Evidence *in* Context

Health research — synthesized & contextualized for use in Newfoundland & Labrador.

Youth Residential Treatment Options in Newfoundland & Labrador

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YOUTH WITH COMPLEX NEEDS

- Social, psychological, emotional and behavioural needs
- In home, at school and in the community
- Community-based efforts to address need have failed
- Home environments to support youth unavailable

Which youth are placed in residential treatment?

- Most are ‘in care’, i.e., guardianship with the government
- A relatively small number of complex need youth are placed in residential treatment.
- Two youth residential treatment centres in development in NL

Active Components of Residential Treatment

- Placement—youth in residential treatment live at the facility
- Milieu—youth in residential treatment interact with other youth as a component of the intervention
- Treatment—youth in residential treatment receive active mental health treatment

Challenges to Randomized Clinical Trial Designs in YRT

- Long stays
- Expensive interventions
- High-risk population served
- Low relative risk
- Small numbers in single sites

Review of the Evidence-Components

- YRT as a Generic Treatment Program
- Addictions
- Disruptive Behaviours
- Sexually Aggressive Youth
- Innu & Inuit Youth with complex needs
- Site Design, Staffing & Governance
- Health Economics

YRT as a Generic Treatment

- 4 systematic reviews, 166 articles cited
- Inconclusive evidence for benefit or harm
- Minimal effects of CBT delivered in YRT (harm unknown)
- Limited effects of Parent Training in YRT (harm unknown)

Evidence for YRT for Addictions

- Ten systematic reviews; 132 articles cited in 7 reviews (others did not cite)
- CBT group interventions may be effective
- Family Therapies appear effective but may not be feasible in YRT
- No specific recommendations feasible

Evidence for YRT for Disruptive Behaviours

- 18 systematic reviews, 257 articles cited in 12 of these reviews
- Significant but small effects of treatment.
- No evidence supporting one treatment over another
- No evidence of harm

Evidence for YRT with Sexually Aggressive Youth

- 14 systematic reviews, 381 articles cited
- Clear evidence of value of treatment to reduce recidivism
- Unclear whether treatment should be provided in residential setting

Innu & Inuit Youth with Complex Needs

- Complicated topic based on history of residential school and lack of community services
- Little empirical research
- Clear need for cultural sensitivity and holistic approach.
- Outreach is the preferred model

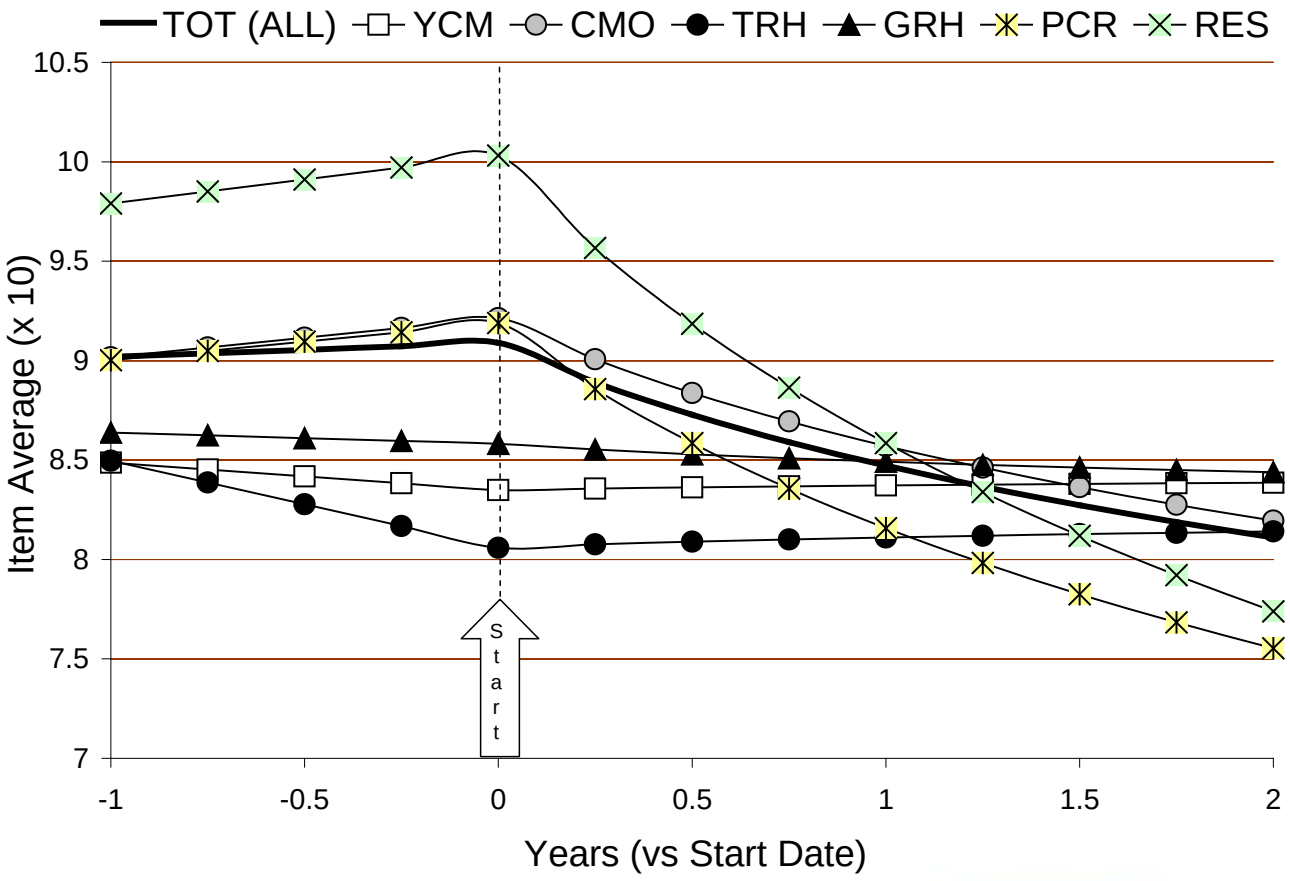
Health Economics

- YRT is more cost-effective than failing to address the youth's needs.
- Community services are more cost-effective than YRT

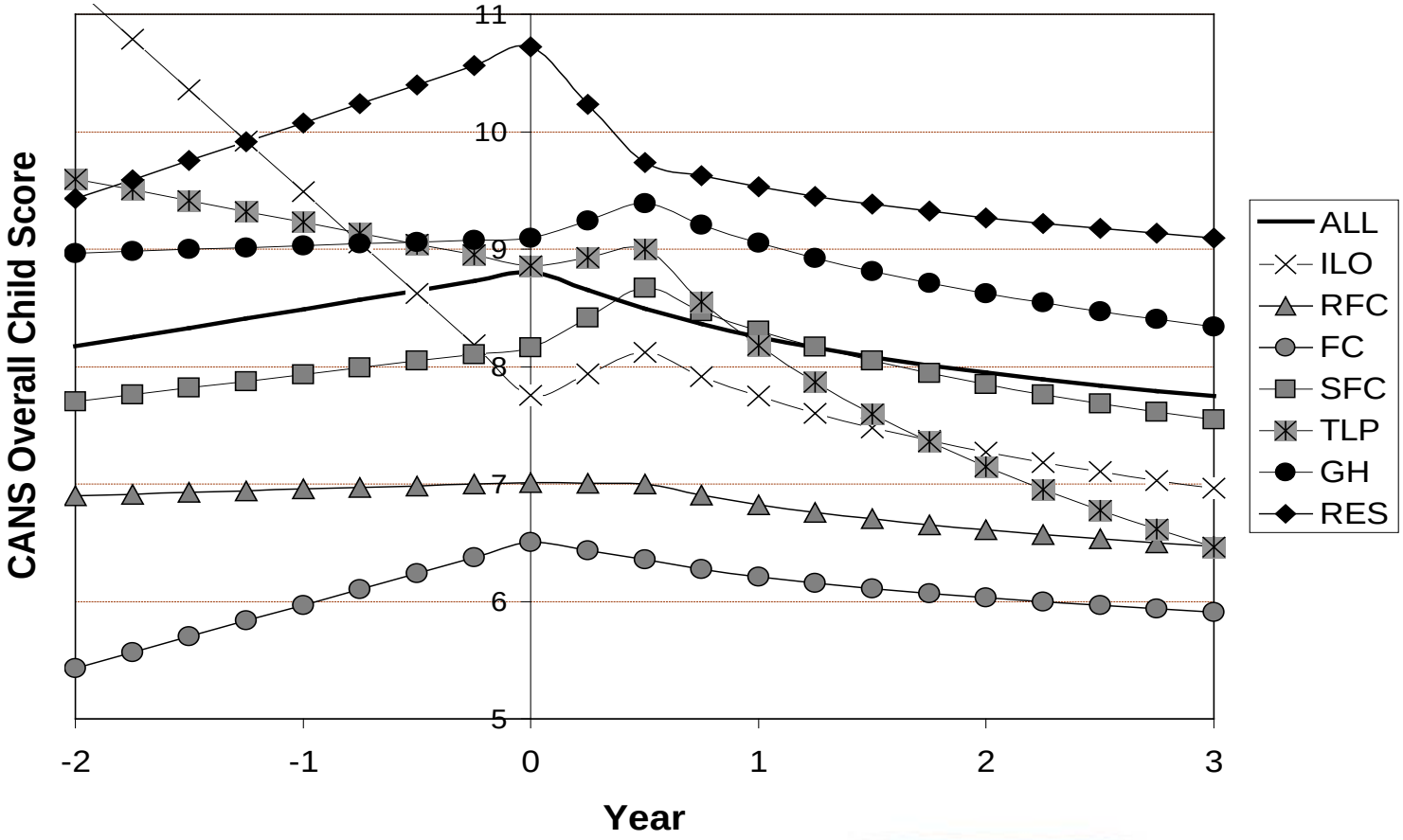
Site Design, Staffing & Governance

- Recovery model focused on outcomes
- Centralized intake
- The value of a stable work force—the Oregon anecdote

Hinge analysis of outcome trajectories prior to and after program initiation (New Jersey)



Hinge analysis of outcome trajectories prior to and after program initiation (Illinois)



Key Messages

- One cannot really say that YRT works or does not work based on the current existing science
- Some provocative large scale public health analyses suggest that YRT works well for very high-risk youth relative to community-based interventions

Key Messages (continue)

- Current best practices suggest keeping high need youth near families—this is the best justification for opening YRT in the Province.
- The specific geography of the Province may influence the utility of YRT.

Key Messages

- Given the lack of clear evidence—outcomes and accountability should be a component of any YRT.
- An evidence-based central intake/transition process should be designed and implemented.
- Based on current understanding
  - High risk youth most appropriate
  - Milieu models should be portable
  - Treatments-cognitive-behavioural, trauma-informed and involving families

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