The Special Needs of Young Children in the Boys Town Psychiatric Residential Treatment Facility

Most of the research examining intensive residential treatment programs providing services for youth with severe behavioral and mental health problems has focused on youth 13 years and older. Recently, however, psychiatric residential treatment facilities have witnessed an increase of admission of youth 12 and younger. Further, experts in pediatric care who have visited the Boys Town Psychiatric Residential Treatment Facility (PRTF - formerly known as the Intensive Residential Treatment Center) have observed that the children 12 and younger appear more troubled not only in terms of emotional and behavioral problems, but also in terms of developmental and medical needs than youth 13 and older. These observations seem to echo research in general that indicates younger children in out-of-home care are more likely than their older counterparts to have a recent history of placement disruption, a greater number of problem behaviors, and significantly higher medication rates at the time of admission to these programs. To systematically explore how the needs of younger children differ from their older peers in more restrictive treatment settings, we initiated a study to examine these differences in our Psychiatric Residential Treatment Facility. Specifically, our hypothesis was that youth 7 to 12 years of age would be significantly more troubled than youth 13 to 18 years of age as measured by presenting problems at admission, problem behavior, psychotropic medication use, medical and psychological service utilization, and discharge status.

The Study

We examined data for 692 consecutively admitted youth between 7 and 18 years of age who were discharged from the PRTF between January 1, 2005 and December 31, 2010. All data utilized in this study were archival, and came from either behavioral/clinical or medical claims data bases. For comparison purposes, youth data were divided into two groups: youth between the ages of 7 and 12, and youth between the ages of 13 and 18. The data used included problems identified at admission (e.g., diagnosis, youth and family problems), use of medical and psychiatric services during care (i.e., medical and psychiatric doctor visits, type of care received), daily record of disruptive behavioral incidents (Treatment Progress Checklist data for the first two weeks and the last two weeks), and medical and psychotropic medications at admission and discharge.

Results showed that there were significant differences for younger versus older youth across all measures. Specifically, youth 7 to 12 had higher rates of aggression, mental health, and developmental problems at the time of admission. Conversely, at admission, youth 13 to 18 had higher rates of delinquency and legal problems. Behaviorally, youth 7 to 12 had higher rates of oppositional, hyperactive, aggressive, internalizing, and covert inappropriate behavior. Staff need direction and guidance on how to dole out their attention when the child is behaving appropriately rather than freely giving it out when the child is acting out inappropriately. Younger children also benefit from interactive teaching. Role plays are very effective with younger children as the demonstration and practice of skills is more effective than explanation. Younger children also benefit

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Special Needs of Young Children (cont’d)

Younger children appear to benefit from higher staffing ratios where greater amounts of time are spent in individually focused attention, regardless of the activity, to address their overt behavior. Treatment planning for younger children should accommodate their unique challenges, developmental issues, and impulsivity. Younger children seem to benefit from activities being highly structured and organized, thus they require more intense scheduling (e.g., less free time). Clinical staff observe that when youth 7 to 12 do not have more individualized treatment planning and more intense scheduling, they will oftentimes seek attention through acting out. While active teaching methods such as role plays are important to all youth, younger children respond especially well to this treatment approach because it is active, relational, interactive, and stimulating. Finally, younger children also need and benefit from more active involvement from the therapists, where the support, coaching, and internalization of skills they receive in addition to the behavioral interventions are especially important.

To better meet the differing needs of all our PRTF youth, Boys Town is currently constructing a new facility on Home Campus (see story below) to help give youth the skills required to be successful when they return to their homes or other appropriate placements in the community.

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Adapting Services (cont’d)

Younger children tend to depart to less restrictive settings than older children. Are many of these kids returning home to their parents? It is a difficult decision to place a younger child in a highly structured out-of-home placement such as the PRTF. Consequently, when a young child comes to us they are often very difficult and present behaviors that are extremely challenging. Furthermore, there are not as many placement options for younger children once they have successfully completed our care. So yes, many will go home from our facility. Many are successful, but they will often need extensive wraparound services such as individual therapy, family therapy, in-home family services, medication management, etc. When these services are in place and utilized, their return home is often successful.

How will the new Boys Town PRTF be better equipped to meet the needs of younger children?

The original building, located at the Boys Town National Research Hospital-East was designed to be a Ronald McDonald house, which provided temporary housing to families of children requiring long-term hospitalization. Over the years, renovations were made to the building to convert it to a PRTF. Construction is currently underway for a new PRTF at the Boys Town National Research Hospital-West on Home Campus. This facility will be located in a beautiful, open area with a great view of parts of the Boys Town lake and the Village of Boys Town. Because it is designed specifically to be a PRTF, it will be better equipped to accommodate our youth. For example, the new facility provides more space for a large outdoor playground to allow younger children room to run and play. Overall, we feel that the design will enhance monitoring and quality assurance (high resolution cameras are used in non-private daily living spaces) while providing a bright, open, and warm environment for parents and others when they visit.