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Residential treatment following outpatient treatment for children with mild to borderline intellectual disabilities: A study of child and family characteristics

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ABSTRACT

In this study, the question was explored whether children with a mild intellectual disability (MID) who were placed in residential treatment following outpatient treatment differ significantly on child and family characteristics from children with MID and not placed in residential treatment following outpatient treatment. The records of the children were examined with respect to various child and family characteristics. Retrospective case analyses were thus undertaken. The results showed those children placed in residential treatment to have experienced significantly more often a traumatic event than the other children. Those children placed in residential treatment had received significantly fewer months of outpatient treatment than those not placed in residential treatment. Finally, there were significantly more children placed in residential treatment having educationally incapable parents or parents with alcohol/drug problems and/or psychiatric problems than in the other group. The findings are discussed in light of a disturbed balance between the support needs and means of the family which can lead to placement of a child in a residential treatment. The possibilities of a multisystemic model for outpatient treatment are discussed.

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1. Introduction

Estimates of the prevalence of behavioural problems and DSM-IV disorders among children and adolescents with mild intellectual disabilities (MID) range from 30% to 65% (Dekker & Koot, 2003). The majority of children and adolescents with MID referred for mental health care, moreover, suffer from disruptive behaviour problems and/or aggressiveness, oppositionality, defiance and conduct disorders (Wallander, Dekker & Koot, 2003). The prognosis for these children and adolescents is unfavourable: Behaviour problems co-occur with internalizing and social problems, minimize opportunities in society and predict a host of unfavourable adult outcomes. The incidence of depressive feelings and feelings of anxiety is also greater among children and adolescents with MID than among children and adolescents with moderate or severe intellectual disabilities (Emerson, 2003). The burden of the behaviour problems on families and friends is such that they have been reported to consider these problems the most important issue for intervention.

Inpatient treatment is necessary when the severity of the problems is such that treatment in the child's own surroundings is not possible (Fleisher, Faulkner, Schalock, & Folk, 2001). Though when children with MID and/or their parents need support, the Dutch government strives to see that such support, guidance and treatment is provided within the immediate environment and family system of the child whenever possible. Outpatient treatment is therefore increasingly undertaken to prevent the need for placement in residential treatment. Outpatient treatment encroaches less upon the life of the child and responsibility for the child is only partially taken over from parents.

According to a review of Schene (2004), outpatient treatment is effective for clients with a diagnosis of addiction, anxiety, emotional distress, personality disorder, depression or schizophrenia. Schene also concludes that outpatient treatment within the field of psychiatry is just as effective as inpatient treatment in terms of complaint and symptom reduction for 30–40% of clients. In the care of people with a MID, outpatient treatment is nevertheless a relatively new form of treatment. Luiselii, Benner, Stoddard, Weiss, and Lisowski (2001) examined the effectiveness of an outpatient treatment programme for adults with MID in terms of the reduction of problem behaviour. Problem behaviour was measured using the Aberrant Behaviour Checklist (ABC) for 38 clients with an average age of 30 years in the first week of treatment and in the first week after treatment completion. The results showed the behaviour problems for 40% of the clients to have decreased on all of the ABC subscales after completion of a treatment with an average duration of 18 weeks. For 60% of the clients, little or no change in the amount of problem behaviour was observed. The behavioural changes at the end of treatment were found to mostly occur for clients with a MID and depression. The clients for which little or no behavioural change occurred had MID with schizophrenia or a psychotic disorder.

While the above findings suggest that outpatient treatment can be effective for the guidance and treatment of people with a MID and behaviour problems, it nevertheless appears that outpatient treatment cannot always prevent residential treatment. That is, a great many of the children and adolescents with MID in residential treatment facilities, have already received some form of home support or outpatient treatment. It is not known which factors play a role in the need for residential treatment following outpatient treatment. For this reason, the present comparative retrospective study was undertaken, in which the child and family characteristics of 31 children who had a combination of residential and outpatient treatment are compared to 31 children who only had outpatient treatment. The objective of the study was to determine which child and family characteristics appear to influence the placement of children with MID in residential treatment after outpatient treatment at a special education centre.

2. Method

2.1. Participants and procedure

The children in the research group were all treated at a special education centre for children and adolescents with a MID and their parents. The primary goal of the outpatient treatment was prevention of residential treatment.