and Family Studies*, 23, 324-332.
- Buckholdt, K. E., Parra, G. R., Anestis, M. D., Lavender, J. M., Jobe-Shields, L. E., Tull, M. T., & Gratz, K. L. (2015). **Emotion regulation difficulties and maladaptive behaviors: Examination of deliberate self-harm, disordered eating, and substance misuse in two samples.** *Cognitive Therapy and Research*, 39, 140-152.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 6-month follow-up.** *Emotional and Behavioral Difficulties, 16*, 383-399.
- 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.
- Christophersen, E. R., & Friman, P. C. (2010). *Elimination disorders in children and adolescents.* Cambridge, MA: Hogrefe.

- Cogua, J., Ho, K. Y., & Mason, W. A. (2019). **The peril and promise of racial and ethnic subgroup analysis in health disparities research.** *Journal of Evidence-Based Social Work, 26*(3), 311-321.
- 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.
- Coutts, M. J., Sheridan, S. M., Sjuts, T. M., & Smith, T. E. (2014). **Home-school collaboration for intervention planning.** In J. T. Mascolo, V.C. Alfonso & D. P. Flanagan (Eds.), *Essentials of planning, selecting and tailoring interventions for unique learners* (pp. 92-119). Hoboken, NJ: Wiley
- Craig, J. T., Gregus, S. J., Elledge, L. C., Pastrana, F. A., & Cavell, T. A. (2016). **Preliminary investigation of the relation between lunchroom peer acceptance and peer victimization.** *Journal of Applied Developmental Psychology, 43*, 101-111.
- Crockett, L. J., Wasserman, A. M., Rudasill, K. M., Hoffman, L., & Kalutskaya, I. (2018). **Temperamental anger and effortful control, teacher-child conflict, and externalizing behavior across the elementary school years.** *Child Development, 89*(6), 2176-2195.
- Crum, K. I., Hwang, S., Blair, K. S., Aloj, J. M., Meffert, H., White, S. F., Tyler, P. M., Leibenluft, E., Pope, K., & Blair, R. J. R. (2021). **Interaction of irritability and anxiety of emotional responding and emotion regulation: A functional MRI study.** *Psychological Medicine, 51*(16), 2778-2788.
- Cumming, M. M., Poling, D. V., Patwardhan, I., & Ozenbaugh, I. C. (2023). **Executive function in kindergarten and development of behavioral competence: The moderating role of positive parenting practices.** *Early Childhood Research Quarterly, 60*, 161-172.
- Curtis, M. E. (1992, March). **Learning to read in high school.** *The Reader, 6-7.*
- Curtis, M. E. (1992, September). **Should schoolhouses become schoolhomes?** [Review of the book *The schoolhome: Rethinking schools for changing families*]. *The Reader, 5.*
- Curtis, M. E. (1994). **Research and criticism: A case for separate but equal.** *Research in the Teaching of English, 28*, 380-382.
- 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.
- 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.
- 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.
- Curtis, M. E., & Longo, A. M. (1997). **Reversing reading failure in young adults.** *Focus on Basics, 1*(B).
- Curtis, M. E., & Longo, A. M. (1998). **When adolescents can't read: Methods and materials that work.** Cambridge, MA: Brookline Books.
- Curtis, M. E., & Longo, A. M. (2001, November). **Teaching vocabulary to adolescents to improve comprehension.** *Reading Online, 5*(4), 1-12.

- Curtis, M. E., & McCart, L. (1992). **Fun ways to promote poor readers' word recognition.** *Journal of Reading, 35*, 398-399.
- Daly, D. L. (1992). **Dispelling myths about outcome evaluation.** *Caring, 8*, 22-23.
- Daly, D. L. (1992). **Program reviews: The minimum level of research that every agency needs.** *Caring, 8*, 12-13.
- Daly, D. L. (1992). **The importance of research.** *Caring, 8*, 10-12.
- Daly, D. L. (1993). **Maximizing the impact of psychotherapeutic interventions for your agency.** *Caring, 9*, 18-20.
- Daly, D. L. (1993). **Putting what we know about suicide prevention to work.** *Caring, 9*, 15-17.
- Daly, D. L. (1993). **Residential program research: What board members and executive directors need to know.** *Caring, 9*, 18-19.
- Daly, D. L. (1993). **Social skills: More than meets the eye.** *Caring, 9*, 25-27.
- Daly, D. L. (1994). **Creating effective programs for aggressive children.** *Caring, 10*, 29-32.
- Daly, D. L. (1994). **Do boot camps work?** *Caring, 10*, 7-9.
- Daly, D. L. (1994). **Improving services through outcomes evaluations.** *Caring, 10*, 25-28.
- Daly, D. L. (1995). **Relationship building: The tie that binds.** *Caring, 11*, 18-20.
- Daly, D. L. (1995). **Youth programs: Rhetoric or results?** *Caring, 11*, 22-24.
- Daly, D. L. (1995). **Youth violence: Separating the wheat from the chaff.** *Caring, 11*, 29-31.
- Daly, D. L. (1996). **"More restrictive" may be more effective.** *Caring, 12*, 7-9.
- Daly, D. L. (1996). **Evaluation and quality assurance: Current activities in the field.** *Caring, 12*, 33-34.
- Daly, D. L. (1996). **Outcomes evaluation: Practical suggestions for initiating an outcomes evaluation program at your agency.** *Caring, 12*, 13-17.
- Daly, D. L. (1996). **Overcoming barriers to research-based practice.** *Caring, 12*, 21-23.
- 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.
- Daly, D. L., Huefner, J. C., Bender, K. E., Davis, J. L., Whittaker, J. K., & Thompson, R. W. (2018). **Quality care in therapeutic residential programs: Definition, evidence for effectiveness, and quality standards.** *Residential Treatment for Children & Youth, 35*(3), 242-262.
- Daly, D. L., & Nordlinger, B. R. (1997). **National standards: Guiding principles in outcome assessment.** *Caring, 13*, 19-21.
- 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.

- Deng, Q., Patwardhan, I., Rudasill, K., Trainin, G., Wessels, S., Torquati, J., & Coplan, R. J. (2021). **Shy and outgoing preservice teachers and their responses to hypothetical problem behaviors in the classroom.** *Educational Psychology, 41*(5), 658-673.
- Deng, Q., Trainin, G., Rudasill, K., Kalutskaya, I., Wessels, S., Torquati, J., & Coplan, R. J. (2017). **Elementary preservice teachers' attitudes and pedagogical strategies toward hypothetical shy, exuberant, and average children.** *Learning and Individual Differences, 56*, 85-95.
- Drayton, A. K., Byrd, M. R., Albright, J. J., Nelson, E. M., Andersen, M. N., & Morris, N. K. (2017). **Deconstructing the time-out: What do mothers understand about a common disciplinary procedure?** *Child & Family Behavior Therapy, 39*(2), 91-107.
- 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.
- Duppong Hurley, K., Farley, J., & Huscroft D'Angelo, J. (2022). **Assessing treatment integrity of parent-to-parent phone support for families of students with emotional and behavioral disturbance.** *School Mental Health, 14*, 35-48.
- 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.
- 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.
- Duppong-Hurley, K., Hoffman, S., Barnes, B., & Oats, R. (2016). **Perspectives on engagement barriers and alternative delivery formats from non-completers of a community-run parenting program.** *Journal of Child and Family Studies, 25*(2), 545-552.
- Duppong Hurley, K., Huscroft, J., Trout, A., Griffith, A., & Epstein, M. (2014). **Assessing parenting skills and attitudes: A review of the psychometrics of parenting measures.** *Journal of Child and Family Studies, 23*(5), 812-823.
- 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.
- Duppong Hurley, K., Kutash, K., Duchnowski, A., & Farley, J. (2020). **Peer to peer support: Innovative strategies for families of youth with EBD.** In T.W. Farmer, M. Conroy, K. Sutherland, & E.M.Z. Farmer (Eds.), *Handbook of Research on Emotional & Behavioral Disorders: Interdisciplinary Developmental Perspectives on Children and Youth* (pp. 69-110). Routledge, New York, NY.
- Duppong Hurley, K., Lambert, M., Epstein, M. H., & Stevens, A. (2015). **Convergent validity of the strength-based Behavioral and Emotional Rating Scale with youth in a residential setting.** *The Journal of Behavioral Health Services & Research, 42*(3) 346-354.
- Duppong Hurley, K., Lambert, M. C., Patwardhan, I., Ringle, J. L., Thompson, R. W., & Farley, J. (2020). **Parental report of outcomes from a randomized trial of in-home family services.** *Journal of Family Psychology, 34*(1), 79-89.

- Duppong Hurley, K., Lambert, M. C., & Stevens, A. (2015). **Psychometrics of the Symptoms and Functioning Severity Scale for high-risk youth.** *Journal of Emotional and Behavioral Disorders, 23*(4), 206-214.
- 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.
- Duppong Hurley, K., Lambert, M. C., Gross, T. J., Thompson, R. W., & Farmer, E. M. Z. (2017). **The role of therapeutic alliance and fidelity in predicting youth outcomes during therapeutic residential care.** *Journal of Emotional and Behavioral Disorders, 25*(1), 37-45.
- Duppong Hurley, K., Lambert, M., VanRyzin, M., Sullivan, J., & Stevens, A. (2013). **Therapeutic alliance between youth and staff in residential group care: Psychometrics of the Therapeutic Alliance Quality Scale.** *Children and Youth Services Review, 35*(1), 56-64.
- 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.
- 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*(3), 164-176.
- 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 and emotional and behavioral disorders.** *Journal of Disability Policy Studies, 21*(3), 141-151.
- Duppong Hurley, K., Trout, A. L., Wheaton, N., Buddenberg, L., Howard, B., & Wiegel, M. (2013). **The voices of youth in out-of-home-care regarding developing healthy dating relationships.** *Child & Youth Services, 34*(1), 23-36.
- Duppong Hurley, K., Van Ryzin, M. J., Lambert, M., & Stevens, A. L. (2015). **Examining change in therapeutic alliance to predict youth mental health outcomes.** *Journal of Emotional and Behavioral Disorders, 23*(2), 90-100.
- Duppong Hurley, K., Wheaton, R. L., Mason, W. A., Schnoes, C. J., & Epstein, M. H. (2014). **Exploring suicide risk history among youth in residential care.** *Residential Treatment for Children & Youth, 31*, 316-327.
- Ellis, C. R., Roberts, H. J., & Schnoes, C. J. (2009). **Anxiety disorder, trichotillomania.** Retrieved from <http://emedicine.medscape.com/article/915057-overview>.
- Ellis, C. R., & Schnoes, C. J. (2009). **Eating disorder, pica.** Retrieved from <http://emedicine.medscape.com/article/914765-overview>.
- Ellis, C. R., & Schnoes, C. J. (2009). **Eating disorder, rumination.** Retrieved from <http://emedicine.medscape.com/article/916297-overview>.
- 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>.

- 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.
- 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.
- 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.
- 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.
- Fabiano, G. A., Schatz, N. K., Lupas, K., Gordon, C., Hayes, T., Tower, D., Santos Soto, T., Macphee, F., Pelham Jr, W. E., & Hulme, K. (2021). **A school-based parenting program for children with attention-deficit/hyperactivity disorder: Impact on paternal caregivers.** *Journal of School Psychology, 86*, 133-150.
- Farley, J., Duppong Hurley, K., Lambert, M. C., & Gross, T. J. (in press). **Profiles of behavioral, academic, and demographic characteristics of middle school students with emotional or behavioral needs.** *Journal of Emotional and Behavioral Disorders.*
- Farley, J., Huscroft-D'Angelo, J., Duppong Hurley, K., Aitken, A. A., & Trout, A. L. (2022). **Teacher perspectives on information sharing and parent knowledge of special education.** *Journal of At-Risk Issues, 24*(1), 1-12. OPEN ACCESS ARTICLE
- 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.
- 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.
- 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.
- 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.
- 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.
- Fleming, C. B., Mason, W. A., Haggerty, K. P., Thompson, R. W., Fernandez, K., Casey-Goldstein, M, & Oats, R. G. (2015). **Predictors of participation in parenting workshops for improving adolescent behavioral and mental health: Results from the Common Sense Parenting trial.** *The Journal of Primary Prevention, 36*(2), 105-118.

- Fleming, C. B., Mason, W. A., Stevens, A. L., Jaffe, A. E., Cadigan, J., Rhew, I. C., & Lee, C. M. (2021). **Antecedents, concurrent correlates, and potential consequences of young adult solitary alcohol use.** *Psychology of Addictive Behaviors, 35*(5), 553-564.
- Fleming, C. B., Mason, W. A., Thompson, R. W., Haggerty, K. P., & Gross, T. J. (2016). **Child and parent report of parenting as predictors of substance use and suspensions from school.** *Journal of Early Adolescence, 36*(5), 625-645.
- Fleming, C. B., Stevens, A. L., Vivero, M., Patwardhan, I., Nelson, T. D., Nelson, J. M., James, T. D., Espy, K. A., & Mason, W. A. (2020). **Executive control in early childhood as an antecedent of adolescent problem behaviors: A longitudinal study with performance-based measures of early childhood cognitive processes.** *Journal of Youth and Adolescence, 49*, 2429-2440.
- Foltz, R., & Huefner, J. C. (2014). **The subjective experience of being medicated in troubled youth: A sample from residential treatment.** *Journal of Child and Family Studies, 23*(4), 752-763.
- 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.
- 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.
- 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.
- Friman, P. C. (1996). **Let research inform our design for youth residential care.** *The Brown University Child and Adolescent Behavior Letter, 12*, 1-3.
- Friman, P. C. (1999). **Family-style residential care really works: Scientific findings demonstrating multiple benefits for troubled adolescents.** Boys Town, NE: Boys Town Press.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

- Friman, P. C. (2005). **Time-out**. In S. Lee (Ed.), *Encyclopedia of school psychology* (pp. 568-570). Thousand Oaks, CA: Sage.
- Friman, P. C. (2006). **Eschew obfuscation: A colloquial description of contingent reinforcement**. *European Journal of Applied Behavior Analysis*, 7(2), 107-119.
- Friman, P. C. (2006). **The future of applied behavior analysis is under the dome**. *The Association for Behavior Analysis International Newsletter*, 29, 4-5.
- 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.
- 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.
- 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.
- 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.
- 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 adolescent: Bridging science and practices* (pp. 311-333). New York: Springer.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

- 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.
- Friman, P. C. (2010, January). **Testing: The good, the bad, and the sometimes necessary (part 3)**. *Family Spectrum*, 17.
- Friman, P. C. (2013). **Treating enuresis and encopresis**. In G. P. Koocher, J. C. Norcross, & B. A. Greene (Eds.), *Psychologists' desk reference (3rd ed.)* (pp. 395-398). New York: Oxford University Press.
- Friman, P. C. (2015). **My heroes have always been cowboys**. *Behavior Analysis in Practice*, 8, 138-139.
- Friman, P. C. (2021). **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* (2nd ed., pp. 408-426). New York: Guilford.
- Friman, P. C. (2017). **Elimination disorders**. In A. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage.
- Friman, P. C. (2017). **Practice dissemination: Public speaking**. In J. K. Luiselli (Ed.), *Applied behavior analysis advanced guidebook* (pp. 349-365). London, UK: Elsevier.
- Friman, P. C. (2017). **Thumb sucking**. In A. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology*. Thousand Oaks, CA: Sage.
- Friman, P. C. (2017). **You are in the way! Opening lines of transmission for Skinner's view of behavior**. *The Behavior Analyst*, 40, 173-177.
- Friman, P. C. (2019). **Incontinence: A biobehavioral perspective**. In T. H. Ollendick, S. W. White, & B. A. White (Eds.), *The Oxford handbook of clinical child and adolescent psychology* (pp. 367-381). New York, NY: Oxford University Press.
- Friman, P. C. (2020). **Clinical behavior analysis**. In S. Hupp & J. Jewell (Eds.), *The encyclopedia of child and adolescent development* (Vol. 2). New York: Wiley.
- Friman, P. C. (2020). **Evidence-based therapies for enuresis and encopresis**. In R.G. Steele, & M.C. Roberts (Eds.), *Handbook of evidence-based therapies for children and adolescents: Bridging science and practice* (2nd ed., 267-280). New York: Springer.
- Friman, P. C. (2020). **The fear factor: A functional approach to anxiety**. In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (2nd ed., pp. 375-397). San Diego: Elsevier.
- Friman, P. C. (2021). **Dissemination of direct instruction: Ponder these while pursuing that**. *Perspectives on Behavioral Science*, 44(2), 307-316.
- Friman, P. C. (2021). **There is no such thing as a bad boy: The circumstances view of problem behavior**. *Journal of Applied Behavior Analysis*, 54(2), 636-653.
- 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.
- 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.

- 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.
- Friman, P. C., & Christophersen, E. R. (2015). **Enuresis.** In R. Cautin & S. Lilienfeld (Eds.), *Encyclopedia of clinical psychology*. New York: Wiley-Blackwell.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Friman, P. C., & Jones, K. M. (2005). **Behavioral treatment for nocturnal enuresis.** *Journal of Early and Intensive Behavior Intervention, 2*, 259-267.
- 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.
- 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.

- Friman, P. C., & Lucas, C. (1996). **Social phobia obscured by disruptive behavior disorder: A case study.** *Clinical Child Psychology and Psychiatry, 1*, 399-407.
- 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.
- 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.
- 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.
- 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.
- 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.
- Friman, P.C., & Schnoes, C. (2020). **Pediatric prevention: Sleep dysfunction.** In H. S. Roane (Ed.), *Pediatric Prevention, an issue of pediatric clinics of North America, e-book* (pp. 559-572). Philadelphia: Elsevier.
- Friman, P. C., & Shaw, S. (2013). **Exceptional clinical acumen: Comments on N'zi and Eyberg's chapter on parent child interaction therapy.** In W. O'Donohue & S. O. Lilienfeld (Eds.), *Case studies in clinical psychological science: Bridging the gap from science to practice* (pp. 17-21). Oxford, NY: Oxford University Press.
- 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.
- 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.
- 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.
- Friman, P. C., & Vollmer, D. (1995). **Successful use of the nocturnal urine alarm for diurnal enuresis.** *Journal of Applied Behavior Analysis, 28*, 89-90.
- 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.

- 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.
- 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.
- 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.
- 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.
- Furst, D. W. & Thompson, R. W. (1998). **Boys Town Education Model: Outcomes and effects.** Boys Town, NE: Father Flanagan's Boys' Home.
- Gallant, J., Snyder, G. S., von der Embse, N., & Cotter, D. D. (2014). **Characteristics and psychosocial predictors of adolescent non-suicidal self-injury in residential care.** *Preventing School Failure: Alternative Education for Children and Youth, 58*(1), 26-31.
- 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.
- Gilman, R., & Handwerk, M. L. (2001). **Undergraduate students' perceptions of school psychology: Findings and implications.** *School Psychology Review, 30*, 120-134.
- Gold, K., Simmons, C., Huefner, J., & Bulbulian, R. (2017). **Cognition, sleep, suicidality, work and opiate use in chronic pain patients.** *Archives of Physical Medicine and Rehabilitation, 98*(10), e5.
- Gordon, C. T., Fabiano, G. A., Hulme, K. F., Sodano, S. M., Adragna, M., Lim, R., Stanford, S., Janikowski L., Bufalo, B., Rodriguez, Z., & Swiatek, D. (2021). **Efficacy of lisdexamfetamine dimesylate for promoting occupational success in adolescents and young adults with attention-deficit/hyperactivity disorder.** *Experimental and Clinical Psychopharmacology, 29*(4), 308-318.
- Gordon, C. T., Fabiano, G. A., Schatz, N. K., Hulme, K., & Vujnovic, R. K. (2021). **Parenting stress during late adolescence in mothers of individuals with ADHD with and without ODD.** *Journal of Child and Family Studies, 30*(12), 2966-2979
- Gordon, C. T., & Hinshaw, S. P. (2020). **Executive functions in girls with and without childhood ADHD followed through emerging adulthood: Developmental trajectories.** *Journal of Clinical Child & Adolescent Psychology, 49*(4), 509-523
- Gordon, C. T., Nguyen, P. T., Mitchell, A. K., & Tyler, P. M. (2023). **Profiles of childhood adversity and associated psychopathology in youth entering residential care.** *Psychological Trauma: Theory, Research, Practice, and Policy, 15*(Suppl 1), S82–S91.
- Graybill, E., Esch, R., Vinoski, E., Truscott, S., Torres, A., Daniel, K., Crenshaw, M., & Crimmins, D. (2016). **Including the family member in interdisciplinary team meetings: Communication trend analysis.** *Small Group Research, 47*, 3-27.

- 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.
- 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.
- Griffith, A. K., Epstein, M. H., & Huefner, J. C. (2014). **Psychotropic medication management within residential treatment centers: Physician opinions about difficulties and barriers.** *Journal of Child and Family Studies, 23*(4), 745-751.
- 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 between youth with monopharmacy versus polypharmacy.** *Journal of Child and Family Studies, 19*(6), 795-802.
- 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.
- 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.
- 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.
- 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.
- 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.
- Gross, T. J., Duncan, J., Kim, S. Y., Mason, W. A., & Haggerty, K. P. (2019). **Predicting school suspension risk from eighth through tenth grade using the Strengths and Difficulties Questionnaire.** *Contemporary School Psychology, 23*(3), 270-289.
- Gross, T. J., Duppong Hurley, K., Lambert, M. C., Epstein, M. H., & Stevens, A. L. (2015). **Psychometric evaluation of the Symptoms and Functioning Severity Scale (SFSS) Short Forms with out-of-home care youth.** *Child & Youth Care Forum, 44*, 239-249.
- Gross, T. J., Duppong Hurley, K., Ross, J., & Thompson, R. (2016). **Comparing self-report and observations to assess the implementation of an in-home program serving at-risk families.** *Journal of Public Child Welfare, 10*(1), 96-116.
- Gross, T. J., Duppong Hurley, K., Sullivan, J. J., Lambert, M. C., Van Ryzin, M. J., & Thompson, R. W. (2015). **Program records as a source for program implementation assessment and youth outcomes predictors during residential care.** *Children and Youth Services Review, 58*, 153-162.

- Gross, T. J., Fleming, C. B., Mason, W. A., & Haggerty, K. P. (2017). **Alabama Parenting Questionnaire-9: Longitudinal measurement invariance across parents and youth during the transition to high school.** *Assessment, 24*(5), 646-659.
- Gross, T. J., Mason, W. A., Parra, G. R., Ringle, J., Oats, R. G., & Haggerty, K. P. (2015). **Adherence and dosage contributions to parenting program quality.** *Journal of the Society for Social Work and Research, 6*(4), 467-489.
- 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.
- Guo, Y., Fleming, C. B., Patwardhan, I., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **A comparison of task-based and questionnaire assessments of executive control aspects in relation to adolescent marijuana initiation.** *Cannabis, 6*(1), 65-78.
- Guo, Y., Fleming, C. B., Stevens, A. L., Swaim, R. C., & Mason, W. A. (2021). **Correlates of solitary alcohol and cannabis use among American Indian adolescents.** *Drug and alcohol dependence, 221*, Part A, 109155.
- Gyte, J., Zeiger, S., Hunter, T., Iruayenama, A., Yuliani, A., Khan, S., Adams, T., Subramaniam, L., Musliu, A., Mattei, C., Walkenhorst, D., Peracha, F., Jarva, H., Horgan, J., Domergue, J., Bennardi, M., Kusumarini, M., Mulbocus, O., Tyler, P., Knoope, P., Bryson, R., & Orell, R. (2020). **Blueprint of a rehabilitation and reintegration center: Guiding principles for rehabilitating and reintegrating return foreign terrorist fighters and their families.** *Hedayah Countering Violent Extremism Conference, Abu Dhabi, United Arab Emirates.* Contributor: pp 70, 99-100, 134, 147-148, 186, 196, 202.
- 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.
- Hagaman, J. L., Trout, A. L., DeSalvo, C., Gehringer, R., & Epstein, M. H. (2010). **The academic and functional academic skills of youth who are at risk for language impairment in residential care.** *Language, Speech, and Hearing Services in Schools, 41*, 14-22.
- 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.
- 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.
- Handwerk, M. L. (2002). **Least restrictive alternative: Challenging assumptions and further implications.** *Children's Services: Social Policy, Research, and Practice, 5*, 99-103.
- Handwerk, M. L. (2004). **Conduct disorder.** In T. S. Watson & C. H. Skinner (Eds.), *Encyclopedia of school psychology* (pp. 65-69). New York: Kluwer.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Hanson, K., Haggerty, K. P., Fleming, C. B., Skinner, M. L., Casey-Goldstein, M., Mason, W. A., Thompson, R. W., & Redmond, C. (2018). **Washington State retail marijuana legalization: Parent and adolescent preferences for marijuana messages in a sample of low-income families.** *Journal of Studies on Alcohol and Drugs, 79*(2), 309-317.
- Heckman, A. R., Cummings, J., & Bellini, S. (2014). **Predicting interventionists' intention to use video self-modeling: An investigation of the Intervention Technology Acceptance Model.** *Journal for Special Education Technology, 29*(1), 35-49.
- Heckman, D. R. (2013). **Family therapy in out-of-the ordinary settings: Tips and resources.** *The Family Psychologist, 29*(2), 25-26.
- Herrenkohl, T. I., Fedina, L., Roberto, K. A., Raquet, K. L., Hu, R. X., Rousson, A. N., & Mason, W. A. (2022). **Child maltreatment, youth violence, intimate partner violence, and elder mistreatment: A review and theoretical analysis of research on violence across the life course.** *Trauma, Violence, & Abuse, 23*(1), 314-328.

- 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.
- Herrenkohl, T. I., Jung, H., Klika, J. B., Mason, W. A., Brown, E. C., Leeb, R. T., & Herrenkohl, R. C. (in press). **Mediating and moderating effects of social support in the study of child abuse and adult physical and mental health.** *American Journal of Orthopsychiatry*, *86*(5), 573-583.
- 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.
- 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.
- 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.
- Hoffman, S., Lambert, M., Nelson, T. D., Trout, A. L., Epstein, M. H., & Pick, R. (2013). **Confirmatory factor analysis of the PedsQL among youth in a residential treatment setting.** *Quality of Life Research*, *22*, 2151-2157.
- Hoffman, S., Trout, A. L., Nelson, T. D., Sullivan, J., Epstein, M. H., Huscroft D'Angelo, J., & Gibbons, C. (2013). **A psychometric assessment of health literacy measures among youth in a residential treatment setting.** *Journal of Studies in Social Sciences*, *5*(2), 288-300.
- Howard Sharp, K. M., Cohen, R., Kitzmann, K. M., & Parra, G. R. (2016). **Mechanisms mediating children's perceived maternal nonsupportive reactions to sadness and children's social and emotional functioning.** *Journal of Child and Family Studies*, *25*(2), 367-380.
- Huefner, J. C. (2018). **Crosswalk of published quality standards for residential care for children and adolescents.** *Children and Youth Services Review*, *88*, 267-273.
- Huefner, J., & Ainsworth, F. (2021). **Commentary: Recognizing the value of the milieu in therapeutic residential care for children and youth.** *Residential Treatment for Children & Youth*, *38*(3), 324-335.
- Huefner, J. C., & Ainsworth, F. (2022). **Comparing the effectiveness of home-based and group-care programs for children and young people: The challenge and path forward.** *Residential Treatment for Children & Youth*, *39*(1), 3-15.
- Huefner, J. C., & Griffith, A. K. (2014). **Psychotropic medication use with troubled children and youth.** *Journal of Child and Family Studies*, *23*(4), 613-616.
- Huefner, J. C., Griffith, A. K., Smith, G. L., Vollmer, D. G., & Leslie, L. K. (2014). **Reducing psychotropic medication in an intensive residential treatment center.** *Journal of Child and Family Studies*, *23*(4), 675-685.
- 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.
- 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.

- Huefner, J. C., O'Brien, C., & Vollmer, D. G. (2021). **Designing and testing a developmentally appropriate intervention for children in a psychiatric residential treatment facility.** *Child and Adolescent Psychiatric Clinics of North America*, 30(3), 527-536.
- Huefner, J. C., Oats, R. G., & Thompson, R. W. (2004). **Adult outcomes of Girls and Boys Town youth.** *Rapport*, 8, 8-9.
- Huefner, J. C., Pick, R. M., Smith, G. L., Stevens, A. L., & Mason, W. A. (2015). **Parental involvement in residential care: Distance, frequency of contact, and youth outcomes.** *Journal of Child and Family Studies*, 24, 1481-1489.
- 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. 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. 423-426). Tampa: University of South Florida.
- 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.
- 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.
- Huefner, J. C., Ringle, J. L., Gordon, C., & Tyler, P. M. (2020). **Impact of perception of safety on outcomes in the context of trauma.** *Children and Youth Services Review*, 114, 105060.
- Huefner, J. C., Ringle, J. L., Thompson, R. W., & Wilson, F. A. (2018). **Economic evaluation of residential length of stay and long-term outcomes.** *Residential Treatment for Children & Youth*, 35(3), 192-208.
- Huefner, J. C., Smith, G. L., Ringle, J. L., Stevens, A. L., Mason, W. A., & Parra, G. R. (2017). **Patterns of psychotropic medication at admission for youth in residential care.** *Journal of Child and Family Studies*, 26, 317-32
- Huefner, J. C., Smith, G. L., & Stevens, A. L. (2018). **Positive and negative peer influence in residential care.** *Journal of Abnormal Child Psychology*, 46(6), 1161-1169.
- Huefner, J. C., & Vollmer, D. G. (2014). **Characteristics and treatment needs of preadolescent versus adolescent children in an intensive residential treatment program.** *Residential Treatment for Children & Youth*, 31, 301-315.
- Huscroft-D'Angelo, J., Farley, J., Duppong Hurley, K., Lambert, M., & Trout, A. (2022). **Engaging parents in special education: An examination of knowledge and access to resources.** *Exceptionality*, 30(3), 201-214.
- Huscroft-D'Angelo, J., Trout, A. L., Epstein, M. H., & Thompson, R. (2014). **The health literacy status of youth with disabilities in a residential treatment setting.** *Social Welfare: Interdisciplinary Approach*, 4, 109-118.
- Huscroft-D'Angelo, J., Trout, A. L., Epstein, M. H., Duppong-Hurley, K., & Thompson, R. (2013). **Gender differences in perceptions of aftercare supports and services.** *Children and Youth Services Review*, 35(5), 916-922.
- Huscroft-D'Angelo, J., Trout, A. L., Henningsen, C., Synhorst, L., Lambert, M., Patwardhan, I., & Tyler, P. (2019). **Legal professional perspectives on barriers and supports for school-aged students and families during reunification from foster care.** *Children and Youth Services Review*, 107, 104525.

- Huscroft-D'Angelo, J., Trout, A. L., Lambert, M., & Thompson, R. (2017). **Caregiver perceptions of empowerment and self-efficacy following youths' discharge from residential care.** *Journal of Family Social Work, 20*(5), 433-456.
- Huscroft-D'Angelo, J., Trout, A. L., Lambert, M. C., & Thompson, R. (2017). **Reliability and validity of the Youth Empowerment Scale-Mental Health in youth departing residential care and reintegrating into school and community settings.** *Education and Treatment of Children, 40*(4), 547-570.
- Hwang, S., Meffert, H., Parsley, I., Tyler, P. M., Erway, A. K., Botkin, M., Pope, K., & Blair, R. J. R. (2019). **Segregating sustained attention from response inhibition in ADHD: An fMRI study.** *Neuroimage: Clinical, 21*, 101677.
- Hyland, T. (1996). **Boys Town Reading Center.** *Notes From the Field, 5*, 10-15.
- Hyland, T. (1998). **Readers play catch up --- and win.** *TECHNOS: Quarterly for Education Technology, 7*, 23-26.
- 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.
- 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.
- Ingram, S. D., Cash, S. J., Oats, R. G., Simpson, A., & Thompson, R. W. (2015). **Development of an evidence-informed in-home family services model for families and children at-risk of abuse and neglect.** *Child & Family Social Work, 20*(2), 139-148.
- Jackson, M. L., Williams, W. L., Rafacz, S. D., & Friman, P. C. (2020). **Encopresis and enuresis.** In P. Sturmey (Ed.), *Functional analysis in clinical treatment* (2nd ed., pp. 199-255). San Diego: Elsevier.
- James, S., Thompson, R., Sternberg, N., Schnur, E., Ross, J., Butler, L., Triplett, D., Puett, L., & Muirhead, J. (2015). **Attitudes, perceptions, and utilization of evidence-based practices in residential care.** *Residential Treatment for Children & Youth, 32*(2), 144-166.
- James, S. S., Thompson, R. W., & Ringle, J. L. (2017). **The implementation of evidence-based practices in residential care: Outcomes, processes and barriers.** *Journal of Emotional and Behavioral Disorders, 25*(1), 4-18.
- January, S.-A. A., Duppong Hurley, K., Stevens, A. L., Kutash, K., Duchnowski, A. J., & Pereda, N. (2016). **Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties.** *Journal of Child and Family Studies, 25*(3), 836-844.
- January, S.-A. A., Mason, W. A., Savolainen, J., Solomon, S., Chmelka, M. B., Miettunen, J., Veijola, J., Moilanen, I., Taanila, A., & Jarvelin, M.-R. (2017). **Longitudinal pathways from cumulative contextual risk at birth to school functioning in adolescence: Analysis of mediation effects and gender moderation.** *Journal of Youth and Adolescence, 46*(1), 180-196.
- January, S.-A. A., Trout, A. L., Huscroft-D'Angelo, J., Duppong Hurley, K. L., & Thompson, R. W. (2018). **Perspectives on factors impacting youth's reentry into residential care: An exploratory study.** *Journal of Child and Family Studies, 27*(8), 2584-2595.

- 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 & Adolescent Psychology, 33*, 536-546.
- 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.
- Jimerson, S. R., Brock, S. E., & Brown, J. A. (2013). **Immediate school-based intervention following violent crises.** In C. Franklin, M. B. Harris, & P. Allen-Meares (Eds.), *The school services sourcebook* (2nd ed., pp. 579-589). New York, NY: Oxford University Press.
- Jobe-Shields, L., Andrews, A., Parra, G. R., & Williams, N. A. (2015). **Person-centered approaches to understanding early family risk.** *Journal of Family Theory & Review, 7*(4), 432-451.
- Jobe-Shields, L., Parra, G. R., & Buckholdt, K. E. (2014). **Adolescent reactions to maternal responsiveness and internalizing symptomatology: A daily diary investigation.** *Personal Relationships, 21*(2), 335-348.
- 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.
- 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*, 697-699.
- 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.
- 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.
- 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.
- Kelly, A. B., Chan, G. C. K., Mason, W. A., & Williams, J. W. (2015). **The relationship between psychological distress and adolescent polydrug use.** *Psychology of Addictive Behaviors, 29*(3), 787-793.
- Kelly, A. B., Mason, W. A., Chmelka, M. B., Herrenkohl, T. I., Kim, M. J., Patton, G. C., Hemphill, S. A., Toumbourou, J. W., & Catalano, R. F. (2016). **Depressed mood during early to middle adolescence: A bi-national longitudinal study of the unique impact of family conflict.** *Journal of Youth and Adolescence, 45*(8), 1604-1613.
- 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.
- Kim, M. J., Mason, W. A., Herrenkohl, T. I., Catalano, R. F., Toumbourou, J. W., & Hemphill, S. A. (2017). **Influence of early onset of alcohol use on the development of adolescent alcohol problems: A longitudinal binational study.** *Prevention Science, 18*, 1-11.

- 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.
- Koehn, C. E., & Thompson, R. W. (2000). **Palm Beach County child abuse and neglect pilot project: 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.
- 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.
- 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.
- 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.
- Lambert, M. C., Duppong Hurley, K., Athay Thomlinson, M., & Stevens, A. (2013). **Measurement properties of the Motivation for Youth Treatment Scale with a residential group home population.** *Child & Youth Care Forum, 42*(6), 555-570.
- Lambert, M. C., Duppong Hurley, K., Gross, T. J., Epstein, M. H., & Stevens, A. L. (2015). **Validation of the Symptoms and Functioning Severity Scale in residential group care.** *Administration and Policy in Mental Health and Mental Health Services Research, 42*, 356-362.
- Lambert, M. C., Duppong Hurley, K., January, S.-A., & Huscroft D'Angelo, J. (2022). **The role of parental involvement in narrowing the academic achievement gap for high school students with elevated emotional and behavioral risks.** *Journal of Emotional and Behavioral Disorders, 30*(1), 54-66. OPEN ACCESS ARTICLE
- Lambert, M. C., Epstein, M. H., Ingram, S. D., Simpson, A., & Bernstein, S. (2014). **Psychometrics and measurement invariance of the Emotional and Behavioral Screener.** *Behavioral Disorders, 39*(2), 89-101.
- Lambert, M. C., Trout, A. L., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2016). **Medical service utilization among youth with school-identified disabilities in residential care.** *Child & Youth Care Forum, 45*, 315-327.
- Larzelere, R. E. (1994). **Should the use of corporal punishment by parents be considered child abuse? No.** In M. A. Mason & E. Gambrell (Eds.), *Debating children's lives: Current controversies on children and adolescents* (pp. 204-209, 217-218). Thousand Oaks, CA: Sage.
- Larzelere, R. E. (1996). **A review of the outcomes of parental use of nonabusive or customary physical punishment.** *Pediatrics, 98*, 824-828.
- Larzelere, R. E. (1998). **Effective vs. counterproductive parental spanking: Toward more light and less heat.** *Marriage Family: A Christian Journal, 1*, 179-192.
- Larzelere, R. E. (1999). **To spank or not to spank (letter to the editor).** *Pediatrics, 103*, 696-697.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Larzelere, R. E., & Kuhn, B. R. (2005). **Enhancing behavioral parent training with an extended discipline ladder.** *The Behavior Therapist*, 28, 105-108.
- Larzelere, R. E., Kuhn, B. R., & Johnson, B. (2004). **The intervention selection bias: An underrecognized confound in intervention research.** *Psychological Bulletin*, 130, 289-303.

- 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.
- 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.
- Larzelere, R. E., & Schmidt, M. D. (1998). **Using during-treatment data for treatment planning.** *Caring, 14*, 12-13.
- 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.
- Larzelere, R. E., Silver, C., & Polite, K. (1997). **Nonabusive spanking: Parental liberty or child abuse?** *Children's Legal Rights Journal, 17*, 7-17.
- 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.
- 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.
- Lash, R. (2005). **Building reading skills step by step.** *Principal Leadership High School Edition, 5*, 38-42.
- Lau, J., Theall, L., Stewart, S. L., Reimers, T., Ashworth, M., McLean, J., Belleville-Taylor, P., Martin, L., & Rabinowitz, R. (2016). **Continence CAP.** In S.L. Stewart, L.A. Theall, J.N. Morris, K. Berg, M. Björkgren, A. Declercq, et al. *interRAI Child and Youth Mental Health – Developmental Disabilities Collaborative Action Plans (CAPs) for use with the interRAI Child and Youth Mental Health – Developmental Disabilities (ChYMH-DD) Assessment Instrument.* Version 9.3 Washington, DC: interRAI.
- Lee, B. R., Chmelka, M. B., & Thompson, R. (2010). **Does what happens in group care stay in group care? The relationship between problem behavior trajectories during care and post-placement functioning.** *Child Family Social Work, 15*(3), 286-296.
- 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.
- 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.
- Lewis, J. T., Parra, G. R., & Cohen, R. (2015). **Apologies in close relationships: A review of theory and research.** *Journal of Family Theory & Review, 7*(1), 47-61.
- Leiker, E. K., Meffert, H., Thornton, L. C., Taylor, B. K., Aloji, J., Abel-Rahim, H., Shah, N., Tyler, P. M., White, S. F., Blair, K. S., Filbey, F., Pope, K., Dobbertin, M., & Blair, R. J. R. (2019). **Alcohol use disorder and cannabis use disorder symptomology in adolescents are differentially related to dysfunction in brain regions supporting face processing.** *Psychiatry Research: Neuroimaging, 292*, 62-71.
- 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.

- Longo, A. M. (1997). **Trial lessons in reading: A dynamic assessment approach.** In L. R. Putnam (Ed.), *Reading on language and literacy: Essays in honor of Jeanne S. Chall* (pp. 211-233). Cambridge, MA: Brookline Books.
- 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.
- Lupas, K. K., Mavrakakis, A., Altszuler, A., Tower, D., Gnagy, E., MacPhee, F., Ramos, M., Merrill, B., Ward, L., Gordon, C., Schatz, N., Fabiano, G., & Pelham, W. (2021). **The short-term impact of remote instruction on achievement in children with ADHD during the COVID-19 pandemic.** *School Psychology, 36*(5), 313-324.
- 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.
- Marshall, R. M., Hynd, G. W., Handwerk, M. L., & Hall, J. (1997). **Academic underachievement in ADHD subtypes.** *Journal of Learning Disabilities, 30*, 635-642.
- 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.
- 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.
- Mason, W. A., Brown, E. C., Fleming, C. B., & Haggerty, K. P. (2015) **Growth redefined in terms of preventing drug use and delinquency.** In Scheier, L. M. (Ed.), *Handbook of adolescent drug use prevention* (pp. 479-497). Washington, DC: American Psychological Association.
- Mason, W. A., Chmelka, M. B., Howard, B. K., & Thompson, R. W. (2013). **Comorbid alcohol and cannabis use disorders among high-risk youth at intake into residential care.** *Journal of Adolescent Health, 53*(3), 350-355.
- Mason, W. A., Chmelka, M. B., Patwardhan, I., January, S-A. A., Fleming, C. B., Savolainen, J., Miettunen, J., & Järvelin, M-R. (2019). **Associations of cumulative family risk with academic performance and substance involvement: Tests of moderation by child reading engagement.** *Substance Use & Misuse, 54*(10), 1679-1690.
- 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.
- Mason, W. A., Chmelka, M. B., Trudeau, L., & Spoth, R. L. (2017). **Gender moderation of the intergenerational transmission and stability of depressive symptoms from early adolescence to early adulthood.** *Journal of Youth and Adolescence, 46*(1), 248-260.
- Mason, W. A., Cogua-Lopez, J., Fleming, C. B., & Scheier, L. M. (2018). **Challenges facing evidence-based prevention: Incorporating an Abductive Theory of Method.** *Evaluation & the Health Professions, 41*(2), 155-182.
- Mason, W. A., Cogua-Lopez, J., & Thompson, R. W. (2018). **Turning a big ship: Unleashing the power of prevention within treatment settings.** *Journal of the Society for Social Work and Research, 9*(4), 765-781.

- Mason, W. A., & Fleming, C. B. (2014). **A more accurate approach to assessing alcohol use by self-report?** *The American Journal of Drug and Alcohol Abuse*, 40(6), 422-423.
- Mason, W. A., Fleming, C. B., & Haggerty, K. P. (2016). **Prevention of marijuana misuse: School-, family-, and community-based approaches.** In M. T. Compton (Ed.), *Marijuana and mental health* (pp. 199-225). Arlington, VA: American Psychiatric Publishing, Inc.
- Mason, W. A., Fleming, C. B., Gross, T. J., Thompson, R. W., Parra, G. R., Haggerty, K. P., & Snyder, J. J. (2016). **Randomized trial of parent training to prevent adolescent problem behaviors during the high school transition.** *Journal of Family Psychology*, 30(8), 944-954.
- Mason, W. A., Fleming, C. B., Ringle, J. L., Hanson, K., Gross, T. J., Haggerty, K. P. (2016). **Prevalence of marijuana and other substance use before and after Washington State's change from legal medical marijuana to legal medical and non-medical marijuana: Cohort comparisons in a sample of adolescents.** *Substance Abuse*, 37(2), 330-335.
- Mason, W. A., Fleming, C. B., Ringle, J. L., Thompson, R. W., Haggerty, K. P., & Snyder, J. J. (2015). **Reducing risks for problem behaviors during the high school transition: Proximal outcomes in the Common Sense Parenting trial.** *Journal of Child and Family Studies*, 24(9), 2568-2578.
- Mason, W. A., Fleming, C. B., Thompson, R. W., Haggerty, K. P., & Snyder, J. J. (2014). **A framework for testing and promoting the expanded dissemination of promising preventive interventions that are being implemented in community settings.** *Prevention Science*, 15(5), 674-683.
- Mason, W. A., Fleming, C. B., Tomaso, C. C., James, T. D., Nelson, J. M., Espy, K. A., & Nelson, T. D. (2020). **Associations of early socio-familial stress with maladaptive and adaptive functioning in middle childhood: Roles of executive control and foundational cognitive abilities.** *Prevention Science*, 21, 681-690.
- 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.
- Mason, W. A., Hanson, K., Fleming, C. B., Ringle, J. L., & Haggerty, K. P. (2015). **Washington State recreational marijuana legalization: Parent and adolescent perceptions, knowledge, and discussions in a sample of low-income families.** *Substance Use & Misuse*, 50(5), 541-545.
- 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.
- 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.
- Mason, W. A., January, S-A. A., Chmelka, M. B., Parra, G. R., Savolainen, J., Miettunen, J., Järvelin, M-R, Taanila, A, & Moilanen, I. (2016). **Cumulative contextual risk at birth in relation to adolescent substance use, conduct problems, and risky sex: General and specific predictive associations in a Finnish birth cohort.** *Addictive Behaviors*, 58, 161-166.

- Mason, W. A., January, S-A. A., Fleming, C. B., Thompson, R. W., Parra, G. R., Haggerty, K. P., & Snyder, J. J. (2016). **Parent training to reduce problem behaviors over the transition to high school: Tests of indirect effects through improved emotion regulation skills.** *Children and Youth Services Review, 61*, 176-183.
- Mason, W. A., Patwardhan, I., Fleming, C. B., Stevens, A. L., James, T. D., Nelson, J. M., Espy, K. A., & Nelson, T. D. (2021). **Associations of childhood executive control with adolescent cigarette and E-cigarette use: Tests of moderation by poverty level.** *Addictive Behaviors, 119*, 106923.
- Mason, W. A., Patwardhan, I., Smith, G. L., Chmelka, M. B., Savolainen, J., January, S-A. A., Miettunen, J., & Järvelin, M-R. (2017). **Cumulative contextual risk at birth and adolescent substance initiation: Peer mediation tests.** *Drug and Alcohol Dependence, 177*, 291-298.
- Mason, W. A., Russo, M. J., Chmelka, M. B., Herrenkohl, R. C., & Herrenkohl, R. C. (2017). **Parent and peer pathways linking childhood experiences of abuse with marijuana use in adolescence and adulthood.** *Addictive Behaviors, 66*, 70-75.
- Mason, W. A., & Spoth, R. L. (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.
- 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.
- Mason, W. A., & Spoth, R. L. (2012). **Sequence of alcohol involvement from early onset to young adult alcohol abuse: Differential predictors and moderation by family-focused preventive intervention.** *Addiction, 107*, 2137-2148.
- Mason, W. A., Stevens, A. L., & Fleming, C. B. (2020). **A systematic review of research on adolescent solitary alcohol and marijuana use in the United States.** *Addiction, 115*, 19-31.
- 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.
- Mason-Plunkett, M., Johnstone, T., Vollmer, B., Daly, D. L., & Robuck, R. M. (2014). **Responding to policy change and creating policy impact and systems change through strategy.** In M. Mortell, & T. Hansen-Turton (Eds.), *Making strategy count in the health and human services sector: Lessons learned from 20 organizations and chief strategy officers* (pp. 207-239). New York: Springer.
- Mastronardi, P., Ainsworth, F., Huefner, J. C. (2020). **Demonstrating the effectiveness of a residential education program for disengaged young people: A preliminary report.** *Children Australia, 45*(4), 312-316.
- 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.
- McCarty, C. A., Wymbs, B. T., Mason, W. A., King, K. M., McCauley, E., Baer, J., & Vander Stoep, A. (2013). **Early adolescent growth in depression and conduct problem symptoms as predictors of later substance use impairment.** *Journal of Abnormal Child Psychology, 41*(7), 1041-1051.
- 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.

- 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.
- Meffert, H., Thornton, L. C., Tyler, P. M., Botkin, M. L., Erway, A. E., Kolli, V., Pope, K., White, S. F., & Blair, R. J. R. (2018). **Moderation of prior exposure to trauma on the inverse relationship between callous-unemotional traits and amygdala responses to fearful expressions: An exploratory study.** *Psychological Medicine*, *48*(15), 2541-2549.
- Milnes, S. M., Piazza, C. C., Ibañez, V. F., & Kozisek, J. M. (2019). **A comparison of Nuk presentation and Nuk redistribution to treat packing.** *Journal of Applied Behavior Analysis*, *52*(2), 476-490.
- 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.
- Moore, K. J., Osgood, D. W., Larzelere, R. E., & Chamberlain, P. (1992). **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.
- 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.
- Mott, M. A., Arneil, J. M., & Authier, K. (1994). **Tapping into the data: With a treatment foster care database.** *Teaching-Family Association Newsletter*, *20*, 10.
- 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.
- 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.
- Nelson, T. D., Haugen, K. A., Resetar Volz, J. L., Zhe, E. J., Axelrod, M. I., Spear Filigno, S., Stevens, A. L., & Lundahl, A. (2015). **Overweight and obesity among youth entering residential care: Prevalence and correlates.** *Residential Treatment for Children & Youth*, *32*, 99-112.
- Nelson, T. D., James, T. D., Nelson, J. M., Johnson, A. B., Mason, W. A., Yaroch, A. L., & Espy, K. A. (2020). **Associations between specific components of executive control and eating behaviors in adolescence: A study using objective and subjective measures.** *Appetite*, *154*, 104784.
- Nelson, T. D., Kidwell, K. M., Hoffman, S., Trout, A. L., Epstein, M. H., & Thompson, R. W. (2014). **Health-related quality of life among adolescents in residential care: Description and correlates.** *American Journal of Orthopsychiatry*, *84*(3), 226-233.
- Nelson, T. D., Nelson, J. M., Mason, W. A., Tomaso, C. C., Kozikowski, C. B., & Espy, K. A. (2019). **Executive control and adolescent health: Toward a conceptual framework.** *Adolescent Research Review*, *4*(1), 31-43.
- Nelson, T. D., Smith, T. R., Duppong Hurley, K., Epstein, M. H., & Tonniges, T. F. (2013). **Association between psychopathology and physical health problems among youth in residential treatment.** *Journal of Emotional and Behavioral Disorders*, *21*, 150-161.

- Nelson, T. D., Smith, T. R., Pick, R., Epstein, M. H., Thompson, R. W., & Tonniges, T. F. (2013). **Psychopathology as a predictor of medical service utilization for youth in residential treatment.** *Journal of Behavioral Health Services Research*, *40*, 36-45.
- 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.
- Nelson, T. D., Van Dyk, T. R., Lundahl, A., Huefner, J., Thompson, R. W., & Epstein, M. H. (2013). **Patterns and correlates of adolescent weight change in residential care.** *Children and Youth Services Review*, *35*, 960-965.
- Nelson, T. D., Van Dyk, T. R., McGinnis, J. C., Nguyen, A. V., & Long, S. K. (2016). **Brief sleep intervention to enhance behavioral parent training for noncompliance: Preliminary findings from a practice-based study.** *Clinical Practice in Pediatric Psychology*, *4*(2), 176-187.
- Nguyen, P. T., Gordon, C. T., Owens, E. B., & Hinshaw, S. P. (in press). **Patterns of childhood adversity among women with and without childhood ADHD: Links to adult psychopathology and global functioning.** *Research on Child and Adolescent Psychopathology*.
- Nicolia, A. C., Fabiano, G. A., & Gordon, C. T. (2020). **An investigation of predictors of attendance for fathers in behavioral parent training programs for children with ADHD.** *Children and Youth Services Review*, *109*, 104690.
- 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.
- 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.
- Oats, R. G., Cross, W. F., Mason, W. A., Casey-Goldstein, M., Thompson, R. W., Hanson, K., & Haggerty, K. P. (2014). **Implementation assessment of widely used but understudied prevention programs: An illustration from the Common Sense Parenting trial.** *Evaluation and Program Planning*, *44*, 89-97.
- Oliver, R. M., Lambert, M. C., & Mason, W. A. (2019). **A pilot study for improving classroom systems within schoolwide positive behavior support.** *Journal of Emotional and Behavioral Disorders*, *27*(1), 25-36.
- 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.
- Oswalt, G., Daly, D. L., & Richter, M. D. (1992). **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.
- Parra, G. R., Patwardhan, I., Mason, W. A., Chmelka, M. B., Savolainen, J., Miettunen, J., & Järvelin, M.-R. (2020). **Parental alcohol use and the alcohol misuse of their offspring in a Finnish Birth Cohort: Investigation of developmental timing.** *Journal of Youth and Adolescence*, *49*, 1702-1715.

- Parra, G. R., Ross, J. R., Ringle, J. L., Sampson, N., & Thompson, R. W. (2016). **Evaluation of Boys Town In-Home Family Services with families referred by child welfare.** *Journal of Evidence-Informed Social Work, 13*, 401-411.
- Parra, G. R., Smith, G., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., Järvelin, M.-R. (2017). **Tests of linear and nonlinear relations between cumulative contextual risk at birth and psychosocial problems during adolescence.** *Journal of Adolescence, 60*, 64-73.
- Parra, G. R., Smith, G., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., Järvelin, M.-R., Moilanen, I., Veijola, J. (2018). **Profiles of contextual risk at birth and adolescent substance use.** *Journal of Child and Family Studies, 27*(3), 717-724.
- Patwardhan, I., Duppong Hurley, K., Thompson, R. W., Mason, W. A., & Ringle, J. L. (2017). **Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program.** *Child Abuse & Neglect, 70*, 92–99.
- Patwardhan, I., Duppong Hurley, K., Lambert, M., & Ringle, J. L. (2019). **An examination of the psychometric properties and validation of the Family Resource Scale for families seeking assistance with their child’s behavioral difficulties.** *Journal of Psychoeducational Assessment, 37*(3), 372-381.
- Patwardhan, I., Guo, Y., Hamburger, E. R., Sarwar, S., Fleming, C. B., James, T. D., Nelson, J. M., Espy, K. A., Nelson, T. D., & Mason, W. A. (2023). **Childhood executive control and adolescent substance use initiation: The mediating roles of physical and relational aggression and prosocial behavior.** *Child Neuropsychology, 29* (2), 235-254.
- Patwardhan, I., Mason, W. A., Chmelka, M. B., Savolainen, J., Miettunen, J., & Järvelin, M.-R. (2019). **Prospective relations between alexithymia, substance use and depression: Findings from a national birth cohort.** *Nordic Journal of Psychiatry, 73*(6), 340-348.
- Patwardhan, I., Mason, W. A., Savolainen, J., Chmelka, M. B., Miettunen, J., & Järvelin, M.-R. (2017). **Childhood cumulative contextual risk and depression diagnosis among young adults: The mediating roles of adolescent alcohol use and perceived social support.** *Journal of Adolescence, 60*, 16-26.
- Patwardhan, I., Nelson, T. D., McClelland, M. M., & Mason, W. A. (2021). **Childhood cognitive flexibility and externalizing and internalizing behavior problems: Examination of prospective bidirectional associations.** *Research on Child and Adolescent Psychopathology, 49*(4), 413-427.
- 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.
- Pope, K., & Blair, R. J. (2012). **The use of fMRI in understanding antisocial behavior.** In C. R. Thomas & K. Pope (Eds.), *The origins of antisocial behavior: A developmental perspective* (pp. 71-85). 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.
- 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.

- 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.
- 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.
- Reid, R., Trout, A. L., & Schartz, M. (2005). **Self-regulation interventions for children with attention deficit/hyperactivity disorder.** *Exceptional Children, 71*, 361-377.
- Reimers, T. (2017). *Elimination disorders: Evidence-based treatment for enuresis and encopresis.* New York, NY: Momentum Press.
- Reimers, T. (2017). **Elimination disorders: Gender and sex differences.** In A. Wenzel (Ed.). *The SAGE encyclopedia of abnormal and clinical psychology.* Thousand Oaks, CA: Sage.
- 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.
- 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.
- 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.
- 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.
- Ringle, J. L., James, S., Ross, J. R., & Thompson, R. W. (2019). **Measuring youth residential care provider attitudes: A confirmatory factor analysis of the Evidence-Based Practice Attitude Scale.** *European Journal of Psychological Assessment, 35*, 241-247.
- 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.
- Ringle, J. L., Mason, W. A., Herrenkohl, T. I., Smith, G., Stevens, A. L., & Jung, H. (2020). **Prospective associations of child maltreatment subtypes with adult educational attainment: Tests of mediating mechanisms through school-related outcomes.** *Child Maltreatment, 25*(4), 398-409.
- Ringle, J. L., Mason, W. A., Oats, R. G., & Cogua, J. (2019). **Parenting Children and Adolescents (PARCA) Scale English to Spanish translation: An investigation of measurement invariance.** *Journal of Family Psychology, 33*(8), 938-944.
- Ringle, J. L., Thompson, R. W., & Way, M. (2015). **Reunifying families after an out-of-home residential stay: Evaluation of a blended intervention.** *Journal of Child and Family Studies, 24*, 2079-2087.
- 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.

- Savolainen, J., Eisman, A., Mason, W. A., Miettunen, J., & Järvelin, M.-R. (2018). **Socioeconomic disadvantage and psychological deficits: Pathways from early cumulative risk to late-adolescent criminal conviction.** *Journal of Adolescence*, *65*, 16-24.
- 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.
- Savolainen, J., Hughes, L. A., Mason, W. A., Kivivuori, J., Hurting, T. M., Ebeling, H., Moilanen, I. K., Taanila, A. M. (2015). **Pubertal development and sexual intercourse among adolescent girls: An examination of direct, mediated, and spurious pathways.** *Youth and Society*, *47*(4) 520-538.
- Savolainen, J., Mason, W. A., Bolen, J. D., Chmelka, M. B., Hurtig, T., Ebeling, H., Nordström, T., Taanila, A. (2015). **The path from childhood behavioral disorders to felony offending: Investigating the role of adolescent drinking, peer marginalization, and school failure.** *Criminal Behaviour and Mental Health*, *25*(5), 375-388.
- Savolainen, J., Mason, W.A., Lyyra, A.-L., Pulkkinen, L., & Kokko, K. (2017). **Antisocial and human capital pathways to socioeconomic exclusion: A 42-year prospective study.** *Developmental Psychology*, *53*(8), 1597-1609.
- 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.
- 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 Publications.
- Schnur, E., Steinke, C., Muirhead, J., & Huefner, J. C. (in press). **Shining a light: Youth in residential treatment with history of sexual exploitation.** *Residential Treatment for Children & Youth*, *37*(1), 3-19.
- Shalev, R. A., Milnes, S. M., Piazza, C. C., & Kozisek, J. M. (2018). **Treating liquid expulsion in children with feeding disorders.** *Journal of Applied Behavior Analysis*, *51*(1), 70-79.
- Sheridan, S. M., Koziol, N., Clarke, B. L., Rispoli, K., & Coutts, M. J. (2014). **The influence of rurality and parental affect on kindergarten children's social and behavioral functioning.** *Early Education and Development*, *25*, 1057-1082.
- Siebecker, A. B., & Swearer, S. M. (2010). **Bullying.** In C. C. Ehlers (Ed.), *Encyclopedia of Cross-Cultural School Psychology*. New York: Springer.
- Skinner, M. L., Haggerty, K. P., Casey-Goldstein, M., Thompson, R. W., Buddenberg, L., & Mason, W. A. (2017). **Focus groups of parents and teens help develop messages to prevent early marijuana use in the context of legal retail sales.** *Substance Use & Misuse*, *52*(3), 351-358.
- 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.
- 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.

- 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.
- Snyder, G. S. & Shaw, S. (2013). **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*. London: Elsevier.
- 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.
- Solomon, S. J., Savolainen, J., Mason, W. A., Miettunen, J., January, S.-A. A., & Järvelin, M.-R. (2017). **Does educational marginalization mediate the path from childhood cumulative risk to criminal offending?** *Journal of Developmental and Life Course Criminology*, 3(3), 326-346.
- Sousa, C., Mason, W. A., Herrenkohl, T. I., Prince, D., Herrenkohl, R. C., & Russo, M. J. (2018). **Direct and indirect effects of child abuse and environmental stress: A lifecourse perspective on adversity and depressive symptoms**. *American Journal of Orthopsychiatry*, 88(2), 180-188.
- 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.
- 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.
- 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.
- Spoth, R. L., Redmond, C., Mason, W. A., Schainker, L., & Borduin, L. (2015). **Research on the Strengthening Families Program for Parents and Youth Ages 10-14: Long-term effects, mechanisms, translation to public health, PROSPER Partnership scale up**. In L. M. Scheier (Ed.), *Handbook of adolescent drug use prevention* (pp. 267-292). Washington, DC: American Psychological Association.
- Spoth, R. L., Trudeau, L., Shin, C., Randall, G. K., & Mason, W. A. (2019). **Testing a model of universal prevention effects on adolescent relationships and marijuana use as pathways to young adult outcomes**. *Journal of Youth and Adolescence*, 48, 444-458.
- Sternberg, N., Schnur, E., Huefner, J. C., Muirhead, J., Butler, L., Mihalo, J., Puett, L., Schedin, R., Triplett, D. R., Klee, S., Thompson, R., & Tibbits, J. (2017). **A work in progress: Electronic health record utilization in residential treatment**. *Residential Treatment for Children & Youth*, 34(2), 122-134.
- Stevens, A. L., Herrenkohl, T. I., Mason, W. A., Smith, G. L., Klevens, J., & Merrick, M. T. (2018). **Developmental effects of childhood household adversity, transitions, and relationship quality on adult outcomes of socioeconomic status: Effects of substantiated child maltreatment**. *Child Abuse & Neglect*, 79, 42-50.
- Stevens, A. L., Ho, K. Y., Mason, W. A., & Chmelka, M. B. (2021). **Using equipercenile equating to link scores of the CBCL and SDQ in residential youth**. *Residential Treatment for Children & Youth*, 38(1), 102-113.
- Stifel, S. W. F., Brown, J. A., Jimerson, S. R., & Dowdy, E. (2013). **Integrating email communication with counseling at school**. *School Mental Health*, 5, 110-118.

- Stuva, D., Ringle, J. L., Thompson, R. W., Chmelka, B., Juliano, N., & Bohn, K. (2016). **In-home family services: Providing lasting results to crisis helpline callers.** *The American Journal of Family Therapy, 44*(5), 245-254.
- Swearer, S. M., Siebecker, A. B., Johnson-Frerichs, L. A., & Wang, C. (2010). **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. 305-327). New York: Routledge.
- 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.
- Teare, J. F. (1999). **Selecting outcomes for short-term programs: The role of program theory.** *Caring, 15*, 10-11.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Thomas, C. R., & Pope, K. (Eds.). (2012). **The origins of antisocial behavior: A developmental perspective.** Oxford: University Press.
- Thompson, R., & Koley, S. (2014). **Engaging families in in-home family intervention.** *Reclaiming Children and Youth, 23*(2), 19-22.
- Thompson, R., Nelson, C., Spenceri, M., & Maybank, D. (1999). **Safe and effective schools: The Boys Town Model.** *Caring 15*, 10-11, 15.
- Thompson, R. W. (1998). **Evaluating outcomes in prevention programs.** *Caring, 14*, 21-22.
- Thompson, R. W. (1998). **Social validation: A practical application for agency program planning and evaluation.** *Caring, 14*, 6-8.

- 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.
- 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.
- 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.
- Thompson, R. W., & Daly, D. L. (2015). **The Family Home Program: An adaptation of the Teaching Family Model at Boys Town.** In J. K. Whittaker, J. F. Del Valle, & L. Holmes (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice* (pp. 113-123). London and Philadelphia: Kingsley Publishers.
- Thompson, R. W., Duppong Hurley, K., Trout, A. L., Huefner, J. C., & Daly, D. L. (2017). **Closing the research to practice gap in therapeutic residential care: Service provider-university partnerships focused on evidence-based practice.** *Journal of Emotional and Behavioral Disorders, 25*(1), 46-56.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

- 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.
- 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.
- 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.
- Tillery, R., Cohen, R., Parra, G. R., Kitzmann, K. M., & Howard Sharp, K. M. (2015). **Friendship and the socialization of sadness.** *Merrill-Palmer Quarterly, 61*(4), 486-508.
- Tillery, R., DiSabatino, K., Parra, G. R., Buckholdt, K. E., & Jobe-Shields, L. (2014). **Examination of consistency of adolescent and parent reports across several psychosocial constructs.** *Personal Relationships, 21*(4), 599-611.
- Tomaso, C. C., Johnson, A. B., James, T. D., Nelson, J. M., Mason, W. A., Espy, K. A., & Nelson, T. D. (2021). **Emotion regulation strategies as mediators of the relationship between internalizing psychopathology and sleep-wake problems during the transition to early adolescence: A longitudinal study.** *The Journal of Early Adolescence, 41*(5), 657-682.
- 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.
- 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.
- Trout, A. L., & Epstein, M. H. (2010). **Developing aftercare: Phase I: Consumer feedback.** *Children and Youth Services Review, 32*(3), 445-451.
- 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.
- 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.
- 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.
- Trout, A. L., Hagaman, J., Chmelka, M. B., Gerringher, 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.
- Trout, A. L., Hoffman, S., & Epstein, M. (2014). **Family teacher and parent perceptions of youth needs and preparedness for transition upon youth discharge from residential care.** *Journal of Social Work, 14*(6), 594-604.

- Trout, A. L., Hoffman, S., Epstein, M., Nelson, T. D., & Thompson, R. W. (2014). **Health literacy in high risk youth: A descriptive study of children in residential care.** *Child and Youth Services, 35*, 35-45.
- Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M., Duppong Hurley, K., & Stevens, A. (2014). **Youth and parent/caregiver perceptions of aftercare supports at discharge from residential care.** *Child & Family Social Work, 19*, 304-311.
- 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.
- Trout, A. L., Huscroft-D'Angelo, J., Epstein, M., & Kavan, J. (2014). **Identifying aftercare supports for out-of-home transitions: A descriptive analysis of youth perceptions and preparedness.** *Journal of At-Risk Issues, 18*(1), 11-17.
- Trout, A. L., Jansz, C., Epstein, M. H., & Tyler, P. (2013). **Evaluating service delivery in aftercare for school-aged youth departing residential care.** *Journal of Public Child Welfare, 7*, 142-153.
- Trout, A. L., Lambert, M. C., Epstein, M. H., Tyler, P., Thompson, R. W., Stewart, M., & Daly, D.L. (2013). **Comparison of On The Way Home aftercare supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial.** *Child Welfare, 92*(3), 27-45.
- Trout, A. L., Lambert, M. C., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2015). **Prevalence of physical health issues of youth with school identified disabilities in residential settings: A brief report.** *Disability and Health Journal, 8*(1), 118-122.
- Trout, A. L., Lambert, M. C., Nelson, T. D., Epstein, M. H. & Thompson, R. W. (2014). **Prevalence of weight problems among youth with high-incidence disabilities in residential care.** *Behavioral Disorders, 39*, 165-174.
- Trout, A. L., Lambert, M. C., Thompson, R., Tyler, P. M., & Duppong Hurley, K. (2020). **On the Way Home: Promoting caregiver empowerment, self-efficacy, and adolescent stability during family reunification following placements in residential care.** *Residential Treatment for Children & Youth, 37*(4), 269-292.
- 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.
- 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.
- 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.
- Trudeau, L., Mason, W. A., Randall, G. K., Spoth, R. L., & Ralston, E. (2012). **Effects of parenting and deviant peers on early to mid-adolescent conduct problems.** *Journal of Abnormal Child Psychology, 40*(8), 1249-1264.
- Trudeau, L., Spoth, R., Randall, G. K., Mason, W. A., & Shin, C. (in press). **Internalizing symptoms: Effects of a preventive intervention on developmental pathways from early adolescence to young adulthood.** *Journal of Youth and Adolescence.*

- Trudeau, L. T., Spoth, R. L., Mason, W. A., Randall, G. K., Redmond, C., & Schainker, L. (2016). **Effects of adolescent universal substance misuse preventive interventions on young adult depression symptoms: Mediation modeling.** *Journal of Abnormal Child Psychology, 44*(2), 257-268.
- 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.
- 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.
- 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.
- Tyler, P. M., Aitken, A. A., Ringle, J. L., Stephenson, J. M., & Mason, W. A. (2021). **Evaluating social skills training for youth with trauma symptoms in residential programs.** *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(1), 104-113.
- Tyler, P. M., Hillman, D. S., & Ringle, J. L. (2022). **Peer relations training moderates trauma symptoms and suicide ideation for youth in a residential program.** *Journal of Child and Family Studies, 31*, 447-458.
- Tyler, P. M., Mason, W. A., Chmelka, M. B., Patwardhan, I., Dobbertin, M., Pope, K., Shah, N., Abdel-Rahim, H., Johnson, K., & Blair, R. J. (2019). **Psychometrics of a brief trauma symptom screen for youth in residential care.** *Journal of Traumatic Stress, 32*(5), 753-763.
- Tyler, P. M., Mason, W. A., Vollmer, B., & Trout, A. L. (2021). **Practice to research and back in a social service agency: Trying to DO BETTER.** *Child & Youth Care Forum, 50*, 149-165.
- Tyler, P. M., Patwardhan, I., Ringle, J. L., Chmelka, M. B., & Mason, W. A. (2019). **Youth needs at intake into trauma-informed group homes and response to services: An examination of trauma exposure, symptoms, and clinical impression.** *American Journal of Community Psychology, 64*, 321-332.
- Tyler, P. M., Thompson, R., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2017). **Important elements of aftercare services for youth departing group homes.** *Journal of Child and Family Studies, 26*(6), 1603-1613.
- Tyler, P. M., Thompson, R. W., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2016). **Availability of aftercare for youth departing group homes.** *Residential Treatment for Children & Youth, 33*(3-4), 270-285.
- Tyler, P. M., Trout, A. L., Epstein, M. H. & Thompson, R. (2014). **Provider perspectives on aftercare services for youth in residential care.** *Residential Treatment for Children & Youth, 31*(3), 219-229.
- Tyler, P. M., Trout, A. L., Huscroft-D’Angelo, J., Lambert, M., & Synhorst, L. L. (2018) **Promoting stability for youth returning from residential care: Attorney perspectives.** *Juvenile and Family Court Journal, 69*(3), 5-18.
- Tyler, P. M., White, S. F., Thompson, R. W., & Blair, R. J. (2019). **Applying a cognitive neuroscience perspective to disruptive behavior disorders: Implications for schools.** *Developmental Neuropsychology, 44*(1), 17-42.
- Van Dyk, T. R., Nelson, T. D., Epstein, M. H., & Thompson, R. W. (2014). **Physical health status as a predictor of treatment outcomes among youth in residential treatment.** *Journal of Emotional and Behavioral Disorders, 22*, 237-248.

- Van Dyk, T. R., Thompson, R. W., & Nelson, T. D. (2016). **Daily bidirectional relationships between sleep and mental health symptoms in youth with emotional and behavioral problems.** *Journal of Pediatric Psychology, 41*, 983-992.
- Warzak, W. J., & Friman, P. C. (1994). **Current concepts in pediatric primary nocturnal enuresis.** *Child and Adolescent Social Work Journal, 11*, 507-523.
- 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.
- Watanabe, Y., & Brown, J. A. (2013). **Preventative education in Canada.** In K. Yamazaki, Y. Toda, & Y. Watanabe (Eds.), *School-based preventive education in the world* (pp. 82-89). Japan: Kaneko-Shobo.
- 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.
- Weiner, D., Lieberman, R., Thompson, R., Huefner, J. C., Blau, G., & McCrae, T. (2018). **Feasibility of long-term outcomes measurement by residential providers.** *Residential Treatment for Children & Youth, 35*(3), 175-191.
- White, S. F., Brislin, S., Sinclair, S., Fowler, K. A., Pope, K., & Blair, R. J. (2013). **The relationship between large cavum septum pellucidum and antisocial behavior, callous-unemotional traits and psychopathy in adolescents.** *Journal of Child Psychology and Psychiatry, 54*(5), 575-581.
- White, S. F., Marsh, A. A., Fowler, K. A., Schechter, J. C., Adalio, C., Pope, K., Sinclair, S., Pine, D. S., & Blair, R. J. R. (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.
- White, S. F., Tyler, P. M., Botkin, M. L., Erway, A. K., Thornton, L. C., Kolli, V., Pope, K., Meffert, H., & Blair, R. J. (2016). **Youth with substance abuse histories exhibit dysfunctional representation of expected value during a passive avoidance task.** *Psychiatry Research: Neuroimaging, 257*, 17-24.
- White, S. F., Tyler, P. M., Erway, A., Kolli, V., Botkin, M. L., Meffert, H., Pope, K., & Blair, R. J. (2016). **Dysfunctional representation of expected value is associated with reinforcement-based decision-making deficits in adolescents with conduct problems.** *Journal of Child Psychology and Psychiatry, 57*(8), 938-946.
- 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.
- Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., ... Zeira, A. (2016). **Therapeutic residential care for children and youth: A consensus statement of the International Work Group on Therapeutic Residential Care.** *Residential Treatment for Children & Youth, 33*(2), 89-106.
- 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.

- 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.
- Wilson, F. A., Araz, O. M., Thompson, R. W., Ringle, J. L., Mason, W. A., & Stimpson, J. P. (2016). **A decision support tool to determine cost-to-benefit of a family-centered in-home program for at-risk adolescents.** *Evaluation and Program Planning, 56*, 43-49.
- Woidneck, M. R., Bluett, E. J., Potts, S. A. (2019). **New wave therapies for posttraumatic stress disorder in youth.** In T. Ollendick, P. Muris, & L. Farrell (Eds.). *Innovations in CBT for childhood anxiety, OCD, and PTSD: Improving access & outcomes.* Cambridge University Press.
- Wood, L., Kiperman, S., Esch, R. C., Leroux, A., & Truscott, S. (2017). **Predicting dropout using student- and school-level factors: An ecological perspective.** *School Psychology Quarterly, 32*(1), 35-49.
- 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.
- 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.
- 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.
- Wymbs, B. T., McCarty, C. A., Mason, W. A., King, K. M., Baer, J. S., Vander Stoep, A., & McCauley, E. (2014). **Early adolescent substance use as a risk factor for developing conduct disorder and depression symptoms.** *Journal of Studies on Alcohol and Drugs, 75*(2), 279-289.
- Yurasek, A. M., Robinson, L. A., & Parra, G. R. (2016). **Ethnic and gender differences in strategies used by adolescents when attempting to quit or reduce smoking.** *Journal of Child & Adolescent Substance Abuse, 25*(3), 252-259.
- Zhang, R., Aloï, J., Bajaj, S., Bashford-Largo, J., Lukoff, J., Schwartz, A., Elowsky, J., Dobbertin, M., Blair, K. S., & Blair, R. J. R. (in press). **Dysfunction in differential reward-punishment responsiveness in conduct disorder relates to severity of callous-unemotional traits but not irritability.** *Psychological Medicine, 53*(5), 1870-1880.
- Zhang, R., Bashford-Largo, J., Lukoff, J., Elowsky, J., Carollo, E., Schwartz, A., Dobbertin, M., Bajaj, S., Blair, K. S., Ellen Leibenluft, E., & Blair, R. J. R. (2021). **Callous-unemotional traits moderate the relationship between irritability and threatening responding.** *Frontiers in Psychiatry, 12*, 617052.

Publications by Category (1991-2022)

Publications within Periodicals/Journals

Count	Periodical/Journal
37	Journal of Child and Family Studies
25	Residential Treatment for Children & Youth
24	Caring
22	Children and Youth Services Review
16	Journal of Emotional and Behavioral Disorders
13	Journal of Applied Behavior Analysis
9	Child & Youth Care Forum
8	American Journal of Orthopsychiatry
8	Journal of Youth and Adolescence
7	Journal of Abnormal Child Psychology
6	Behavior Modification
6	Child Welfare
5	Journal of At-Risk Issues
5	Journal of Pediatric Psychology
4	Behavioral Disorders
4	Education and Treatment of Children
4	Journal of Adolescence
4	Psychology of Addictive Behaviors
3	Addictive Behaviors
3	Archives of Pediatrics & Adolescent Medicine
3	Child & Family Social Work
3	Developmental Cognitive Neuroscience
3	Evaluation and Program Planning
3	Family Relations
3	Journal of Child and Adolescent Psychopharmacology
3	Journal of Child Psychology and Psychiatry
3	Journal of Community Psychology
3	Journal of Family Psychology
3	Journal of Learning Disabilities
3	Journal of Studies on Alcohol and Drugs
3	Journal of the American Academy of Child & Adolescent Psychiatry
3	Pediatrics
3	Prevention Science
3	Psychological Medicine
3	School Psychology Quarterly
3	School Psychology Review
3	Substance Use & Misuse
2	Addiction
2	Behavioral Healthcare Tomorrow
2	Child & Family Behavior Therapy
2	Child & Youth Services
2	Child Abuse & Neglect
2	Child and Adolescent Psychopharmacology News

Publications by Category (1991-2022): Periodicals/Journals

Count	Periodical/Journal
2	Clinical Child and Family Psychology Review
2	Development and Psychopathology
2	Drug and alcohol dependence
2	Frontiers in Psychiatry
2	Journal of Adolescent Health
2	Journal of Applied Developmental Psychology
2	Journal of Behavior Analysis of Offender and Victim Treatment and Prevention
2	Journal of Child & Adolescent Substance Abuse
2	Journal of Clinical Child & Adolescent Psychology
2	Journal of Early and Intensive Behavior Intervention
2	Journal of Evidence-Informed Social Work
2	Journal of Family Social Work
2	Journal of Family Theory & Review
2	Journal of Public Child Welfare
2	Journal of Research on Adolescence
2	Journal of the Society for Social Work and Research
2	Neuroimage: Clinical
2	Personal Relationships
2	Psychiatry Research: Neuroimaging
2	Psychological Bulletin
2	Psychological Trauma: Theory, Research, Practice, and Policy
2	Reclaiming Children and Youth
2	Research on Child and Adolescent Psychopathology
2	School Mental Health
2	The Behavior Analyst
2	The Reader
1	Addiction Biology
1	Administration and Policy in Mental Health and Mental Health Services Research
1	Adolescent Research Review
1	American Journal of Community Psychology
1	American Professional Society on the Abuse of Children (APSAC) Advisor
1	American Psychologist
1	Appetite
1	Archives of Physical Medicine and Rehabilitation
1	Assessment
1	Behavior Analysis in Practice
1	Behavior Therapy
1	Behavioral Residential Treatment
1	Biological Psychiatry
1	Biological Psychiatry: Cognitive Neuroscience and Neuroimaging
1	Brain and Behavior
1	Cannabis
1	Child Abuse & Neglect: The International Journal
1	Child and Adolescent Psychiatric Clinics of North America
1	Child and Adolescent Social Work Journal
1	Child Development

Count	Periodical/Journal
1	Child Maltreatment
1	Child Neuropsychology
1	Children Australia
1	Children's Legal Rights Journal
1	Children's Services: Social Policy, Research, and Practice
1	Clinical Case Studies
1	Clinical Child Psychology and Psychiatry
1	Clinical Practice in Pediatric Psychology
1	Cognitive Therapy and Research
1	Contemporary School Psychology
1	Criminal Behaviour and Mental Health
1	Death Studies
1	Depression and Anxiety
1	Developmental Neuropsychology
1	Developmental Psychology
1	Disability and Health Journal
1	Early Childhood Research Quarterly
1	Early Education and Development
1	Educational Psychology
1	Emotional and Behavioural Difficulties
1	European Journal of Applied Behavior Analysis
1	European Journal of Psychological Assessment
1	Evaluation & the Health Professions
1	Evaluation Review
1	Exceptional Children
1	Exceptionality
1	Experimental and Clinical Psychopharmacology
1	Focus on Basics
1	Hospital and Community Psychiatry
1	Infant and Child Development
1	International Journal of Behavioral Consultation and Therapy
1	International Journal of Psychology and Psychological Therapy
1	International Journal of Social Welfare
1	JAMA Network Open
1	Journal for Special Education Technology
1	Journal of Behavioral Education
1	Journal of Behavioral Health Services & Research
1	Journal of Child Sexual Abuse
1	Journal of Consulting and Clinical Psychology
1	Journal of Developmental and Life Course Criminology
1	Journal of Disability Policy Studies
1	Journal of Early Adolescence
1	Journal of Education for Students Placed At Risk
1	Journal of Evidence-Based Social Work
1	Journal of Marriage and the Family
1	Journal of Psychoeducational Assessment

Publications by Category (1991-2022): Periodicals/Journals

Count	Periodical/Journal
1	Journal of Psychopathology and Behavioral Assessment
1	Journal of Reading
1	Journal of School Psychology
1	Journal of Social Work
1	Journal of Studies in Social Sciences
1	Journal of Traumatic Stress
1	Juvenile and Family Court Journal
1	Language, Speech, and Hearing Services in Schools
1	Learning and Individual Differences
1	Learning Disabilities Research & Practice
1	Marriage & Family: A Christian Journal
1	Merrill-Palmer Quarterly
1	Nordic Journal of Psychiatry
1	Notes From the Field
1	Parenting: Science and Practice
1	Perspectives on Behavioral Science
1	Preventing School Failure: Alternative Education for Children and Youth
1	Principal Leadership High School Edition
1	Psychiatry Research
1	Psychological Assessment
1	Psychological Reports
1	Quality of Life Research
1	Reading Online
1	Remedial and Special Education
1	Research in Middle Level Education Quarterly
1	Research in the Schools
1	Research in the Teaching of English
1	School Psychology
1	Small Group Research
1	Social Cognitive and Affective Neuroscience
1	Social Welfare: Interdisciplinary Approach
1	Substance Abuse
1	Teaching-Family Association Newsletter
1	TECHNOS: Quarterly for Education & Technology
1	The American Journal of Drug and Alcohol Abuse
1	The American Journal of Family Therapy
1	The American Journal of Psychiatry
1	The Behavior Therapist
1	The Clinical Behavior Analyst
1	The Community Circle of Caring Journal
1	The Family Psychologist
1	The Journal of Behavioral Health Services & Research
1	The Journal of Early Adolescence
1	The Journal of Primary Prevention
1	Topics in Early Childhood Special Education
1	Trauma, Violence, & Abuse
1	Youth and Society
441	182

Publications by Category (1991-2022)

Publications within Books and Other Sources

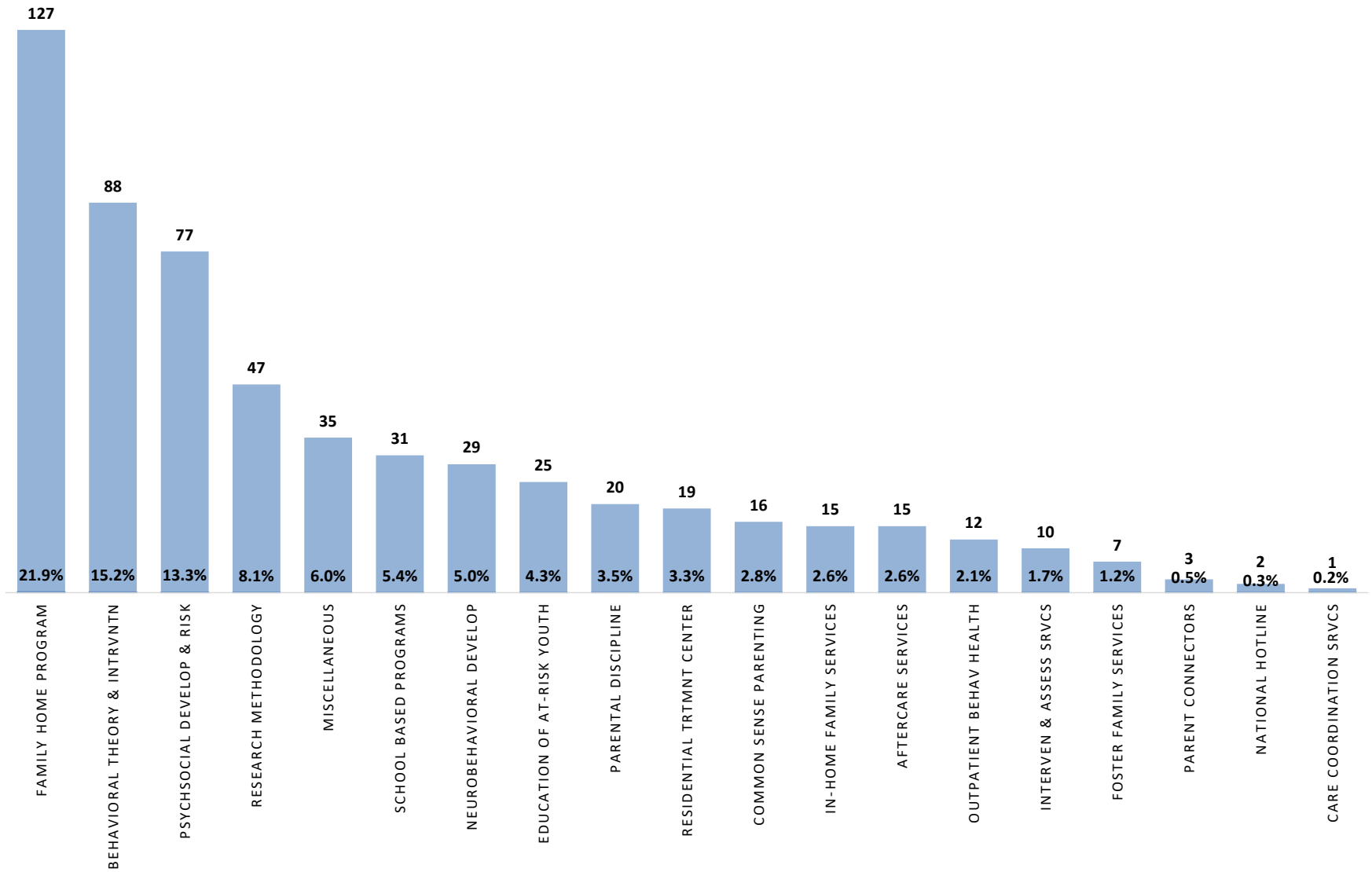
Count	Books/Other Sources
7	Encyclopedia of Clinical Child and Pediatric Psychology
4	Cognitive Behavior Therapy: Applying Empirically Supported Techniques in Your Practice
4	Emedicine.Medscape.com
4	Encyclopedia of School Psychology
4	Functional Analysis in Clinical Treatment
4	Handbook of Applied Behavior Analysis
4	Proceedings of the 19th Annual Florida Mental Health Institute Research Conference
3	Encyclopedia of Behavior Modification and Cognitive Behavior Therapy: Vol. 2. Child Clinical Applications
3	Teaching-Family Association Newsletter
3	The Parents' Guide to Psychological First Aid: Helping Children and Adolescents Cope with Predictable Life Crises
3	The SAGE Encyclopedia of Abnormal and Clinical Psychology
2	Behavioral Treatments for Sleep Disorders: A Comprehensive Primer of Behavioral Sleep Medicine Interventions
2	Handbook of Adolescent Drug Use Prevention
2	Handbook of Evidence-Based Therapies for Children and Adolescents: Bridging Science and Practice
2	Proceedings of the 12th Annual Florida Mental Health Institute Research Conference
2	Proceedings of the 13th Annual Florida Mental Health Institute Research Conference
2	Proceedings of the 17th Annual Florida Mental Health Institute Research Conference
2	Readings on Language and Literacy: Essays in Honor of Jeanne S. Chall
2	The Corsini Encyclopedia of Psychology
2	The Eighteenth Mental Measurements Yearbook
2	The Origins of Antisocial Behavior: A Developmental Perspective
2	Tic Disorders, Trichotillomania, and Other Repetitive Behavior Disorders: Behavioral Approaches to Analysis and Treatment
1	Antecedent Assessment & Intervention: Supporting Children & Adults with Developmental Disabilities in Community Settings
1	Applied Behavior Analysis Advanced Guidebook
1	Boys Town Education Model: Outcomes and Effects
1	Case Studies in Clinical Psychological Science: Bridging the Gap from Science to Practice
1	Characteristics and Outcomes of Children Served by the Boys Town South Florida Family Centered Services Program, 2004-2009
1	Children with Complex Medical Issues in the Schools: Neuropsychological Descriptions and Interventions
1	Children with Disabilities
1	Cognitive Behavior Therapy for Children and Adolescents
1	Cognitive-Behavior Therapy for Children: Treating Complex and Refractory Cases
1	Contributions to Residential Treatment
1	Corporal Punishment of Children in Theoretical Perspective
1	Debating Children's Lives: Current Controversies on Children and Adolescents
1	Elimination Disorders in Children and Adolescents
1	Elimination Disorders: Evidence-Based Treatment for Enuresis and Encopresis
1	Encyclopedia of Behavior Modification and Cognitive Behavior Therapy: Vol. 3. Educational Applications
1	Encyclopedia of Clinical Psychology
1	Encyclopedia of Cross-Cultural School Psychology

Count	Books/Other Sources
1	Encyclopedia of Psychotherapy, Vol. 2
1	Essentials of Planning, Selecting and Tailoring Interventions for Unique Learners
1	Family Spectrum
1	Family-Style Residential Care Really Works: Scientific Findings Demonstrating Multiple Benefits for Troubled Adolescents
1	For Our Own Safety: Examining the Safety of High-Risk Interventions for Children and Young People
1	Foster Family-Based Treatment Association Newsletter
1	GPN Research Report
1	Handbook of Antisocial Behavior
1	Handbook of Bullying in Schools: An International Perspective
1	Handbook of Child and Adolescent Sexuality: Developmental and Forensic Psychology
1	Handbook of Child Behavior Therapy
1	Handbook of Clinical Psychology Competencies, Vol. III: Intervention and Treatment for Children and Adolescents
1	Handbook of Clinical Psychology, Vol. 2. Children and Adolescents
1	Handbook of Drug Abuse Prevention
1	Handbook of Pediatric and Adolescent Obesity Treatment
1	Handbook of Pediatric Psychology in School Settings
1	Handbook of Psychological Assessment, Case Conceptualization, and Treatment, Vol. 2. Children and Adolescents
1	Handbook of Research on Emotional & Behavioral Disabilities: Interdisciplinary Developmental Perspectives on Children and Youth
1	Handbook of Research on Emotional & Behavioral Disorders: Interdisciplinary Developmental Perspectives on Children and Youth
1	Hedayah Countering Violent Extremism Conference, Abu Dhabi, United Arab Emirates
1	How to Become A Better Reading Teacher
1	Innovations in CBT for Childhood Anxiety, OCD, and PTSD: Improving Access & Outcomes
1	International Encyclopedia of Marriage and Family
1	Interrai Child and Youth Mental Health – Developmental Disabilities Collaborative Action Plans (CAPs) for Use with the Interrai Child and Youth Mental Health – Developmental Disabilities (ChYMH-DD) Assessment Instrument
1	Journal of the American Academy of Child & Adolescent Psychiatry
1	Making Strategy Count in the Health and Human Services Sector: Lessons Learned from 20 Organizations and Chief Strategy Officers
1	Marijuana and Mental Health
1	Outcomes for Children and Youth with Emotional and Behavioral Disorders and Their Families: Programs and Evaluation Best Practices
1	Parenthood in America: Undervalued, Underpaid, Under Siege
1	Pediatric Prevention, an Issue of Pediatric Clinics of North America, E-Book
1	Practical Handbook of School Psychology: Effective Practices for the 21st Century
1	Practitioner's Guide to Evidence-Based Psychotherapy
1	Principles and Practice of Sleep Medicine in the Child
1	Proceedings of the 11th Annual Florida Mental Health Institute Research Conference
1	Proceedings of the 14th Annual Florida Mental Health Institute Research Conference
1	Proceedings of the 20th Annual Florida Mental Health Institute Research Conference
1	Proceedings of the 22nd Annual Florida Mental Health Institute Research Conference
1	Proceedings of the 4th Annual Florida Mental Health Institute Research Conference
1	Proceedings of the 5th Annual Florida Mental Health Institute Research Conference

Count	Books/Other Sources
1	Promoting Treatment Adherence: A Practical Handbook for Health Care Providers
1	Psychologists' Desk Reference (3rd ed.)
1	Rapport
1	Residential Interventions for Children, Adolescents, and Families: A Best Practice Guide
1	School-Based Preventive Education in the World
1	Single Case Experimental Designs
1	Suicide from A Global Perspective: Risk Assessment and Management
1	The Association for Behavior Analysis International Newsletter
1	The Brown University Child and Adolescent Behavior Letter
1	The Encyclopedia of Child and Adolescent Development
1	The Encyclopedia of Human Intelligence
1	The Oxford Handbook of Clinical Child and Adolescent Psychology
1	The School Services Sourcebook
1	Therapeutic Residential Care with Children and Youth: Developing Evidence-Based International Practice
1	Trichotillomania, Skin Picking and Other Body-Focused Repetitive Behaviors
1	What Research Has to Say About Reading Instruction
1	When Adolescents Can't Read: Methods and Materials that Work
138	95

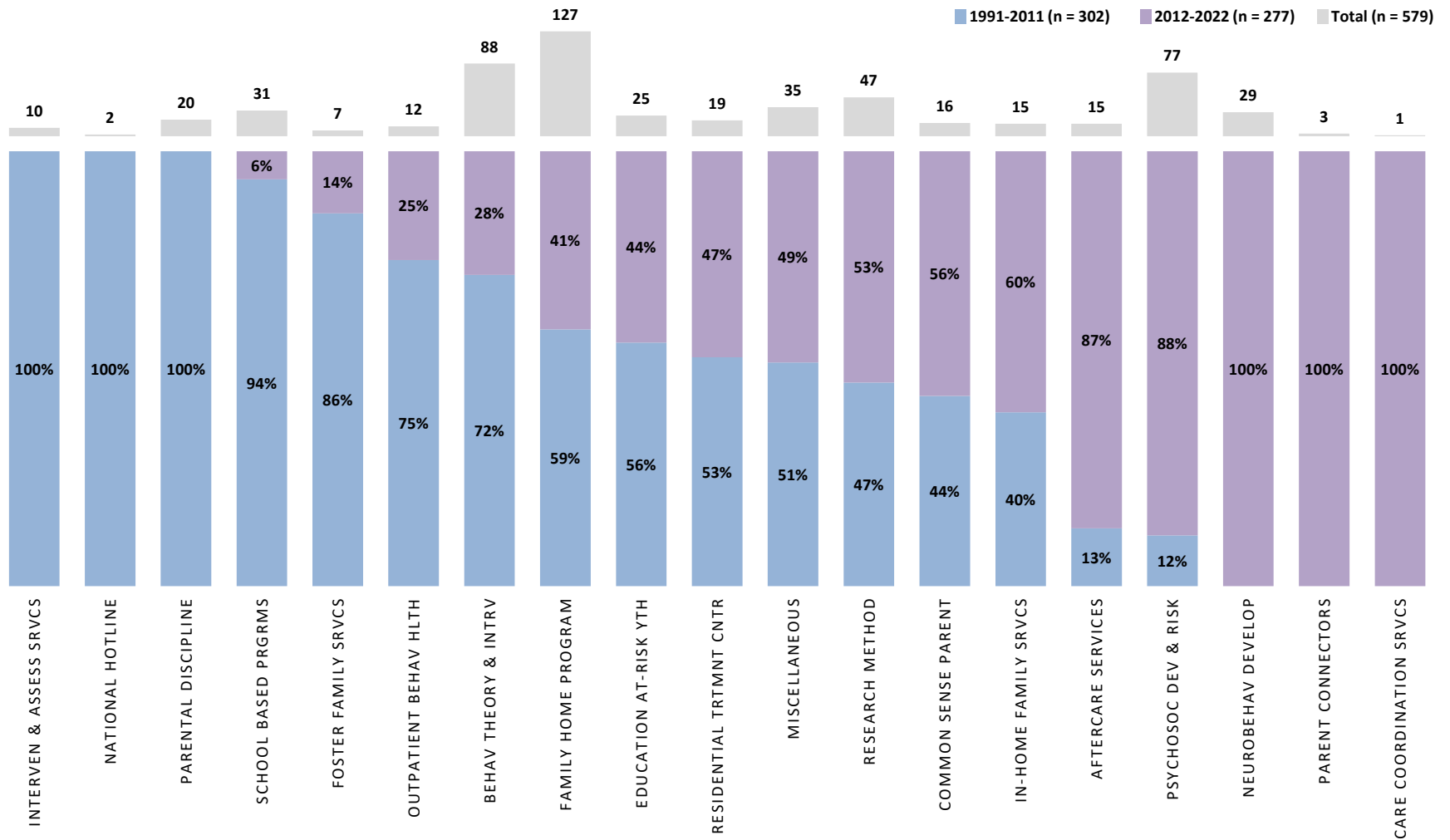
Publications by Category (1991-2022)

Publications within Continuum Categories Overall (n = 579)



Publications by Category

Publications within Continuum Categories: 1991-2011 vs. 2012-2022



The chart above displays the percentage of publications by category from 1991-2011 vs. 2012-2022, with the total number of publications appearing at the top of a given category. Larger purple bars indicate recent areas of emphasis for research. For example, publications have increased recently in the categories of In-Home Family Services, Aftercare Services, Psychosocial Development & Risk, and Neurobehavioral Development. These increases primarily reflect the youth-care research and program development recommendations from the Translational Research Center Scientific Advisory Panel and the Boys Town Strategic Plan directives.



The Child and Family Translational Research Center conducts and disseminates applied research and provides clinical data support to promote the Boys Town Mission and advance knowledge and practice in child and family science.



Saving Children, Healing Families®