System-of-Care Evaluation Brief

Demographic and Clinical Characteristics of Children Who Receive Restrictive Services in Systems of Care

A basic tenet of the system-of-care philosophy is that children should receive services in the least restrictive setting possible (Stroul & Friedman, 1986). Given this philosophy, most children in systems of care will receive services in an outpatient setting such as a mental health clinic or private practitioner's office; however, even within systems of care it is sometimes appropriate to treat children within a restrictive setting, particularly when self-harm or harm to others is an issue. Among children participating in the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 24.9% of those who received services in the first 6 months after entering services, received at least 1 day of treatment in a restrictive setting. The percentage of children receiving at least 1 day of services in a restrictive setting was similar for children receiving services between 6 and 12 months, and 12 and 18 months after service entry (24.8% and 23.7%, respectively). Although these children constitute less than one-fourth of children served by systems of care at any time, it is still important to examine why children in systems of care are being treated in restrictive settings.

This *System-of-Care Evaluation Brief* compares the demographic and clinical characteristics of children served by funded systems of care who received treatment within a restrictive setting between intake and 6 months after service entry with children who did not receive treatment in a restrictive setting during that period. In the analyses that follow, restrictive services included treatment in a residential camp, therapeutic group home, therapeutic foster care, inpatient unit, and residential treatment center.

Methods

In keeping with the system-of-care philosophy, it is quite common for children in the national evaluation to receive only nonrestrictive services (e.g., individual therapy) between intake into services and 6 months; however, it is not common for children to receive only restrictive services during the same time period. For these comparisons, children who reportedly received services between intake and 6 months after entering system-of-care services (n = 3,009) were divided into two groups: children who did not receive restrictive services between intake and 6 months (75%) and children who received a combination of restrictive and nonrestrictive services between intake and 6 months (25%).

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants and cooperative agreements to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.

National Evaluation
Comprehensive Community Mental Health Services for Children and Their Families Program

Wayne Holden and Rolando Santiago, Editors

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Demographic Characteristics

Children who did not receive restrictive services were living at or below the poverty level (63.5%) in greater proportion than children who received restrictive services (54.2%; $\chi^2 = 16.7$, $df = 2$, $n = 2{,}632$, $p < .001$); however, there were more females (34.1%) and children of color (37.3%) who received restrictive services compared to those who did not receive restrictive services (30.8% and 32.7%, respectively). Children who received restrictive services averaged 1 year older ($M = 12.4$) than children who did not ($M = 11.5$), a statistically significant finding ($t = -6.77$, $df = 1{,}484.1$, $n = 2{,}973$, $p < .001$).

Custody status differed significantly for children who received restrictive services versus those who did not ($\chi^2 = 116.4$, $df = 7$, $n = 2{,}849$, $p < .001$). Biological relatives such as parent(s) (64.9% vs. 78.4%) or grandparents (6.1% vs. 7.3%) were more likely to have custody of children who did not receive restrictive services, while adoptive parent(s) (6.3% vs. 5.1%), foster parent(s) (0.6% vs. 0.3%), and the State (16.7% vs. 4.9%) were more likely to have custody of children who received restrictive services.

The referral pattern between children who did and did not receive restrictive services differed significantly as well ($\chi^2 = 116.4$, $df = 7$, $n = 2{,}849$, $p < .001$). Children who did not receive restrictive services were more likely to be referred from school (23.2% vs. 15.6%); a caregiver/self-referral (9.4% vs. 5.6%); or a physical health provider, substance abuse clinic, or other source (9.5% vs. 5.8%) than children who received restrictive services. Children who received restrictive services were more likely to be referred from the courts or corrections (13.9% vs. 14.2%), a mental health clinic or provider (34.7% vs. 40.4%), or a child welfare agency (9.3% vs. 18.4%).

Clinical Characteristics

Diagnosis

The three most frequent diagnoses were the same for both groups: attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, and mood disorders. Although more children who received restrictive services were diagnosed with a mood disorder (40.2%) and oppositional defiant disorder (30.5%) than children who did not receive restrictive services (32.8% and 28.7%, respectively), fewer children receiving restrictive services were diagnosed with ADHD (39.9% vs. 46.5%). In addition, more children who received restrictive services had multiple diagnoses (67.2%) compared to children who did not receive restrictive services (56.1%; $\chi^2 = 24.1$, $df = 1$, $n = 2{,}441$, $p < .001$).

Presenting Problems

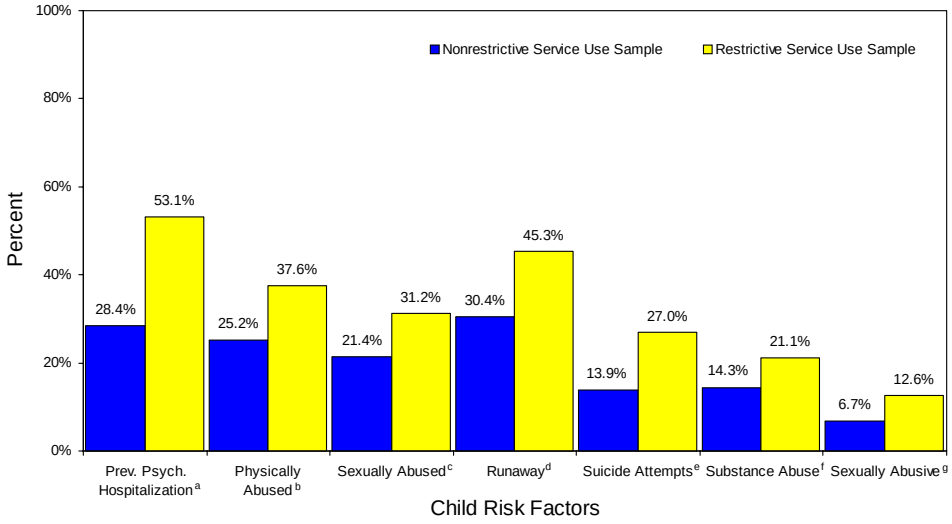
More differences emerge in presenting problems at intake. More children who received restrictive services were referred for self-injury (18.5% vs. 10.8%), suicide attempt (13.6% vs. 6.7%), suicidal ideation (22.4% vs. 14.8%), and threat to life of others (17.6% vs. 9.4%) than children who did not receive restrictive services.

Caregiver Ratings at Intake

At intake, caregivers identified which of seven possible risk factors applied to their child. On average, caregivers of children who received restrictive services reported significantly more risk factors ($M = 2.2$) than caregivers of children who did not receive restrictive services ($M = 1.4$; $t = -13.0$, $df = 1{,}122.4$, $n = 2{,}911$, $p < .001$). In addition, as shown in Figure 1, significantly more children who received restrictive services

Figure 1

Risk Factors of Children in Nonrestrictive and Restrictive Service Use Samples



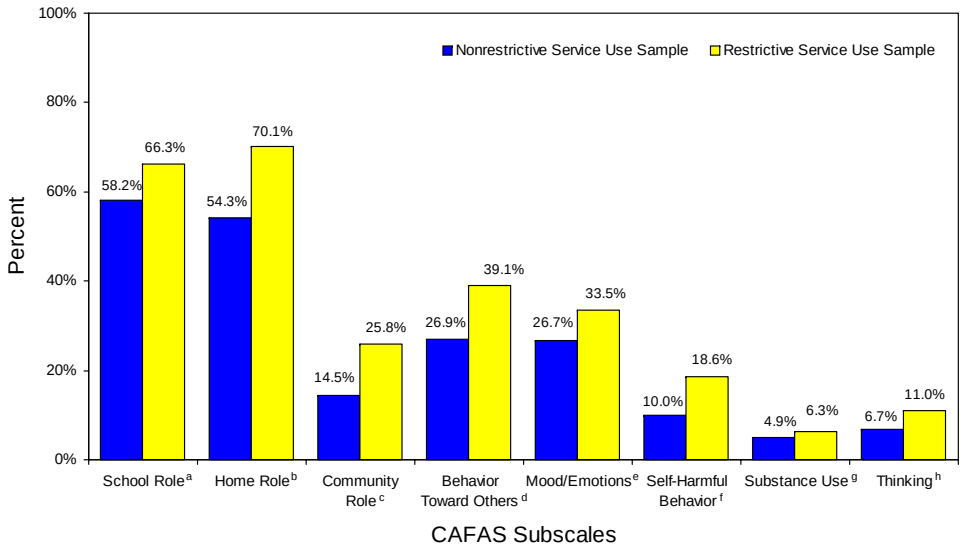
[a] $\chi^2 = 146.288$, $df = 1$, $n = 2{,}925$, $p < .001$.
[b] $\chi^2 = 39.659$, $df = 1$, $n = 2{,}866$, $p < .001$.
[c] $\chi^2 = 27.275$, $df = 1$, $n = 2{,}775$, $p < .001$.
[d] $\chi^2 = 52.762$, $df = 1$, $n = 2{,}915$, $p < .001$.
[e] $\chi^2 = 65.328$, $df = 1$, $n = 2{,}917$, $p < .001$.
[f] $\chi^2 = 18.978$, $df = 1$, $n = 2{,}920$, $p < .001$.
[g] $\chi^2 = 24.700$, $df = 1$, $n = 2{,}889$, $p < .001$.

experienced all eight individual risk factors than children who did not receive restrictive services.

Caregivers also completed the Child and Adolescent Functional Assessment Scale (CAFAS), which rates the child's level of impairment across eight subscales. Percentages of children within the *moderate* to *severe* range of impairment for both groups of children on each of the eight CAFAS subscales are presented in Figure 2. A significantly larger percentage of children who received restrictive services were rated within the moderate to severe range of impairment on each of the eight CAFAS subscales than children who did not receive restrictive services.

Figure 2

Baseline Moderate to Severe Range of Functional Impairment for Children in Nonrestrictive and Restrictive Service Use Samples



[a] $\chi^2 = 15.350$, $df = 3$, $n = 2,697$, $p < .01$.
[b] $\chi^2 = 53.229$, $df = 3$, $n = 2,696$, $p < .001$.
[c] $\chi^2 = 63.222$, $df = 3$, $n = 2,705$, $p < .001$.
[d] $\chi^2 = 41.914$, $df = 3$, $n = 2,708$, $p < .001$.
[e] $\chi^2 = 17.393$, $df = 3$, $n = 2,708$, $p < .01$.
[f] $\chi^2 = 53.634$, $df = 3$, $n = 2,708$, $p < .001$.
[g] $\chi^2 = 13.618$, $df = 3$, $n = 2,700$, $p < .01$.
[h] $\chi^2 = 22.699$, $df = 3$, $n = 2,705$, $p < .001$.

Individual CAFAS subscale scores may be summed to generate a Total Scale score. Although the average Total Scale score for both groups was in the clinical range (i.e., > 40), children who received restrictive services had significantly higher Total Scale scores ($M = 127.3$) than children who did not receive restrictive services ($M = 108.7$; $t = -9.4$, $df = 2,728$, $n = 2,730$, $p < .001$).

Caregivers also completed the Child Behavior Checklist (CBCL), which measures child competencies along with behavioral and emotional problems. CBCL Total Problems scores over 63 are considered in the clinical range. As with the CAFAS, the mean CBCL Total Problems score for both groups was in the clinical range, but children who received restrictive services had significantly higher CBCL Total Problems Scale scores at intake ($M = 72.9$) than children who did not receive restrictive services ($M = 70.8$; $t = -5.1$, $df = 2,771$, $n = 2,773$, $p < .001$).

Discussion

All but five (0.6%) children who received restrictive services also received at least one unit (e.g., an individual, group, or family therapy session) of nonrestrictive service from intake to 6 months. In fact, children who received restrictive services used significantly more nonrestrictive services ($M = 126.6$) than children who did not receive restrictive services ($M = 82.4$; $t = -8.8$, $df = 1,033.7$, $n = 3,009$, $p < .001$), indicating that this group of children has greater than average needs that necessitate a wide array of services.

The demographic and clinical measures examined indicated that children who received restrictive services between intake and 6 months had more emotional and behavioral problems, demonstrated more functional impairments, and were more at risk than children who did not receive restrictive services between intake and 6 months. The more acute symptomatology, greater needs, and potential for self-harm for these children may account for why some treatment was provided within a restrictive setting. Although this may seem contrary to the system-of-care philosophy, it is consistent with the principle of providing individualized treatment catered to each child's specific needs.

References:

Stroul, B. A., & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

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