



Multidisciplinary Evaluation of Preschool Children and its Demography in a Military Psychiatric Clinic

Lee, B.J. (1987). Multidisciplinary evaluation of preschool children and its demography in a military psychiatric clinic. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 313-316.



129 military children aged 5 or under who were seen in a Hawaiian military psychiatric clinic participated in a study assessing the demographic profiles of its clients. Approximately 40% of the children had some developmental disorder. In addition, in about 40% of the cases, the parents reported that the child had experienced stressors which may have resulted in the child's symptoms.

Key Findings:

- 54% of referrals were initiated by medical services, 30% by parents directly, 8% from schools, and 6% by a parent's psychiatrist.
- The most frequent problem behaviors reported were: children being difficult to manage/control (43%), temper tantrums (23%), overactive/hyperactive (19%), aggressive or destructive (19), and depression/unhappy mood (16%).
- Depression or unhappy mood were more likely in girls compared to boys.
- The most frequent diagnoses were adjustment disorder of infancy and childhood (35%), disruptive behavior disorder (25%), specific development disorder (18%), disorder of elimination (15%), global developmental delay (13%), and pervasive developmental disorder (10%).
- Recommendations for treatment: 50% parent counseling, 20% individual psychotherapy, 15% preschool group therapy, and 10% psychiatric medications.
- 50% of the children were seen for 1-6 sessions, 16% 6-15 sessions, and 14% were never seen after the intake session.
- 25% of the children discontinued therapy because of improvement, 20% because they moved, and 20% because they failed to keep follow-up appointments.

Implications for Programs:

- Child care programs could include activities in their curricula that bolster psychological wellbeing and resilience of both children and their parents in times of stress.
- Programs could host parent groups for Service members and their partners whose children are struggling with emotional health issues; parents could informally gather and provide mutual support.

Implications for Policies:

- Policies could provide funding to promote early intervention for developmental disorders in military families.
- Policies could recommend that military pediatricians routinely screen for child psychiatric concerns at regular appointments.

Avenues for Future Research:

- Future research could follow these children longitudinally after discontinuation of treatment to track their outcomes.
- Additional studies could survey parents and children as to their perceptions and acceptance of a group evaluation clinic.



Background Information

Methodology:

- All children aged 5 or under referred to child psychiatry at Tripler Army Medical Center in Hawaii from January-December 1984 were included. Children were evaluated in a group setting (5-6 children evaluated in three weekly sessions) by a multidisciplinary team.
- The data for this paper were derived from an intake form completed by parents prior to meeting with clinic staff, psychiatric evaluation notes, and the closing summary form.
- The variables included in the study were demographics, referral source, presenting problems, precipitating event, diagnoses, recommendations, number of sessions in the clinic, reason for discontinuing treatment, and condition of child at closing.
- Frequencies were calculated for each variable.

Participants:

- 129 children participated (61% boys).
- 29% of children were 4 years old, 27% were 5 years old, 22% were age 3, 20% were age 2, and 2% were 1 year old.
- 51% of the children had a parent in the Army, 29% Navy, 13% Air Force, 5% Marine Corps, 2% Coast Guard.
- 88% were children of enlisted parents, 12% of officers.
- 68% had a parent who was a Sergeant or Staff Sergeant, 20% were Specialist 4 or under, 6% Sergeant First Class and above.

Limitations:

- No information was presented on how the families accepted the group assessment clinic approach.
- There was no information on how these issues compared to other populations, making generalizability difficult.
- There was a high dropout rate among children before their mental health problem improved. No information was provided about possible follow-up with the families.
- The clinic was located in Hawaii, and it is unknown how this impacts the generalizability of these results.

Assessing Research that Works

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Research Design and Sample	Quality Rating: ★★☆☆			
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★☆☆)
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Methods	Quality Rating: ★★☆☆			
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★☆☆)
The research methods (e.g., measurement, analysis) used to answer the research question were...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations	Quality Rating: ★★☆☆			
	Excellent Minor Limitations (★★★★)	Appropriate Few Limitations (★★★)	Limited Several Limitations (★★)	Questionable Many/Severe Limitations (★☆☆)
The limitations of this study are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implications	Quality Rating: ★★☆☆			
	Excellent (★★★★)	Appropriate (★★★)	Limited (★★)	Questionable (★☆☆)
The implications of this research to programs, policies and the field, stated by the authors, are...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Not applicable because authors do not discuss implications				
Overall Quality Rating ★★☆☆				