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The relationship between the outcomes for children placed in teaching family homes and the race/ethnicity of their caregivers

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THE RELATIONSHIP BETWEEN THE OUTCOMES FOR CHILDREN PLACED IN TEACHING FAMILY HOMES AND THE RACE/ETHNICITY OF THEIR CAREGIVERS

by

Candyce Rose Briggs

An Abstract

Of a thesis submitted in partial fulfillment of the requirements
for the Doctor of Philosophy degree in
Psychological and Quantitative Foundations (School Psychology)
in the Graduate College of The University of Iowa

December 2012

Thesis Supervisor: Associate Professor Kathryn C. Gerken

ABSTRACT

It is essential that research be conducted regarding both the needs of and the outcomes for children placed outside of their biological homes. According to AFCARS (Adoption and Foster Care Analysis and Reporting System Report), approximately 408,425 children in the United States were in foster care in 2010 (U.S. Department of Health and Human Services [DHHS], 2011a). In addition to the large number of children and adolescents in foster care, there are a disproportionate number of U.S. racial/ethnic minority children in foster care and other out-of-home placements (Committee for Hispanic Children and Families, 2004; Schwartz, 2007; Smith & Devore, 2004). Specifically, African American children are overrepresented in the foster care system compared to either other racial/ethnic groups (U.S. DHHS, 2011b). Approximately 45% of foster parents report caring for children of a different racial ethnic background than their own (Coakley & Orme, 2006). The majority of actual outcome studies regarding transracial placements for children focus on psychological adjustment, and the results are mixed (Brown, George, Sintzel, & Arnault, 2009; Burrow & Finley, 2004; Keller et al., 2001; Moffatt & Thoburn, 2001). However, there is very limited research on the relationship between race/ ethnicity of caregivers in residential settings and the outcomes for children of different racial/ethnic groups.

The purpose of the current study was to extend the Jewell et al. (2010) investigation by measuring the youth's behavioral functioning in a family teaching home throughout their stay in a residential setting. The major aims of this study were to (a) investigate the relations between type of family home placement (inracial vs. transracial) and behavioral outcomes for the youth and (b) identify the key variables to consider for placement of racial/ethnic minority youth in a family-style residential treatment center. Results of the study indicate that overall youth placed in inracial family teaching homes had better behavioral outcomes than youth placed in transracial family teaching homes. The current study suggests that both racial/ethnic groups (African American and

European American) benefitted from being placed in inracial versus transracial family home settings. Age, gender and race/ethnicity did not appear to be contributing to the behaviors of the youth as much as type of placement (inracial versus transracial).

Abstract Approved: _____
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Graduate College
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CERTIFICATE OF APPROVAL

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PH.D. THESIS

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This is to certify that the Ph.D. thesis of

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To my sisters, DeShanae, Krystle, and Jeanisha

Trust in the LORD with all your heart and lean not on your own understanding;
in all your ways submit to him, and he shall direct your paths.

Proverbs 3:5-6

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TABLE OF CONTENTS

LIST OF TABLES

Table

CHAPTER I

INTRODUCTION

It is essential that research be conducted regarding both the needs of and the outcomes for children placed outside of their biological homes. According to AFCARS (Adoption and Foster Care Analysis and Reporting System Report), approximately 408,425 children in the United States were in foster care in 2010 (U.S. Department of Health and Human Services [DHHS], 2011a). There are many reasons for this large number of children in foster care or in other out-of-home placements (Chipingu & Bent-Goodley, 2004). Societal issues such as high rates of child and family poverty, homelessness, unemployment, substance abuse, HIV/AIDS, unequal education, family and community violence, and racism have a harmful effect on families and directly impact child well-being and in turn result in many children being placed outside of their homes (Chipingu &Bent-Goodley, 2004). Children placed outside of their homes often have a variety of problems that present challenges for their care (McMillen et al., 2005; Simmel, Brooks, Barth, & Hinshaw, 2001). Evidence indicates that children in foster care and former recipients of foster care may struggle with mental health problems and difficulties in education and employment (McMillen et al., 2005; Pecora et al., 2006).

Prevalence reports regarding emotional and behavioral problems among children in out-of-home care in the United States vary widely due to the use of different samples, definitions, and measurement tools (Burns et al., 2004; Drais-Parrillo, 2004; McMillen et al., 2005). However, it is clear that these children have significant social/emotional needs (Lieberman, 2004).

In addition to the large number of children and adolescents in foster care, there are a disproportionate number of U.S. racial/ethnic minority children in foster care and other out-of-home placements (Committee for Hispanic Children and Families, 2004; Schwartz, 2007). For example, in states with large Latino populations, Latino children constitute a significant percentage of children in foster care (20-50% in Arizona,

California, Colorado, Connecticut, Massachusetts, New Mexico, and Texas; Committee for Hispanic Children and Families, 2004). Rates of child maltreatment within community samples appear to be generally similar across ethnic groups; however, African American and Latino children are overrepresented in the child welfare system because of child maltreatment (Elliott & Urquiza, 2006). African American children made up 29% of the foster care population as of September 30, 2010 (U.S. DHHS, 2011b), but just 14% of the child population (Federal Interagency Forum on Child and Family Statistics, 2012b). This is a dramatic overrepresentation of African American children, especially when compared to other ethnicities such as non-Hispanic White children, who comprised 41% of the foster care population and 54% of the child population, Asian children who comprised 1% of the foster care population and 4% of the child population, and Latino children who comprised 21% of the foster care population and 23% of the child population (U.S. DHHS, 2011b).

One factor that contributes to ethnic disproportionality in the child welfare system appears to be biases of the reporting party (Elliot & Urquiza, 2006). Elliot and Urquiza (2006) determined that members of the community, service providers, and teachers tended to report mild maltreatment of racial/ethnic minority children more often than maltreatment of majority children. Elliot and Urquiza also pointed out that child welfare workers were more likely to substantiate maltreatment for racial ethnic minority groups. Eliot and Urquiza maintained that child welfare workers create more restrictive and punitive plans for minority family reunification, which has made it more complicated for these families to comply with the mandated programs, in turn prolonging the child's stay in child services.

According to Bruskas (2008), there is substantiated evidence that racial ethnic minority groups face more challenges once they are involved with child welfare services and that this also contributes to ethnic disproportionality. Bruskas (2008) reported that discrimination is a major factor that contributes to social problems among racial ethnic

minority groups. However, child welfare is not the only system in which inequalities have been recognized. According to the Children's Defense Fund's (2007) report, *America's Cradle-to-Prison Pipeline*, racial and economic disparities exist in many systems, including child welfare, health care, mental health, education (including preschool), and juvenile and criminal justice. Racial ethnic minority groups such as Native Americans, Asian Americans, African Americans, and Latino Americans have endured discrimination differently and it has negatively impacted them in society (Elliot & Urquiza, 2006).

One possible reason for discriminatory practices is a paucity of culturally competent workers within the child welfare system and the lack of training of workers to be culturally competent (Courtney, 2000). Another factor that might contribute to the longer rate of time that racial/ethnic minority children spend in foster care is that there is an underrepresentation of foster parents from racial ethnic minority groups in the United States (Bradley & Hawkins-Leon, 2002). The majority of racial-ethnic minority children are cared for by caregivers of a different race/ethnicity.

Placement of Children in Out of Home Care: Racial Matching and Transracial Placements

According to the 2010 U.S. Census, there were roughly 1.5 to 2 million child adoptees in America. Adoption has long been and continues to be preferred over alternatives such as long-term foster care or congregate care such as group homes, emergency shelters, and orphanages (Federal Interagency Forum on Child and Family Statistics, 2012a). Race/ethnic matching was a classic principle of adoption that governed non-relative adoptions for much of the 20th century (Griffith & Bergeron, 2006).

However, U.S. adopted children, when compared with the overall percentages of children in the U.S., are less likely to be European American/White (37% vs. 56% in the general population) or Hispanic/Latino (15% vs. 22% in the general population) and were more likely to be African American/Black (23% vs. 14% in the general population) or

Asian (15% vs. 4% in the general population; Federal Interagency Forum on Child and Family Statistics, 2012). However, adoptive parents were more likely to be White. Overall, 73 percent of adoptive parents were European American (Federal Interagency Forum on Child and Family Statistics, 2012a). In 2008, 21.5% of adopted children were of a different race than their adoptive parent and this is known as transracial adoption.

According to the U.S. Department of Health and Human Services (2011), transracial or transcultural adoption means placing a child who is of one race or ethnic group with adoptive parents of another race or ethnic group. Transracial placement is a visible type of out-of-home placement because the differences in skin color are usually apparent and undeniable (Grotevant, Dunbar, Kohler, & Esau, 2000). Approximately 45% of foster parents report caring for children of a different racial ethnic background than their own (Coakley & Orme, 2006). Coakley and Buehler (2008) stated that no matter how loving a foster family might be, there will be cultural differences when a child is placed with a caregiver of a different race/ethnicity; in turn, there may be problems with the child's adjustment or the child may not be able to identify with the foster parents/caretakers (White et al., 2008).

Brief History of Transracial Placements

Although racial/ethnic matching has dominated adoption practice in the United States, transracial adoption has been occurring in the United States for over 60 years, beginning with the adoption of international children from Europe and Asia after 1945 (Zaresfsky, 1946). Among the earliest examples of intentional domestic transracial adoption was the Indian Adoption Project, which occurred between 1958 and 1967. The project was a collaboration between the Bureau of Indian Affairs and the Child Welfare League of America (CWLA) and was designed to remove Native American children from their families on reservations in an effort to assimilate them into mainstream society (Fanshel, 1972). This project placed 396 Native American children from 16 Western states across the United States. Many persons considered this project the single most

important exception to race matching. Fanshel (1972) conducted what is considered a very significant outcome study of the families who adopted children through this project. He concluded that the majority of children and families had adjusted well, but the project and his work were not viewed as a triumph for civil rights and equality by Native American activists and their allies. They worked hard to create and pass the Indian Child Welfare Act of 1978 (ICWA) (Pub.L. 95-608, 93 Stat. 3071, enacted in November 8, 1978), which negated most aspects of the Indian Adoption Project and made it extremely difficult for Native American Children to be adopted by non-native parents (The Adoption History Project, 2012). In 2001, the executive director of the Child Welfare League formally apologized for the Indian Adoption Project (The Adoption History Project, 2012).

Responding to the increase in African American children adopted by European American families, the 1972 meeting of the National Association of Black Social Workers (NABSW) ended with a resolution opposing transracial adoption. Their opposition specifically stated:

> Black children belong physically and psychologically and culturally in Black families where they can receive the total sense of themselves and develop a sound projection of their future. Only a Black family can transmit the emotional and sensitive subtleties of perceptions and reactions essential for a Black child's survival in a racist society. Human beings are products of their environment and develop their sense of values, attitudes, and self-concept within their own family structures. Black children in White homes are cut off from the healthy development of themselves as Black people. (NABSW, 1972)

In testimony before the Senate Committee on Labor and Human Resources in 1985, the President of the NABSW reiterated the Association's position and stated that the NABSW viewed the placement of Black children in White homes as a hostile act against the Black community, considering it a blatant form of race and cultural genocide (Merritt, 1985). In its 1994 position paper on the preservation of African-American families, the NABSW indicated that, in placement decisions regarding a Black child,

priority should be given to adoption by biological relatives and then by Black families (NABSW, 2012).

During the 1980s and early 1990s, the domestic debate over transracial adoptions shifted again due to concerns that agencies' racial-matching policies contributed to delays in the adoption of children of color, leaving a disproportionate number of these children to languish for long periods in foster care or institutional settings (Brooks, Barth, Bussiere, & Patterson, 1999). In response to these concerns, Congress passed the Multiethnic Placement Act of 1994 (MEPA), later amended by the Interethnic Adoption Provisions of 1996, which prohibits an agency or entity that receives federal assistance from delaying or denying the placement of a child on the basis of race, color, or national origin of the adoptive or foster parent or of the child (Ishizawa, Kenney, Kubo, & Stevens, 2006). However, the Interethnic Adoption Provisions of 1996 specifically state that the amendment does not apply to placement of Native American children.

Outcomes for Children in Transracial and Inracial Out of Home Care

A number of studies have examined the positive effects of racial/ethnic matching as it relates to outcomes in employment settings (Smith & Elliott, 2002), mental health settings (Cabral & Smith, 2011; Chang & Berk, 2009; Shin et al., 2005), academic settings (Benner & Crosnoe, 2011; Crosnoe, Johnson, & Elder, 2004), and primary care settings (Strumpf, 2011). However, there is very limited research on the relationship between race/ ethnicity of caregivers in residential settings and the outcomes for children of different racial/ethnic groups.

The majority of actual outcome studies regarding transracial placements for children focus on psychological adjustment, and the results are mixed (Brown, George, Sintzel, & Arnault, 2009; Burrow & Finley, 2004; Keller et al., 2001; Moffatt & Thoburn, 2001). Relative to adoption studies, the results are mostly positive for transracial adoption as the adoption by itself does not result in negative outcomes.

Approximately 70% to 80% of transracial adoptees had few serious behavioral and emotional problems, a rate that is comparable to same-race adopted and non-adopted children (Bimmel, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2003; Lindblad, Hjern, & Vinnerljung, 2003). These transracial adoptees also did not differ dramatically from same-race adoptees and non-adoptees in levels of self-esteem and social adjustment. However, in studies examining transracial placements in foster care, there have been significant differences among children who are racial/ethnic minorities and have transracial placements (Anderson & Linares, 2012). Outcome studies of racial/ethnic minority children in foster care primarily focus on youth's adjustment specifically relating to ethnic identity (Keller et al., 2001; White et al., 2008).

However, very few studies have specifically focused on the relationship between a child's race/ethnicity and a caretaker's race/ethnicity in residential treatment centers. To date, the Jewell, Brown, Smith, and Thompson (2010) study is the first and only study to examine the influence of caregiver race/ethnicity on youth in a residential treatment setting. The results of this study provided partial support for their hypothesis that African American children in transracial out-of-home placements would exhibit significantly more internalizing and externalizing behavior problems compared to either European American children in transracial out-of-home placements or African American or European American children placed with same race caregivers.

Purpose of This Study

It is evident that the number of children of color (specifically African American and Latino populations) in out-of-home placements is disproportionately high in the United States (U.S. DHHS, 2011). Studies over the past 20 years have examined this disproportionality and sought to find a solution to this ongoing problem. However, until the issue is resolved, one factor that cannot be overlooked is how race/ethnicity impacts a child's adjustment and success while in out-of-home care. As indicated above, Jewell et al. (2010) is one of the few studies to investigate how race/ethnicity of a child and of a

caretaker might impact a child's adjustment in out-of-home residential care. The purpose of the current study was to extend the Jewell et al. (2010) investigation by measuring the youth's behavioral functioning in a family teaching home throughout their stay in a residential setting. In addition, the sample size in the current study will be larger than in Jewell et al. because data will be collected on youth who were admitted to the residential facility over a 10-year period. The major aims of this study were to (a) investigate the relations between type of family home placement (inracial vs. transracial) and behavioral outcomes for the youth and (b) identify the key variables to consider for placement of racial/ethnic minority youth in a family-style residential treatment center.

Like the Jewel et al. (2010) study, this study analyzed data in a family style residential treatment program which implements a different treatment model (Teaching Family Model) in comparison to traditional residential treatment facilities. Youth admitted to the residential treatment program in this study lived on campus in a family style environment with a trained Family Teaching couple (family teachers) and six to eight other youth (Casey, Reid, Trout, Hurley, Chmelka, & Thompson, 2010). Family teachers serve as the primary treatment agents in the Teaching Family Home program at the residential facility. Their responsibilities include modeling appropriate behavior and life skills training for youth (Casey et al., 2010).

Research Questions

The following were the research questions that guided this study:

1. Are there significant differences in the dependent variable, total length of stay of youth in the residential treatment program based on the independent variable, type of family teaching home (inracial or transracial) the youth is placed in?

1a. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, length of stay vary by age (dependent variable)?

1b. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, length of stay vary by gender (dependent variable)?

1c. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, length of stay vary by referral (dependent variable)?

1d. Does the relationship between the independent variable, family teaching home type (inracial and transracial) and the dependent variable, length of stay vary by youth race (dependent variable)?

2. What is the relationship between the dependent variable, successfulness of discharge (i.e., "unsuccessful discharge," "somewhat unsuccessful discharge," "neither unsuccessful nor successful discharge," "somewhat successful discharge," and "successful discharge") the youth receives and the independent variable, type of family teaching home placement (inracial or transracial)?

2a. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, successfulness of discharge vary by age (dependent variable)?

2b. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable successfulness of discharge, vary by gender (dependent variable)?

2c. Does the relationship between the independent variable, teaching family home type (inracial and transracial) and the dependent variable, successfulness of discharge, vary by referral (dependent variable)?

2d. Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, successfulness of discharge vary by youth race (dependent variable)?

3. What is the relationship between type of family teaching home (inracial or transracial) and the reported internalizing behaviors of youth at admission and discharge using the Child Behavior Checklist (CBCL)?

3a. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge vary by age (dependent variable)?

3b. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge vary by gender (dependent variable)?

3c. Does the relationship between the independent variable, type of family teaching home and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge vary by referral type (dependent variable)?

3d. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge vary by youth race (dependent variable)?

4. What is the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors of youth at admission and discharge using the Child Behavior Checklist?

4a. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge vary by age (dependent variable)?

4b. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge vary by gender (dependent variable)?

4c. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge vary by referral type (dependent variable)?

4d. Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge vary by youth race (dependent variable)?

5. What is the relationship between the dependent variable, length of time spent in a family teaching home (inracial or transracial) and the independent variable, observed internalizing behaviors (Sexualized, Self-Destructive, Substance Abuse) reported during the youth's stay in the home using the Daily Incident Report (DIR)?

5a. Does the relationship between length of time spent in a teaching family home and observed internalizing behaviors reported on the DIR vary by teaching family home type (inracial or transracial)?

6. What is the relationship between the dependent variable, length of time spent in a teaching family home and the independent variable, observed externalizing behaviors reported during the youth's stay in the home using the Daily Incident Report?

6a. Does the relationship between length of time spent in a teaching family home and observed externalizing behaviors reported on the DIR vary by teaching family home type (inracial or transracial)?

7. Is there a relationship between type of teaching family home (inracial or transracial) and observed internalizing behaviors reported on the DIR?
8. Is there a relationship between type of teaching family home (inracial or transracial) and observed externalizing behaviors reported on the DIR?

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to provide a brief overview of outcome studies that have been conducted in the past regarding children placed in adoption or foster care. Then a more comprehensive review of the studies conducted in the last 15 years that focus on children who have been placed in residential group care and treatment foster care will be provided. In addition, the chapter first focuses on outcomes as they relate to all children and adolescents who are adopted, placed in foster care, and reside in residential care facilities, followed by a specific look at the outcomes for racial/ethnic minority children and adolescents in adoption, foster care, and residential care.

The research studies related to residential group care and treatment foster care were selected based on their relevance to the current study on youth placed in a family-style residential care facility. Therefore, a large number of the studies reviewed in this chapter have used data from the same residential treatment care program in the Midwest. Most of the studies have investigated social-emotional (internalizing) and behavioral (externalizing) outcomes for children and adolescents placed in adoptive, foster, or residential group care settings. The outcome studies of racial/ethnic minority children reviewed in this chapter primarily focus on outcomes as they are related to the specific type of out-of-home care placement (adoption, foster care, or residential care) and address adjustment and behavioral concerns in these settings.

Outcomes for Children in Out of Home Care

As stated earlier, the need for research focused on the treatment and placement of children in out-of-home care has become critical, with approximately 408,425 children in the United States in foster care (U.S. DHHS, 2011). Research in out-of-home care settings such as adoption, foster care, and residential care have almost exclusively measured outcomes by looking at scores on standardized rating scales of children's behavior.

Outcomes for Adopted Children and Adolescents

One of the first researchers to write about psychological risk in adoption was Schechter (1960), who reported a significantly high rate of referrals of adopted children to his clinical practice (over 13%) and suggested that these children might be at a greater risk for emotional disturbance because of their history and unique psychodynamics, especially related to being informed of their adoptive status. Since then, a number of studies have provided internalizing and externalizing behavioral outcome results for children and adolescents who have been adopted. This section will review studies and meta-analyses from 1996 to the present regarding characteristics and outcomes of adopted children and adolescents.

Current studies have used meta-analytic techniques to examine behavioral outcomes in adopted and nonadopted children and adolescents. Juffer and van Ijzendoorn (2005) conducted a review of adoption research studies from 1950 to January 2005. The purpose of their study was to estimate the effects of international adoption on behavioral problems and mental health referrals of the adopted youth. Data sources included MEDLINE (U.S. National Library of Medicine), PsychLit (Psychological Literature), and ERIC (Education Resource Information Center) using the terms *adopt*, combined with *(behavior) problem(s), disorder(s), (mal) adjustment, (behavioral) development, clinical* or *psychiatric (referral),* or *mental health*. The collected journal articles, book chapters, and reports were searched for relevant studies. In addition, experts in the field were asked for relevant studies. The search was not limited to English-language publications in order to include as many studies as possible. Adoptees in all age groups were included, from early childhood through adulthood. Longitudinal studies examined in this research review were included with the first assessment with adequate data to ensure that every adoptee was counted only once in the pertinent meta-analyses. To measure problem behavior, studies that used the Child Behavior Checklist or related measures were included. Studies that exclusively sampled adopted children exposed to alcohol or drugs in utero,

physically or mentally disabled children, and other special needs children were not included in the study. Studies that provided sufficient data to compute differences between adoptees and nonadopted controls were selected, resulting in 34 articles on mental health referrals and 64 articles on behavior problems.

The following sample characteristics were extracted from the data: sex, age at adoptive placement, age at assessment, duration of time with the adoptive family, evidence that the participants in the study were international adoptees, and evidence of preadoption adversity. Subsamples such as gender and age were included if available in the study (a mixed subgroup was developed for studies that did not report gender in their sample). Effect sizes for the overall differences between adoptees and controls regarding internalizing, externalizing, total behavior problems, and use of mental health services were computed. Results of the study found 101 subsamples on total behavior problems and revealed that among 25,281 adoptive cases and 80,260 controls, adoptees (both within and between countries) presented with more behavior problems; however, the effect sizes (*d*) were small (*d,* 0.16-0.24). The study also found that adoptees were overrepresented in mental health services when comparing 5,092 cases and 75,858 controls (*d,* 0.72). The study also found significant differences among 15,790 adoptive cases and 30,450 controls, where international adoptees showed more behavior problems than nonadopted controls; however, the effect sizes was small (*d,* 0.07-0.11). In addition, international adoptees showed fewer total, externalizing, and internalizing behavior problems than domestic adoptees, and they were also less often referred to mental health services (*d,* 0.37) than domestic adoptees (*d,*0.81). International adoptees also showed more total behavior problems and externalizing problems when preadoption adversity was taken into account compared to international adoptees without evidence of preadoption adversity (extreme deprivation).

The Juffer and van Ijzendoorn (2005) study concluded that most international adoptees were well-adjusted although they were referred to mental health services more

often than nonadopted controls. In addition, international adoptees presented fewer behavior problems and were less often referred to mental health services than domestic adoptees.

This meta-analysis collected data for a large number of children who had been adopted and covered many years, so it was a powerful addition to the adoption literature. However, the authors did not include demographic variables that could have impacted the children, including data on caregivers/parents.

Sharma, McGue, and Benson (1996) conducted a study that compared a sample of adolescent adoptees (N = 4, 682) to a matched control group of 4,682 adolescent nonadoptees to determine whether the adolescent adoptees differed from adolescent nonadoptees on indicators of emotional and behavioral adjustment and perceptions of family functioning. They also identified areas in which adoptees were at potentially higher risk as well as areas in which they might function at a higher level than nonadoptees. The study also examined the relationship of adoption status to gender, race, and age with regard to these factors. Data were retrieved though a survey administered within a classroom setting to all public school students in Grades 6 through 12 from September 1989 to 1996. Students self-identified as adopted on the survey, and no distinction was made between relative and nonrelative adoptions. The mean age of the adoptee sample was 14.9 years with 52% of the students being female. Ethnicities reported by the children were European American (81%), African American (6%), Asian American (6%), Native American (5%), and Latino (2%) children. The sample in this study was predominantly from the Midwest (59%), with 24%, 14%, and 3% from the South, West, and Northeast, respectively. In addition the sample was obtained from a rural geographical location. Instruments in the study included a 152-item survey entitled *Profiles of Student Life: Attitudes and Behaviors*. Using the entire sample, separate factor analyses were conducted containing nine factors of emotional and behavioral adjustment (e.g., illicit drug use and school performance) and three factors of family functioning

(e.g., parental involvement). Results of the study indicated a small but consistent pattern of overall lower level of adjustment for adoptees. On nine of the 12 factors examined, adoptees scored lower than nonadoptees. Controlling for gender, results of the study revealed that differences between adopted boys and nonadopted boys were greater than between adopted girls and nonadopted girls based on two externalizing behavior factors (illicit drugs and antisocial behavior). Interactions between adoption status and race were noted on four variables in the study: illicit drugs, negative emotionality, school adjustment, and parental nurturance. For Asian Americans, the effect of adoption status was smaller compared to other ethnic groups. For European Americans, small adoption effects occurred on the four factors, and effect sizes tended to be larger for Latinos, African Americans, and Native Americans.

Sharma et al. (1996) provided some indication that the relationship between adoption status and adolescent functioning varied by ethnic group. However, the study did not address transracial adoptees' adjustment because the race of the adoptive parents was not reported. Another limitation of the study was that students self-reported their identification status; therefore, there was no additional way to verify adoptee status or determine the type of adoption (i.e., adopted by a family member versus non-related family adoptions). The sample size in the study included a very small percentage of racial/ethnic minority groups from a largely rural area, and therefore outcomes in this study cannot be generalized to other populations.

Sharma, McGue, and Benson (1998) also conducted a study to investigate whether there were significant differences in the emotional and behavioral adjustment of adopted adolescents and the nonadopted children in the same home. The sample in the study was obtained from 34 public and private social service agencies in four states (Minnesota, Illinois, Wisconsin, and Colorado) that placed more than 50 infants in adoptive care from 1974-1980. The children were between the ages of 12 to 18 years at the time of the study in 1992. A total of 715 adoptive families participated in the study

(881 adopted adolescents, 78 birth adolescents, and 1,262 parents). The majority (97.4%) of the birth sample was European American (66.7% adopted); however, the adopted sample consisted of a large proportion of Asian American (22.9% adopted; no Asian American birth children) internationally (primarily Korean) adopted adolescents. Other racial/ethnic groups included in the sample were Latinos (4.5% adopted; 1.2% birth children), Native American (2.7% adopted; no Native American birth children), and African American (2.1% adopted; 1.2% birth children). Youth participating in the study were asked to rate themselves using two standardized measures: (a) the Syndrome and Total Problem scales from the Youth Self-Report (YSR) and (b) a subset of 113 items from the Profiles of Student Life: Attitudes and Behaviors. In addition, a psychological adjustment scale measuring identity and a sense of belonging to one's family was constructed from the adoption dynamics portion of the assessment. Results of the study showed significant differences between adopted and birth groups on the psychological factor scales of Licit Drug Use and School Adjustment. Specifically, adoptees tended to show higher levels of Delinquent Behavior, Licit Drug Use, and poorer School Adjustment and evidenced better functioning in Social Problems and Withdrawn behaviors than their nonadopted siblings and the Youth Self-Report norm group. A subsample of non-clinically referred (youth who have never been referred for psychological services) adopted adolescents were also compared to norms on the Youth Self-Report. Nonreferred adopted boys showed higher levels of adjustment than the norm group on Withdrawn behaviors and nonreferred girls showed better adjustment than the norm group on Social Problems and Withdrawn behaviors. However, nonreferred girls had poorer adjustment on Delinquent Behavior and Externalizing behavior. These patterns were evident even when controlling for ethnicity.

The results of Sharma et al. (1998) were consistent with previous study results with adopted versus nonadopted children in nonclinical samples. However, the majority of adolescents within the birth group were European American and a large number of the

adoptive youth were Asian American. In addition, caregiver ethnicity was not taken into consideration in evaluating psychological adjustment and identity. Although externalizing behaviors were discussed in the study, there was no specific measure of externalizing and internalizing behaviors.

Brand and Brinich (1999) used foster children as a comparison group when examining behavioral and mental health outcomes for adopted youth. The data used in the study were retrieved from the 1988 National Health Interview Survey (NHIS) and its Child Health Supplement (CHS). Data on emotional and behavioral problems were collected only on children aged 5 to 17 (N = 11,840). The children were separated into three groups in the study: (a) children adopted by nonrelatives (NRA, N = 188), (b) children in foster care (FC, N = 37), and (c) children who were living with at least one biological parent (BP, N = 10,766). Children living with other relatives or nonrelatives not specified as adoptive or foster parents were excluded from the study (N = 849). It was also noted that more data were missing for foster children proportionately than for the other two groups (FC =38% missing at least one variable). Demographic data for the participants were as follows: males in the sample, 51% , 52%, and 62% for BP, NRA, and FC, respectively; children ages 5-11 years, 52%, 56%, and 43% for BP, NRA, and FC respectively; and children ages 12-17 years, 49%, 44%, and 56%, for BP, NRA, and FC respectively. The majority of the children in the sample were European American (BP = 79%, NRA = 81%, FC = 49%), African American (BP = 16%, NRA: 11%, FC = 32%) and a group identified as “Other” (BP = 5%, NRA = 8%, FC = 19%) were also included in the study. The Behavior Problem Index (BPI) was used to assess problem behaviors. Results of the study revealed that adopted and foster children were more likely to have mental health contacts than nonadopted children. For children ages 5 to 11 years, adopted children (whether placed before or after 6 months of age) were not significantly different from nonadopted youth in terms of their scores on the BPI. Although the difference for foster children in this age group remained significant (due to the small sample size of

foster children in the study), there was a decrease in magnitude. A similar picture was seen with youth ages 12-17 years where the effects of the placement variables were no longer significant. In other words, overall differences in behavior problem scores between adopted, foster, and nonadopted children were largely the result of a very small number of adopted and foster children who had high scores on the BPI.

The Brand and Brinich (1999) study is important because it included other types of out-of-home care placements such as foster care. However, the sample size for foster care children was extremely small. Furthermore, the study had limited data for some children in foster care, and those children's data could not be analyzed for some variables.

A study by Simmel et al. (2001) examined the extent of symptomatology related to attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) in a statewide sample of adopted youth aged 4-18 years (N = 808; mean age = 10). There were total of 410 males and 394 females in the study. The racial/ethnic breakdown in this study was as follows: African American (N = 55), Other (N = 65), Latino (N = 95), and European American (N = 466). Data in the study were retrieved from a population survey, the California Long-Range Adoption Study (CLAS), a longitudinal data set containing information on a broad range of psychological, social, economic, and relational characteristics of adoptive families in California. After three waves of data collection, 808 children remained in the study. Measures in the study included two standardized questionnaire measures, the Behavior Problems Inventory (BPI) and the IOWA Conners Rating Scale. Parental reports indicated 29% of the adopted youth displayed characteristics of the externalizing behavioral problems of ADHD, ODD, or both. Prenatal characteristics such as drug and alcohol exposure as well as inadequate prenatal care were also significantly associated with the development of externalizing behaviors. Other pre-adoption factors, such as residing in foster homes prior to being adopted, were also significantly related to higher externalizing scores. In

addition, multiple foster home placements increased the odds of ADHD/ODD and ODD symptomatology being reported, but not of ADHD alone being reported.

Although Simmel et al. (2001) provided extensive information on the adopted youth from their adopted caregivers, a key factor missing from their study was secondary confirmation of the behavioral difficulties manifested by the children such as teacher reports. Another major limitation of the study was that it assessed only externalizing symptomatology of youth. In addition, the study did not provide demographic information about the caregivers/parents completing the surveys.

Previous studies reviewed in this section did not specifically examine the relations between race/ethnicity and youth behavioral adjustment. However, Burrow, Tubman, and Finley (2004) used a nationally collected data set to investigate whether comparisons based on adoption status and subtype revealed consistent patterns of significant racial/ethnic group differences on measures of adjustment, in contrast to comparisons based on developmental stage or gender. Specifically the study investigated whether different-race adoption was associated with incremental risk for maladaptive patterns of adjustment. The study used data from the National Longitudinal Study of Adolescent Health (Add Health) to compare a sample of adopted adolescents (N = 609) to non-adopted adolescents (N = 11,940) using an in-school questionnaire and an in-home interview. The participants' racial/ethnic backgrounds were 8,766 White, 2,460 Black, 591 Asian, 464 Native American, and 873 classified as "Other." The authors did not report ages, but instead reported that there were 1,151 early adolescents, 6,015 middle adolescents, and 4,499 late adolescents. A total of 6,002 males and 6,543 females were included in the sample. Academic outcomes were assessed using the following information: school grades, school connectedness, learning problems, and academic expectations. Familial relationships were evaluated using indices of mother-closeness, father-closeness, and overall family closeness. The indices of psychological adjustment used were externalizing problem behaviors measured by the number of delinquent

behaviors exhibited, internalizing behaviors measured through self-ratings of depression and self-worth, and a separate delinquent behavior scale measured by six items taken from the Delinquency Section of the Add Health In-Home Interview. Results of the study revealed that there were few significant differences between adopted and non-adopted adolescents; however, they found non-adopted adolescents reported significantly better school grades than adopted adolescents, as well as fewer academic learning problems. The non-adopted youth reported significantly higher levels of perceived closeness to their mothers compared to adopted adolescents. However, there were no significant differences between adoptees and non-adoptees on perceptions of father closeness or overall familial closeness. Significant gender differences were found in the study for all four domains of adolescent adjustment outcomes (e.g., females had better grades in school and reported significantly higher levels of depression than males, and males reported higher perceived closeness to their mothers than did females). However, no significant group differences were found for the different-race adopted and same-race adopted adolescents across the three developmental stages identified in this study.

Although the Burrow et al. (2004) study addressed caregiver race/ethnicity and familial relationships, it did not include factors such as time spent in the home or length of stay with the caregiver, which might have impacted the adjustment of adoptive youth. In addition, the study failed to use standardized measures of externalizing and internalizing behaviors of youth. Burrow et al. (2004) also did not report the validity or reliability of their instruments.

Summary. Although the studies reviewed in this section provide extensive results on the adjustment outcomes of adopted youth, none of the studies utilized multiple reporters/informants to complete the behavioral and social-emotional scales. Only one study reviewed in this section (Burrow et al., 2004) addressed the effects of race/ethnicity on adoptive youth in relation to their caregivers. This was notable considering that the purpose of the Burrow et al. (2004) study was not solely to address transracial placements

of adoptive youth; however, they found race/ethnicity to be another key factor to consider when evaluating adolescent adjustment and group differences in adoption.

Outcomes for Children and Adolescents in Foster Care

This section provides a critical review of available research from 2000 to the present regarding the characteristics and outcomes for children and adolescents placed in foster care. Outcome literature related to problem behaviors, caregiver attachments, trajectories, placement disruption, and psychological adjustment is reviewed.

A study conducted by Newton, Litrownik, and Landsverk (2000) provided a look at the relationship between change in placement and problem behaviors over a 12-month period for a sample of 415 youth from 2 to 17 years old. Youth in the sample entered foster care in San Diego, California, between May 1990 and October 1991 and remained in placement for at least 5 months. The mean age at entry into foster care for the sample was 6.6 years with a standard deviation of 3.9 years. The sample was 55.5% female, 46.5% male, 45% Anglo, 34.5% African American, 17% Latino, and 2.4% of other ethnic origins. The Child Behavior Checklist was completed by parents or legal guardians of the youth and used in the study to assess problem behaviors at two time points (the first interview after approximately 5 months and the second interview after approximately 17 months in foster care). The number of youth placement changes was obtained from case records. Results of the study confirmed that volatile placement histories contributed negatively to both internalizing and externalizing behavior of foster children, and that children who experienced numerous changes in placement may be at particular risk for these harmful effects. Results of the study also indicated that correlations between CBCL scores and the number of placement changes were statistically significant. Specifically, externalizing behaviors were the strongest predictor of placement changes for the entire sample and for the sub-sample of those who initially evidenced problem behaviors on at least one broad-band scale on the Child Behavior Checklist.

However, Newton et al. (2000) did not look at how age, race, and gender might be related to behavioral outcomes and used only one measure of behavior. Also, the study was conducted before the children in the sample were actually discharged from the foster care placement; therefore the study could not provide any clear outcomes for youth who experienced changes in placement and problem behaviors.

The purpose of a study conducted by Leathers (2002) was to determine the relationship between substitute care and behavioral disturbance among young adolescents in non-relative foster care. The sample in the study included 199 boys (51%) and girls (49%) who were 12 (58%) or 13 (42%) years old at the time of selection on June 30, 1997. Children were randomly selected from a complete list of all children who had been in non-relative substitute care for at least 1 year but for no more than 8 years in a large urban area of a state with a large foster care population. One hundred and ninety-nine of the foster parents of children selected in the sample (230 children were eligible for the study) completed the interviews. Most children (84%) in the sample were African American, 9% were European American, 6% were Latino, and 1% identified as Other race. The Children's Symptom Inventory was used in the study to assess behavioral disturbance. Other variables measured included attachment to foster family, attachment to biological parents, involvement in prosocial community institutions, experiences in care, familial risks, and past abuse experiences. Results of the study indicated attachment to a biological mother and community involvement were not significantly associated with boys' behavioral disturbance, and boys with stronger attachment to their foster families had fewer problems. However, for girls, the study revealed that strength of foster family attachment was not associated with behavior problems. Instead, greater school achievement and investment were predictive of fewer conduct problems among girls. Weaker foster family relationships and poor school achievement were related to more frequent placements. For girls, placement movement was indirectly associated with conduct problems through poorer school achievement and investment, whereas for boys,

placement movement was related to difficulty in forming strong relationships with foster parents. Another interesting finding from this study was that parental history of incarceration was a significant predictor of boys' conduct problems, and parental substance abuse was a significant predictor for girls' conduct problems.

Leathers' (2002) study provided some useful data about the impact of caregiver behaviors on youths' behavioral problems. However, a limitation of the study was that data were collected via phone interviews, which may have not been as reliable or valid as in-person interviews. In addition, the sample included predominantly African American youth in an urban area, which might make it difficult to generalize results to other populations. Finally, this study did not measure changes in behavioral problems over time.

Hussey and Guo (2005) examined the characteristics and trajectories of treatment of 119 children in treatment foster care from January 1995 to October 1998. The children in the sample were ages 5-18 with a mean age of 9.7 years. They were predominantly African American (88.2%), with 5% European American, and 6.7% identified as Other. The sample included 59.7% females, and more than 95% of the children in the sample were covered by Medicaid. Approximately 22% of the children in the foster care sample had also taken part in partial hospitalization treatment during their foster care stay (the median length of stay in the program was 157 days). The researchers used the Devereux Scales of Mental Disorders (DSMD) as an outcome variable to measure psychiatric symptomatology. This measure was administered quarterly beginning 30 to 90 days after the youth's intake. Other variables in the study included race, age, gender, IQ, program level, length of stay, number and type of previous placements, and direction of movement through placements. Results from the study indicated that neglect was the most common form of documented child maltreatment (41.2%), followed by physical abuse (17.6%) and sexual abuse (2.5%). Regarding family characteristics, the majority (76.5%) of the families had histories of drug abuse, and 42% had documented histories of alcohol abuse.

The children in this study also experienced numerous out-of-home placements prior to entry in treatment foster care. The analysis of behavioral change trajectories included data only from treatment foster care children whose DSMD scores were available within a period of 3.5 years and had ratings across at least two time points. The study revealed that children improved in their internalizing and critical pathology behaviors over time, but not in their externalizing behaviors.

One major limitation of Hussey and Guo (2005) was that it failed to use multiple measures for assessing behavior, and the instruments were administered only 30 to 90 days after the youth was admitted into treatment foster care. Behavior assessed at admission might have proved more useful when looking at outcome data. In addition, the sample in the study included racial/ethnic minority youth; however, the authors did not report racial/ethnic, gender, or age differences and did not look at race/ethnicity of caregivers.

Leathers conducted another study in 2006 as an extension to the 2002 study reviewed above. He used the same sample and examined the relations between placement disruption and negative placement outcomes for 12 and 13 year olds (N =199; 51% males and 49% females) placed in traditional family foster care for 1-8 years in Cook County, Illinois. Most children (84%) in the sample were African American, 9% were European American, 6% were Latino, and 1% was identified as Other race. Foster parents and caseworkers completed a telephone interview regarding the foster child's placement experiences in 1997 or 1998. Interviews were conducted by the author and three female graduate students in social work who were trained for 3 days in telephone survey techniques. Behavioral problems were measured using questions assessing the severity of oppositional defiant and conduct disorder symptomatology from the Children's Symptom Inventory (CSI). Results of the study indicated that a caseworker's report of externalizing behavior problems during early adolescence was a strong predictor of subsequent foster placement disruption before controlling for foster home integration. In contrast, a foster

parent's report of externalizing behavior problems did not predict placement disruption, although caseworkers' and foster parents' reports of behavior problems were moderately correlated. The foster parent's report of behavior problems was a strong predictor of negative placement outcomes including placement in residential treatment, imprisonment, and runaway status 5 years later. Another factor explored in this study was relational difficulties. Findings from the study suggest that a youth's ability to form relationships with an unrelated foster family was a key factor in determining placement outcome. Additionally, a low level of foster home integration (foster family attachment) in early adolescence was a strong predictor of subsequent placement disruption, and level of foster home integration accounted for the association between the caseworker's report of behavior problems and disruption.

Similar to the limitations of Leathers' earlier 2002 study, Leathers' 2006 study did not report the race/ethnicity of the non-relative caregiver and how that might have impacted placement disruption. In addition, measures were conducted via telephone which might not be as reliable or valid as administering standardized behavior scales in person.

Summary. Most of the studies reviewed showed that there was an overrepresentation of racial/ethnic minorities in foster care, specifically within the African American population, and the outcome studies of youth in foster care primarily focused on the African American population. Although some studies did include diverse populations in their samples, many did not have an adequate representation of various racial/ethnic groups, thus making it difficult to draw definitive conclusions. Despite many of the studies reporting poor outcomes for children and adolescents with multiple out-of-home placements, none of the studies specifically evaluated the characteristics or demographics of the foster parents caring for these youth and how that might have impacted adjustment in foster care.

Children and Adolescents in Residential Care

Within the child welfare system, the options for out-of-home placement range from foster care (the least restrictive) to treatment foster care, residential group homes, residential treatment centers, and inpatient psychiatric care (the most restrictive) (Hurley et al.., 2009). Youth admitted to these types of out-of-home care settings have increasingly greater and more complex mental health issues (Lieberman, 2004), and both residential and treatment foster care are considered treatments of last resort for difficult youth (Leichtman, 2006; Lieberman, 2004; Whittaker, 2004). Outcome studies for youth in residential and treatment foster care are similar to studies of children placed in traditional foster care and children who have been adopted. This section first describes the characteristics and profiles of youth admitted into residential care facilities. Next the section will present a critical review of recent studies (2001-2010) examining the overall outcomes and characteristics of children and adolescents in residential group care.

Characteristics and Descriptive Studies of Youth in Residential Care

Connor, Doerfler, Toscano, Volungis, and Steingard (2004) conducted a descriptive study of the characteristics of 397 youth admitted to a residential care facility between 1994 and 2001. The purpose of the study was to examine various measures of youth functioning and family characteristics and problems. The mean age of the youth was 13.44 years (SD = 2.64) and 80% (N = 317) were male. In terms of ethnic background, 64% of the youth were European American, 17% African American, 15% Hispanic, 1% Asian American, and 3% mixed racial/ethnic background. Children were assessed in the study when they were admitted to the residential treatment center, and all data were obtained as part of the standard clinical assessment. Standardized measures included the Devereux Scales of Mental Disorders (DSMD; a 110-item behavior rating scale designed to evaluate psychopathology in young children and adolescents), the Conners Teacher Rating Questionnaire (CTQ; a 10-item behavior rating scale to assess

child hyperactive and impulsive behaviors), the Wechsler Adult Intelligence Scale (to assess IQ for children 16 years and older), the Wechsler Intelligence Scale for Children (to assess IQ for children under 16 years), and the Modified Overt Aggression Scale (MOAS; a 20-item scale that assesses the frequency and severity of aggression during the previous month). Connor and colleagues found that rates of psychiatric disorders in their sample far exceeded population prevalence rates in the community. Results of the study also indicated that 49% of the youth were diagnosed with disruptive behavior disorders (mostly ADHD and conduct disorder), and another 31% were diagnosed with affective or anxiety disorders. Children in the study exhibited very high levels of aggressive behavior (58% of youth were classified as aggressive). With regard to living arrangements prior to admission, 57% of the subjects were living with a biological parent, 43% with others, and 23% were in the custody of state protective services. There were significant gender differences in parental alcohol abuse and placement history. Parental alcohol abuse was more common in the families of girls (76%) than boys (62%). Compared to boys (40%), girls (65%) were more likely to have more than five prior out-of-home placements. Girls (64%) were also significantly more likely to experience both physical and sexual abuse than boys (18%) and the nature of the perpetrators of physical abuse differed as well (59% of girls and 43% boys were abused by a parent or caregiver). Connor et al. (2004) found that girls were more likely to be diagnosed with affective and anxiety disorders, whereas boys in the study were more likely to exhibit more externalizing behaviors and likely to be diagnosed with disruptive behavior disorder. The study also revealed that girls who were placed in residential treatment overall had high levels of psychopathology and behavioral problems.

Connor et al. (2004) included a diverse group of youth in regard to race/ethnicity and revealed significant results for gender differences; however, the study did not address significant differences or similarities among racial /ethnic minority youth. It would be of value to know whether factors such as psychopathology, family characteristics,

placement history, and physical and sexual abuse impacted culturally diverse youth differently than the general population as well as the majority group in residential treatment.

Other studies have focused on risk profiles of children in residential care that provide insight on behavioral and academic outcomes of youth in these settings. A recent study conducted by Hagaman, Trout, Chmelka, Thompson, and Reid (2010) evaluated the academic and behavioral risk profiles of children entering residential care using cluster analysis procedures. Participants in the study were 163 children (96 boys and 67 girls) admitted to a residential treatment center between September 2006 and May 2008. Fifty-one percent of the youth were European American, 21% African American, 9% Native American, and 7% Latino. Measures in the study included demographic information obtained at the initial intake, the WJ-III to assess academic achievement, the CBCL to assess competencies and problem behaviors, and the DISC-IV to evaluate mental health. Findings of the study suggested that there were three distinct subgroups that existed for children entering into residential care; each was characterized by patterns of risk that were not clear in analyses of the total sample. Group one was labeled "Average Janes" for youth who scored higher on academic variables than the other two groups and presented few behavior problems according to parent/caregiver ratings on the CBCL. Academically, this group outperformed their peers across all measures of academic achievement and presented with internalizing and externalizing behavior scales within the normal range. Group 2 was labeled "Academic Risks" for youth who presented markedly low academics on the WJ-III, with reading and math composite scores in the low average range and academic knowledge in the low range. Externalizing and internalizing behavior scales were within normal range with the exception of rule-breaking behaviors on the CBCL, which were within the borderline range for this group. Group 3 was labeled "Behavioral Risks" for youth with average academic abilities and elevated problem behaviors. This was the largest group in the study. Youth in this group

presented with average academic scores on reading and math composite scales and low average scores on academic knowledge. CBCL scores revealed anxious/depressed behaviors in the normal range, attention problems in the borderline range, and rule-breaking and aggressive behaviors in the clinical range. Results of the study indicated that youth in Group 1 (Average Janes) appeared average when looking at clustering variables (e.g., academics, behavior). However, Group 1 was more likely to be prescribed psychotropic medication and to have had experienced another out-of-home placement prior to entering residential care. Group 1 also scored significantly higher on measures of IQ than the other two groups and was more likely to be European American. Group 2 (Academic Risks) was the smallest of the identified subgroups. Children in this group were primarily characterized by high levels of academic risk. In addition youth in Group 2 presented elevated levels of rule-breaking behaviors and were significantly more likely to be African American. Youth in Group 3 (Behavioral Risks) were the largest identified subgroup in this study. Children in this group presented the highest levels of problem behavior. Youth in this group also had average academics with the exception of academic knowledge, which was in the low average range.

Hagaman and colleagues (2010) provided interesting findings for subgroups of youth entering residential care; however, there were several limitations of this study. One major limitation was that it used only admission data and therefore outcomes could not be evaluated. In addition the sample size was too small, making it difficult to conduct statistical comparisons. A longitudinal study that examined the identified profiles would have provided more information to help determine if the specific subgroups differed on outcomes (e.g., successful discharge from residential care) across a longer period of time.

Outcomes for Children and Adolescents in Residential Care

A study conducted by Larzelere et al. (2001) investigated the outcomes for a group of 43 youth at a residential treatment center. The purpose of the study was to evaluate youth success and improvement over time in the residential care program. There

were 21 boys and 22 girls in the study ranging in age from 6 to 17 years (mean age = 13). Thirty-one of the youth were White, 11 were Black, and 1 was Native American. Youth participating in the study remained in the treatment program from 18 to 505 days, with a mean treatment duration of 181 days (median = 165 days). The measures in the study were administered at intake, at discharge, and/or as part of a follow-up survey. The follow-up surveys occurred at an average of 10 months after discharge, with a range from 6 to 21 months. The follow-up response rate was 65% (N=28). Measures in the study included the Child Behavior Checklist and the Children's Global Assessment as measures of outcomes. Larzelere and colleagues also used the Restrictiveness of Living Environments (indicating the relative restrictiveness of 25 settings youth might be living in, ranging from parental home to jail or a psychiatric hospital), the Youth Satisfaction Survey (12-item measure of the youth's satisfaction with various aspects of the treatment program), and a telephone follow-up survey (administered to youth caregiver after discharge to ask questions about employment/education of youth, psychological/psychiatric services after discharge, and quality of life) for further assessment of outcomes. The results of the study indicated that the scores of the youth who received treatment improved significantly on the Child Behavior Checklist and the Children's Global Assessment Scale and that these higher scores were maintained at follow-up. In addition, youth after discharge were placed in a less restrictive treatment setting (44% went home) and were much less likely to move to other treatment settings. Consistent with those gains, almost all youth were attending school and getting along at least fairly well with their current adult caregiver at the time of follow-up.

Although Larzelere et al. (2001) presented positive results for youth in residential treatment, one major limitation of the study was that it evaluated behavior and functioning only at admission, discharge, and follow-up, and did not provide results on youths' progress or behavior during their stay in the program. The study also did not report the demographics of caregivers and staff who provided treatment for the youth.

Although some studies have focused on the impact of abuse and interpersonal traumas in children, little attention has focused on the experiences of children who have been removed from their homes and their impact on behavioral outcomes. A study conducted by Brady and Caraway (2002) attempted to fill the gap in this literature area by examining preliminary factors (trauma history and other significant stressors) believed to be associated with current functioning of youth for a sample of 41 children who were in two residential treatment centers in the Midwest. The children ranged in age from 7 to 12 years; there were 31 boys and 10 girls; 28 children were identified as European American, 7 were identified as Native American, and 6 were identified as bi-racial (Native American and European American). The Trauma Symptom Checklist for Children (TSCC; a self-report instrument for children 8-16 years of age which evaluates post-traumatic and related psychological symptoms in children) was completed by the children and they participated in a brief interview. Each child's primary caregiver at the facility completed the Child Behavior Checklist (CBCL). Results of the study indicated that the experience of trauma was highly prevalent, with 97.6% of the sample experiencing at least one traumatic event in their lifetime, and many experiencing multiple traumas and other additional stressors. Prior inpatient placements were the norm, as well as numerous transitions in caregiving. It is interesting that despite traumatic childhood experiences, 39% of the sample reported feeling like they had become a stronger person as a result of their life experiences. Another finding of the study was that females tended to have lower internalizing scores on the CBCL than males in contrast to the popular belief that girls are more likely to exhibit these symptoms. Youth in the study who experienced a higher number of types of trauma did not manifest increased symptomatology, which was contrary to what Brady and Caraway predicted. Children who had experienced more types of trauma tended to report less anger than those who had experienced fewer types.

Although Brady and Caraway (2002) provided some understanding of the unique experiences of this population, the sample size was small and the diversity limited. In addition, the relations between the demographics of the current caretakers and the youth were not addressed in the study.

Summary. The studies reviewed in this section showed that the youth who are in the foster care system enter the system with a variety of problems. Each of the studies used behavior scale ratings to assess behaviors when the students entered the setting. However, these studies were not outcome studies, but were simply descriptions of youth characteristics.

Outcomes for Children and Adolescents in the Teaching Family Model Residential Care Facilities

There are differences in the type of residential group cares available for youth. One model of residential care for which there is empirical evidence demonstrating positive treatment outcomes is the Teaching Family Model (TFM; Kirigin, 1996; Phillips, Phillips, Fixsen, & Wolf, 1974; Wolf et al., 1976). This model has been described in greater detail in other sources (Chamberlain & Friman, 1997; Daly & Dowd, 1992; Friman, 2000; Handwerk, Field, & Friman, 2001) and is described in more detail in Chapter 3.

Larzelere, Daly, Davis, Chmelka, and Handwerk (2004) investigated the outcomes for 410 youth placed in a Midwestern residential treatment center that uses a Family Home Program model (a modification of the Teaching Family Model). The purpose of this study was to provide evidence of effective behavioral outcomes of youth receiving a Teaching Family Model approach to treatment in a residential care facility. Of the youth in the study, 38% were girls, and all youth had been discharged from October 1998 through September 2000 after staying at least 31 days. The age of the youth at admission ranged from 8.6 to 18.6 years. Sixty percent of the youth were White, 20% were Black, 10% were Hispanic, 3% were Native American, and 6% were Multi-ethnic.

The standardized measures in this study included the Restrictiveness of Living Environment Scale, the Child Behavior Checklist, and the Diagnostic Interview Schedule for Children (a structured interview that yields an objective measure of most DSM-IV diagnoses). The study also examined departure success, percentage of problems improved (at intake and at discharge), and follow-up functioning of youth. Outcome measures from this study indicated that most youth improved from intake to discharge and were functioning at levels similar to national norms at a 3-month follow-up. These improvements were shown on standardized instruments as well as more subjective measures. The average broad-band Child Behavior Checklist scores improved from the clinical or borderline range at intake to normal levels at discharge, including an improvement of a full standard deviation on total problems. The percentage of youth with diagnosable psychiatric disorders decreased from over 60% at intake to less than 25% 12 months later. The Family Home Program discharged 80% of the youth to either their family's home or to independent living. There were no gender differences found in the study on either the Diagnostic Interview Schedule for Children or the Child Behavior Checklist scores. However, girls were shown to improve more than boys in perceived success at discharge and in the restrictiveness of their subsequent living situation.

Although Larzelere et al. (2004) examined behaviors of youth at different points in time, they did not examine daily direct observed behaviors of youth across their length of stay in the Family Home Program, which would have provided more in-depth information. They also did not look at the relations between race/ethnicity of the youth and their caretakers.

McNeal et al. (2006) also conducted a study in a residential treatment facility that implemented the Teaching Family Model (TFM). The study's primary purpose was to assess the level of hopeful thinking for children and adolescents placed in residential care at admission and at 6 months into treatment. The participants were 155 youth ranging in age from 10 to 17 years. Sixty-five percent of the youth were male and 35% were female.

The ethnic composition of the participants was as follows: European American, 64%; African American; 18%, Hispanic, 10%; Mixed/Multiethnic, 3%; Native American, 3%; and Asian American, 2%. Hope was measured using the Children's Hope Scale (CHS), a self-report measure developed for children ages 8 to 16 years that is a downward extension of the adult version of the Hope Scale. In addition, the study included the Child Behavior Checklist (CBCL) and the Diagnostic Interview Schedule Children (DISC) as measures of behavioral and emotional problems. The CBCLs were completed by parents or guardians as part of the admissions process and the DISC was verbally administered to all children at admission and 6 months later. Results of the study indicated that Hope scores significantly improved over 6 months of treatment. Specifically, youth in the sample reported increases in their motivation to achieve their goals as well as their perception that they could accomplish their goals. The positive changes in Hope were not moderated by ethnicity or sex.

One limitation of McNeal et al. (2006) was that it focused on one outcome variable, Hopeful Thinking, and there was no comparison or control group. In addition, the study did not assess outcomes at discharge, which might have provided more insight on whether increases of hope extended over time. Because the facility adapted the TFM, it would have been beneficial to examine the youth's behaviors in the program during their entire stay in the residential treatment facility to determine if there were differences in behaviors as they received treatment over time and whether this impacted changes in levels of hopeful thinking at discharge. It also would have been of value to evaluate the influence of caregiver racial/ethnic background on behavioral outcomes among youth in this setting.

Trout et al. (2008) also gathered data at a facility that used the Teaching Family Model of Treatment. The major purposes of their study were to investigate (a) the demographic characteristics of children and youth at entry into care, (b) strengths and limitations of students in the sample, (c) the degree to which students presented

externalizing and internalizing behavioral risks, and (d) students' mental health needs at entry. The data for the study were collected at intake, and demographic characteristics (such as age, gender, race/ethnicity, medication status, referral source, and IQ) were collected from intake files for a sample of 127 youth (53 girls and 74 boys) who had been admitted to the facility between October 2006 and May 2007. The majority of the youth in the study were European American (n = 67; 53%), followed by African American (n = 28; 22%), and other (e.g., American Indian, Pacific Islander, Asian American; n = 32; 25%). The mean age of the youth was 15. 3 years (range = 10 to 18 years). The Woodcock-Johnson Test of Achievement, 3rd Edition (WJ-III) was used to assess academic functioning, and the Child Behavior Checklist was completed by youth caregivers at admission. The mental health status of youth was evaluated at admission using clinical cutoff scores from the National Institute of Mental Health Diagnostic Interview Schedule for Children-IV (DISC-IV). Externalizing behaviors (e.g., rule-breaking, aggression) were found to be more pronounced than internalizing behaviors (e.g., thought problems, somatic complaints); however, effect size calculations indicated that effects were large on all measures of behavioral risk. In addition to broad behavioral risks, the study indicated that children in residential care reported high levels of mental health problems. Over half (67%) of participants in the study met DSM criteria for at least one DISC-IV psychiatric disorder, with nearly half (46%) meeting or exceeding criteria on two or more. Findings from this study also suggested that in addition to behavioral and mental health needs, a majority of the children entering care did so with significant academic delays in at least one subject area. The mean scores on the seven administered subtests of the Woodcock Johnson were significantly below the mean of the norm group.

Like previous studies of outcomes for youth in residential care discussed in this section, Trout et al. (2008) did not examine overall gains made while in care. The study also did not report significant differences between subgroups (i.e., male, female, specific

race/ethnicity) which might lead to differentiated services for the youth. Another important factor not addressed was the demographics of the caregivers of the youth in residential care, specifically looking at the how behaviors might differ across racial/ethnic groups based on caregiver race/ethnicity.

Lee and Thompson (2008) conducted a longitudinal study to investigate the relations between exposure to deviant peers and youths' behavior. Their study included 744 youth who were in placement at least 90 days and exited from residential care at the facility. Data were obtained from archival records available in the agency's administrative database. Externalizing behaviors in this study were measured by problem behaviors reported by staff. Each morning, the primary staff caregivers reported the previous day's externalizing behaviors (e.g., serious non-cooperative behavior, verbal aggression, physical aggression, property damage, etc.) of youth in their living unit via a telephone check-in system. For every 30 days in care, the sum of reported serious externalizing behaviors was assessed. To assess the rate of peer externalizing behavior, the number of externalizing behaviors reported by staff caregivers for other youths (not including the reference youth) in the living unit was computed in 30-day increments based on the reference youth's intake date. The peer externalizing behavior rate was based on the number of externalizing behaviors reported for the reference youth's peers divided by the number of peers in the living unit (which generally varied from five to seven peers). Lee and Thompson (2009) also looked at deviant peer density. Peer density was assessed as the proportion of youth in the home who were given a DSM diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) based on the DISC-IV at intake. Behavior risk factors that occurred prior to placement, such as delinquency, maltreatment, family problems, youth behavior problems, and mental health, were also included as variables of interest. The need for mental health services was assessed using the CBCL and the DISC-IV at intake; other behavior risk factors were collected through the agency's computerized database. The study found that only a minority of youth (7-

9%, depending on the method of classification) increased their serious externalizing behaviors during their time in residential care. The findings did indicate an increased risk of peer contagion for young White males. Knowing the behavior trajectory of a youth's proximal peer group appeared to be the best predictor for knowing an individual youth's behavior pattern.

One major limitation of Lee and Thompson (2008) was that it failed to report findings of additional youth characteristics that might also impact peer contagion. The study specifically reported significant differences among White male youth, but it was unclear what the peer contagion looked like among White females, Black males and females, and other racial/ethnic minorities in the program. Also, although all youth who participated in the study had been at this facility for at least 90 days, there was no evidence to support changes of behavior across time while placed in the living unit. For example, examining peer contagion for a youth during the first and last 90 days might have provided more insight on what the outcomes looked like during their total length of stay. Like previous studies reviewed, this study did not address the impact of the racial/ethnic background of caregivers of youth in the study on behavioral outcomes.

A recent study by Trout et al. (2010) was conducted to better identify needs and risks of children in residential group care. Researchers evaluated the discharge data of 640 youth (61% male and 39% female with an average age of 14.99 years, SD = 1.73) who were in a family-style residential group care setting. Formal (i.e., CBCL and ROLES) and informal (youth admission files and youth clinical summaries) methods were used to collect data for the study. The study found that there were significant differences on youth characteristics based on levels of restrictiveness at placement after departure. Overall, few departing youth from the residential group care facility departed to the least and most restrictive settings, as the majority returned to a family environment. The departure characteristics (length of stay, age at departure, departure conditions, departure success, and departure reason) of these youth revealed few risks across

demographic, family, educational, and behavioral domains. Specifically, results indicated moderate levels of youth court involvement (38%) and public assistance (51%). Given the percentage of family goals met (79%), family involvement was high. There were no significant school-related behavioral problems or clinical levels of internalizing or externalizing behaviors at discharge reported for the sample in this study. Seventy-eight percent of the youth departed with a "B" average on their academic report cards and met the majority of behavioral goals.

Although Trout et al. (2010) provided support for the development and planning of targeted aftercare programs for youth served in out-of-home care, the study did not evaluate specific discharge characteristics of subgroups of youth. The study also did not report the racial/ethnic breakdown of the sample or report analyses related to gender differences. There was also no comparison or control group included in the study.

Summary. Findings from the studies reviewed above support utilizing reliable and valid standardized measures to assess behavior in youth. All of the studies reviewed in this section utilized the Child Behavior Checklist as a standardized measure to determine behavioral outcomes of youth in residential group care. However, none of the studies used direct observed measures of behavior throughout a youth's entire treatment (admission to departure) in residential care. In addition, none of the studies previously reviewed examined the effects of caregivers' race/ethnicity even when the population of youth in the sample were predominantly culturally diverse.

Racial/Ethnic Minority Children in Out of Home Care

Characteristics and Outcomes in Transracial and Same-race Adoption

This section will provide a critical review of available research from 1997-2004 to gain a better understanding of the outcomes of inracial and transracial placement of youth in out-of-home care. The outcomes related to racial /ethnic minority groups in this section will be addressed specifically.

Hollingsworth (1997) conducted a meta-analysis of studies regarding the racial identity and self-esteem of transracially adopted (different race/ethnicity of caregiver), inracially adopted (same race/ethnicity as caregiver), and biological African American and Mexican American children. The analyses were of six studies (including one longitudinal study with four phases that were added to make a total of six) conducted in the 1980s and early 1990s that met the author's criteria for inclusion in the study. The criteria included: (1) Use of comparison groups; (2) Comparison groups are European American families who adopted non-White children (transracial adoptions) and non-White families who adopted same-race children (inracial adoptions) and/or non-White biological children; (3) Racial/ethnic identity and self-esteem as dependent variables; (4) Studies which collected data directly from adoptees; (5) Bi-racial children were categorized according to the biological parents whose race or ethnic group was considered an ethnic minority in this country; and (6) U.S. studies. Separate effect sizes were calculated for each measure and on each set of comparison groups. Twenty-nine dependent measure effect sizes were analyzed, 16 associated with racial identity and 13 with self-esteem. Overall results of the study showed there was a moderate effect, in the negative direction, of transracial adoption on racial and ethnic identity ($d = -0.3775$, $p = .001$). Transracial adoption had the effect of lowering racial/ethnic identity of the adoptee in relation to that of the same-race adoptees. However, the effect size increased when racial identity was considered separately ($d = -0.5220$, $p < .01$). The effect size associated with self-esteem was not statistically significant. This means that transracial adoption had the effect of increasing racial/ethnic self-esteem.

One major limitation of Hollingsworth (1997) was that the studies included in the meta-analysis did not all describe or define adoptees as transracial in the same way. For example, in the Anjujo (1988) study, all of the transracial adoptees were Mexican American whereas 22 or 73% of the transracial adoptees in the McRoy and Zurcher (1983) study were described by the authors as racially mixed. This makes it difficult to

determine whether the biracial status of participants in the studies had an effect on the outcomes noted.

Vroegh's (1997) study was a follow-up of a longitudinal study initiated in 1969. The original purpose of the study was to determine whether transracial adoption was an effective option for providing permanent homes for Black children who might otherwise remain in foster care. The sample included 52 adolescents (*M* = 17 years), 81% (N = 34) of the initial transracial adoptees and 40% (N = 18) of the original inracial adoptees who were followed (there were initially 42 White families and 45 Black families who adopted Black children who agreed to participate in the study). Adoptees in the study participated in a 90-minute interview in which they were asked a series of questions designed by the author to explore issues of adoption, race, identity, adjustment, and peer, sibling, and family relationships. The adoptees also completed the Rosenberg Self-Esteem Scale as well as a questionnaire about demographics and school, family, and peer relationships. Results of the study revealed that overall the adoptees in this study, whether transracially or inracially adopted, appeared to be doing well in the later years of adolescence. As far as adjustment of these youth, most problems (e.g., pregnancy, disgust about being adopted, upset at being called Black while considering oneself White, and living with a friend's family because of disagreements with one's adoptive family) appeared to be temporary in nature when evaluated in context. Most subjects, whether transracial or inracial, showed good or very good self-esteem, with scores between 22 and 40 (*M* = 32.8; on a scale of 10-40) on the Rosenberg Self-Esteem Scale. Vroegh (1997) reported that more than 90% of the transracial and inracial adoptees believed they were doing as well in life or better than most of their peers and attributed any problems they were experiencing to general life events. As far as racial issues, transracial adoptees whose birth parents were both Black (25%) were more likely to report their race as Black than were adoptees with only one Black and one White birth parent (75%), who more often reported their race as mixed or undecided. Among transracial adoptees, race was also

influenced by adoptee's complexion; those with darker complexions were more likely to report their race as Black, and those with lighter complexions as mixed or undecided. However, most transracial and inracial adoptees reported no racial incidents occurring.

In regard to feelings about transracial adoption, race and complexion differences were not mentioned as issues to consider in transracial adoption, and almost two-thirds of both the transracial adoptees and inracial adoptees saw transracial adoption as a good idea, without reservation. In addition, the majority of transracial adoptees reported getting along with their adoptive parents; 79% got along well with their mothers and 73% with their fathers. The majority of inracial adoptees (69%) got along well with their mothers, but only 50% with their fathers. Relationships with siblings and peers also appeared to be positive. Eighty percent of transracial and inracial adoptees reported having White male and female friends. All of the inracial adoptees had Black friends, but 25% of the transracial adoptees did not. The majority (66%) of transracial females reported dating Black persons, while all inracial adoptees did so.

Although Vroegh's (1997) longitudinal study provided in-depth information regarding outcomes of transracial and inracial placement of youth, the sample size in the study's fifth phase was relatively small as there was a high drop-out rate of participants in this study, especially for inracial families. The study did include bi-racial youth; however, there was no additional subgroup for children who were mixed with more than one race. Therefore all bi-racial children were labeled Black initially for having at least one biological Black parent. This study also failed to use other standardized measures to determine the overall social/emotional functioning of the youth

Burrow and Finley (2004) also examined the adjustment of inracial and transracial adolescents who ranged in age from 12 to 19 years. The aim of their study was to investigate multiple indices of adoption outcomes by different combinations of parent-child racial groupings for adopted adolescents. The authors measured 12 indices of academic, familial, psychological, and health outcomes. The study was based on a

secondary analysis of the Wave-I in-home interview of the National Longitudinal Study of Adolescent Health (Add Health). The sample was broken down into four specific child-parent racial groupings: White adolescents adopted by White parents (n = 350), Black adolescents adopted by Black parents (n = 74), Black adolescents adopted by White parents (n = 8), and Asian adolescents adopted by White parents (n = 24). To measure academic functioning, school grades, school connectedness, learning problems, and academic expectations scales were used. Participants' familial relationships were measured by three independent scales composed of five items each assessing ratings for mother closeness, father closeness, and overall family closeness. Other measures in the study assessed only internalizing behavior of youth. For example, psychological adjustment was measured by indices of depression, self-worth, and delinquent behaviors. Overall health was measured using the general health question administered on the Add Health interview, "In general, how is your health?" This item was rated from "very good" (1) to "poor" (4). Results of the study revealed that overall, transracial adoptees' adjustment was similar to that of their same-race adopted counterparts across the 12 adjustment measures. Transracial adoptees were found to have significantly higher grades and significantly higher academic expectations, but marginally more distant father relationships and higher levels of psychosomatic symptoms than their same-race adopted counterparts. The remaining measures yielded no significant group differences between same-race adoptees and transracial adoptees. Significant differences among the four groups showed that Asian children adopted by White parents reported higher grades in school than same-race adopted White and Black children. In addition Asian children adopted by White parents reported the greatest number of psychosomatic complaints. Transracially adopted Asian and Black adolescents reported marginally lower levels of perceived father closeness than their same-race adopted counterparts. An interesting finding was that Black children adopted by Black parents reported significantly higher levels of depression than White children adopted by White parents. Additionally, Black

children adopted by either Black parents or White parents had the highest levels of self-worth compared with White and Asian children adopted by White parents.

The number of transracial adoptees in Burrow and Finley (2004) at phase 5 was very small, and the researchers did not investigate possible effects of age or gender within the four groups. Caregiver ethnicity was limited to only White and Black parents although more Asian transracially adopted children (in comparison to Black children) were included in the study. The study mainly focused on internalizing behaviors of same-race and transracial adoptees, but it would be important to also investigate the externalizing behaviors (e.g., aggression, rule-breaking) of the four groups to get a better understanding of what observable behaviors these youth might be exhibiting.

Summary. The results of the studies reviewed above indicate that the outcomes for adopted children placed in transracial homes are for the most part positive. However, the majority of the studies were descriptive and focused more on internalizing outcomes. The participants in the majority of the studies were White and Black children, and few studies included other racial/ethnic minority children.

Outcomes for Children in Transracial and Same-race

Foster Care Placements

This section provides a review of the available literature from 2001 to the present regarding the behavioral outcomes, placement outcomes, ethnic identity, and cultural dissimilarity factors among children in foster care. These parameters were selected to provide a comprehensive representation of the most recent literature.

Moffatt and Thoburn (2001) explored the outcomes of permanent family placement for children of minority ethnic origin, using a sample of 254 placements drawn, in the main, from a cohort of 1,165 British children placed between 1980 and 1985. Most of the children in the sample were of African-Caribbean or South Asian descent but include about 50% of youth who had one White and one Black or Asian parent, and a small number who were of African, Arab, or East Asian descent. The mean

age at placement was 6.6. years, but at the time of the study the participants ranged in age from 9 to 30 years. The majority of the participants were boys (60%) and 58% of the children were of mixed race percentage. Seventy percent of the sample were in transracial placements in the sense that at least one of the adoptive parents was White. Data were collected from 22 voluntary adoption agencies in the UK. Results of the study indicated that the majority of placements of children of minority ethnic origin were successful, at least in the sense that the youth remained in placement. This result was consistent across several variables: gender, mixed race parentage, two parents of the same ethnic background, placement with same race/ethnicity families or transracial placements. There was one gender difference as boys were found to be more vulnerable to breakdown in matched placements and girls were found to be more vulnerable to breakdown in transracial or White family placements.

The Moffat and Thoburn (2001) study was limited in that it did not provide specific information regarding the social/emotional and behavioral outcomes of these youth in foster care. It was difficult to define what the “mixed” group of youth included when children of both African-Caribbean and South Asian descent were part of the sample. It would have been beneficial to develop subgroups in order to better understand the outcomes for specific racial/ethnic groups.

Keller et al. (2001) evaluated the behavior of kinship foster children in comparison to non-relative foster children and children in the general population. The participants were 240 youth from 22 agencies. Youth were included in the study if they had a CBCL completed by the youth’s caretaker between January 1, 1994, and June 30, 1997. During the time period of this study, the CBCL was routinely administered at intake, after the youth had been in the program for 12 months, and at age 18 or case closure, whichever came first. Of the 240 youths, 67 were in kinship placements at the time of their 1-year assessment (28%) and 173 were in non-kinship foster care (72%). Youth in the sample ranged in age from 4 to 18 years. The mean age of the youth in

kinship placements was 11.1 years (SD = 3.3), and for youths in non-kinship placements the mean age was 11.6 years (SD = 3.2). Fifty-five percent of the sample were female. Exactly half of the youth were European American, and the distribution of children of other race/ethnicity was 16% African American, 16% Native American, 12% Hispanic, 5% Polynesian/Pacific Islander, and 1% Asian. Competence and problem behaviors were assessed in the sample using the CBCL. Results of the study revealed that there was a strong association between kinship status and ethnicity. African Americans, representing 16% of the sample, accounted for 42% of all youth in kinship care. In other words, 72% of all African American youth in this sample were in kinship care. Also 42% of the Native American Youth and 46% of the Polynesian/Pacific Islander youth (46%) were placed in kinship foster care. By contrast, only 11% of the European American youth were in kinship care, contributing just 19% to the total number of youth in kinship care. In addition, boys were more likely than girls to be represented in kinship care. Compared to children in the general population, children in traditional, non-relative foster placements demonstrated consistently lower levels of competence and higher levels of problem behaviors. Non-kinship foster children were significantly more likely to score in the clinical range on almost all CBCL measures (except Activities and Somatic Complaints). However, children in kinship foster care did not appear very different from the general population in regards to their clinical cutoff scores on any CBCL scales. Slightly elevated proportions of kinship foster children scored above the borderline clinical cutoff on Thought Problems and Delinquent Behavior, but the most notable area of difficulty for kinship foster children was School Performance, with almost a quarter above the borderline cutoff. The study also found that child's race in particular had a strong main effect on almost all types of problem behaviors, with racial/ethnic minority children showing significantly less problematic behavior. Children in kinship foster care, even after accounting for child race and gender, appeared better adjusted socially, with

greater Social Competence, fewer Social Problems, and less Withdrawn Behavior. Kinship foster children also had fewer Thought and Attention problems.

Limitations to the Keller et al. (2001) study included the small sample size and the lack of information regarding the background of the caregivers. For example, knowing the race/ethnicity of the caregivers might have provided more insight on how racial identity and culture plays a role in adjustment of youth in kinship and non-kinship foster care. Although one can assume that youth who were placed in kinship care were likely placed with caregivers of the same race/ethnicity, it is possible that relatives of these youth could be from a different race/ethnicity through marriage or adoption. Another limitation of the study was that it used only one measure to examine behaviors and competencies of youth in kinship and non-kinship foster placements. Having multiple measures would have provided more information about the outcomes in this study.

Summary. When examining outcomes of transracial and inracial placement of children and adolescents in foster care, one factor that each of the reviewed studies pointed out as important to consider in a youth's adjustment was placement with persons with similar race/ethnicity or culture. However, the majority of the studies reviewed had small sample sizes and did not specifically look at behavioral outcomes of youth in transracial versus inracial placements from intake until their departure. In addition, only one study, Anderson and Linares (2012), specifically examined the effects of different race/ethnicity of caregivers on the outcomes of youth in foster care.

The Role of Ethnic Identity and Cultural Dissimilarity Factors in Foster Care

Although the current study did not directly assess ethnic identity, it is important to review studies in this area to gain a better understanding of the effects of transracial and inracial placements on youth's adjustment in foster care. White et al. (2008) investigated (a) youths' perceptions about their own identity, and (b) attitudes about ethnic identity development specific to the experience of being in foster care. Data in this study came

from a larger study of youth, the Casey Field Office Mental Health Study. Eligible participants in the study were between the ages of 14 and 17 years on July 1, 2006, and were receiving foster care services from Casey Family Programs at one of the eight field offices across the United States. A total of 188 youth participated in the study for a response rate of 88.7%. The average age of the youth who were interviewed in the study was 16.1 years and just over half (51%) were female. The youth were 41.4% Black, 32.3% White, 22.1% Hispanic, and 4.2% Other. Five Native American youth (2.7%), two Asian or Pacific Islander youth (1%), and one youth of Chaldean descent (0.5%) were represented in the "Other" category. Youth with more than one race/ethnicity group identity (9.8%) were asked to choose a "primary" race. Ethnic identity was measured through the Multigroup Ethnic Identity Measure (MEIM), which assesses ethnic identity using two subscales: (a) affirmation, belonging, and commitment, which measures connection and pride; and (b) ethnic identity search, which measures the extent to which youth think about and explore their ethnic identity. Response options for each item ranged from 1 to 5 with higher scores indicating greater endorsement. Black youth entered foster care at significantly younger ages than White and Hispanic youth, and White youth experienced a significantly higher number of placements than Black youth. Similar to findings from the 2001 kinship foster care study discussed earlier in the chapter, Black youth experienced placement with relatives at a higher rate than White youth or Hispanic youth. In addition, Black youth were significantly more likely to live with at least one biological sibling than White youth. Overall, 73.5% of the youth in the study reported having at least one caregiver whose ethnicity was the same as theirs at the time of the interview. However, it was found that Hispanic youth were placed with caregivers of the same race/ethnicity at a lower rate than White or Black youth. In regard to ethnic identity and attitudes about ethnic identity using the MEIM, significant differences between racial/ethnic groups were found on both subscales and the overall score, after controlling for demographics and foster care experiences. Results of the

MEIM suggested that Black youth and Hispanic youth in foster care have a stronger sense of ethnic identity than White youth. While Black youth and Hispanic youth reported that they learned about ethnic traditions while in foster care to a greater extent than White youth, they also expressed interest in learning more about their ethnic background than White youth. The authors of the study pointed out that White youth placed less emphasis on whether their foster parents' race or ethnicity was the same as theirs during the interview.

One major limitation of the White et al. (2008) study was that youth who identified as multiracial were grouped in one category and the sample size was too small to analyze. Another important limitation was that although this study examined ethnic identity among youth in foster care and attitudes about ethnic identity, it did not examine the relation between ethnic identity and outcomes (such as mental health and problem behaviors).

The purpose of a recent study by Anderson and Linares (2012) was to determine the role of cultural dissimilarity between children and their foster parents in the initial adjustment of children in foster care. The participants were 106 children who ranged in age from 7 to 15 years and were clustered in 62 families: 28 with one child, 24 with two children, and 10 with three children drawn from none foster care agencies. The sample was composed of predominately African American (N =42) and Latino children (N=30). Mixed (N=28), European American (N=4), and West Indies (N=2) children were also included in the sample. Among those identified as mixed ethnicity, 46% were Latino and African American, 33% were Latino or African American and other, while 21% were Caucasian and other. On average, baseline assessments were obtained within 3 months of initial placement. Multi-informant data were gathered via face-to-face interviews with the foster parent, the child, and the biological parent in the foster home setting. The measures used for the study were the Children's Depression Inventory (CDI), the Loneliness and Social Dissatisfaction Scale, and the Eyberg Child Behavior Inventory (ECBI). The

Maltreatment Classification System was used to measure the type, severity, and perpetrator of child maltreatment from information independently coded from official case narratives. Cultural dissimilarity between biological and foster families was assessed by type (mismatched ethnicity, country of birth, and spoken language) and number of dissimilar types (how many of the cultural dissimilarities the participant has). Age, gender, and severity of child maltreatment were the study's covariates.

Ethnic identification in Anderson and Linares (2012) was obtained from adults and children were asked their ethnic identity, but this was also verified by biological parents. Results of the study revealed that a cultural mismatch between foster children and their caregivers had measurable negative effects on self-reports of child internalizing symptoms and foster parents' reported level of child externalizing symptoms. Specifically, as the number of dissimilar cultural characteristics between child and caregiver increased, the number of reported child behavior problems increased. For conduct problems, a common language between the biological and foster families was found to be important.

Although the Anderson and Linares (2012) study was informative regarding transracial and inracial placements of children in out-of-home care, it also had some limitations. First, the sample size was too small and primarily consisted of ethnic minority groups; this reflected the diversity in New York City but may not generalize to other geographic populations. Another major limitation of the study was that it assessed youth outcomes only within the first 90 days of placement after intake and did not look at outcomes of youth in foster care across time. It is possible that findings reflecting the detrimental role of transracial placements of youth might diminish after the initial adjustment because ethnic similarity with an unfamiliar foster parent may be more important during times of high family instability. The study also failed to report specific within-group differences with youth and caregivers who identified as mixed/bi-racial. It would have been beneficial to know if outcomes for specific race/ethnicity groups

differed based on other variables included in the study (i.e., country of birth, age, gender, language, depression symptoms, and loneliness).

Outcomes in Transracial and Same-race Placements of Youth in Residential Care

In the literature that evaluated outcomes of racial ethnic minority youth in residential care, there were virtually no studies that specifically focused on the effects of caregiver ethnicity on youth's adjustment in residential care facilities. One recent study examined outcomes of youth in transracial and inracial placements in a residential setting, specifically within a family-style residential program based on the Teaching Family Model. Jewell et al. (2010) hypothesized that African American children in transracial out-of-home placements would exhibit significantly more internalizing and externalizing behavior problems compared to either European American children in transracial out-of-home placements or African American or European American children placed with the same race caregivers. Data in this study were retrieved from archival computerized databases at a large family-style residential care facility for youth. A total of 427 (172 females and 255 males) children and adolescents consecutively admitted to the residential care facility during 2000 to 2003 were the participants in the study. Only data from African American (N = 101) and European American (N = 326) youth were collected. Youth were divided into four groups depending on their own ethnicity (European American or African American) as well as the ethnicity of their family teachers (European American or African American). It should be noted that family teachers who were in interracial relationships; a couple with one African American male partner and one European American female partner were coded as an African American family teaching couple based on the race of the male in the couple. Eighty-one African American youth were placed with European American families and 20 were placed with African American families. Of the European American youth, 281 were placed with European American families and 45 were placed with African American families. The

Daily Incident Report (DIR) was used to measure daily observed significant behaviors of the youth by direct care staff (i.e., family teachers, assistants, and school staff), the Suicide Probability Scale (SPS) was used to assess suicide risk, and the Diagnostic Interview Schedule for Children (DISC) was used to assess behavior symptoms based on the DSM-IV. The SPS was administered to youth typically at intake or 1 or 2 days after, and the DISC was administered to youth within 7 days of admission to the residential facility. Data analysis was conducted for the first treatment family home in which the youth was placed and only if the youth remained in this same home for at least 90 days. African American youth placed in transracial homes exhibited higher rates of observed aggressive behavior compared to African American youth in same-race placements; however, for European American youth (in regard to aggressive behavior) in transracial placements, this negative effect was not found. African American youth also had more observed negative school events than European American youth or African American youth placed in same-race homes. In addition, there was a family ethnicity effect in that despite the youth's ethnicity, youth placed in European American families demonstrated more problem behaviors compared to youth in African American families. No significant differences of youth placed in transracial homes versus inracial homes were found for internalizing behaviors (which was measured by subscales on the DIR Avoidance, Lethality, Sexual Issues, and Substance Abuse). Specifically, analyses of the behaviors reflecting lethality, sexual issues, and avoidance indicated no relationship to youth-family ethnicity matching.

Although Jewell et al. (2010) was the first study to examine outcomes for youth in transracial and inracial placements, the study has limitations. First, Jewell and colleagues did not assess youth across time. Assessing youth at only one point in time (the first 90 days) during their entire stay in the residential treatment program might not be an accurate representation of their internalizing and externalizing behaviors in the different types of placements (i.e., inracial or transracial). Second, the study's oversimplification

of classifying interracial family teaching couples as one specific race/ethnicity based solely on the male partner's race/ethnicity could be viewed as somewhat discriminatory. Like the majority of the other outcome research studies reviewed in this chapter, this study examined youth only for a limited amount of time. It is possible that behaviors in the different types of placements (inracial and transracial) might change over time when taking into consideration the years in the treatment program and how the treatment itself might evolve over time. For example, in the past 10 years, some family teachers may have retired and new children and adolescents may have been admitted. Was there a significant change in the racial/ethnic makeup at the facility that might in turn affect the behavioral outcomes of youth at the residential facility? This is an example of questions that the current study will attempt to answer based on a larger sample size and extended timeline of years from which data will be used. Jewell et al. (2010) did use multiple measures in their study and examined direct observed behaviors using the Daily Incident Reports (DIR), but the DISC might not be the best way to assess internalizing and externalizing behaviors as it is a child interview versus a third party informant scale. In addition, the DISC is no longer used at the facility during intake and discharge.

The Current Study

The current study builds on the research of Jewel et al. (2010) and provides a more in-depth evaluation of outcomes of youth in residential care who were placed in transracial and inracial home placements. Unlike the Jewel et al. (2010) study that focused on youth admitted consecutively from 2000 to 2003, the current study offers outcome results for youth across a 10-year span (2001 to 2011) and examines behavioral outcomes at the youths' admission and discharge from the program. This will provide more information about the youths' success during their entire length of stay in the program and offer possible guidelines considerations for successful discharge. Further, the current study also looks at demographic and other variables that might provide

additional insight about appropriate placements of youth with specific characteristics such as gender, age, type of referral, and actual length of stay in the program.

CHAPTER III

METHODOLOGY

The purpose of the current study was to extend the 2010 research of Jewell and colleagues by measuring the relations between same race ethnicity (inracial) placements and different race ethnicity (transracial) placements of youth and their behavioral outcomes in their family teaching home in a residential treatment facility. This study examined case files of youth who had been discharged from a residential treatment facility in the Midwest. Archival data collected in the study were used to determine if there were any differences between outcomes for youth in the two types of family placements (inracial and transracial) that might warrant specific considerations in the future for placement of culturally diverse youth in out-of-home care.

Participants

Participants in the study were chosen from a sample of 2,248 youth who resided in a family-style residential care facility in the Midwest at some point between January 1, 2000, and April 30, 2011, and who remained in the program for at least 90 days in the same family-teaching home placement. Youth in the study ranged in age from 10 to 18 years. Demographic data indicated that 43.1% were White/European American, 29.8 % were Black/African American, 12.8 % were Hispanic/Latino youth, 8.6% were bi- or multi-racial, 4.4% were Native American or Alaska Native, and 1.3% were Asian American. Demographic data for “family teachers” who served as house parents to the youth and spent the most time with the youth were 81.87% White/European American, 10.36% Black/African American, 4.58% Hispanic/Latino, 1.59% bi- or multi-racial, 1% Native American or Alaska Native, and .6 % Asian American. Specific racial/ethnic backgrounds of bi- or multi-racial (i.e., African American mixed with Hispanic/Latino) youth and family teachers were unable to be determined with the information provided in the National Database and therefore were not included in this study.

Although the study initially intended to include all racial/ethnic backgrounds of youth and family teachers, sample sizes for Hispanic/Latino youth, Native American or Alaska Native youth, and Asian American youth were less than five percent of the total sample and therefore were too small of a sample to analyze and report differences for each racial/ethnic group. Thus only African American and European American youth and family teachers were participants in this study.

There were a total of 612 youth who participated in this study. Of the 612 youth, 366 were male and 246 were female. The ethnic composition of the youth was as follows: European American 72% (N =443) and African American 28% (N =169). The average age of the youth in the study was 14.94 (SD = 1.60) and the average length of stay for youth in the residential treatment program was 480.32 days (SD = 271.82). The study included a total of 612 family teachers who served as house parents for the youth. Of the 612 family teachers, 87% (N = 534) were European American and 13% (N = 78) were African American.

The participants were divided into two different placement groups (transracial placement and inracial placement). Transracial placements consisted of youth placed in a home with different race/ethnicity family teachers, for example, an African American child placed with European American family teachers or a European American child placed with African American family teachers. Inracial placements consisted of youth placed in a home with same race/ethnicity family teachers, for example, a European American child placed with European American family teachers or an African American child placed with African American family teachers. Data were analyzed based on the youths' treatment home placement from the time of their admission to the date of their discharge between the years 2000 and 2011. The sample in the study included a total of 423 (68%) youth placed inracial family teaching homes and a total of 189 (31%) of youth placed in transracial family teaching homes.

Characteristics of Youth Admitted to the Residential Treatment Facility

Youth admitted to this residential facility presented with combinations of serious emotional, social, academic, and behavioral problems. Most had not been successful in foster homes, schools, and other programs, and thus brought challenging issues with them to their placement at this facility (Boys Town, 2012a; Boys Town, 2012b). Many of the children who were placed in the residential program came from the juvenile court system. Some had been on probation or had spent time in jail or detention for serious criminal charges such as assault, theft, and drug possession (Boys Town, 2012b) alternative to incarceration (Boys Town, 2012a). The youth were also referred by community resources such as churches.

Youth must meet the following criteria to be admitted into the residential program, (a) has a referral source that is legally qualified to make placement decisions, (b) has the cognitive capacity to progress in a highly verbal living and educational environment, and (d) agrees to participate in treatment and be active in designing and implementing care and discharge plans (Casey et al., 2010). Youth are not admitted into the residential program if they, (a) exhibit aggressive or actively suicidal behavior that presents a risk to self or others, (b) have a significant history of fire setting, or (c) have serious brain injury that requires special rehabilitation procedures (Casey et al., 2010).

Youth were admitted to the residential program with a number of different presenting problems such as being physically/sexually abused, neglected, or abandoned (71%) and being diagnosed with a mental health concern (63%). Of the youth who were diagnosed with a mental health concern, 38% were diagnosed with disruptive disorder, 16% were diagnosed with anxiety disorder, and 9% were diagnosed with depressive disorder (Boys Town, 2012b).

Both the 5-year and 16-year follow-up studies conducted by Boys Town personnel indicated that the percentages of youth who suffered from school problems,

aggression, being out of parental control, and depression or withdrawal decreased drastically from intake to departure (Boys Town, 2012 a, b). For example, there were decreases in the following areas across time in placement: School Problems (85% at admission and 18% at discharge); Out of Parental Control (84% at admission and 4% at discharge); Aggression (71% at admission and 33% at discharge); Depression or Withdrawal (57% at admission and 2% at discharge); Drug Alcohol Use/Involvement (57% at admission and 2% at discharge; and Peer Relationship Problems (55% at admission and 4% at discharge).

These follow-up studies also revealed that the outcomes were positive for delinquent behavior such as 51% of the youth who exhibited truancy at admission to the program had significant decreases (3%), 72% of youth who entered with a substance abuse problem had a decline (12%, 3 months after departure), and 58% who had been arrested prior to admission also decreased in number (5%, 3 months after departure) (Boys Town, 2012b.

Setting

This facility offered an Integrated Continuum of Care approach to treatment. The Continuum was an ongoing effort to expand the life-changing care across America (Boystown.org, 2012). Unique to the residential program used in the current study, the Continuum enabled the program to deliver the right care at the right time to children and families (Boystown.org, 2012). “As children and families make progress (or fail to make progress) at one level, they move to other levels that better fit their needs without starting over in their care” (Boystown.org, 2012). There were seven levels of care in the Continuum of Care. Services at the top of the Continuum (Intensive Residential Treatment, Specialized Treatment Program, Intervention and Assessment Services, and Family Homes) provided intensive care to children with serious emotional or behavioral problems. Children received these services outside of their homes, but family reunification was always the ultimate goal (Boystown.org, 2012). Services at the bottom

of the Continuum (Foster Family Services, In-home family services, and community support services) helped families stay together through training, counseling, and other measures available to any family (Boys Town, 2012). For purposes of the current study, the level of care that was focused on within the Continuum was the Family Homes program.

The Family Homes program was a family-style residential care facility for youth in the Midwest that served approximately 500 youth at any one time. The residential facility used the Treatment Family Home program, a modification of the Teaching Family Model (TFM), and emphasized family-style living. Major features of the TFM included (a) a token economy motivation system, (b) a self-government system managed by youth, (c) a standardized social skills training program, and (d) an ongoing program evaluation system that incorporated youth and consumer feedback within administrative performance evaluations (McNeal et al., 2006). A normalized lifestyle was promoted by delivering treatment within a community environment that included family-style homes, surrogate therapeutic parenting by a married couple (family teachers), and participation in typical educational environments (Friman, 2000). A married couple (family teachers) lived in each home with six to eight adolescent males or females. The couple, with the help of a full-time assistant, focused on each youth's physical, spiritual, emotional, developmental, and behavioral treatment needs (Jewell et al., 2010). The average length of stay in the program was 12 to 18 months. The treatment program was based on cognitive behavioral theory and was characterized by the five key elements of the program. The treatment approach was manualized, and training consisted of an intensive initial 2-week training, on-going monthly training, and weekly supervision conducted by experienced clinical staff. The five key elements were teaching youth how to build and maintain healthy relationships, developing interpersonal life skills, promoting moral and social development, modeling a healthy family-lifestyle environment, and practicing self-government and self-determination (Davis & Daly, 2003; Jewell et al., 2010). This

approach has been effective for bringing positive behavioral change to youth both during and shortly after treatment (Larzelere et al., 2004).

Procedures

Permission to conduct this study was obtained from the Institutional Review Boards (IRBs) at both the residential treatment facility and The University of Iowa. Based on the archival nature of this study, written informed consent was not required. Prior to a youth's admission to the residential treatment program, legal guardians had signed a placement agreement granting the residential treatment program permission to collect and review archival data for research purposes. Original data for this study were sorted and released to the primary investigator of this research study by the residential treatment facility's Senior Research Specialist within their National Research Department. The Senior Research Specialist was in charge of compiling and distributing archival data to persons approved by the facility's research board to conduct research using data from the residential treatment facility.

Upon admission to the program, youth completed an intake interview and a computerized structured interview. In addition, behavioral and socio-emotional ratings, which included the Child Behavior Checklist, were typically completed within the first week of the youth's admission to the residential facility and at the time the youth was discharged. The Daily Incident Report was collected throughout the duration of the youth's stay at the facility. Socio-demographic information, including ethnicity, was routinely collected during the admissions process for the youth and when the family teachers were hired (Jewell et al., 2010). Youth admitted to the residential program presented with a wide range of problems; however, if the youth presented with a severe psychiatric disorder or had acute psychological and behavioral concerns that could not be treated in a less restrictive environment (as evidenced by clinically significant scores on social-emotional/behavior rating scales and reports), the youth was not admitted into the teaching family home program. Instead, the youth was moved up in the continuum and

placed in a higher level of care to receive more intensive residential treatment. Therefore, youth admitted to the family-style residential program were expected to make progress with their individualized behavioral treatment plan.

Data for youth who had a minimum of 90 days in the family teaching home with no additional home placements during their entire length of stay in the residential treatment program were included in this study. For example, if youth was placed in one home initially, and then was moved to another home within the residential facility later on during their stay, their data were not included in this study. In addition, only youth who had Child Behavior Checklists completed no more than 30 days before their admission into the residential program or Child Behavior Checklists completed no more than 30 days after their departure from the residential program were included in the study.

Instruments

The two instruments used in this study to examine behavior were the Daily Incident Report (DIR) and the Child Behavior Checklist (CBCL).

The Daily Incident Report

The Daily Incident Report (DIR) included daily observations of significant youth behaviors made by direct-care staff (e.g., family teachers, assistants, and school staff). Staff who observed incidents immediately reported them to their program supervisors who recorded them with a descriptive narrative and coded them using a system consisting of 65 distinct classes (codes) of behavior (with a total of 405 incident event codes listed in the database). Recorded incidents involved one narrative and at least one code (but incidents could include more than one code) (Friman et al., 2000). For example, if a female youth attacked another youth, her incident report would list code 53, Physical Aggression. If she defied instructions from a staff person attempting to manage the incident, the report would also include code 45, Non-Cooperative Behavior. Every 24 hours, program supervisors delivered the DIR incident narratives and corresponding

codes on all youth under their care to a central site where they were entered into a computerized database. Because the DIR was codified and computerized, the data were readily retrievable for research purposes (Friman et al., 2000). Intercoder reliability for the DIR had been established (Larzelere, 1991, 1996). Reliability analyses were conducted by randomly selecting 2 months of codes and narratives from all codes and narratives from 1988 to 1991. The narratives for these codes (with their accompanying code numbers blacked out) were then supplied to a reliability coder who recoded each using the code catalog. Kappa coefficients obtained from the comparisons ranged from .66 to .97, which indicated good intercoder agreement (Friman et al., 2000).

For purposes of this study, only codes from the following six domains from the Daily Incident Report were analyzed: (a) non-cooperative behavior (i.e., Code 44 non-cooperative school behavior), (b) aggression/physical behaviors (i.e., Code 146 property damage), (c) sexualized behaviors (i.e., Code 58 victim of sexual assault), (d) self-destructive behavior/suicide (i.e., Code 74 suicide ideation), (e) substance abuse: problems and treatment (i.e., Code 86 marijuana substance abuse); and (f) consequences of negative school behavior (i.e., Code 90 in-school suspension). Other incident codes listed in the DIR (such as medical codes that describe medication and injuries) did not describe specific behaviors related to internalizing and externalizing behaviors of youth that directly affected treatment in the residential program and therefore were not included in the study. The six DIR domains were separated into two categories, internalizing events (Sexualized Behaviors, Self-Destructive behavior/Suicide, Substance Abuse: Problems and Treatment) and externalizing events (Non-cooperative behavior, Aggression/Physical behaviors, and Consequences of negative school behavior), to analyze the base rates (means) and standard deviations for internalizing and externalizing DIR domains by youth and family teacher ethnicity. The rate of events for reported behaviors on the DIR were calculated and examined for the youth's total length of stay (reports from admission to discharge) in the residential treatment program.

The Child Behavior Checklist

The Child Behavior Checklist (CBCL) (Achenbach, 2001) was administered to the primary caretaker of every youth who entered residential care as part of the admission process. The CBCL is a structured rating scale intended for rating youth between the ages of 6 and 18 years, whereas the previous edition included ages 4 and 5 years. The CBCL was completed by the caregiver/legal guardian of the youth at intake and discharge for all youth in the residential program; therefore, CBCL scores from the beginning of the youth's treatment in the program and at the end of the youth's program were used in this study.

The CBCL (Achenbach, 2001) is a widely used, 118-item third party informant measure that asks parents/guardians to rate the competencies and problem behaviors of children and youth between the ages of 6 and 18 years. The CBCL requires an individual to rate the target child on a 3-point Likert scale based on perceived frequency of the behavior. The CBCL provides a total problem behavior score, two total scale scores for internalizing and externalizing behaviors (broad band scales), and eight specific syndrome scores (syndrome/narrow band scales): Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-breaking Behavior, and Aggression (Hagaman et al., 2010; Larzelere et al., 2001; Larzelere et al., 2004).

Subscales that include Anxious /Depressed, Attention Problems, Rule-breaking and Aggression are subscales that assess behaviors typically seen in children in residential care and have been found by some researchers as subscales that are most appropriate for this type of setting (Baker, Kurkland, Curtis, Alexanger, & Papa-Lentini, 2010; Wells &Whittington, 1993). However, for this research study the total problems/broad band scales (Internalizing Problems and Externalizing Problems) were examined to provide additional information that might reflect positive and negative outcomes of youth in residential care when looking at a 10-year time span.

For statistical analyses of the total problem scales, *T* scores were used. The main function of the *T* scores is to facilitate comparisons of children's standing across the three school-age forms. On the CBCL, *T* scores from 50 to 70 for the syndrome scales are directly based on percentiles of national normative samples of nonreferred children. The CBCL/ 6-18 was normed on 1, 753 children and adolescents. Normative data provided by Achenbach and Rescorla (2001) are used to compare scale scores of individual children and adolescents to identify Total, Internalizing, Externalizing, and narrow-band scores that are in the normal, borderline, or clinical range. Separate norms are provided for girls and boys at ages 6 to 11 and 12 to 18 years.

Test-retest item reliabilities for the CBCL computed from CBCLs obtained by a single interviewer who visited mothers of 72 nonreferred children were used to assess test-retest reliability, because their scores would be less susceptible to regression toward the mean than the scores of referred children. The overall intraclass correlation coefficient (ICC) was 1.00 for the 20 competence items and .95 for the 118 specific problem items (both $p<.001$). This indicated very high test-retest reliability in scores obtained for each item relative to scores obtained for each other item (Achenbach & Rescorla, 2001). The mean test-retest correlations for CBCL ranged between .80 and .90 for most scale scores.

Content validity of the competence, adaptive, and problem item scores has been supported by four decades of research, consultation, feedback, and revision, as well as by findings that all items discriminated significantly ($p <.01$) between demographically matched referred and nonreferred children (Achenbach & Rescorla, 2001). In addition, numerous studies have reported significant associations between CBCL scores and DSM diagnoses (e.g., Kasius, Ferdinand, van den Berg, & Verhulst, 1997). The DSM-IV Checklist scores for Attention Deficit Hyperactivity Disorder (ADHD) correlated .80 with both the empirically based Attention Problems syndrome and the DSM-oriented Attention Deficit Hyperactivity (ADH) Problems scale scored from the CBCL.

Agreement was very high between assessments of the construct of attention problems according to the DSM symptoms reported in clinical interviews and CBCL ratings scored in terms of the empirically based Attention Problems scale and the DSM-oriented ADH Problems scale. The correlations between CBCL scales and DSM Checklist scores were also high for Conduct Disorder (.61 to .63) and Oppositional Defiant Disorder (ODD) (.60 to .64). DSM data were retrieved from children who received clinical psychiatric and psychological services at the University of Vermont's Center for Children, Youth, and Families (Achenbach & Rescorla, 2001). In addition to correlations with DSM data, correlations of CBCL and TRF scales with the corresponding scale of the Conners (1997) Parent Rating Scale Revised (CPRS-R) and the Conners (1997) Teacher Rating Scale-Revised (C-TRS-R) were computed. The correlations of .88 and .89 between the TRF Attention Problems syndrome and DSM-oriented ADH Problems scale, and the CTRS-R ADHD Index show that these measures ranked children in nearly identical orders. All other correlations of the CBCL and TRF with the Conners scales were also very high, ranging from .71 to .85 (Achenbach & Rescorla, 2001). Finally, relations between the CBCL scales and scales on the Parent and Teacher Rating Scales of the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1992) were tested in a sample of children and adolescents who were seen for psychological evaluations or therapy at Bryn Mawr College Child Study Institute. Correlations between CBCL and BASC scores for 82 children rated by mothers, 68 children rated by fathers, and 51 children rated by teachers were calculated. Correlations ranged from .38 to .89 (all $p<.01$). All correlations exceeded .70 for the Somatic Complaints, Attention Problems, and Rule-Breaking Behavior syndromes, and ranged from .60 to .85 for the Thought Problems and Aggressive Behavior syndromes (Achenbach & Rescorla, 2001). Correlations between the CBCL DSM-oriented scales and the corresponding BASC scales ranged from .52 to .85. The highest correlations were found for the broader-band

Internalizing, Externalizing, and Total Problem scales, ranging from .74 to .89 (Achenbach & Rescorla, 2001).

Type of Referral

Type of referral for this study meant what type of agency or person referred the child to the residential setting, and this information was gathered during the intake interview. Generally, referral sources could be separated by the individual or party initiating services, namely private/family (i.e., parent or legal guardian) placement or third party (i.e., Juvenile Justice, Health and Human Services, school, church) placement.

Amount of Time with Family Teachers

The amount of time with family teachers was determined based on the youth's total length of stay in the treatment home with a transracial or inracial family teaching couple. Length of stay was reported in months. It should be noted that that the amount of time with family teachers equaled the same amount of time the youth had been in the residential treatment program because only those youth who had lived with one family teaching couple during their entire stay were included in the study.

Race/Ethnicity, Age, and Gender

Race/ethnicity, age, and gender were obtained from the intake data when a youth was admitted to Boys Town. There were two racial/ethnic groups measured within this variable: (a) African Americans and (b) European American. Cases where the child's ethnicity was unknown or did not fit one of the two ethnic groups were not included in the analysis.

Discharge Success

Discharge success was determined by a composite of items indicating successful treatment and a favorable prognosis as rated by a clinical supervisor at a youth's discharge. Larzelere et al. (2004) examined departure/discharge success of youth in the same type setting as the current study using four items that asked about the favorableness of the youth's overall behavior, departure conditions, goal achievement, and predicted

future success, using 7-point scales ranging from “very unsuccessful” to “very successful.” The present study utilized the same items as the Larzelere et al. (2004) study for departure success with the exception of predicted future success (since the current study did not seek to examine predicted future success). Therefore, only three items that asked about the favorableness of the youth’s overall behavior, departure conditions, and goal achievement was used to analyze successfulness of discharge. The mean score for the three items used in the study were calculated for each youth. Scores between 1and 2 indicated an unsuccessful discharge, a score of 3 indicated a somewhat unsuccessful discharge, a score of 4 indicated neither unsuccessful nor successful discharge, a score of 5 indicated somewhat successful discharge, and a score between 6 and 7 indicated successful discharge.

Research Questions and Data Analysis

Data were collected from archival computerized databases at a residential treatment center in the Midwest and were coded and entered into the Statistical Package for the Social Sciences (SPSS version 19). After the data were properly sorted, a number of analyses were conducted. The research questions that guided this study and the procedures used to analyze the data were as follows:

Research Question 1

Are there significant differences in the dependent variable, total length of stay of youth in the residential treatment program, based on the independent variable, type of family teaching home (inracial or transracial) the youth is placed in?

Data Analysis for Question 1

To address Research Question 1, an independent samples t-test was conducted to determine if there were significant differences in the total length of stay between youth in inracial or transracial family teaching homes. The independent measure was type of family teaching home and the dependent measure was total length of stay of youth in the residential treatment program.

Research Question 1a

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, length of stay, vary by age?

Data Analysis for Question 1a

To address Research Question 1a, a regression analysis was conducted to test whether there were differences. The dependent measures were length of stay and age. The independent measure was type of family teaching home.

Research Question 1b

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and dependent variable, length of stay, vary by gender?

Data Analysis for Question 1b

To address Research Question 1b, a two-way ANOVA was conducted. The dependent measure was length of stay and the independent measures were type of family teaching home and gender of youth.

Research Question 1c

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, length of stay, vary by referral?

Data Analysis for Question 1c

To address Research Question 1c, a two-way ANOVA was conducted. The dependent measures were length of stay and type of referral. The independent measure was type of family teaching home.

Research Question 1d

Does the relationship between the independent variable, family teaching home type (inracial and transracial) and the dependent variable, length of stay, vary by youth race?

Data Analysis for Question 1d

To address Research Question 1d, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the dependent measures were length of stay and race/ethnicity of the youth.

Research Question 2

What is the relationship between the dependent variable, successfulness of discharge (i.e. "unsuccessful discharge," "somewhat unsuccessful discharge," "neither unsuccessful nor successful discharge," "somewhat successful discharge," and "successful discharge") the youth receives and the independent variable, type of family teaching home placement (inracial or transracial)?

Data Analysis for Question 2

To address Research Question 2, an independent samples t-test was conducted. The independent measure was type of family teaching home and the dependent measure was youth successfulness of discharge.

Research Question 2a

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, successfulness of discharge, vary by age?

Data Analysis for Question 2a

To address Research Question 2a, a regression analysis was conducted. The independent measure was type of family teaching home and the dependent measures were successfulness of discharge and age.

Research Question 2b

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and dependent variable, successfulness of discharge, vary by gender?

Data Analysis for Question 2b

To address Research Question 2b, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the dependent measures were successfulness of discharge, and gender of youth.

Research Question 2c

Does the relationship between the independent variable, teaching family home type (inracial and transracial) and the dependent variable, successfulness of discharge, vary by referral (private/guardian and third party)?

Data Analysis for Question 2c

To address Research Question 2c, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the independent measures were successfulness of discharge and type of referral.

Research Question 2d

Does the relationship between the independent variable, family teaching home type (inracial or transracial) and the dependent variable, successfulness of discharge, vary by youth race?

Data Analysis for Question 2d

To address Research Question 2d, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the dependent measures were successfulness of discharge and race/ethnicity of the youth.

Research Question 3

What is the relationship between the independent variable, type of family teaching home (inracial or transracial), and the independent variable, reported internalizing behaviors of youth at admission and discharge using the Child Behavior Checklist?

Data Analysis for Question 3

To address Research Question 3, an independent samples t-test was performed. The independent measure was type of family teaching home and the dependent measure was change in internalizing behaviors on the CBCL at discharge (relative to admission).

Research Question 3a

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge, vary by age?

Data Analysis for Question 3a

To address Research Question 3a, a regression analysis was conducted. The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors on the CBCL and the age of the youth.

Research Question 3b

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge, vary by gender?

Data Analysis for Question 3b

To address Research Question 3b, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the independent measures were change in internalizing behaviors on the CBCL at discharge and gender of the youth.

Research Question 3c

Does the relationship between the independent variable, type of family teaching home (inracial and transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge, vary by referral type(private/family and third party)?

Data Analysis for Question 3c

To address Research Question 3c, a two-way ANOVA was conducted. The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors on the CBCL and type of referral.

Research Question 3d

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported internalizing behaviors on the CBCL of youth at discharge, vary by youth race/ethnicity?

Data Analysis for Question 3d

To address Research Question 3d, a two-way ANOVA was performed. The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors reported on the CBCL and race/ethnicity of the youth.

Research Question 4

What is the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors of youth at admission and discharge using the Child Behavior Checklist?

Data Analysis for Question 4

To address Research Question 4, a samples t-test was performed. The independent measure was the type of family teaching home and the dependent measures change in externalizing behaviors at discharge (relative to admission) on the CBCL.

Research Question 4a

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge, vary by age?

Data Analysis for Question 4a

To address Research Question 4a, a regression analysis was performed. The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL at discharge and age of youth.

Research Question 4b

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge, vary by gender?

Data Analysis for Question 4b

To address Research Question 4b, a two-way ANOVA was performed. The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL at discharge and gender of youth.

Research Question 4c

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge, vary by referral type?

Data Analysis for Question 4c

To address Research Question 4c, a two-way ANOVA was performed. The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL and type of referral.

Research Question 4d

Does the relationship between the independent variable, type of family teaching home (inracial or transracial) and the dependent variable, reported externalizing behaviors on the CBCL of youth at discharge, vary by youth race/ethnicity?

Data Analysis for Question 4d

To address Research Question 4d, a two-way ANOVA was performed. The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL and race/ethnicity of the youth.

Research Question 5

What is the relationship between the dependent variable, length of time spent in a family teaching home (inracial or transracial) and the independent variable, observed internalizing behaviors (Sexualized, Self-Destructive, Substance Abuse) reported during the youth's stay in the home using the Daily Incident Report?

Data Analysis for Question 5

To address Research Question 5, a correlation analysis was conducted. The independent measures were type of family teaching home and observed internalizing behaviors reported on the DIR. The dependent measure was length of time spent in a teaching family home.

Research Question 5a

Does the relationship between the independent variables, length of time spent in a teaching family home and the observed internalizing behaviors reported on the DIR, vary by the dependent variable, teaching family home type (inracial or transracial)?

Data Analysis for Question 5a

To address Research Question number 5a, a regression analysis was conducted. The independent measures were length of time spent in a teaching family home and observed internalizing behaviors reported on the DIR. The dependent measure was type of teaching family home.

Research Question 6

What is the relationship between the dependent variable, length of time spent in a teaching family home and the independent variable, observed externalizing behaviors reported during the youth's stay in the home using the Daily Incident Report?

Data Analysis for Question 6

To address Research Question number 6, a correlation analysis was conducted. The independent measure was observed externalizing behaviors reported on the DIR. The dependent measure was length of time spent in a teaching family home.

Research Question 6a

Does the relationship between the dependent variable, length of time spent in a teaching family home and the independent variable, observed externalizing behaviors reported on the DIR, vary by teaching family home type (inracial or transracial)?

Data Analysis for Question 6a

To address Research Question number 6a, a regression analysis was conducted. The independent measure was length of time in a family teaching home and the dependent measures were observed externalizing behaviors reported on the DIR and type of teaching family home.

Research Question 7

Is there a relationship between the independent variable, type of teaching family home (inracial or transracial) and the dependent variable, observed internalizing behaviors reported on the DIR?

Data Analysis for Question 7

To address Research Question 7, an independent samples t-test was conducted. The independent measure was type of family teaching home and the dependent measure was observed internalizing behaviors reported on the DIR.

Research Question 8

Is there a relationship between the independent variable, type of teaching family home (inracial or transracial) and the dependent variable, observed externalizing behaviors reported on the DIR?

Data Analysis for Question 8

To address Research Question 8, an independent samples t-test was conducted. The independent measure was type of family teaching home and the dependent measure was observed externalizing behaviors reported on the DIR.

CHAPTER IV

RESULTS

The results of this study will be presented in the order of the research questions. Table 1 depicts the demographic characteristics of the participants (youth and caretakers). Additional analyses were conducted to further explain the results. Table 1 displays the demographic breakdown of the participants in this study. The demographic sample presented in this study is inline with the race/ethnicity breakdown of youth at this particular residential treatment facility. Between January 1, 2000 and April 30, 2011, the demographic data for approximately 2,248 youth indicated that there were 43.1% White/European American youth and 29.8% Black/African American youth at the treatment facility. Demographic data for "family teachers" showed 81.87% White/European American and 10.36% Black/African American, which was congruent with the sample included in the study. There were over 25% more European American youth included in this study compared to African American youth, which might be due to the small number of participants included in the study. Overall, European American made up more than 70% of the population for youth and family teachers at this facility and over 60% of the youth in this facility were male. Additional demographic information that describes the specific distribution and frequency of the sample in this study can be found in Appendix A.

Analysis for Research Question 1

The first research question was: Are there significant differences in the total length of stay of youth in the residential treatment program based on the type of family teaching home (inracial or transracial) the youth is placed in? The independent measure was type of family teaching home and the dependent measure was total length of stay of youth in the residential treatment program.

Table 1. Demographics

		N	%
Sex			
	Male	366	60
	Female	246	40
Race/Ethnicity of Youth			
	African American	169	28
	European American	443	72
Race/Ethnicity of Family Teachers			
	African American	78	13
	European American	534	87
Family Teaching Home Type			
	Inracial	423	69
	Transracial	189	31

Note: Total $N = 612$

To test whether there were any significant differences in the total length of stay between youth in inracial or transracial family teaching homes, an independent samples t-test was conducted. The mean stay for youth in inracial ($M = 490.48$ days, $SD = 270.97$) and transracial ($M = 457.57$ days , $SD = 273.06$) homes did not differ significantly, $t(610) = 1.39$, $p = .167$. Both groups had lengths of stay just under a year and a half.

Analysis for Research Question 1a

Part “a” for the first research question was: Does the relationship between, family teaching home type (inracial or transracial) and length of stay vary by age? The dependent measures were length of stay and age. The independent measure was type of family teaching home.

Although there were no overall differences in the length of stay between youth in inracial or transracial family teaching home, a test was conducted to determine whether there were differences in length of stay between the two types of family teaching home for youth of different ages. To test this, a regression analysis in which length of stay on type of family teaching home, age of youth, and their interaction was regressed. The analysis revealed that, even across ages, there were no significant differences in length of

stay in inracial and transracial homes, b_{int} = -1.04 (*SE* = 14.83), *t*(608) = -.07, *p* = .944. Table 2 displays the means and SDs for Length of Stay and Youth Age.

Table 2. Means and Standard Deviations for Length of Stay and Youth Age

Variable	M	SD
Length of stay (number of days)	480.32	271.82
Youth age (years)	14.94	1.60

Analysis for Research Question 1b

Part "b" for the first research question was: Does the relationship between, family teaching home type (inracial or transracial) and length of stay vary by gender? The dependent measure was length of stay and the independent measures were type of family teaching home and gender of youth.

To test this, length of stay was subjected to a 2-way ANOVA (home type: inracial, transracial x gender: male, female). The analysis revealed that, for both male and female youth, there were no significant differences in length of stay in inracial versus transracial homes. Interaction *F*(1, 608) = .03, *p* = .859. Neither the main effect of gender, *F*(1, 608) = 1.77, p = .184, nor home type, *F*(1, 608) = 1.20, p = .274, was significant.

Table 3. Youth Gender and Length of Stay

Gender	Inracial	Transracial
Male	*M* = 477.695 (*SE* = 17.681)	*M* = 445.754 (*SE* = 23.823)
Female	*M* = 506.626 (*SE* = 19.863)	*M* = 483.593 (*SE* = 35.362)

Analysis for Research Question 1c

Part "c" for the first research question was: Does the relationship between, family teaching home type (inracial or transracial) and length, of stay vary by referral? The dependent measures were length of stay and type of referral. The independent measure was type of family teaching home.

To test whether there were differences in length of stay between the two types of family teaching homes for private/guardian and third party referrals a 2-way ANOVA (home type: inracial, transracial x referral: private/guardian, third party) was conducted. The analysis revealed that, for both referral types, there were no significant differences in length of stay in inracial versus transracial homes. Interaction $F(1, 607) = .32$, $p = .573$. Neither the main effect of referral type, $F(1, 607) = .354$, $p = .702$, nor home type, $F(1, 607) = .943$, $p = .332$, was significant.

Table 4. Type of Referral and Type of Teaching Family Home

Type of Referral	Inracial	Transracial
Private	M = 493.657 (SE = 20.570)	M = 483.115 (SE = 37.736)
3rd Party	M = 487.694 (SE = 17.385)	M = 447.869 (SE = 23.249

Analysis for Research Question 1d

Part "d" for the first research question was: Does the relationship between, family teaching home type (inracial or transracial) and length of stay vary by race/ethnicity of youth? The independent measure was type of family teaching home and the dependent measures were length of stay and race/ethnicity of the youth.

A 2-way ANOVA (home type: inracial, transracial x youth race: African American, European American) was conducted to determine whether there were

significant differences in length of stay between the two types of family teaching homes for African American and European American youth. The analysis revealed that, for both racial groups, there were no significant differences in length of stay in inracial versus transracial homes. Interaction $F(1, 608) = .38$, $p = .536$. Neither the main effect of race/ethnicity, $F(1, 608) = .238$, $p = .626$, nor home type, $F(1, 608) = .552$, $p = .458$, was significant.

Table 5. Youth Race/Ethnicity and Type of Teaching Family Home

Race/Ethnicity	Inracial	Transracial
European American	M = 490.173 (SE = 13.698)	M = 485.898 (SE = 38.843)
African American	M = 494.724 (SE = 50.491)	M = 447.650 (SE = 22.980)

Analysis for Research Question 2

The second research question was: What is the relationship between the successfulness of discharge (i.e., “unsuccessful discharge,” “somewhat unsuccessful discharge,” “neither unsuccessful nor successful discharge,” “somewhat successful discharge,” and “successful discharge”) the youth received and the type of family teaching home placement (inracial or transracial)? The independent measure was type of family teaching home and the dependent measure was youth successfulness of discharge.

To test whether there were any significant differences (specifically examining overall mean scores for discharge) in successfulness of discharge between youth in inracial or transracial family teaching homes, an independent samples t-test was performed. The test revealed that mean score for youth in inracial homes ($M = 5.52$, $SD = 1.40$) only marginally differed from youth in transracial homes ($M = 5.05$, $SD = 1.63$), $t(390) = 2.84$, $p = .005$. Although, results indicate that inracial homes were statistically

significant, results were not clinically significant and indicated that youth in both inracial and transracial homes had overall successful discharges.

Analysis for Research Question 2a

Part "a" for the second research question was: Does the relationship between, family teaching home type (inracial or transracial) and successfulness of discharge vary by age? The independent measure was type of family teaching home and the dependent measures were successfulness of discharge and age.

Youth in inracial family teaching homes had more successful discharges than those in transracial family teaching homes. Therefore, a test was conducted to determine whether this difference between the two types of family teaching homes differed for youth of different ages. To test this, a regression analysis in which successfulness of discharge on type of family teaching home, age of youth, and their interaction was regressed. The analysis revealed that, even across ages, youth in inracial family teaching homes had more successful discharges than those in transracial family teaching homes, $b_{int} = 0.15$ ($SE = .10$), $t(388) = 1.50$, $p = .133$.

Analysis for Research Question 2b

Part "b" for the second research question was: Does the relationship between, family teaching home type (inracial or transracial) and successfulness of discharge vary by gender? The independent measure was type of family teaching home and the dependent measures were successfulness of discharge, and gender of youth.

To determine whether this difference between the two types of family teaching homes differed for males and females a 2-way ANOVA (home type: inracial, transracial x gender: male, female) was conducted. The analysis revealed that youth in inracial homes had more successful discharges than those in transracial homes, Home Type $F(1, 388) = 6.80$, $p = .009$, and that this effect did not differ by gender, Interaction $F(1, 388) = .82$, $p = .367$. There was also a main effect of gender such that female youth had more successful discharges than did male youth, Gender $F(1, 388) = 4.78$, $p = .029$.

Table 6. Successful Discharges and Type of Teaching Family Home

Gender	Inracial	Transracial
Male	M = 5.287 (SE = .113)	M = 4.982 (SE = .168)
Female	M = 5.839 (SE = .130)	M = 5.211 (SE = .264)

Analysis for Research Question 2c

Part "c" for the second research question was: Does the relationship between, family teaching home type (inracial or transracial) and successfulness of discharge vary by referral type? The independent measure was type of family teaching home and the independent measures were successfulness of discharge and type of referral.

To examine whether differences in the successfulness of discharge between the two types of family teaching homes differed for private/guardian and third party referrals, successfulness of discharge was subjected to a 2-way ANOVA (home type: inracial, transracial x referral: private/guardian, third party). The analysis revealed that youth in inracial homes had more successful discharges than those in transracial homes, Home Type $F(1, 387) = 5.946$, $p = .015$, and this effect did not differ by referral type, Interaction $F(1, 387) = .68$, $p = .410$. There was no main effect of referral type, $F(1, 387) = .426$, $p = .198$.

Table 7. Type of Referral and Successful Discharge in Teaching Family Home

Type of Referral	Inracial	Transracial
Private	M = 5.462 (SE = .133)	M = 5.176 (SE = .252)
3rd Party	M = 5.562 (SE = .115)	M = 4.986 (SE = .175)

Analysis for Research Question 2d

Part "d" for the second research question was: Does the relationship between, family teaching home type (inracial or transracial) and successfulness of discharge vary by race/ethnicity of youth? The independent measure was type of family teaching home and the dependent measures were successfulness of discharge and race/ethnicity of the youth.

To test this question, a 2-way ANOVA (home type: inracial, transracial x youth race: African American, European American) was conducted. The analysis revealed that, while the interaction of race/ethnicity and home type was not significant, Interaction $F(1, 388) = .38$, $p = .539$, the main effect of home type was also not significant, $F(1, 388) = .06$, $p = .807$. The main effect of race/ethnicity was significant such that European American youth had more successful discharges than did black youth, $F(1, 388) = 12.14$, $p = .001$.

Table 8. Race/Ethnicity and Successful Discharge in Teaching Family Home

Race/Ethnicity	Inracial	Transracial
European American	M = 5.573 (SE = .088)	M = 5.773 (SE = .289)
African American	M = 4.905 (SE = .315)	M = 4.819 (SE = .163)

Analysis for Research Question 3

The third research question was: What is the relationship between type of family teaching home (inracial or transracial) and the reported internalizing behaviors of youth at admission and discharge using the Child Behavior Checklist (CBCL) *T* scores? The independent measure was type of family teaching home and the dependent measure was change in internalizing behaviors on the CBCL at discharge (relative to admission).

To test whether there were any significant differences in change in internalizing behaviors at discharge (relative to admission) between youth in inracial or transracial family teaching homes, an independent samples t-test was performed. The mean change in internalizing behaviors for youth in inracial (M = -11.06, SD = 13.02) and transracial (M = -8.20, SD = 13.26) homes differed significantly, $t(429) = -2.00$, $p = .046$. Youth in inracial homes had a greater decrease in internalizing behaviors at discharge than did youth in transracial homes.

Analysis for Research Question 3a

Part "a" for the third research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported internalizing behaviors on the CBCL of youth at discharge vary by age? The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors on the CBCL and the age of the youth.

Youth in inracial family teaching homes had a greater decrease in internalizing behaviors at discharge than did youth in transracial family teaching homes. To test whether this difference varied by youth age, a regression analysis was performed in which change in internalizing behaviors on type of family teaching home, age of youth, and their interaction was regressed. The analysis revealed that the difference between home type in decrease in internalizing behaviors did not vary by youth age, $b_{int} = -1.60$ (SE = .94), $t(427) = -1.70$, $p = .091$. Although there was differences in the age of youth there were significant differences in the changed scores among the youth in this sample.

Analysis for Research Question 3b

Part "b" for the third research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported internalizing behaviors on the CBCL of youth at discharge vary by gender? The independent measure was type of family teaching home and the independent measures were change in internalizing behaviors on the CBCL at discharge and gender of the youth.

To test whether the differences in changes in internalizing behaviors on the CBCL varied across gender, a 2-way ANOVA (home type: inracial, transracial x gender: male, female) was conducted. The analysis revealed that inracial homes were associated with a marginally greater decrease in internalizing behaviors than were transracial homes, type of teaching family home $F(1, 427) = 3.613$, $p = .058$, and this effect did not differ by gender, Interaction $F(1, 427) = .34$, $p = .561$. There was no main effect of gender, $F(1, 427) = .273$, $p = .602$.

Table 9. Reported Internalizing Behaviors on the CBCL and Gender of Youth

Gender	Inracial	Transracial
Male	M = -10.309 (SE = .973)	M = -8.226 (SE = 1.429)
Female	M = -12.051 (SE = 1.123)	M = -8.133 (SE = 2.391)

Analysis for Research Question 3c

Part "c" for the third research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported internalizing behaviors on the CBCL of youth at discharge vary by referral type? The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors on the CBCL and type of referral.

To examine whether the difference between inracial and transracial family teaching homes in change in internalizing behaviors differed by referral type, change in internalizing behaviors were subjected to a 2-way ANOVA (home type: inracial, transracial x referral: private/guardian, third party). The analysis revealed that the difference in decrease in internalizing behaviors between inracial and transracial homes did not differ by referral type, Interaction $F(1, 426) = .001$, $p = .975$. However, in this analysis, the main effect of home type was not significant, $F(1, 426) = 2.306$, $p = .130$,

though trends were in the expected direction. The main effect of referral was marginally significant such that private/guardian referrals were associated with a greater decrease in internalizing behaviors than were 3rd party referrals, $F(1, 426) = 2.671$, $p = .070$.

Table 10. Reported Internalizing Behaviors on the CBCL and Referral Type

Type of Referral	Inracial	Transracial
Private	M = -12.745 (SE = 1.113)	M = -10.364 (SE = 2.267)
3rd Party	M = -9.605 (SE = .979)	M = -7.321 (SE = 1.447)

Analysis for Research Question 3d

Part "d" for the third research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported scores on the Internalizing Scale of the CBCL at discharge vary by youth's race/ethnicity? The independent measure was type of family teaching home and the dependent measures were change in internalizing behaviors reported on the CBCL and race/ethnicity of the youth.

To test whether the differences in changes in internalizing behavior scores between inracial and transracial family teaching homes were consistent across race/ethnicity (African American and European American youth), a 2-way ANOVA (home type: inracial, transracial x youth race: African American, European American) was performed. While the interaction of race/ethnicity and type of family teaching home was not significant, Interaction $F(1, 427) = .38$, $p = .538$, the main effect of the family teaching home type was also not significant, $F(1, 427) = .015$, $p = .904$. However, the main effect of race/ethnicity was significant, $F(1, 427) = 4.764$, $p = .030$ such that European American youth had greater decreases in internalizing behaviors than did African American youth.

Table 11. Reported Internalizing Behaviors on the CBCL and Youth Race/Ethnicity

Race/Ethnicity	Inracial	Transracial
European American	M = -11.241 (SE = .754)	M = -12.265 (SE = 2.235)
African American	M = -8.000 (SE = 3.071)	M = -6.475 (SE = 1.457)

Analysis for Research Question 4

The fourth research question was: What is the relationship between the type of family teaching home (inracial or transracial) and the scores on the Externalizing Scale of the CBCL at admission and discharge? The independent measure was the type of family teaching home and the dependent measures change in externalizing behaviors at discharge (relative to admission) on the CBCL.

To test whether there were any significant differences in change in externalizing behaviors at discharge (relative to admission) between youth in inracial or transracial family teaching homes, an independent samples t-test was performed. The mean change in externalizing behaviors for youth in inracial (M = -12.22, SD = 13.92) and transracial (M = -6.04, SD = 13.05) homes was significantly different $t(429) = -4.13$, $p < .0001$. Youth in inracial family teaching homes had about twice the decrease in externalizing behaviors at discharge than did youth in transracial family teaching homes.

Analysis for Research Question 4a

Part “a” for the fourth research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported scores on the Externalizing Scale of the CBCL at discharge vary by age? The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL at discharge and age of youth.

Youth in inracial family teaching homes had a greater decrease in externalizing behaviors at discharge than did youth in transracial homes. To test whether this difference

varied by youth age, a regression analysis was performed. Change in externalizing behaviors on type of family teaching home, age of youth, and their interaction was regressed. The analysis revealed that the difference between home type in decrease in externalizing behaviors did not vary by youth age, b_{int} = .92 (*SE* = .99), *t*(427) = .93, *p* = .351.

Analysis for Research Question 4b

Part "b" for the fourth research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported externalizing behavior scores on the CBCL at discharge vary by gender? The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL at discharge and gender of youth.

To test whether the difference between inracial and transracial teaching homes in change in externalizing behavior scores differed between male and female youth, change in externalizing behaviors was subjected to a 2-way ANOVA (home type: inracial, transracial x gender: male, female). The analysis revealed that inracial homes were associated with a greater decrease in externalizing behaviors than were transracial homes, Type of family teaching home $F(1, 427) = 12.83$, $p < .001$. This effect did not differ by gender, Interaction $F(1, 427) = .12$, $p = .728$. The main effect of gender was marginally significant such that female youth showed marginally greater decreases in externalizing behaviors than did male youth, Gender $F(1, 427) = 2.846$, $p = .092$.

Table 12. Reported Externalizing Behaviors on the CBCL and Youth Gender

Youth Gender	Inracial	Transracial
Male	M = -10.785 (SE = 1.014)	M = -5.464 (SE = 1.489)
Female	M = -14.132 (SE = 1.170)	M = -7.667 (SE = 2.492)

Analysis for Research Question 4c

Part "c" for the fourth research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported externalizing behavior score on the CBCL at discharge vary by referral type? The independent measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL and type of referral.

To examine whether the difference between inracial and transracial family teaching homes in change in externalizing behavior scores differed by referral type, change in externalizing behavior scores was subjected to a 2-way ANOVA (home type: inracial, transracial x referral: private/guardian, third party). The analysis revealed that the difference in decrease in externalizing behaviors between inracial and transracial homes did not differ by referral type, Interaction $F(1, 426) = .08$, $p = .776$. Inracial homes were associated with a greater decrease in externalizing behaviors than were transracial homes, type of family teaching home $F(1, 426) = 13.03$, $p < .001$. The main effect of referral was not significant, $F(1, 426) = 2.078$, $p = .126$.

Table 13. Reported Externalizing Behaviors on the CBCL and Type of Referral

Type of Referral	Inracial	Transracial
Private	M = -14.292 (SE = 1.165)	M = -8.030 (SE = 2.374)
3rd Party	M = -10.582 (SE = 1.025)	M = -5.235 (SE = 1.515)

Analysis for Research Question 4d

Part "d" for the fourth research question was: Does the relationship between the type of family teaching home (inracial or transracial) and the reported externalizing behavior scores on the CBCL at discharge vary by youth race/ethnicity? The independent

measure was type of family teaching home and the dependent measures were reported externalizing behaviors on the CBCL and race/ethnicity of the youth.

To examine whether the difference between inracial and transracial family teaching homes in change in externalizing behaviors differed between African American and European American youth, a 2-way ANOVA (home type: inracial, transracial x youth race: African American, European American) was performed. While the interaction of race/ethnicity and home type was not significant, $F(1, 427) = .01$, $p = .913$, the main effect of home type was also not significant, $F(1, 427) = .005$, $p = .945$. The main effect of race/ethnicity was significant such that European American youth had greater decreases in externalizing behaviors than did African American youth, $F(1, 427) = 21.67$, $p < .001$.

Table 14. Reported Externalizing Behaviors on the CBCL and Youth Race/Ethnicity

Race/Ethnicity	Inracial	Transracial
European American	M = -12.769 (SE = .774)	M = -13.147 (SE = 2.295)
African American	M = -3.111 (SE = 3.154)	M = -3.025 (SE = 1.496)

Analysis for Research Question 5

The fifth research question was: What is the relationship between the length of time spent in a family teaching home (inracial or transracial) and the observed internalizing behaviors (Sexualized, Self-Destructive, Substance Abuse) reported during the youth's stay in the home using the Daily Incident Report (DIR)? The dependent measure was length of time spent in a teaching family home. The independent measures were type of family teaching home and observed internalizing behaviors reported on the DIR.

To answer research question number five, first the correlation between length of time spent in a teaching home and the observed internalizing behaviors reported were examined. Results of the correlation analysis indicated that there was a weak positive correlation between the length of time spent in a teaching home and the amount of internalizing behaviors exhibited, $r = .09$, $p = .027$.

Additional analyses were conducted to answer the question: Is there a relationship between length of time spent in a family teaching home and all types of observed internalizing behaviors (Sexualized, Self-Destructive, Substance Abuse) reported during the youth's stay in the home using the Daily Incident Report?

To test whether there was a relationship between length of time spent in a teaching home and observed internalizing behaviors was present for all types of internalizing behaviors, a correlational analysis was conducted in which length of stay was correlated with Sexualized behaviors, Self-Destructive behaviors, and Substance Abuse behaviors (Table 15). The correlations revealed that the positive relationship between length of stay and observed internalizing behaviors was driven by a moderate relationship between length of stay and sexualized behaviors. The scores of youth who reportedly exhibited sexualized behaviors (i.e. sexually exploitive behaviors, sexual assault (perpetrator), sexual assault (victim), public displays of affection, and sexual misconduct) were significantly correlated with high scores on self-destructive behaviors which included suicide ideation and suicide attempts. Reported sexual behaviors were also correlated with substance abuse behaviors which included youth who received substance abuse treatment, youth who used tobacco, alcohol, marijuana, or other drug substances, and youth who sold or illegal distributed drugs while in the program.

Table 15. Correlation Between Length of Stay and Different Types of Internalizing Behaviors

	1.	2.	3.	4.
Length of Stay	1.00			
Sexualized Behaviors	.218***	1.00		
Self-Destructive Behaviors	.004	.150***	1.00	
Substance Abuse Behaviors	-.025	.286***	.003	1.00

*** = $p < .0001$

Analysis for Research Question 5a

Part "a" for the fifth research question was: Does the relationship between length of time spent in a teaching family home and observed internalizing behaviors reported on the DIR vary by family teaching home type (inracial or transracial)? The dependent measure was type of teaching family home. The independent measures were length of time spent in a teaching family home and observed internalizing behaviors reported on the DIR.

To test whether the relationship between length of time spent in a family teaching home and observed internalizing behaviors reported on the DIR varied by family teaching home type, a regression analysis was conducted in which observed internalizing behaviors on length of stay, teaching home type, and their interaction was regressed. The analysis revealed that the relationship did not vary as a function of family teaching home type, $b_{int} = .00$ ($SE = .00$), t (608) = .38, $p = .706$.

Analysis for Research Question 6

The sixth research question was: What is the relationship between the length of time spent in a teaching family home and the observed externalizing behaviors reported during the youth's stay in the home using the Daily Incident Report (non-cooperative behaviors, aggressive behaviors, and consequences of behaviors)? The independent

measure was observed externalizing behaviors reported on the DIR. The dependent measure was length of time spent in a teaching family home.

To answer question number six, the correlation between length of time spent in a family teaching home and the observed externalizing behaviors reported was examined. There was no significant correlation between the length of time spent in a family teaching home and the amount of externalizing behaviors exhibited, $r = .03$, $p = .448$.

Next, additional analyses was conducted to answer the question: Is there a relationship between length of time spent in a family teaching home and any of the types of observed externalizing behaviors (Non-Cooperative, Aggression, Consequences) reported during the youth's stay in the home using the Daily Incident Report?

To test whether the relationship between length of time spent in a family teaching home and observed externalizing behaviors was present for all types of externalizing behaviors, a correlational analysis was conducted in which length of stay was correlated with Non-cooperative behaviors, Aggressive behaviors, and Consequences of behaviors (Table 16). The correlations revealed that the there was no significant correlation between length of stay and any of the observed externalizing behaviors. However, aggressive behaviors were found to be highly correlated with non-cooperative behaviors and consequences of behaviors. Additionally, consequences of behaviors were highly correlated non-cooperative behaviors.

Analysis for Research Question 6a

Part "a" for the sixth research question was: Does the relationship between length of time spent in a teaching family home and observed externalizing behaviors reported on the DIR vary by teaching family home type (inracial or transracial)? The independent measure was length of time in a family teaching home and the dependent measures were observed externalizing behaviors reported on the DIR and type of teaching family home.

Table 16. Correlation Between Length of Stay and Different Types of Externalizing Behaviors

	1.	2.	3.	4.
Length of Stay	1.00			
Non-Cooperative Behaviors	.034	1.00		
Aggressive Behaviors	.015	.830***	1.00	
Consequences of Behaviors	.038	.482***	.361***	1.00

*** = $p < .0001$

To test whether the relationship between length of time spent in a family teaching home and observed externalizing behaviors reported varied by family teaching home type, a regression analysis was performed in which observed internalizing behaviors on length of stay, teaching home type, and their interaction was regressed. The analysis revealed that the relationship did not vary as a function of teaching home type, $b_{int} = .00$ (*SE* = .00), $t(608) = -.11$, $p = .913$.

Analysis for Research Question 7

The seventh research question was: Is there a relationship between type of family teaching home (inracial or transracial) and observed internalizing behaviors reported on the DIR? The independent measure was type of family teaching home and the dependent measure was observed internalizing behaviors reported on the DIR.

To test whether there were any significant differences in observed internalizing behaviors between youth in inracial or transracial family teaching homes, an independent samples t-test was performed. The mean observed internalizing behaviors for youth in inracial ($M = 1.73$, $SD = 3.40$) and transracial ($M = 1.41$, $SD = 2.17$) family teaching homes did not differ significantly, $t(610) = 1.19$, $p = .236$.

Analysis for Research Question 8

The eighth research question was: Is there a relationship between type of teaching family home (inracial or transracial) and observed externalizing behaviors reported on the DIR? The independent measure was type of family teaching home and the dependent measure was observed externalizing behaviors reported on the DIR.

To test whether there were any significant differences in observed externalizing behaviors between youth in inracial or transracial family teaching homes, an independent samples t-test was conducted. The mean observed externalizing behaviors for youth in inracial (M = 6.37, SD = 10.12) and transracial (M = 8.30, SD = 10.05) family teaching homes significantly differed, $t(610) = -2.19$, $p = .029$. Youth in inracial family teaching homes had fewer observed externalizing behaviors than did youth in transracial family teaching homes.

CHAPTER V

DISCUSSION

The purpose of this study was to investigate the relations between the outcomes for children placed in Teaching Family Homes and the race/ethnicity of their caregivers. The study is an extension of a study conducted by Jewell et al (2010) that examined behavioral outcomes in an out of home care placement depending on whether youth's ethnicity was congruent with the ethnicity of the caregiver (family teacher). In this chapter the results of the study will be summarized and discussed in the context of other relevant studies. The findings for each research question (1-8) will be discussed and then the limitations of the study will be presented followed by a summary and discussion of future directions for research based on these findings, and the implications for practice and placement of children in out of home care.

Length of Stay

Results of the study revealed that overall, youth placed in inracial and transracial family teaching homes had a length of stay just under 18 months. There were no significant differences in length of stay of youth placed in inracial and transracial family teaching homes, even when age, gender, race, and referral type was taken into account. This finding is inconsistent with other literature that suggested that racial/ethnic minority children, tend to remain in out of home care placement longer than the majority population (European American children) due to the disproportionality that exists within the child welfare system (i.e., Courtney, 2000; Elliot & Urquiza, 2006). However, the current study analyzed data retrieved from a family style residential treatment program that specifically uses a Teaching Family Model which highlights the importance of reunification with youth and their families. Racial/ethnic minority youth in this study did not differ from European American youth in length of stay in the setting. This might be due to the fact that the general goals for the youth were the same across all youth (to return to the least restrictive environment as soon as possible) and the youth were moved

into higher levels of programming if they had major difficulties in the Teaching Family setting.

Successfulness of Discharge

Although there were no significant differences related to the length of stay of youth in inracial and transracial home placements, the successfulness of discharge revealed interesting findings. An independent sample t-test revealed that youth in inracial family teaching homes (M = 5.52, SD = 1.40) had slightly more successful discharges than youth in transracial family teaching homes (M = 5.05, SD = 1.63), $t(390) = 2.84$, p = .005. However, the mean score for successful discharges for youth in inracial and transracial family teaching homes indicate that youth in both home settings had overall successful discharges. Additionally, youth placed in inracial family teaching homes had more successful discharges than youth placed in transracial family teaching homes across ages, gender, race/ethnicity, and type of referral. Although previous studies have not specifically looked at discharge success among youth in inracial and transracial home placements within a residential treatment facility, there is literature that supports that children and adolescents who have same race caregivers have better outcomes. A study conducted by Brown et al. (2009) found that foster parents described their perceptions of cultural similarity to children they fostered as being beneficial to their functioning as foster parents. In addition, participants in the Brown et al. (2009) study reported that having a common language and family customs were very helpful to ease the transition into the home for both the child and foster family.

Behaviors Reported on the Child Behavior Checklist

Youth in inracial family teaching homes had a greater decrease in internalizing behaviors reported on the CBCL at discharge than did youth in transracial family teaching homes. However, no significant differences were found for a decrease in internalizing behaviors for youth in inracial versus transracial family teaching homes based on age, gender, racial/ethnic background, or type of referral. These results are

consistent with previous studies in that it shows that youth placed in same-race home placements exhibit overall, fewer social-emotional concerns (i.e. Jewell, et al., 2010). Anderson and Linares (2012) had found that cultural mismatch between foster children and their caregivers had measurable negative effects on self-reports of children's internalizing symptoms and these results appear to support those findings.

In examining the results of externalizing behaviors reported on the CBCL, youth in inracial family teaching homes had about twice the decrease in externalizing behaviors at discharge than did youth in transracial family teaching homes. Like the reported internalizing behaviors on the CBCL, reported externalizing behaviors on the CBCL for youth placed in inracial or transracial family teaching homes did not vary across age, gender, race/ethnicity, or type of referral. These findings are in contrast to the findings of Jewell et al. (2010) as they found that only African American youth benefitted from inracial placements. In this study, the externalizing behaviors of both European American and African American children decreased when the youth were placed in inracial homes. Thus, both European American and African American children benefited from being placed in same-race home placements.

Behaviors Reported on the Daily Incident Report

Results of the study revealed that there was a weak positive correlation between the length of time spent in a family teaching home and the amount of internalizing behaviors exhibited and reported in the DIR , $r = .09$, $p = .027$ indicating that the longer a child stayed in the home, the more internalizing behaviors he or she exhibited. The internalizing behaviors reported on the DIR that were investigated in this study were :(Sexualized behaviors, Self-Destructive behaviors, and Substance Abuse behaviors). The finding of a positive relationship between length of stay and observed internalizing behaviors appeared to be driven by the moderate relationship between length of stay and sexualized behaviors.

Additionally, the results indicated that the relationship between length of time spent in a family teaching home and the observed internalizing behaviors reported on the DIR did not vary by family teaching home type (inracial versus transracial). The lack of significant results for observed internalizing behaviors and home type might have been due to the fact that the internalizing behaviors were difficult to code (Jewell et al., 2010). The current study only included three event codes classified as internalizing behaviors, which did limit the number of internalizing behaviors presented in the sample.

Relative to externalizing behaviors, there was a very low correlation between the length of time spent in a family teaching home and the amount of externalizing behaviors exhibited, $r = .03$, $p = .448$. There was also a very low correlation between length of stay and any of the observed externalizing behaviors based on type of family teaching home (inracial versus transracial). The results are relevant considering the average length of stay in the residential program was about 18 months. In other words, a youth who stayed only 6 months did not look significantly different regarding externalizing behavior reported on the DIR than the youth who remained 18 months and the youth did not differ in reported externalizing behaviors because of length of time or because of type of placement. One reason for the difference could be that the current study only looked at specific domains on the DIR and did not look at specific events that the child exhibited daily.

When examining differences between type of family teaching home and observed behaviors reported in the DIR, there was no significant differences between observed internalizing behaviors reported for youth placed in inracial or transracial family teaching homes. However, there was a significant difference in the mean observed externalizing behaviors for youth in inracial and transracial family teaching homes. Youth in inracial family teaching homes had fewer observed externalizing behaviors reported in the DIR than did youth in transracial family teaching homes. These results are consistent with the Jewell et al. (2010) study that suggests that youth who are placed in transracial home

placements exhibit more externalizing problem behaviors. As mentioned before, reasons why externalizing behaviors might be prevalent could be due to the behaviors being easily observed and recognized unlike internalizing behaviors which are not always observable and measurable.

Other Findings

As discussed previously, length of stay and observed internalizing behaviors (Sexualized behaviors, Self-Destructive behaviors, and Substance Abuse behaviors) reported on the DIR showed a moderate relationship between time spent in a family teaching home and sexualized behaviors. In addition, sexualized behaviors were significantly correlated with high scores on self-destructive and substance abuse behaviors, which suggests that youth who are engaged in sexually exploitive behaviors, sexual assault, exhibit public displays of affection, or demonstrate sexual misconduct are likely to also have suicidal ideation or suicide attempts and have substance abuse problems.

In examining externalizing behaviors (Non-cooperative behaviors, Aggressive behaviors, and Consequences of behaviors) reported on the DIR aggressive behaviors were found to be highly correlated with non-cooperative behaviors and consequences of behaviors. Additionally, consequences of behaviors were highly correlated with non-cooperative behaviors. This suggests that youth who exhibited aggressive behaviors (i.e. physical assault, property damage) were more likely to be non-compliant in the family teaching home or at school which could lead to a school referral, suspension, or expulsion.

Limitations

There are several limitations that might reduce the reliability and generalizability of the findings of this study. The most significant limitation is the use of archival data and the setting for his study. Because data for this study were previously collected, the researcher had no control over missing data (see Appendix A, Table A5) and maintaining

consistency in reports completed at admission and discharge. The setting in this study is unlike most residential treatment care facilities in that it uses a Teaching Family Model and the environment is family style, therefore results of the study might not be appropriate to generalize to other residential settings.

A second limitation of the study is that the study only included African American and European American youth and family teachers which make it difficult to generalize results to other populations. Although the study initially intended to include other racial/ethnic backgrounds, the limited number of participants in each subgroup made it difficult to analyze the data and include them in the study.

A third limitation of the study is that although the study provides interesting results, the researcher did not look at all possible data such as examining specific subscales on the CBCL or DIR which may have provided more in-depth information regarding internalizing and externalizing behaviors exhibited by youth placed in inracial and transracial homes. A fourth limitation of the study was that there was limited demographic information regarding family teachers and therefore variables such as "years of experience as a family teacher" were not taken into account during the analysis.

Lastly, although stressed throughout the literature as an important factor to consider for youth in out of home care, racial identity and racial socialization and its impact on home placement was not assessed in this study.

Directions and Future Research

Future studies should continue to investigate the effects of caregiver ethnicity on youth placed in out of home care, specifically with youth placed in residential group care to further examine what factors contribute to successful outcomes of youth in residential treatment programs. Additionally, there is limited research on the effects of caregiver ethnicity on youth in foster and residential group care, which would provide more insight on appropriate placements decisions for racial/ethnic minority youth who are currently overrepresented in foster care. One should also gather data on youth's perspectives on

their adjustment in a transracial or inracial home placement within residential care. This could be conducted by having youth self-report on standardized behavior rating scales. In addition, a qualitative study could be conducted to address racial ethnic identity and racial socialization of youth. Future research should assess behavioral outcomes of youth with reports of the youth at admission, periodically throughout their stay, at discharge, and at follow-up and include more variables such as presenting problems, diagnoses, psychotropic medications, family contact, and educational history. Because of the unique setting in this study, this research should be replicated in other out of home care settings.

Implications of Study Results for Current Practice

The current study builds on previous studies showing that race/ethnicity can impact a youth's adjustment in out of home care (Brown, George, Sintzel, & Arnault, 2009; Burrow & Finley, 2004; Keller et al., 2001; Moffatt & Thoburn, 2001). Although the current study did not suggest racial/ethnic differences in youth's externalizing and internalizing behaviors, it did suggest that both racial/ethnic groups benefitted from being place in inracial versus transracial Family Home settings. In this particular study, age, gender and race/ethnicity did not appear to be contributing to the behaviors of the youth as much as type of placement (inracial versus transracial) did. However, this research did not look at other racial/ethnic groups besides African American and European American when assessing internalizing and externalizing behaviors on the CBCL and the DIR. Other racial/ethnic groups should be included in future studies.

Although the results of this study support the use of inracial placements for some aspects of outcomes for youth, this is not something that can be done for all children, thus all placements should be made with careful considerations to what is appropriate and best for the individual child. In addition, procedures should be put in place to help the youth feel good about their own race/ ethnicity and observe that their race/ethnicity will be valued by caretakers. Previous studies have shown that there are positive outcomes for youth placed with caregivers different from their own racial/ethnic background (Bimmel,

Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2003; Lindblad, Hjern, & Vinnerljung, 2003), and that youth placed in out of home care who reside in transracial homes do not differ dramatically from same-race homes and youth who have not been placed in out of home care on measures of self-esteem and social adjustment. Most importantly, despite limited ethnic minority family teachers who care for the youth in the residential treatment program described in this study, the program has been well known for its remarkable impact on at-risk and culturally diverse youth. Extensive research and longitudinal studies have shown that youth who completed the Treatment Family Homes program at this Midwest facility, are, found to be good citizens and become productive members of society. In addition, former residents of the residential program, match or exceed expectations (academically and socially) compared to national norms (Boystown.org, 2012). These findings indicate that youth in this residential treatment program were empowered to maintain significant and lasting change in their lives after discharge from the program.

What is evident from this study is that just like in other studies (i.e., Jewel et al., 2010), a large percentage of African American children are being cared for by predominately European American caregivers. The limited number of foster parents from culturally diverse backgrounds has caused many African American youth to be shifted from African American communities to predominately European American communities which might differ on many levels. This racial/ethnic isolation could lead to the African American foster child feeling stigmatized and could result in a variety of externalizing behaviors as a coping strategy. Thus, it is important that all caregivers, especially those who are a different race/ethnicity than the youth they care for and may have limited background and experience with culturally diverse youth , receive cultural competence training in order to aid children of color in developing and maintaining a healthy sense of cultural pride (Pinderhughes & Harden, 2005). With the growing diversity of children in foster care, it is important that the child welfare system ensure that all children are

granted the same opportunities and services as the majority children and receive culturally competent care. One way to ensure culturally competent care is being provided is to recruit bilingual and culturally proficient workers and foster families. This would help ensure that workers are sensitive to cultural differences (Elliot & Urquiza, 2006). According to Chipungu and Bent-Goodley (2004), there are various cultural competence training models in place for transracial adoptive parents that could be used as a framework for foster care families. One example is a piloted training program conducted in 2001 which focused on increasing transracial adoptive parents' racial awareness, skills for coping with the child's experience of racial discrimination, and understanding of the importance of maintaining ties to the child's culture of origin (Vonk & Angaran, 2001). Results of this training program revealed that parents' perceptions of the importance of cultural competence increased. The current results of the study emphasize the importance of understanding outcomes of children placed in out of home care and highlights factors to consider for placement of racial/ethnic youth.

APPENDIX A

FREQUENCY/DISTRIBUTION TABLES FOR SAMPLE

Table A1. Frequency/Distribution of Length of Stay by Teaching Home Type

	Inracial	Transracial
Between 0 and 4 Months	19 (4%)	11 (3%)
Between 4 and 7 Months	41 (10%)	25 (8%)
Between 7 and 10 Months	46 (11%)	32 (10%)
Between 10 and 13 Months	66 (16%)	26 (8%)
Between 13 and 16 Months	62 (15%)	23 (7%)
Between 16 and 19 Months	50 (12%)	16 (5%)
19 Months and Greater	139 (33%)	189 (59%)

Table A2. Frequency/Distribution of Successfulness of Discharge by Teaching Home Type

	Inracial	Transracial
Unsuccessful	18 (6%)	15 (14%)
Somewhat Unsuccessful	26 (9%)	14 (13%)
Neither Unsuccessful nor Successful	29 (10%)	10 (10%)
Somewhat Successful	45 (16%)	15 (14%)
Successful	170 (23%)	50 (48%)

Table A3. Change in CBCL Means from Admission to Departure by Teaching Home Type

	Inracial	Transracial
Total Behavior at Admission	66.47 (9.19)	63.13 (9.00)
Internalizing Behaviors	-11.06 (13.02)	-8.20 (13.26)
Externalizing Behaviors	-12.22 (13.92)	-6.04 (13.05)
Anxious/Depressed	-7.11 (9.79)	-4.54 (8.96)
Withdrawn/Depressed	-7.12 (11.49)	-4.75 (11.50)
Somatic Complaints	-4.95 (10.14)	-3.95 (8.40)
Social Problems	-3.51 (10.00)	-1.34 (9.15)
Thought Problems	-4.82 (10.86)	-3.08 (9.42)
Attention Problems	-8.38 (11.00)	-5.28 (9.16)
Rule-Breaking Behavior	-10.04 (11.22)	-5.78 (9.16)
Aggression	-10.26 (12.85)	-3.41 (12.72)
Total Behavior at Departure	54.15 (11.29)	55.29 (11.95)

Table A4. Age Groups by Teaching Home Type

	Inracial	Transracial
10 and Younger	9 (2%)	3 (2%)
11 – 13 Years	63 (15%)	23 (12%)
14 – 16 Years	224 (53%)	128 (68%)
17 and Older	55 (13%)	35 (19%)

Table A5. Missing Data

Variable	Available Data
Successfulness of discharge	392 out of 612
Change in internalizing behaviors	431 out of 612
Change in externalizing behaviors	431 out of 612

APPENDIX B

DAILY INCIDENT REPORT (DIR) EVENT CODES

I.	**ARRIVALS, TRANSFERS AND DEPARTURES**
1	New Youth/Family
2	Readmit Youth/Family To Same Program
3	School Transfer
4	Transfer
6	FPS Temporary Removal
7	FPS Permanent Removal
8	FPS Reunification
9	Departure
136	Aftercare/Follow Up
145	Prior To Admission
171	Change of Placement (Family Based, Foster Care and Care Coordination only)
173	Short-Term Respite
175	Foster Care Respite
II.	**ABSENCES, LEAVES AND VISITS**
16	BTUSA School Absence
18	Be On Lookout/Unreported Whereabouts
19	Runaway/AWOL
20	AWOL-Found
22	Home Visit
III.	**MEDICAL**
23	Non-Psychotropic Medication Error
24	Psychotropic Medication Error

25	Injury
26	Outpatient Medical Care
27	Hospital
28	Pregnancy
29	Prescription Medication (Non-Psychotropic)
30	Adverse Reactions to Medication
31	Away From Program Medication Error
32	Infectious/Communicable Disease
33	Medication Refusal
162	Medication: Administration Omitted
163	Medication: Wrong Dosage
164	Medication: Wrong Medication
165	Medication: Wrong Time
IV.	**MENTAL HEALTH**
34	Mental Health Service
35	Psychotropic Medication
36	Mental Health Therapy
37	Psychiatric Hospital
38	Eating Disorder
40	Mental Health Service Refusal/Missed Appointment
50	Meal Refusal
V.	**NON-COOPERATIVE BEHAVIOR**
44	Non-Cooperative Behavior (School)
45	Non-Cooperative Behavior (Non-School)

REFERENCES

Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.

Achenbach, T. M., & Rescorla, L. A. (2001). *The manual for the ASEBA school-age forms and profiles*. Burlington, BT: University of Vermont, Research Center for Children, Youth, and Families.

The Adoption History Project. (2012). *Adoption history: Indian adoption project.* Retrieved August 28, 2012, from http://pages.uoregon.edu/adoption/topics/IAP.html

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders DSM-IV* (4th rev. ed.). Washington, DC: Author.

Anderson, M., & Linares, L. O. (2012). The role of cultural dissimilarity factors on child adjustment following foster placement. *Children and Youth Services Review, 34*, 597-601.

Andujo, E. (1988). Ethnic identity of transethnically adopted Hispanic adolescents. *Social Work, 33*, 531-535.

Baker, A. J. L., Kurkland, D., Curtis, P., Alexanger, G., & Papa-Lentini, C. (2007). Mental health and behavioral problems of youth in the child welfare system: Residential treatment centers compared to therapeutic foster care in the Odyssey project population. *Child Welfare Journal, 86,* 97-123.

Benner, A. D., & Crosnoe, R. (2011). The racial/ethnic composition of elementary schools and young children's academic and socioemotional functioning. *American Educational Research Journal, 48* (3), 621-646.

Bimmel, N., Juffer, F., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2003). Problem behavior of internationally adopted adolescents: A review and meta-analysis. *Harvard Review of Psychiatry, 11*, 64-77.

Boys Town. (2012a). *Life changing treatment enduring results: Boys Town treatment family homes sixteen-year follow-up study*. Retrieved August 29, 2012, from http://www.boystown.org/research/followup-outcomes

Boys Town. (2012b). *Lasting results: Boys Town treatment family homes five-year follow-up study*. Retrieved August 29, 2012, from: http://www.boystown.org/research/followup-outcomes

Boystown.org. (2012). *What we do: Integrated continuum*. Retrieved August 29, 2012, from http://www.boystown.org/what-we-do/continuum/service-levels/family-homes

Bradley, C., & Hawkins-Leon, C. (2002). The transracial adoption debate: Counseling and legal implications. *Journal of Counseling & Development, 80*(4), 433-440.

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

Brand, A. E., & Brinich, P. M. (1999). Behavior problems and mental health contacts in adopted, foster, and nonadopted children. *Journal of Child Psychology and Psychiatry, 40*(8), 1221-1229.

Brooks, D., Barth, R. P., Bussiere, A., & Patterson, G. (1999). Adoption and race: Implementing multiethnic placement act and the interethnic adoption provisions. *Social Work, 44,* 167-178.

Brown, J. D., George, N., Sintzel, J., & Arnault, D. S. (2009). Benefits of cultural matching in foster care. *Children and Youth Services Review, 31,* 1019-1024.

Bruskas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child & Adolescent Psychiatric Nursing, 21*(2), 70-77.

Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 960-970.

Burrow, A. L., & Finley, G. E. (2004). Transracial, same-race adoptions, and the need for multiple measures of adolescent adjustment. *American Journal of Orthopsychiatry, 74*(4), 577-583.

Burrow, A. L., Tubman, J. G., & Finley, G. E. (2004). Adolescent adjustment in a nationally collected sample: Identifying group differences by adoption status, adoption subtype, developmental stage and gender. *Journal of Adolescence, 27,* 267-282.

Burton, J., & Marshall, L. A. (2005). Protective factors for youth considered at risk of criminal behavior. Does participation in extracurricular activities help? *Criminal Behavior and Mental Health, 15,* 46-64.

Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology, 58*(4), 537-554.

Cameron, M., & Guterman, N. B. (2007). Diagnosing conduct problems of children and adolescents in residential treatment. *Child & Youth Care Forum, 36,* 1-10.

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

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

Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Counseling Psychology, 56*(4), 521-536.

Children's Defense Fund. (2007). *Cradle to prison pipeline campaign*. Retrieved from http://www.childrensdefense.org/programs-campaigns/cradle-to-prison-pipeline/

Chipungu, S. S., & Bent-Goodley. (2004). Meeting the challenges of contemporary foster care. *The Future of Children, 14*(1), 74-93.

Clausen, J. M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies, 7,* 283-296.

Coakley, T., & Buehler, C. (2008). Toward a theory of cultural competence in transcultural parenting: The role of cultural receptivity. *Journal of Public Child Welfare, 2*(4), 401-425.

Coakley, T., & Orme, J. (2006). A psychometric evaluation of the cultural receptivity in fostering scale. *Research on Social Work Practice, 16*(5), 520-533.

Committee for Hispanic Children and Families. (2004). *Creating a Latino child welfare agenda: A strategic framework for change*. New York, NY: Committee for Hispanic Children and Families, Inc.

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

Costello, E. J., Angold, A., Burns, B. J., Stangl, D. K., Tweed, D. L., Erkanli, A., & Worthman, C. M. (1996). The Great Smoky Mountains Study of Youth: Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry, 53*(12), 1129-1136.

Courtney, M. E. (2000). Research needed to improve the prospects for children in out-of-home placement. *Children and Youth Services Review, 22,* 743-761

Courtney, M. E., Roderick, M., Smithgall, C., Gladden, R. M., & Nagoka, J. (2004). *The educational status of foster children.* Chapin Hall Center for Children: Issue Brief #102. Retrieved June 1, 2012 from http://www.chapinhall.org

Crosnoe, R., Johnson, M. K., & Elder, G. H. J. (2004). Intergenerational bonding in school: The behavioral and contextual correlates of student-teacher relationships. *Sociology of Education, 77*(1), 60-81.

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

Davis, J., & Daly, D. L. (2003). *Girls and Boys Town long-term residential program: Training Manual* (4th ed.). Boys Town, NE: Father Flanagan's Boys Home.

Dishion, T. J., McFord, J., & Poulin, F. (1999). When interventions harm. *The American Psychologist, 54*(9), 755-764.

Dishion, T. J., Spracklen, K. M., Andrews, D. W., & Patterson, G. R. (1996). Deviancy training in male adolescent friendships. *Behavior Therapy, 27,* 373-390.

Drais-Parrillo, A. A. (2004). *The Odyssey project: A descriptive and prospective study of children and youth in residential group care and therapeutic foster care.* Washington, DC: Child Welfare League of America.

Dunn, D. M., Cullhane, S. E., & Taussig, H. N. (2010). Children's appraisal of their experiences in out-of-home care. *Children and Youth Services Review, 32,* 1324-1330.

Elliott, K., & Urquiza, A. (2006). Ethnicity, culture, and child maltreatment. *Journal of Social Issues, 62,* 787-809.

Fanshel, D. (1972). *Far from the reservation: The transracial adoption of American Indian children.* Metuchen, NJ: The Scarecrow Press.

Federal Interagency Forum on Child and Family Statistics. (2012a). *America's children: Key national indicators of well-being, 2011: Adoption.* Retrieved June 1, 2012, from http://www.childstats.gov/americaschildren/index.asp

Federal Interagency Forum on Child and Family Statistics. (2012b). *America's children: Key national indicators of well-being, 2011: Demographic Background.* Retrieved June 1, 2012, from http://www.childstats.gov/americaschildren/index.asp

Frensch, K. M., & Cameron, G. (2002). Treatment of choice or a last resort? A review of residential mental health placements for children and youth. *Child and Youth Care Forum, 31*(5), 307-339.

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

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

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

Friman, P. C., Toner, C., Soper, S., Sinclair, J., & Shanahan, D. (1996). Maintaining placement for troubled and disruptive adolescents in voluntary residential care: The role of reduced youth-to-staff ratio. *Journal of Child and Family Studies, 5*(3), 337-347.

Gadow, K. D., & Sprafkin, J. (1997). *Child Symptom Inventory-4 norms manual*. Stony Brook, NY: Checkmate Plus.

Garland, A. F., Hough, R., Landsverk, J., & Brown, S. (2001). Multi-sector complexity of systems of care for youth with mental health needs. *Children's Services: Social Policy, Research and Practice, 4,* 123-140.

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

Griffith, E. E. H., & Bergeron, R. L. (2006). Cultural stereotypes die hard: The case of transracial adoption. *The Journal of American Academy of Psychiatry and the Law, 34*(3), 303-314.

Grotevant, H. D., Dunbar, N., Kohler, J. K., & Esau, A. M. L. (2000). Adoptive identity: How contexts within and beyond the family shape developmental pathways. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 49,* 379-387.

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

Hair, H. J. (2005). Outcomes for children and adolescents after residential treatment: A review of research from 1993 to 2003. *Journal of Child and Family Studies, 14*(4), 551-575.

Handwerk, M. L., Field, C., & Friman, P. C. (2001). The iatrogenic effects of group intervention for antisocial youth: Premature extrapolations? *Journal of Behavioral Education, 10,* 223-238.

Hollingsworth, L. D. (1997). Effect of transracial/transethnic adoption on children's racial and ethnic identity and self-esteem: A meta-analytic review. *Marriage & Family Review, 25*(1-2), 9-130.

Hurley, K. D., Trout, A., Chmelka, M. B., Burns, B. J., Epstein, M. H., & Thompson, R. W. (2009). The changing mental health needs of youth admitted to residential group home care: Comparing mental health status at admission in 1995 and 2004. *Journal of Emotional and Behavioral Disorders, 17*(3), 164-176.

Hussey, D. L., & Guo, S. (2005). Characteristics and trajectories of treatment foster care youth. *Child Welfare, 84*(4), 485-506.

Hyde, J., & Kammerer, N. (2009). Adolescents' perspective on placement moves and congregate settings: Complex and cumulative instabilities in out-of-home care. *Children and Youth Services Review, 31*(2), 265-279.

Ishizawa, H., Kenney, C. T., Kubo, K., & Stevens, G. (2006). Constructing interracial families though intercountry adoption. *Social Science Quarterly, 87*(5), 1207-1224.

James, S., Landsverk, J., & Slymen, D. J. (2004). Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review, 26,* 185-206.

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

Juffer, F., & van Ijzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees. *Journal of the American Medical Association, 293,* 2501-2515.

Kasius, M. C., Ferdinand, R. F., van den Berg, H., & Verhulst, F. C. (1997). Associations between different diagnostic approaches for child and adolescent psychopathology. *Journal of Child Psychology and Psychiatry, 38,* 625-632.

Keller, T. E., Wetherbee, K., Le Prohn, N. S., Payne, V., Sim, K., & Lamont, E. R. (2001). Competencies and problem behaviors of children in family foster care: Variations by kinship placement status and race. *Children and Youth Services Review, 23*(12), 915-940.

Kirigin, K. A. (1996). Teaching-family model of group home treatment of children with severe behavior problems. In M. C. Roberts (Ed.), *Model programs in child and family mental health* (pp. 231-247). Mahwah, NJ: Erlbaum.

Larzelere, R .E. (1991). Factor analysis of morning report data (Residential Research Technical Report 91-3). Boys Town, NE: Father Flanagan's Boys Home.

Larzelere, R. E. (1996). Inter-coder reliabilities and construct groupings for important codes on the Daily Incident Report (Residential Research Technical Report 96-1). Boys Town, NE: Father Flanagan's Boys Home.

Larzelere, R. E., Daly, D. L., Chmelka, M. B., & Handwerk, M. L. (2004). Outcome evaluation of Girls and Boys Town's family home program. *Education and Treatment of Children, 27*(2), 130-149.

Larzelere, R. E., Dinges, K., Schmidt, M. D., Spellman, D. F., Criste, T. R., & Connell, P. (2001). Outcomes of residential treatment: A study of the adolescent clients of Girls and Boys Town. *Child & Youth Care Forum, 30*(3), 175-185.

Leathers, S. J. (2002). Foster children's behavioral disturbance and detachment from caregivers and community institutions. *Children and Youth Services Review, 24*(4), 239-268.

Leathers, S. J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse & Neglect, 30,* 307-324.

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

Leichtman, M. (2006). Residential treatment of children and adolescent children: Past, present, and future. *Journal of Orthopsychiatry, 76*(3), 285-294.

Lieberman, R. E. (2004). Future directions in residential treatment. *Child and Adolescent Psychiatric Clinics of North America, 13,* 279-294.

Linares, L. O., Li, M., Shrout, P. E., Brody, G. H., & Pettit, G. S. (2007). Placement shift, sibling relationship quality, and child outcomes in foster care: A controlled study. *Journal of Family Psychology, 21*(4), 736-743.

Lindblad, F., Hjern, A., & Vinnerljung, B. (2003). Intercountry adopted children as young adults—A Swedish cohort study. *American Journal of Orthopsychiatry, 73,* 190-202.

Lipsey, M. W. (1999). Can intervention rehabilitate serious delinquents? *Annals of the American Academy of Political & Social Science(s), 564,* 142-199.

Lyons, J. S., Terry, P., Martinovich, Z., Peterson, J., & Bouska, B. (2001). Outcome trajectories for adolescents in residential treatment: A statewide evaluation. *Journal of Child and Family Studies, 10*(3), 333-345.

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. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(1), 88-95.

McNeal R., Handwerk, M. L., Field, C. E., Roberts, M. C., Soper, S., Huefner, J. C., & Ringle, J. L. (2006). Hope as an outcome variable among youths in a residential care setting. *American Journal of Orthopsychiatry, 76*(3), 304-312.

McRoy, R .G. (1989). An organizational dilemma: The case of transracial adoptions. *Journal of Applied Behavioral Science, 25,* 145-160.

Merritt, W. T. (1985). *Excerpt from testimony by President William T. Merritt, National Association of Black Social Workers*. United States Senate hearing. Washington, DC: Committee on Labor and Human Resources.

Moffatt, P. G., & Thoburn, J. (2001). Outcomes of permanent family placement for children of minority ethnic origin. *Child and Family Social Work, 6,* 13-21.

National Association of Black Social Workers. (1972). *Position paper on transracial adoption*. New York, NY: Author.

National Association of Black Social Workers. (2012). *Preserving families of African ancestry.* Retrieved June 1, 2012, from http://www.nabsw.org/mserver/PreservingFamilies.aspx

National Center for Education Statistics. (2003). *Report on national assessment of educational progress. The nation's report card: Summary data tables 2003.* Washington, DC: US Department of Education.

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*(10), 1363-1374.

Palacios, J., & Brodzinsky, D. (2010). Review: Adoption research: Trends, topics, outcomes. *International Journal of Behavioral Development, 34,* 270-284.

Pecora, P. J., Kessler, R. C., O'Brian, K., White, C. R., Williams, J., Hiripi, E.,…Herrick, M. A. (2006). 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.

Phillips, E. L., Phillips, E. A., Fixsen, D. L., & Wolf, M. M. (1974). *The teaching-family handbook.* Lawrence, KS: University of Kansas Press.

Pottick, K. J., Warner, L. A., Isaacs, M., Henderson, M. J., Milazzo-Sayre, L., & Manderscheid, R. W. (2004). Children and adolescents admitted to specialty mental health care programs in the United States, 1986-1997. In R.W. Manderscheid & M. J. Henderson (Eds.), *Mental health, United States, 2002* (DHHS Publication No. SMA04-3938; pp. 314-326). Rockville, MD: Substance Abuse and Mental Health.

Reynolds, C. R., & Kamphaus, R. W. (1992). *Behavior Assessment System for Children (BASC)*. Circle Pines, MN: American Guidance Service.

Roberts, R. E., Attkisson, C. C., & Rosenblatt, A. (1998). Prevalence of psychopathology among children and adolescents. *American Journal of Psychiatry, 155,* 715-725.

Schechter, M. D. (1960). Observations on adopted children. *Archives of General Psychiatry, 3*(21), 29, 31.

Schwartz, A. (2007). "Caught" versus "taught": Ethnic identity and the ethnic socialization experiences of African American adolescents in kinship and non-kinship foster placements. *Children and Youth Services Review, 29,* 1201-1219.

Sharma, A. R., McGue, M. K., & Benson, P. L. (1996). The emotional and behavioral adjustment of United States adopted adolescents: Part I. An overview. *Children and Youth Services Review, 18*(1/2), 83-100.

Sharma, A. R., McGue, M. K., & Benson, P. L. (1998). The psychological adjustment of United States adopted adolescents and their nonadopted siblings. *Child Development, 69*(3), 791-802.

Shin, S., Chow, C., Camacho-Gonsalves, T., Levy, R. J., Allen, E. I., & Leff, H. S. (2005). A meta-analytic review of racial-ethnic matching for African American and Caucasian American clients and clinicians. *Journal of Counseling Psychology, 52,* 45.

Shireman, J. F. (1988). *Family life project: A longitudinal adoption study (Growing up adopted: An examination of major issues (Phase IV).* Chicago, IL: Chicago Child Care Society.

Shireman, J. F., & Johnson, P. R. (1975). *Adoption: Three alternatives (Phase I).* Chicago, IL: Chicago Child Care Society.

Shireman, J. F., & Johnson, P. R. (1980). *Adoption: Three alternatives (Phase II).* Chicago, IL: Chicago Child Care Society.

Shireman, J. F., & Johnson, P. R. (1986). A longitudinal study of Black adoptions: Single parent, transracial, and traditional (Phase III). *Social Work, 31,* 172-177.

Simmel, C., Brooks, D., Barth, R. P., & Hinshaw, S. P. (2001). Externalizing symptomatology among adoptive youth: Prevalence and preadoption risk factors. *Journal of Abnormal Child Psychology, 29*(1), 57-69.

Smith, R. A., & Elliott, J. R. (2002). Does ethnic concentration influence employees' access to authority? An examination of contemporary urban labor markets. *Social Forces, 81*(1), 255-279.

Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., et al. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics, 116,* 891-900.

Strumpf, E. C. (2011). Racial/ethnic disparities in primary care: The role of physician-patient concordance. *Medical Care, 49*(5), 496-503.

Sunseri, P.A. (2005). Children referred to residential care: Reducing multiple placements, managing costs and improving treatment outcomes. *Residential Treatment for Children & Youth, 22*(3), 55-66.

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

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

U.S. Department of Health and Human Services. (2011a). *Adoption and foster care analysis and reporting system (AFCARS) report: Released June 2011.* Retrieved November 12, 2011, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report18.htm

U.S. Department of Health and Human Services. (2011b). *Transracial and transcultural adoption.* Retrieved February 26, 2012, from http://www.childwelfare.gov/pubs/f_trans.cfm#ten

Vonk, M. E., & Angaran, R. (2001). A pilot study of training adoptive parents for cultural competence. *Adoption Quarterly, 4,* 5-18.

Vroegh, K. S. (1992, April). *Transracial adoption: How it is 17 years later* (Phase V). Paper presented at the Annual Meeting of the American Psychological Association, San Francisco.

Vroegh, K. S. (1997). Transracial adoptees: Developmental status after 17 years. *American Journal of Orthopsychiatry, 67*(4), 568-575.

Wells, K., & Whittington, D. (1993). Characteristics of youths referred to residential treatment: Implications for program design. *Children and Youth Services Review, 15,* 195-217.

White, C. R., O'Brien, K., Jackson, L. J., Havalchak, A., Phillips, C. M., Thomas, P., & Cabrera, J. (2008). Ethnic identity development among adolescents in foster care. *Child & Adolescent Social Work Journal, 25,* 497-515

Whittaker, J. K. (2004). The re-invention of resident treatment: An agenda for research and practice. *Child and Adolescent Psychiatry Clinics of North America, 13,* 267-278.

Wolf, M. M., Phillips, E .L., Braukmann, C .J., Kirigin, K. A., Willner, A. G., & Schumaker, J. B. (1976). Achievement place: The teaching-family model. *Child Care Quarterly, 5,* 92-103.

Youngbauer, J. G. (1997). *The Teaching-Family Model and treatment durability: Assessing generalization using survival analysis techniques* (Unpublished doctoral dissertation). University of Kansas, Lawrence.

Zarefsky, J. L. (1946). Children acquire new parents: Recent increases in adoptions emphasize need for adequate adoption procedures. *Child, 10*, 142-144.