



Clinical Profiles of Youth in a System of Care

Source: Zanglis, I., Pavelski, R., Furlong, M.J., Casas, J.M., & Sosna, T. (2001). Enrollment in an established system of care: A replication and extension of clinical profiles at service intake. *Journal of Child and Family Studies*, 10(2), 227-243.

Accurate identification of children's clinical profiles may help direct more meaningful evaluation of systems of care. The authors of this article replicated a 1998 study by Rosenblatt and colleagues*, in which four types of youth were identified in a system of care: *troubled*, *troubling*, *troubled and troubling*, and *at-risk*. In both the initial Rosenblatt study and the replication described here, youth profiles were found through the use of a cluster analysis based on both clinical factors (i.e., Child Behavior Checklist (CBCL) scores, Child and Adolescent Functional Assessment Scale (CAFAS) scores) and environmental and risk factors (children's arrests, school disciplinary actions, and child and family risk factors). Noting that the initial study was limited by a somewhat small sample gathered in the service system's first year, the authors sought to determine results of the same analysis, in the same community, with a larger sample enrolled in a more mature system.

Participants were 275 youth (mean age 12.3; 65% male) who entered the Santa Barbara county Multiagency Integrated System of Care (MISC) in 1997 and 1998. For consistency, identical data were gathered in this study as those collected earlier by Rosenblatt and colleagues.

Results revealed a six-cluster solution that encapsulated the four categories found in the earlier study, as well as two additional clusters: *moderate troubled* and *moderate troubled and troubling*. In order to determine which of the dependent variables were contributing to the clusters, a discriminant function analysis was conducted. Results indicated that all variables, with the exception of *family risk factors*, significantly predicted membership in the clusters. The authors hypothesized that *family risk factors* may have been so ubiquitous as to not meaningfully distinguish between clusters.

- *Troubled* (n = 52): Young, no juvenile justice contact, low substance use, behavioral difficulties, and moderate disruptions in school and home functioning.
- *Troubled and Troubling* (n = 27): Exhibited a wide range of behavioral and emotional problems. Second oldest group, moderate to severe functional impairment in school, home, and community; high risk factors; and highest rates of previous psychiatric hospitalization, runaway history, suicide attempts, and sexual abuse.
- *Troubling* (n = 50): Characterized by severe disruptive behavior, frequent contacts with juvenile justice, oldest age, higher rates of substance use, low levels of emotional and behavioral problems.
- *At-Risk* (n = 36): Multiple family risk factors, but relatively fewer emotional and behavioral problems and less impairment.
- *Moderate Troubled* (n = 39): These children were young, with similar, but less severe problems than those in the *troubled* cluster.
- *Moderate Troubled and Troubling* (n = 71): Similar to, but less severe than the *troubled and troubling* cluster.

Results from this study confirm those of Rosenblatt and colleagues, with the addition of the two *moderate* clusters. The authors suggest that these additional clusters were a result of a service system that was (1) serving more youth with moderate (as opposed to severe) needs in the second study and (2) was placing a greater emphasis on prevention than it had during the first study. Youth in all clusters were found from all referral agencies, suggesting that "evaluation strategies based on referral gateway are less meaningful and informative than one based on common referral subtypes as empirically defined by cluster analysis" (p. 240). In addition, classifying youth into clusters, based on symptoms as well as environmental and risk factors, has the potential to allow for more refined outcome research analysis than outcomes based on an aggregate of all youth receiving services. Such an analysis would also allow cross-site comparisons of youth with similar profiles. The authors assert that future research should build upon these clusters "to focus on which interventions and services are most effective with these specific groups" (p. 241).



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* Rosenblatt, J., Robertson, L., Bates, M., Wood, M., Furlong, M.J., & Sosna, T. (1998). Troubled or troubling? Characteristics of youth referred to a system of care without system-level referral or constraints. *Journal of Emotional and Behavioral Disorders*, 6, 42-54. (See [University of South Florida Data Trends Summary #4](#) for a description)

Prepared by the Research and Training Center on Family Support and Children's Mental Health, Portland State University, 1912 SW 6th, Rm. 120, Portland, OR 97201, (503) 725-4040 in collaboration with the Research and Training Center for Children's Mental Health, University of South Florida. Contact frieseb@rri.pdx.edu, or www rtc.pdx.edu.

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