Residential Treatment and Its Alternatives: A Review of the Literature

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ABSTRACT: This review summarizes the literature for residential treatment, family preservation services, treatment foster care, and individualized services and evaluates characteristics of each model, methodological limitations of outcome studies, and treatment effectiveness with children. Although residential care is often viewed negatively, empirical evidence does not suggest differential levels of effectiveness compared to nonresidential alternatives. The results of some nonresidential outcome studies are promising, but efficacy claims should be viewed critically due to the absence of methodologically rigorous evaluations for both residential and nonresidential approaches. Future research should focus on establishing empirically grounded placement criteria, identifying what presenting problems are most amenable to each form of treatment, and maximizing the maintenance of treatment gains in the postdischarge environment.

The majority of the 63 million children in the United States reach adulthood without undergoing significant mental health problems. However, approximately 15 percent (9.5 million) encounter problems serious enough to warrant professional intervention (Tuma, 1989). In 1986 approximately 25,000 children were placed in residential treatment centers due to the severity of their mental health problems (Wells, 1991a), and the number of children placed in residential facilities appears to be rising (Burns, 1990; Small, Kennedy, & Bender, 1991). In comparison to their numbers in the population, there has

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Unless stated otherwise, the term "residential treatment center" is used in its narrow sense in this paper and does not include other residential facilities such as correctional centers and group care settings for socially disadvantaged young people. It should be noted, though, that many of those who are in such facilities show similar behavioral disturbances.
been a twofold increase in the number of children in residential care in the last two decades (Wells, 1988, 1991b; Wells & Whittington, 1990). In addition, data from one state reflect a disturbing increase in the number of children under five years old placed in congregate care between 1985 and 1990 (Barth, Courtney, Berrick, & Albert, 1994). Wells (1991a) estimated that, barring major changes in government policy, there would be 30,000 children living in residential treatment facilities in the United States by 1995.

The amount of human suffering reflected by the above figures is potentially overwhelming. Research suggests that compared to children in the past, youth in placement today are significantly more disturbed (Small et al., 1991). Children in care today exhibit a wide range of problems including aggression, antisocial behavior, hyperactivity, depression, social deficits, and comorbid psychiatric and substance abuse problems (Barth et al., 1994; Berrick, Courtney, & Barth, 1993; Ponce & Jo, 1991; Wells & Whittington, 1993a). The monetary cost of caring for these children is also overwhelming. It has been estimated that for adolescents alone, residential treatment accounts for 1.05 billion of the 3.5 billion dollars spent on adolescent mental health services (Burns, 1990). Thus, the issue of how best to help children facing mental health problems is clearly relevant from a fiscal as well as a humanitarian perspective.

Although there is unanimous agreement that children should receive mental health care, disagreement exists regarding what types of care are most appropriate for specific problems or constellations of problems. One area of concern centers on the role of residential treatment. Significant questions have arisen regarding what types of children and problems are most amenable to residential care, how effective residential care is, and whether children could be equally well served by less restrictive alternatives (Bryant, 1981; Curry, 1991; Durkin & Durkin, 1975; Lyman, Prentice-Dunn, Wilson, & Taylor, 1989; Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992; Stone, 1979; Wells, 1988; Whittaker & Pfeiffer, 1994).

The purpose of this paper is to survey the major issues related to residential treatment. After defining residential treatment and the primary treatment modalities used, issues regarding placement criteria for residential care will be considered. Then, the effectiveness of residential treatment and the importance of aftercare services will be discussed. Finally, proposed alternatives to residential care will be examined. Because of the breadth of the subject matter and the complexity of the issues involved, this paper represents only a general overview of the major issues in the field; it is not intended to be an exhaustive review.