



Stability of post-treatment functioning after residential treatment: The perceptions of parents and adolescents



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ARTICLE INFO

Article history:

Received 8 February 2013

Received in revised form 30 October 2013

Accepted 30 October 2013

Available online 19 November 2013

Keywords:

Residential care

Post-treatment functioning

Adolescents' and parents' perceptions

ABSTRACT

Introduction: The present study examined parents' and adolescents' perceptions of adolescent functioning after being discharged from residential treatment as well as the stability of functioning over time.

Method: Data for the study were collected as a part of a continuous process of evaluating post-treatment functioning. Adolescents and their parents were interviewed at home at 3 months (T1), 6 months (T2), and 18 months (T3) after discharge. Several outcomes were evaluated: living situation, contact with parents, social network, school/work, behavior problems, use of soft drugs, police contacts and well-being. The sample was divided into two subsamples: parents ($n = 82$) and adolescents ($n = 75$) participating in all three waves (sample 1) and parents ($n = 288$) and adolescents ($n = 317$) participating in at least one wave (sample 2).

Results: Cautioned by the inevitable high rates of attrition and the risk of selective bias in this type of study, there is preliminary evidence showing that adolescents generally show positive outcomes after residential care. Moreover, the outcomes were stable over time: adolescents who showed positive outcomes directly after discharge also showed positive outcomes at T2 and T3, and vice versa. Parents reported less positive outcomes than adolescents did.

Discussion: An important contribution of this study is that it provides longitudinal data supporting the notion that outcomes from residential treatment may be more sustainable over time than previously thought. Clinical and research implications are discussed.

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1. Introduction

Adolescents referred to residential care have serious and multiple problems in different areas. Placement in a residential institution, which includes care and cure, education, leisure activities, and specific individual as well as family interventions, is often said to be a 'last resort'. While studies show that adolescents make significant progress during treatment (e.g., Bettman & Jaspersen, 2009; Burns, Hoagwood, & Mrazek, 1999; Hair, 2005; Knorth, Harder, Zandberg, & Kendrick, 2008; Nofle et al., 2011), several studies conclude that improvement is difficult to maintain after the completion of the treatment (Curry, 2004; Epstein, 2004; Hirsch, 2009; Leichtman & Leichtman, 2001). Moreover, some scholars state that positive results are most convincing shortly after discharge but less convincing over time (Bates, English, & Kouidou-Giles, 1997; Frensch & Cameron, 2002; Lynam & Campbell, 1996).

Brown, Barrett, Ireys, Allen, and Blau (2011) examined the extent to which residential institutions measured their outcomes. They found that 96% of the institutions measured client satisfaction and that about

50% measured other outcomes after discharge, such as living situation, school performance, and clinical functioning. These studies were mostly cross-sectional and measured outcomes within six months after discharge. Brown et al. (2011) concluded that little is known about residential outcomes and that monitoring these outcomes should be encouraged.

1.1. Adolescents' functioning after residential care

Prior studies have shown that the scores for symptom severity within the clinical range dropped from 81% at the time of admission, to 55% 12–18 months after discharge and to 52% 36–40 months after discharge (Preyde et al., 2011). Many adolescents returned to their families after discharge (Hair, 2005; Harder, Knorth, & Kalverboer, 2011; Lee, Chmelka, & Thompson, 2010; Nijhof, 2011; Trout et al., 2010). Generally, studies have found an improvement in the parent–child relationship (Harder et al., 2011; Preyde, Cameron, Frensch, & Adams, 2013). Adolescents reported to be more open towards their mothers after discharge. Mothers appeared to be more inquiring. They monitored their child's activities more actively, and showed less parental control than they did before their child's admittance. For fathers, only less inquiring behavior has been found at follow-up (Harder et al., 2011). Whitmore, Mikulich, Ehlers, and Crowley (2000) found that 39% of adolescents

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attended school and another 40% took up an employment at follow-up, which is in line with the studies of Larzelere et al. (2001), and Ringle, Huefner, James, Pick, and Thompson (2012). Regarding police contacts, 36% of adolescents reported to have had police contacts, 28–40% appeared to have had official police contacts, and 20–26% (still) used drugs one year after discharge (Nijhof, 2011; Ringle et al., 2012). Concerning peer relations, it is known from research that adolescents who are successful at discharge also are more likely to associate with prosocial peers and avoid antisocial peers (Hirsch, 2009). Nonetheless, one study also found that the intensity of contacts with friends did not change between admission and one year after discharge, but adolescents perceived their friends as less criminal (Harder et al., 2011). Less satisfied were adolescents about their leisure time and social participation compared to the period before admission (Harder et al., 2011). However, adolescents were more satisfied with their life and perceived a higher quality of life after discharge than at time of admittance (Harder et al., 2011; Larzelere et al., 2001).

The above studies did not include comparison groups; therefore, a few demographic studies are presented here to place the above findings into a broader perspective. The prevalence of behavior problems in general population samples is approximately 16% (Bot et al., 2013; Roberts, Attkinon, & Rosenblatt, 1998). Fewer than 1% of the adolescents do not have a place to live (Jeeninga, 2010), only 3% do not attend school or work (www.nji.nl), and 33–40% have had police contacts (Van der Laan & Blom, 2011; Van der Laan, Blom, Verwers, & Essers, 2006; see also Moffitt, Caspi, Dickson, Silva, & Stanton, 1996; Nagin & Tremblay, 1999) and 5% use soft drugs (Trimbos Instituut, 2011). Furthermore, almost all adolescents have a good social network (Central Bureau of Statistics, 2009) and 80% are satisfied about their life (Ter Bogt, van Dorsselaer, & Vollebergh, 2003). In the light of these findings, on average it seems that adolescents leaving residential care, function less well on clinical and social outcomes than their peers.

1.2. Stability of adolescents' functioning after residential care

While little research has been carried out to examine post-treatment functioning (e.g. Brown et al., 2011), even fewer studies have reported longitudinal follow-up data. As can be seen in Table 1, of all the above mentioned studies only two studies included more than one wave. Both studies reported descriptive data for the different time points, but they did not statistically analyze the stability of the outcomes over time. This means that conclusions about the stability of post-treatment functioning cannot be drawn based on these two studies.

1.3. Parent–child agreement

Almost all studies investigating adolescents' functioning after discharge included one informant, mostly the adolescents themselves (see Table 1). As far as we know, no prior studies have compared parents' and adolescents' reports about the adolescents' functioning after residential treatment. What is known about the extent of

agreement between parents and adolescents is mostly based on studies examining emotional and behavioral problems during treatment (e.g., Handwerk, Larzelere, Soper, & Friman, 1999; Saywer, Clark, & Baghurst, 1993; Verhulst & Van der Ende, 1992). Overall, these studies conclude that, in clinical samples, parents report more problems than the adolescents.

1.4. Present study

Considerable controversy exists about the benefits of residential care and the individual costs to society. Studies to date have not provided sufficient insight to advance this discussion. There is a lack of sufficient knowledge about the stability of outcomes over time and viewpoints of multiple respondents on adolescents' post-treatment functioning in society. Therefore, the present study examined adolescents' post-treatment functioning in society longitudinally. The focus was on clinical treatment outcomes: behavior problems and well-being, as well as on outcomes of social functioning associated with an increased risk for recidivism (Andrews & Bonta, 2010): living conditions, school/work, family relations, social network and drug use. For all outcomes both the adolescents' and their parents' perceptions were investigated. It is important to include both parents' and adolescents' perceptions, because their diverging views provide a richer picture of the adolescent's functioning (e.g., Van der Ende, Verhulst, & Tiemeier, 2012). The aim of the present study was to answer three questions: 1) How do adolescents function in society after residential treatment? 2) Is the adolescents' functioning stable over time? and 3) To what extent do parents and adolescents agree about the adolescents' functioning in society? As this study did not include a control group, the results were compared with studies that examined the same indicators in normative samples.

2. Method

2.1. Procedure and participants

Data of the current study were part of a continuous process of evaluating the functioning of adolescents over time after receiving residential treatment at the Hoenderloo Groep in The Netherlands. The Hoenderloo Groep offers both compulsory (i.e., secured) as well as open residential care to boys and girls aged 10 to 18 years. After discharge, adolescents and their parent(s)/guardian(s) were asked to participate in an interview at three time points: within three, six, and eighteen months after discharge. At the time of discharge, adolescents and their parents received information from their treatment coordinator about the importance of the follow-up study. Following, the adolescents and parents received a letter informing them about the reasons, procedure, and frequency of the follow-up interviews. About two weeks after this letter was sent, adolescents and their parents were contacted by telephone to ask them whether they wanted to participate. If they agreed to participate, an interviewer made an appointment with

Table 1
Prior research including post-treatment measurements.

Study	Number of measurements	Period	Informant
Nijhof (2011)	1	6 months	Adolescents
Harder et al. (2011)	1	12 months	Adolescents
Lee et al. (2010)	1	6 months	Adolescents
Preyde et al. (2011)	2	12–18 months (T1), 36–40 months (T2)	Adolescents & caregivers
Whitmore et al. (2000)	1	12 months	Adolescents
Larzelere et al. (2001)	1	10 months	Caregivers
Ringle et al. (2012)	1	12 months	Adolescents or someone with direct knowledge of the youth
Hirsch (2009)	2	0–6 months (T1), 6–12 months (T2)	Adolescents

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