Pilot Test of StandUp, an Online School-Based Bullying Prevention Program

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Bullying is a significant public health problem for students in schools. Prevention programs have addressed targets with some success; however, meta-analyses find small effects among older youths. A pilot study was conducted with high school students to evaluate the potential efficacy of StandUp, a three-session online program that delivers assessments and individualized guidance matched to bullying experiences and stage of readiness for using healthy relationship skills. Of the 113 students participating in the study, 88 completed all three intervention sessions. Use of healthy relationship skills increased significantly from session 1 to session 3. In addition, compared with session 1, participants at session 3 had reduced odds of perpetrating and experiencing emotional and physical bullying, and of passively standing by as others were bullied; odds ratios ranged from .29 to .63, with most bullying outcomes approaching or reaching statistical significance. StandUp is a bullying prevention program for adolescents that showed encouraging changes in behavior from first to third session in a small sample of high school students. Because it is easy to use, guarantees fidelity of administration, and does not require extensive staff time, StandUp may be a useful addition to the array of school-based programs to address bullying.

KEY WORDS: *adolescents; bullying; computer-tailored intervention; school-based intervention; transtheoretical model of behavior change*

Bullying is repeated, intentional, harmful, and aggressive behavior inflicted by a person or group with more power on a person or group with lesser power, according to Nansel et al. (2001). Olweus, Limber, and Mihalic (1999) defined bullying in schools as exposure over time to negative actions by other students. Bullying is a significant public health problem (Hertz, Donato, & Wright, 2013). In the 2005–2006 academic year, U.S. students reported prevalence rates of 21 percent for physical bullying, 54 percent for verbal bullying, 51 percent for social bullying, and 14 percent for electronic bullying (Wang, Iannotti, & Nansel, 2009). In the 2013 Youth Risk Behavior Survey (Centers for Disease Control and Prevention [CDC], 2014), 19.6 percent of high school youths indicated that they had been bullied on school property in the 12 months before the survey. Between 1991 and 2013 the percentage of youths who did not go to school because they felt unsafe at school or on their way to or from school increased.

Any participation in bullying can affect youths negatively. Being either a bully or a victim can lead to depression, self-harm behavior, suicidal ideation, and suicide attempts (Klomek, Marocco, Kleinman, Schonfield, & Gould, 2007). Being a perpetrator of bullying may increase the likelihood of criminal activity in young adulthood (Farrington, Loeber, Stallings, & Ttofi, 2011). Female bully perpetrators have been reported to be three times as likely to attempt suicide compared with nonbullying girls (Luukkonen, Rasanen, Hakko, & Riala, 2009). Students who observe bullying (bystanders) have been reported to be at increased risk of alcohol use, depression, anxiety, and suicidal thoughts (Rivers & Noret, 2010). Victims are more likely to exhibit behavior problems (Haynie et al., 2001), have difficulty concentrating on schoolwork (Smith & Sharp, 1994), and receive lower grades (Glew, Fan, Katon, Rivara, & Kernic, 2005). Effects persist into adulthood; Klomek et al. (2011) found that students involved in bullying exhibited more depression and suicidal ideation and behavior four years later.

Prevention programs, which are often school-based, have yielded small but significant effects. However, these effects drop sharply and approach zero among students in the eighth grade and older (Yeager, Fong, Lee, & Espelage, 2015). This finding

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is consistent with national youth survey research showing that exposure to bullying prevention programs is associated with lower levels of peer victimization and perpetration among younger children, but not among older children (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014).

The school-based Olweus Bullying Prevention Program is the most widely implemented (Olweus et al., 1999). The program targets three levels: school, classroom, and individual. The school level involves assessment (students complete questionnaires assessing prevalence of bullying); staff engagement (consultants and school staff discuss findings from the student questionnaire, learn about the program, and plan for implementation); and increased supervision of school areas such as the playground, cafeteria, and restrooms. The classroom level establishes clear and consistent rules against bullying. Discussions and activities present the harm caused by bullying and strategies to prevent it. The individual level includes interventions with bullies, victims, and their parents to promote cessation of bullying behavior and to support victims.

Two major drawbacks to the Olweus program are its inconsistent evaluation effects and the time needed to implement it. Positive effects were found in Norway; however, results for dissemination programs vary. In the Bauer, Lozano, and Rivara (2007) evaluation of implementation in the Seattle area, program effects were found for white youths but not for youths of other races or ethnicities. Mediation sessions involving students and staff take place during the school day. For schools in the United States under time pressure to complete coursework as well as compulsory student testing, significant school staff time is difficult to integrate.

STANDUP: A PROGRAM TO PREVENT BULLYING

Built with dissemination in mind, the StandUp program relies on computers and expert system technology to deliver an intervention that encourages youths to use six skills for relating to others in healthy ways: (1) trying to understand and respect the other person's feelings and needs; (2) using calm, nonviolent ways to deal with disagreements (for example, leaving the room to cool down, offering solutions); (3) respecting the other person's boundaries (for example, how close they want to get and what they are comfortable and uncomfortable doing); (4) communicating your own feelings and needs clearly and respectfully; (5) making decisions that you know are right for you in social situations; and (6) taking a stand to stop bullying when you see it (for example, by saying something to the bully or telling an adult).

StandUp is based on the transtheoretical model of behavior change (TTM), which has been shown to be robust in its ability to explain and facilitate change across a broad range of behaviors and populations (Prochaska & DiClemente, 1983). Research on the TTM has found that behavior change progresses through a series of stages: precontemplation (not ready), contemplation (getting ready), preparation (ready), action (making behavioral changes), and maintenance (maintaining behavior changes) (Prochaska & DiClemente, 1983). The model includes additional dimensions central to change, including (a) *decisional balance*—the pros and cons associated with a behavior's consequences (Janis & Mann, 1977); (b) *processes of change*—10 cognitive, affective, and behavioral activities that facilitate progress through the stages of change (Prochaska & DiClemente, 1985); and (c) *self-efficacy*—confidence to make and sustain changes in difficult situations, and temptation to slip back into old patterns (Bandura, 1977).

More than 35 years of research on the TTM have identified particular principles and processes of change that work best in each of the stages to facilitate progress. A meta-analysis of health interventions found that those tailored to stages of change produced significantly larger effects than those that were not tailored to them (Noar, Benac, & Harris, 2007). TTM stage-matched interventions have been found effective across dozens of behaviors and populations, including smoking cessation (Velicer, Prochaska, & Redding, 2006), domestic violence cessation among adults (Levesque, Ciavatta, Castle, Prochaska, & Prochaska, 2012), exercise and healthy eating among high school students (Mauriello et al., 2010), and bullying prevention among middle and high school students (Evers, Prochaska, Van Marter, Johnson, & Prochaska, 2007).

Program Development and Structure

The StandUp program was adapted from Teen Choices: A Program for Healthy, Nonviolent Relationships, a three-session computer-tailored intervention for teenage dating violence prevention (Levesque, Johnson, & Prochaska, in press; Levesque, Johnson, Welch, Prochaska, & Paiva, 2015a, 2015b). The Teen Choices intervention seeks to reduce risk

for dating violence by facilitating progress through the stages of change by using five healthy relationship skills (skills 1 through 5, presented in the previous section); daters are encouraged to use those skills in their dating relationships, and nondaters in their peer relationships, as relationships with peers serve as the foundation for experiences in romantic relationships (Connolly, Furman, & Konarski, 2000; Furman, Simon, Shaffer, & Bouchey, 2002; Lempers & Clark-Lempers, 1993).

When developing Teen Choices, a literature review, a content analysis of five empirically supported dating violence prevention programs, and focus groups with teenagers were conducted to identify key healthy relationship skills (Orpinas & Horne, 2006) and ideas representing each of the major TTM constructs (stage of change, decisional balance, processes of change, self-efficacy) for using those skills. Additional survey research was conducted to develop and validate measures of the major TTM constructs for using healthy relationship skills, and to identify which processes of change were most important in each stage for facilitating stage progression. Throughout, language and intervention content was tailored to intervention track.

The efficacy of the Teen Choices program was evaluated in a cluster-randomized trial involving 3,901 students from 20 high schools randomly assigned to treatment or control group. Among the subsample of students not exposed to risk for dating violence ($N = 688$), the intervention was associated with significantly reduced odds of experiencing or perpetrating all four types of peer violence examined: emotional perpetration ($OR = 0.53$, 95% confidence interval [CI] = 0.35, 0.78), physical perpetration ($OR = 0.55$, 95% CI = 0.38, 0.78), emotional victimization ($OR = 0.43$, 95% CI = 0.29, 0.64), and physical victimization ($OR = 0.53$, 95% CI = 0.37, 0.76) (Levesque et al., 2015a). Because Teen Choices produced good effects on peer violence among high school students, the program was updated and packaged separately as StandUp: A Program to Prevent Bullying. All dating violence–specific content, including statistics and testimonials, was updated to address bullying. In addition, a sixth healthy relationship skill—"taking a stand to stop bullying when you see it"—was added to address bystander intervention, and new measures, feedback, and intervention content were added to address cyberbullying.

The StandUp program compiles text paragraphs and images as the participant progresses through the interactive session. Approximately 3,000 paragraphs are used, resulting in over 20,000 unique feedback sessions, tailored to the individual's bullying experiences, stage of change, and use of stage-matched principles and processes of change. Each session, which includes assessments and immediate individualized feedback and guidance, lasts about 25 to 30 minutes. The program's Flesch–Kincaid grade level is 7.

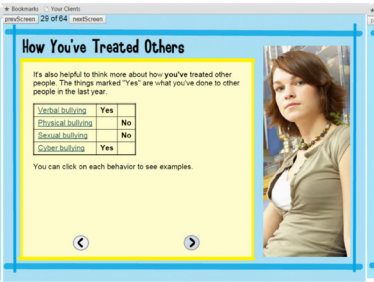
The program includes (a) title screen and login, introduction, and consent to use the program; (b) assessment of demographics; (c) assessment and feedback on different types of bullying experienced and perpetrated in the past year, whether they happened in the past month, and whether they caused fear; (d) for participants experiencing or perpetrating physical bullying or multiple episodes of emotional bullying, or who are experiencing fear: assessment and feedback on help seeking; (e) for all participants: assessment and feedback on six healthy relationship skills, including step-by-step guidance on and videos demonstrating two skills the participant has been using the least; (f) assessment and feedback on stage of change for using healthy relationship skills; (g) assessment and feedback on up to five TTM stage-matched principles and processes of change for using healthy relationship skills; encouragement to increase use of stage-matched principles of change the participant is not using enough; (h) assessment and feedback on level of alcohol use and its relationship to bullying and peer violence; (i) assessment and feedback on readiness to offer help to others who are victims or perpetrators of bullying; and (j) assessment and feedback on readiness to seek help if a victim or perpetrator of bullying. Personal testimonials and traditional bullying-related curriculum content (definitions, statistics, how to intervene) are presented in a stage-matched manner.

Screenshots of paragraphs, assessments, and feedback are presented in Figure 1.

Sessions 2 and 3 are similarly structured. However, at the beginning of each of these sessions, the program assesses and provides feedback on bullying experienced and perpetrated since the last intervention session, rather than in the past year. In addition, the program provides feedback on how the participant has changed on key dimensions since the last session. All sessions end with a Let's Talk about It Web page to facilitate help seeking. The Web page lists school- and community-specific sources and their contact information, along with state and national toll-free helplines and online support.

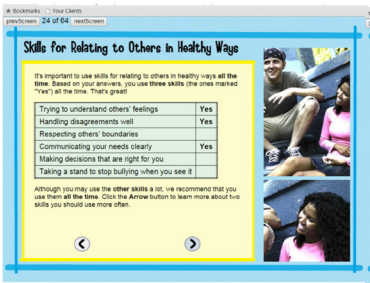
Figure 1: Screenshots of the StandUp Program: Sample Paragraphs, Assessments, and Feedback

Personal testimonials



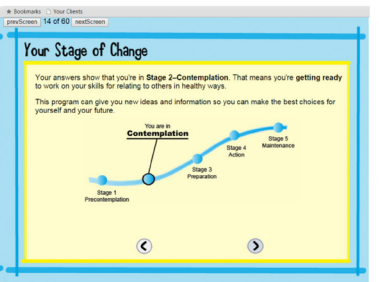
Feedback on bullying perpetrated

Screen from skills assessment



Feedback on healthy relationship skills

Video demonstrating healthy relationship skills



Stage of change feedback

Pilot Test

A pilot test was conducted to provide preliminary data on the efficacy of the StandUp program in a U.S. high school. A single-group design was used to assess pre–post changes in use of healthy relationship skills and bullying-related experiences and behaviors among participants who completed three monthly StandUp sessions. Pre and post data were collected at the beginning of the first and third intervention sessions, respectively. Given the efficacy of the Teen Choices program in preventing peer violence, it was expected that students receiving the StandUp intervention would show improvement on measured outcomes. Specifically, it was expected that participants would exhibit significant pre–post changes in using healthy relationship skills and decreased bullying perpetration, victimization, and bystander passivity.

METHOD

Participants

The 113 student participants were recruited from a midwestern high school. The sample represented approximately 6.8 percent of students who had been given parental consent forms and returned them by the due date; 1,647 letters and parental consent forms were mailed and 212 consents were received, but because of scheduling conflicts 113 students participated in the first intervention session. The school stipulated that sessions had to occur outside of the regular school day, immediately before or after school. It is possible that the participant pool was restricted based on student availability: A student who had a music ensemble practice before school and a sports team practice after school might not have been available to participate.

Fifty percent of participants self-identified as female; 49 percent self-identified as white, 32 percent black, 6 percent Asian, and 13 percent "other" or multiracial; 4 percent of the sample self-identified as Hispanic. Forty-one percent of the sample was in grade 9, 19 percent in grade 10, 24 percent in grade 11, and 17 percent in grade 12. Twenty-one percent received free or reduced-price lunch.

Instruments

All assessments were administered by computer; self-report measures are the standard for assessing

outcomes in the bullying prevention literature (Evers et al., 2007). Reliance on computers is associated with greater self-disclosure on sensitive topics among adults and adolescents (Lind, Schober, Conrad, & Reichert, 2013; Turner et al., 1998). Measures, administered during the first and third intervention sessions, included the following items.

Use of Healthy Relationship Skills. Participants were presented with each of the six healthy relationship skills and asked to indicate how often they used each skill during the past month. Response options ranged from 1 = never to 4 = always. A scale score was computed by taking the sum of scores on all six items. In the current sample, Cronbach's alpha was .69 at baseline and .83 at follow-up. A five-item version of the measure (which excluded the question assessing bystander intervention) was used as an outcome measure in the cluster-randomized trial of the Teen Choices intervention (Levesque et al., 2015a, 2015b).

Bullying Perpetration, Victimization, and Bystander Passivity. Single-item measures used in prior bullying prevention outcome research involving high school students (Evers et al., 2007) assessed six bullying-related behaviors and experiences. Response options were "no," "sometimes," and "yes." The measures were dichotomized ("no" versus "sometimes" or "yes"). The percentages of participants reporting each behavior or experience at baseline were as follows: emotional bullying perpetration ("Do you treat others unfairly or in mean ways?"): 50 percent, physical bullying perpetration ("Do you hurt people by pushing, hitting, or kicking them?"): 12 percent, emotional bullying victimization ("Do people treat you unfairly or in mean ways?"): 66 percent, physical bullying victimization ("Do people hurt you by pushing, hitting, or kicking you?"): 21 percent, emotional bullying bystander behavior ("Do you let people treat others unfairly or in mean ways?"): 55 percent, and physical bullying bystander behavior ("Do you let people hurt others by pushing, hitting, or kicking?"): 22 percent. These questions were selected for the current study because they focus on present behavior and experiences and do not include a look-back period (for example, the "past six months") that exceeds the study duration.

Procedure

The research team met with the superintendent of schools in an inner-ring suburban district; students were recruited from the high school. The schools stipulated that active parental consent was required. The parental consent and information about the study were included in the packet sent to families prior to the start of school. After the information about the study was disseminated to all families, the research team participated in activities at the high school to promote the project and give information to parents. Information about the study was also posted on the Intranet page accessible to all students and families. Each family received up to three robocalls informing them about the study and inviting them to participate. The research coordinator contacted each of the families to confirm the date and place of the intervention one week in advance; the day before the intervention each family also received a robocall reminding them of the intervention the next day.

Before entering each session, participants were shown a screen describing the research, its voluntary nature, and a full consent procedure as required by the Cleveland Clinic's institutional review board, which approved the study. At each session, a list of the students whose parents had provided consent was matched to the students who came to the session. Before logging on to the computer for each of three sessions, students were given an assent/consent form to sign and return. At the conclusion of the session, each student was given an iTunes gift card.

Data Analysis

Changes in healthy relationship skills from session 1 to session 3 were examined using repeated measures analysis of variance. Pre–post changes in bullying perpetration, victimization, and bystander passivity were examined using McNemar's chi-square test with continuity correction. The McNemar test is used for a binary dependent variable (in this case, "no" versus "sometimes" or "yes") in a within-subjects design when the same individuals are measured twice. Measures of effect size—eta^2 for the continuous outcome and odds ratios (*OR*s) for the binary outcomes—along with 95% CIs around the effect sizes, were also calculated. In this case, the *OR*s represent the ratio of the number of participants who did worse on a given measure from pre- to postassessment (for example, became a bystander) to the number of participants who improved (for example, stopped being a bystander). For eta^2, values of .01, .06, and .14 represent a small, medium, and large effect, respectively (Cohen, 1988). For *OR*s, a value of 1.00 represents no effect, and values of 0.60, 0.29, and 0.15 represent small, medium, and large effects, respectively (Chen, Cohen, & Chen, 2010).

RESULTS

Among the 113 participants who completed a baseline assessment, 95 (84 percent) completed two sessions, and 88 (78 percent) completed all three intervention sessions. Results are reported in Table 1. Past-month use of healthy relationship skills increased significantly from session 1 to session 3, with $eta^2 = .22$ (95% CI = 0.11, 0.34), indicating that this is a very large effect. In addition, compared with session 1, participants at session 3 exhibited significantly reduced odds of emotional bullying bystander passivity (*OR* = 0.42, 95% CI = 0.19, 0.88) and physical bullying bystander passivity (*OR* = 0.29, 95% CI = 0.07, 0.90). Results approached significance for emotional bullying perpetration (*OR* = 0.50, 95% CI = 0.21, 1.22), emotional victimization (*OR* = 0.52, 95% CI = 0.24, 1.06), and physical victimization (*OR* = 0.36, 95% CI = 0.10, 1.05). Results for physical bullying perpetrating did not reach statistical significance (*OR* = 0.63, 95% CI = 0.16, 2.17). Effects for all bullying-related outcomes were in the medium to small range.

DISCUSSION

A pilot study was conducted with high school students to evaluate the potential efficacy of StandUp, a three-session online TTM-based intervention for bullying prevention. From session 1 to session 3, participants demonstrated an increase in use of healthy relationship skills, reduced odds of perpetrating and experiencing emotional and physical bullying, and of passively standing by as others are bullied. Effect sizes were in the large range for skill use and in the medium to small range for the bullying-related outcomes. The lack of statistical significance for some bullying outcomes can be attributed to the small sample size and lack of statistical power. The smallest effect, .63, was found for physical bullying perpetration, which had a low prevalence at baseline, making it especially challenging to demonstrate statistically significant improvement. Results, including the magnitude of effect sizes, are consistent with findings from a large-scale cluster-randomized trial demonstrating the effectiveness of StandUp's predecessor, Teen Choices, in preventing peer violence (Levesque et al., in press).

Previous literature has highlighted the popularity of school-based Olweus Bullying Prevention Program. However, with the exception of Norway, this program has produced inconsistent findings. Results call into question the cultural and age appropriateness of the Olweus program (Bauer et al., 2007). Compared with the time and resources needed to implement the Olweus program, the StandUp program is relatively low in cost, convenient, and can be delivered with fidelity because of its computer-based administration.

StandUp could be administered as a tier I universal bullying prevention program, for example, as part of a health education class. The CDC has developed eight National Health Education Standards for pre-Kindergarten through grade 12 (CDC, 2015), and the StandUp program addresses many of these standards. Because some effects of bullying in adolescence are long-lasting, including depression and self-harm thoughts and behavior, adding to the existing tools available to address bullying could be helpful to those working in schools, including school social workers.

Limitations

The study has several limitations. Only a small percentage (6.8 percent) of students who were given parental consent forms returned them and participated in the study, raising questions about the

Table 1: Pre–Post Changes in Use of Healthy Relationship Skills and Bullying-Related Behaviors among Participants Who Completed Three StandUp Intervention Sessions

Measure	Session 1 (%)	Session 3 (%)	*F*(*df* = 1,87)	Eta²	95% Confidence Interval	*p*
Healthy relationship skills	2.3	18.2	24.9	< .001	0.11, 0.34	< .001
Bullying experiences and behaviors			McNemar χ^{2a}	Odds Ratio		
Emotional bullying perpetration	51.1	39.8	2.7	0.50	0.21, 1.12	.100
Physical bullying perpetration	11.4	8.0	0.3	0.63	0.16, 2.17	.579
Emotional bullying victimization	70.5	56.8	3.2	0.52	0.24, 1.06	.074
Physical bullying victimization	23.9	13.6	3.4	0.36	0.10, 1.05	.067
Emotional bullying bystander passivity	58.0	40.9	5.3	0.42	0.19, 0.88	.021
Physical bullying bystander passivity	25.0	13.6	4.5	0.29	0.07, 0.90	.034

[a] *df* = 1, *N* = 88, with continuity correction.

generalizability of the findings. Participation rates were far higher in the randomized trial of StandUp's predecessor, Teen Choices. In that trial, all study assessment and intervention sessions were conducted during the school day. A parental opt-out procedure was used. Only 72 parents (1.8 percent) returned the opt-out form, and 17 students (0.5 percent) refused to participate. In the current study, the attrition rate at session 3 was 22 percent, raising further questions about the generalizability of the findings. Post hoc tests examined systematic differences between study completers and noncompleters based on demographics, healthy relationship skills, and bullying-related behaviors and experiences at baseline. Results show that participant race was significantly related to study completion, with completion rates of 87 percent for white students, 64 percent for black students, 100 percent for Asian students, and 67 percent for students who described their race as "other" or multiracial [$\chi^2(3, N = 113) = 10.0, p = .019$].

In general, individuals who reported bullying perpetration, victimization, or bystander passivity at baseline, who therefore had more to gain from participation in the program, were more likely to complete all three sessions. Rates of study completion among participants who did and did not report physical bullying victimization at baseline were 88 percent and 75 percent, respectively [$\chi^2(3, N = 113) = 1.64, p = .272$]. Skills and bullying measures were developed by us and our colleagues. Independent research is needed to validate the measure used here, and any further research evaluating the efficacy of the StandUp program should include independently developed measures of outcome. The study did not include a measure of social desirability, to help control for potential biases in self-reports of bullying and other outcomes.

Finally, with a single-group pre–post design, it is not possible to determine causality. Increases in consistent skill use and reductions in bullying-related behaviors observed from the first to the third session could represent regression toward the mean among some high-risk participants. A randomized controlled trial is required to assess the efficacy of the StandUp intervention.

Implications for School-Based Practice

Protocols could be developed to provide StandUp as a universal prevention program for teenagers. Letters could be sent to parents, indicating that all youths will receive the program unless the parent opts out. School social workers could be identified as the staff members who schedule, introduce, and proctor the sessions. School-based universal prevention programs are often delivered during health class or English class. The school social worker could attend the designated class on the days that StandUp is going to be delivered. Prior to beginning the program, the school social worker could introduce the broad construct of bullying and discuss how school social workers can support students who struggle with bullying issues. If a school social worker becomes aware of a situation in which bullying has taken place, it might be helpful to offer StandUp to the students who witnessed it, as well as to those who participated in it, and then follow up to see if further action is needed. The school social worker can stress availability and access.

At the conclusion of the program, there is a Let's Talk about It screen, which can be customized to display the picture and contact information of the school social worker. The school social worker might expect an increase in student referrals following the StandUp sessions. The school social worker could plan in advance to have additional people available on those days. This would be an excellent opportunity to involve social work students, who may be placed at the school to gain practicum experience. Additional materials are proposed that could be distributed to parents, both about bullying in general and about the StandUp program specifically. School social workers would also want to be available to field questions from parents and to be available to students whom parents refer after reading the materials.

Implications for Research

To be of use to schools, now required to provide programs to address bullying, StandUp will require further research. Because it was not possible to determine causality due to the single group design of this study, a randomized controlled trial is required to assess the efficacy of the StandUp intervention. Independently developed measures of outcome should be used. To increase participation and eliminate possible sampling bias, a universal prevention approach to administering StandUp would be optimal.

Conclusions

StandUp is a bullying prevention program for high school students that showed encouraging change from first to third session in a small sample. StandUp provides an opportunity for youths to reflect on and

react to the items. In the pilot more than one youth commented on feedback that an area of behavior did or did not seem problematic. Being able to provide programming with minimal infringement of instructional time may make StandUp an attractive option for schools. CS

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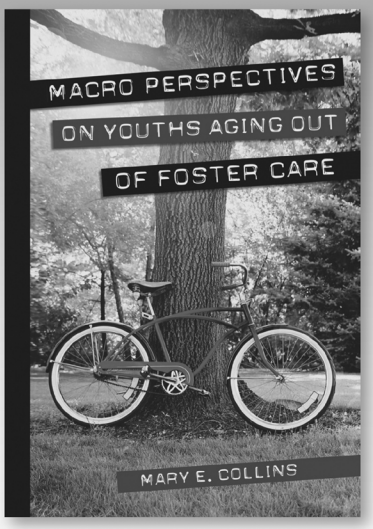

MACRO PERSPECTIVES ON YOUTHS AGING OUT OF FOSTER CARE

MARY E. COLLINS

For the past 20 years, there has been increased attention to the circumstances under which young adults leave the foster care system when they achieve age-defined adulthood. In the United States, this is referred to as "aging out" of foster care. Typically, young people did not benefit from a reunification with their family or a permanent family situation with kin or through adoption.

Macro Perspectives on Youths Aging Out of Foster Care offers an extensive look at this problem through a macro orientation. Attempting to balance the primary focus on microsystems, and consistent with a social work perspective, this book aims to provide a greater emphasis on the larger macrosystems of society, policy, organization, and community. Successful or unsuccessful outcomes of the transition from foster care are heavily dependent on the processes and structures that make up the external environment. Youths exiting foster care may be especially influenced by the circumstances of the larger social context because they often lack the mediating advantages of a strong familial connection. After long stays in the foster care system, they may have limited support, skills, and resources required for a healthy, productive, independent adulthood.

This reorientation of focus to macrosystems affecting the individual transition experience informs questions such as these: What are the barriers to developing and implementing effective approaches? How can we bring more social attention to these youths? How might communities better support youths? To what extent should policy and program supports be designed specifically for this population, as opposed to a more expansive population of vulnerable youths (such as youths receiving child welfare services in their homes, or youths involved in more than one service system), or more general universal supports for all youths?

Macro Perspectives on Youths Aging Out of Foster Care draws on research, theory, and practice to address these issues. It is a useful resource for practitioners in child welfare and youth services, researchers, and policymakers.

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