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ABSTRACT

This paper discusses the results of a study that investigated the progress of 51 children receiving long-term dynamically-oriented therapy at a naturalistic "real world" clinic. The orientation of the Outpatient Clinic of the Yale Child Study Center is primarily long-term, psychodynamic treatment. Parents and clinicians completed measures before initiation of treatment and at termination. Results indicated the children improved in their functioning as rated by parents and clinicians. In addition, parents reported improved family management practices and a decrease in social isolation from the beginning to the end of treatment. The paper discusses the difficulties inherent in evaluating effectiveness in naturalistic settings where clinicians are less motivated to adhere to research designs, especially those involving the administration of post measures. The need to conduct more outcome studies is urged. Findings for the study suggest that reliable and positive results can be achieved for those families and therapists in "real world" clinics who remain committed and accountable to the therapeutic process. (Contains 19 references.) (CR)



Treatment Outcome in a Community Based Children's Outpatient Mental Health Clinic: Pre-Managed Care

Authors

Introduction Method Results Discussion References

Introduction

The majority of treatment outcome studies in outpatient children's mental health services have taken place in research clinics. Findings from research studies have been consistently positive. In contrast, there exist only a handful of published outcome studies based in "naturalistic" settings with mixed and far less positive results; Weisz and Weiss (1993) address this problem with the "good news bad news joke" which states that "the good news is that child psychotherapy works; the bad news is, not in real life" (p. 96).

Contrasting procedures between research and "real world" clinics may explain these observed differences in treatment outcome. Werry and Andrews (1996) point out that "there is little resemblance between what researchers study and what practitioners do" (p. 879). Differences in procedures between the research and naturalistic settings include the following: subject recruitment, parental involvement in treatment, stringent treatment protocols, exclusionary criteria, manualized treatment, and completion of measures by both therapists and patients (Kazdin, 1991; Kendall & Southam-Gerow, 1995). Such procedures are often an anathema to both clients and clinicians in naturalistic settings and likely result in different clinicians treating and different subject populations being seen at research versus non-research based clinics.

In the adult literature, Seligman (1995) describes this dialectic by distinguishing between "efficacy" studies in research clinics and "effectiveness" studies in "naturalistic" settings. Under tightly controlled conditions with sophisticated methodology, efficacy studies conducted in research clinics differ from effectiveness studies which assess "how patients fare under the actual conditions of treatment in the field" (Seligman, 1995, p. 966). Although both approaches contribute to our knowledge of treatment outcome, "effectiveness" studies may hold the greatest potential to teach us about the majority of clients and clinicians who participate in the "real world" of mental health. Seligman (1995) further extends this contention by asserting that "the efficacy study is the wrong method for empirically validating psychotherapy as it is actually done" (p. 966). However, a number of investigators in children's mental health have proposed research methods to close this chasm. They have underscored the need to examine ways to improve the transition from efficacy research to effectiveness research (Clark, 1995), increase the transportability of research based treatment to naturalistic settings (Kendall & Southam-Gerow, 1995), and bridge the gap between laboratory/university and clinic/community based treatment (Henggeler, Schoenwald, & Pickrel, 1995; Hoagwood, Hibbs, Brent, & Jensen, 1995; Weisz, Donenberg, Han, & Weiss, 1995).

The present study was designed to contribute to the scant literature on outcome data

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derived from naturalistic settings. It was hypothesized that children would demonstrate reliable and positive improvement from pre- to post-treatment based on standard parent and therapist outcome measures. Specifically, parent rated improvement of their children's internalizing and externalizing symptoms on the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) and therapist rated improvement on both the Global Assessment of Functioning (GAF; Diagnostic and Statistical Manual of Mental Disorders, 1987) and the Children's Global Assessment Scale (CGAS; Shaffer et al., 1983) were expected. Furthermore, given an emphasis in treatment on parent involvement, it was hypothesized that families would report higher levels of family cohesion and organization, less family conflict, and a greater sense of community involvement (e.g., recreation) as assessed by the subscales of the Family Environment Scale (FES; Moos & Moos, 1986).

Method

Subjects

Parents and clinicians of fifty-one children ($N = 51$; 32 boys/19 girls), receiving between 16 and 90 therapy sessions, completed measures before initiation of treatment and at termination. All cases represent agreed-upon discharge between the family and therapist. Demographic variables are presented in Table 1. This sample represents a fraction (less than 5%) of the clinic population over a 5-year period (1989-1994) and contains an over- representation of Caucasian children (80%), cases that were self-referred (94%), and cases with significantly more treatment sessions ($M = 43$) in comparison to our general clinic population. During the time period that this data was collected, Caucasian children represented 40% of the clinic, only 20% of the children were self-referred, and cases were seen an average of 24 sessions. However, the current subject sample did not differ from the general clinic pool from which it came in age, gender, caretaker status (one parent versus two parent), residence (urban versus suburban), socioeconomic status as measured by the Hollingshead (1975) Five-factor Index of Social Status, or pay source (insurance versus medicaid).

Measures

The parent rated CBCL includes 118 items on a 0-2 point scale which rate a variety of behavior problems and yields an internalizing, externalizing, and total score composite. The FES includes 90 true-false items about family functioning across 10 subscales (i.e., conflict, cohesion, expressiveness, independence, achievement, intellect, religious, recreation, organization, & control). The GAF measures overall adaptive functioning and is rated by clinicians on a 100 point scale (higher scores indicate better functioning). Similarly, the CGAS is rated by clinicians on a 100 point scale and measures the child's lowest level of functioning within the past week (higher scores indicate better functioning).

Procedures

All clients were seen in the Outpatient Clinic of the Yale Child Study Center. The clinic's orientation is primarily long-term, psychodynamic treatment. Prior to clinic contact, parents completed both the CBCL and FES; these two measures were also completed by parents at discharge. The treating clinician rated the child on the GAF and CGAS at evaluation and discharge.

Results

Main Analyses

To test our general hypothesis that children would improve as a result of therapy, we ran paired sample t-tests on our primary criterion measures of interest (i.e., the parent completed CBCL and FES scales and the clinician rated GAF and CGAS). In order to control for chance findings, we used the conservative Bonferroni correction and required a value of $p = .006$ (i.e., $.05/8$) to consider our findings significant. At this adjusted alpha level, significant improvement was reported on the CBCL (internalizing, externalizing, and total scales), the CGAS, and GAF. In addition, there was a significant increase in the "Recreation" and "Organization" subscales of the FES (see Table 2). There was no significant change from pre- to post-treatment on the "Conflict" and "Cohesion" subscales of the FES.

Discussion

Fifty-one children receiving long term dynamically oriented therapy at a "real world" clinic improved in their functioning as rated by parents and clinicians. In addition, parents reported improved family management practices and a decrease in social isolation from the beginning to end of treatment. These parallel gains in child and family functioning address the interactions between child and family well-being and are consistent with prior research (Armbruster, Dobuler, Fischer, & Grigsby, 1996).

Despite these positive results, the validity of our findings is limited by a number of factors. First, without a control group it is difficult to attribute improvement to the intervention or to natural maturational processes. The effect of maturation is particularly relevant in view of an average treatment duration of nearly a year. Second, although the sample was similar to the general clinic population in age, gender, caretaker status, residence, pay source, and SES, it differed in that it was comprised primarily of Caucasian, self-referred, long term therapy cases. Finally, only families who were discharged from treatment by mutual agreement between therapist and client and completed the post measures were included in the study. Excluded were those families who dropped out of treatment or were discharged but who did not complete the post measures. Follow-up for these families was beyond the scope of this study.

These limitations may be understood in a number of ways. The preponderance of Caucasian families in this study may point to the issue of cultural congruity between therapist and client (Armbruster & Kazdin, 1994). Studies have shown that similar ethnicity/race of clinician and client predict continuance in therapy (Cheung & Snowden, 1990; Flaskerud, 1986). At the time of this study, there was a significant lack of minority therapists at the clinic which may have interfered with African American families forming positive alliances with their therapists. The group for which pre- and post- measures were collected may reflect a "goodness of fit" (Chess & Thomas, 1986) between family and therapist. This "fit" may be partially accounted for by compatible levels of motivation, accountability and commitment, as well as similar racial/ethnic characteristics. The motivational factor is further supported by the fact that the majority (94%) of families were self-referred.

In this study, self-selection bias in clinician and parent may lead us to conclude that treatment is effective, when in fact, we have sampled only a small percentage of highly motivated parents and clinicians. This study underscores difficulties inherent in evaluating effectiveness in "naturalistic" settings where clinicians are less motivated to adhere to research designs, especially those involving the administration of post measures (Henggeler et al., 1995; Hoagwood et al., 1995; Kazdin, 1991). The advent of managed care with its requirements for accountability (e.g., treatment outcome data) may provide the opportunity to conduct research in "naturalistic" settings with a more representative sample. In addition, managed care will undoubtedly restrict the length of treatment and reduce the likelihood that improvement is due solely to maturational effects. Future studies will be able to

improvement is due solely to maturational effects. Future studies will be able to examine populations within this modified framework.

In summary, "naturalistic" (Weisz & Weiss, 1993) or "real world" (Jensen, Bloedau, & Davis, 1990) child outpatient mental health clinics represent the majority of mental health services provided to children. Our findings suggest that reliable and positive results can be achieved for those families and therapists in "real world" clinics who remain committed and accountable to the therapeutic process. Although this is an initial study with limitations, it offers an optimistic glimpse into the outcomes achieved by "treatment as usual."

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