

AOTA Evidence Briefs

Children With Behavioral and Psychosocial Needs

*A product of the American Occupational Therapy Association's Evidence-Based Literature Review Project

PSYCH #7

For children with behavior problems, day treatment may be more effective than outpatient services at reducing disruptive behaviors and improving secondary problems

Grizenko, N., Papineau, D., & Sayegh, L. (1993). A comparison of day treatment and outpatient treatment for children with disruptive behaviour problems. *Canadian Journal of Psychiatry*, 38, 432–435.

Level: IIA2a

Nonrandomized controlled trial, 2 groups, 20 or more participants per condition, moderate internal validity, high external validity.

Why research this topic?

Research has established that day treatment of children with behavior problems can reduce their disruptive behavior and promote their reintegration into community schools. Further, it can improve secondary problems, such as depression and low self-esteem. Research also has shown that outpatient treament is effective with these children. However, research has not revealed which approach is more effective.

What did the researchers do?

Grizenko, Papineau, and Sayegh (1993), variously affiliated with McGill University (Montreal, Canada) and Douglas Hospital Centre (Verdun, Canada), conducted a pilot study to test the feasibility of comparing the effects of day treatment and outpatient treatment. The participants were 30 children seeking admission to day treatment or outpatient services at a psychiatric hospital. Twenty-four were boys, and 6 were girls. Their average age was 9 years. All had clinically severe behavior problems, as indicated by a score of 70 or more on the Revised Child Behavior Profile, and had been referred to the programs by school psychologists, social workers, and/or parents. Fifteen were admitted to day treatment (13 boys, 2 girls), and 15 to outpatient services (11 boys, 4 girls). In each group, 4 had been diagnosed with attention deficit hyperactive disorder and 11 with oppositional defiant disorder (4 of whom also had attention deficit hyperactive disorder).

In day treatment, daily activities consisted of a 2½-hour block of special education, during which the child advanced at his or her own pace of learning, and a 3-hour block of therapeutic intervention, including weekly individual play therapy, systemic family therapy, social skills training and group therapies, as well as daily activities using a developmental therapy approach....Children were grouped according to age with a maximum of five children in each group. Treatment was administered and monitored weekly by a multidisciplinary team, including psychologists, nurses, social workers, an occupational therapist and child care workers, and directed by a psychiatrist (p. 433).

"Outpatient therapy consisted of weekly systemic family therapy provided by experienced psychologists and social workers. Nine of these children were also seen weekly in individual play psychotherapy. The same therapists worked half-time in the outpatient program and half-time in the day treatment program" (p. 433).

The goals of the two programs were similar, varying according to individual needs: "[to achieve] a psychodynamic understanding of the functioning of the family and the child within a systemic framework, [to improve] parenting skills, [to allow] the child to express feelings verbally instead of through disruptive behaviour and [to improve] the child's sense of self-worth and peer relations" (p. 433).

The average length of treatment for both groups was 4 months.

The researchers were interested in the following outcome areas: behavior (as measured by the Revised Child Behavior Profile); global functioning (as measured by the Children's Global Assessment Scale); self-perception (as measured by the Hare Self-Esteem Scale, the Depression Self-Rating Scale, and the Hopelessness Scale for Children); peer relationships (as measured by the Index of Peer Relations and the Matson Evaluation of Social Skills with Youngsters); and family functioning (as measured by the general scale of the Family Assessment Measure). Measures were taken before treatment began, and when the child was discharged from the program or 4 months after treatment began if the child was still being treated.

What did the researchers find?

The day treatment group improved **significantly** (see *Glossary*) more than the outpatient group in behavior, self-perception as measured by the Depression Self-Rating Scale and the Hopelessness Scale for Children, peer relationships as measured by the Index of Peer Relations, and family functioning.

What do the findings mean?

For therapists and other providers, the findings suggest that for children with behavior problems, day treatment is more effective than outpatient services at reducing behaviors seen by the parents as a problem and at improving children's secondary problems, such as inadequate social skills.

What are the study's limitations?

The study has numerous limitations. First, one third of the outpatient sample had not completed therapy at the time of the scheduled outcome assessment. Second, the gender distribution in the two groups was not equal. Third, the children were not randomly assigned to the conditions. Fourth, there was no long-term follow-up to ascertain whether the children sustained the improvements. Fifth, the outpatient program involved only one visit per week. More intensive treatment might have yielded significant results.

GLOSSARY

significance (or significant)—A statistical term that refers to the probability that the results obtained in the study are not due to chance, but to some other factor (e.g., the treatment of interest). A significant result is likely to be generalizable to populations outside the study.

Significance should not be confused with *clinical effect*. A study can be statistically significant without having a very large clinical effect on the sample. For example, a study that examines the effect of a treatment on a client's ability to walk may report that the participants in the treatment group were able to walk significantly longer distances than those in the control group. However, after reading the study one may find that the treatment group was able to walk, on average, 6 feet, whereas the control group was able to walk, on average, 5 feet. Although the outcome may be statistically significant, a clinician may not feel that a 1-foot increase will make his or her client functional.

This work is based on the evidence-based literature review completed by Shari Nudelman, OTR/L, and Marian Arbesman, PhD, OTR/L, with contributions from Ming-Hui Kuo, MS, OTR.

For more information about the Evidence-Based Literature Review Project, contact the Practice Department at the American Occupational Therapy Association, 301-652-6611, ext. 2040.

