Data Trends
Summaries of research on mental health services for children and adolescents and their families
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One principle of the system of care philosophy is that children and adolescents should be placed in the least restrictive setting possible. However, residential treatment centers (RTCs) may be necessary for a small group of children and adolescents with severe emotional and behavioral problems. Yet measuring the impact of residential care and the eventual outcomes of youth served by RTCs is a complex task. Clinical (efficacious) studies are not possible because the RTC cannot be duplicated in the laboratory or university setting, and RTC staff may be reluctant to use manualized programs or to collect data needed for rigorous studies. Thus, there is a dearth of information on RTCs and their outcomes for children and adolescents. In an attempt to identify factors associated with positive outcomes upon discharge from an RTC or at post-test, the author presents a literature review of 18 RTC studies from 1993-2003. Results suggest that children with severe emotional or behavioral problems and their families can benefit from residential treatment that is "multi-modal, holistic, and ecological in its approach" (p. 551).

In order to be considered for the literature review, RTCs under study had to have: (a) a treatment program for children and adolescents with severe emotional and behavioral problems; (b) trained staff; (c) the availability of on-site schooling; and (d) the goal of returning the child or adolescent back into the community. From this pool of eligible studies, seven studies measured outcomes immediately upon discharge, and 11 additional studies that measured outcomes at one or more follow-up dates were considered. Settings not considered for the literature review included group foster homes, psychiatric hospitals, open or closed facilities for juvenile offenders, and substance abuse programs. Youth who "successfully discharged" from residential treatment centers were defined as having met desired emotional or behavioral goals, completed treatment goals, and moved to a less restrictive setting (e.g., home, or independent living).

Program factors associated with improved outcomes include program components that are comprehensive in nature, offer "positively oriented behavioral strategies," (p. 566), and stress independent living skills. Programs that offered youth an opportunity to do well academically, and programs that focused on completion of treatment goals were associated with successful discharge.

In one study, *participation in family therapy* was a significant predictor of treatment completion and discharge to a less restrictive setting. Another study found that children aged 9-17 were likely to complete treatment goals if they had more visits from family members than youth who did not receive many visits. A number of longitudinal studies provide further evidence of the importance of family involvement and support. For example, a study of a family-based treatment program "significantly increased stability" (p. 569) of placement. Characteristics of this particular RTC included family involvement, short lengths of stay (approximately eight months), and after care services.

Length of stay and *aftercare* also were identified as potential factors for positive outcomes: "shorter, repeatable periods of stability in a residential facility may foster treatment gains and educational achievement for children with less severe psychopathology rather than using out-of-home placements as a 'once and for all cure.'" (p. 560). Another study found that gains were made during the first six months of residential placement, suggesting that a shorter length of stay may be appropriate for some youth. Treatment gains (including academic gains) were maintained at six months post-test for youth in Girls and Boys Town. The author of this study suggests that treatment gains were due to the comprehensive nature of the program and the fact that most youth benefited from aftercare services in the form of psychotherapy and/or medication follow up. In

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another study, follow up interviews were conducted with 51 male youth three years after discharge to their families. The authors suggest that the underutilization of aftercare services "could have contributed to the breakdown of the home and the increased need for more structured settings" (p. 566).

Academic success also was an indicator of success after discharge. In one study of the long-term impact of a re-education program, 60% of graduates had avoided illegal activity and had achieved academic gains while in the RTC. The author of this study concluded that a "psychoeducational treatment approach that is ecologically inclusive" (p.566) may be effective for this population.

In summary, program factors; family involvement; shorter lengths of stay; fulfillment of treatment goals; utilization of aftercare services and supports; education during residence and continuing education after discharge; and gainful employment after discharge were found to predict positive outcomes for this population. Given that RTCs are difficult to study due to design limitations (e.g., small non-randomized samples, no comparison groups, no efficacy studies, etc.), the author suggests that qualitative research (with family involvement) may better suit the RTC setting than quantitative studies, because qualitative research can capture the "complexities and dynamics of agency settings" (p. 571).

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