



## DAY TREATMENT PROGRAM - 2008-2009 EVALUATION RESULTS

### Introduction

The Day Treatment program provides an individualized treatment and educational alternative for children whose social, emotional and behavioural needs require a therapeutic milieu and their academic needs cannot be met within an adjustment or behavioural classroom at the local school board. The children referred to the program present a number of complex needs such as learning disabilities, speech and language problems, attention deficit/hyperactivity, severe behavioural and adjustment problems, developmental delays and/or isolation from their peer group.

Focusing on the strengths of each child, the program:

- teaches adaptive and coping skills to improve social interactions;
- promotes self-esteem and builds self confidence;
- helps parents to understand and manage their children's difficulties; and
- enables children to return to the regular school system.

### Evaluation Method

In order to examine whether the children showed improvement in the Day Treatment Program, information from the Child Behavior Checklist (CBCL) was collected three times throughout the school year:

- 1) at the time when the child entered the program (Time 1);
- 2) at the middle of the school year (Time 2); and
- 3) at the end of the school year (Time 3).

The CBCL was completed by each child's parent or guardian<sup>1</sup> who consented to being part of the evaluation, and by a Day Treatment Program staff member (in all cases this was a Child and Youth Worker). Some sections of the CBCL were not completed at the request of the research team as they were not relevant to this study.

The Child Behaviour Checklist is a "measure of social competence and behavioural functioning in four general domains (externalizing symptoms, general symptomatology, internalizing symptoms, and mood and anxiety symptoms)" (Achenbach, 1994). Five subscales on the CBCL were identified as key indicators of progress of the children participating in the Day Treatment Program:

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<sup>1</sup> The CBCL was to be completed by the child's primary caregiver/guardian. For simplicity, this document refers to that individual as the *parent*, although, in some cases, the CBCL may have been completed by a legal guardian other than the parent.

- 1) Attention Problems (from the Syndrome scale);
- 2) Aggressive Behaviour (from the Syndrome scale);
- 3) Attention Deficit/Hyperactivity Problems (from the DSM oriented scale);
- 4) Social Competence (from the Competence scale) – parent report only; and
- 5) Behaving (from the Adaptive Functioning scale) – staff report only

## **Participants**

A total of 28 families completed the Day Treatment Program evaluation. Of the 28 children in the evaluation, 25 were male, and three were female. The average age of children at the time the first measure was completed was 8.64 years, with the youngest child being five years of age and the oldest being 11 years of age. The majority of children were either 7 years old or 10 years old

## **Results**

Both parents and program staff completed up to three CBCLs for each child over the school year. The difference between how parents and program staff rated children was sometimes quite significant. As a result of this dissimilarity, the results from the two informant groups (parents and staff) were presented separately. In terms of improvements:

### **Overall, across the entire school-year – from September to June (Time 1 to Time 3)**

Staff reported that:

- 63% of children improved in the Attention Problems Scale. (This was the only scale that was statistically significant for staff reports).
- 38% of children improved in Aggressive Behaviours;
- 54% of children improved in Attention Deficit/Hyperactivity; and,
- 31% of children improved in Behaving.

Parents reported that:

- 47% of children improved in the Attention Problems Scale;
- 56% of children improved in Aggressive Behaviours;
- 50% of children improved in Attention Deficit/Hyperactivity; and,
- 80% of children improved in Social Competence (statistically significant).

Because of the lack of statistically significant results across the school year on many scales, the data was further examined. When the year was divided into halves, it was discovered that, according to both parents and staff, many children had demonstrated improvement on all scales during the first half of the year, then declined in the latter half of the year.

### **First half of the school year- from September to January (Time 1 to Time 2)**

Staff reported that:

- 83% of children improved in the Attention Problems Scale (statistically significant);
- 72% of children improved in Aggressive Behaviours (statistically significant);
- 72% of children improved in Attention Deficit/Hyperactivity (statistically significant); and,
- 53% of children improved in Behaving.

Parents reported that:

- 50% of children improved in the Attention Problems Scale;

- 75% of children improved in Aggressive Behaviours;
- 42% of children improved in Attention Deficit/Hyperactivity; and,
- 43% of children improved in Social Competence.

### **Second half of the school year - from January to June (Time 2 to Time 3)**

Staff reported that:

- 42% of children improved in the Attention Problems Scale;
- 30% of children improved in Aggressive Behaviours;
- 25% of children improved in Attention Deficit/Hyperactivity; and,
- 18% of children improved in Behaving.

Parents reported that:

- 19% of children improved in the Attention Problems Scale;
- 45% of children improved in Aggressive Behaviours;
- 45% of children improved in Attention Deficit/Hyperactivity; and,
- 57% of children improved in Social Competence.

### **Discussion and Recommendations**

An interesting pattern was found in the results, where the majority of both staff and parents reported that children's behaviour improved from September to January (Time 1 to Time 2), and then declined from January to May-June (Time 2 to Time 3). This pattern suggests that the Day Treatment program may be effective in reducing the frequency and severity of certain kinds of behaviours in a subgroup of children. It also suggests, however, that the program may experience fluctuations in that effectiveness over the course of the school year and/or that the children struggle to maintain their improvements/gains from the first half of the year into the second. Minimally, the results suggest that not as many children improve in the second half of the year, and at least some of the children who improve at first may decline or plateau during that second half.

Future directions: The Child Behaviour Checklist (CBCL) was selected for this evaluation because the program staff were familiar with it, as it had been used as an assessment tool for the program in the past. However, it became clear by the end of the evaluation that, for program evaluation purposes, the majority of the CBCL subscales were not relevant to the primary goals of the Day Treatment Program. If the Day Treatment Program were to be evaluated in the future, a measure/measures should be carefully selected to more closely match the program's primary goals and intended outcomes.

Staff and parent reports were dramatically different at times, with parents sometimes stating that a specific area improved moderately, while staff reported a large improvement. Sometimes parents reported improvements where staff did not. Patterns of responses changed depending on the time of year, as well. Future evaluations may benefit from examining the areas where staff and parents differ, and from determining why this dissonance may exist.

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