Outcomes for children and adolescents after residential treatment: a review of research from 1993 to 2003

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CRD summary
This review investigated the outcomes and success factors of residential treatment programmes for young people. The author considered these a valuable part of the care system, and post-discharge outcomes were positively influenced by family and aftercare involvement. The review suffered from potential problems, including those inherent in social intervention research, and this is likely to affect the reliability of the author's findings.

Authors' objectives
To investigate the outcomes of residential treatment programmes for children and adolescents and to explore factors associated with their success.

Searching
PsycINFO, ERIC, Sociological Abstracts and Social Sciences Citation Abstracts were searched from 1993 to 2003 for relevant published studies; the search terms were reported.

Study selection
Study designs of evaluations included in the review
There were no specific criteria for the study designs to be included. There were no details of the designs used in the majority of the included studies.

Specific interventions included in the review
Studies of residential treatment programmes run by trained staff and providing on-site schooling for some residents were eligible for inclusion. A variety of interventions appear to have been included, but specific details were lacking in the majority of studies.

Participants included in the review
Children and/or adolescents with severe emotional and/or behavioural difficulties were eligible for inclusion. Group foster homes, psychiatric hospitals, open or closed facilities for young offenders, and settings to deal specifically with substance abuse were excluded from the review. A variety of settings, participant characteristics and disorders were reported to be amongst the included studies. The majority of the participants were males and their ages ranged from 5 to older than 21 years.

Outcomes assessed in the review
The primary outcome of interest was the successful return of residents to family, alternative caregivers, or independent living. Some studies measured outcomes at the point of discharge, whilst others explored outcomes at one or more dates after discharge. Successful discharge was determined as the participant having attained the desired emotional and behavioural changes on completion of the programme and returning to a less intrusive setting. Secondary outcomes focused on factors that influenced the successful return of residents. A variety of outcomes measures were used: published assessment scales, routine and survey data, participant and caregiver reports, and interviews. The duration of follow-up ranged from 6 months to longer than 10 years post-discharge.

How were decisions on the relevance of primary studies made?
The author did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The author did not state that they assessed validity.

**Data extraction**
The author did not state how the papers were extracted for the review. Data were extracted on the type of facility or intervention, the residents' characteristics, along with methods and results of the outcomes research.

**Methods of synthesis**
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were discussed in the text.

**Results of the review**
Eighteen studies (2,533 youths) were included in the review. Seven studies (958 youths) reported on outcomes at the point of discharge. Eleven studies (1,575 youths) reported outcomes post-discharge from the facility.

Residential treatment outcomes at discharge (7 studies).

Two studies provided some evidence that family involvement (family visits and participation in family therapy) was associated with positive outcomes at discharge. Only one of these was able to report transfer to a less intrusive setting. In addition, three studies reported reductions in at-risk behaviours during the first 6 months of the residential programme; the case was advocated in two further studies for shorter, repeatable periods of stay, especially in those with less severe psychopathologies.

Residential treatment outcomes after discharge (11 studies).

Studies were unable to provide evidence that any one diagnosis significantly impacted on the post-discharge outcome. However, completion of the programme for those with a range of antisocial disorders, discharge to family or foster homes in those with conduct disorders, and the high proportion of readmissions to treatment in those with severe emotional disturbances, were all noted.

In five studies incorporating long-term follow-up (range: 6 months to longer than 10 years), a psychoeducational approach, a comprehensive programme of continuous positive strategies combined with direct therapy, and the provision of academic opportunities, were programme factors associated with successful discharge and adaptation to community life.

Two studies found that day programmes incorporating intense family involvement were potential factors for long-term success.

**Authors' conclusions**
Residential treatment is a valuable intervention when provided as part of a wider system of multi-modal, holistic and ecological care. The post-discharge outcome is positively influenced by family involvement, community support and aftercare services.

**CRD commentary**
The author's objective and inclusion criteria for the participants, interventions and outcomes were clear, albeit necessarily broad. There were no criteria for study design and it was often difficult to determine the study methods used. The database search was relevant to the topic area, although the exclusion of unpublished studies meant that relevant data might have been missed. The review process was potentially subject to substantial bias, given that this was a single author review and no information was given on how the studies were selected, assessed for validity, or data.
extracted. There were no a priori validity criteria and, although the author referred to the impact of methodological weaknesses in the final discussion, the lack of a formal assessment of the included studies precludes confirmation of their judgement.

Details of the small number of primary studies were provided; these suggested substantial heterogeneity in terms of the participants, interventions and outcome measures. The sparse reporting of intervention content highlights a major limitation in primary social intervention research. Given the limitations highlighted, the author's conclusions seem overstated and their reliability is unclear.

Implications of the review for practice and research
Practice: The author stated that practitioners should focus on developing a more cohesive approach to future programme delivery with regard to mission statements, philosophy of care, services provided and intended goals.

Research: The author stated that future research should reflect the inherent complexities of interventions in this topic area and called for appropriate research designs to address this. The author advocated a future ecological approach to investigation, with attention to theoretical principles of change and collaboration with multiple stakeholders and policy-makers.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.