

**DAY TREATMENT FOR
CHILDREN WITH
EMOTIONAL DISORDERS**

Volume 2

Models Across the Country

DAY TREATMENT FOR CHILDREN WITH EMOTIONAL DISORDERS

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Dedicated to my wife, Kiki;
my sons, Steven and David;
my mother, Neva; my brothers, Curtis and Robert;
and my sister, Patricia.

—GKF

Dedicated to my husband, Carl;
and to my children, Greg, Andy,
Lynne, and Flo.

—SGZ

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Preface

The life span of day treatment for children in the United States is relatively short, covering a period of about 50 years. Although the first 20 years saw little growth in the number of centers operating around the country, the concept of day treatment was recognized by the Joint Commission on Mental Illness and Health in 1961 as the most significant treatment innovation of this century. Enthusiasm for this treatment modality gained impetus from growing dissatisfaction among many mental health care providers who had no choice but to place children in a highly restrictive hospital environment. Day treatment did not carry the stigma associated with inpatient placement. The children could now remain with their own families and within their own communities. The parents could be actively included in their child's treatment. This new modality avoided the short- and long-term negative effects of institutionalization, and there was a favorable cost discrepancy between day and inpatient mental health services. In more recent years, there has been growing evidence of the efficacy of day treatment as an intensive therapeutic environment for children and their parents. Despite these advantages, day treatment has continued to be underutilized in favor of inpatient treatment by both the psychiatric community and third-party payers. Only recently is it being acknowledged by some insurers as a therapeutically sound and financially advantageous alternative to inpatient services. Consequently, it is showing signs of intense growth nationally.

In order to meet the demands for day treatment mental health services, we need answers to questions regarding the “nuts and bolts” of starting up a center; we need to review the wisdom gained by centers that have been operating programs successfully; we need to consider the range of choices in theoretical models and in treatment components. It is the purpose of the two volumes comprising *Day*

Treatment for Children with Emotional Disorders to present this information to both the novice and experienced practitioner and to the academician.

In Volume 2, *Models Across the Country*, we have focused on both practical and theoretical issues in three parts. The first part consists of three chapters dealing with issues about starting up day treatment services. The second part includes six chapters, each describing a day treatment program from a different theoretical perspective. The final part, the Appendix, provides the reader with a comprehensive annotated bibliography of publications on day treatment for children with emotional disorders.

In Volume 1, *A Model in Action*, we have examined the salient features of an actual program that has been operating since 1962—the Day Care Center. It is located within the Division of Child Psychiatry, Department of Psychiatry, of the University of Colorado Health Sciences Center. The primary focus of the chapters in this volume is the personal and practical issues of operating this program. We have presented the reader with a clinical case study of our program by describing its various components and the forces from within and from without that bear upon its day-to-day functioning. The volume is organized around four parts. The first part is introductory. The second part focuses on our clinical and educational programs and includes nine chapters of detailed descriptions. Administrative issues are examined in two chapters in the third part. The three chapters in our concluding part concentrate on our research and program evaluation efforts.

To those of our readers who are interested in learning about day treatment in Western Europe, we would like to refer them to two issues of the *International Journal of Partial Hospitalization* that were edited by us (1988, Volume 5, Numbers 1 and 2). They include descriptions of programs in England, France, The Netherlands, Norway, Sweden, Switzerland, and Germany. Five of the chapters are written by mental health professionals in those countries and six by Sara Goodman Zimet as a result of a fellowship she received from the World Rehabilitation Fund's International Exchange of Experts and Information in Rehabilitation. The fellowship was supported (in part) from a grant from the National Institute of Disability and Rehabilitation Research, U.S. Department of Education, Washington, DC 20201, Grant No. G008435012. Commentaries on each of the descriptions were made by Gordon K. Farley, who has been director of the Day Care Center for over 17 years.

In the process of preparing these volumes, we realized that there

are many terms in current use that describe the day treatment modality, such as *day hospital*, *partial hospital*, *psychoeducational treatment center*, *psychiatric day treatment*, and so forth. Although our own center is located within a university health sciences center, we decided to use *day treatment* as the generic term that would apply to hospital-affiliated and nonaffiliated treatment programs. In making this choice, we have attempted to identify this treatment modality as existing within the child's and parents' community rather than within an institution separated from that community.

We would like to thank the children at the Day Care Center who contributed their illustrations to the two volumes comprising *Day Treatment for Children with Emotional Disorders*. These illustrations were done during their routine work with their art teacher (and head teacher), Ralph Imhoff. We are also indebted to Richard Simons, professor of psychiatry at the University of Colorado Health Sciences Center, for his helpful suggestions regarding our editorial role.

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Denver, Colorado

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