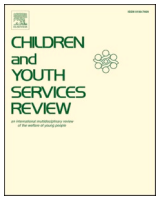
Children and Youth Services Review 179 (2025) 108617

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Behavioral skills training and support groups to improve the caretaking experiences of foster parents

Catelyn N. Smeyne, Lori B. Vincent *, Dacia M. McCoy

College of Education, Human Services, Criminal Justice, and Information Technology, University of Cincinnati, United States

ARTICLE INFO

Keywords:
Foster care
Boys Town Common Sense Parenting
Behavioral skills training
Structured peer group supervision

ABSTRACT

The purpose of this study was to pilot the Boys Town Common Sense Parenting (CSP; Boys Town, 2015) curriculum followed by virtual behavioral support groups utilizing a structured peer group supervision model to improve the experiences of local foster parents and the youth in their care. Through the implementation of an evidence-based training and follow-up supports, this empirical study aimed to evaluate the utility and acceptability of the Boys Town CSP training and structured behavioral support groups for local foster parents and identify the pressing needs of local foster parents to inform ongoing therapeutic efforts. The results of this study provide preliminary support that the CSP training was appropriate and acceptable for foster parents. Additionally, findings from this study propose the importance of ongoing supports with the provision of continual access to knowledge, resources, and community-building initiatives to improve the overall experiences of families within the foster care system.

1. Introduction

Each year, approximately a quarter of a million children are placed in the foster care system due to instances of childhood abuse, neglect, and/or parental incarceration (Adoption and Foster Care Analysis Reporting System (AFCARS), 2022). Two-thirds of these children will be transitioned to eight or more foster homes, and nearly 20,000 children will remain in the foster care system until the "age of emancipation" (e.g., 18 years old; Rubin et al., 2007; Vacca, 2008). Furthermore, up to 90 % of children in the foster care system have experienced some type of trauma, typically complex or chronic in nature (Beyerlein & Bloch, 2014; Middleton et al., 2019; Stein et al., 2021). Though the foster care system aims to provide necessary supports for youth in these vulnerable and displaced situations, the evidence suggests that placement in the foster care system exacerbates the risk for difficulties across behavioral, social, and educational domains (Chamberlain et al., 2008; Lawrence et al., 2006; Neiheiser, 2015).

Given the challenging experiences of youth in foster care, it is not surprising that most foster parents report inadequate levels of training, support, and appreciation to deal with some of the inevitable stressors that arise while fostering (Colley et al., 2017). Foster parents often report experiencing multiple conflicting demands and complicated relationships with the foster care system, which inevitably results in low retention rates and consequent placement instability for youth in the system (Colley et al., 2017; Hanlon et al., 2021; Vacca, 2008). Placement instability (e.g., transfer to two or more foster homes) is associated with poor academic, behavioral, and social-emotional outcomes for youth in foster care (Neiheisser, 2015; Rubin et al., 2007; Vacca, 2008). It is imperative to recognize that improved supports for licensed foster parents, including evidence-based training and ongoing, system-based supports can counteract some of these trends (Randle et al., 2016). Thus, there is a dire need for research on strategies to improve resilience and to increase levels of respect and appreciation for caregivers within the foster care system (Colley et al., 2017; Hanlon et al., 2021).

1.1. Foster parent training

Though foster parent training is mandated by federal law and supported by most state statues, the majority of implemented foster parent trainings lack empirical support (Chamberlain et al., 2008; Solomon et al., 2017). It is important to note that evidence-based foster parent training programs exist, and there is some evidence to suggest that these programs are an important promoter of improved caregiver self-efficacy and reduced externalizing behaviors among youth in care; however,

* Corresponding author at: University of Cincinnati, College of Education, Human Services, Criminal Justice, and Information Technology, 2610 University Cir, Cincinnati, OH 45221, United States
E-mail address: vincenlb@mail.uc.edu (L.B. Vincent).

https://doi.org/10.1016/j.childyouth.2025.108617
Received 12 May 2023; Received in revised form 14 July 2025; Accepted 30 September 2025
Available online 2 October 2025

they have yet to be widely integrated into the current system due to practical and economical constraints (Chamberlain et al., 2008; Fisher et al., 2005; Solomon et al., 2017). Additionally, foster parents are often provided with initial training and some follow-up courses to maintain their license, but appear to lack meaningful and ongoing monitoring, resource provision, and support (Blythe et al., 2014; Williams et al., 2023). Therefore, despite the knowledge that youth in the foster care system are at a high risk for challenging problems, foster parents tend to lack meaningful and ongoing support to manage these issues (Chamberlain et al., 2008; Colley et al., 2017). Given limited government funding and statues that fail to meet the needs of vulnerable children within the foster care system, there is a high-need for evidence-based programming that can practically equip, and support committed foster parents to mediate the needs of the youth in their care (Rhodes et al., 2001).

A survey conducted by the Peer Technical Assistance Network (1998) revealed that difficulties in understanding and managing challenging behaviors stood as the primary reason why licensed foster parents decided to stop fostering, and this has since been confirmed in more recent research (Blythe et al., 2014; Randle et al., 2017). Additionally, most foster parents report that they do not have the level of support or training needed to handle challenging behaviors that arise while fostering (Colley et al., 2017; Williams et al., 2023). Thus, behavioral parent training offers a potential source of evidence-based solutions that may better equip foster parents to care for youth within the foster care system (Cooper et al., 2020; Chamberlain et al., 2008).

1.2. Behavioral parent training

Foster parents frequently report the need for additional training and consultation to support their caregiving roles in the foster care system; yet, there is still a lack of evidence-based behavioral trainings for caregivers in the system (Colley et al., 2017; Peer Technical Assistance Network, 1998; Solomon et al., 2017). Behavioral parent training is an evidence-based approach based on behavioral theory for preventing and decreasing disruptive behaviors of children (Furlong et al., 2013; Mouton et al., 2018). Existing behavioral trainings piloted within the foster care system (e.g., Together Facing the Challenge; Farmer et al., 2010) highlight the benefits of integrating behavioral theory into foster parent training programs, including improved internalizing and externalizing behaviors among youth receiving care from trained caregivers (Eisenberg et al., 2023). However, when working with young people in the foster care system, it is also important to consider and appropriately address the likelihood for exposure to early childhood trauma (Stein et al., 2021). Behaviorally-based interventions can include a trauma-informed approach (Rajaraman et al., 2022), which may be appropriate for supporting children in foster care. Some behavioral strategies that may align with trauma-informed care include ensuring safety and trust through consistent routines, expectations, and responses to the child's behavior and emphasizing appropriate skill building (Rajaraman et al., 2022).

While behavioral parent training has been found to be an effective approach, the method of parent training is also important. Behavior skills training has been found to be an effective approach for teaching caregivers skills to support their child with an intellectual or developmental disability (Sun, 2022). Behavior skills training typically includes four components: instruction, modeling, rehearsal, and feedback (Miltenberger, 2004). There is some evidence of the success of combining behavioral skills training for caregivers in the foster care system to teach evidence-based behavioral strategies (e.g., The Behavior Analyses Service Program), though additional work is still needed (Crosland et al., 2009). The Boys Town CSP curriculum (BoysTown, 2015) offers one behaviorally oriented parent training program that may prove effective and acceptable for use in the foster care system (Thompson, 1993).

1.3. Boys Town Common Sense Parenting

The Boys Town CSP (BoysTown, 2015) training program is a successful, evidence-based curriculum based on the teacher-family model and social interaction theory (Patterson et al., 1992; Wolf et al., 1976). CSP integrates behavioral supports into a six-lesson training program centered on encouraging positive behavior and preventing or responding to challenging behavior (BoysTown, 2015; Griffith, 2010; Mason et al., 2015; Thompson et al., 1993). Each training session follows a behavioral skills training framework comprised of an introduction, period of instruction, modeling, practice opportunities, feedback from the trainer, and a summary of lessons covered (BoysTown, 2015; Griffith, 2010; Thompson et al., 1993). Across several studies, CSP has demonstrated high social validity and empirical effectiveness at improving the lives of children and families in vulnerable situations, though no study to date has evaluated the program for use in the foster care system (Griffith, 2010; Mason et al., 2015; Thompson et al., 1993). CSP is a 6-week program with no follow-up supports, though evidence suggests that the provision of ongoing support groups to assist families in applied implementation of the knowledge gained during CSP may be an effective tool for supporting sustained improvements across time (Thompson et al., 1993).

1.4. Structured peer group supervision as a parent support group model

Numerous studies have shown how structured behavioral skills training programs oriented within a behavioral model can empower families with the tools needed to both understand and manage challenging behaviors (e.g., The Incredible Years [Furlong et al., 2021], Tools for Positive Behavior Change [Stoutimore et al., 2008], Boys Town CSP [Boys Town, 2015]); however, most programs fail to include ongoing, post-training supports (Griffith, 2010; Mason et al., 2015; Price et al., 2009; Thompson et al., 1993). The structured peer group supervision model used in this study has only thus far been used to support consultants-in-training; however, it offers an opportunity to develop a caregiver-centered, community-building approach for a variety of caregivers, including foster parents (McKenney et al., 2019; Stone et al., 2020). Structured peer group supervision is a conversational framework that is both nonhierarchical and nonevaluative in nature, thereby offering an approachable opportunity to seek and provide feedback (McKenney et al., 2019). The structure of each group meeting is designed to minimize potentially disruptive relational dynamics to support ongoing and productive dialogue among all attendees (McKenney et al., 2019). This model of peer support thus presents an opportunity to capitalize on the shared knowledge and experiences of foster parents within a safe and supportive setting (McKenney et al., 2019; National Academies of Sciences, Engineering, and Medicine [NASEM], 2016; Rhodes et al., 2001).

Research shows that caregiver-centered, facilitator-run support groups increase parental engagement, reduce the presumed stigma of asking for help, and increase feelings of connectedness with a community (Hanlon et al., 2021; National Academies of Sciences, Engineering, and Medicine [NASEM], 2016; Rhodes et al., 2001). This study then sought to determine if the use of a structured peer support group model (i.e., structured peer group supervision), in which foster parents guide the discussion utilizing a predetermined framework, may provide foster parents with the opportunity to continue community- and skill-building efforts such that the knowledge gained within the 6-week training program would be integrated into everyday parenting practices.

1.5. Current study

By integrating positive behavioral supports into a feasible, empirically based parent training program, followed by ongoing, structured peer supports, the current study sought to determine if the Boys Town CSP training followed by virtual support groups could help a sample of

local foster parents better understand and manage challenging behavior. The current feasibility study involved a within-subjects, pre-post-follow-up design, and sought to achieve three primary aims. The first aim was to determine the appropriateness and feasibility of the Boys Town CSP training when followed by structured peer support groups. The second aim was to determine whether pilot implementation of the Boys Town CSP training, followed by structured peer support groups, resulted in improvements to positive parenting practices and behavioral ratings of foster children. The third and final aim was to identify additional supports that would assist foster parents in their critical caretaking roles.

2. Method

2.1. Participants

A convenience sample of 10 foster parents participated in the current study as part of a community-based initiative to increase supports for families at a local foster care agency. Four of the participating foster parents were couples, with the remaining six participants attending the training alone. The participants were primarily female ($n = 8$, 80 %) and White ($n = 5$, 50 %) or Black ($n = 5$, 50 %). The participants varied in their experience within the foster care system, with 4 participants having less than 5 years of experience and 6 participants having more than 5 years of experience. Two participating foster parents did not have current placements, and therefore did not complete the behavioral or social-emotional outcome measures described below (see *2.2 Procedures*). The average age across participants was 56 years old ($SD = 7.48$).

2.2. Procedures

All participants were recruited from a local foster care agency at a monthly foster parent gathering. The procedures outlined in the study protocol were approved by the university's institutional review board prior to the initiation of recruitment or consenting efforts. Participants were eligible for the study if they were licensed foster parents with the local foster agency and displayed an interest in learning about positive behavioral supports. None of the participants had prior experience with the Boys Town CSP curriculum (BoysTown, 2015).

2.2.1. Boys Town Common Sense parenting

All participants attended six, two-hour, in-person CSP training sessions led by the authors. The authors participated in a three-day virtual training workshop to become certified CSP parent trainers prior to the initiation of study procedures (BoysTown, 2015). The six-session scripted training program centered on the following topics: Parents as Teachers, encouraging Good Behavior, preventing Problems, Correcting problem Behavior, teaching Self-Control, and Putting it all together (BoysTown, 2015). The materials required to conduct the training included: Boys Town CSP presentation materials, Boys Town CSP Trainer's Guide, Boys Town CSP Workbook, and Boys Town CSP – 4th Edition (BoysTown, 2015). The first training session (Week 1) involved an introduction to the course book and workbook, in addition to time dedicated to building group rapport. At the close of this session, all participants completed the battery of pre-test measures. For the remaining training sessions (Week 2- week 6), the trainer initiated the meetings with a general discussion on the assigned reading for the week. At all training sessions (Week 1 – Week 6), the trainer presented using a variety of methods (i.e., presentation, discussion, role-play, video modeling) to teach critical behavioral concepts and parenting skills relevant for the participating foster parents. Each training session assisted in the acquisition of skills, skill generalization to important contexts, and the development of behavioral supports to improve understanding and management of behavior. At the conclusion of the session, the trainer informed the participants of the assigned homework and plan for the following week. At the final session (Week 6), hardcopy versions of the post-test measures were administered by the trainer.

All 10 participants initiated the training program at Week 1, though 1 participant left the training at Week 4 due to the time commitment. Participants were actively engaged throughout each session, completing all verbal and written in-class assignments. The research team conducted fidelity checks at each session utilizing an adherence form provided during the initial training procedures. The trainers demonstrated 100 % adherence to the program manual across the 6-sessions.

2.2.2. Virtual support groups

At the conclusion of the six-week training session, the lead trainer initiated virtual weekly behavioral support groups to facilitate participants' implementation of the skills learned in the six-week training. All virtual sessions were held on a secure Zoom platform. At the start of each session, the trainer would inquire about levels of foster parent well-being, levels of confidence in managing behaviors, and the identification of additional supports that would be helpful to promote engagement across all participants. A structured peer group supervision model, adapted from previous research with consultants-in-training (e.g., McKenney et al., 2019; Newman et al., 2013) was used to offer time for the foster parents to provide and receive supports from one another within a guided conversational framework. Participating foster parents were trained on the model during the first virtual support group session via presentation, video modeling, practice, and feedback provided by the first author. Each support group session followed the same structure: 1) request for help – A foster parent would specifically state a behavioral concern, 2) request clarification – Group members would utilize core communication skills such as paraphrasing and asking clarifying questions to make sure they understood the behavioral concern, 3) provide feedback – Group members would offer advice to the foster parent based on some of the core learnings from the 6-week training, 4) response statement – The foster parent with the initial concern would respond to all provided feedback and conclude with a summary of their next steps to address the behavioral concern (McKenney et al., 2019; Newman et al., 2013). During the structured conversational framework, the trainer reminded participants to consider key learnings from the Boys Town CSP training to encourage ongoing use of skills learned. At the final support group meeting (Week 12), the participants met in-person and the facilitator administered hardcopy follow-up measures. Readers interested in learning more about the structured peer group supervision model should see McKenney et al. (2019) and Newman et al. (2013).

The 9 foster parents who completed the training attended the first virtual support group and demonstrated active engagement throughout the discussion. Due to pre-existing schedule conflicts, only 5 foster parents attended the remaining sessions. All foster parents in attendance contributed to each discussion; however, the virtual platform resulted in some challenges with engagement during each meeting (e.g., children interrupting the virtual call). Nonetheless, the facilitator maintained adherence to the structured peer group supervision framework at each meeting.

2.3. Measures

A demographic survey, the Strengths and Difficulties Questionnaire (Goodman, 1997), Social Competence Scale (Conduct Problems Prevention Research Group, 1995), Alabama Parenting Questionnaire (Shelton et al., 1996) and a social validity questionnaire were used in the current study. All surveys were completed during week 1 (pre-test), week 6 (post-test following CSP sessions), and week 12 (follow-up after virtual support group), except the demographic survey which was only completed during week 1 and the social validity questionnaire which was only completed at week 6 and week 12.

2.3.1. Demographic survey

Form created by the research team to collect basic, de-identifiable demographic information (e.g., age, gender, race, ethnicity, experience with foster care) for descriptive purposes.

2.3.2. Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)

The SDQ is a brief measure (25-items) completed by caregivers to evaluate a child's individual strengths and behavioral challenges. The SDQ has demonstrated acceptable internal consistency and test–retest reliability across a large sample of youth (Goodman, 2001). Additionally, the SDQ shows adequate concurrent validity with other validated measures of child psychopathology (Goodman, 2001).

2.3.3. Social Competence Scale (SCS, Conduct Problems Prevention Research Group, 1995).

The SCS is another brief measure (12-items) completed by caregivers to evaluate a child's social-emotional repertoire (e.g., prosocial, communication, emotion regulation). The measure asks caregivers to describe their child on a 5-point scale from 0 (not at all) to 4 (very well). This measure demonstrates adequate internal consistency and correlates well with other validated measures of social competence (Gouley et al., 2008)

2.3.4. Alabama Parenting Questionnaire (APQ; Shelton et al., 1996).

The APQ is a self-report measure of five dimensions of parenting: 1) positive interactions and reliable involvement with children, 2) supervision and monitoring of children, 3) use of positive discipline techniques, 4) consistency in the use of positive discipline techniques, and 5) use of corporal punishment (Essau et al., 2006). Parents are asked to report on the use of positive and negative parenting practices on a 5-point scale from 0 (never) to 5 (always). The APQ has demonstrated strong internal consistency and criterion validity (Essau et al., 2006).

2.3.5. Social validity questionnaire

A brief measure of social validity was created by the research team to evaluate the appropriateness, usefulness and effectiveness of the behavioral skills training and the virtual support groups (Cooper et al., 2020). Participants were asked to rate their level of agreement to 6 statements on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) describing their perceptions of the training and follow-up support groups. Additionally, participants were asked to respond to 3 short-response questions identifying the strengths of the program, the weaknesses of the program, and additional supports foster parents may need to implement positive behavioral strategies. Qualitative data were copied verbatim and coded for thematic analysis (see 2.4 Calculation)

2.4. Calculation

Descriptive statistics (mean, standard deviation) and basic inferential statistics (*t*-tests) were used to describe the sample and to evaluate the pre- to post- to follow-up effects of the Boys Town CSP training curriculum and follow-up virtual support groups. Given the documented acceptability of the student's *t*-test with small sample sizes (e.g., Winter, 2019), paired-samples *t*-tests were performed using the Statistical Package for Social Sciences (SPSS, Version 28), and all levels of significance were set at $p < 0.05$. Effect sizes were calculated using Cohen's *d* and interpreted as recommended by Cohen (1992) as no effect (< 0.19), small effect (0.20–0.49), medium effect (0.50–0.79), and large effect (0.80–1.29). However, given our small sample size, the results from these quantitative analyses were merely descriptive in nature, and did not contribute heavily to this study's final implications (Winter, 2019).

Qualitative data collected on the Social Validity Questionnaire were copied verbatim and coded by members of the research team using thematic analysis (Braun & Clark, 2006). Coders evaluated the qualitative data to answer the specific research questions, including the strengths and weaknesses of Boys Town CSP and the virtual support groups, the needs of foster parents to continue to use the strategies provided during the program, and the general needs of foster parents to improve their overall caretaking experiences while in the system. To determine study themes (e.g., what could be defined as a strength and/or weakness of the program) and ensure the validity of qualitative data analyses, triangulation was used alongside quantitative responses on the Social Validity Questionnaire (Creswell and Miller, 2000). In the presence of interpretive discrepancies, the data were reviewed collaboratively until the team came to a general consensus.

3. Results

3.1. Social validity.

As shown in Table 1, participants reported a mean evaluation of 4.67 out of 5 (93.4 %, $SD = 0.28$) for the Boys Town CSP training, indicating high satisfaction with the training's content and structure. Specifically, participants reported that the training content was easy to understand (100.0 %) and relevant to their experiences as a foster parent (97.6 %). Participants similarly reported a mean evaluation of 4.53 out of 5 (91.0 %, $SD = 0.16$) for the virtual support groups, indicating that the ongoing supports were appropriate to their experiences as foster parents (96.7 %) and helped to sustain improvements in parenting practices gained during the CSP training (86.7 %; see Table 2). See Table 1 and Table 2 for a full breakdown of the quantitative results from the social validity scale.

3.2. Qualitative findings

In addition to collecting quantitative data on the social validity of the behavioral skills training and the virtual support groups, the research team also collected qualitative data to determine the strengths and weaknesses of both programs. Further, the research team asked participants to name additional supports that would be helpful in their roles as foster parents.

3.2.1. Boys Town Common Sense Parenting

Participants identified 3 strengths of the Boys Town CSP curriculum, including: 1) the book and materials ($n = 6$, 60.0 %), 2) the expertise of the trainers ($n = 5$, 50.0 %), and 3) the opportunity for interactions with other foster parents ($n = 2$, 20.0 %). Participants noted that the training was "*informative*," "*detailed and thorough*," and contributed to "*positive interactions*" and "*ideas for alternative and acceptable parenting practices*." participants also identified 3 main weaknesses of the Boys Town CSP curriculum, including: 1) time commitments ($n = 2$, 20.0 %), 2) training homework ($n = 2$, 20.0 %), and 3) missing information for larger families ($n = 1$, 10.0 %). Participants specifically noted that there was "*too much weekly homework*," and that the training was "*too long of a commitment* (e.g., 6-weeks)," for busy foster families. Furthermore, a family who typically had about 3–4 children in their care noted that the training "*needs to address strategies for larger families*."

Table 1
Social validity ratings of the Boys Town common sense parenting training curriculum.

Question	Score
The content was clear and easy to understand.	5.00/5.00 (100 %)
The training session presentations, discussions, and practice opportunities were relevant and appropriate to my experiences as a foster parent.	4.88/5.00 (97.6 %)
The strategies I learned during this program improved my interactions with my foster child/children.	4.38/5.00 (87.6 %)
I will continue to use the strategies learned during the program.	4.62/5.00 (92.4 %)
I feel confident in my ability to use the strategies I learned in the program.	4.88/5.00 (97.6 %)
The time commitment for the training program was acceptable.	4.25/5.00 (85.0 %)
Average	**4.67/5.00 (93.4 %)**

Table 2
Social validity ratings of the virtual behavioral support groups.

Question	Score
Support group discussions were relevant and appropriate for my experiences as a foster parent	4.83/5.00 (96.7 %)
Support group involvement continued to improve my interactions with my foster child/children.	4.33/5.00 (86.7 %)
If available, I would continue to attend a similar foster parent support group.	4.50/5.00 (83.3 %)
The support group increased my confidence to use the strategies learned during the training program.	4.50/5.00 (83.3 %)
The time commitment for the support group was acceptable.	4.50/5.00 (83.3 %)
Average	**4.53/5.00 (90.64 %)**

3.2.2. Virtual support groups

The strengths reported for the ongoing virtual, structured peer support groups included 1) ongoing interactions with other foster parents ($n = 2$, 20.0 %), 2) the opportunity to review material learned during the training ($n = 2$, 20.0 %), and 3) consultation for challenging behaviors ($n = 1$, 10.0 %). Participants described that they liked having the ability to "*continually learn new strategies*," to "*hear great suggestions from other foster parents*," and to simply "*spend more time together as a community*." some weaknesses of the virtual support groups included 1) the time commitment ($n = 3$, 30.0 %), 2) the need for additional information ($n = 1$, 10.0 %), and 3) the virtual platform ($n = 1$, 10.0 %). Participants noted that lack of "*sustainability for weekly meetings*" and frustration around "*kids interrupting the virtual call*." Additionally, 1 (10.0 %) participant noted the need for "*additional resources and information*" during this time of follow-up supports.

3.2.3. Additional supports for foster parents

Some of the participants gave three potential strategies to maintain their use of the skills learned and practiced during the Boys Town CSP training and structured virtual support groups. They described the need to 1) "*see more successes*," 2) be held accountable for "*daily use*," and 3) have access to "*more knowledge and practice*." Further, the participants in the current study reported multiple additional supports that would further assist them in their role as foster parents. Some of these supports included, "*continual access to knowledge and resources*," "*feedback on the use of effective behavioral strategies*," the continuation of "*support groups for new and experienced foster parents*," a "*foster parent phone book for easy contacts*," and the implementation of "*fun activities*" for foster parents and the young people in their care.

3.3. Positive Parenting Practices

From pre-to-post-test, participant scores on the APQ Involvement and Positive Parenting subscales increased, though the changes were not statistically significant (see Table 3, $p > 0.05$). Similarly, from pre-to-post-test, participant scores on the Poor Monitoring/Supervision, Inconsistent Discipline, and Corporal Punishment Subscales demonstrated a non-statistically significant decrease, though effect sizes were small (see Table 3, $p > 0.05$). At follow-up, there was a significant decrease in the APQ Poor Monitoring/Supervision Subscale, with a small-to-medium effect size ($t = 0.04$, $p < 0.05$, $d = 0.37$; Cohen, 1992). As shown in Table 4, all remaining subtests maintained the level of gains acquired from participation in behavioral skills training with no significant change to self-reported parenting practices ($p < 0.05$).

Table 3
Comparison of pre- and post-test scores on the alabama parenting questionnaire.

		Pre-Test		Post-Test				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*d*
Involvement	8	43.50	2.56	44.13	2.64	−0.46	7	0.24
Positive Parenting	8	27.38	2.93	28.13	1.73	−0.85	7	0.31
Monitoring/ Supervision	8	13.63	4.00	12.50	2.62	1.23	7	0.25
Inconsistent Discipline	8	11.50	1.93	11.00	2.33	0.68	7	0.23
Corporal Punishment	8	3.88	0.64	3.75	0.89	0.55	7	0.16

Note − *$p < 0.05$; 8 out of the 10 participants completed the APQ at pre-test and post-test.

3.4. Behavioral and Social-Emotional Ratings

As shown in Table 5, there were no significant differences between pre- and post-test in foster parent's ratings of their foster child's emotional problems, conduct problems, hyperactivity, peer problems, and total difficulties as reported on the Strengths and Difficulties Questionnaire ($p > 0.05$). However, the presence of large effect size estimates, as indicated by Cohen's *d*, indicates a potentially meaningful decrease in hyperactivity from pre- ($M = 6.25$, SD = 0.50) to follow-up ($M = 5.50$, SD = 1.00) and in total reported difficulties from pre- ($M = 22.50$, $SD = 1.92$) to follow-up ($M = 4.25$, $SD = 3.50$; see Table 6), though these estimates require future replication with sufficient statistical power to determine the presence of a true effect. From pre- ($M = 5.50$, $SD = 1.29$) to follow-up ($M = 4.00$, $SD = 0.81$), there was a significant decrease in participant ratings of their foster child's peer problems, with a large effect size ($t = 2.88$, $p = 0.012$, $d = 1.39$; see Table 6).

As shown in Table 7, foster parents reported significant differences in their foster child's performance on all three subscales of the Social Competence Questionnaire ($p < 0.05$). Participants reported a significant increase from pre- to post-test in their foster child's prosocial and communication skills, emotional regulation skills, and social competence skills, with small to medium effects ($p < 0.05$; see Table 7). There were no differences to report in ratings on the Social Competence Scale from pre-test to follow-up ($p > 0.05$; see Table 8).

4. Discussion

The recent challenges in providing steady homes to the 400,000 youth in foster care highlights a dire need for empirically based trainings and ongoing supports to improve foster parent retention for this vulnerable population of our nation's youth (Hanlon et al., 2021). The overarching goal of this study was to examine the utility and acceptability of the Boys Town CSP curriculum (BoysTown, 2015) followed by ongoing behavioral support groups for potential use as in-service training for foster care agencies. Our results suggest that the Boys Town CSP curriculum (BoysTown, 2015) may be a viable in-service training for foster parents, especially when followed by ongoing, structured community support groups. Specifically, the data provide some preliminary evidence that this model may support improvements

Table 4
Comparison of pre- and follow-up test scores on the alabama parenting questionnaire.

		Pre-Test		Follow-Up				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*D*
Involvement	6	42.67	4.27	42.67	3.45	0.00	5	0.00
Positive Parenting	6	26.33	3.72	27.00	3.10	−0.56	5	0.20
Monitoring/ Supervision	6	16.33	5.92	14.33	4.93	2.24*	5	0.37
Inconsistent Discipline	6	12.17	2.48	12.00	3.69	0.26	5	0.05
Corporal Punishment	6	3.67	0.52	3.83	1.17	−0.42	5	0.18

Note − *$p < 0.05$; 6 out of the 10 participants completed the APQ at pre-test and follow-up.

Table 5
Comparison of Pre- and Post-Test Scores on the Strengths and Difficulties Questionnaire.

		Pre-Test		Post-Test				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*d*
Emotional Problems	7	3.57	3.27	4.00	2.58	−1.16	6	0.15
Conduct Problems	7	4.00	2.58	4.57	1.90	−1.00	6	0.25
Hyperactivity	7	5.71	0.76	4.86	1.87	1.69	6	0.59
Peer Problems	7	4.29	2.14	4.43	0.97	−0.16	6	0.08
Prosocial	7	4.57	3.69	6.29	2.87	−1.09	6	0.52
Total Difficulties	7	17.57	6.48	17.86	5.15	−0.30	6	0.05

Note – $^{*}p < 0.05$; 7 out of the 10 participants completed the SDQ at pre-test and post-test.

Table 6
Comparison of Pre- and Follow-Up Test Scores on the Strengths and Difficulties Questionnaire.

		Pre-Test		Follow-Up				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*d*
Emotional Problems	4	5.25	1.50	4.50	2.38	0.88	3	0.38
Conduct Problems	4	5.50	2.38	5.00	2.38	0.52	3	0.21
Hyperactivity	4	6.25	0.50	5.50	1.00	1.00	3	0.95
Peer Problems	4	5.50	1.29	4.00	0.81	2.32*	3	1.39
Prosocial	4	5.00	3.56	4.25	3.50	0.68	3	0.21
Total Difficulties	4	22.50	1.92	19.00	5.10	1.73	3	0.91

Note – $^{*}p < 0.05$; 4 out of the 10 participants completed the SDQ at pre-test and follow-up.

in behavioral and social-emotional outcomes of foster youth after completion of the 6-week training; however, additional research is needed with sufficient sample sizes to determine the true significance of these effects (Griffith, 2010; Mason et al., 2015). Since most of the participants in this study had more than five years of experience in the foster care system, results from this study also suggest that a similar in-service training may be especially beneficial for more experienced foster parents given the extended length of time from their pre-service training for licensure (Blythe et al., 2014).

4.1. Social validity

Overall, participants reported high acceptability of the Boys Town CSP training and the structured behavioral support groups (see Table 1 and Table 2). Foster parents reported that the Boys Town CSP curriculum was easy to understand, applicable to their experiences as foster parents, and practical for continual use. However, qualitative analyses suggested that the six-week timeline of the Boys Town CSP training was not ideal for foster parents given the multitude of demands placed on them within the foster care system (Hanlon et al., 2021). Furthermore, there was a need for strategies to address larger families, given the likelihood that licensed foster parents will provide care to multiple children (e.g., sibling groups).

Foster parents similarly gave favorable ratings for the virtual, structured peer support groups, stating that the group discussions were relevant and appropriate to their experiences as foster parents, and that the ongoing supports increased their confidence to use the skills learned during the six-week training. However, most participants reported that it was not feasible for foster parents to maintain a weekly schedule, nor was it helpful to meet on a virtual platform given the frequent interruptions stemming from a lack of childcare. The participants in the current study highly recommended the continuation of structured supports like those provided in the current study to improve their sense of community and to encourage continual learning to improve caretaking practices throughout their time as a foster parent (Blythe et al., 2014; Williams et al., 2023). Foster parents have previously described a need for multiple levels of support, including relational (e.g., personal and professional relationships), emotional (e.g., trust and care), instrumental (e.g., financial support, respite care), and informational (e.g., advice) to maximize wellbeing and engagement in the system (Williams et al., 2023). The results of this pilot trial emphasize these findings, specifically noting the importance of targeted behavioral training with ongoing support to provide meaningful opportunities to both attain and maintain critical relational, emotional, instrumental, and informational resources (Blythe et al., 2014; Lewis et al., 2022; Williams et al., 2023). To the authors' knowledge, this study is the first to provide evidence of the acceptability of the structured peer group supervision model when used by caregivers, and future research should evaluate its acceptability and effectiveness with other groups of caregivers both within and beyond the foster care system.

The results from this study further suggest the need for some additional supports for foster parents, including improved access to similar trainings and information, opportunities to practice skills and receive quality feedback, and community-building strategies such as the recommended "*foster parent phone book*" and events for general foster family bonding. In general, participants in this pilot study emphasized the suggestions present in recent research indicating a particular need for more evidence-based resources and social supports to improve their overall experiences within the foster care system (Williams et al., 2023).

Table 7
Comparison of Pre- and Post-Test Scores on the Social Competence Scale.

		Pre-Test		Post-Test				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*d*
Prosocial/Communication	7	6.71	7.89	11.43	6.48	−2.00*	6	0.65
Emotional Regulation	7	5.57	6.21	10.29	5.22	−2.17*	6	0.82
Social Competence	7	12.29	14.04	21.71	11.67	−2.09*	6	0.72

Note – $^{*}p < 0.05$; 7 of the 10 participants completed the SCS at pre-test and post-test.

Table 8
Comparison of pre- and follow-up scores on the social competence scale.

		Pre-Test		Follow-Up				
	n	*M*	*SD*	*M*	*SD*	*t*	*df*	*d*
Prosocial/Communication	4	6.75	8.42	8.75	5.80	−0.88	3	0.28
Emotional Regulation	4	5.50	5.80	8.00	5.94	−1.61	3	0.43
Social Competence	4	12.25	14.18	16.75	11.64	−1.33	3	0.35

Note – 4 of the 10 participants completed the SCS at pre-test and follow-up.

4.2. Quantitative findings

Results from this study provide preliminary evidence of the utility of the Boys Town CSP curriculum for use with foster parents (Griffith, 2010; Mason et al., 2015; Thompson, 1993). However, given the small sample sizes used to conduct the analyses, replication with larger sample sizes is needed to verify these results; thus, the following information should be reviewed with caution (Winter, 2019).

Overall, there were no significant changes in participants' parenting practices following completion of the CSP training and implementation of ongoing, structured peer support groups (see Tables 3 and 4). As shown in Table 7, there was an increase in foster parents' post-training ratings of their foster' child's prosocial and social-emotional behaviors as measured by the SCS. There was also a significant decrease in foster parent ratings of their foster child's peer problems following completion of the virtual support groups, which may have resulted from ongoing problem-solving permissible with the extension of behavioral supports (see Table 6). Furthermore, foster parents reported a decrease in ratings of hyperactivity and total behavioral problems on the SDQ, and though non-significant, large effect size estimates suggest that these results may indicate meaningful changes that might otherwise be detected in future replication with sufficient statistical power (see Table 6; Fritz et al., 2012). Overall, these findings provide some preliminary evidence for the use of CSP with foster parents (i.e., Mason et al., 2015) and bolster our qualitative findings indicating the importance of ongoing behavioral support for foster parents following the completion of pre- and in-service trainings (Thompson et al., 1993).

4.3. Limitations

Despite the favorable outcomes reported in this study, there were several limitations that warrant discussion. First, the current study had a very small sample size ($n = 10$) which was further reduced due to the weekly time commitment of the CSP training and behavioral support groups. As reflected in the results, only 8 participants completed pre- and post-test parenting measures, only 7 participants completed pre- and post-test behavioral and social-emotional measures, and only 6 participants completed all follow-up measures. The small sample combined with attrition indicate a potentially biased sample of foster parents who were particularly motivated to remain in the program and the study. Thus, the results reported in this study were likely impacted by attrition, selection bias, and minimal power, and should be evaluated with caution (Winter, 2019). Some contributing factors to the high levels of attrition were the provision of childcare and the weekly time commitment of the training and support groups. All participants preferred in-person sessions as means to build a sense of community and to maximize levels of engagement; however, the research team experienced great difficulty in securing childcare providers given the minimal availability of staff members at the local foster care agency. It was clear that there were improved rates of attendance for all in-person sessions, and this should be considered in future training and community-building efforts within this population.

Additionally, the research team noticed that some components of the Boys Town CSP training may not be sensitive to the needs of youth in foster care. It is well-documented that a majority of youth in the foster care system are exposed to some type of trauma, and without proper training, caregivers may not know how to respond to behavioral challenges stemming from these experiences (Stein et al., 2001). With this in mind, the research team made a conscious effort to ensure that foster parents avoided disciplinary techniques that were mentioned in the CSP curriculum if they would be harmful in light of previous experiences with abuse or neglect (i.e., time-out; see Murray et al., 2019).

Lastly, though our qualitative data indicates that this curriculum supplemented with ongoing follow-up was acceptable, engaging, and beneficial to foster parents, the lack of statistically significant findings across multiple measures warrants communication of these results as only preliminary support for the use of this curriculum. Additionally, since data were collected by program facilitators, the results may have been impacted by social desirability bias, particularly the results of the Social Validity Questionnaire. Thus, these limitations may suggest the need for additional and more intensive support to better support foster parents and the children in their care.

4.4. Conclusions

Overall, this study provides preliminary evidence to extend existing work on the Boys Town CSP curriculum to the foster care community (Griffith, 2010; Mason et al., 2015; Thompson, 1993). Additionally, this study highlighted the critical importance of ongoing training and supports for foster parents, regardless of their experience within the foster care system (Hanlon et al., 2021). We found that foster parents preferred in-person training and community-building opportunities if provided on a more manageable schedule (e.g., once per month), and that the provision of childcare was crucial for consistent attendance and active engagement. Furthermore, foster parents responded favorably to the behavioral skills training framework of the Boys Town CSP training which suggests the importance of the inclusion of behavior analytic principles, such as explicit practice and feedback, in future training experiences (Cooper et al., 2020; Griffith, 2010; Mason et al., 2015; Thompson, 1993). Though the Boys Town CSP curriculum provided a plethora of helpful and practical information for foster parents, there is still a need for the development of more trauma-informed curriculum to better address the complex needs of youth within the foster care system (Stein et al., 2021).

This study was also unique from other trials of the Boys Town CSP curriculum (BoysTown, 2015) given its provision of ongoing behavioral support groups utilizing the structured peer group supervision model (McKenney et al., 2019; Stone et al., 2020) to maximize engagement. Attendees reported that they appreciated the structure of the sessions as it allowed for genuine progress rather than a simple "*admiration of problem behaviors*" that the families see inside the home. Thus, this study was the first to provide some support for the use of the structured peer group supervision model, or similar model, in future caregiver support group efforts (McKenney et al., 2019). Lastly, and of utmost importance, participating foster parents reported that the simple provision of ongoing supports was extremely beneficial given the scheduled opportunity to spend time together as a community (NASEM, 2016). This study emphasized the importance of regular gatherings and activities by foster care agencies to increase levels of satisfaction and retention of the foster parents in their communities (Colley et al., 2017; NASEM, 2016).

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: The authors have no conflicts of interest to disclose. This research was funded by the College of Education, Human Services, Criminal Justice, and Information Technology at the University of Cincinnati. The content is solely the responsibility of the authors and does not necessarily represent the official views of the University of Cincinnati.

Data availability

Data will be made available on request.

References

Adoption and Foster Care Analysis Reporting System (AFCARS). (2022). *The AFCARS Report* (No 29). U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/cb/report/afcars-report-29.

BoysTown (2015). *Common Sense Parenting (4th Edition)*. Boys Town Press.

Beyerlein, B. A., & Bloch, E. (2014). Need for Trauma-informed care within the foster care system: a policy issue. *Child Welfare, 93*(3), 7–22.

Blythe, S. L., Wilkes, L., & Halcomb, E. J. (2014). The foster carer's experience: An integrative review. *Collegian, 21*(1), 21–32. https://doi.org/10.1016/j.colegn.2012.12.001

Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.

Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science, 9*, 17–27. https://doi.org/10.1007/s11121-007-0080-7

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155–159. https://doi.org/10.1037//0033-2909.112.1.155

Colley, M. E., Thompson, H. M., & Wojciak, A. S. (2017). Risk, resilience, and complexity: Experiences of foster parents. *Children and Youth Services Review, 76*, 35–41. https://doi.org/10.1016/j.childyouth.2017.02.030

Conduct Problems Prevention Research Group. (1995). *Social Competence Scale (Parent Version)*.

Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied Behavior Analysis* (3rd). Pearson.

Creswell, J. W., & Miller, D. L. (2000). Determining Validity in Qualitative Inquiry. *Theory into Practice, 39*(3), 124–130. https://doi.org/10.1207/s15430421tip3903_2

Eisenberg, R. A., McCurdy, B. L., Rutherford, L. E., Stricker, L., & Dever, B. V. (2023). Evaluating the effectiveness of a training program for treatment foster parents in an urban community. *Journal of Emotional and Behavioral Disorders, 31*(4), 285–297. https://doi.org/10.1177/10634266221126472

Essau, C. A., Sasagawa, S., & Frick, P. J. (2006). Psychometric properties of the Alabama parenting questionnaire. *Journal of Child and Family Studies, 15*(5), 597–616. https://doi.org/10.1007/s10826-006-9036-y

Farmer, E. M. Z., Burns, B. J., Wagner, H. R., Murray, M., & Southerland, D. G. (2010). Enhancing "usual practice" treatment foster care: Findings from a randomized trial on improving youths' outcomes. *Psychiatric Services, 61*(6), 555–561.

Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment, 10*, 61–71. https://doi.org/10.1177%2F1077559504271561.

Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2013). Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Evidence-Based Child Health: A Cochrane Review Journal, 8*(2), 318–692. https://doi.org/10.1002/ebch.1905

Furlong, M., McLoughlin, F., & McGilloway, S. (2021). The incredible years parenting program for foster carers and biological parents of children in foster care: A mixed methods study. *Children and Youth Services Review, 126*, Article 106028. https://doi.org/10.1016/j.childyouth.2021.106028

Fritz, C. O., Morris, P. E., & Richler, J. J. (2012). Effect size estimates: Current use, calculations, and interpretation. *Journal of Experimental Psychology, 141*(1), 2–18. https://doi.org/10.1037/a0024338

Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychological Psychiatry, 38*, 581–586.

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 1337–1345.

Gouley, K. K., Brotman, L. M., Huang, K. Y., & Shrout, P. E. (2008). Construct validation of the social competence scale in preschool-age children. *Social Development, 17*(2), 380–398. https://doi.org/10.1111/j.1467-9507.2007.00430.x

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

Hanlon, R., Simon, J., Day, A., Vanderwill, L., Kim, J., & Dallimore, E. (2021). Systematic review of factors affecting foster parent retention. *Families in Society: The Journal of Contemporary Social Services, 103*(3), 285–299. https://doi.org/10.1177/1044389420970034

Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology, 18*, 57–76. https://doi.org/10.1017/S0954579406060044

Mason, W. A., January, S. A., Fleming, C. B., Thompson, R. W., Parra, G. R., Haggerty, K. P., & Snyder, J. J. (2015). Parent training to reduce problem behaviors over the transition to high school: Tests of indirect effects through improved emotion regulation skills. *Children and Youth Services Review, 61*, 176–183. https://doi.org/10.1016/j.childyouth.2015.12.022

McKenney, E. L. W., Newman, D. S., Faler, A., & Hill, K. L. (2019). Structured peer group supervision of school consultation: A case study. *The Clinical Supervisor, 38*(1), 135–157. https://doi.org/10.1080/07325223.2018.1561344

Middleton, J. S., Bloom, S. L., Strolin-Goltzman, J., & Caringi, J. (2019). Trauma-informed care and the public child welfare system: The challenges of shifting paradigms: Introduction to the special issue on trauma-informed care. *Journal of Public Child Welfare, 13*(3), 235–244. https://doi.org/10.1080/15548732.2019.1603602

Miltenberger, R. (2004). Behavioral skills training procedures. In R. Miltenberger (Ed.), *Behavior modification: Principles and procedures*. Belmont, CA: Wadsworth.

Mouton, B., Loop, L., Stievenart, M., & Roskam, I. (2018). Parenting programs to reduce young children's externalizing behavior: A meta-analytic review of their behavioral or cognitive orientation. *Child & Family Behavior Therapy, 40*(2), 1–33. https://doi.org/10.1080/07317107.2018.1477348

Murray, K. J., Sullivan, K. M., Lent, M. C., Chaplo, S. D., & Tunno, A. M. (2019). Promoting trauma-informed parenting of children in out-of-home care: An effectiveness study of the Resource Parent Curriculum. *Psychological Services, 16*(1), 163–169. https://doi.org/10.1037/ser0000324

National Academies of Sciences, Engineering, and Medicine (2016). Parenting matters: Supporting parents of children *ages 0-8*. The National Academies Press. Doi: 10.17226/21868.

Neiheiser, L. M. (2015). Students in foster care: Individualized school-based supports for successful lives. *School Psychology Forum: Research in Practice, 9*(1), 21–32.

Newman, D. S., Nebbergall, A. J., & Salmon, D. (2013). Structured peer group supervision for novice consultants: Procedures, pitfalls, and potential. *Journal of Educational and Psychological Consultation, 23*(3), 200–216. https://doi.org/10.1080/10474412.2013.814305

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). A social interactional approach. Antisocial boys (Vol. 4). Castalia.

Peer Technical Assistance Network. (1998). *Learning from colleagues: Family/professional partnerships moving forward together*. Washington, DC: Center for the Study of Social Policy.

Price, J. M., Chamberlain, P., Landsverk, J., & Reid, J. (2009). KEEP foster-parent training intervention: Model description and effectiveness. *Child and Family Social Work, 14*(2), 233–242. https://doi.org/10.1111/j.1365-2206.2009.00627.x

Randle, M., Ernst, D., Leisch, F., & Dolnicar, S. (2017). What makes foster carers think about quitting? Recommendations for improved retention of foster carers. *Child & Family Social Work, 22*(3), 1175–1186. https://doi.org/10.1111/cfs.12334

Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2022). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis, 55*(1), 40–61. https://doi.org/10.1002/jaba.881

Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. *Social Service Review, 75*(1), 84–112. https://doi.org/10.1086/591883

Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336–344. https://doi.org/10.1542/peds.2006-1995

Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school children. *Journal of Clinical Child Psychology, 25*, 317–329.

Solomon, D. T., Niec, L. N., & Schoonover, C. E. (2017). The impact of Foster parent training on parenting skills and child disruptive behavior: a meta-analysis. *Child Maltreatment, 22*(1), 3–13. https://doi.org/10.1177/1077559516679514

Stein, B. D., Zima, T. B., Elliot, M. N., Burnham, M. A., Shahinfar, A., Fox, N. A., & Leavitt, L. A. (2001). Violence exposure among school-age children in foster care: Relationship to distress symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(5), 588–594. https://doi.org/10.1097/00004583-200105000-00019

Stone, M., O'Donnell, P., & Williams, S. (2020). Preservice to in-service: Impact of structured peer group supervision in the training of school psychology interns. *The Clinical Supervisor, 39*(1), 85–105. https://doi.org/10.1080/07325223.2019.1695160

Stoutimore, M. R., Williams, C. E., Neff, B., & Foster, M. (2008). The Florida Child Welfare Behavior Analysis Service Program. *Research on Social Work Practice, 18*(5), 367–376. https://doi.org/10.1177/1049731508318654

Sun, X. (2022). Behavior skills training for family caregivers of people with intellectual or developmental disabilities: A systematic review of literature. *International Journal of Developmental Disabilities, 68*(3), 247–273. https://doi.org/10.1080/20473869.2020.1793650

Thompson, R. W., Grow, C. R., Ruma, P. R., Daly, D. L., & Burke, R. V. (1993). Evaluation of a practical parenting program with middle- and low-income families. *Family Relations, 42*(1), 21–25.

Vacca, J. S. (2008). Foster children need more help after they reach the age of eighteen. *Children and Youth Services Review, 30*(5), 485–492. https://doi.org/10.1016/j.childyouth.2007.11.007

Williams, K. A., Lewis, E. M., & Feely, M. (2023). Stay just a little bit longer: A scoping review of foster parent engagement in the U.S. *Children and Youth Services Review, 146*, Article 106814. https://doi.org/10.1016/j.childyouth.2023.106814

Winter, J. C. F. (2019). Using the Student's t-test with extremely small sample sizes. *Practical Assessment, Research, and Evaluation, 18*(10), 1–12. https://doi.org/10.7275/e4r6-dj05

Wolf, M. M., Phillips, E. L., Fixsen, D. L., Braukmann, C. J., Kirgin, K. A., Willner, A. G., & Shumaker, J. (1976). Achievement place: The teaching family model. *Child Care Quarterly, 5*, 92–103.