American Handbook of Psychiatry

Residential Treatment for Children and Its Derivatives

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bringing about improvement in these areas. An all too common tragedy is for a child of normal intelligence to leave at the age of twelve, capable only of second-grade work, despite the best endeavors. This is one of the areas most in need of improvement, generally. Perhaps this is one area where behavioral approaches will be of value.

The Professionals in Residential Units

Perhaps in no other place in mental health facilities will one find such a wide range of professionals as in residential units. Impinging on the daily routines of the children are the child-care personnel, the special educators (subspecialized in some instances), pediatric and psychiatric nursing personnel, the physician (pediatric and psychiatric), the occupational therapist, the recreational specialists, the special skill technician (for example, speech, language, visual-perceptual-motor), social group and case worker, and individual psychotherapist (variously, childcare worker, nurse, social worker, psychologist, psychiatrist). In addition, one finds a widely varied group of consultants, diagnosticians, and treatment personnel as special resources from the fields of child development, child care, education, and medicine.

Although not conceptually a professional in terms of the treatment of children, the supporting staff of the institution (cooks, maintenance and

janitorial personnel, seamstresses, and so on) often spontaneously or by design form important relationships with children and thus become a part of the total treatment program and staff.

There are increasing experiments in using indigenous personnel from a community as treatment agents in settings such as community mental health centers. One special role that commends itself for residential treatment centers is in the two-way communication between parents-community and staff-institution.

Though not professionals, no reference to staff would be complete without consideration of volunteers. They have demonstrated their value in many capacities. Included are the roles of visitors to children who have none; introducing children into community activities; providing special skills not possessed by regular staff; supplementing the work of staff, for instance, as teacher aides. Above all, they bring the warmth and feeling of the community to these children in a most impressive and personal way and make children and staff feel: “We are not alone.”

Outcome

Highly refined data on outcome are lacking, and there are but few follow-up studies available. The concept of success in residential treatment is a difficult one. Current intake criteria lack precision, so as to limit major

comparisons between settings. There is the question of defining how much intrapsychic or environmental change there must be for success. It has been said that progress is best seen in terms of total case modifiability, the components of which include individual modifiability and family involvement in individual circumstances. Maximal success has been said to occur with neurotic, non-acting-out children. Treatment variables and subsequent adjustment following discharge have shown no relationship to each other; however, the presenting symptoms and chief complaints at admission have been found to be the best predictors of post-discharge adjustment.

The Bellefaire follow-up study found the greatest growth in terms of school and relationships with adults, peers, and general living tasks to be evidenced in those admitted before the age of thirteen. Also it found that this growth in and of itself was not useful in predicting post-discharge adaptability and adaptation. The post-discharge environment was found to be a major consideration in determining success or failure.

In nearly every worker's experience there has been little doubt of benefit of inpatient psychiatric treatment for some children. The presence of an intact family that desires a reintegration with the child appears to greatly increase the chances of post-discharge success. Availability of such resources as day hospitals, group homes, and outpatient treatment services, in addition to allowing for a smoother reintegration into a full community life, also allow

for more accurate predictions as the child proceeds to become re-involved in his community in a gradual and stepwise fashion.

Day Hospitals

Although by the mid-1950s the need for some such program as day hospital for children had been seen, as of 1956 no experience had yet been reported in a day hospital program at public psychiatric hospitals for children. Increasingly in the last decade day hospital treatment has been stressed as a vital component in the continuum of services for emotionally disturbed children, but the professional literature concerned with children had yielded relatively few relevant papers up to 1969.

The Setting

A day hospital for children is a therapeutic milieu in which psychotherapeutic, educational, sometimes behavioral, recreational, social work, and other services (for example, nursing, pediatrics, communication skills, and perceptual training) are integrated under the direction of clinically trained staff, on a day basis, with the child returning home for the night.

The distinction between the terms “day hospital” and “therapeutic day school” may at times be difficult to draw. For example, some day schools operate more in the manner typical of a day hospital. One of the distinctions

cited by Dingman is that the day hospital's major programming control is in the hands of clinicians, whereas the day school, though it may have similar facilities and services, operates with the guidance and consultations of clinical staff rather than under its direct supervision.

The term "day care" has often been used to refer to day hospital programs. It has been suggested that the term "day care" might best be restricted to programs intended primarily for children who are not in need of treatment for emotional disturbance but rather in need of day-to-day nurturant care in the absence of parents. With the increasing emphasis on publicly supported day-care centers for young children of working mothers, this distinction may well need to be asserted. This is not to ignore the fact that many youngsters may benefit from a therapeutic milieu under the auspices of day-care programs, but points to a difference in intent, population, and scope of services.

In its emphasis on the integration of a variety of approaches within one program, the day hospital comes to resemble the residential treatment center, with the obvious distinction that the child returns to his family daily and generally spends the entire weekend with his family. The fact of continual daily return to the family means that the parents continue to have major responsibility for fulfilling the nurturing needs of the child, as contrasted with the assumption of virtually total responsibility for the child's needs by the

residential treatment center. The child maintains his status as a family member physically present in the home, and parents continue to fulfill the parental role, so that in this sense the family unity is preserved intact.

In addition to helping maintain the degree of family cohesion already present, there are other advantages of a day hospital as opposed to residential treatment. Fenichel indicated some of the disadvantages often attending residential treatment.

1. Residential treatment centers are usually distant from the child's home, making work with parents more difficult.

2. The family may reorganize in the child's absence so as to exclude the child's reentry.

3. The child may become institutionalized and thus have further difficulties in reintegrating into community life.

4. Removal of the child from his home causes the child to lose whatever positive aspects of family life exist, which harms both child and parents.

To this list may be added the stigmatizing of the child as bad or different, which may serve to mask underlying family problems, and the increased guilt and feelings of failure that many parents experience when the child leaves the home. In addition, the residential placement may allow the child to maintain fantasies (often difficult to work through) of the family

home, quite discrepant from what it actually was.

Clearly, removal of the child from his family is a drastic step, but one that in some instances is necessary. All too often, when guidance clinic services do not meet the needs of a particular child and family, and community educational facilities cannot cope with the child, there is no adequate alternative available except to seek a residential facility. It is this gap, between inpatient and outpatient services, that a day hospital can often fill. In a 1969 survey of needs for children's residential facilities in San Diego County, California, day treatment facilities were listed as most needed for children up to age twelve. Moreover, while the need for residential facilities for adolescents was stressed overall, it was felt most economical to invest in a day treatment facility because it offered services needed for the largest percentage of children in all age groups.

The Child

The day hospital may be the treatment of choice and a useful alternative to full-time hospitalization and to outpatient treatment, both for children and adolescents. With adolescents it has been employed as a flexible service offering rehabilitation of former inpatients, follow-up service for discharged patients, and a testing ground for those long hospitalized. While providing treatment it can also serve a diagnostic function and help to determine the

extent to which a structured day for the child and relief for the parents along with casework will prove sufficient to avoid the need for complete removal of the child from the home. Availability of day hospital programs offers the promise of earlier discharge of children from residential treatment centers. Actually, as a rough rule of thumb, we have surmised that one-third of child referrals for residential treatment can have their needs better met by day hospital; and one-third, as well by day hospital as by residential treatment; and for the final one-third, residential treatment represents by far the treatment of choice.

Studies have indicated that up to two-thirds of adult patients treated in partial hospitalization settings would have required full-time hospitalization had day hospital facilities not been available. Controlled studies in which patients were randomly assigned to inpatient or day hospital programs have shown that approximately two-thirds of those assigned to day hospitals were able to make use of treatment in that modality. Devlin reported on the results of randomly assigning to a day program, children who had met the criteria for residential treatment at the Ittelson Center. Tentative conclusions, based on those children either withdrawn from the program or transferred to the residential program, were that parental factors were the most significant determinants of suitability for either modality, although all children were deemed to have made some gains. Commenting on day hospitals in general, Astrachan et al. stated that rather than any specific patient characteristic, it is

the family's willingness to participate in the treatment program that influences the suitability of day hospital treatment. On the subject of criteria for the differential use of treatment settings, Atkins reported that day treatment programs also served seriously disturbed children with results apparently comparable to those of residential treatment programs, a fact that made the search for differential criteria even more complicated. Schizophrenic children have been treated on a day basis at the League School for more than a decade. On the basis of seven years' experience in day treatment, La Vietes et al. included among criteria for admission to the program the willingness and ability of parents to participate in the program plus a certain amount of basic stability in the home. Psychotic children have been treated directly, on a day basis, and more recently indirectly, through the training of parents to work in the home with the child, with an operant conditioning approach. Lovaas, et al. have recently reported a follow-up study, utilizing operant techniques with autistic children in a variety of programs, including day settings.

It would seem, then, that no diagnostic classification of itself indicates the specific treatment modality of choice. The severity of the disorder as such is also not an absolute indicator, although one might think that a child or adolescent who demonstrates extremely poor impulse control and/or poor judgment and has clearly endangered himself or others may need the controls that only a residential setting can provide. This has not been substantiated in

the literature with regard to day hospitalization. Frequent reference has been made to the need for the child to be removed from the family as an indication for residential treatment. In general, it appears that some degree of parental stability, including parental willingness to support the treatment program of the child, and sufficient parental resources to participate in their own treatment program (be this casework, group therapy, family therapy, or the like) are essential to the success of a day hospital approach. Greater precision with regard to criteria on the part of the child or the parents remains to be delineated. Despite this uncertainty, the need for the day treatment center to maintain control over its intake policy has been stressed.

Treatment Program

The basic elements in most day hospital programs are specialized education, competence-producing recreational activities, group socializing experiences, provision for individual psychotherapy where indicated, and intensive work with parents. The integration of these elements is generally through a multidisciplinary team approach.

Education must be tailored to the special needs of the child, while the content of specific educational activities and their emphasis within the total program will vary. Day treatment center clinical and educational services have been successfully coordinated with classroom experience in a

metropolitan school system. The integration of educational experiences with other therapeutic experiences has been stressed, while maintaining the view that in a day hospital, treatment, rather than modified education, is the primary function.

Psychotherapy is most likely to be offered on an individual basis for the preadolescent in day hospitals and therapeutic day schools. Adolescents may be treated individually as well, but typically much emphasis is placed on group interaction, including frequent, often daily, patient-staff discussion groups. A basic tool recommended for staff to employ in helping children make use of the therapeutic milieu is the "life space interview."

Day treatment programs for psychotic children must be highly modified to cope with the severe limitations of functioning generally present. In a study of the effects of structure on the development of autistic children, results suggested that autistic children responded best to relatively high structure.

The importance of helping the parents of psychotic children in day treatment centers to care for their disordered child in the home, with a more collaborative, rather than analytic approach to the parents, has increasingly been stressed. In recent years, autistic children, for the most part inaccessible to psychodynamic therapies, have been involved in specially modified day treatment approaches, often with the application of principles of operant

conditioning. The most recent findings indicated that the key to maintenance of gains in behavior modification programs for autistic children lies in assisting the parents to assume the training role in the home.

In terms of staffing patterns, experience derived from residential treatment centers in general offers a reliable estimate of types of positions and staff ratios needed Programming of activities and staffing patterns will depend on the age of the children being treated and the types of disorder. Day treatment programs for children span the age range from preschool through adolescence and include children with emotionally based learning problems, those with personality disorders, and those termed psychotic or autistic. D'Amato presented models of types of programs, the staffing of a program complex for fifty children, and corresponding space requirements.

Some clinicians who advocate day hospitalization as the principal treatment resource for a broad range of severely disturbed adolescents and adults cite the disadvantages of the day hospital being physically and organizationally an appendage of a parent institution, and stress the need for institutional autonomy in order to maximize utilization of the day hospital as a treatment modality. Astrachan et al. discussed the problems arising in a given day hospital when it attempts to attain a variety of goals. They pointed out that all secondary tasks will interfere with performance of the primary task and urged that task primacy and priorities be designated to ensure the

survival of the organization. As an example, a day hospital that functions primarily to prevent inpatient hospitalization would be seen as being compromised in this task to the extent that it attempted to provide ongoing follow-up services to former inpatients.

At this point, day treatment programs for children appear to be (1) offshoots of residential treatment or inpatient facilities or (2) attempts at either adding educational programming to outpatient clinical services or bringing these clinical services to existing educational settings.

Where day hospital facilities are developed on the same grounds as residential or inpatient facilities, the question arises whether to integrate or keep separate day hospital and residential patients. Beneficial effects of integrating adolescent day and residential patients have been reported. Arguments in favor of integrating day hospital with residential children, and in favor of separating the two programs, have been presented by Marshall and Stewart. While their institution adopted a compromise resolution (schooling is the major area integrated), they pointed out that although theoretically able to differentiate goals and time factors in the two programs, in practice staff did have difficulty in modifying their patterns of treatment, based as they were on the preexisting residential treatment program.

Outcome

Outcome studies of the results of day treatment for children are sparse and generally lacking in precision. As Wilder et al. reported, research on day hospitalization "has not kept pace with its expanded use." Guy and Gross found in the literature "the almost unanimous opinion that day hospitals are an effective alternative to hospitalization," and cited the success reported with almost every variety of psychiatric disturbance in adults and children. They discussed proposals aimed at reducing confusion in the identification of patient populations, definitions of treatment, treatment effects, and assessment procedures.

An outcome study of a day treatment unit school with a psychoeducational program for primarily nonpsychotic children has been reported by Gold and Reisman. Utilizing information from case records of fifty children treated over a four-year period and comparing this with follow-up data, including parent and teacher ratings, results indicated an approximately two-thirds improvement rate, regardless of the provision of psychotherapy. More favorable outcomes were found for children identified and treated at younger (five to eight) ages. Of the thirty-seven children who enrolled in public school following treatment, twenty-six still required some special class placement. La Vietes et al. reported on thirty-eight children who completed a three-year day treatment program, indicating that 76 percent had "good results," while of the four children who required residential treatment, "the factor chiefly responsible was the parental one." Halpern found that about

one-fourth of autistic patients moved directly from the day treatment unit into a residential facility. As pointed out by Gold and Reisman "reported results of day school programs dealing with primarily non-psychotic youngsters are not as readily available" as are those with psychotic or autistic youngsters. As for the latter, although there is an increased emphasis on quantifiable data, the newness of the programs and the relatively small number of children in them limit statements as to long-term treatment effectiveness.

The cost of day treatment is generally estimated at somewhat less than half that of full residential treatment. Obviously, since the type of program, kinds of children served, and staffing patterns all may vary, there are differences in costs from one program to another. One difficulty that is being overcome in many instances is that of obtaining third-party payment, without which most comprehensive day treatment programs would be beyond the resources of the average family.

There are no exact figures available on the number of day hospitals or therapeutic day schools currently operating. As of April 1970, the National Association of Private Psychiatric Hospitals listed twenty-one private hospitals that offered day treatment programs for children and/or adolescents; in the following year at least two more such programs were known to have been initiated.

In one reported instance, over a two-year period, the number of inpatient children decreased by approximately 16 percent, while the number in day treatment nearly tripled. If day treatment fulfills its promise as an alternative to residential treatment for a significant number of children, it seems likely that similar trends will become prevalent. It is with such an expectation in mind, coupled with the belief that day treatment is a needed and useful treatment of choice in many instances, that those involved in mental health planning for children continue to emphasize the role of day treatment in the spectrum of services.

Group Homes

The concept of the group home has been receiving increasing attention from those concerned with providing services to children. Although definitions vary, since they have been derived for the most part pragmatically, the general structure of the concept and the definite need for such homes, especially for adolescents, are clear enough in the literature. A group home occupies a place in the continuum of services between institutional care and foster home, with some measure of each. Although at times there have been difficulties in the literature in distinguishing between group and foster homes, several authors, especially Herstein have emphasized that the group home is a residential setting that provides professionally guided help for disturbed adolescents while retaining the small-group autonomy of the foster

family for the growth benefits the latter provides. Both Herstein and Gula stressed the need for agency control and supervision of care and treatment (with provisions for casework and/or social group work supervision and psychiatric consultation). The child-care staff are viewed as counselors or house-parents rather than as foster parents, and each group home is limited in size, numbers, and composition of members. The nuclear child-care staff may be either a couple or a group of adults, but neither the staffing patterns nor the degree of openness or closedness to the community is crucial to the definition of a group home.

Group homes are believed to meet the living and treatment needs of many adolescents who (1) may be able to move from residential treatment to community living but have no suitable family or (2) have had multiple unsuccessful foster home placements and cannot meet the demands for intimacy and conformity to family life.

Admission criteria to group homes generally refer to the inability of the adolescent to cope with family or foster home life (or unavailability or unsuitability of the latter). The adolescent's behavioral or emotional problems must not be of such severity as to prevent functioning in the community, including school and peer activities, given the support and treatment that may be available. While some degree of psychiatric disorder may be present, the degree and kind of acting-out behavior must not be of

such nature or severity as to be disruptive of the home itself or of its relationship to the community.

In addition to discussions of the composition and supervision of the child-caring staff of group homes, the overall direction and integration of services has been described. Relationship of the home to its neighborhood, and of preparation to enter the neighborhood, have been discussed.

In view of the diversity of staffing patterns, it is difficult to discuss costs with any generality. Compared to residential treatment in a similar locale, group home costs may be approximately one-third to one-fourth per resident.

The usefulness of small-group homes for adolescents (the need among younger children has not been so much emphasized) may be seen both in terms of ongoing aftercare (following residential treatment) and as a means of providing stability in the lives of those who might otherwise develop more delinquent or other symptomatic behavior. For the adolescent boy or girl who has some emotional disturbance, who is unable to adjust to the foster home or family setting that is available but unsuitable, or who needs an ongoing, supportive living situation that can provide security and consistency, with overall professional direction, supervision, and consultation, the group home may be a placement of choice.

As mental health planning focuses more deservedly on the needs of

adolescents, the concept of the group home may be expected to flourish.

Retrospect and Forecast

Ongoing social changes and concepts have helped to bring about a shift from institutions designed to provide congregate living for orphans or dependent and neglected children, to residential treatment centers, designed to help children and parents reconstruct inner distortions and pathological interaction. The childcare origin of most of these institutions helped to determine a social work orientation, while the hospital origin of others led toward a medical orientation. Various settings have sprung up, reflecting the concepts of psychiatry, casework, group work, education, and the like.

Regardless of this past, it is noteworthy that the best among such settings came to emphasize an integrated approach, utilizing and requiring the contribution of each discipline in an integrated manner. Very often this was exemplified in the treatment team of which the particular child was the unseen but much felt center, in which all who were involved with child or parent or agency met, conferred, planned, and with increasing maturity and independence set and pursued their goals. Not only did this require a heavy concentration of staff per child, but the spoken or unspoken contract of the treatment center was apt to be: “We will cure the child; we will cure the family; and we will cure the society which has afflicted them both, so that we

may guarantee an everlasting successful life after leaving our doors." The consequence is somewhat like analysis interminable. The combination of high staff ratio, heavy cost, and prolonged treatment has placed the classical form of residential treatment in jeopardy.

Owing to the resultant economic pressures from third-party payers; the spirit of the times, which emphasizes a colleague rather than an autocratic approach and stresses flexibility; the felt and asserted need for a comprehensive, integrated network of services readily and locally available, involving community change agents as much as possible; the appearance, often forceful pushing, of behavior therapy and its delimited set of goals—we see today a great ferment.

It is likely that there will be a variety of experiments and hybrid forms of treatment. Goals will be more flexible, realistic, and differentiated. Community involvement, extending into the operation of these facilities, will most likely increase, and many more facilities will become part of a community network rather than stand alone. The next decade will probably record 1972 as the end of that phase of residential treatment and its offshoots which began with the Social Security Act of 1935.

Bibliography

Adessa, S., and Laatsch, A. "Extended Residential Treatment: Eighth-year Anxiety." *Social Work,*

10, no. 4 (1965), 16-24.

Adler, J. "General Concepts in Residential Treatment of Disturbed Children." *Child Welfare,* 47, no. 9 (1968), 524.

Aichorn, A. *Wayward Youth.* New York: Viking Press, 1915.

Allerhand, M. E., Weber, R. E., et al. "The Bellefaire Follow-Up Study: Research Objectives and Method." *Child Welfare,* 40, no. 7 (1961).

----, Weber, R. E., et al. *Adaptation and Adaptability: The Bellefaire Follow-up Study.* New York: Child Welfare League of America, 1966.

Alt, H. "The Role of the Psychiatric Social Worker in the Residential Treatment of Children." *Social Casework,* 32, no. 9 (1951).

----. *Residential Treatment for the Disturbed Child: Basic Principles in Planning and Design of Programs and Facilities.* New York: International Universities Press, 1961.

American Psychiatric Association. *Psychiatric Inpatient Treatment of Children.* Baltimore, Md.: Lord Baltimore Press, 1957.

----. *Planning Psychiatric Services for Children in the Community Mental Health Program.* Washington, D.C.: The Association, 1964.

Astrachan, B. M., et al. "Systems Approach to Day Hospitalization." *Archives of General Psychiatry,* 22 (1970), 550-559.

Atkins, T. "Summary." In *Criteria for the Differential Use of Treatment Settings for Children with Emotional Disorders.* New York: Child Welfare League of America, 1962.

Berwald, J. F. "Cottage Parents in a Treatment Institution." *Child Welfare,* 39, no. 10 (1960).

Bettelheim, B. "Closed Institutions for Children." *Bulletin of the Menninger Clinic,* 12 (1948).

----. *Love Is Not Enough.* Glencoe, Ill.: The Free Press, 1950.

----. *Truants from Life.* Glencoe, Ill.: The Free Press, 1955.

----, and Sylvester, E. "A Therapeutic Milieu." *American Journal of Orthopsychiatry,* 18 (1948), 191.

Bowlby, J. "Separation Anxiety: A Critical Review of the Literature." *Journal of Child Psychology and Psychiatry,* 1 (1961), 251-269.

Bradley, C. "A Pioneer Hospital for Children's Behavior Disorders." *Modern Hospital,* 50 (1938).

----. "Education in a Children's Psychiatric Hospital." *Nervous Child,* 73 (1944).

----. "Indications for Residential Treatment of Children with Severe Neuropsychiatric Problems." *American Journal of Orthopsychiatry,* 19, no. 3 (1949).

Brown, I. H. D. "The Development of Family-Group Homes in Manchester." *Child Care,* 15, nos. 2 and 3 (1961), 45-50, 89-92.

Burmeister, E. *The Professional House-parent.* New York: Columbia University Press, 1960.

Cameron, K., et al. "Symposium on the Inpatient Treatment of Psychotic Adolescents." *British Journal of Medical Psychology,* 23 (1950), 107.

Chazin, R. M. "Day Treatment of Emotionally Disturbed Children."' *Child Welfare,* 48 (1969), 212-218.

Child Welfare League of America. *Group Home Programs: A Study of Some Programs Operated by League Member Agencies.* New York, 1962.

----. *Standards for Services of Child Welfare Institutions.* New York, 1963.

----. *Group Homes in Perspective.* New York, 1964.

Children's Bureau. *Research Relating to Emotionally Disturbed Children.* Washington, D.C.: U.S. Government Printing Office, 1968.

Christ, A. E., and Wagner, N. N. "Iatrogenic Factors in Residential Treatment: The Psychiatric

Team's Contribution to Continued Psychopathology." *American Journal of Orthopsychiatry,* 35, no. 2 (1965), 253-254.

Clemens, D. W. "Functional Design in Building a Residential Treatment Facility." *Child Welfare,* 50 (1971), 513-518.

Colvin, R. W. "The Education of Emotionally Disturbed Children in a Residential Treatment Center." *American Journal of Orthopsychiatry,* 31, no. 3 (1961), 591-597-

Community Chest of San Francisco. *Residential Treatment for Emotionally Disturbed Children.* San Francisco, 1954.

D'Amato, G. *Residential Treatment for Child Mental Health.* Springfield, Ill.: Charles C Thomas, 1969.

Davids, A., Ryan, R., and Salvatore, P. D. "Effectiveness of Residential Treatment for Psychotic and Other Disturbed Children." *American Journal of Orthopsychiatry,* 38, no. 3 (1968), 469-475.

Devlin, M. "Criteria for a Day Treatment Type of Setting." In *Criteria for the Differential Use of Treatment Settings for Children with Emotional Disorders.* New York: Child Welfare League of America, 1962.

Dingman, P. R. "Day Hospitals for Children." In *Day Care of Psychiatric Patients.* Springfield, Ill.: Charles C Thomas, 1964.

----. "Day Programs for Children: A Note on Terminology." *Mental Hygiene,* 53, no. 4 (1969), 646-647.

Doernberg, N., et al. *A Home Training Program for Young Mentally III Children.* Brooklyn, N.Y.: League School for Emotionally Disturbed Children, 1969.

Fenichel, C., et al. "Day School for Schizophrenic Children." *American Journal of Orthopsychiatry,* 30, no. 1 (1960).

Freedman, A. "Day Hospital for Severely Disturbed Children." *American Journal of*

Orthopsychiatry, 115 (1959), 893-898.

French, E. L. "Therapeutic Education: Theory and Practice in a Residential Treatment Center for Emotionally Disturbed Adolescents." In J. Hellmuth, ed., *Educational Therapy.* Vol. 1. Seattle, Wash.: Special Child Publications of the Seattle Sequin School, 1966. Pp. 425-437.

Godwin, M. P., et al. "The Role of the Educational Program in a Psychotherapeutic Day Care Center for Children and Teenagers." *American Journal of Orthopsychiatry,* 36, no. 2 (1966), 345-346-

Gold, J. "Child Guidance Day Treatment and the School: A Clinic's Use of Its Psychoeducation al Facility for New Programming in the Public Schools." *American Journal of Orthopsychiatry,* 37, no. 2 (1967), 276-277.

----, and Reisman, J. "An Outcome Study of a Day Treatment Unit School in a Community Mental Health Center." *Bulletin Rochester Mental Health Center,* 3, no. 1 (1971), 71-78. (Also in *American Journal of Orthopsychiatry,* 40, no. 2 [1970].)

Goldstein, H. "The Role of a Director in a Group Home." *Child Welfare,* 45 (1966), 501-508.

Gordon, G., and Siegel, L. "The Evolution of a Program of Individual Psychotherapy for Children with Aggressive Acting-out Disorders in a New Residential Treatment Unit." *American Journal of Orthopsychiatry*, 27, no. 1 (1957).

Gradolph, P. C., and Siegel, B. "Adolescent Day Treatment Project." *American Journal of Orthopsychiatry,* 37 (1967), 273-274.

Graffagnino, P. N., et al. "Psychotherapy in Latency-Age Children in an Inner City Therapeutic School." *American Journal of Psychiatry,* 127, no. 5 (1970), 626-634.

Green, R. K., and Clark, W. P. "Therapeutic Recreation for Aggressive Children in Residential Treatment." *Child Welfare,* 44, no. 10 (1965), 578-582.

Greenberg, A. "Agency-Owned and -Operated Group Foster Homes for Adolescents." *Child Welfare,* 42, no. 4 (1963), 173-179.

Gritzka, K., et al. “An Interdisciplinary Approach in Day Treatment of Emotionally Disturbed Children.” *Child Welfare,* 49 (1970), 468-472.

Gula, M. *Child-Caring Institutions.* Washington, D.C.: U.S. Government Printing Office, 1958.

----. “Group Homes-New and Differentiated Tools in Child Welfare, Delinquency and Mental Health.” *Child Welfare,* 43 (1964), 393-398.

Guy, W., and Gross, G. “Problems in Evaluation of Day Hospitals.” *Community Mental Health Journal,* 3 (1967), 111-118.

----, et al. “A Controlled Evaluation of Day Hospital Effectiveness.” *Archives of General Psychiatry,* 20 (1969), 329-338.

Halpern, W. I. “The Schooling of Autistic Children: Preliminary Findings.” *American Journal of Orthopsychiatry,* 40 (1970), 665-671.

Hansan, J. E., and Pemberton, K. “Day Care: A Therapeutic Milieu.” *Child Welfare,* 44 (1965), 149-155.

Hartmann, E., et al. *Adolescents in a Mental Hospital.* New York: Grune & Stratton, 1968.

Herstein, N. “What Is a Group Home?” *Child Welfare,* 43 (1964), 403-414.

Hobbs, N. “Helping Disturbed Children: Ecological and Psychological Strategies.” *American Psychologist,* 21 (1966), 1105-1115.

Hylton, L. *Residential Treatment Cost Study.* New York: Child Welfare League of America, 1962.

----. *The Residential Treatment Center: Children, Programs, and Costs.* New York: Child Welfare League of America, 1964.

Jackson, J. “Child Psychotherapy in a Day School for Maladjusted Children.” *Journal of Child Psychotherapy,* 2, no. 4 (1970), 54.

Joint Commission on Mental Health of Children. *Crisis in Mental Health: Challenge for the 1970’s.*

New York: Harper & Row, 1969, 1970.

Jones, C. H. *Mental Hospitals,* 12 (1961), 4-6.

Jones, M. *The Therapeutic Community.* New York: Basic Books, 1953.

Kester, B. C. "Indications for Residential Treatment of Children." *Child Welfare,* 44, no. 6 (1966).

Konopka, G. "The Role of the Group in Residential Treatment." *American Journal of Orthopsychiatry,* 25, no. 4 (1955).

La Vietes, R. "The Teacher's Role in the Education of the Emotionally Disturbed Child." *American Journal of Orthopsychiatry,* 32 (1962), 854-862.

----, et al. "Day Treatment Center and School: Seven Years' Experience." *American Journal of Orthopsychiatry,* 35, no. 1 (1965), 160-169.

Lewis, W. W. "Project Re-Ed: Education Intervention in Discordant Child Rearing Systems." In *Emergent Approaches to Mental Health Problems.* New York: Appleton-Century-Crofts, 1967.

Lovaas, et al. "Some Generalization and Follow-Up Measures on Autistic Children in Behavior Therapy." *Journal of Applied Behavior Analysis,* in press.

Maier, H. W. *Group Work as Part of Residential Treatment.* New York: National Association of Social Workers, 1965.

----, et al. "The Role of Residential Treatment for Children." *American Journal of Orthopsychiatry,* 25 (1955), 699.

Marsden, G., et al. *Selection of Children for Residential Treatment: A Study of the Process.* Ann Arbor: Children's Psychiatric Hospital, University of Michigan Medical Center, 1967.

----, et al. "Residential Treatment of Children: A Survey of Institutional Characteristics." *Journal of Child Psychiatry,* 9, no. 2 (1970).

Marshall, K., and Stewart, M. F. "Day Treatment as a Complementary Adjunct to Residential Treatment." *Child Welfare,* 48, no. 1 (1969), 40-44.

Matsushima, J. "Group Work with Emotionally Disturbed Children in Residential Treatment." *Social Work,* 7, no. 2 (1962).

----. "Some Aspects of Defining 'Success' in Residential Treatment." *Child Welfare,* 44, no. 5 (1965), 272-277.

Mayer, M. F. In "Symposium (1954), The Role of Residential Treatment for Children." *American Journal of Orthopsychiatry,* 25 (1955), 667-668.

----. *A Guide for Child-Care Workers.* New York: Child Welfare League of America, 1958.

----. "The Use of Vocational Guidance as a Part of Residential Treatment." *Journal of Jewish Communal Service,* 40, no. 2 (1963), 212-221.

----. "A Research Attempt in a Residential Treatment Center: An Administrative Case History." In M. Norris and B. Wallace, eds., *The Known and Unknown in Child Welfare Research.* New York: Child Welfare League of America and National Association of Social Workers, 1965.

----, and Wolfenstein, C. M. "Diagnostic Criteria for Intramural and Extramural Schooling of Disturbed Children in a Residential Treatment Center." *American Journal of Orthopsychiatry,* 24, no. 2 (1954).

Mora, G., et al. "A Residential Treatment Center Moves Toward the Community Mental Health Model." *Child Welfare,* 48 (1969), 585-590, 628-629.

National Association for Mental Health. *Directory of Facilities for Mentally III Children in the United States.* New York: National Association for Mental Health, 1967.

National Association of Private Psychiatric Hospitals. Personal Communication, April 2, 1970.

Neumann, C. P. and Tamerin, J. S. "The Treatment of Adult Alcoholics and Teen-Age Drug Addicts in One Hospital." *Quarterly Journal of Studies on Alcohol,* 32, no. 1 (1971), 82-93.

Papenfort, D., et al. *Population of Children's Residential Institutions in the United States.* Chicago: University of Chicago Press, 1968.

Pasamanick, B. "Liaison Committee to the Joint Commission on Mental Health of Children: Position Statement of the American Orthopsychiatry Association on the Work of the Joint Commission on Mental Health of Children." *American Journal of Orthopsychiatry,* 38 (1968), 402-409.

Pfautz, H. W. "The Functions of Day-Care for Disturbed Adolescents." *Mental Hygiene,* 46, no. 2 (1962), 222-229.

Pippert, E., et al. Report of the Group Home Committee. Riverside, R.I.: Emma Pendleton Bradley Hospital, 1970.

Polsky, H. W., and Claster, D. S. *The Dynamics of Residential Treatment: A Social System Analysis.* Chapel Hill, N.C.: University of North Carolina Press, 1968.

Rabinovitch, R. D., et al. "Primary Functions of Occupational and Recreational Therapy in the Psychiatric Treatment of Children." *American Journal of Occupational Therapy,* 5 (1951).

Rafferty, F. T. "Child Psychiatry Service for a Total Population." *Journal of Child Psychiatry,* 6, no. 2 (1967), 295-308.

Rebenow, I. "Agency Operated Group Homes." *Child Welfare,* 43 (1964), 415-422.

Redl, F. "New Ways of Ego Support in Residential Treatment of Disturbed Children." *Bulletin of the Menninger Clinic,* 13 (1949).

----. "The Concept of a 'Therapeutic Milieu.' " *American Journal of Orthopsychiatry,* 24, no. 4 (1959).

----. *When We Deal with Children.* New York: The Free Press, 1966.

----, and Wineman, D. *The Aggressive Child.* Glencoe, Ill.: The Free Press, 1957.

Reid, J. H., and Hagan, H. R. *Residential Treatment of Emotionally Disturbed Children.* New York: Child Welfare League of America, 1952.

Rinsley, D. B. "The Adolescent in Residential Treatment—Some Critical Reflections." *Adolescence,* 2, no. 5 (1967), 83.

Roche Report. "Frontiers of Clinical Psychiatry." *Roche Report,* 7, no. 18 (November 1970), 5-11.

Rosen, B. M., et al. "Utilization of Psychiatric Facilities by Children: Current Status, Trends, Implications." *Mental Health Statistics,* Series 13, no. 1. Public Health Service publication, no. 1868. Washington, D.C.: National Institution of Mental Health, 1968.

Sattler, J. M., and Leppla, B. W. "A Survey of the Need for Children's Mental Health Facilities." *Mental Hygiene,* 53, no. 4 (1969), 643-645.

Scher, B. "Specialized Group Care for Adolescents." *Child Welfare,* 37 (1958), 12-17.

Schopler, E. Developmental Therapy for Autistic Children: Individual and Social Implications. Paper presented to the National Society for Autistic Children, June 1971.

----, and Reichler, R. J. "Parents as Co-therapists in the Treatment of Psychotic Children." *Journal of Autism and Childhood Schizophrenia,* 1, no. 1 (1971), 87-102.

----, et al. "Effect of Treatment Structure on Development in Autistic Children." *Archives of General Psychiatry,* 24 (1971), 415-421.

Schwartz, M. and Kaplan, I. "Small Group Homes: Placement of Choice for Adolescents." *Child Welfare,* 40, no. g (1961), 9-13.

Shodell, M. "Day Center for Severely Disturbed Children." *Journal of Rehabilitation,* July-August 1967, pp. 22-25.

Silver, H. "The Residential Treatment of Emotionally Disturbed Children: An Evaluation of 15 Years' Experience." *Journal of Jewish Communal Service,* 38, no. 2 (1961).

Sonis, M. "Implications for the Child Guidance Clinic of Current Trends in Mental Health Planning." *American Journal of Orthopsychiatry,* 38, no. 3 (1968), 515-526.

Specht, R., and Glasser, B. "A Review of the Literature on Social Work with Hospitalized Adolescents and Their Families." *Social Service Review,* 37, no. 3 (1963), 295-306.

Trieschman, A. E. *The Other 23 Hours: Child-Care Work with Emotionally Disturbed Children in a Therapeutic Milieu.* Chicago: Aldine, 1969.

Vaughan, W. T., Jr., and Davis, F. E. "Day Hospital Programming in a Psychiatric Hospital for Children." *American Journal of Orthopsychiatry,* 33, no. 3 (1963). 542-544.

Walsh, R. R. "Small Group Care Facilities: Their Neighborhoods and Their Neighbors." *Child Welfare,* 43 (1964), 279-286.

Weinstein, L. "Project Re-Ed Schools for Emotionally Disturbed Children: Effectiveness as Viewed by Referring Agencies, Parents, and Teachers." *Exceptional Children,* 35 (1969), 703-711.

Weiss, V., and Weiss, S. *Follow-Up Study of Children Released from Residential Treatment Centers.* New Orleans, La.: Jewish Children's Home Service, 1969.

Wilder, J. F., et al. "A Two Year Follow-Up Evaluation of Acute Psychiatric Patients Treated in a Day Hospital." *American Journal of Psychiatry*, 122 (1966), 1095-1101.