Data Trends
Summaries of research on mental health services for children and adolescents and their families
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Source: Lyons, J. S., Terry, P., Martinovich, Z., Peterson, J., & Bouska, B. (2001). Outcome trajectories for adolescents in residential treatment: A statewide evaluation. *Journal of Child and Family Studies, 10*(3), pp. 333-345.

Leichtman, M., Leichtman, M. L., Cornsweet Barber, C., & Neese, D. T. (2001). Effectiveness of intensive short-term residential treatment with severely disturbed adolescents. *American Journal of Orthopsychiatry, 71*(2), pp. 227-235.

Of all the services available to youth with serious emotional disturbances and their families, residential treatment centers (RTCs) are among the most costly. In turn, most managed care providers have reduced the number of days for which a youth may receive services in a residential environment from 6-12 months to three months or less. While research has shown that gains can be achieved while in residential care, little is known about the characteristics of youth who benefit from residential treatment. Also, the little outcome data that exist indicate that those gains are not likely to be maintained after discharge.

This combination of factors—high cost, reduced lengths of stay, and sparse outcome data—makes it incumbent upon researchers and policymakers to further explore the efficacy of RTCs within a continuum of care. This *Data Trends* summarizes two articles that address these issues. Lyons et al. present "a first attempt to begin to establish an understanding of the trajectory of change" (p. 343) within residential treatment centers, while Leichtman et al. offer a model of "intensive short term residential treatment" as well as outcome data on youth after discharge.

Lyons et al. conducted a review of 285 case records (at multiple intervals) for youth in eight different residential treatment centers in a western state. Findings support previous research that some youth do improve while in an RTC. Lyons and colleagues add to our understanding of RTC gains by confirming differential changes among youth. For example, youth showed similar improvement at each center for high risk behavior (i.e., suicidal ideation, self-mutilation, and aggression toward people), while no change was found for aggression toward objects. Depression and reality assessment improved also, while disobedience, impulsivity and sexualized behavior stayed about the same across all centers. One center in particular showed marked worsening of hyperactivity and anxiety while youth were in treatment.

Leichtman et al. report on an intensive short term residential treatment program that was created in response to reductions in managed care benefits. The study consisted of 123 adolescents who were admitted to the Menninger Residential Treatment Program between March, 1994 and January 1998. The average length of stay for these youth was three to four months. Youth in this study had not responded to other forms of treatment, and their impairment at intake was considered severe.

Emphasis at this short term program is placed on helping youth transition from the RTC into the community, where children and their families can continue to work on problems at home: "The functions of nursing and child-care staff have also been expanded. No longer focusing on behavior within the milieu alone, they help adolescents deal with family issues, community activities, and discharge plans… [These changes] include shifts in staff attitudes regarding families and activities outside the residence; intensive work with families; and the use of community resources…" (p. 229). Finally, the program incorporates a systematic follow up process so outcomes at post-discharge can be measured.

Leichtman and colleagues found that youth "consistently showed statistically significant and clinically substantial improvement from admission to discharge…[and] improvement was sustained for the year following discharge" (p. 232). Although Leichtman and colleagues present a number of caveats to this study, their findings are encouraging. They suggest that "work with family issues and on facilitating community

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involvement while adolescents are in residential treatment" may have helped these youth to retain outcomes for as long as a year after discharge (p. 234). Notably, when interviewed after discharge, the youth themselves "almost invariably" indicated that their relationship with child-care workers "had the greatest impact on them" (p. 233).

In conclusion, in the 1999 Report on Mental Health, the Surgeon General indicated that "more research is needed to identify those groups of children and adolescents for whom the benefits of residential care outweigh the risks," and that "[t]ransferring gains from a residential setting back into the community may be difficult without clear coordination between RTC staff and community services, particularly schools, medical care, or community clinics" (Chapter 3, p. 171). Both of these studies reflect the recommendations of the Surgeon General: Lyons et al. confirm differential outcomes among youth in residence, and suggest that "residential treatment may be somewhat more effective with PTSD and emotional disorders rather than ADHD and behavioral disorders" (p. 343). Leichtman et al. show that gains can be maintained only if discharge planning includes an emphasis on family involvement, participation in community activities, and services.

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