



## Research Article

# Improving Pediatric Psychiatric Hospitalization Outcomes through Symptom-Targeted Assessments

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## Abstract

**Background:** Inpatient psychiatric treatment for pediatric populations must be undertaken carefully in order to minimize stigmatization, developmental and social delays, and alienation from family and peers. As such, maximizing pediatric psychiatric hospitalization efficacy must be a priority for clinical and administrative staff. Objectively derived treatment plans focusing on symptom-targeted assessments can improve treatment efficacy [1].

**Keywords:** Pediatric Psychiatric; SARS; Mental Health

## Introduction

### Method

In this study, 480 adolescent males and females (aged 13-17) were interviewed at admission and at discharge from North Star Behavioral Health Hospital (Anchorage, Alaska). Half of the volunteer participants (n=240) were randomly assigned to a pre-treatment assessment condition in which a clinician administered the Symptom Acuity Rating Scale (SARS), a 63-item targeted symptom Likert-scale questionnaire designed to inform the client's clinical treatment plan [2]. The remaining adolescent volunteers (n=240) were assigned to a pre-treatment assessment condition in which the client was assessed by a clinician employing the Structured Clinical Interview for DSM Disorders/SCID-5-CV [3]. The study was conducted between 2016-2019.

## Results

(Table 1) demonstrates significantly more improvements during the inpatient hospitalization for clients who were SARS-evaluated at the time of admission. Statistically (Independent t-tests) and clinically significant improved treatment outcomes were noted in the areas of self-injurious behaviors, suicidal threats/behaviors, assaults, elopements, long-term care referrals, readmission rates, and medication compliance while in the hospital. The pre-treatment SARS assessment significantly improved treatment outcomes likely due to the fact that the SARS targets and rates clinically significant symptoms including functional (in-) capacities and therefore objectively informs the treatment planning process. Further, the SARS assessment itself appears to constitute a clinical intervention in which the clinician-rater and client necessarily establish a therapeutic rapport. Under these circumstances, the client uses the structured interview to explain, detail, disclose and ventilate deeply personal problems, thereby exercising the first steps towards their mental health recovery.

N=480	SARS interview (n=240)	SCID-5 Interview (n=240)	Independent t -tests sig.
# Self injurious behaviors	17	32	.05
Assaults committed	2	14	.01
Elopements (attempted)	0	9	.01
Suicide Restrictions	5	25	.01
LTC Referral	62	147	.03
Readmission rates	12%	27%	
Medication compliance	78%	65%	

**Table 1:** SARS and SCID-5 interview independent t-test sig.

## Conclusions

1. The administration of the SARS appears to improve psychiatric hospitalization outcomes by enriching treatment and more comprehensively informing treatment plans. The detailed patient interview with in-depth inquiry and symptom-targeting focuses intervention attention on the most common clinical problems warranting acute hospitalization. As such, the SARS targets clinical and functional incapacities, which in turn, objectively informs treatment plans, thus providing an intervention roadmap to guide the treatment process.
2. The SARS is designed to be a pre-treatment mental health assessment tool administered by a clinician. As such, the resulting assessment interview provides a structured format for revealing critical patient characteristics while simultaneously establishing a therapeutic alliance between the client and their assigned therapist early in the hospital experience.
3. The SARS assessment procedure constitutes a clinical intervention in its own right since the patient inquiry necessarily includes offering the patient the opportunity to elaborate upon their responses in order for the clinical ratings to occur. Patients use the interview opportunity to explain, ventilate, and otherwise detail the deeply personal problems leading to their mental health crisis.

4. The SCID-5-CV was designed to provide diagnostic guidance and direction rather than to inform the hospital treatment planning process.

## Disclosure Statement

All participants were volunteers and were provided with a full written disclosure of the research goals and objectives. No potential conflict of interest was reported by the author. No funding nor financial interests/benefits have arisen from the direct application of this research.

## References

1. Lambert W, Salzer MS, Bickman L (1998) Clinical outcome, consumer satisfaction, & ad hoc ratings of improvement in children's mental health. *Journal of Consulting and Clinical Psychology* 66 : 270-279.
2. Sperbeck DJ, Mayo MA (2016) Measuring child and adolescent psychiatric treatment outcomes: The development and validation of the Symptom Acuity Rating Scale. *Journal of Projective Psychology and Mental Health* 23 : 82-87.
3. First MB, Williams JB, Karg RS, Spitzer RL (2015) Structured clinical interview for DSM-5 disorders: SCID-5-CV clinician version. American Psychiatric Association Publishing. Washington, D.C.