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PSYCHIATRIC HOSPITAL FOR
CHILDREN

BY

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DAY HOSPITAL PROGRAMMING IN A PSYCHIATRIC HOSPITAL FOR CHILDREN*

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IN 1955 the directors of child guidance clinics in the Boston area discussed with the Massachusetts Division of Mental Hygiene a very pressing problem confronting community clinics. This was the need for special services for the many seriously disturbed children and their parents who are referred to clinics for study and treatment and are found to need more extensive services than those available in clinic programs, but are not in need of continuous placement or hospitalization.

In 1956, the Division of Mental Hygiene assumed responsibility for professional programming at the Children's Unit of the Metropolitan State Hospital, Waltham, Massachusetts, the public psychiatric inpatient facility that receives children from the entire State. This enabled us to explore the idea of starting a day hospital program, primarily for that group of children described as autistic, atypical or schizophrenic. In 1956 there was no experience reported anywhere on day hospital programs at public psychiatric hospitals for children. Such a new service was needed not only because of expressed need but also because of our desire that the public psychiatric hospital be part of the community and not apart from it, and

our desire to develop new settings for research in child psychiatry. Support was obtained from the National Institute of Mental Health for a three-year experiment, which began in late 1957.

In July, 1958, eleven carefully selected children, only one a girl, from six to ten years of age began in the first summer program, which was modeled after a day camp. Four were inpatients. Within a few weeks, two of the inpatients were removed from the program because their extremely regressed behavior was hampering group development. The staff included the co-ordinator, two consultant psychiatrists, a part-time psychologist, an experienced psychiatric nurse, four child counselors, and two teachers. One-to-one relationships were possible, with a staff-patient ratio of approximately one to one-and-one-half. The program ran from 9:00 A.M. to 2:00 P.M. Staff conferences, meetings with consultants and writeups of the day's activities were scheduled in the afternoon.

As the group continued in the day hospital program through the winter of 1958-59, the children, again with counselor help, began to develop peer relationships. This began with touching, pushing, hitting, hugging, some talking

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and learning of names. It grew into parallel play, always with the counselors encouraging, supporting, praising, rewarding and setting limits. Parents met regularly from the outset in therapeutic group sessions, as well as in individual casework or psychotherapy. After a second summer day camp experience in 1959, this small group of community children with schizophrenic reactions could be handled in structured group situations, such as singing, reading and talking. The four mute children began to talk. The winter programs included occupational and music therapy and a small school program, in addition to the milieu therapy program already described. Individual psychotherapy and formal education were introduced as certain children become ready.

A day hospital program was also developed for certain children, for the most part not schizophrenic, who were able to attend the regular hospital school with inpatient children. These better integrated children, most of them former inpatients, were in a planned, milieu therapy program from the outset of their day hospital experience. Their "structured patient day" included school, music and occupational therapy, and an activity therapy program that used many community as well as hospital resources. They also received group and individual psychotherapy.

The summer day hospital program operated for three years under the grant and proved itself an extremely successful community service. The involvement of a number of community agencies and organizations, especially the American Friends Service Committee, culminated in October 1960 in the incorporation of a private group to continue

the summer day camp phase of the program permanently. In the Children's Unit, too, the day hospital has been accepted and integrated into the service program and is considered as one alternative in treatment planning for all new patients.

Our experience indicates that the day hospital is a natural next step in the development of services for children in a public psychiatric hospital. It fills an important gap in the spectrum of services available for disturbed children and their parents. The following program elements are essential to the development of a day hospital service in a public children's psychiatric hospital, to which physicians and others can refer on a voluntary basis: (1) thorough diagnostic work by a qualified clinical team, including pediatric and neurological studies as well as study by the child psychiatry team; (2) a variety of group programs built around the concept of "structured patient day," with a number of therapeutic "life spaces" into which patients can be appropriately placed during various phases of their treatment; (3) a therapy-management system that individualizes planning and treatment and provides individual psychotherapy relationships in addition to the group and milieu approaches; (4) a staff development program that provides supervision and consultation at all levels, stressing the personal growth of staff members through their daily interactions with colleagues, patients and parents; (5) the availability and use of all treatment modalities—the psychopharmaceuticals, the psychotherapies, occupational, music, recreational and activity group therapies; (6) the active involvement of family and community in the therapy process—in particular in

the development of appropriate and realistic treatment goals and plans for continued care following hospitalization, including use of foster homes and consultation services to schools and other community agencies involved with the discharged children.

In addition to the program elements outlined above, a successful day hospital venture in a public psychiatric hospital for children requires that the hospital have control over admissions, so that children are admitted who, in the judgment of the hospital staff, can profit from the experience. The hospital cannot be used simply as a place to send disturbed children, either as a protection for the

community or as punishment or protection for the child.

It is our belief that day hospitals for children, either attached to inpatient services or to community clinics or mental health centers, fill a gap in the present spectrum of services and can be "sold" to the professional community, private and public civic groups, as well as to state legislators, if effort is made to demonstrate that the children who will attend the day hospitals are emotionally and mentally handicapped children who need special treatment and management, habilitation and education, but who do not have to become "institutionalized" in every instance.