



## Latent subtypes of youth in psychiatric residential care<sup>☆</sup>



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### ABSTRACT

In current practice, residential care programs in the United States are often more general than specialized with little demonstrated results of effectiveness for different types of youth. Subgroup analyses focused on developing a thorough understanding of the subpopulation of youth served in residential group care have potential to inform targeted program development. Using assessment records of a sample of 447 youth in psychiatric residential treatment, a latent class analysis was performed to identify youth subtypes. The results revealed four classes of youth characterized by severe levels of functional impairment and externalizing behavioral problems. Class distinctions were observed in the areas of psychiatric diagnoses, child behavioral problems and strengths, family characteristics, and maltreatment histories. An examination of class profiles lends support for the applicability of some general approaches across therapeutic residential programs, including the use of trauma-informed care and family-centered practice frameworks. The findings further demonstrate the need to also include program elements that are specified to the types of youth the program is designed to treat. Implications for policy and developing specified treatment protocol matched to the types of youth served in psychiatric residential programs are discussed.

### 1. Introduction

Most child welfare stakeholders agree that residential group care is an essential intervention for a subset of youth in out-of-home care with high-level needs (Annie E. Casey Foundation, 2014; Bullard, Gaughan, & Owens, 2014; Child Welfare League of America 2007; Dozier et al., 2014; Pecora & English, 2016; U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2015; Whittaker et al., 2016). Yet, there is a long-standing need for research that helps determine which types of programs and services are effective for specific types of youth (Children's Bureau, 2015; Pecora, Whittaker, Maluccio, Barth, & Plotnik 2000; Whittaker & Pfeiffer, 1994). Subtype analyses providing holistic descriptions of the types of youth served in residential care represent one means of facilitating this line of inquiry (Pecora & English, 2016). Studies focused on developing an in-depth understanding of the subpopulation of youth served in residential care can inform targeted program development including matching program models/approaches, change theories, services, and structure to the types of youth served. In this study, a type of person-centered analysis was used to identify subtypes of youth in a psychiatric residential treatment (PRT) program designed to stabilize and treat youth with severe behavioral and mental health needs.

### 2. Placement prevalence and characteristics of youth in residential care

In 2014, an estimated 14% of child welfare cases in out-of-home care in the United States were placed in some form of residential group care setting (Children's Bureau, 2015). Nationally, the majority of youth in residential group care placements are adolescent (mean = 14 years) males (62.7%) with white youth making up the majority (40.7%) followed by 30.2% black/African American and 19.7% Hispanic. Residential placements are often reserved for youth with serious behavioral, mental, and emotional health problems requiring higher level treatment. Growing research evidence supports that youth in residential care often have extensive maltreatment and trauma histories (den Dunnen et al., 2012). Using clinical data collected from 56 sites throughout the United States, Briggs et al. (2012) found that 92% of youth receiving residential services compared to 77% of youth receiving community-based services met criteria for complex trauma (i.e., multiple or repeated exposure to different forms of interpersonal trauma). The residential sample also exhibited significantly higher mean levels of functional impairment compared to those receiving community-based services. Consistent with this finding, psychiatric conditions and behavioral problems have also been found to be more prevalent among youth in residential care. The Children's Bureau (2015) reported that 36.2% of children in residential care had at least

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one diagnosed psychiatric disorder compared to 12.8% of children placed in non-group care settings (i.e., pre-adoptive homes, foster homes, supervised independent living, and trial home visits). Forty-five percent of children in residential care compared to 6.9% of children in non-group care placements had child behavior problems as an identified reason for referral. Depressive disorders, attention-deficit hyperactive disorder, conduct disorder, and anxiety disorders are among the frequently reported diagnoses among residential youth study samples (Bettman & Jaspersen, 2009; Connor, Doerfler, Toscano, Volungis, & Steingard, 2004; Trout et al., 2008). Externalizing behaviors problems and aggression are frequently reported issues among youth in residential care, with as many as half or more of the samples across studies scoring within clinical ranges on standardized assessments (Boxer, 2010; Connor et al., 2004; Dale, Baker, Anastasio, & Purcell, 2007; Trout et al., 2008). Other characteristics reported among samples of youth in residential care who were displaying aggressive behavior included disruptive behavior disorders, psychiatric co-morbidity, family history of violence, parental arrest, physical abuse, hostility, and impulsivity (Connor et al., 2004).

### 3. Youth characteristics and treatment outcomes

The outcomes research on residential group care, although methodologically limited, overall supports that it is an effective intervention for some youth (Bettman & Jaspersen, 2009; Hair, 2005; Knorth, Harder, Zandberg, & Kendrick, 2008). Researchers have found that youth characteristics (Connor et al., 2004; Cuthbert et al., 2011; Hooper, Murphy, Devaney, & Hultman, 2000), maltreatment history (Connor et al., 2004), and family involvement in care (Gorske, Srebalus, & Walls, 2003; Landsman, Groza, Tyler, & Malone, 2001; Sunseri, 2001) are significant correlates of treatment outcomes. To date, few studies have examined the association between family characteristics and outcomes of residential care beyond assessing varying types or levels of family involvement in treatment. However, some evidence supports that parental well-being influences treatment outcomes. For instance, in a sample of 313 male and female adolescents in residential treatment, Sunseri (2004) found a lack of parental involvement and parental mental illness to be among the factors associated with increased likelihood of youth failing to complete treatment.

### 4. Person-centered approaches to understanding youth in residential care

Descriptive and outcomes studies of residential care have mostly relied on variable-centered approaches that provide a helpful, but limited understanding of the study samples; failing to capture the multi-dimensional complexities of the whole youth that is receiving care. Whereas traditional variable-centered analyses provide general descriptions of aggregated samples drawn from one or more individual variables, person-centered analyses are more holistic; examining how variables combine within individual members of a population. Such approaches have often been used to identify the existence of subgroups within study populations (e.g., Espelage, Low, & De La Rue, 2012; Rebbe, Nurius, Ahrens, & Courtney, 2017; Turner, Shattuck, Finkelhor, & Hamby, 2016) but have rarely been used in studies of youth in residential care settings. Yampolskaya, Mowery, and Dollard (2014) conducted one of the few studies using a person-centered analysis (i.e. latent class analysis) to identify subgroups of youth receiving care in Florida's statewide inpatient psychiatric programs to examine the relation between youth profiles and adverse post-treatment outcomes. Three classes were identified with primary distinctions found in maltreatment severity, mental and physical health diagnoses and, for one group, a lack of caregivers. Differences in outcomes were found between groups, however, the class identified as having multiple needs experienced the greatest risks for being re-admitted to care, entry into

the juvenile justice system, and involuntary mental health assessments. In addition to understanding the connection between youth profiles and discharge/post-discharge outcomes, studies using similar approaches, that focus on cultivating a comprehensive understanding of youth in residential care, can also contribute to informing the design and specificity of treatment. The need for well-specified models of residential care is echoed in much of the recent literature (e.g., Pecora & English, 2016; Whittaker et al., 2016).

### 5. Purpose

Residential group care research is lacking in theory including testable change theories that detail precisely how and why a program works. Efforts to integrate theory into residential care research may require looking to other fields of research for guidance. Theoretical risk and protective frameworks such as social ecological theory (Bronfenbrenner, 1979) or learning theories (e.g., Bandura, 2005; Patterson, DeBaryshe, & Ramsey, 1990) may provide a foundation for adapting and testing change theories in residential care. For example, the interactional theory of continuity and change (ITCC; Thornberry & Krohn, 2005) explicates how risk and protective factors interact to promote either continuity or desistance from engaging in antisocial behaviors. Changes in the environment, specifically those that foster successful life transitions, increase social bonds, and the opportunity to build social capital, promote desistance. Conversely, changes in the environment can also contribute to the onset or persistence of antisocial behavior. At its core the ITCC is a change theory with premises that could be adapted to predict expected outcomes based on the composition of risk and protective factors that comprise a youth's profile at intake and the specific elements within the residential service environment. The ability to effectively integrate such theoretical work is contingent upon researchers engaging in efforts to more clearly depict residential care programs and the service population including subgroups. Preliminary studies of this kind can serve as basic building blocks in the pathway toward the development of theory-based research and practice in residential care.

The purpose of this study was to identify subgroups of youth served in psychiatric residential treatment (PRT), a form of therapeutic residential care. Drawing upon prior empirical research describing characteristics of youth in residential care and the key areas (i.e., child characteristics, prior trauma, and family) that have been demonstrated to be significantly associated with treatment outcomes, the following three hypotheses were proposed:

**H<sub>1</sub>.** Subtypes of youth in PRT will be distinguished by differences in child characteristics including individual strengths, behavioral problems and psychiatric diagnoses.

**H<sub>2</sub>.** Subtypes of youth in PRT will be distinguished by differences in maltreatment histories including physical, emotional, and sexual abuse and neglect.

**H<sub>3</sub>.** Subtypes of youth in PRT will be distinguished by differences in family characteristics including parental/family strengths and problems.

### 6. Methods

#### 6.1. Study site

All study procedures were approved by a Midwestern university institutional review board. Data for the study were extracted from archival treatment files of 447 boys and girls admitted between 2007 and 2012 to one PRT program overseen by a large public child welfare agency. The PRT program included two sites that were located in two small Midwestern cities. The total bed capacity at each site was 45 and was comprised of separate smaller 8–12 bed units for boys and girls and

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