WHAT STRENGTHS DO YOUTH BRING TO PSYCHIATRIC RESIDENTIAL TREATMENT?
CONVERGING AND DIVERGING PERSPECTIVES AMONG YOUTH, PARENT, AND WORKERS

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AGENDA

Overview
- The PRTF ROM System Project
- Strengths in PRTF

The Study
- Methods
- Findings

Discussion & Implications
- How can this inform practice?
### System Data

<table>
<thead>
<tr>
<th>Client Characteristics</th>
<th>Clinical Outcomes</th>
<th>Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age</td>
<td>• Ohio Scales</td>
<td>• Length of</td>
</tr>
<tr>
<td>• Race</td>
<td>(youth, parent,</td>
<td>Stay</td>
</tr>
<tr>
<td>• Gender</td>
<td>worker)</td>
<td>• Goal</td>
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<tr>
<td></td>
<td>• Admission &amp;</td>
<td>Achievement</td>
</tr>
<tr>
<td></td>
<td>Discharge</td>
<td>• Placement at</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge</td>
</tr>
</tbody>
</table>
STRENGTHS IN CHILD MENTAL HEALTH

- Deficit based shift
- Treatment resource
- Promotes engagement
YOUTH STRENGTHS IN CLINICAL TREATMENT

- Instrument development to evaluate youth strengths (Woodland, Porter, LeBuffe, 2011)
- Strength development or use of strengths in treatment (Cox, 2006; McCammon 2012)
- Few studies on strengths that exist among youth (Lyons, Uziel-Miller, Reyes, Sokok, 2000)
<table>
<thead>
<tr>
<th>OHIO SCALES: FUNCTIONAL STRENGTHS</th>
<th>Ogles, Melendez, Davis, &amp; Lunnen, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Getting along with friends</strong></td>
<td><strong>Getting along with family</strong></td>
</tr>
<tr>
<td><strong>Taking care of health needs &amp; good health habits</strong></td>
<td><strong>Dating, Developing Relationships</strong></td>
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<tr>
<td><strong>Completing household chores</strong></td>
<td><strong>Controlling emotion, staying out of trouble</strong></td>
</tr>
<tr>
<td><strong>Concentrating, paying attention, completing tasks</strong></td>
<td><strong>Being motivated &amp; finishing projects</strong></td>
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<td></td>
<td><strong>Participating in hobbies</strong></td>
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<td></td>
<td><strong>Attending school, passing grades</strong></td>
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<td></td>
<td><strong>Learning skills for future work</strong></td>
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<tr>
<td></td>
<td><strong>Feeling good about self</strong></td>
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<td></td>
<td><strong>Earning &amp; using money wisely</strong></td>
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<td></td>
<td><strong>Doing things unsupervised</strong></td>
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<td></td>
<td><strong>Accepting responsibility for actions</strong></td>
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<tr>
<td></td>
<td><strong>Keeping neat and clean, looking good</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Participating in rec activities</strong></td>
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<tr>
<td></td>
<td><strong>Thinking clearly, making good decisions</strong></td>
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<td></td>
<td><strong>Ability to express feelings</strong></td>
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</tbody>
</table>
SAMPLE

- All youth admitted in the most recent 12-month period
  - October 1, 2013 to September 30, 2014
- N=968 across 11 facilities
- Gender
  - 57% Male (555)
  - 43% Female (413)
- Race
  - 72% White
  - 14% Black or African American
  - 6% Hispanic or Latino
  - 6% Other Categories & Unknown
### Number of Functional Strengths at Admission & Discharge

#### Admission

<table>
<thead>
<tr>
<th>Number of Youth Functional Strengths by Rater</th>
<th>Youth</th>
<th>M = 12.16, SD = 5.15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mode = 14</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>M = 3.61, SD = 3.47</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mode = 0</td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>M = 5.45, SD = 4.80</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mode = 0</td>
<td></td>
</tr>
</tbody>
</table>

#### Discharge

<table>
<thead>
<tr>
<th>Number of Youth Functional Strengths by Rater</th>
<th>Youth</th>
<th>M = 16.01, SD = 4.11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mode = 20</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>M = 10.85, SD = 6.18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mode = 20</td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>M = 10.80, SD = 5.86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mode = 12</td>
<td></td>
</tr>
</tbody>
</table>
# Mean Strengths by Rater - Admission & Discharge

<table>
<thead>
<tr>
<th></th>
<th>Admission</th>
<th>Discharge</th>
</tr>
</thead>
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<td>Youth</td>
<td>12.16</td>
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The chart above illustrates the mean strengths for different raters at admission and discharge. The strengths are shown as a trend line, indicating an increase in mean strengths from admission to discharge for all categories.
PRIMARY STRENGTHS IDENTIFIED AT ADMISSION

- Keeping Neat & Clean, Looking Good
  Youth=64%
  Parent=29%
  Worker=43%

- Caring for Health Needs, Good habits
  Youth=64%
  Parent=25%
  Worker=38%

- Participating in Rec Activities
  Youth=57%
  Parent=29%
  Worker=34%

- Attending School, Passing Grades
  Youth=53%
  Parent=21%
  Worker=32%

- Participating in Hobbies
  Youth=57%
  Parent=29%
  Worker=33%
ADDITIONAL YOUTH IDENTIFIED STRENGTHS

- **Getting along with friends**
  - 60% of youth identified as a strength compared to:
    - 18% of parents
    - 21% of workers

- **Learning skills for a job**
  - 58% of youth identified as a strength compared to:
    - 17% of parents
    - 31% of workers

- **Getting along with other adults (outside of family)**
  - 51% of youth identified as a strength compared to:
    - 21% of parents and workers
ITEMS LEAST IDENTIFIED AS STRENGTHS

- Controlling Emotions (Y, P, & W)
- Thinking Clearly, Good Decisions (Y, P, & W)
- Able to Express Feelings (Y, P, & W)
- Concentrating, Paying Attention (Y & P)
- Getting along with Family (Y & W)
- Accepting Responsibility for Actions (P & W)
OHIO SCALES: PROBLEM SEVERITY

- 20 items – internalizing & externalizing problem behaviors
- 5-point Likert scale (Extreme troubles=0 to Doing Very Well=4)
- Total problem score categorized:
  - No, mild, moderate, severe, extreme level of problems
Do youth with no, mild, moderate, severe, or extreme problems (IV) have different numbers of strengths (DV) at admission as rated by the youth, parent, and worker?

Youth:  \( F(4, 774) = 54.19, p < .001, \eta^2 = .22 \) (medium effect)

Parent:  \( F(4, 752) = 35.02, p < .001, \eta^2 = .169 \) (small effect)

Worker:  \( F(4, 758) = 113.99, p < .001, \eta^2 = .38 \) (strong effect)
FINDINGS

- Youth admitted to PRTF have strengths as perceived by self, parent, and worker.
- Youth perceive themselves as having a higher number of strengths than parent or workers.
- Consistency across raters exists in the most common strengths identified.
- Youth identify additional common strengths that may be relevant to treatment.
- Although youth report more strengths, the number of strengths do differ based on level of problems.
- Parent and workers report fewer strengths at admission but this increases at discharge (parent increase of 7.25; worker increase of 5.35 strengths)
IMPLICATIONS
DISCUSSION

- Youth admitted to PRTFs have strengths
- Strengths increase from admission to discharge
- What is the value of the common strengths identified?
- What are the challenges for those items least identified as a strength?
- What clinical implications might exist for the difference across raters?

Youth are motivated when adults emphasize their positive rather than problematic attitudes

( Epstein, Dakan, Oswald & Yoe, 2001 ).
REFERENCES


