Assessing the Long-Term Impact of a Children's Psychiatric Partial Hospitalization Program

Kristen Durbin, BA, Anne Walters, PhD, Teresa Preddy, PhD, Katharine Musella, BA

Warren Alpert Medical School of Brown University and Bradley Hospital

Abstract

Child partial hospitalization programs provide specialized, intensive day treatment for children with significant social, emotional, and behavioral needs that warrant a higher level of care than outpatient therapy, but a less intensive care setting than an inpatient unit. Due to a dearth of analyses on the long-term outcomes of these programs, the Bradley Hospital Children's Partial Hospital Program (CPHP) conducted a pilot outcomes study to investigate the impact of program participation on children's overall functioning and the transition to outpatient treatment, home and school since discharge. This study also attempted to improve follow-up survey completion rate by administering surveys via phone.

The preliminary data from this follow-up survey suggest an overall positive impact of partial hospitalization on parent-reported child functioning and mental health. Parent perspectives on elements of the CPHP's interdisciplinary care approach were assessed in the context of current child functioning, including referrals to follow-up care, successful transitions to home and school environments, therapist and staff relationships, and overall program structure.

Introduction

Child partial hospitalization programs integrate individual, family, and group therapy with medication management and educational services to meet the individual needs of each child and her family.[1,2] Care teams often include specialists trained in psychiatry, clinical psychology, social work, education, and nursing to address different elements of a child's social, emotional, and behavioral functioning. Although several studies demonstrate significant emotional, social and behavioral improvement in participating children from admission to discharge, few studies have analyzed the long-term impact of these programs.[3,4,5] Thus, the Bradley Hospital CPHP conducted this study to assess current behavioral functioning of children aged seven to twelve who participated in the program between January 2015 and April 2016.

Methods

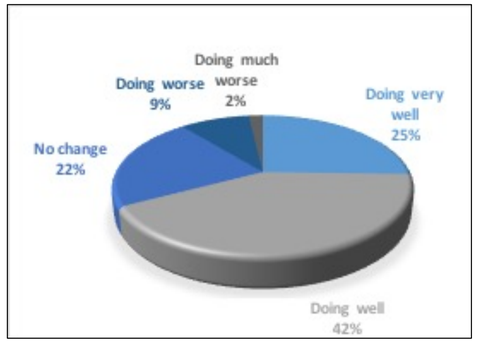
The follow-up phone survey conducted with 55 parents and guardians in June and July 2016 included questions to assess:

- **Follow-up provider utilization and satisfaction**
- **Mental health services used since discharge**
- **Program structure, strengths and length of stay**
- **School communication and success since discharge**
- **Parenting techniques**

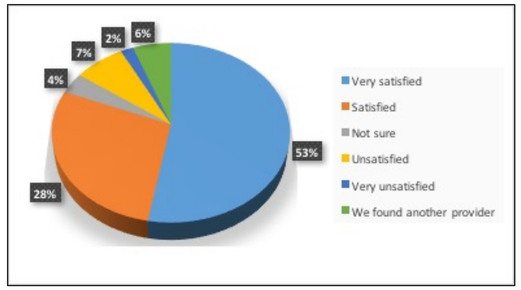
We attempted to contact families of 154 previous program participants. Ten declined to participate, seven were not reachable at the phone numbers on file, and 82 were never reached. Frequency tables were generated using SPSS.

Results

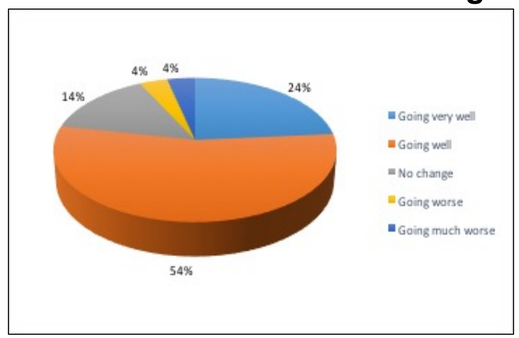
Overall child functioning



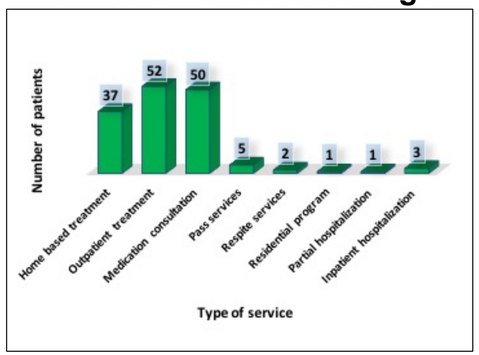
Follow-up provider satisfaction



School success since discharge



Mental health service utilization since discharge



Family Perspectives

"The willingness of staff and the length they went to to communicate with families was excellent. Even though they felt they could no longer help my daughter, they sat down with us … and still tried to find a way to help us."

"We thought it was helpful that it was a partial program so she could still sleep at home. I think the intense twice a week counseling with the psychologist was the best part of the program, having the family therapy coordinated with the time spent with our daughter."

"Understanding coping techniques, helping us understand that there was a place to go for support, regulating her medications, and helping her understand that she's not alone was extremely helpful."

Conclusions

- Participating families reported positive treatment effects that persisted at least 3 months post-discharge, in some cases for as long as 18 months.
- The vast majority of families and children (53 of 55 participants) remained involved in follow up treatment and reported provider satisfaction, which in turn may have reduced recidivism for both partial and inpatient levels of care and enabled families to maintain treatment gains.
- Although 78% of families reported school success since discharge, a significant proportion thought their child could have transitioned back to school more gradually and that some partial program educational recommendations were not effectively translated into regular use in the classroom.

Future Directions

- Implement the follow-up phone survey protocol for all patients at standardized time points after discharge.
- Analyze the role of partial hospitalization in reducing inpatient treatment and usage of higher levels of care.
- Strengthen integration and communication between partial programs and school districts to improve the school transition after discharge from program.

References

1. Kiser LJ, Millsap PA, Hickerson S, Heston JD, Nunn W, Pruitt DB, & Rohr M (1996). Results of treatment one year later: Child and adolescent partial hospitalization. *Journal of the American Academy of Child and Adolescent Psychiatry*, *35*, 81-90.
2. Grizenko N (1997). Outcome of multimodal day treatment for children with severe behavior problems: A five-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, *36*, 989-997.
3. Martin SE, McConville DW, Williamson LR, Feldman G & Boekamp JR (2013). Partial hospitalization treatment for preschoolers with severe behavioral problems: Child age and maternal functioning as predictors of outcome. *Child and Adolescent Mental Health*, *18*, 24-32.
4. Milin R, Coupland K, Walker S, & Fisher-Bloom E (2000). Outcome and follow-up study of an adolescent psychiatric day treatment school program. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 320-328.
5. Granello DH, Granello PF, Lee F (2000). Measuring treatment outcome in a child and adolescent partial hospitalization program. *Administration and Policy in Mental Health*, *27*, 409-422.

Acknowledgments

I am extremely grateful to Dr. Walters, Dr. Preddy and Katharine for welcoming me to the CPHP team and supporting me throughout this project, from survey and protocol design to recruitment and data analysis. I am also indebted to Dr. Ed Feller and Dr. Jeffrey Hunt for connecting me with the CPHP team at Bradley. I thank the Brown Summer Assistantship for funding this project.