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Monitoring Outcomes in Children and Youth Receiving Psychotherapy at Surrey Place Centre

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Abstract

The limited amount of literature available suggests the utility of psychotherapy for people with developmental disabilities. The present study assessed the effects of an individual psychotherapy program with 10 children and teens, as measured by the Developmental Behavior Checklist and the Nisonger Child Behavior Rating Form (Parent Version). Results, using parent report, indicated that there was overall improvement from the beginning of the program to the six month point. Two suggestions are provided for evaluation improvement: 1) because the measures did not always capture the concerns of the clients, the General Change Questionnaires were developed to supplement data gathered; and 2) because the perspective of the client is missing from the evaluation, the Dominic Interactive is being pilot tested.

Psychotherapy has received limited investigation as an intervention for emotional disorders affecting individuals with developmental disabilities (DD; Arthur, 2003; Butz, Bowling, & Bliss, 2000). What evidence is available supports the view that psychotherapy can be helpful in addressing emotional issues in the DD population (Beail, 2003; Prout & Nowak-Drabik, 2003), leading to a call for more empirical research (Arthur, 2003; Butz et al., 2000; Hurley, 1989). At Surrey Place Centre (SPC), psychotherapy clinicians and evaluation staff are collaborating to monitor the outcomes of children and youth receiving individual psychotherapy at SPC.

Description of Psychotherapy at SPC

Child and youth psychotherapy at SPC is defined by three key components in which clinicians: 1) use an integrative psychotherapy approach—such as cognitive-behavioural, psychodynamic, and client-centered—that allows them to be flexible and responsive to the diverse and unique needs of each client; 2)

emphasize building and maintaining a supportive and collaborative relationship between themselves and the client; and 3) develop collaborative relationships with important people in different aspects of the client's life and incorporate consequent understanding of the client into therapy. Individual psychotherapy sessions at SPC are typically held for one hour each week.

Method

The Developmental Behavior Checklist (DBC; Einfeld & Tonge, 1994) and the Nisonger Child Behavior Rating Form (Parent Version) (Nisonger; Aman, Tasse, Rojahn, & Hammer, 1995) were used to measure social, emotional, and behavioural functioning. These two measures were chosen because they were developed for use with children and youth with DD, focused on the symptoms addressed in psychotherapy at SPC, had good reliability and validity data, and provided norms for children and youth with DD (Aman, Tasse, Rojahn, & Hammer, 1996; Dekker, Nunn, & Koot, 2002). Caregivers complete the DBC and Nisonger at the beginning of psychotherapy, at six month intervals, and again when therapy ends.

Measures have been completed at initial and six month intervals for 10 participants. Participants included four boys and six girls, with a mean age of 14.5 years (range=8 to 17 years). Diagnoses include Autism Spectrum Disorder (n=2), Down syndrome (n=1), Global DD (n=4), and unknown/no diagnosis (n=3). Eight participants live with their families and two live in a group home. Three participants are involved with the Children's Aid Society.

Results

Due to the small sample size, only descriptive statistics are reported here. Mean Total Behavior Problem Scores on the DBC indicated a decrease in problem behaviour after six months in therapy. At Time 1, the mean Total Behavior Problem Score was 46.7, which was above the clinical cut-off score of 46. At Time 2, the mean Total Behavior Problem Score was 33.9. Individual Total Behavior Problem Scores on the DBC represented a range of problem behaviours and levels of severity. At Time 1, six clients scored above the clinical cut-off. At Time 2, five of these six clients had a lower total score and three clients had a total score that dropped below the clinical cut-off. All mean DBC subscale scores showed a decrease in problem behaviour at Time 2 (see Table 1).

Clients also represented a range of scores and symptoms at Time 1 across the subscales of the Nisonger. Mean positive behaviour scores showed an increase in compliance and an increase in adaptive social behaviour on these subscales at

Table 1. DBC Subscale Means

Subscale	*Mean Time 1*	*Mean Time 2*
Disruptive/Antisocial	18.2	11.9
Self-Absorbed	9.6	6.4
Communication Disturbance	6.4	4.8
Anxiety	4.2	4.0
Social Relating	4.8	3.4

Table 2. Nisonger Subscale Means

Subscale	*Time 1 Mean*	*Time 2 Mean*
Compliant/Calm	7.5	8.9
Adaptive Social	6.6	7.0
Conduct Problem	13.4	10.0
Insecure/Anxious	13.9	7.3
Hyperactive	8.2	5.2
Self-Injury/ Stereotypic	2.4	1.2
Self-Isolated/ Ritualistic	5.8	2.7
Overly Sensitive	7.1	4.7

Time 2 [page 96]. Mean scores for all problem behaviour subscales on the Nisonger indicated a decrease in problem behaviour from the beginning to the six month mark in therapy (see Table 2).

Discussion

Overall, caregivers reported that problematic emotional, social, and behavioural symptoms of children and youth receiving psychotherapy at Surrey Place Centre were improving. At this point the evidence is limited, however, due to a lack of control group and low numbers. A future goal of the project is to increase the sample size and include a control group so that more meaningful analysis of results can be undertaken.

As the research moves ahead, two additional issues also require consideration in order to build a more comprehensive evaluation. First, psychotherapy clinicians reported that the DBC and Nisonger, particularly in combination with each other, accurately represent the symptomotology of their clients. They support the further use of these measures, but have observed that a variety of factors such as denial, normalizing behaviour, minimizing behaviour, or pathologizing behaviour may have influenced the way caregivers reported symptoms. Clinicians also reported that because these two measures were developed to capture a wide range of symptomotology, their clients' particular problems were often represented in a limited number of the domains measured. At least one caregiver shared similar feedback that the measures covered so many symptoms that many of them did not apply to her child.

To address these concerns, General Change Questionnaires (GCQs) have been added to this project as supplements to the DBC and Nisonger. The GCQs, developed by SPC psychotherapy clinicians and evaluation staff, are completed by caregivers at each time interval and clinicians at subsequent time intervals. While the psychometric properties of the DBC and Nisonger provide a basis of comparison for clients' manifestations of symptoms, the GCQs provide a way to capture the overall nature and quality of the client's change. Caregivers and clinicians are able to describe particular clients' unique stories and to indicate what makes a client distinct from other individuals with the same symptoms. The clinician GCQ also allows for an assessment of change from an additional perspective to compare with caregiver reports. At the same time, Likert scales on the GCQs still allow for a basis of comparison of overall change among clients.

Second, the perspective of the client is missing from this study. To our knowledge, no self-report measures of emotional, social, and/or behavioural symptoms have been developed specifically for use with children and youth with a DD. In 2006, two self-report measures developed for use with normally developing children, the Child Depression Inventory (Kovacs, 1992) and the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), were piloted with child and youth psychotherapy clients at SPC. However, the measures were not implemented as results raised concerns about their validity and reliability with the DD population. A third self-report measure developed for normally developing children, the Dominic Interactive (Valla, 2000), is currently being piloted at SPC in a further attempt to find a useful way to add this critically missing voice to the outcomes data.

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