Identifying Aftercare Supports for Out-of-Home Transitions: A Descriptive Analysis of Youth Perceptions and Preparedness

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Abstract: *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.*

Residential care is one of the most restrictive out-of-home placements and annually serves approximately 200,000 youths (Butler & McPherson, 2007; Child Welfare League of America [CWLA], 2007; Whittaker, 2000). Although children enter these settings with a number of behavioral, educational, and mental health challenges (CWLA, 2007; Duppong Hurley et al., 2009; Warner & Pottick, 2003; Trout et al., 2008), upon departure, many leave demonstrating significant improvements (James, 2011; Trout et al., 2009; Trout et al., 2010). Unfortunately, for many of these youth, outcomes data suggest that the reintegration period following departure presents new challenges that may impact the youths' ability to maintain the gains made while in care and successfully adapt to social, family, and educational expectations (Cuthbert et al., 2011; Frensch, Cameron, & Preyde, 2009; Preyde et al., 2011). These challenges may lead to additional placements, delinquent behavior, and school dropout or failure. Findings from previous research evaluating youth outcomes following placements in care demonstrate patterns of continued behavioral, educational, and family challenges. For example, Weis and Toolis (2009) conducted a follow-up study of youths placed in residential care and found that after discharge, a high percentage had been arrested (41.9%) or struggled with drug abuse (12.1%) and alcohol problems (21%). Educationally, findings from previous studies demonstrate that nearly three quarters of youth formerly served in care perform below grade level, and when compared to same age peers, fail more academic courses, pass minimum competency tests at lower rates, are twice as likely to drop out of school, and less frequently pursue postsecondary opportunities (Connor, Doerfler, Toscano, Volungis, & Steingard, 2004; Cook, 1994; Frensch, et al., 2009; Valdes, Williamson, & Wagner, 1990; Vincent, Kramer, Shriver, & Spies, 1995; Zetlin, Weinberg, & Kimm, 2004). Finally, studies evaluating the long-term family risks of youth served in care reveal that as many as 72% have experienced some type of family problem following reintegration such as domestic violence, abuse, neglect, and poor parenting (Administration for Children and Families, 2005; Warner & Pottick, 2003).

Given these findings, one may anticipate that effective aftercare services for youth and families have been identified to help youth to maintain gains and prevent long-term failure. However, although it is widely recognized that planning for and providing supportive mechanisms in areas such as health, education, relationships, family, independent living, and community involvement may be critical for short- and long-term success (Asarnow, Aoki, & Elson, 1996; Farmer, Wagner, Burns, & Richards, 2003; Hodges, Guterman, Blythe, & Bronson, 1989; Leichtman & Leichtman, 2002; Nickerson, Colby, Brooks, Rickert, & Salamone, 2007), research on best practice for aftercare supports and services is limited (Daniel, Goldston, Harris, Kelley, & Palmes,

2004; Whittaker, 2000) and what is known is typically focused on the discharge planning process. For example, Nickerson et al. (2007) examined the transition perspectives of 20 youths, 21 parents, and 21 staff prior to each youth's departure from residential care. Results revealed that on average, youths' transition plans were developed approximately six months after entering treatment. While the majority (88%) of youths were aware of the environment to which they would transition following departure, both parents and youth reported that they would also prefer preparation and goal setting in the area of education prior to transition home (Nickerson et al., 2007). In a similar study, Brady and Caraway (2002) investigated the perceptions of discharge planning for 41 children and youths served in two residential facilities as part of a larger study evaluating the experiences of children in care. Findings from their interviews revealed that while the majority of children felt "okay" about, or were "happy" or "very happy" with the current discharge plan (58.5%), just over 41% "hated" or "worried about" the plan in place. In regards to placement decisions, of the 41 children, 31.7% knew exactly where they would be living after discharge and an equal percentage (31.7%) had no idea where they would live following discharge. The remaining youth (36.6%) either knew of several possibilities, thought that they might know, or thought that the placement decision might change. Finally, children reported that engagement in the placement decision was low, with just over one quarter (26.8%) reporting a perception of involvement in the final decision.

Although these previous studies provide a better understanding of transition preparation for youth in residential care, a gap exists in understanding additional components of the transition process including preferences for aftercare services and supports. Evaluating youth perceptions on their preparedness for the upcoming transition, their views on aftercare, and preferences regarding services or supports to aide in the reintegration process is important for service development, buy-in and participation, and in the development of engagement strategies. This study sought to extend the literature and begin to address the research gaps on transitions and aftercare. Specifically, youth were surveyed at discharge from a residential treatment center to evaluate their (a) views on transition planning, (b) perceptions of aftercare support, (c) preparedness for reintegration, and (d) the importance of specific supports and services.

Methods
Setting
The study was conducted at a large residential treatment center in the Midwest. The residential treatment center includes approximately 70 community-based family style homes (Treatment Family Homes) in which youths 12 to 18 years of age live with a married couple (Family Teachers), one assistant (Assistant Family Teacher), and six to eight same gender peers. The program aims to work with schools, families, and community resources to teach youth the necessary skills to help them achieve success in school, work, and with their families.

Participants
Participants included the first 132 assenting youths departing care between April and June 2010. Youths were predominantly male ($n = 81$, 61.4%) with a mean age of 16.95 years ($SD = 1.52$; range = 11 to 19). Just over 40% were Caucasian ($n = 59$, 44.7%); 33.3% ($n = 44$) were African American; 12.9% ($n = 17$) were Hispanic; 8.3% ($n = 11$) were American Indian or Alaska Native; 1.5% ($n = 2$) were Native Hawaiian or Pacific Islander; and 12.1% ($n = 16$) identified two or more ethnicities. A small percentage ($n = 17$, 12.9%) were receiving special education services; over 20% ($n = 27$) were taking at least one psychotropic medication; and 12.1% ($n = 16$) were taking two or more medications. Over half (53%) were returning to the home of a biological parent with the others returning to the home of a relative (15.9%), independent living (16.6%), foster or adoptive parent (6.8%), or military or another treatment facility (7.7%). Nearly 45% ($n = 59$) reported that they believed they would be receiving at least one type of support or service, with some identifying more than one, following their stay in residential care. These services included a case manager (49.1%), individual or family therapy (37.2%), probation officer (20.3%), tracker (11.9%), drug or alcohol treatment (10.1%), in/out-patient mental health (3.4%), or other (13.6%).

Measures
The Youth Aftercare Survey. The Youth Aftercare Survey measures youth perceptions regarding preferences for aftercare services and supports during the transition period. The survey was developed using a series of steps including a thorough review of the literature, peer reviews by professionals in the research community, pilot tests with graduate and undergraduate students, and a pilot test with youth who had previously been discharged from residential care. The survey has four sections that address different components of aftercare. Section 1 includes eight items that describe the demographic characteristics of the respondent (e.g., grade, medication status, ethnicity, gender). Section 2 includes 13 items designed to evaluate current supports in place for the transition period (e.g., has a plan been established for your transition home?) and perceptions regarding aftercare (e.g., how likely would you be to participate if an aftercare program were available?). Section 3 includes seven items designed to determine perceptions regarding areas of most importance for the transition (e.g., support in education, relationships, independent living) and feelings of youth preparedness for transition across targeted areas rated on a 3-point Likert-type scale (1 = not at all prepared to 3 = very prepared). Section 4 includes 51 items rated on a 4-point Likert-type scale (1 = very important to 4 = not important at all) evaluating perceptions regarding the importance of services and supports across seven domains. These 51 items can also be combined to generate subscales representing each domain, which includes: (a) community involvement (7 items; e.g., accessing community services/agencies, finding volunteer opportunities; Cronbach's Alpha = .89); (b) education (14 items; e.g., enrolling in school, developing school organizational skills; Cronbach's Alpha = .93); (c) family (7 items; e.g., developing family rules for discipline, developing positive family relationships; Cronbach's Alpha = .87); (d) independent living (10 items; e.g., developing money management skills, accessing housing; Cronbach's Alpha = .83); (e) mental health (4 items; e.g., managing medication for behavior or mental health, accessing support groups; Cronbach's Alpha = .80); (f) physical health (3 items; e.g., accessing health care, developing a healthy lifestyle; Cronbach's Alpha = .62); and (g) relationships (6 items; e.g., developing peer relationships,

accessing information on dating; Cronbach's Alpha = .82). Items and instructions were written at or below a 5.0 reading level and pilot administrations of the survey determined completion time to be approximately 10 minutes.

Procedures

Study procedures were approved by the residential program's and university's Institutional Review Boards (IRB). Two methods were used to identify and recruit participants. First, a list of youths who had planned departures was provided to project staff at least six weeks prior to youths' departure dates. These youths were approached by project staff to determine interest in participation. Interested youths were provided packets containing a cover letter, consent form, and survey and instructed to read the cover letter which provided directions for survey completion. The cover letter also contained contact information in the event participants had questions or concerns regarding survey completion. Second, for unplanned departures (e.g., runaways, youth pulled by the courts or families prior to program completion), the packets containing the cover letter, consent form, and survey were mailed to the discharging home listed on file. The same packets were mailed out every two weeks until three attempts were made to obtain completed surveys. Of the 138 youths approached, 95.6 % (N = 132) agreed to participate and individually completed the survey. Two of the participants declined to complete the survey and four were not returned. All participants were mailed a small gift card following survey completion.

Data Analysis

Five steps were used to identify youth preferences and views on aftercare and supports. First, IBM SPSS Statistical Software was used to enter and clean data. Second, Cronbach's Alpha scores (Santos, 1999) were calculated to determine the internal reliability of the six domain subscales found in Section 4 (see measures section). Third, importance and preparedness variables were dichotomized for ease of interpretation. Fourth, descriptive statistics were calculated for all participants. Finally, the 51 items from Section 4 were rank ordered by level of importance ranging from the most to least important support.

Results

Transition Planning

When asked if a plan had been established for the transition home, the majority of youth (78 %) indicated that they had a transition plan in place. Overall there was some disagreement as to when the transition plan should be developed with 25 % of the youth believing that the plan should be developed at entry to or at the beginning of treatment, 29 % reporting that a plan should be developed part way through treatment, and nearly half (46 %) reporting that the plan should be developed closer to departure (i.e., less than a month, one to three months).

Table 1 presents youth perceptions regarding the perceived helpfulness, degree of involvement, and youth and parent preparedness for the transition. All of the youth believed that the transition plan would be "somewhat" or "very" helpful to the transition and just over three quarters (75.2 %) reported feeling "very" involved with the process. Similarly, youth ratings regarding their perceptions of parent and

youth preparedness for the transition across settings revealed that the majority reported feeling that they and their parents/guardians were "very" prepared for the transition home, but were less confident about their preparedness to transition to school.

Table 1

Inclusion Knowledge Test Pretest Score, Posttest Score, and Change Score

	Not at all (%)	Somewhat (%)	Very (%)
Perceived helpfulness of transition plan[a]	0.0	20.8	79.2
Degree of involvement in development of the plan[a]	2.9	21.9	75.2
Perceived preparedness to transition home	0.8	30.5	68.7
Perceived preparedness to transition to school[b]	3.6	46.4	50.0
Perceived preparedness of parent/guardian for transition	3.8	25.3	70.9

Note. [a]Percentages are reflective of youths who completed the item. [b]Item was not applicable for 20 youths who graduated high school while in care.

Perceptions of Aftercare

Participants were asked about their perceptions regarding the importance of access to an aftercare program during the transition home. Although the majority of youth believed that aftercare support would be "somewhat" (42.6 %) or "very" (29.5 %) important to their transition, over one quarter (27.9 %) indicated access to aftercare was "not at all important." Similarly, 41.9 % and 31.1 % of the participants reported that they would be "somewhat" or very" likely to participate in aftercare supports should services be available, respectively, while 31.8 % reported being "not at all likely" to participate. In regards to the amount of time youth would be willing to commit to aftercare services, the majority (66.7 %) reported 1-2 hours per week, and the remaining reported 3-4 (18.7 %), 5-6 (8.9 %), 7-8 (2.4 %), or 9 or more hours (3.3 %). Finally, participants' perceptions regarding the desired length of aftercare services varied; however, responses were closely distributed among one month (26.4 %), three month (21.6 %), and six month (22.4 %) durations. Nearly 6 % felt that aftercare programs should last at least nine months and 24 % indicated 12 months or longer.

Importance and Preparedness Across Domains

Table 2 presents youth ratings regarding perceptions of importance and preparedness across each of the seven domains. When asked

regarding importance, 100% of the youth felt that support in the area of "Education" was important. Nearly all youth (97.7%) also revealed support in the area of "Relationships" as important. In contrast, youth indicated support in the areas of "Community Involvement" and "Mental Health" as less important. Participants were also asked to reveal how prepared they felt for the transition in each domain. The highest percentage of youth (97.6%) felt most prepared in the area of "Relationships" followed closely by "Education" (95.1%). Participants indicated feeling less prepared in the domains of "Community Involvement" (25%) and "Mental Health" (18.9%).

Importance and Preparedness Across Domains

Domain	Importance		More Prepared
	More Important	Less Important	
Community Involvement	69.8%	30.2%	75.0%
Education	100.0%	0.0%	95.1%
Family	93.8%	6.2%	92.7%
Independent Living	93.7%	6.3%	85.1%
Mental Health	75.9%	24.1%	81.3%
Physical Health	94.7%	5.3%	91.1%
Relationships	97.7%	2.3%	97.6%

Importance Across Domains and Specific Supports

Participants were asked to identify how important they felt supports were during reintegration across the seven domains: Community Involvement, Education, Family, Independent living, Physical Health, Mental Health, and Relationships. Participants indicated that supports in the "Relationship" domain were most important ($M = 3.35, SD = .59$); followed by "Physical Health" ($M = 3.34, SD = .60$); "Education" ($M = 3.29, SD = .60$); "Independent Living" ($M = 3.17, SD = .56$); "Family" ($M = 3.09, SD = .67$); and "Community Involvement" ($M = 2.89, SD = .74$). Youth rated support in the area of "Mental Health" as the least important ($M = 2.67, SD = .89$).

To identify youth perceptions about the most and least important supports within the domains, the top and bottom 10 ranked items were aggregated. Table 3 displays the top and bottom supports as well as the percentage of participants that endorsed each item as "very" important. The highest rated items included "developing money management skills," "developing positive family, relationships," and "developing a healthy lifestyle." The lowest rated items included "assistance with enrolling in the military," "joining parent support groups," and "accessing mental health services." Slightly over three fourths (78.8%) of participants endorsed developing money management skills as "very" important, while only 9.1% endorsed assistance with enrolling in the military to be "very" important. Overall, the top preferred supports or services fell within the "Independent Living," "Education," "Physical Health," and "Relationships" domains. All of the rankings for the items which comprise the "Mental Health"

domain were in the bottom 10, and the remaining lowest ranked items were distributed between supports within the "Community Involvement" and "Independent Living."

Top and Bottom Ten Rated Supports and Services

	Item	Youth Endorsing %	Overall M(SD)
Top Rated Supports	Developing money management skills	78.8%	3.72(.61)
	Developing positive family relationships	75.8%	3.68(.65)
	Developing a healthy lifestyle	68.2%	3.61(.66)
	Obtaining college scholarship/financial aid	68.2%	3.61(.70)
	Developing relationships with parents/caregivers	70.4%	3.58(.76)
	Enrolling in school	68.9%	3.55(.77)
	Obtaining insurance	68.9%	3.55(.81)
	Developing sibling relationships	64.4%	3.51(.78)
	Developing career planning skills	62.9%	3.50(.76)
	Developing study skills	58.3%	3.48(.70)
	Developing homework routines	59.8%	3.45(.80)
Bottom Rated Supports	Managing medication for behavior or mental health	39.4%	2.80(1.20)
	Accessing transportation services	24.2%	2.76(.97)
	Finding volunteer opportunities	23.5%	2.74(.97)
	Accessing information on dating	20.9%	2.74(.90)
	Finding support groups	26.5%	2.72(1.07)
	Finding mentorship programs	23.5%	2.63(1.06)
	Finding drug/alcohol treatment	29.5%	2.58(1.18)
	Accessing mental health services	21.2%	2.56(1.02)
	Joining parent support groups	15.2%	2.45(.95)
	Enrolling in the military	9.1%	1.92(.98)

Note. Means are based on scale ranging from (1 = Not Important at all to 4 = Very Important). Percentages are based on participants that marked items as Very Important.

Discussion

This study extends the transition and aftercare literature by examining youth perceptions regarding transition planning, preparedness for reintegration, and aftercare services and supports following a stay in residential care. Similar to previous research (e.g., Brady & Caraway, 2002), the majority of youth indicated that transition

plans are established prior to the reintegration period. However, in contrast to previous studies where only 26.8% of participants reported being involved (Brady & Caraway, 2002), the majority of youth in this study reported being very involved in this process and felt that plans would be helpful for the transition period. These results are promising given prior research that suggests significant benefits of starting the transition preparation process early (Leichtman & Leichtman, 2002; McCurdy & McIntyre, 2004) and the importance of both youth and caregiver involvement in the process for positive youth outcomes (Cafferty & Leichtman, 2001; Nickerson, Salamone, Brooks, & Colby, 2004).

Although promising findings were found in regards to youth involvement in transition plan preparation, youth varied in regards to their responses regarding the importance and desired length of time in aftercare services. In regards to aftercare importance, while youth reported a range of perceptions, less than one third reported that they perceived aftercare to be "very important" to their transition success. Follow-up studies are needed to better understand this finding; however, it is possible that youth may have less buy-in to continued services because they feel the difficulties experienced prior to care were addressed in treatment, and now they no longer see the need for additional supports. Similarly, youth reported a range of perceptions regarding the length of time for aftercare support reintegration. Specifically, while youth recognize a need for some support, the majority reported that support would be needed for only a short time period (i.e., 6 months or less) following their reintegration.

Similar to the findings by Nickerson et al., (2007) in which youth reported additional preparation and goal setting in the area of education as important prior to discharge, all youth from this study reported that support in "Education" was important to transition success and indicated varying perceptions on levels of preparedness for their transition back to their home school setting. Moreover, several specific supports from the domain of "Education" such as assistance with enrolling in school, developing study skills, developing homework routines, and obtaining college scholarships or financial aid were also identified as the top 10 most preferred supports. These findings suggest that youth believe continued support in education is important and that several key skills will be critical to their transition support.

Finally, one very notable finding from this study was the lack of importance placed on access to supports and services in the area of mental health. Although mental health was an area in which youth reported feeling least prepared, all specific supports related to the domain of "Mental Health" fell within the bottom 10 rated preferred supports. Given the outcomes data that have consistently demonstrated that many youth do not maintain gains in areas of behavior and social competence following reintegration (Weis & Toolis, 2009), these findings reveal a clear disconnect from perceived needs and preferences for continued supports.

Implications

Currently, there is limited information on best practices in aftercare supports and services for youth departing residential treatment and reintegrating into the home and community settings. The present findings are a first step toward identifying perceptions of need across critical life domains and may reveal strategies to enhance transition planning and youth preparedness for reintegration.

First, given the diverse perceptions, preferences, and aftercare needs identified by the youth, developing comprehensive transitions plans for all youth that incorporate goals and ways to access supports across broad domains may better prepare youth for the reintegration period as well as communicate the importance of aftercare services. Strategies should also be included to address youth buy-in and may include the involvement of the youth from the initial stage of development through implementation, continued efforts to help youth to identify the services and supports they will need following departure, specific training on the available community resources, and engagement of youth at all stages of program planning for agencies developing aftercare supports. For example, screenings to identify the most common youth needs, or interviews or focus groups to determine youth preferences regarding how and when services are provided may enhance initial buy-in and retention in services. Additionally, follow-up studies with the youth to evaluate the utility and effectiveness of interventions may aide in the development of programs that are perceived to be relevant and palatable to the youth and feasible following departure.

Second, youth revealed mixed feelings regarding their preparedness for reintegration into the school setting and reported the domain of "Education" to be an area they feel would be important to receive additional supports postdischarge. Despite making educational gains in treatment (Frensch et al., 2009; Lorandos, 1990; McMackin, Tansi, & Hartwell, 2005; Trout et al., 2010), youth enter schools with several academic barriers including functioning below grade level, difficulty adjusting to the structure of new classrooms, and low levels of task engagement (Crozier & Barth, 2005; Frensch et al., 2009; Landrum, Tankersley, & Kauffman, 2003). Collaboration with parents and schools throughout transition planning regarding strategies which have been successful while in care (e.g., homework interventions, academic supports, participation in extracurricular activities) and ensuring the transitioning school is prepared for the youth following departure may help to better prepare the youth, family, and school for the transition process.

Third, youth reported mental health to be a domain they feel as less important for accessing supports following reintegration. Given previous research identifying mental health as an area in which youth struggle postdischarge (Weis & Toolis, 2009) additional information may need to be provided to youth while in care to educate them about their specific health care needs. Similarly, providing resources to parents and youth regarding mental health needs such as peer or parent mentor models, support groups, information on specific mental health services, or services for medication management may help the family navigate the mental health needs of the youth as the youth reintegrates into the community and begins the path to independence.

Limitations and Future Research

Several limitations of this study should be acknowledged and addressed in future research. First, transition preparation differs across treatment facilities; therefore the results from this study may not generalize to youth served in other residential settings. Replication of this study in other settings is needed to determine youth perceptions are similar across agencies. Similarly, in addition to expanding this research to other settings, replications are needed to examine specific preferences of subgroups of youth (e.g., younger participants, males,

and females) and to determine perceptions of other key respondents (e.g., parents/caregivers, service providers, educators) influential in the transition process. Second, while this survey was comprehensive, there may be additional services or supports (i.e., respite services, in-home family support) which were not included and could add to domain areas such as physical and mental health in which there were the fewest items. Third, the purpose of this survey was not intended to be the development of a standardized measure; however items were grouped into domain subscales in order for comparison. As mentioned previously, some of the domain subscales (i.e., physical health and mental health) consisted of few items and had lower Cronbach Alpha scores. Therefore, future studies with this survey could look at adding additional items to each subscale and surveying more participants to establish stronger psychometric characteristics.

Conclusion

These findings extend the knowledge base on youth transition planning and perceptions of aftercare services and supports. Although there is still much to be studied regarding best practice, these results are promising in that they reveal that the majority of youth believe in the importance of transition planning and aftercare, and would be likely to participate if services were available. Youth levels of preparedness across target areas and preferences also suggest that while some domains are seen by youth as more important to transitions, other areas that are perceived as less important may need to be more directly addressed while in care. Through continued efforts of predeparture education and comprehensive planning and support during the critical transition period, youth may be better prepared to navigate the transition, which may in turn, influence both short- and long-term youth emotional, behavioral, and educational success.

References

Administration for Children and Families. (2005). *National Survey of Child and Adolescent Well-Being (NSCAW) CPS sample component wave 1 data analysis report*.Washington, DC: Author.

Asarnow, J. R., Aoki, W., & Elson, S. (1996). Children in residential treatment: A follow-up study. *Journal of Clinical Child Psychology, 25,* 209-214.

Brady, K. L., & Caraway, S. J. (2002). Home away from home: Factors associated with current functioning in children living in a residential treatment setting. *Child Abuse and Neglect*, *26*, 1149–1163.

Butler, L. S., & McPherson, P. M. (2007). Is residential treatment misunderstood? *Journal of Child and Family Studies*, *16*(4), 465-472. doi:10.1007/s10826-006-9101-6

Cafferty, H., & Leichtman, M. (2001). Facilitating the transition from residential treatment into the community: II. Changing social work roles. *Residential Treatment for Children & Youth*, *19*(2), 13-25. doi:10.1300/J007v19n02_02

Child Welfare League of America. (2007). *Number of children in out-of-home care, for years 2005*. Washington, DC: Author. Retrieved from http://ndas.cwla.org/data_stats/access/predefined/Report.asp?ReportID=379

Connor, D. F., Doerfler, L. A., Toscano, P. R., Volungis, A. M., & Steingard, R. J. (2004). Characteristics of children and adolescents admitted to a residential treatment center. *Journal of Child And Family Studies*, *13*(4), 497-510. doi:10.1023/B:JCFS.0000044730.66750.57

Cook, R. J. (1994). Are we helping foster care youth prepare for their future? *Children and Youth Services Review, 16*, 213 – 229.

Crozier, J. C., & Barth, R. P. (2005). Cognitive and academic functioning in maltreated children. *Children & Schools*, *27*(4), 197-206.

Cuthbert, R., St. Pierre, J., Stewart, S. L., Cook, S., Johnson, A. M., & Leschied, A. W. (2011). Symptom persistence in seriously emotionally disordered children: Findings of a two-year follow-up after residential treatment. *Child & Youth Care Forum*, *40*(4), 267-280. doi:10.1007/s10566-010-9137-z

Daniel, S. S., Goldston, D. B., Harris, A. E., Kelley, A. E., & Palmes, G. K. (2004). Review of the literature on aftercare services among children and adolescents. *Psychiatric Services, 55*(8), 901-912. doi:10.1176/appi.ps.55.8.901

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

Farmer, E. Z., Wagner, H., Burns, B. J., & Richards, J. T. (2003). Treatment foster care in a system of care: Sequences and correlates of residential placements. *Journal of Child and Family Studies, 12*(1), 11-25. doi:10.1023/A:1021349907744

Frensch, K., Cameron, G., & Preyde, M. (2009). Community adaptation of youth accessing residential programs or a home-based alternative: School attendance and academic functioning. *Child & Youth Care Forum, 38*(6), 287-303. doi:10.1007/s10566-009-9083-9

Hodges, V. G., Guterman, N. B., Blythe, B. J., & Bronson, D. E. (1989). Intensive aftercare services for children. *Social Casework*, *70*(7), 397-404.

James, S. (2011). What works in group care? A structured review of treatment models for group homes and residential care. *Children and Youth Services Review, 33*, 308-321.

Landrum, T. J., Tankersley, M., & Kauffman, J. M. (2003). What is special about special education for students with emotional or behavioral disorders?. *The Journal of Special Education*, *37*(3), 148-156. doi:10.1177/00224669030370030401

Leichtman, M., & Leichtman, M. (2002). Facilitating the transition from residential treatment into the community: IV. Making use of community resources. *Residential Treatment for Children & Youth*, *19*(3), 43-52. doi:10.1300/J007v19n03 03

Lorandos, D. A. (1990). Change in adolescent boys at Teen Ranch: A five-year study. *Adolescence, 25*(99), 509-516.

McCurdy, B. L., & McIntyre, E. K. (2004). 'And what about residential...?' Re-conceptualizing residential treatment as a stop-gap service for youth with emotional and behavioral disorders. *Behavioral Interventions*, *19*(3), 137-158. doi:10.1002/bin.151

McMackin, R. A., Tansi, R., & Hartwell, S. (2005). Proficiency in basic educational skills as related to program outcome and escape risk among juvenile offenders in residential treatment. *Journal of Offender Rehabilitation*, *42*(3), 57-74. doi:10.1300/J076v42n03_04

Nickerson, A. B., Colby, S. A., Brooks, J. L., Rickert, J. M., & Salamone, F. J. (2007). Transitioning youth from residential treatment to the community: A preliminary investigation. *Child & Youth Care Forum, 36*(2-3), 73-86. doi:10.1007/s10566-007-9032-4

Nickerson, A. B., Salamone, F. J., Brooks, J. L., & Colby, S. A. (2004). Promising approaches to engaging families and building strengths in residential treatment. *Residential Treatment for Children & Youth*, *22*(1), 1-18. doi:10.1300/J007v22n01 _01

Preyde, M. M., Frensch, K. K., Cameron, G. G., White, S. S., Penny, R. R., & Lazure, K. K. (2011). Long-term outcomes of children and youth accessing residential or intensive home-based treatment: Three year follow up. *Journal of Child And Family Studies*, *20*(5), 660-668. doi:10.1007/s10826-010-9442-z

Santos, J. R. (1999). Cronbach's Alpha: A tool for assessing the reliability of scales. *Journal of Extension, 37*(2).

Trout, A. L., Hagaman, J. L., 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), 356-374. doi:10.1080/08865710802533654

Trout, A. L., Chmelka, M., Thompson, R. W., Epstein, M. H., Tyler, P., & Pick, R. (2009). The departure status of youth from residential group care: Implications for aftercare. *Journal of Child and Family Studies*, *19*(1), 67-78. doi:10.1007/s10826-009-9283-9

Trout, A. L., Wheaton, N. M., Epstein, M. H., DeSalvo, C., Gehringer, R., & Thompson, R. W. (2010). Academic gains by youth in residential treatment. *American Professional Society on the Abuse of Children (APSAC) Advisor, 22,* 1-6.

Valdés, K. A., Williamson, C. L., & Wagner, M. (1990). *The National Longitudinal Transition Study of Special Education Students. Statistical Almanac, Volume 1.* Menlo Park, CA: SRI International.

Vincent, J., Kramer, J. J., Shriver, M., & Spies, R. (1995). Direct comparisons between residential and community students on school performance measures in a public school setting. *Behavioral Interventions*, *10*(2), 69-77. doi:10.1002/bin.2360100203

Warner, L. A., & Pottick, K. J. (2003). *Nearly 66,000 youth in U.S. mental health programs. Latest findings in children's mental health, policy report submitted to Annie E. Casey Foundation.* New Brunswick, NJ: Institute for Health Care Policy and Aging Research, Rutgers University, 2(1).

Weis, R., & Toolis, E. E. (2009). Evaluation of a voluntary, military-style residential treatment program for youths with conduct problems: Six and thirty-six month outcomes. *Psychological Services, 6*, 139-153.

Whittaker, J. K. (2000). The future of residential group care. *Child Welfare, 79*(1)*,* 59-77.

Zetlin, A., Weinberg, L., & Kimm, C. (2004). Improving education outcomes for children in foster care: Intervention by an education liaison. *Journal of Education for Students Placed at Risk, 9*(4), 421-429.

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