

Wilfrid Laurier University

Scholars Commons @ Laurier

---

Partnerships for Children and Families Project

Reports and Papers

---

2012

## Improving Community Adaptation Outcomes for Youth Graduating from Residential Mental Health Programs: A Synthesis Review (SUMMARY)

Gary Cameron

*Wilfrid Laurier University, camerongary@wlu.ca*

T. Smit-Quosai

*Wilfrid Laurier University*

Karen Fensch

*Wilfrid Laurier University, kfensch@wlu.ca*

Follow this and additional works at: <https://scholars.wlu.ca/pcf>



Part of the [Family, Life Course, and Society Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Cameron, G., Smit-Quosai, T., & Fensch, K. M. (2012). Improving Community Adaptation Outcomes for Youth Graduating from Residential Mental Health Programs: A Synthesis Review (Summary, pp. 1-75). Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

This Long-term Community Adaptation of Children and Youth Receiving Residential Mental Health Services is brought to you for free and open access by the Reports and Papers at Scholars Commons @ Laurier. It has been accepted for inclusion in Partnerships for Children and Families Project by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact [scholarscommons@wlu.ca](mailto:scholarscommons@wlu.ca).

**Improving Community Adaptation Outcomes for Youth  
Graduating from Residential Mental Health Programs: A  
Synthesis Review (SUMMARY)**

**Author**

**Partnerships for Children and Families Project**

**Faculty of Social Work**

**Wilfrid Laurier University**

**Funding Provided by the**

**Ontario Ministry of Children and Youth Services**

**February 2012**

## Table of Contents

Background.....	3
Overall Approach to the Synthesis Review .....	5
Focus of the Overall Report.....	10
Chapter 1: School Overview.....	12
Chapter 2: Delinquency Overview.....	18
Chapter 3: Youth Returning Home Overview.....	24
Chapter 4: Youth Transitions from Substitute Care Overview.....	30
Chapter 5: Systems of Care Overview .....	38
Chapter 6: Developing Programs to Improve Youth Community Adaptation Outcomes.....	45
Bibliography.....	55

*The views expressed within this report do not necessarily reflect the views of the Ministry.*

## Background

Over the past six years, through several funded research projects, the Partnerships for Children and Families Project program of research has been documenting outcomes for youth leaving residential (RT) and intensive (IFS) children's mental health programs in Ontario in four life domains – school and employment, social integration, family living and youth well being (For more information see the reports available at [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject)). In these investigations, almost all of the 212 youth entering residential care and intensive family service programs showed clinical levels of concern on admission indicators in several or all of these life domains. Most of these youth also showed statistically significant improvements on the same indicators upon graduation from these programs.

However, in follow up investigations, approximately 16 months and 36 months after program discharge, most of these youth still faced significant challenges in several or all of these life domains. Indeed, youth difficulties with successfully adapting to school or employment and their engagements in delinquent activities and the criminal justice system were of greater concern overall at follow up than at admission to these programs.

At the time of follow up, youth ages 16 or older were legally able to make the decision to leave school. Among youth 16 or older in our samples, 54.1% for RT youth and 31.6% for IFS youth had left school. Seventy five percent of RT youth and 87% of IFS youth not in school at follow up were also unemployed. Of the youth still in school at follow up, between 55% and 59% were described by their parents as having substantial academic difficulties, increased proportions since program admission. It would be reasonable to expect many of these youth would also leave school when they can do so legally.

Approximately 32-35% of all youth had been in contact with the law at admission which was a much higher percentage than youth in the general population and consistent with the proportions in other studies of youth with mental health challenges. About one-third

of IFS youth had problematic contact with the law at follow up. However, the proportion of RT youth in trouble with the law increased to 49% at follow up.

Half of the 143 youth living at home with their parents at 12-18 months post-treatment were having a lot of trouble getting along with parents. In addition, just over half of the youth leaving residential treatment youth were in the guardianship of the child welfare system pointing to the likelihood of a significant challenge in transitioning to independence in late adolescence for many of these youth.

Many youth with difficulties after leaving these mental health programs were having trouble in more than one community adaptation domain. For example, many youth with a lot of trouble getting along with parents were struggling in multiple community adaptation domains like school attendance and performance, personal functioning, and community relationships. In addition, a large majority of youth in trouble with the law also had serious school difficulties after graduating from these programs. Youth leaving residential treatment to live in the care of child welfare authorities often experienced serious difficulties in most life domains. Generally, it was not possible to draw clear boundaries between youth having school problems, being in trouble with the law, struggling with their parents, and having personal functioning difficulties or other community adaptation problems. In addition, challenges in areas of living such as education, employment, and trouble with the law became more serious as youth became older.

The research team drew several conclusions from the findings of this program of research. First, conceptually and programmatically, the challenge of helping this youth population to adapt successfully to community life in multiple domains is different from the contributions of short term residential or intensive treatment or other focused programs. Second, from our data, it was clear that improvements in youth functioning while in these intensive or residential treatment programs were poor predictors of successful transitions to community living after leaving these programs. Third, it seemed likely that if we wish to foster substantial gains that might endure in education, employment, community involvements, and living with families, support in multiple

domains of living will be needed. It was not possible for us to identify either conceptually or empirically any specific focal point for intervening that would be likely to bring enduring benefits across all or even many of these domains of living. Fourth, these findings also indicated that short-term supports are unlikely to be sufficient to promote successful community adaptation for many of these youth. Finally, there was not a homogeneous community adaptation profile for these youth. Also, the adaptation challenges faced by younger and older children were not the same. There is no reason to expect that the same intervention package would be appropriate for all or even most of these youth. Flexibility in support strategies would seem to be required.

### **Overall Approach to the Synthesis Review**

The focus of this synthesis review was to understand the capacity of systems of care and integrated program models to foster successful community adaptation for children and youth graduating from residential mental health treatment. The primary undertaking was to evaluate and synthesize available evidence about the risk factors contributing to poor community life outcomes and the effectiveness of program interventions on improving outcomes for these youth across various life domains such as education, delinquency, returning home after residential treatment, and transitioning from child welfare substitute care.

Because of its scope (i.e. community adaptation in multiple life domains) and its exploratory nature, this synthesis review adapted the inclusive approach to synthesis reviews developed by the EPPI-Centre, Social Science Research Unit, Institute of Education, University of London (March 2007). For specific aspects, this review also used procedures developed to carry out Rapid Evidence Assessments for social policy (Government Social Research, [www.gsr.uk](http://www.gsr.uk); Underwood, Thomas, Williams, & Thieba, 2007).

Most of topics of interest for this review (systems of care, adaptation to school, independent living, employment, community engagement, and family living) have been

the focus of recent comprehensive reviews. The initial review strategy gathered and summarized available systematic and narrative reviews relevant to these topics that have been produced within the last 10 years. In addition, a number of institutions have identified and synthesized evidence for “proven or blueprint” program models that are relevant to this review. These too were included in this initial “review of the reviews”.

A *descriptive map* of research studies identified by the above procedures was constructed for each domain reviewed. Such maps help to answer questions about what research is available and identify directions for future research. They allow a much broader field of research to be examined than is possible through a formal statistical synthesis of research findings. Maps provide a resource in their own right providing a description of research in specific topic area and also, as in this investigation, provide foundation for identifying intervention strategies for closer investigation. The broader map also provides a context for interpreting the results of narrower syntheses (EPPI-Centre, March 2007).

The assessment of reviews and individual studies was based upon the four appraisal criteria recommended by the EPPI-Centre (March, 2007): (1) the trustworthiness of the results based upon accepted norms for that type of research, (2) the appropriateness of the use of the study design for addressing the research questions, (3) the appropriateness of the study’s focuses for answering the research questions and (4) an overall assessment of the evidence based on the previous criteria.

Judgments about systematic reviews were based upon how thorough their search of the available evidence was, the procedures used to assess and select studies for inclusion, the methods used for cross-study syntheses and whether findings are presented in a balanced fashion. There are no established procedures for assessing narrative reviews. The research team used its own protocol based upon the scope and relevance of the research reviewed, the credibility of the research methods used in the studies reviewed, and the care with which the findings are summarized.

Our assessment of the information contained in these “reviews of the reviews” gave equal consideration to three types of information: (1) Conceptual arguments and

empirical evidence of the pathways to good and bad community adaptation outcomes in each life domain of interest; (2) The evidence from the research reviewed about the community adaptation outcomes (e.g. school dropout; recidivism for young offenders, etc.) for the different programs included in the reviews; and (3) The characteristics of effective programming in each domain identified by the authors of each review.

There were several reasons for this three-pronged assessment strategy. First, there were often discrepancies between the analyses of pathways to community adaptation outcomes and the most common focuses for programming in various domains. For example, the nature of involvement with peers might have been a very important predictor of community adaptation outcomes in a domain yet seldom a focus for program interventions.

Second, the most extensive outcome evidence might exist for the most common and easily evaluated program models. Yet such approaches still might not be convincing as standalone approaches or necessarily the most promising program options in each domain. A reliance on outcome studies alone could lead to a stilted or excessively restricted image of what would be worthwhile attempting to produce better community adaptation outcomes for youth.

Finally, it is instructive to know what other reviewers have concluded about effective programming in various domains. Once again, there may be discrepancies between the research evidence presented and the programming lessons identified by these reviewers. For example, quite a few reviewers in different domains argued for multiple component programming addressing a range of important risk and protective factors for youth. Yet few empirical studies of multiple component programs were available. So in the end, making good judgments about future initiatives seemed to us to require a consideration of these three types of information both within and across the domains of living examined in this investigation.

Based upon discussion between the members of the project's advisory group and the research team, the results of this *review of the reviews* across multiple life domains will be used to identify specific community adaptation intervention strategies/programs for



closer inspection. Our overarching purpose in focusing on specific intervention strategies will be uncovering programming elements to improve long-term community adaptation outcomes for youth leaving residential children's mental health programs. Another focus will be on which elements might best fit together to improve youth community adaptation outcomes in multiple life domains of concern. Ideally, this process will lead to agreement about the nature of a specific program model or models to improve community living outcomes for these youth that might become the focus of a demonstration project or projects in Ontario.

The syntheses of effectiveness evidence for specific program models identified through this process will be based upon studies using credible experimental (RCT) and quasi-experimental designs. Only quasi-experiments with concurrent or pre-existing (time series) comparison conditions will be considered for inclusion at this stage. Because this stage will involve examining a variety of programming approaches, the first search will be for existing systematic and narrative reviews of each program model of interest. If these reviews are comprehensive, credible, and recent, our conclusions about a program model will be based upon these reviews. If not, we will carry out our own synthesis of individual studies for specific program models.

The next step will involve, in consultation with the advisory group, examining the findings from this review of specific program models and discussing their implications for improving community adaptation outcomes for youth leaving residential mental health programs. The possibility of a demonstration project or projects will also be discussed.

The final stage will involve disseminating the multiple products from this investigation broadly and examining ways to involve broader constituencies in further discussion.

There are several types of products that will result from this overall approach:

- A summary and a full-length report for each topic included in the *review of the reviews* (systems of care, education, delinquency, living with family, and transitioning from the care of child welfare authorities to independent living)

- Accessible summary and full-length synthesis reports *incorporating the information from all of the above domain reports* and the *examination of specific program elements* with the potential to improve community adaptation outcomes for youth leaving residential mental health programs.

## **Focus of the Overall Report**

This report is organized around summaries of research reviews in six topic areas:

- Three separate chapters are devoted to reviews of programming to prevent school difficulties and dropout, delinquency, and youth difficulties in living with their families. These were all youth community adaptation challenges for many youth leaving residential care in our prior research.
- Another chapter focuses on programming to facilitate transitions to independent living for youth in the care of child welfare authorities. About half of the youth leaving residential mental health programs in our earlier research went into the care of child welfare authorities. Also, this topic was of interest to the funders of this project.
- The fifth chapter focuses on the nature and effectiveness of systems of care for youth with serious emotional or behavioural issues. This review was motivated by the discussion in the literature of the value of systems of care for these youth and its possible relevance to programming for youth leaving residential mental health programs.
- The final chapter proposes an integrated program model incorporating elements with the potential to improve long-term community adaptation outcomes for youth leaving residential children's mental health programs. Ideally, this might become the focus of a demonstration project or projects in Ontario.

One important topic left out of these reviews was programming to prevent or to reduce youth substance abuse. Perhaps because of the younger age of the youth involved, substance abuse did not emerge as a common youth problem in our earlier research. However, it is clearly highlighted as a concern in the literature for this population. Time and resource limitations did not allow for a review of this topic for this report.

Another gap in the synthesis review was consideration of how the proposed integrated program model might need to be tailored for different cultural and ethnic realities. Once again, time and resource limitations did not allow for consideration of this topic.

This overview report incorporates in summary formats the findings from the *review of the reviews* in the five topic areas of interest. It also includes a discussion of commonalities across these domains and considers implications for the development of programming to improve the community adaptation outcomes for youth leaving residential mental health programs.

Readers who want access to the summary or full report for any of these domains can access them at [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject). Details of the search procedures followed or information about the reviews and individual studies used in each section of this review are not included in this summary synthesis report. This information is available in the full reports for each domain or from the authors.

## Chapter 1: School Overview

The focus of this section is to identify promising approaches to support youth and their families with the goal of improving school outcomes, specifically reducing chances of dropping out. To this end, we identified and examined documents including journal articles, book chapters, and government reports that reviewed pathways to dropping out and interventions to improve school outcomes. The intent of this process was to gain a general understanding of programming with the potential to improve educational outcomes for children and youth at risk of school failure. Looking for the implications for community adaptation programming for youth leaving residential mental health programs was a specific intention.

Two additional documents provide more detailed supporting information. The full report entitled *Promising Programs to Reduce Dropout and Encourage Graduation from High School* contains complete information on search procedures, the studies reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this education review is also available.

### *Pathways to School Dropout*

Most researchers agreed that dropping out of school was a process that often began in early childhood. The contributors to youth dropping out of school were many, including school and community characteristics, youth school academic and social engagements, peer involvements, youth abilities, attitudes and behaviours, parental engagements with education, having a single parent, parent educational attainment, and family income. There was agreement that the best predictive models of youth drop out incorporated multiple risk and protective factors in diverse domains of living. There was also agreement that the likelihood of dropping out increased as the number of risks increased.

There was good evidence that having a learning disability increased the risk of dropping out by 2-3 times. There also was good evidence that a high proportion of students with emotional or behavioural difficulties leave school before graduating.

Repeating a grade was one of the strongest predictors of dropping out. The effects were cumulative so that repeating two or more grades increased the chance of dropout dramatically. Poor academic performance was a strong and pervasive predictor of dropping out. Low educational or vocational expectations of youth were consistent predictors of dropping out, particularly when measured at the high school level.

There was some evidence that lower scores on composite measures of youth academic engagement, particularly at the high school level, were linked to dropping out of school. The evidence was less clear supporting the relationship between involvement in extra-curricular activities and school completion.

Poor school attendance was clearly linked to a higher likelihood of dropping out, beginning as early as first grade. Dropping out was characterized by increasing disengagement from school over time. Students reported feeling increasingly alienated from school one to three years before dropping out and were most likely to make the decision to drop out around grades 9 or 10. There was some evidence that employment, particularly above 20 hours per week, may contribute to dropping out; however, the direction of the effect was not clear – for example, students may work more because of their lack of educational engagement.

Conceptually, there was support for the opposing effects of pro-social and anti-social peers on youth leaving school. However, the research evidence supporting this general connection was limited in these reviews. On the other hand, there was good evidence that substance abuse and delinquency overlapped substantially with school problems and dropping out. This negative association was especially strong when youth also had been arrested and incarcerated. In addition, early parenthood was an important risk factor especially for girls.

There was evidence that living with two parents increased the likelihood of graduation. Youth from poorer families were more likely to drop out. There was some evidence that lower parental educational expectations for their youth led to higher rates of youth dropping out. Children of parents who had not completed high school were more likely not to graduate from high school.

Parental involvement with school was conceptually linked to better school outcomes but the empirical support for this relationship was limited. There was some evidence that the quality of parenting affected school outcomes. Youth from families facing persistent high levels of stress, conflict or disruptions were more likely to leave school early.

### *Programs to Reduce Dropout and Encourage Graduation from High School*

The focus of many interventions to improve educational outcomes in this synthesis review was on effecting change in students rather than on improving youth living contexts such as their associations with peers, family, school, and community. This contrasted with the reviewers' emphasis on the value of programming that focused both on improving youth functioning and on increasing the supportiveness of their everyday living environments. The strongest evidence for broad and persistent educational improvements for youth at risk of school failure came from assessments of programs that incorporated multiple components that had been identified as effective or promising in the research – exemplified in this synthesis review by the Career Academies, Check and Connect, and Pathways to Education programs.

Almost every review lamented the lack of rigorous studies of interventions to reduce dropout or encourage graduation. In addition, many of the programs that included multiple components included different elements and implemented similar elements in different ways making it difficult to draw conclusions about the contributions of individual components. The point was also made that there are good and creative programs to improve educational outcomes for youth facing school failures that have not been evaluated or have been evaluated poorly. Therefore, as mentioned, our assessments of programs were based on our consideration of their relationships to program research evidence, expert judgment, and the pathways analyses.

The balance of evidence indicated that pairing a student with an adult mentor/advocate who was invested in the youth can have positive impacts on youth school attendance and graduation. It was considered critical that youth mentors/advocates develop good relationships with youth and be knowledgeable about what was happening in their lives. Adult mentors/advocates typically monitored youth educational performance, provided

support and training to youth, maintained connections with parents, and advocated for supportive resources for youth and families.

Overall, the evidence on the effectiveness of programs to improve youth academic performance was mixed but suggested that enhancement programs focused on building youth academic capabilities can help to reduce dropout for at-risk youth. However, the evidence about risk factors suggested that students dropped out for complex reasons one of which was poor academic performance. Overall, these reviews provided tentative support for the hypothesis that academic remediation on its own may not be sufficient to improve school outcomes for youth at-risk. On the other hand, the reviews provided stronger support for the hypothesis that academic remediation can be an important element of broader program strategies.

There was some evidence that career-oriented curricula and training that students saw as relevant to their future employment increased academic engagement and reduced school dropout rates. The evidence also suggested that work or community experience placements without academic and engagement supports did not improve educational outcomes. There was strong conceptual support but limited empirical support for the positive educational impacts of individualized learning plans and engaging students in creating their learning plans.

Most of the research evidence for programs to improve youth social connections to school focused on youth cognitive-behavioural or life skills development approaches. These strategies were components of many programs that were identified as promising in these reviews. Overall, the evidence was mixed for the long-term educational benefits of cognitive-behavioural or life skills development programs when provided on their own. Nonetheless, conceptually and empirically, youth social skills and behaviours were clearly associated with success in the classroom and other relationships at school. Most reviewers saw these types of youth programs as important elements in an overall strategy to improve educational outcomes for these youth.



Unfortunately, despite the apparent connections to the pathways analysis, there was little research on the educational benefits of youth involvement in extra-curricular activities at school.

Two factors related to families were found to influence the likelihood of youth graduation from high school: *interactions within the home* and *interactions between the home and the school*. Researchers identified the presence of study aids, high parent educational expectations and aspirations for youth, parental monitoring and communication with youth about school, and parent involvement with the school as statistically significant correlates of greater youth school completion rates.

Little evidence was found in this synthesis review about the impact on youth educational outcomes of programming focused specifically on families. Interventions with families were typically a smaller part of a program that had youth behaviour management as its focus. Many programs identified by reviewers as promising included program elements to maintain connections with families and to improve parents' capacity to support their children's education. These usually included some combination of focuses on parent training, improving parent-school connections, and improving parent-child communications. Some reviewers suggested that adult mentors/advocates for youth were effective in maintaining relationships with parents.

### *Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs*

The pathways analysis suggested that a very high proportion of youth leaving residential mental health programs will be at very high risk of school failure. Our prior research indicated that many will leave high school as soon as it is legally possible for them to do so. Many will struggle with emotional and behavioural challenges, one of the major correlates of school failure. Access to adult mentors and family support for educational success will be limited for many. Youth leaving

residential mental health programs to live in state care are extremely likely to face significant barriers to success at school.

It seems sensible that improving educational outcomes for these youth should be a central focus of any programming to improve their long-term community adaptation outcomes. Some programming elements with demonstrated success at improving educational outcomes for youth at risk of school failures appear particularly promising for youth leaving residential mental health programs: adult mentors/advocates, supported vocationally relevant curricula, life skills development, and engagements with families. However, we know that many of these youth also will have community adaptation challenges in other life domains besides education. Practically, it will not be feasible to implement credible and separate programming strategies to bring improvements in each life domain. Therefore, as we move forward in this synthesis review, it becomes essential to look for program approaches with the potential to bring improvements in more than one life domain of interest and to consider how different program approaches might be feasibly packaged together to augment youth community adaptation outcomes.

## Chapter 2: Delinquency Overview

The focus of this section is to identify promising approaches to decreasing youth delinquent behaviours. Because of our interest in youth leaving institutional care, we paid particular attention to youth reoffending or recidivism in this review. Sometimes, programs to reduce offending among high-risk youth were included in this review. However, general population programming to prevent delinquency was beyond the scope of this review. To this end, we identified and examined documents including journal articles, book chapters, and government reports that reviewed pathways to delinquency and interventions to reduce youth reoffending or offending for high-risk youth populations. A total of 8 meta-analyses and 13 narrative reviews informed this section.

Two additional documents provide more detailed supporting information. *Promising Programs to Reduce Delinquency – Full Report* includes tables summarizing information from the individual review sources. It also describes the search, inclusion and analysis procedures used. The *Promising Programs to Reduce Delinquency - Meta-Analyses Summaries* provides more detailed information about each of the meta-analyses reviewed. A summary version of the Full Report is also available.

### *Pathways to Delinquency*

There was solid agreement among delinquency researchers in this synthesis review that the pathways to delinquency were complex and worked on many levels. There was also some evidence that different risk factors had more salience at different developmental points in children's and youth's lives. There was considerable agreement that the effects of different risk factors were cumulative for youth and that many offending youth were coping with multiple risk factors.

Overall, in both the meta-analyses and narrative reviews, the risk factors for delinquency that had the strongest evidence base for their predictive power and whose importance was noted by most of the reviewers included:

- Prior involvement in criminal or delinquent activity

- Negative peer and other social ties
- Externalizing youth behavior problems
- Poor or limited parenting capacity
- Criminal or anti-social parents

The meta-analyses reviewed suggested that the primary predictors of youth offending (with medium to strong effect sizes) can be usefully grouped under four broad categories: youth criminal history (including substance abuse), youth behavior problems, family dysfunction, and negative peer or social involvements.

There was no suggestion that any single risk or protective factor was the most important consideration in preventing delinquency. There also does not seem to be any reason to conclude from this analysis of pathways that positive change in one risk area would necessarily be the catalyst for positive change in other risk areas. Rather, the implicit and sometimes explicit suggestion in these reviews was that for individual youth, and certainly for groupings of youth, attention to multiple risk and protective factors will be needed to bring about enduring changes in youth delinquency outcomes.

#### *Promising Programs to Reduce Delinquency: Lessons Learned*

The strongest area of agreement about guidelines for programming in this synthesis review was that programs needed to respect what is known about pathways to youth delinquency and youth reoffending. A clear consensus was that effective programs must focus on known and important predictors of youth delinquent behaviours. There was somewhat less agreement that the most promising programs would incorporate diverse intervention strategies to address multiple risk factors. Finally, there was quite broad agreement that, when a program model is known to produce good outcomes, respecting its rationale and service delivery requirements (program fidelity) was essential to reproducing these good outcomes in other settings. While mentioned less often, some reviewers thought that appropriate programming to reduce delinquency and youth reoffending will differ in important ways for younger children and adolescent youth.

### *Programs to Support Youth Functioning*

It was not possible to draw any conclusions about the potential of peer support groups to reduce reoffending or delinquent behaviours based upon the research reviews included in this report. Particularly striking, in light of the emphases in the pathways analyses placed on negative peer and social involvements as risk factors and on pro-social involvements as protective factors for delinquent youth, was the relative lack of attention to peer involvements or social connections in the programming for these youth identified in these reviews.

While the research base was limited, information from two meta-analyses suggested that adult mentoring programs can have a modest impact on lowering youth delinquency and reoffending rates. Two narrative reviews concluded that well run mentoring programs can have positive impacts on youth attitudes and behaviours that put them at risk of involvement in criminal activities. These narrative reviews also indicated that successful implementation of youth mentorship programs depends on the availability and commitment of high-quality volunteers for an extended period of time. They also suggested that mentoring success is enhanced with good youth-mentor matches including gender, ethnicity, and high levels of mentor commitment. Better outcomes were also claimed for early intervention before long-term habits were entrenched and when mentorship programs were combined with other supports.

Overall, there was good evidence in the meta-analyses that skill development programs in general, and cognitive-behavioural training programs in particular, had significantly lower rates of youth reoffending than the control group baseline of 50%. These approaches also were connected to beneficial changes in youth behaviours and psychosocial outcomes. Part of the attractiveness of youth training approaches was that they were usually short-term, sometimes had specific service delivery guidelines (manuals), and were relatively easy for agencies to implement. On the other hand, in light of the pathways to delinquency analysis, and the general programming lessons suggested by the reviewers, it was much less evident that skill development programs

on their own would be sufficient if enduring changes in youth community adaptation outcomes are sought.

Because of the inconsistencies in program approaches in the meta-analyses and the lack of counselling programs included in the narrative reviews, very little can be concluded about the usefulness of psychosocial or psychodynamic individual or group counselling from these reviews.

#### *Programs to Improve Family Functioning*

While the number of reviews including parenting development or training programs was limited, there did appear to be good evidence for the usefulness of parenting development and training, especially for children between 6 and 12 years old.

There was strong agreement among reviewers and good evidence in most of the narrative reviews that Functional Family Therapy and Multi-systemic Therapy programs reduced youth involvement in delinquency and reoffending and helped to keep youth living with their families.

#### *Programs to Improve Resource Coordination and Access for Youth*

There was little convincing evidence from these reviews that generic Case Management Services or agency coalitions were likely to substantially reduce youth delinquency or recidivism rates. There was limited evidence that the Wraparound model might reduce youth reoffending.

Conceptually, it was suggested that benefits for youth are more closely related to the types of program involvements facilitated for youth than to generic system coordination efforts. On the other hand, both the pathways to delinquency and expert opinions on promising delinquency programming suggested that youth at risk of offending would benefit from resources addressing a variety of salient life challenges. From this perspective, resource mobilization and coordination efforts are likely to be a necessary if not sufficient consideration in improving community adaptation outcomes for these youth leaving.

While undeniably important in the lives of these youth, there was minimal evidence in these reviews of a direct impact of employment, housing or alternative school programs on youth delinquency or recidivism. Some reviewers suggested that a simple linear causal relationship between these types of support and less delinquency was not to be expected. It was also true that very few of the reviews examined programs that provided these types of supports to youth.

### *Multidimensional Treatment Foster Care*

There is good evidence from both meta-analyses and narrative reviews of Multidimensional Treatment Foster Care's capacity to reduce youth delinquency and reoffending. This approach also produced various other benefits for involved youth and their families. In its service delivery dimensions, it appears to include some of the characteristics of multiple component programming discussed next.

### *Multiple Component Programs*

Virtually all of the authors included in this synthesis review described multiple inter-related pathways to delinquency and youth criminal involvements. Similarly, almost all of the reviewers suggested that the best interventions were likely to be programs explicitly focused on altering youth risk and protective factors in several life domains. This synthesis review identified programs intended to improve youth functioning, family functioning, youth school performance, resource coordination, and community supports. However, there were no reviews of program models that explicitly tried to bring together the benefits of a variety of these program approaches. This may be because such multiple component programs were rare. It is also true that such complex programs are much more difficult to create and to evaluate.

### *Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs*

Earlier evidence was presented from our research that about half of the youth leaving residential mental health programs were in trouble with the law at some point. This

suggests that some of the lessons about delinquency programs from this review will be relevant to improving community adaptation outcomes for these youth.

One implication from this synthesis review is there is not likely to be a simple, short-term program approach that will produce substantial and enduring reductions in youth offending. A second implication is that there are probable benefits to thinking about what combination(s) of programming strategies would be feasible and sensible to reduce youth offending among youth leaving residential mental health programs.

This review suggests several broad program strategies worthy of closer consideration: skill development for youth, parent training, multiple focus family therapy programs, and positive peer and adult social connections for youth. It seems reasonable that promising programming strategies will have to differ somewhat for younger and older youth populations.

As mentioned in the education discussion, it is important to stress that there are other community adaptation challenges facing this population of youth (e.g. school, family living, social relations, transitioning to independent living, etc.). It would be impossible to identify one of these challenges as the most important. Nor would we expect change in any one area of living to be the key to promoting change in the other areas. Yet it is not possible to do everything. So, from our perspective, it is important to look for commonalities across the various areas of programming included in this synthesis review. We need to think about whether the same strategies could be relevant to several youth community adaptation challenges and what particular packages of programming focuses and components seem most promising.



### Chapter 3: Youth Returning Home Overview

This section focuses on youth returning to live with their families after leaving residential mental health programs. In the Partnerships research, about 43% of youth exiting residential treatment were living with family approximately 12-18 months later. While many of these youth showed improved personal functioning, levels of parent-child conflict and quarrelling among parents about youth behaviours continued to be high in over half of these families. Many families still reported clinical levels of disruption in daily activities such as going out shopping or visiting and having friends or relatives into the home. Approximately 58% of parents reported that they were having a lot of trouble getting along with the youth living in the home. Additional analyses revealed that youth who were having a lot of trouble getting along with their parents often were also struggling with relationships in the community. They were also more likely to have serious educational challenges. Parents of these youth reported perceptions of lower parenting competence, personal quality of life and increased stress.

A focus on bettering life at home for youth leaving residential mental health programs was not part of the original mandate of this synthesis review. However, because of the above findings from our own research, and the evidence about the importance of positive family connections in most of the other sections of this synthesis review, this topic was added to the synthesis review. A caveat, however, is that, due to time and resource constraints, the search for pathways and programming research could not be as extensive as in the other sections.

Family-focused interventions were among the interventions examined in other sections of this report. However, in those instances, improvements in home life were assessed as a means to an end – for example, to reduce youth delinquency or school failures. In this section, improved family life and youth continuing to live at home are the community adaptation outcomes of interest.

Two additional documents provide more detailed supporting information. The full report *Returning Home after Children's Residential Mental Health Treatment: Outcomes, Pathways, Strategies* contains complete information on search procedures, the studies

reviewed as well as the inclusion criteria and aggregation procedures used. A summary version of this review is also available.

### *Pathways to the Stability of Returning Home*

There was agreement that little research has focused on understanding the relationships among family risk factors, family reunification, and the likelihood of returning to residential treatment. Findings from the available research were not consistent. Therefore, this synthesis review also examined the family reunification and readmission literature from other sectors such as psychiatric inpatient hospitalization and child welfare. Our discussion of factors linked to the stability (or instability) of returning home is based on ten sources, two of which focused on youth discharged from residential mental health treatment.

The proportions of youth who went to live with their family following residential mental health treatment varied from 38-62% in different investigations. Rates of failed reunifications were typically reported as the proportion of youth who went into another out-of-home placement. Rates of re-entry to out-of-home placements varied widely across sectors and studies. One study reported a 13% return rate to child welfare placements within one year of family reunification. Another reported that, over ten years, 20-28% of children who were reunited with their family re-entered child welfare care and 70% of these children re-entered care within the first year of reunification. A third study found a 40% re-entry rate within 12 months of reunification following inpatient psychiatric treatment. In one review, 35% of youth were readmitted to acute care or residential treatment within one year of initial discharge, with 67% of these youth readmitted within the first four months.

In general, the effects of youth demographics like age, gender, and race on placement stability following discharge were inconsistent across studies. Severity of youth mental health challenges, however, showed a negative effect on the stability of returning home. Also consistent were the negative impacts of family characteristics such as parental problems and lower family functioning. A history of previous youth placements in various out-of-home settings such as juvenile justice and inpatient mental health

services was also predictive of reunification instability. Family involvement in treatment programs, longer lengths of stay in these programs, and use of aftercare services positively influenced the stability of youth returning home following residential treatment.

### *Promising Programs for Youth Returning Home: Lessons Learned*

In the reviews for this section of the synthesis review, reviewers sometimes offered general considerations for effective programs. These are summarized briefly in this section.

Maintaining gains made in treatment after discharge is vital to stability within the home; however, staying in the home was seen as contingent upon many ecological factors like the systems in which youth live such as family, school, neighbourhood, and community. Releasing youth back into a family environment with the same or similar problems and resources prior to treatment was considered to be ill advised and placed youth in a position for future failure. One review reminded us of the impacts that youth behaviours have on other members of the family system. For these reasons, interest in family involvement in treatment was strong and belief in the positive impacts of good family relationships on youth returning home was shared by quite a few reviewers.

With evidence that the greatest risk for readmission to out-of-home care occurred within the first three to four months following discharge, this window of time was identified in one review as critical for the delivery of follow up services, particularly for youth facing more substantial challenges. Three reviewers highlighted the importance of the timely delivery of family-centred services to support the maintenance of treatment gains made by youth.

### *Interventions to Increase the Stability of Returning Home*

Engaging families in residential care has been identified as a protective factor for successful reunification of families. Programs that actively partner with families in the delivery of care have provided evidence of shorter stays in residential care, improved child functioning, decreased length of stay in treatment for youth living in less restrictive settings, and improved family functioning.

Assessment and case planning that includes individualized needs assessment and clear goals established with parents and youth were considered to be important in reunifying families. These reviewers suggested that assessments and plans should address parenting skills, parent-child interactions, and life-skills for the parents, as well as specific areas of concern such as substance use, or parent mental health. Provision of concrete supports including food, transportation, housing and costs related to housing should also be considered.

While the evidence was mixed, overall, there was modest support for the hypotheses that Intensive Family Preservation Services (IFPS) with good program fidelity can reduce out-of-home placements for youth in families in crisis and they can support family reunification efforts. It was less clear that these short-term interventions will reduce re-entry to care over time. There was little evidence about IFPS impacts on youth or family functioning.

There was reasonably good evidence of the capacity of well-designed parenting training programs to improve parenting practices, parent-child relationships and youth behaviours. However, while there was evidence of benefits for families facing moderate challenges, some reviewers questioned whether parent training programs on their own worked as well with multiply-disadvantaged families or with youth with serious behavior problems. The long-term impacts of parent training programs were also unclear.

There were no assessments in this synthesis review of the impacts of family therapy or parent-child relationship therapy on youth reunification with their families or on maintaining these youth in their homes. A broader review of the effectiveness of family therapy and parent-child relationship therapy with disadvantaged populations or with youth with serious emotional or behavioural problems was beyond the scope of this project. While difficulties between parents and youth leaving residential mental health facilities were identified as an important concern in our prior research and as a major risk factor for family breakdown in the pathways analysis, no conclusions can be drawn from this synthesis review about the potential of family therapy or parent-child therapy to improve home life for this population of youth and their parents.

While the number of studies reviewed was limited, there was consistent evidence across these studies of the benefits to parents from participating in parent support groups. Parents reported feeling better able to manage stress, were more confident about their capacity to care for their children, and felt better about themselves. Fewer studies included measures of parenting and relationships within the home but those that did suggested improvements. No studies examined the impacts of parent support groups on youth reuniting with families or maintaining these youth at home. However, conceptually, particularly when joined with other programming, such improvements in parents' attitudes and confidence should be helpful in maintaining these youth at home.

Youth behaviour problems have been associated with difficulty in reuniting families and reduced stability in returning home. Reviews of social and cognitive skill training consistently showed positive effects on youth behaviours and relationships with others. These benefits of CBT and youth skill development programs are consistent with the findings in other sections of this synthesis review. While these reviews did not specifically examine the impacts of these program approaches on family reunification or maintaining these youth at home, conceptually, improved youth behaviours and relationship skills should help to improve these two outcomes. However, like parent training, it was less clear that youth social and cognitive training programs on their own are sufficient to produce enduring improvements in youth community adaptation outcomes in multiple life domains. Most reviewers saw the value of these youth training programs as part of broader packages of service and supports.

There were no multiple component programs described in this review that had a primary focus on family reunification or improving youth-parent relationships within the home. Consequently, no conclusions can be drawn about the relevance of multiple-component programming for improving family reunification or parent-child relationships in the home from this synthesis review.

### *Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs*

The findings from our earlier program of research as well as the pathways analysis suggest that many youth leaving residential mental health programs are likely to confront serious conflict with their parents and perhaps face more family reunification breakdowns. When joined with the importance of good relationships at home and parents being engaged in supporting youth education and functioning within the community identified in earlier sections of this report, this review strongly supports the value of looking closely at improving parent-child relationships as part of a broader strategy to improve community adaptation outcomes for youth leaving residential mental health programs.

## **Chapter 4: Youth Transitions from Substitute Care Overview**

This section focuses on community adaptation outcomes for older youth transitioning out of substitute care (specifically child welfare). This section summarizes some of the negative outcomes for youth leaving substitute care (in the areas of education, housing, employment, criminality, and mental health) and the factors that place youth at risk for such negative outcomes. Additionally, the research evidence for the effectiveness of existing program models in addressing these problem outcomes are highlighted along with a discussion of promising program ideas put forth by authors in the field.

This section differs from previous sections in several important ways. Unlike earlier sections, it does not focus on a specific community adaptation outcome (e.g. delinquency). Rather, it focuses on community adaptation outcomes in multiple life domains for a specific youth population. Second, the evidence base for this part of the synthesis review was very different. Most of research uncovered in this synthesis review focused on community adaptation outcomes for these youth after they left state care. Very few reviews of programming to improve adaptation outcomes for youth leaving state care were found in our search. So a greater reliance on a relatively small number of individual studies about programming was needed in this section. A more striking difference was that only two program models received any significant attention in the literature reviewed – Independent Living Programs and Transition to Independence Programs. This seems to be a very important programming area that has received insufficient attention and where innovation to improve youth community adaptation outcomes is sorely needed.

Two additional documents provide more detailed supporting information. The full report entitled *Youth Transitions from Substitute Care: Outcomes, Pathways, and Strategies* contains complete information on search procedures, the studies reviewed, the inclusion criteria and aggregation procedures used. A summary version of this review is also available.

### *Community Adaptation Outcomes for Youth Transitioning from Substitute Care*

To date, much of the literature and research about this youth population has focused on documenting poor community adaptation outcomes of youth transitioning to independence from the child welfare system. Information about youth functioning after leaving substitute care in this review primarily came from several large-scale US studies: *Northwest Foster Care Alumni Study*, *Midwest Evaluation of Adult Functioning of Former Foster Youth*, *Casey Family Programs Study*, and a three year (2001-2003) longitudinal study in partnership with the *Missouri Division of Family Services*. These studies portray a multiply disadvantaged start to adulthood marked by educational deficits and aftercare bouts of unemployment, homelessness, and mental health problems.

Overall, rates of high school completion were lower for youth in care than rates among the general student population and youth in care tended to drop out of school earlier. Former youth in care were both underemployed and earning less than their counterparts in the general population. While the majority of youth in care were non-offenders or less serious offenders, youth in care had higher rates of delinquency than youth in the general population. About one-quarter of youth previously in care experienced housing instability and periods of homelessness. Mental health needs among youth in substitute care were common with estimates of up to 60% of youth in care (or 3 in 5 children) ever having a mental health disorder. Frequent disorders included PTSD, depression, substance abuse, and alcohol dependency. These community adaptation profiles for youth aging out of child welfare care were fairly similar to those presented at the beginning of this report for youth leaving residential mental health programs.

### *Pathways to Community Adaptation Outcomes for Youth Transitioning From Substitute Care*

Among the most notable risk factors leading to negative community adaptation outcomes in almost all life domains for youth leaving state care were emotional and behavioural disorders and child welfare placement instability. Having a mental health disorder was predictive of poor outcomes across all five life domains. Experiencing



multiple placements while in care was related to negative outcomes in four domains with the exception of housing.

Residing in group care and coming from a family with dysfunctional dynamics (e.g. extreme parent-child conflict) increased the likelihood of negative outcomes in the life domains of housing, delinquency, and mental health. Substance use, involvement with the criminal justice system and associating with deviant peers were all linked to negative employment outcomes. Poor mental health outcomes were related to substance use, running away, and being older while in care.

The most influential protective factors, in the sense that they had a buffering effect against negative outcomes in almost all domains, were having a job and having a positive and supportive relationship with one adult family member. Gaining employment experience while in care had a positive impact on four life domains with the exception of mental health. A supportive relationship with an adult family member had a protective effect in four domains except employment. Receipt of independent living services was positively related to improved outcomes in the areas of education, delinquency, and mental health. Similarly positive educational factors, such as having college aspirations and involvement in extra-curricular activities, had a buffering effect on negative employment, delinquency, and mental health outcomes.

As in the previous sections, the synthesis review in this section suggests that the pathways to successful community adaptation for youth leaving state care were complex and involved risk and protective factors in different life domains. As in the other areas, it would be reasonable to assume that the effects of different risk and protective factors would be cumulative for youth leaving state care and that many of these youth will be coping with multiple challenges.

### *Promising Strategies to Improve the Community Adaptation Outcomes of Youth Transitioning from Substitute Care*

This section focuses on two popular programs for assisting youth with the transition to adulthood, Independent Living Programs (ILPs) from child welfare and the Transition to

Independence (TIP) model used in children's mental health. Relatively new to program thinking around transition supports for youth exiting care is the use of family group decision making (FGDM) models. FGDM were also included in this review.

There are several overarching patterns in this review to consider when thinking about strategies to assist youth in their transition from substitute care to independence and adulthood. First, generally the studies reviewed provided more evidence for the potential of the TIP model to improve youth transition outcomes than they did for the ILP models. Indeed, the reviewers of the ILP models typically made recommendation for improvements in the approach that would bring it closer to the TIP approach. However, even if the studies and the reviewers were more positive, it is important to remember that the evidence for the effectiveness of the TIP model was modest. Finally, while there was no outcome research uncovered supporting the effectiveness of using FGDM approaches to support youth leaving state care, FGDM does share quite a few service principles and elements with the TIP approach.

In broad terms, ILPs provide youth leaving care with the skills training to assist in their transition to independent living and adulthood. ILPs vary in their program design, delivery format, and delivery settings. They can include social skills training which focus on personal development and independent living and may be delivered in a group or individual format. Many ILPs also provide educational and vocational support. Length of involvement can vary with some services extending well beyond exit from care. Despite the wide use of ILPs for youth exiting care, repeatedly expert voices in child welfare have called into question the thin evidence base for such programming.

One meta analysis summarized 8 quasi-experimental studies and concluded that the available evidence suggested that some ILPs may improve educational, employment, and housing outcomes for youth leaving care. One narrative review found that ILPs led to higher rates of independent living and enrolment in post-secondary education. Despite the shortcomings in its evidence base, ILPs are widely used and many experts in child welfare support their usefulness in preparing youth for independent living, especially if existing approaches can be enhanced and modified.

The TIP approach has many principles and elements in common with systems of care reviewed later in this report. Administered by a *transition facilitator*, the TIP system ideally is “an integrated process with a young person, his or her informal key players (e.g., parents relatives, friends, spouse), and formal key players (e.g., therapist, teacher, supervisor) [...] ...working with youth and young adults...to apply the guidelines and core practices on an individualized basis, addressing the priorities, needs, and wishes of each young person to facilitate his or her goal planning and accomplishments.” (Clark & Hart, 2009, p. 51)

The evidence base for TIP programming was also very limited. Four outcome studies indicated the value of TIP in fostering positive outcomes in several key transition domains. Most of the evaluation studies of the TIP model have been conducted by the team who formulated the model. Keeping in mind these two caveats, results in these studies showed the value of the TIP system in improving community adaptation outcomes for EBD youth in transition to adulthood. Despite this limited evidence, most reviewers recommended changes to the ILP programs that would make them similar to the TIP model.

Assessments of the Partnerships for Youth Transition (PYT), an example of the TIP model, showed significant trends toward improvement over time in the domains of employment, education, mental health, and substance use. An assessment of the Steps-to-Success program based on the TIP model found significantly improved rates of post-secondary enrolment and academic performance. Furthermore, the study found that the odds of negative outcomes (such as unemployment, incarceration, and no post-secondary enrolment) were comparable to the likelihoods among a comparison group of youth in the same school district with no diagnosis of EBD.

There were several possible reasons for the greater impacts suggested for the TIP model. First, TIP models typically were intended to provide a broader range of services and supports to youth. The ILP programs reviewed placed a relatively heavy emphasis on youth life skill training and supplemented this training with a modest range of additional supports. Second, TIP programs, in principle at least, placed a greater

emphasis on the flexibility of the service model and being able to tailor responses for individual youth. Finally, the TIP approaches strove to incorporate several program delivery principles that were not stressed in the ILP approaches reviewed. These included engaging youth as planners and decision makers in their transition, creating supportive networks to help youth achieve transition goals, and including family members in youth transition networks. However, while these principles were supported by several reviewers, and have intuitive appeal, they were not in fact supported by research evidence of their specific contributions to better youth community adaptation outcomes. At this point, they are best understood as promising practices based mostly on what reviewers thought should be done.

An established guideline within the TIP model is to endeavor to engage youth through relationship development, person-centered planning, and a focus on the future. Using a strengths discovery approach, the TIP model also tries to engage youth in identifying their talents, competencies, and resources on which to build attainable goals for the future. According to some reviewers, this strategy is more compelling for youth engagement than using a deficit based approach.

ILPs have focused less on including youth as decision-makers in their transition planning. They have emphasized skills training for all older youth prior to exit from care. One review recommended ILPs could do more to engage youth by creating highly tailored plans and seeking youth input to set goals. Another review suggested programs should be developed in consultation with youth and evaluations of programs should include youth evaluations as service users. Another review argued that more emphasis on providing youth with a voice is needed to bolster transition programming for older youth leaving care. The FGDM model also is intended to be a youth-driven process in which youth determine the level of support permanence that they desire and who will be a part of their supportive networks.

Common to the TIP and FGDM model, and to a substantially lesser degree to the ILP model, was an emphasis on developing supportive networks for youth consisting of family, friends, informal helpers, and paid service providers. This program element was

most closely linked to the protective factor of youth having relationships with one or more supportive adults as a buffer against poor outcomes across several life domains.

Several reviewers suggested the importance of conceptualizing youth transition to adulthood as moving towards “interdependence” rather than independence. They emphasized the centrality of relationships with family, friends, professionals, and other community members in adult life. According to Smith (2011), “interdependent living is a goal that more accurately represents the process of emerging adult development ... resources develop and grow from connectedness to significant others, organizations, and communities.” (p. 228)

Several authors identified youth’s propensity to seek out family members after leaving care. One pointed out that a common place for youth to end up living after discharge from state care is with their family. Another argued that successful transition planning should prepare youth for potential reconnection with their family of origin.

While some ILPs prepare youth for contact with family, FGDM placed the most emphasis on facilitating reconnections with family after leaving state care. Proponents argued that negotiating the roles of family members in youth supportive networks was a potentially delicate process and the FGDM could provide a safe environment in which youth can do so. No research was found that examined the effectiveness of FGDM in improving community adaptation outcomes for youth leaving substitute care.

### *Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs*

From the pathways analysis, youth leaving residential mental health programs to live in state care were likely to be in the higher risk categories for poor outcomes in multiple life domains when they transition out of care. In our research, many of these youth had enduring emotional and behavioural challenges. Quite a few had persistent externalizing behavior problems. Many were in serious trouble or alienated from school. Relatively few had access to family support or a positive long-term adult relationship. Many of these circumstances were identified as risk factors for delinquency and school

failure. It also seems likely that these circumstances would be associated with more frequent child welfare placement breakdowns and more frequent placement in group or institutional rather than family settings. These findings also suggest that the lessons from programming for youth leaving state care will have some relevance for youth leaving residential mental health programs.

Perhaps the clearest implication for youth leaving residential mental health programs was the consensus among reviewers that transitions programs offering more supports and inclusivity had more promise. None of these reviewers saw great merit in transition programs that focused mainly on the development of youth life skills. Most supported active youth engagement in setting transition goals and in developing transition plans. Most saw the value of an emphasis on developing supportive networks for youth consisting of family, friends, informal helpers, and paid service providers. Even for youth who had grown up in state care, re-connecting youth with their family and youth having the support of at least one adult family member were seen as important considerations. As a strong caution, the evidence base for any of these contentions was extremely modest.

## Chapter 5: Systems of Care Overview

### *Nature of Systems of Care*

Systems of care provide a range of treatment services and supports to assist children and youth with serious emotional difficulties (SED) and their families. Systems of care are intended to address needs in eight overlapping areas: mental health, social services, educational services, health services, substance abuse services, vocational services, recreational services, and juvenile justice services. In theory, SOCs provide unconditional services that are focused on the child and the family, are strength-based, provide services in the most normal settings, create partnerships with families, consider the environmental context of the family, and are culturally appropriate.

Systems of care were conceived to improve services and outcomes for children and adolescents with complex diagnoses. These youth often experience co-occurring problems such as mental health issues, substance abuse, school troubles, and/or incarceration. The underlying premise is that there are known biological and environmental factors that lead to youth's emotional and behavioural problems and providing coordinated services that intervene as early as possible and in as many areas as possible can reduce the severity of the problems.

Three core principles guide systems of care: (1) services should be *child centred and family focused* meaning that the needs of the child and family guide services; (2) supports are *community based* with service provision and decision making at the community level, and (3) services are appropriate and *responsive to community cultural and linguistic needs*. Ideally, programs support families in having primary decision making roles in the care of their children and support youth in making developmentally appropriate decisions about their own care. The components or different services offered in a SOC will vary depending on each community's requirements and resources.

## *Effectiveness of Systems of Care*

Overall, the evidence for systems of care improving outcomes for youth and families in this synthesis review was sparse. This was the case both because of the small number of outcome investigations found and the questionable rigor of some of the assessments.

Overall, the results of a National Longitudinal Study showed that children involved in SOC showed some positive changes but many children did not show improvement. For example, approximately half of the children did not improve at school or on measures of behaviour or emotional problems. In addition, the children who did improve remained in the range of moderate impairment on many indicators. In this survey, on the whole, families were satisfied with SOC services but somewhat less satisfied with the outcomes for their child.

In one experimental study and in one quasi-experimental study, children and families had improved clinical outcomes regardless of whether they were part of the experimental or treatment as usual groups. However, youth and families in SOC did not have statistically significantly better outcomes. Some reviewers suggested that these findings did not necessarily mean that SOC were ineffective but that there were a number of difficult challenges in evaluating complex undertakings such as SOC.

SOC are based on the assumption that a better system is needed to deliver more services to youth and families. The expectation is that this will lead to improved outcomes for youth and families. However, in three separate studies, no evidence was found that more services and supports were associated with greater improvement in youth or family outcomes. These findings have led to an increased interest in the evidence base for the specific services and supports that are provided within a system of care.

Some reviewers have noted that SOC typically involved a diverse range of youth facing different challenges. Some have suggested that SOC would be more effective if they focused upon a specific youth group – for example, youth with serious emotional or behaviour problems.



SOC research has shown that families received services more quickly, and that they used more and a broader range of services for a longer period of time. Fewer children had to leave their communities to receive treatment. The clearest outcome was that families were more satisfied with services offered in a SOC.

There was evidence of service delivery system changes in SOCs. However, it was not clear conceptually or empirically that these system changes were linked to better outcomes for children and youth. While, more children received higher levels of service, youth and caregivers were more satisfied, and less restrictive treatment settings were used, there was no clear evidence that outcomes for children and families were more positive than outcomes for youth receiving traditional services.

### *Nature of Wraparound programs*

Wraparound is closely related in several ways to Systems of Care approaches. They illustrate case management principles and procedures similar to those suggested for SOCs. Wraparound services typically involve children and families facing multiple challenges. Wraparound ideally uses a collaborative team approach to develop and implement a service and support plan. Such plans typically involve receiving services and supports from more than a single agency or service sector. Parents should be equal partners on teams that include both professionals and others close to the youth or family. Wraparound tries to help youth in their own communities and to connect youth and families with a variety of community supports.

Wraparound has been used most often to support children and youth with significant emotional and behavioural challenges. It was designed for children and youth who have not responded to traditional services and who are considered to be at-risk for out-of-home placements. However, there are examples of Wraparound approaches being used for other populations including recent immigrants, teen mothers, people with physical disabilities, youth in gangs, and people who are unemployed.

Wraparound is based on the belief that vulnerable children and families have diverse and complex concerns that cannot be met by a single program or agency. The

Wraparound process emphasizes integration and coordination of services for families. Because the youth and family are supposedly an integral part of the team that creates the service plan, it is believed that services and supports can be more carefully matched to their requirements and priorities. A defining characteristic of Wraparound is considered to be the collaborative nature of the Wraparound team. The team should ideally include the youth, a caregiver, and at least two or three other core members who create and implement a plan.

### *Effectiveness of Wraparound Programs*

While some studies found significant benefits for youth participating in Wraparound programs, overall caution is suggested in drawing conclusions about the effectiveness of the Wraparound approach. First, there were only a modest number of studies of Wraparound uncovered in this synthesis review. Second, only a small number of these assessments used experimental or credible quasi-experimental assessment designs. Third, the Wraparound programs assessed involved diverse youth populations with different intervention goals. Fourth, for some outcome measures, the evidence for the benefits of Wraparound was quite mixed.

Three quasi-experimental studies with comparison groups showed mixed evidence for emotional and behavioural advantages for youth involved with Wraparound programs. One showed superior emotional and behavioural score improvements for youth involved in Wraparound. Another showed some greater improvements on the Child and Adolescent Functional Assessment Score compared to youth receiving traditional child welfare services. A third found youth in Wraparound improved on emotional and behavioural measures but less than youth in Multi-systemic Therapy.

Two randomized control studies also provided mixed support for improvements in youth emotional or behavioural functioning from participating in Wraparound programs. One found that youth in foster care assigned to Wraparound showed larger improvements in externalizing behaviours. Another study compared youth referred to out-of-home placements to intensive case management that followed Wraparound principles. Youth who received case management had more improvements in positive behaviours and

moods but there were no differences on measures of problem behaviours, family cohesion, or youth self-esteem.

Two quasi-experimental studies and one experimental study provided evidence of modest positive effects of Wraparound on school outcomes. In one, youth receiving wraparound services had better school attendance and GPA compared to the comparison group. Another matched comparison of groups of youth involved with juvenile justice reported better functioning at school for youth who received Wraparound services. In another study involving court-referred youth, after 18 months, the youth who received Wraparound services had fewer school absences and suspensions. A recent meta-analysis showed that, across studies, the average effect size for school functioning was modest (ES = .27, n.s.).

The evidence for positive impacts of Wraparound on youth criminal involvements and incarceration was also limited and mixed. One quasi-experimental study found that youth involved with the juvenile justice system who received wraparound were three times less likely to commit a felony offense in the follow-up period. In another experimental study, youth who were randomly assigned to Wraparound had fewer days of incarceration compared to those receiving treatment as usual. In a third study, 141 court-referred youth were randomly assigned to a Wraparound service or conventional services. After 18 months, the youth who received Wraparound services were less assaultive but there were no differences in reoffending rates between the two groups. A recent meta-analysis showed that, across studies, the average effect size for juvenile justice was modest (ES = .21, n.s.).

Five studies provided consistent evidence for more stable living arrangements for youth involved in Wraparound. One study that compared matched groups of youth receiving Wraparound supports and traditional mental health supports found that, after 18 months, youth receiving Wraparound services had less restrictive living arrangements and were more likely to be placed with family. Another matched comparison study found that youth who received Wraparound services had fewer out-of-home placements, less restrictive placements, and more stable living environments. A third

study found that youth receiving Wraparound support had less restrictive placements than those receiving traditional child welfare supports. An experimental study showed that youth in foster care receiving Wraparound services had fewer placement changes, fewer runaways, and more permanent living settings compared to standard foster care. Another experimental study of 141 court referred youth found that, after 18 months, the youth who received Wraparound services ran away less. A recent meta-analysis showed, that the average effect size for Wraparound on youth living situation was moderate (ES = .44, n.s.).

### *Implications for Improving Community Adaptation for Youth Leaving Residential Mental Health Programs*

Despite the lack of convincing evidence for improved youth community adaptation outcomes for systems of care, and some encouraging yet limited evidence for the benefits Wraparound programs, there are several important lessons for programming for youth leaving residential mental health programs from these analyses.

In light of the challenges in multiple life domains facing most youth leaving residential mental health programs, and the multiplicity of risk and protective factors influencing youth outcomes in each of these domains, a natural conclusion is that it will be necessary to facilitate access for youth and their parents to a variety of service and supports over time. However, the evidence in this section strongly suggested that accessing and coordinating existing formal services and resources will not be sufficient to significantly improve community adaptation outcomes for these youth. Evidence presented in previous sections suggested two additional considerations: (1) youth need to be involved in programs that have strong conceptual and/or empirical connections to the desired community adaptation outcomes; and (2) since all youth are not the same, there needs to be some capacity to adjust program involvements to youth and family realities over time.

The review in every section of this synthesis report mentioned the need to locate and coordinate the provision of community adaptation resources for youth. In various guises

– mentor, advocate, case manager – something akin to the individual coordinators role in the Wraparound program is proposed. It seems certain that, in designing community adaptation programming for youth leaving residential mental health programs, a focus on the discovery and coordination of adaptation resources will be required. It also seems useful to examine the role of a youth mentor/advocate/case manager as part of this response.

Each of the previous sections also suggested the potential value of creating diversified supportive networks for youth and families with similarities to the networks envisioned for Wraparound programs. These earlier reviews also provided support for Wraparound's emphasis on creating supported space for family members' active involvement in supporting youths' community adaptation efforts.

## **Chapter 6: Developing Programs to Improve Youth Community Adaptation Outcomes**

Pathways analyses and our prior program of research indicated that many youth leaving residential mental health programs are at very high risk of poor community adaptation outcomes in multiple life domains. There are three important implications for community adaptation programming from this profile of youth challenges and resources. First, there was a strong consensus among the authors of the reviews in each of the life domains that better youth community adaptation outcomes requires attention to a variety of risk and protective factors. Second, given this youth profile, a focus on short-term “fixing” of the youth or their families is unlikely to produce satisfactory community adaptation benefits. We would be better to imagine services and supports that could be available for several years if necessary. In addition, besides focusing on helping youth and their families directly, there is a need to think of ways to ameliorate the community adaptation resources that they can access. Third, there was agreement among reviewers that “one size does not fit all”. There is a need to tailor packages of services and supports for individual youth.

A common response to service populations facing challenges in multiple life domains or to clients “falling into the gaps” between systems has been to engage in discussions of broader system service integration or coordination reforms. The evidence in this synthesis review is that “higher” level service coordination and integration efforts do not often lead to improved community adaptation outcomes for this youth population. It also was very clear from our prior research and from this synthesis review that referring youth to existing services and supports led to discouraging community adaptation outcomes for many youth leaving residential mental health programs. Considering the small number of youth involved and the complexity of the community adaptation challenges that they face, in our opinion, it is not reasonable to expect the educational, justice, child welfare and mental health systems to create the responses that these youth require. Our conclusion is that a focus on a program model or models specifically for youth leaving residential treatment is likely to prove more feasible and useful. Ideally,

such a program would establish relationships with youth while they were in residential mental health programs that would continue when youth leave the residential program.

There are several reasons to consider making improving education adaptation outcomes a pivotal, but not exclusive, focus in any integrated program model to improve community adaptation outcomes for youth leaving residential mental health programs. Our suggestion to improve educational outcomes includes helping these youth to navigate their schools and making additional educational supports available to these youth through the suggested integrated program.

Modifications to the suggested integrated program model(s) will be required for middle years (7-11) children and adolescents (12+) involved with residential mental health programs. For example, younger children are less likely to leave school or get in trouble with the law. In addition, the challenges of delivering integrated services and supports to youth living at home and to those living in state care need to be considered in creating integrated programming. The basic suggested integrated program configuration should be adaptable to serve different ages of youth and to involve youth living with their families and to youth in child welfare care.

For programming involving adolescents, an implementation principle shared by quite a few programs was the importance of actively involving youth in creating their plan of services and supports and in deciding who would be part of any support network created for them. Similarly, the usefulness of parents also being active in creating any plan of service and support for themselves or for their children was emphasized for several program approaches.

### *Integrated Community Adaptation Program Configuration*

Based upon our synthesis review of program approaches in various life domains, we have selected several intervention strategies that, when combined, might produce enduring improvements in community adaptation outcomes for youth leaving residential mental health programs. We have used the following criteria in selecting these intervention strategies: (1) There was evidence of positive community adaptation benefits for youth from each strategy in one or more of the life domains reviewed, (2)

The combined strategies address many of the important risk and protective factors highlighted in the synthesis review, and (3) It seemed feasible to include each strategy within an integrated program strategy that connects with youth while they are in residential mental health programs and maintains these relationships in the community.

### *Youth and Education Advocates*

The Youth and Education Advocate positions are pivotal in this suggested program configuration. These positions incorporate three insights from the synthesis review: (1) the importance of trustworthy and sustained relationships between youth and one or more constructive adults, (2) the need to actively intervene in formal systems on behalf of youth – in particular with schools, and (3) the value of transition support systems for youth and families.

We suggest two types of advocates for youth in this configuration. Youth Advocates would have broader responsibilities: establishing ongoing relationships with youth, liaising with their families, intervening on behalf of youth and families with a various formal systems (e.g. mental health, justice, employment training, recreation, etc.), convening support networks to facilitate youth transition to living in the community, and liaising with members of youth support networks. They would also support youth and parent involvement in the training provided by the program and, time permitting, perhaps participate in some of the training.

Education Advocates would have more focused responsibilities. They would have ongoing relationships with school personnel and become familiar with education procedures and resources. They would monitor and support youth in schools and intervene on their behalf for curriculum accommodations and academic supports. They would coordinate youth access to tutoring and academic enrichments available through the integrated program and, perhaps, participate in providing some of these supports. The two positions are discussed separately although much of the rationale for Youth Advocates also applies to Education Advocates.



### *Youth Advocates: Building a Relationship with the Youth*

Resilience research supports the importance of a positive and caring adult in a child's life. Programs emphasizing this role stress getting to know youth, problem solving with them, and being persistent. There must be enough time for a trusting relationship to develop between the Youth Advocate and the youth. Ideally, this relationship would be sustained long enough to put into place a suitable range of community adaptation resources for youth and their families – maybe for 1 to 2 years or longer. This trusting relationship is also considered to be the cornerstone around which supportive networks can be built. Across studies, there is considerable evidence to suggest that successful mentoring by an adult has benefits for youth in reducing delinquency, school difficulties, and youth aggressive and antisocial behaviours (Hawkins et al., 2010; Test et al., 2009; Tolan et al., 2009).

### *Youth Advocates: Facilitating the Development of Youth Support Networks*

In general, evaluations of simple case management models have not demonstrated better outcomes for youth or families. Somewhat better outcomes were found when a committed adult takes a more assertive approach to supporting youth and finding appropriate community adaptation resources. A strategy with some evidence of effectiveness in assisting youth transitions is assembling ongoing networks of services and supports for the youth (Bruns, 2008; Clark & Hart, 2009; Cook & Kilmer, 2004; Rogers, 2003; Walker et al., 2008).

In the suggested integrated model, the Youth Advocate would collaborate with youth and, if appropriate, with their parents/caregivers to assess their circumstances, resources, and priorities. They would work together to develop a youth transition plan. With youth and family approval, the Youth Advocate would work to bring together a network of services and supports including an appropriate mix of professionals, extended family, friends, and volunteers. The Youth Advocate would provide support for meetings of the network to make sure that the plan is moving forward. Ideally, some

elements of this network would continue to be available to youth and their families when they are no longer involved with the Youth Advocate.

### *Youth Advocates: Advocating for Youth*

Tolan et al. (2009) suggested that Advocates should provide information and intervene on behalf of youth in various systems and settings. Dynarski et al. (2008) suggested that a Youth Advocate could be a resource teacher, a community or agency member, or a social worker who develops a relationship with the youth and also acts as a case manager. Youth Advocates would monitor youth behaviours and emotions. They would help the youth navigate the social service, legal or other systems as required. They would help youth connect with emotional supports and concrete resources (e.g. food, housing, employment, and health care) that have been associated with successful transitions to independence and community living (Spencer et al., 2010).

### *Education Advocates*

Youth in residential care and youth living in state care often lack adult advocates who know their strengths and weaknesses and who can intervene on their behalf at school (Snow, 2009; Zetlin et al., 2004). In this integrated model, Education Advocates would have ongoing relationships with youth at school. Ideally, Educational Advocates would maintain their relationships with individual youth if they change schools or if they leave school to explore ways to continue their academic and vocational preparation. They would monitor youth attendance and academics possibly in conjunction with school counselors. They would work with school staff to create flexible and relevant learning opportunities such as accessing vocational learning programs. They would encourage other forms of youth-school engagement. They would also arrange and support youth involvement in tutoring and other academic enrichments available through the suggested integrated program.

### *Tutors and Academic Enhancements*

Our program of research indicated that most youth leaving residential mental health programs experienced many school difficulties including low academic achievement, absenteeism, and grade retention. These were all associated with higher levels of dropout further reducing their opportunities for successful adult outcomes.

Building youth academic capability through tutoring and academic enrichment activities is a common strategy. These approaches also strive to reduce youth frustration and to keep youth connected with schools (Abrami et al., 2008; Dynarski et al., 2008; Hammond et al., 2007; Klima et al. 2009; Lehr et al., 2003; Prevatt & Kelly, 2003). Hammond et al. (2007) found that academic support was a major strategy in over one-quarter of effective programs addressing a range of youth community adaptation problems. Overall, there is reasonable evidence that academic support programs can help youth at risk.

### *Parent Training and Support Programs*

Parent training programs have several objectives including improving relationships between parents and their children, increasing parents' ability to manage youth behaviour, and increasing responsible parent behaviours (Hoagwood et al., 2010; Kaminski et al., 2008; NICE, 2005; Savignac, 2009). Some parent training programs also focus on improving parental functioning (e.g. depression, marital problems) and child cognitive development, emotional well being, and physical health (Kaminski et al., 2008; NICE, 2005). In child welfare, parent training programs is often used as a service component to help keep families together and teach alternatives to excessive discipline (Barth et al., 2005).

Parent training programs vary in service delivery settings and how the training is provided. They are delivered in clinic/agency, neighbourhood and home settings. Training may be led by professionals, parents, or by a parent-professional team (Hoagwood et al., 2010). Service provision can be one-to-one or in a groups or both (NICE, 2005).

There is extensive research examining the effectiveness of parent training programs. Most studies evaluated short term program outcomes. Notwithstanding variations in the rigor of research designs, evaluations of parent training programs generally reported favourable impacts on parent, child, and parent-child indicators (Hoagwood et al., 2010; NICE, 2005).

Parent support programs provide emotional and informational support through parents sharing of experiences either one-to-one or in groups (Dunn et al., 2003; Woolacott et al., 2006). Participants both give and receive support and advice (Chien & Norman, 2009; Dunn et al., 2003; Woolacott et al., 2006). Parent mutual support programs in this reviewed varied substantially in types of program leadership, length of program involvement, and formats for involvement (Chien & Norman, 2009; Dunn et al., 2003). Support groups were facilitated by professionals or by parents or by both. Duration of program involvement ranged from six weeks to a year or more. Support was most often provided in face-to-face contact within a group but was also available through parent-to-parent contacts and use of remote technologies such as the phone or internet.

Research about the effectiveness of parent/peer support groups was scarce in this review and the rigor of the available research evidence was questioned (Chien et al., 2009; Woolacott et al., 2006). Despite these shortcomings, there was support in the available studies for the benefits of being involved in support programs, particularly for parents. From our perspective, parent support programs merit inclusion in this integrated program model. Conceptually, there is no evident reason why parent training and parent support strategies cannot be complementary. Both social learning theory and research evidence suggest that support programs can help parents to feel less alone and to feel more able to cope with their responsibilities. As a consequence, it may be that more youth can continue to live at home.

### *Youth Life Skills Development*

In the synthesis review, social and cognitive behavioural skills building approaches were common components in programs intended to reduce delinquency, educational failures

and conflicts within the home. Typically administered in a group format, skills building programs engage youth with lessons by utilizing role playing and practicing skills in real life applications. Various skill lessons or modules may be taught over a series of sessions or the curriculum may be shorter in duration and focus on acquiring a specific skill like conflict resolution. Skills building programs generally last 1-2 months; however, some programs may last a year or more (Hammond et al., 2007). The most common life skills development approach identified in this review was cognitive-behavioural (CB). CB interventions typically focused on both cognitive and contingency management skills (Cobb et al., 2006). Common components included problem-solving, communication, and situational self-awareness. There is no shortage of evidence on the effectiveness of life skills development programs in promoting better community adaptation outcomes in education, delinquency, and relationships at home.

#### *The Integrated Program's Links with Pathways to Improved Youth Community Adaptation*

Overall, the suggested integrated program has the potential to address many of the major factors associated with successful youth community adaptation in this synthesis review. In particular, the program has the potential to provide youth with connections to adults who are invested in their well being, to improve their relationships with their families, to improve their life skills, and to keep them positively connected with peers and social institutions. In the synthesis review, these factors were linked conceptually and empirically to better school outcomes, less delinquency, and better transitions to community living for troubled youth.

The program connects youth with adult Youth and Education Advocates and, ideally, with adults from their youth support networks. Theories of resilience suggest that having at least one trusted, supportive adult is related to better outcomes for school, delinquency, mental health, and housing (Dworsky & Courtney, 2008; Guilbord et al., 2011; Hawkins et al., 2010; Pecora et al., 2006; Underwood & Knight, 2006).

The program has the potential to connect youth with supportive peer and staff relationships within the school. Positive relationships between students and teachers or

other adults at school have been linked to lower dropout rates, especially among high-risk students (Lessard et al., 2008; Rumberger, 2004a). Conceptually, academic and social engagement is often considered the most important precursor to dropping out (Audas & Willms, 2001; Rumberger & Lim, 2008). Delinquency research suggests that factors that can reduce delinquency include discouraging negative peer associations, improving positive social ties, and receiving support from teachers and mentors (Howell, 2003; Savignac, 2009).

Education Advocates can help to adjust youth exposures at school to be more congruent with their capabilities and aspirations. At-risk students are more likely to persist in school if they believe that finishing school will contribute to their goals for a better life and avoiding the negative consequences of dropping out (Knesting & Waldron, 2006). Opportunities to make school-to-work or community connections can be a strong motivator for students (Abrami et al., 2008; Lehr et al., 2003). Some studies have shown that well designed programs that make the links to the post-school paths identified by students can be effective (Dynarski et al., 2008; Test et al., 2009).

Ideally, the program may empower parents to support their child's schooling. Parent expectations have significant effects on high school completion (Audas & Willms, 2001; Rumberger and Lim, 2008). Also, parental involvement influences whether low achieving students stay in school (Audas & Willms, 2001; Rumberger, 2004a). In addition, potentially, the program can help to compensate for shortages of tangible and educational resources at home (Hammond et al., 2007; Rumberger & Lim, 2008).

Parent training and support can help to improve relations within the home. Family factors that protect youth from engaging in criminal activity include positive parenting practices, good relationships with parents, good communication with parents, parental supervision of youth's activities, and overall support to youth from families (Howell, 2003; Savignac, 2009).

Youth skills development can help youth to take advantage of the community adaptation supports available to them. Youth with emotional and behavioural difficulties often have problematic interactions with peers, family members, teachers, and other adults. This

impairment can have significant negative consequences in the domains of education, employment, peer acceptance, and general community adaptation where social skills are needed for success (Audas & Willms, 2001; Clark & Crosland, 2009; Hammond et al., 2007; Rumberger & Lim, 2008).

### **Concluding Remarks**

At the beginning of this synthesis review, the main purpose was described as finding program strategies with the potential to improve community adaptation outcomes for youth leaving residential mental health programs. Consequently, this review has ended with recommending an integrated program to improve youth community adaptation outcomes. From our perspective, if nothing different is tried to improve youth community adaptation, the usefulness of this synthesis review is quite limited.

While many operational specifics remain to be clarified for this integrated program, it is well grounded in available evidence about pathways to community adaptation and the effectiveness of a broad range of program strategies in various youth life domains. Equally important, if the resources can be found, the integrated program can be implemented on a relatively modest scale – in one or a few settings. If this is done, it would be very important to carry out good quality implementation and outcome assessments of these efforts.

We hope the attention can now shift to trying out these ideas. It is clear that community adaptation outcomes for youth leaving residential mental health programs need to be improved. Hopefully, this synthesis review has made it clear that we are not without credible ideas how to bring about these improvements. The unanswered question is whether there is sufficient motivation and resources to try.

## Bibliography

### Background

EPPI-Centre. (March 2007). *EPPI-Centre methods for conducting systematic reviews*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Government Social Research (undated). *Rapid evidence assessment toolkit*. Retrieved from: <http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment>

Underwood, L., Thomas, J. Williams, T., & Thieba, A. (2007). *Systematic rapid evidence assessment: The effectiveness of intervention for people with common mental health problems on employment outcomes*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

### Chapter 1: School

Abrami, P.C., Bernard, R.M., Schmid, R.M., Janosz, M., Wade, A., Girard, C. (2008). *Dropout prevention systematic review final report. Reviewing the evidence of Canadian research since 1990*. Montreal, PQ: Fonds Québécois de la Recherche sur la Société et la Culture (FQRSC).

Audas, R. & Willms, J.D. (2001). *Engagement and dropping out of school: A life-course perspective*. Applied Research Branch, Strategic Policy, Human Resources Development Canada, Hull, PQ: HRDC Retrieved from <http://www.hrsdc.gc.ca/eng/cs/sp/hrsd/prc/publications/research/2001-000175/page01.shtml>

Canadian Council on Learning, (2005). *Good news: Canada's high school dropout rates are falling*. Retrieved from: <http://www.ccl-cca.ca/pdfs/LessonsInLearning/Dec-16-05-Good-News.pdf>

Cooper, C.R., Chavira, G. & Mena, D.D. (2005). *From Pipelines to Partnerships: A Synthesis of Research On How Diverse Families, Schools, and Communities*



- Support Children's Pathways Through School, *Journal of Education for Students Placed at Risk* (JESPAR), 10 (4), 407-430.  
[http://dx.doi.org/10.1207/s15327671espr1004\\_4](http://dx.doi.org/10.1207/s15327671espr1004_4)
- Dynarski, M., Clarke, L., Cobb, B., Finn, J., Rumberger, R., and Smink, J. (2008). *Dropout Prevention: A Practice Guide* (NCEE 2008–4025). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from  
<http://ies.ed.gov/ncee/wwc>.
- Franklin, C., Kim, J.S., Tripodi, S.J., (2009). A meta-analysis of published school social work practice studies 1980-2007. *Research on Social Work Practice*, 19(6), 667-677 doi: 10.1177/1049731508330224
- Hammond, C., Linton, D., Smink, J., & Drew, S. (2007). *Dropout Risk Factors and Exemplary Programs*. Clemson, SC: National Dropout Prevention Center, Communities In Schools, Inc. Retrieved from:  
[http://www.dropoutprevention.org/sites/default/files/uploads/major\\_reports/DropoutRiskFactorsandExemplaryProgramsFINAL5-16-07.pdf](http://www.dropoutprevention.org/sites/default/files/uploads/major_reports/DropoutRiskFactorsandExemplaryProgramsFINAL5-16-07.pdf)
- Hoagwood, K.E., Olin, S.S., Kerker, B.D., Kratochwill, T.R., Crowe, M. & Saka, N. (2007). Empirically based school interventions targeted at academic and mental health functioning. *Journal of Emotional and Behavioral Disorders*, 15(2), 66-92. doi: 10.1177/10634266070150020301
- Kearney, C.A. (2008). School absenteeism and school refusal behaviour in youth: A contemporary review. *Clinical Psychology Review*, 28, 451-471.  
doi:10.1016/j.cpr.2007.07.012
- Klima, T., Miller, M., Nunlist, C. (2009). *What works? Targeted truancy and dropout programs in middle and high school*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: <http://www.wsipp.wa.gov/rptfiles/09-06-2201.pdf>
- Knesting, K., & Waldron, N., (2006). Willing to play the game: How at-risk students persist in school. *Psychology in the Schools*, 43(5), 599-611 doi: 10.1002/pits.20174

- Lehr, C.A., Hansen, A., Sinclair, M.F., Christenson, S.L. (2003). Moving beyond dropout towards school completion: An integrative review of data-based interventions. *School Psychology Review*, 32(3), 342-364. Accession number: 11213475
- Lessard, A., Butler-Kisber, L., Fortin, L., Marcotte, D., Potvin, P., Royer, E. (2008). Shades of disengagement: High school dropouts speak out. *Social Psychology of Education*, 11, 25-42. doi: 10.1007/s11218-007-9033-z
- McWhirter, J.J., McWhirter, B.T., McWhirter, E.H., McWhirter, R.J. (2007). *At risk youth. A comprehensive response for counsellors, teachers, psychologists, and human services professionals*, 4<sup>th</sup> Ed. Belmont, CA: Brooks/Cole.
- Murray, C. (2003). Risk factors, protective factors, vulnerability, and resilience: A framework for understanding and supporting the adult transitions of youth with high-incidence disabilities. *Remedial and Special Education*, 24(1), 16-26. doi: 10.1177/074193250302400102
- Olin, S.S., Saka, N., Crowe, M. Forman, S.G., & Hoagwood, K.E. (2009). Implementation of evidence-based interventions in schools. Issues and challenges in social-emotional learning and mental health programs. In S. Rosenfield & V. Berninger (Eds.) *Implementing evidence-based academic interventions in school settings*. NY,NY: Oxford University Press.
- Prevatt, F. & Kelly, F.D. (2003). Dropping out of school: A review of intervention programs. *Journal of School Psychology*, 41, 377-395. doi:10.1016/S0022-4405(03)00087-6
- Rumberger, R.W. (2004a). Why students drop out of school. In G. Orfield (Ed.) *Dropouts in America: Confronting the graduation rate crisis* (pp. 131-155). Cambridge, MA: Harvard Education Press.
- Rumberger, R.W. (2004b). What can be done to reduce the dropout rate? In G. Orfield (Ed.) *Dropouts in America: Confronting the graduation rate crisis* (pp. 243-255). Cambridge, MA: Harvard Education Press.
- Rumberger, R. & Lim S.A. (2008). *Why students drop out of school: A review of 25 years of research*. Santa Barbara, CA: California Dropout Research Project. Retrieved from: [http://www.cdrp.ucsb.edu/pubs\\_reports.htm](http://www.cdrp.ucsb.edu/pubs_reports.htm)

- Test, D.W., Fowler, C.H., White, J., Richter, S. & Walker, A. (2009). Evidence-based secondary transition practices for enhancing school completion, *Exceptionality*, 17 (1), 16-29 doi:[10.1080/09362830802590144](https://doi.org/10.1080/09362830802590144)
- Wessendorf, S.L., Lehr, C.A., Covington-Smith, S., Ohlund, B.J. (2008). Dropout prevention for students with or at-risk for social/emotional problems. In L.M. Bullock & R. A. Gable (Eds.) *Ensuring a brighter future for troubled children/youth: Challenges and solutions* (pp. 264-330). Arlington, VA: Council for Exceptional Children Retrieved from <http://courses.unt.edu/bullock/readings/CCBDMiniLibrary.pdf>
- Wilson, D.B., Gottfredson, D.C., & Najaka, S.S. (2001) School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology*, 17 (3), 247-272. doi: 0748-4518\_01\_0900-0247\$19.50\_0
- Zins, J. E., Bloodworth, M. R., Weissberg, R. P., & Walberg, H. J. (2004). The scientific base linking social and emotional learning to school success. In J. E. Zins, R. P. Weissberg, M. C. Wang, & H. J. Walberg (Eds.), *Building academic success on social and emotional learning: What does the research say?* (pp. 3–22). NY, NY: Teachers College Press

## **Chapter 2: Delinquency**

- Ashford, J.B., Sales, B.D., LeCroy, C.W. (2007). Aftercare and recidivism prevention. In D.W. Springer and A.R. Roberts (Eds.) *Handbook of forensic mental health with victims and offenders: Assessment, treatment, and research. Springer Series on Social Work*, (pp. 491-516). New York, NY: Springer Publishing Co.
- Barth, R.P., Greeson, J.K.P., Green, R.L., Hurley, S., Sisson, J. (2007). Outcomes for youth receiving intensive in-home therapy or residential care: A comparison using propensity scores. *American Journal of Orthopsychiatry*, 77, (4), 497–505. doi: [10.1037/0002-9432.77.4.497](https://doi.org/10.1037/0002-9432.77.4.497)
- Bonta, J., Law, M., & Hanson, K. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 123 (2), 123-142. doi: [10.1037/0033-2909.123.2.123](https://doi.org/10.1037/0033-2909.123.2.123)

- Bronfenbrenner, U. (1979). Context of child-rearing – Problems and prospects. *American Psychologist*, 34(10), 844-850.
- Canadian Institute for Health Information, (2008). *Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity* (Ottawa: CIHI, 2008). Retrieved from:  
[http://secure.cihi.ca/cihiweb/products/mh\\_crime\\_full\\_report\\_apr11\\_08\\_e.pdf](http://secure.cihi.ca/cihiweb/products/mh_crime_full_report_apr11_08_e.pdf)
- DeGusti, B., MacRae, L., Vallee, M., Caputo, T., & Hornick, J. P. (2009). *Best practices for chronic/persistent youth offenders in Canada: Summary report*. Canadian Research Institute for Law and the Family and Centre for Initiatives on Children, Youth and the Community. Ottawa, ON: National Crime Prevention Centre, Department of Public Safety Canada
- Fergusson, D.M., Horwood, L.J., and Ridder, E.M. (2005). Show me the child at seven: The consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry*, 46:8, pp 837–849  
doi:10.1111/j.1469-7610.2004.00387.x
- Foley, A. (2008). The current state of gender-specific delinquency programming. *Journal of Criminal Justice* 36 (2008) 262–269.  
doi:10.1016/j.jcrimjus.2008.04.007
- Greenbaum, P.E., Foster-Johnson, L., & Petrila, A. (1996). Co-Occurring Addictive and Mental Disorders among Adolescents: Prevalence Research and Future Directions. *American Journal of Orthopsychiatry* , 66, 52-60.
- Hawkins, David J., Welsh, Brandon, C., & Utting, David. (2010). Preventing youth crime: evidence and opportunities. In D. Smith (Ed.) *A new response to youth crime* (pp.209-246). Devon, UK: Willan Publishing.
- Hodges, K. & Kim, C. (2000). Psychometric Study of the Child and Adolescent Functional Assessment Scale: Prediction of Contact with the Law and Poor School Attendance. *Journal of Abnormal Child Psychology*, 28 (3), 287–29. doi: 0091-0627/00/0600-0287\$18.00/0 C
- Howell, J. C. (2003). *Preventing and reducing juvenile delinquency: A comprehensive framework*. Thousand Oaks, CA: Sage Publications

- Kurtz, A. (2002). What works for delinquency? The effectiveness of interventions for teenage offending behavior. *The Journal of Forensic Psychiatry, 13* (3), 671-692. doi: 10.1080/0958518021000019902
- Leschied, A., Chiodo, D., Nowicki, E., Rodger, S. (2008). Childhood predictors of adult criminality: A meta-analysis drawn from the prospective longitudinal literature. *Canadian Journal of Criminology and Criminal Justice, 50*, 435-467. doi:10.3138/cjccj.50.4.435
- Lipsey, M.W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders, 4*, 124-147. doi: 10.1080/15564880802612573
- Lipsey, M.W. and Cullen, F.T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science 3*, 297–320. doi:10.1146/annurev.lawsocsci.3.081806.112833
- Lipsey, M.W. & Derzon, J.H. (1998). Predictors of violent or serious delinquency in adolescence and early adulthood. In R. Loeber & D.P. Farrington (Eds.), *Serious and violent juvenile offenders. Risk factors and successful interventions*, (pp. 86-105). Thousand Oaks, CA: Sage Publications.
- Lipsey, M.W., & Wilson, D.B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D.P. Farrington (Eds.) *Serious & violent juvenile offenders. Risk factors and successful interventions*, (pp.313-345). Thousand Oaks, CA: Sage Publications.
- Littell, J.H., Campbell, M., Green, S., & Toews, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD004797. DOI:10.1002/14651858.CD004797.pub4.
- Savignac, J. (2009). *Families, youth, and delinquency: the state of knowledge, and family-based juvenile delinquency prevention programs*. Ottawa, ON: National Crime Prevention Centre.
- Shepperd, S., Doll, H., Gowers, S., James, A., Fazel, M., Fitzpatrick, R., & Pollock, J. (2009). Alternatives to inpatient mental health care for children and young

- people. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD006410. DOI:10.1002/14651858.CD006410.pub2.
- Spencer, M.B. & Jones-Walker, C. (2004). Interventions and services offered to former juvenile offenders reentering their communities: An analysis of program effectiveness. *Youth Violence and Juvenile Justice*, 2 (1), 88-97. doi: 10.1177/1541204003260049
- Tennyson, H.R. (2010). Reducing Juvenile Recidivism: A Meta-Analysis of Treatment Outcomes. *School of Professional Psychology*. Paper 109.  
<http://commons.pacificu.edu/spp/109>
- Thomas, J., Vigurs, C., Oliver, K., Suarez, B., Newman, M., Dickson, K., & Sinclair, J. (2008). Targeted youth support: Rapid Evidence Assessment of effective early interventions for youth at risk of future poor outcomes. In: *Research Evidence in Education Library*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Townsend, E., Walker, D., Sargeant, S., Vostanis, P., Hawton, K., Stocker, O., Sithole, J. (2010). Systematic review and meta-analysis of interventions relevant for young offenders with mood disorders, anxiety disorders, or self-harm. *Journal of Adolescence*, 33, 9-20. doi:10.1016/j.adolescence.2009.05.015
- Trupin, E. (2007). Evidence-based treatment for justice-involved youth. In C.L. Kessler & L.J. Kraus (Eds.) *The mental health needs of young offenders. Forging paths toward reintegration and rehabilitation (pp.340-367)*. Cambridge, UK: University Press.
- Underwood, L.A. & Knight, P. (2006). Treatment and postrelease rehabilitative programs for juvenile offenders. *Child and Adolescent Psychiatric Clinics of North America*. 15, 539-556. doi: 10.1016/j.chc.2005.11.009
- Unruh, D.K., Waintrup, M.G., Canter, T., Smith, S. (2009). Improving the transition outcomes of adolescent young offenders. In H.B. Clark & D.K. Unruh (Eds.) *Transition of youth and young adults with emotional or behavioral difficulties (pp. 189-208)*. Baltimore, ML: Paul H. Brookes Publishing.

### Chapter 3: Youth Returning Home

- Affronti, M. & Levison-Johnson, C. (2009). The Future of Family Engagement in Residential Care Settings. *Residential Treatment for Children and Youth, 26*, 257-304. doi: 10.1080/08865710903382571
- Barth, R.P., Landsverk, J., Chamberlain, P., Reid, J.B., Rolls, J.A., Hurlburt, M.S., Farmer, E.M.Z., James, S. McCabe, K.M., Kohl, P.L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice, 15* (5), 353-371 doi: 10.1177/1049731505276321
- Cameron, G., O'Reilly, J., Peirson, L., Laurendeau, M.C., & Chamberland, C. (2001). Programming for distressed and disadvantaged adolescents. In Isaac Prilleltensky, Geoffrey Nelson, & Leslea Peirson (Eds.). *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*, (pp. 273-317). Toronto, ON: University of Toronto Press.
- Child Welfare Information Gateway (CWIG), (2005). *Family reunification: What the evidence shows*. Retrieved from: [www.childwelfare.gov/pubs/issue\\_briefs/family\\_reunification](http://www.childwelfare.gov/pubs/issue_briefs/family_reunification)
- Dagenais, C., Begin, J., Bouchard, C. & Fortin, D. (2004). Impact of intensive family support programs: A synthesis of evaluation studies. *Children and Youth Services Review, 26*, 249-263.
- Daniel, S. S., Goldston, D. B., Harris, A. E., Kelley, A. E., & Palmes, G. K. (2004). Review of literature on aftercare services among children and adolescents. *Psychiatric Services, 55*(8), 901-912.
- Farmer, E., M., Southerland, D., Mustillo, S. A., & Burns, B. (2009). Returning home in systems of care: Rates, predictors, and stability. *Journal of Emotional and Behavioral Disorders, 17* (3),133-146.
- Fontanella, C. A. (2008). The influence of clinical, treatment, and healthcare system characteristics on psychiatric readmission of adolescents. *American Journal of Orthopsychiatry, 78*(2), 187-198.
- Foster, E. M. (1999). Do aftercare services reduce inpatient psychiatric readmissions? *Health Services Research, 34* (3), 715-736.

- Fox, D. (2008). Family Group Conferencing and evidence-based practice: what works? *Research, Policy and Planning*, 26(3), 157-167.
- Hoagwood, K. E., Cavaleri, M., Olin, S., Burns, B., Slaton, E. Gruttadaro, D. & Hughes, R. (2010). Family Support in Children's Mental Health: A Review and Synthesis. *Clinical Child & Family Psychology Review*, 13, 1-45.
- Johnson, G., Kent, G. & Leather, J. (2005). Strengthening the parent-child relationship: a review of family interventions and their use in medical settings *Child: Care, Health & Development*, 31 (1) 25-32
- Kaminski, J., Valle, L., Filene, J. & Boyle, C. (2008). A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Lakin, B. L., Brambila, A. D., & Sigda, K. B. (2004). Parental involvement as a factor in the readmission to a residential treatment center. *Residential Treatment for Children and Youth*, 22(2), 37-52.
- Littell, J.H., Campbell, M., Green, S., & Toews, B. Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *Cochrane Database of Systematic Reviews* 2005, Issue 4. Art. No.: CD004797.  
DOI:10.1002/14651858.CD004797.pub4.
- MacLeod J. & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 24 (9), 1127-1149.
- Nelson, K., Walters, B., Schweitzer, D., Blythe, B.J., and Pecora, P.J. (2009). A ten-year review of family preservation research. Casey Foundation.  
<http://www.nxtbook.com/nxtbooks/casey/tenyearreviewfamilypreservation/#/0>
- Newman M, Bangpan M, Brunton J, Tripney J, Williams T, Thieba A, Lorenc T, Fletcher A, Bazan C, (2007). *Methods and study characteristics in the Systematic Rapid Evidence Assessment: Interventions to improve the co-ordination of service delivery for High Cost High Harm Household Units (HCHHHU)*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.



- Robst, J., Armstrong, M., & Dollard, N. (2011). After out-of-home mental health treatment: Atypical antipsychotic medication use and the probability of returning to treatment. *Community Mental Health Journal*, doi 10.1007/s10597-011-9438-1.
- Salveron, M., Lewig, K., Arney, F. (2009). Parenting groups for parents whose children are in care. *Child Abuse Review*, 18, 267-288.
- Shaw, T. V. (2006). Reentry into the foster care system after reunification. *Children and Youth Services Review*, 28, 1375-1390.
- Shepperd, S., Doll, H., Gowers, S., James, A., Fazel, M., Fitzpatrick, R., & Pollock, J. (2009). Alternatives to inpatient mental health care for children and young people. *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD006410. DOI:10.1002/14651858.CD006410.pub2.
- Teare, J. F., Larzelere, R. E., Smith, G. L., Becker, C. Y., Castrianno, L. M. Et al. (1999). Placement stability following short-term residential care. *Journal of Child and Family Studies*, 8(1), 59-69.
- Thomas, J., Vigurs, C., Oliver, K., Suarez, B., Newman, M., Dickson, K., & Sinclair, J. (2008). Targeted youth support: Rapid Evidence Assessment of effective early interventions for youth at risk of future poor outcomes. In: *Research Evidence in Education Library*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Tully, L. (2008). Literature review: Family preservation services. Centre for Parenting & Research Service System Development. NSW Department of Community Services Retrieved from:  
[http://www.community.nsw.gov.au/docswr/\\_assets/main/documents/research\\_familypreservation\\_review.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_familypreservation_review.pdf)
- Wulczyn, F. (2004). Family reunification. *The Future of Children*, 14(1), 95-113.
- Xue, Y., Hodges, K., & Wotring, J. (2004). Predictors of outcome for children with behaviour problems served in public mental health. *Journal of Clinical Child and Adolescent Psychology*, 33(3), 516-523.

## Chapter 4: Youth Transitions from Substitute Care

- Aguilar-Vafaie, M. E., Roshani, M., Hassanabadi, H., Masoudian, Z. & Afruz, G. A. (2011). Risk and protective factors for residential foster care adolescents. *Children and Youth Services Review*, 33, 1-15. Children's Mental Health Ontario. [www.kidsmentalhealth.ca](http://www.kidsmentalhealth.ca)
- Clark, H. B. & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H. B. Clark and D. K. Unruh (Eds.), *Transition of Youth and Young Adults with Emotional or Behavioral Difficulties*. Baltimore: Paul H. Brookes Publishing Company (pp. 47-113).
- Clark, H. B., Karpur, A., Deschênes, N., Gamache, P., & Haber, M. (2008). Partnerships for Youth Transition (PYT): Overview of community initiatives and preliminary findings on transition to adulthood for youth and young adults with mental health challenges. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman. (Eds.). *The 20th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 329-332). Tampa, FL: University of South Florida. The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- Cusick, G.R., Courtney, M.E., Havlicek, J., & Hess, N. (2011). *Crime during the transition to adulthood: how youth fare as they leave out-of-home care*. Chicago: Chapin Hall at the University of Chicago.
- Dworsky, A. (2005). The economic self-sufficiency of Wisconsin's former foster youth. *Child and Youth Services Review*, 27, 1085-1118.
- Dworsky, A. & Courtney, M.E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare*, 88 (4), 23-56.
- Family Group Conferencing Ontario Provincial Resource. (2011). *Issue 7*. Toronto, ON: George Hull Centre for Children and Families.
- Federation of BC Youth in Care Networks. [www.fbcyicn.ca](http://www.fbcyicn.ca)
- Goerge, R. M., Bilaver, L., Lee, B. J., Needell, B., Brookhart, A. & Jackman, W. (2002). *Employment outcomes for youth aging out of foster care*. Chicago: Chapin Hall at the University of Chicago.

- Guildbord, M., Bell, T., Romano, E., & Rouillard, L. (2011). Risk and protective factors for depression and substance use in an adolescent child welfare sample. *Children and Youth Services Review*, doi: 10.1016/j.chidyouth.2011.06.019
- Haber, M. G., Karpur, A., Deschênes, N. & Clark, H. B. (2008). Predicting improvement of transitioning young people in the partnerships for youth transition initiative: Findings from a multisite demonstration. *Journal of Behavioral Health Services and Research*, 35(4), 488-513. [pdf]
- Hook, J. L. & Courtney, M. E. (2010). *Employment of Former Foster Youth as Young Adults: Evidence from the Midwest Study*. Chicago: Chapin Hall at the University of Chicago.
- Jones, L. (2011). The impact of transitional housing on the post-discharge functioning of former foster youth. *Residential Treatment for Children and Youth*, 28(1), 17-38.
- Jonson-Reid, M. & Barth, R. (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, 22(7), 493-516.
- Karpur, A., Clark, H. B., Caproni, P. & Sterner, H. (2005). Transition to adult roles for students with emotional/behavioral disturbances: A follow-up study of student exiters from steps-to-success. *Career Development for Exceptional Individuals*, 28 (1), 36-46. [pdf]
- Keller, T. E., Cusick, G. R. & Courtney, M. E. (2007). Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *The Social Service Review*, 81 (3) 453-484.
- Koroloff, N., Pullmann, M., & Gordon, L. (2008). Investigating the relationship between services and outcomes in a program for transition age youth. In C. Newman, C. Liberton, K. Kutash, & R. M. Friedman. (Eds.). *The 20th Annual Research Conference Proceedings: A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 326-329). Tampa, FL: University of South Florida. The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

- Manitoba Office of the Children's Advocate. (2006). *Strengthening our youth, their journey to competence and independence: A report on youth leaving Manitoba's child welfare system*. (Author).
- Massinga, R. & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children*, 14 (1), 150-173.
- Merkel-Holguin, L., Nixon, P., & Burford, G. (2003). Epilogue: Challenges and future directions in FGDM research and evaluation. *Protecting Children*, 18 (1 & 2), 133-135.
- Merkel-Holguin, L., Tinworth, K., Horner, A. (2007). Using family group conferencing to achieve permanency for youth. *Protecting Children*, 22 (1), 38-49.
- McMillen, J. C., Zima, B. T., Scott, L. D., Auslander, W. F., Munson, M. R., Ollie M. T. & Spitznagel, E. L. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *American Academy of Child and Adolescent Psychiatry*, 44 (1), 88-95.
- Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and Youth Services Review*, 28, 1435-1448.
- Naccarato, T., Brophy, M., & Courtney, M. E. (2010). Employment outcomes of foster youth: The results from the Midwest Evaluation of the Adult Functioning of Foster Youth. *Children and Youth Services Review*, 32, 551-559.
- Naccarato, T. & DeLorenzo, E. (2008). Transitional youth services: Practice implications from a systematic review. *Child and Adolescent Social Work Journal*, 25, 287-308.
- Nesmith, A. (2006). Predictors of running away from family foster care. *Child Welfare*, 85, 585-609.
- Ontario Association of Children's Aid Societies. (2006). *Youth leaving care: An OACAS survey of youth and CAS staff*. (Author).
- Pecora, P. J., Kessler, R. C., O'Brien, K., Roller White, C., Williams, J. et al. (2006a). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest foster care alumni study. *Children and Youth Services Review*, 28, 1459-1481.

- Pecora, P. J., Kessler, R. C., Williams, J., Downs, A. C., English, D. J., White, J. & O'Brien, K. (2010). *What works in foster care? Key components of success from the Northwest foster care alumni study*. New York: Oxford University Press.
- Pecora, P. J., Williams, J., Kessler, R. C., Hiripi, E., O'Brien, K., Emerson, J., Herrick, M.A. & Torres, D. (2006b). Assessing the educational achievements of adults who were formerly placed in family foster care, *Child and Family Social Work*, 11, 220-231.
- Reid, C. & Dudding, P. (2006). *Building a future together: Issues and outcomes for transition-aged youth*. Ottawa: Centre of Excellence for Child Welfare.
- Reinherz, H. A., Paradis, A. D., Giaconia, R. M., Stashwick, C. K. & Fitzmaurice, G. (2003). Childhood and adolescent predictors of major depression in the transition to adulthood. *American Journal of Psychiatry*, 120 (12), 2141-2147.
- Robert, M., Pauze, R., & Fournier, L. (2005). Factors associated with homelessness of adolescents under supervision of the youth protection system. *Journal of Adolescence*, 28, 215-230.
- Ryan, J. P. & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review*, 27, 227-249.
- Scherr, T. (2007). Educational experiences of children in foster care. *School Psychology International*, 28 (4), 419-436.
- Smith, W. B. (2011). *Youth leaving foster care: A developmental, relationship-based approach to practice*. New York: Oxford University Press.
- Smithgall, C., Gladden, R. M., Howard, E., Goerge, R. & Courtney, M. (2004) *Educational experiences of children in out-of-home care*. Chicago: Chapin Hall at the University of Chicago.
- Snow, K. (2009). The case for enhanced educational supports for children in public care: An integrative literature review of the educational pathway of children in care. *Vulnerable Children and Youth Studies*, 4(4), 300-311.
- Vaughn, M. G., Shook, J. J. & McMillen, J. C. (2008). Aging out of foster care and legal involvement: Toward a typology of risk. *The Social Service Review*, 82 (3), 419-446.

- Velen, M. & Devine, L. (2005). Use of FGDM with children in care the longest: It's about time. *Protecting Children*, 19 (4), 25-34.
- White, C. R., O'Brien, K., White, J., Pecora, P. J., Phillips, C. M. (2008). Alcohol and drug use among alumni of foster care: Decreasing dependency through improvement of foster care experiences. *Journal of Behavioural Health Services & Research*, 35 (4), 419-434.

## Chapter 5: Systems of Care

- Bickman, L., & Mulvaney, S. (2005). Large-scale evaluations of children's mental health services: The Ft. Bragg and Stark County studies. In R. G. Steele, & M. C. Roberts (Eds.), *Handbook of mental health services for children, adolescents, and families*. (pp. 371-386). New York, NY, US: Kluwer Academic/Plenum Publishers. doi:10.1007/0-387-23864-6\_24
- Biebel, K. & Geller, J.L. (2007). Challenges for a System of Care. In W.H. Fisher (Ed.), *Research on Community-Based Mental Health Services for Children and Adolescents* (pp 179-199). Bingley, UK: Emerald Group Publishing Limited.
- Bruns, E. J. (2008). The evidence base and Wraparound. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative. retrieved from <http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-%28evidence-base%29.pdf>
- Bruns, E. J., & Suter, J. C. (2010). Summary of the wraparound evidence base. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative. Retrieved from <http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-%28evidence-base%29.pdf>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Cook, J.R. & Kilmer, R.P. (2004). Evaluating systems of care: Missing links in children's mental health research. *Journal of Community Psychology*, 32 (6), 655–674, DOI: 10.1002/jcop.20024

- Hodges, S., Friedman, R., & Hernandez, M. (2008). Integrating the components into an effective system of care: a framework for putting the pieces together. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: transforming mental health services for children, youth, and families*. (pp. 71-94). Baltimore, MY: Paul H. Brookes Publishing Co.
- Manteuffel, B., Stephens, R. L., Brashears, F., Krivelyova, A., & Fisher, S.K. (2008). Evaluation results and systems of care: a review. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: transforming mental health services for children, youth, and families* (pp. 25-69). Baltimore, MY: Paul H. Brookes Publishing Co.
- Pinkard, T. J., & Bickman, L. (2007). The evidence for home and community-based mental health services: Half full or half empty or create other glasses? In W. H. Fisher (Ed.), *Research on community-based mental health services for children and adolescents* (pp. 139-178). US: Elsevier Science/JAI Press.
- Prakash, M. L., Bisanz, J., Chalmers, G., Daniels, J., Gokiart, J., McNeil, D. C., Michailides, M., Schnirer, L., Varnhagen, S., Walker, K., Wosnack, N. (2010). *Integrated supports for children, youth, and families: a literature review of the wraparound process*. Alberta Education, Community-University Partnership for the Study of Children, Youth, and Families, University of Alberta, Edmonton Public School Board, Extension Learning Solutions, University of Alberta.
- Rogers, K. (2003). Evidence based community-based interventions. In A.J. Pumariega & N.C. Winters (Eds.), *The handbook of child and adolescent systems of care. The new community psychiatry* (pp. 149-170). San Fransico, CA: John Wiley & Sons.
- Rotto, K., McIntyre, J.S., & Serkin, C. (2008). Strength-based individualized services in systems of care. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: transforming mental health services for children, youth, and families* (pp. 401-435). Baltimore, MY: Paul H. Brookes Publishing Co.
- Stroul, B.A. (2002). *Systems of care: A framework for system reform in children's mental health. Issue Brief*. National Technical Assistance Center for Children's

Mental Health, Georgetown University, Washington DC. Retrieved from:  
<http://gucchd.georgetown.edu/72802.html>

Stroul, B.A., Blau, G.M., & Sondheimer, D.L. (2008). Systems of care: A strategy to transform children's mental health care. In B.A. Stroul & G.M. Blau (Eds.) *The system of care handbook. Transforming mental health services for children, youth, and families* (pp. 3-24). Baltimore, ML: Paul H. Brookes Publishing Co.

Suter, J., & Bruns, E. J. (2008). A narrative review of wraparound outcome studies. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health. Retrieved from <http://www.nwi.pdx.edu/NWI-book/Chapters/Suter-3.3-%28review-of-wrap-lit%29.pdf>

Suter, J. C. & Bruns, E. J. (2009). Effectiveness of the wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 12, 336-351. doi: 10.1007/s10567-009-0059-y

Walker, J.S., Bruns, E.J., & Penn, M. (2008). Individualized services in systems of care: The wraparound process. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: transforming mental health services for children, youth, and families*. (pp. 127-153). Baltimore, MY: Paul H. Brookes Publishing Co.

## **Chapter 6: Developing Programs to Improve Youth Community Adaptation Outcomes**

Abrami, P.C., Bernard, R.M., Schmid, R.M., Janosz, M., Wade, A., Girard, C. (2008). *Dropout prevention systematic review final report. Reviewing the evidence of Canadian research since 1990*. Montreal, PQ: Fonds Québécois de la Recherche sur la Société et la Culture (FQRSC).

Audas, R. & Willms, J.D. (2001). *Engagement and dropping out of school: A life-course perspective*. Applied Research Branch, Strategic Policy, Human Resources Development Canada, Hull, PQ: HRDC Retrieved from <http://www.hrsdc.gc.ca/eng/cs/sp/hrsd/prc/publications/research/2001-000175/page01.shtml>



- Barth, R.P., Landsverk, J., Chamberlain, P., Reid, J.B., Rolls, J.A., Hurlburt, M.S., Farmer, E.M.Z., James, S. McCabe, K.M., Kohl, P.L. (2005). Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice*, 15 (5), 353-371 doi: 10.1177/1049731505276321
- Bruns, E. J. (2008). The evidence base and Wraparound. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative. retrieved from <http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-%28evidence-base%29.pdf>
- Chien, W. & Norman, I. (2009). The effectiveness and active ingredients of mutual support groups for family caregivers of people with psychotic disorders: A literature review. *International Journal of Nursing Studies*, 46, 1604-1623.
- Clark, H. B. & Crosland, K. A. (2009). Social and life skills development: Preparing and facilitating youth for transition into young adults. In B. Kerman, M. Freundlich, & A. Maluccio (Eds.), *Achieving permanence for older children and youth in foster care*. (pp. 313-336) New York: Columbia University Press.
- Clark, H. B. & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H. B. Clark and D. K. Unruh (Eds.), *Transition of Youth and Young Adults with Emotional or Behavioral Difficulties*. Baltimore: Paul H. Brookes Publishing Company (pp. 47-113).
- Cobb, B., Sample, P. L., Alwell, M., & Johns, N. R. (2006). Cognitive-behavioral interventions, dropout, and youth with disabilities: A systematic review. *Remedial and Special Education*, 27, 259–275.
- Cook, J.R. & Kilmer, R.P. (2004). Evaluating systems of care: Missing links in children's mental health research. *Journal of Community Psychology*, 32 (6), 655–674, DOI: 10.1002/jcop.20024
- Dunn, J. D., Steginga, S. K., Rosoman, N., & Millichap, D. (2003). A review of peer support in the context of cancer. *Journal of Psychosocial Oncology*, 21 (2), 55-67.
- Dworsky, A. & Courtney, M.E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare*, 88 (4), 23-56.

- Dynarski, M., Clarke, L., Cobb, B., Finn, J., Rumberger, R., and Smink, J. (2008). *Dropout Prevention: A Practice Guide* (NCEE 2008–4025). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from <http://ies.ed.gov/ncee/wwc>.
- Guildbord, M., Bell, T., Romano, E., & Rouillard, L. (2011). Risk and protective factors for depression and substance use in an adolescent child welfare sample. *Children and Youth Services Review*, doi: 10.1016/j.chilyouth.2011.06.019
- Hammond, C., Linton, D., Smink, J., & Drew, S. (2007). *Dropout Risk Factors and Exemplary Programs*. Clemson, SC: National Dropout Prevention Center, Communities In Schools, Inc. Retrieved from: [http://www.dropoutprevention.org/sites/default/files/uploads/major\\_reports/DropoutRiskFactorsandExemplaryProgramsFINAL5-16-07.pdf](http://www.dropoutprevention.org/sites/default/files/uploads/major_reports/DropoutRiskFactorsandExemplaryProgramsFINAL5-16-07.pdf)
- Hawkins, David J., Welsh, Brandon, C., & Utting, David. (2010). Preventing youth crime: evidence and opportunities. In D. Smith (Ed.) *A new response to youth crime* (pp.209-246). Devon, UK: Willan Publishing.
- Hoagwood, K. E., Cavaleri, M., Olin, S., Burns, B., Slaton, E. Gruttadaro, D. & Hughes, R. (2010). Family Support in Children’s Mental Health: A Review and Synthesis. *Clinical Child & Family Psychology Review*, 13, 1-45.
- Howell, J. C. (2003). *Preventing and reducing juvenile delinquency: A comprehensive framework*. Thousand Oaks, CA: Sage Publications
- Kaminski, J., Valle, L., Filene, J. & Boyle, C. ( 2008). A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Klima, T., Miller, M., Nunlist, C. (2009). *What works? Targeted truancy and dropout programs in middle and high school*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: <http://www.wsipp.wa.gov/rptfiles/09-06-2201.pdf>
- Knesting, K., & Waldron, N., (2006). Willing to play the game: How at-risk students persist in school. *Psychology in the Schools*, 43(5), 599-611 doi: 10.1002/pits.20174

- Lehr, C.A., Hansen, A., Sinclair, M.F., Christenson, S.L. (2003). Moving beyond dropout towards school completion: An integrative review of data-based interventions. *School Psychology Review*, 32(3), 342-364. Accession number: 11213475
- Lessard, A., Butler-Kisber, L., Fortin, L., Marcotte, D., Potvin, P., Royer, E. (2008). Shades of disengagement: High school dropouts speak out. *Social Psychology of Education*, 11, 25-42. doi: 10.1007/s11218-007-9033-z
- National Institute of Health and Clinical Excellence (2005). Final Appraisal Determination: Parent training/education programmes in the management of children with conduct disorders. Authors. Retrieved Dec 1, 2011 from <http://guidance.nice.org.uk/TA102>.
- Pecora, P. J., Williams, J., Kessler, R. C., Hiripi, E., O'Brien, K., Emerson, J., Herrick, M.A. & Torres, D. (2006). Assessing the educational achievements of adults who were formerly placed in family foster care, *Child and Family Social Work*, 11, 220-231.
- Prevatt, F. & Kelly, F.D. (2003). Dropping out of school: A review of intervention programs. *Journal of School Psychology*, 41, 377-395. doi:10.1016/S0022-4405(03)00087-6
- Rogers, K. (2003). Evidence based community-based interventions. In A.J. Pumariega & N.C. Winters (Eds.), *The handbook of child and adolescent systems of care. The new community psychiatry* (pp. 149-170). San Fransico, CA: John Wiley & Sons.
- Rumberger, R.W. (2004a). Why students drop out of school. In G. Orfield (Ed.) *Dropouts in America: Confronting the graduation rate crisis* (pp. 131-155). Cambridge, MA: Harvard Education Press.
- Rumberger, R. & Lim S.A. (2008). *Why students drop out of school: A review of 25 years of research*. Santa Barbara, CA: California Dropout Research Project. Retrieved from: [http://www.cdrp.ucsb.edu/pubs\\_reports.htm](http://www.cdrp.ucsb.edu/pubs_reports.htm)
- Savignac, J. (2009). *Families, youth, and delinquency: the state of knowledge, and family-based juvenile delinquency prevention programs*. Ottawa, ON: National Crime Prevention Centre.

- Snow, K. (2009). The case for enhanced educational supports for children in public care: An integrative literature review of the educational pathway of children in care. *Vulnerable Children and Youth Studies*, 4:4, 300-311 <http://dx.doi.org/10.1080/17450120903012933>
- Spencer, Renée, Collins, Mary Elizabeth, Ward, Rolanda, Smashnaya, Svetlana. (2010). Mentoring for young people leaving foster care: Promise and potential pitfalls. *Social Work*, 55, 225-234.
- Test, D.W., Fowler, C.H., White, J., Richter, S. & Walker, A. (2009). Evidence-based secondary transition practices for enhancing school completion, *Exceptionality*, 17 (1), 16-29 doi:10.1080/09362830802590144
- Tolan, P., Henry, D., Schoeny, M., Bass, A. (2008). Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews* 2008:16 DOI: 10.4073/csr.2008.16
- Underwood, L.A. & Knight, P. (2006). Treatment and postrelease rehabilitative programs for juvenile offenders. *Child and Adolescent Psychiatric Clinics of North America*. 15, 539-556. doi: 10.1016/j.chc.2005.11.009
- Walker, J.S., Bruns, E.J., & Penn, M. (2008). Individualized services in systems of care: The wraparound process. In B. A. Stroul & G. M. Blau (Eds.), *The system of care handbook: transforming mental health services for children, youth, and families*. (pp. 127-153). Baltimore, MD: Paul H. Brookes Publishing Co.
- Woolacott, N., Orton, L., Beynon, S., Myers, L., & Forbes, C. (2006). Systematic review of the clinical effectiveness of self care support networks in health and social care. York: Centre for Reviews and Dissemination, University of York. Retrieved Dec 1, 2011 from [http://www.york.ac.uk/inst/crd/CRD\\_Reports/crdreport34.pdf](http://www.york.ac.uk/inst/crd/CRD_Reports/crdreport34.pdf).
- 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 (JESPAR)*, 9 (4), 421-429 [http://dx.doi.org/10.1207/s15327671espr0904\\_5](http://dx.doi.org/10.1207/s15327671espr0904_5)