

Residential Treatment: Measuring the Impact

Algonquin Child and Family Services

Goals for Evaluation

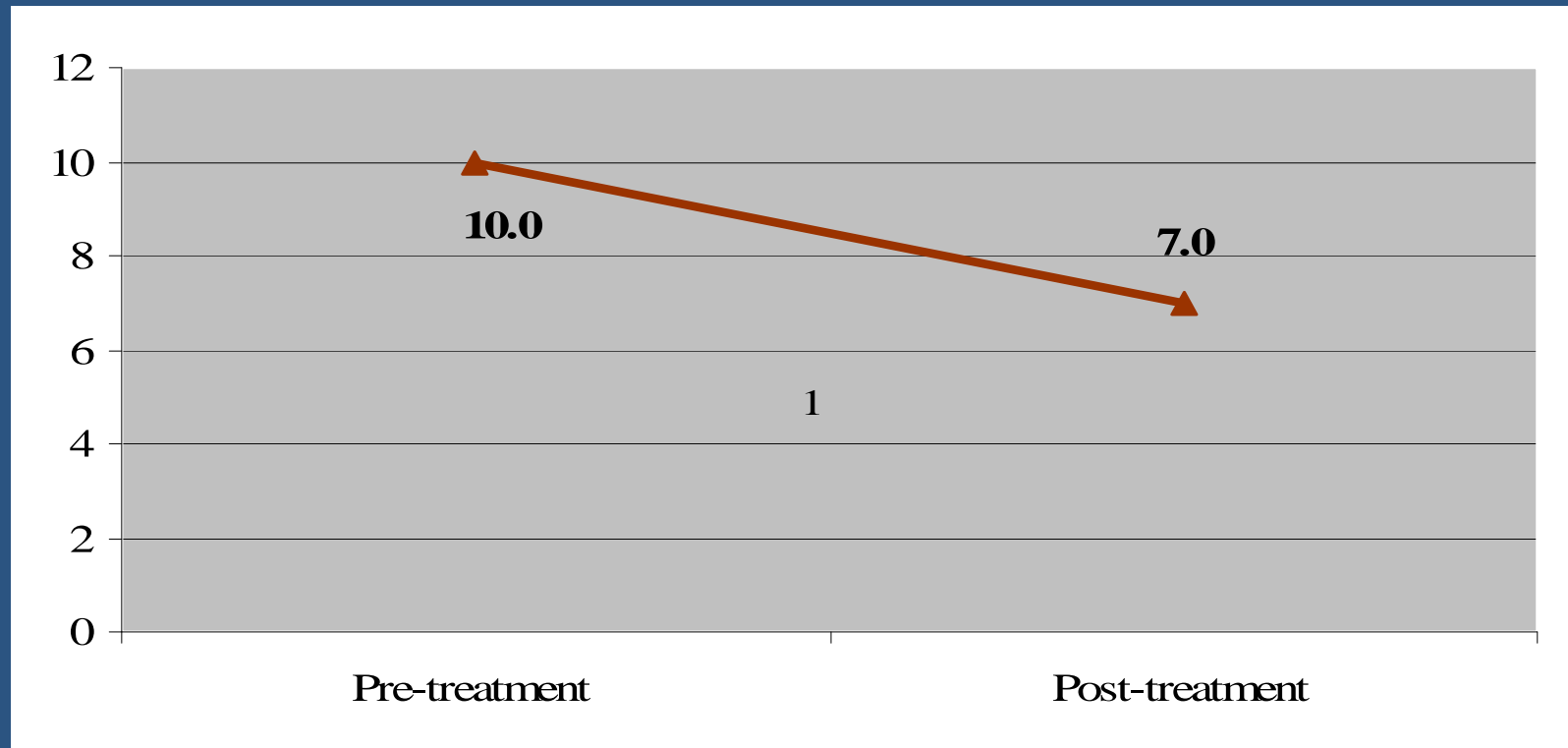
To determine whether:

- residents experienced positive/negative changes from admission to discharge
- specific clients (i.e., female vs. male, younger vs. older) differentiated in their outcomes
- programming needs are being met

Exploratory Question #1

- Do residents experience positive/ negative changes from admission to discharge?

Mean CAFAS Total Score Total Sample ($n=46$)



Range = 0-19 at pre; 0-13 at post

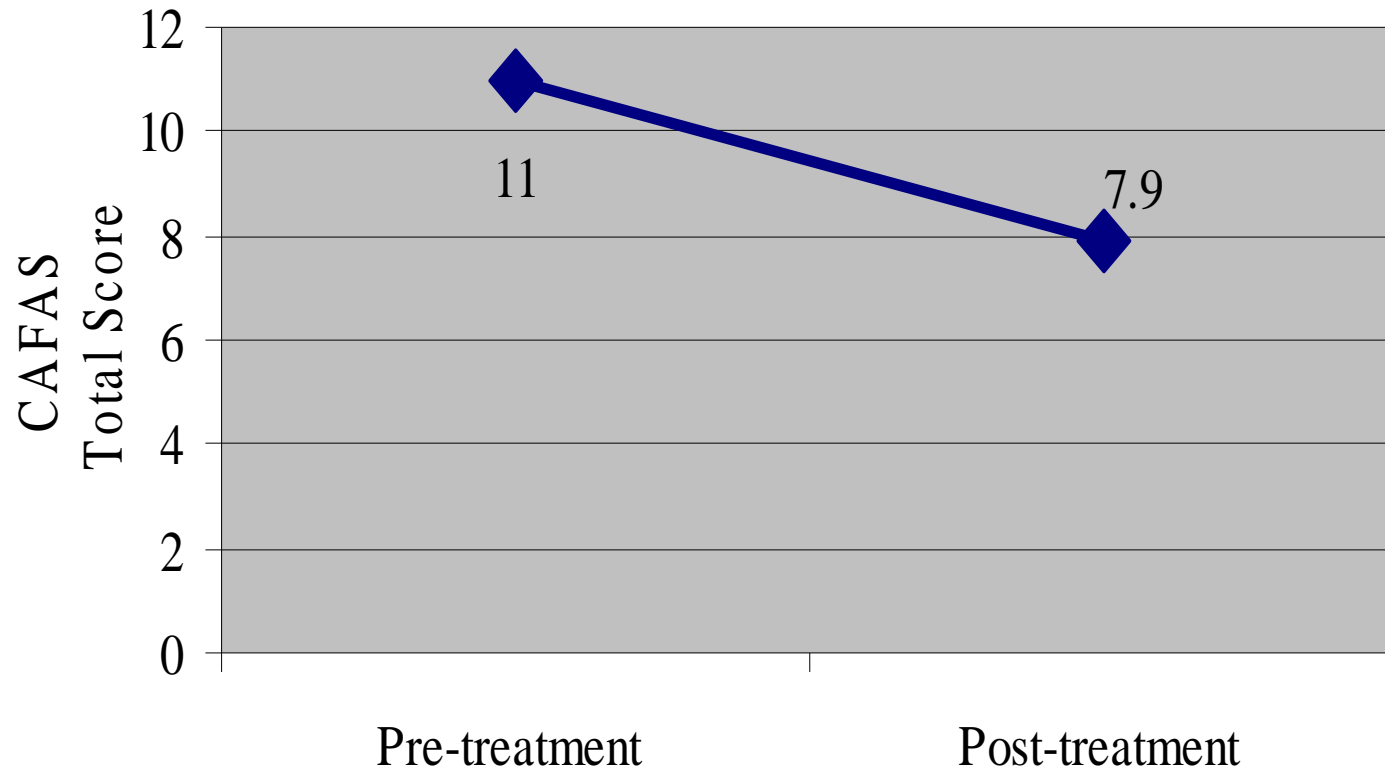
$t = 4.23, p < .001$

Investigating change: admission to discharge

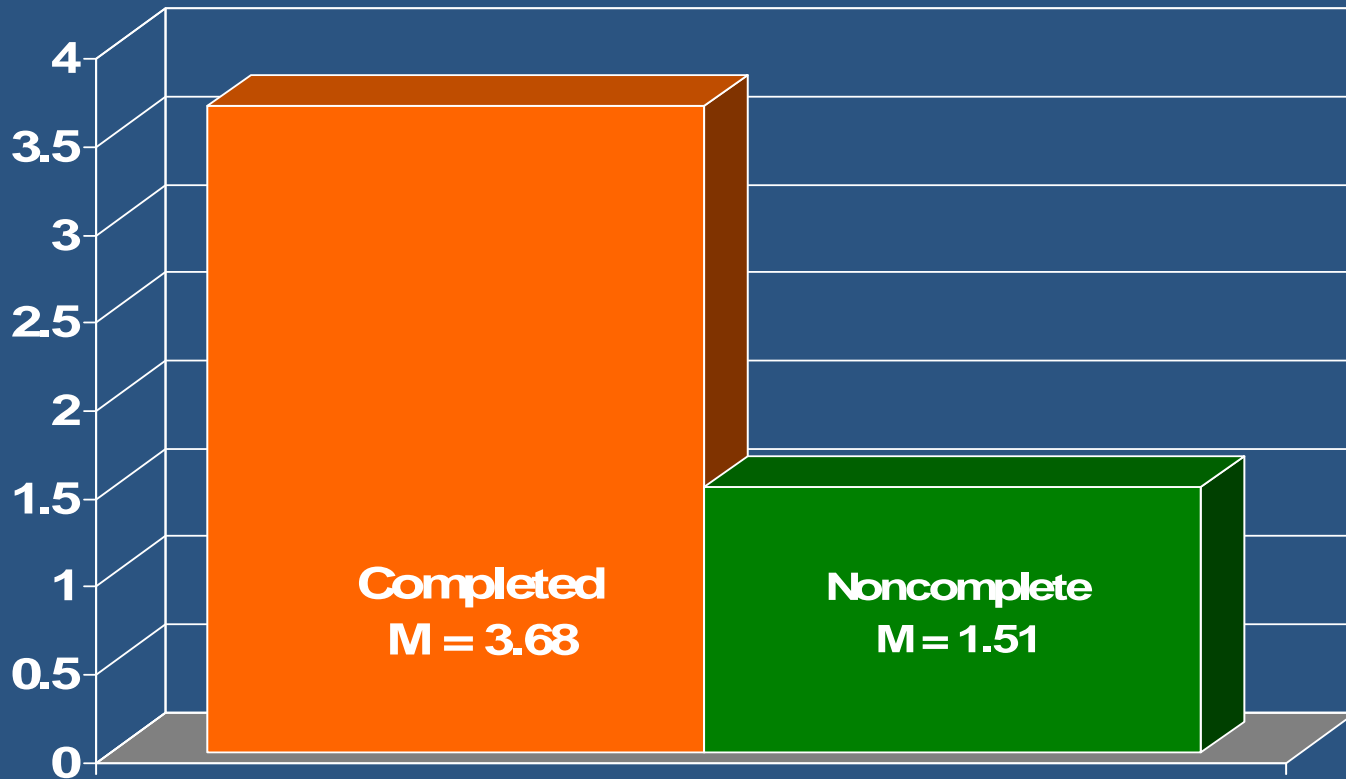
- Of the 46 youth who had a completed pre- and post-treatment CAFAS
 - 40 (87%) were in program for extended time period
 - 6 were *not* long-term residents (i.e., short term respite, withdrawn within days of admission, school program only)
- only those 40 who fit the criteria for a resident were investigated
 - 29 (72.5%) successfully completed
 - 11 (27.5%) did not successfully complete

CAFAS total score

Pre- and Post-treatment ($n=40$)



Mean CAFAS total change score Total Sample ($n=40$)

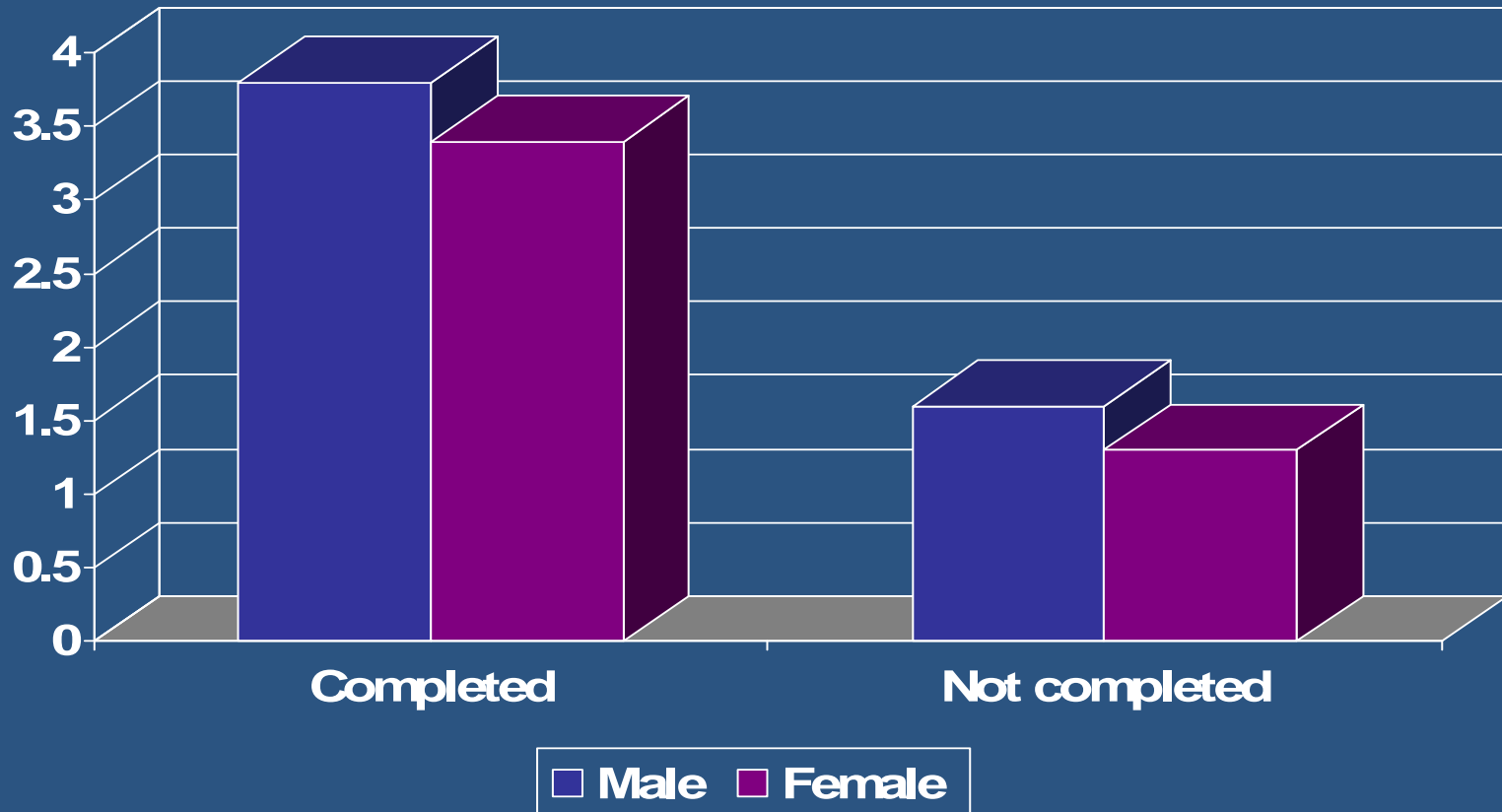


$t = 1.33, p > .05$

Exploratory Question #2

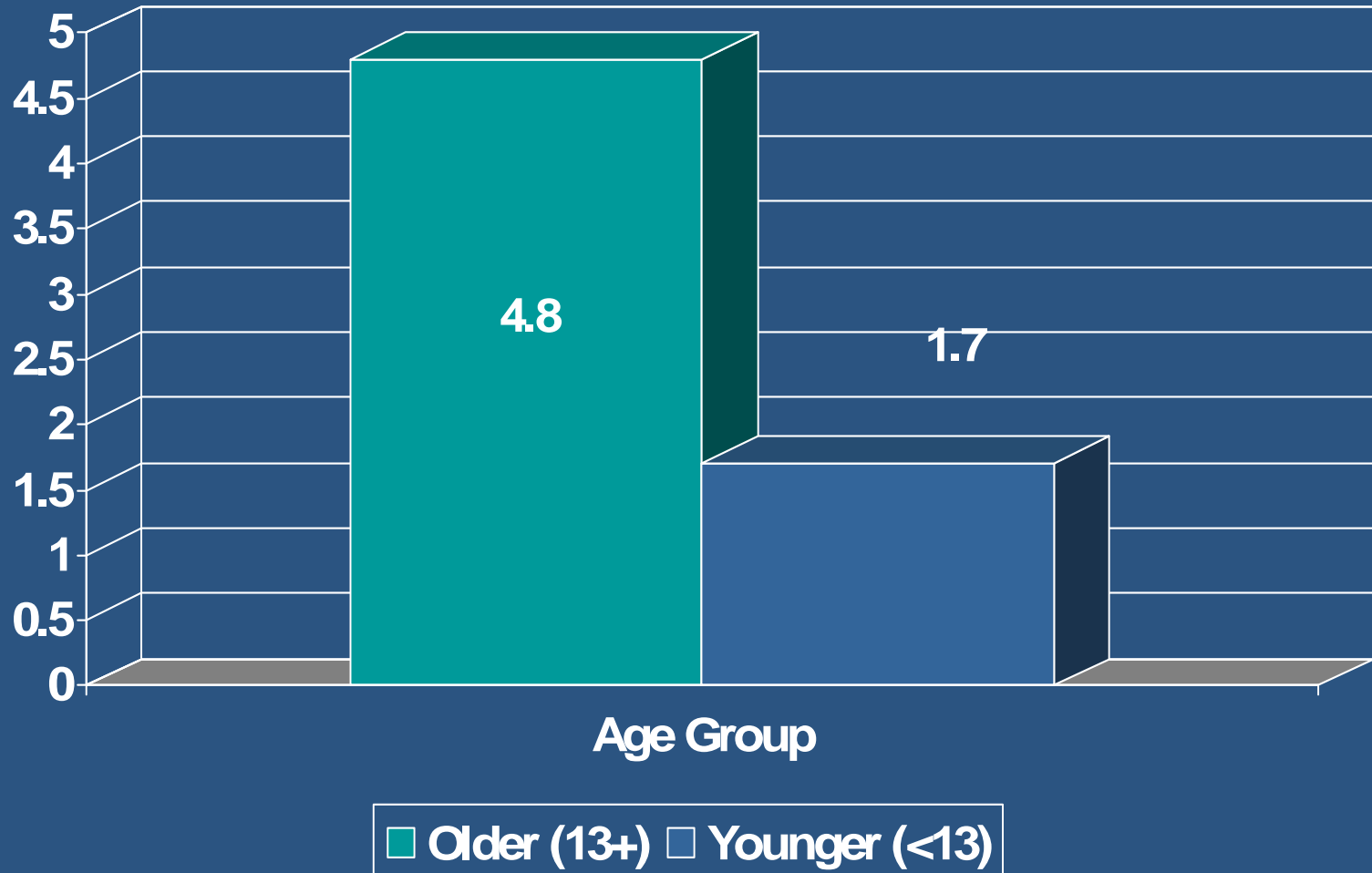
- Do specific groups of clients (i.e., female vs. male, younger vs. older) demonstrate better outcomes?

Total CAFAS change score



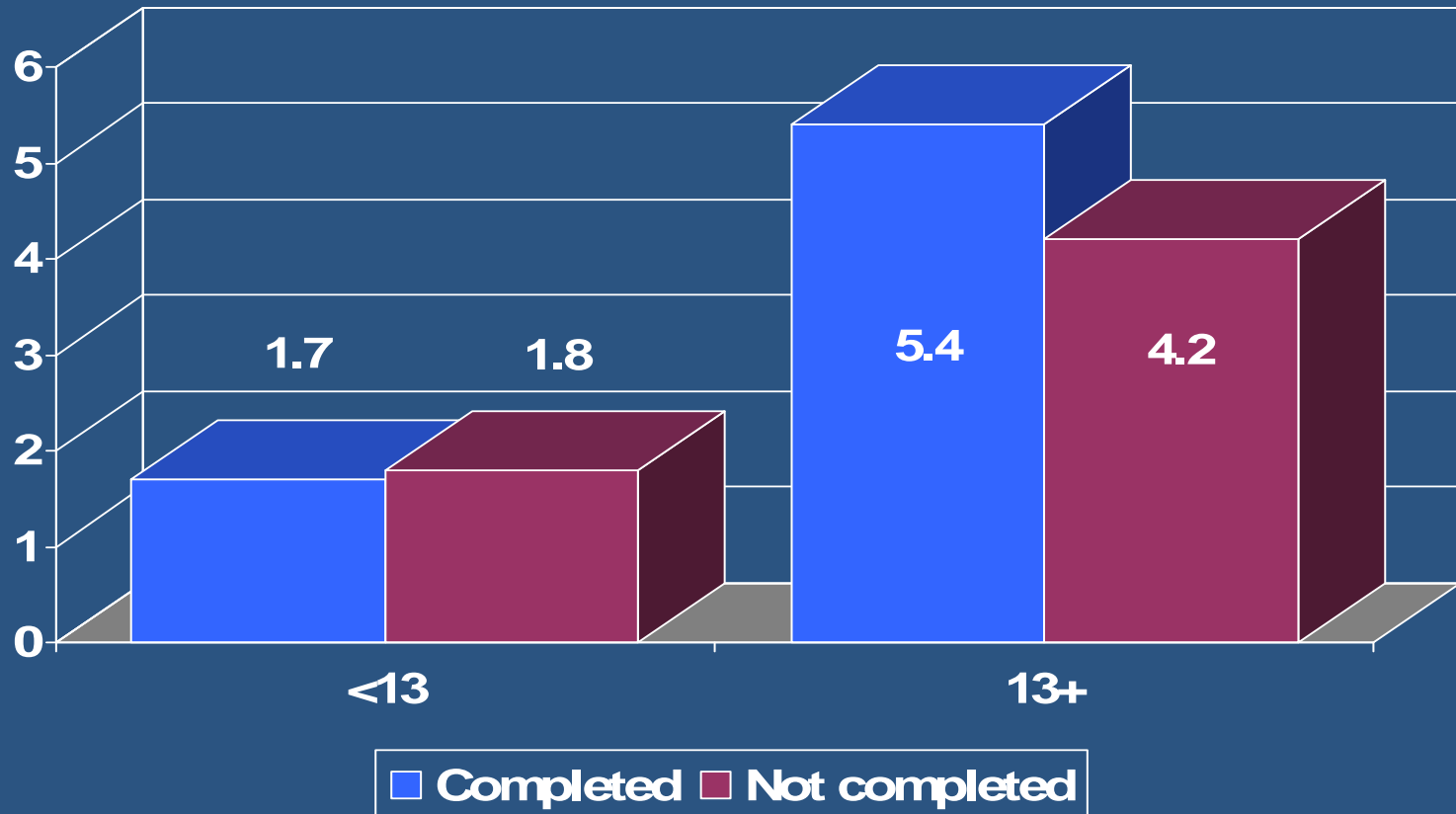
Gender by completion interaction – not significant ($F = .003, p > .05$)

CAFAS Change Score by age group



$t = 1.9, p = .055$

Age x Outcome Interaction



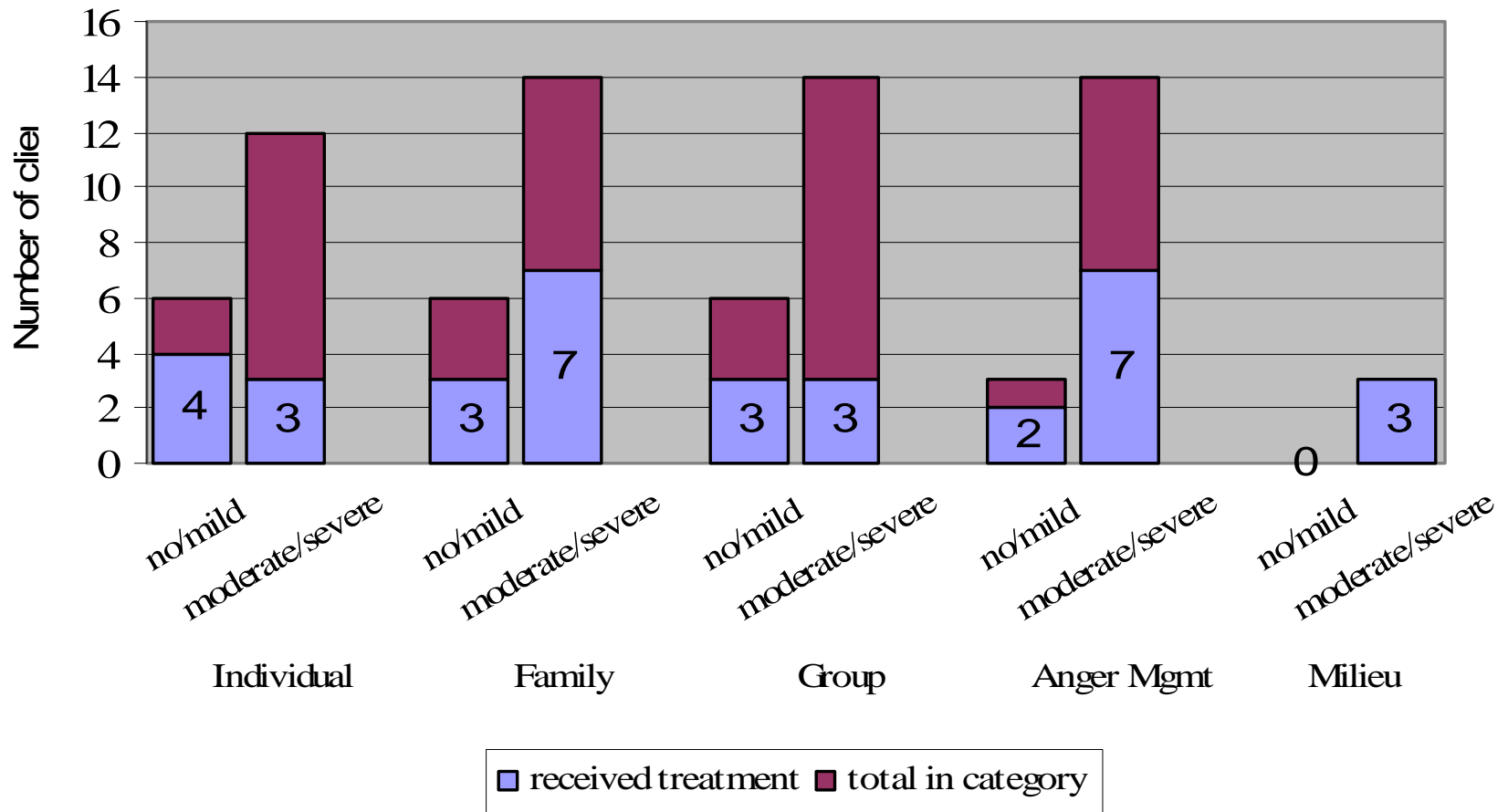
Exploratory Question #3

- Did client receive treatment related to presenting issues?

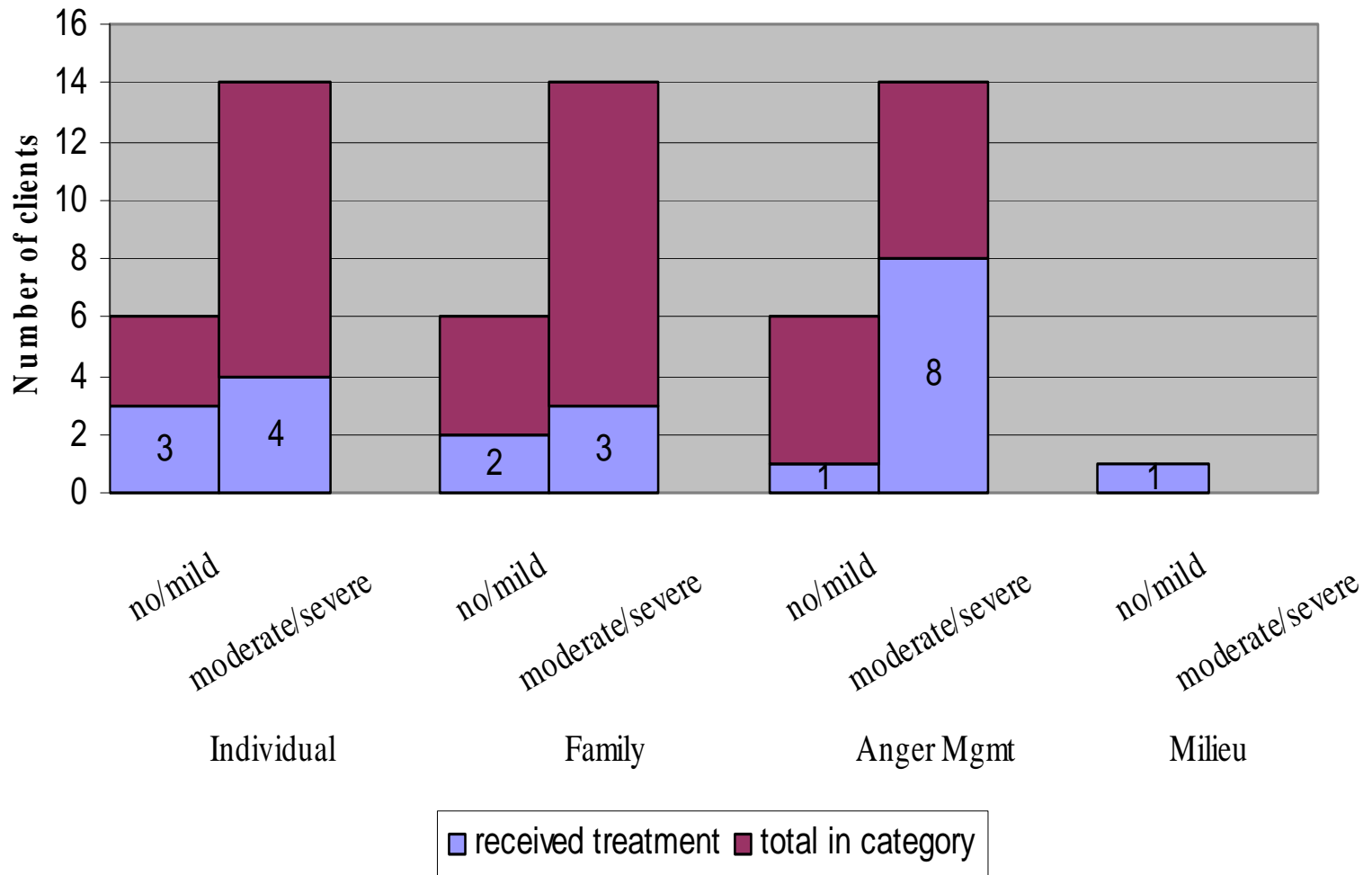
Did client receive treatment related to presenting issues?

- File reviews ($n = 20$)
- Subsample of residents chosen
- Treatment for each CAFAS domain code considered (pre-treatment)
- Family therapy specifically examined
- Summary presented

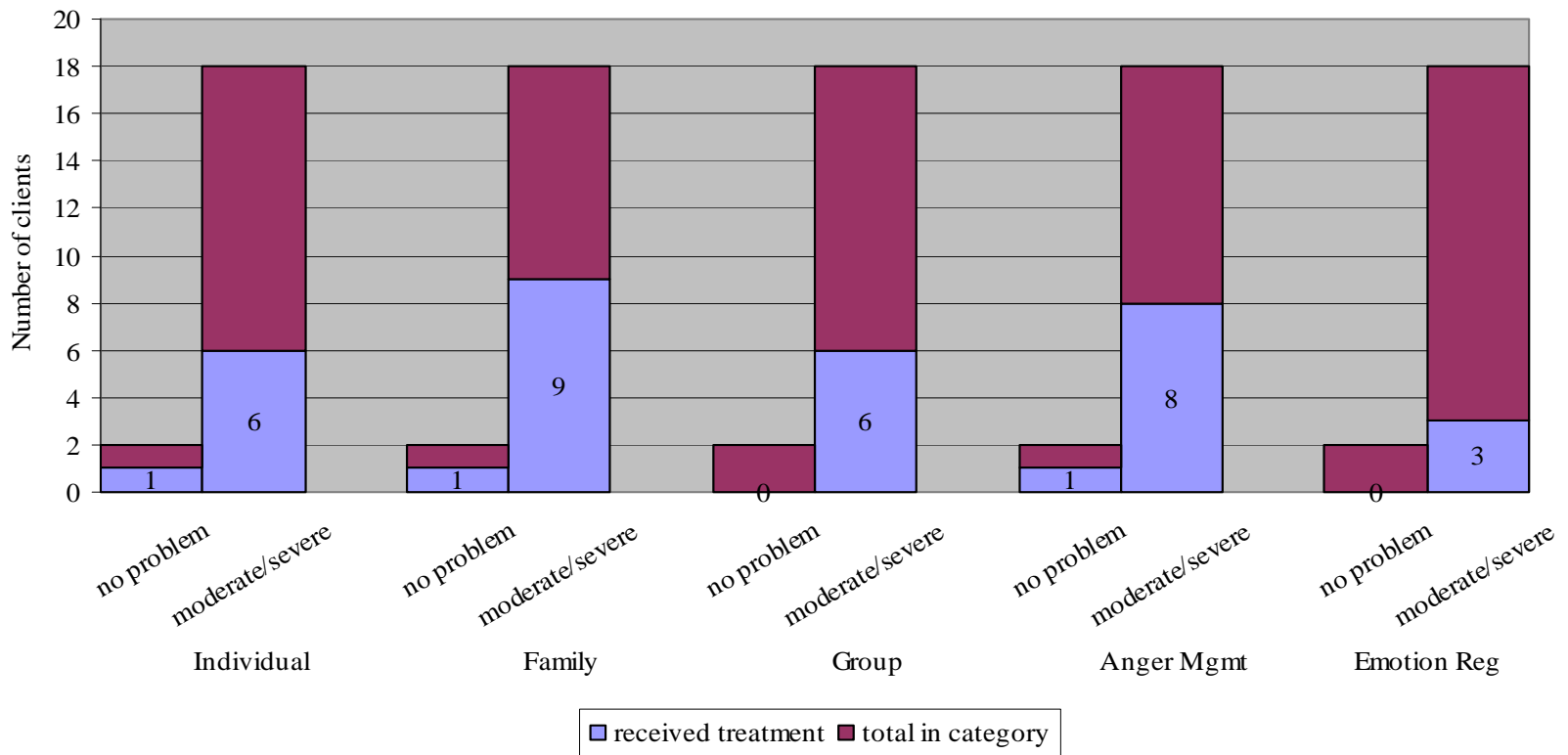
Behaviour Toward Others/Self



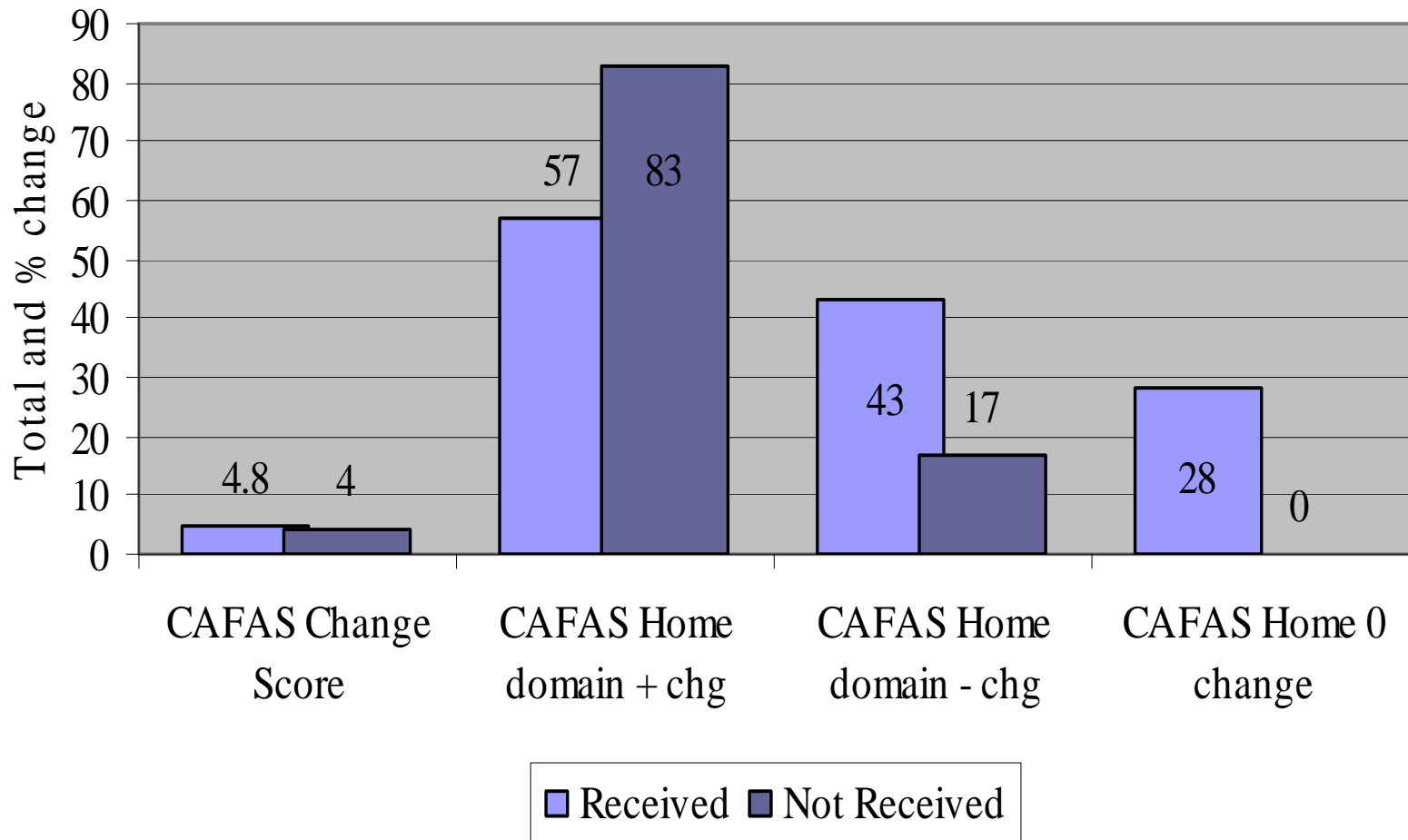
Home



School/Work



Outcomes of Family Therapy as Additional Intervention



Outcomes of Additional Treatment

- There was no evidence at the time of evaluation that family therapy was improving outcomes for child/family at discharge from Residence.
- Profile at intake does not seem to consistently indicate type of treatment for these high needs clients.

Summary: Client at Intake

- There are few differences between accepted and non-accepted referrals-all could qualify
 - Need for clearer guidelines and protocols around treatment modalities and who will best be served by the program
- Males are admitted younger than females overall
 - No other gender differences

Summary:

Positive change is occurring

- Significant improvement in Total CAFAS
 - milieu of the Residence produces positive results
- There are limited differences in outcomes between Completers/Non-completers (consider the use of extended time in residence)
 - Community, Home, Moods
 - approached significance for completers
- Type of intervention is not related to degree of improvement based on present sample
 - 24% of those in moderate to high CAFAS domains received recommended intervention
 - May wish to document when optimal method cannot be used

Summary: Developmental

- Older (13+) show more positive changes
- More measures, specific to the goals of the program, should be implemented and assessed
 - for example, behavioural and family relationship measures

Recommendations/Discussion

- Consider changes in intervention based on developmental needs
 - Acceptance? Intervention?
- Increase intervention options available
 - Increase funding?
 - Staff qualifications?
 - Consistency of application?
- Assess process for acceptance of appropriate referrals
- Implement additional outcome measure
 - e.g., Achenbach or BASC-2; FAM-III

Milieu of the Residence produces positive results

- Insight from experience is successfully generalized by many
 - Younger residents are not at a developmental level to work abstractly and so may be less successful in the present milieu

Illusion of capacity

- Helping staff understand the difference between general social conversations versus insightful exchanges
- Helping staff understand our younger residents developmentally
 - Can list facts, tell experiences, can choose from a list, but are not yet developed to generalize or consider “wise” choice
- Understanding Self Control versus learned use of controls
 - Compare Stages of Moral Development

Adolescent brain

- Grade 5 School Curriculum
 - "I saw, I experienced, they did..."
- Grade 6 School Curriculum
 - Can begin to speak to how this relates to the world, my family, my desires...
 - introduced into the school curriculum at grade 6 due to brain development coinciding with an ability to think more abstractly

Piaget and Development

<http://www.etr.org/recapp/theories/AdolescentDevelopment/developmentalTheories.htm>

- Transition from concrete to completed formal operational thinking occurs in stages
 - between the ages of 11-14.
- The egocentric thinking of early adolescence diminishes by about the age of 15 or 16.

Piaget and Development: Implications for age restrictions

- Egocentric thought during this period leads to some particular views and behaviors:
 - self-consciousness
 - the imaginary audience: feeling as though one's actions and appearance is being constantly scrutinized
 - the personal fable: viewing one's thoughts and feelings as unique experiences, and
 - feelings of invulnerability, leading to risk-taking behaviour.

World of Concrete Operations

- If you try to work with someone in the concrete stage as if they had abstract thinking
 - the child may respond with sarcasm, retort or confusion

Concrete Operations

- Children in this stage typically enjoy "collecting" items and putting them in various orders.
 - a child who collects sports cards or game cards or "pogs" or any other sort of items that can be put into different orders or sets (numerical, alphabetical, by "team", etc.)
 - the child also begins to master the process of putting things in an accurate order (seriation)

Formal Operations

next 3 slides from <http://www.candleinthedark.com/piaget.html>

- **Formal Operations**

- found in most people around the ages of 11-16, (although some never reach it)

- **This is a logical worldview** where true abstract thought begins, and concepts such as idealism can first take place.

- Hypothetical thinking now begins

SNAP: an example of an intervention respecting developmental stages

- Evidence Based Intervention
- Introduced up to the age of 12
- Includes role play, visuals and memory work
- Individual chooses from a list of choices and scripts practiced in *role play* and posted *visually*
- Allows person to “choose” versus make a “wise choice”

Successes of the Program

- How do we keep capturing the successes of the program?
 - What we do well
 - and should keep doing

What could we do differently?

- to improve our effectiveness
- to work within appropriate developmental frameworks

The Residential Model

Continuing in the power of change:
A Logic Model
applied to the ACFS Residence

mdermenjian@acfs.on.ca

