PROBLEMS IN THE EVALUATION OF DAY HOSPITALS

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The day hospital has been utilized as a means both to maintain and improve remission status of previously hospitalized patients and, more recently, as an alternative to inpatient treatment. Although uniformly encouraging, the reports of treatment success are ambiguous and complicated by the recency and diversity of the programs. Proposals to reduce confusion in the areas of identification of population, definition of treatment, treatment effects, and assessment procedures are discussed. The concept of therapeutic community with its emphasis on socialization processes makes symptom reduction alone an insufficient criterion of treatment success. More comprehensive measures of the permanency of remission and quality of social adjustment are advocated.

The evolution of social psychiatry (Bellak, 1964; Bierer, 1961; Bierer, 1962; Cumming & Cumming, 1962; Jones, 1962) and the development of effective psychopharmacology (Uhr & Miller, 1960) are among the most significant achievements of modern psychiatric treatment. These two innovations have forced professionals in the field of mental health to revise and alter their concepts of the treatment process. It has led to the recognition that the traditional custodial hospital, operating in isolation, is outmoded: an institution that in many ways fosters the very processes it is designed to alleviate. In such isolation, the development and intractability of chronicity as a malevolent process in its own right has become increasingly evident. It is the avoidance of this kind of treatment failure to which the social psychiatric approach is committed (Bellak, 1964; Stanton & Schwartz, 1954).

An outstanding utilization of social psychiatric principles is the day hospital or day center (Bierer, 1962). Here the patient receives treatment which does not require separation from his family, his friends, or his community. Rarely has any movement shown such explosive growth (Boag, 1959). In 1959 there were approximately 25 day hospitals in the United States. Four years later, this handful had grown to 150 with no indication that a plateau had been reached (Epps & Hanes, 1964). The enthusiasm of its advocates is infectious and understandably so. The awareness of, and the dissatisfaction with, the limitations of huge custodial hospitals makes us seek eagerly for alternatives. The congeniality of social psychiatry with its emphasis on individual worth and human dignity makes adherence to this philosophy comfortable and, as if to make the package irresistible, effective chemotherapeutic techniques are now available that allow us to utilize this philosophy with vast numbers of heretofore inaccessible patients.

But attractiveness of philosophy and enthusiastic advocacy do not necessarily make effective treatment. The history of psychiatry is one in which treatment innovations have been repeatedly received with wild acclaim and applied energetically to heterogeneous populations. It was not that these past innovations were valueless, but they were applied to all sorts of patients in a pragmatic—though haphazard—fashion. Subsequent research showed them to be restricted in applicability, limited in their efficacy, and confounded with unrecognized variables.

Similar circumstances confront us today in regard to day hospital programs. Programs have been established and are being established without precise knowledge as to their effectiveness or applicability (Katz, 1961). A search of the literature reveals the

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almost unanimous opinion that day hospitals are an effective alternative to hospitalization (Aron & Smith, 1953; Axel, 1959; Hyde, 1959; Kramer, 1962). Success has been reported with relapsed patients, children, the aged, psychoneurotics, psychotics, sociopaths—indeed, with almost every variety of psychiatric disturbance (Boag, 1959; Carse, Panton, & Watt, 1958; Craft, 1958; Kris, 1959; Kris, 1963; Smith & Gross, 1957). Yet the term "day hospital" subsumes a conglomeration of agencies and programs that sometimes have little more than the name in common. The treatment programs are as heterogeneous as the patients served. The organizational structures are dissimilar, ranging from autonomy to total integration within a larger unit. With such confusion and diversity, it is exceedingly difficult to draw valid conclusions regarding the merits of day hospitals.

Treatment results are reported simply as per cent improved with no reference to criteria of improvement. Success rates reported by one author cannot be compared with another, as neither the population, the treatment program, nor the methods of assessment are identified with adequate precision. Granting that the populations and treatments are equivalent, the problem would still arise as to what constitutes success. The broad and pervasive philosophy of social psychiatry does not permit the acceptance of "exposure to treatment" and subsequent return to the community as criteria for success. The quality of remission becomes of utmost importance here—as important as the speed with which it is attained. Lastly, we must concern ourselves with the permanence of remission. The recency of many programs makes this question one that cannot be fully answered yet.

The problems inherent in the evaluation of day hospital programs are not unique (Campbell, 1957). Similar problems have arisen in the evaluation of other treatment modalities, e.g., chemotherapy. The application of rigorous research designs and careful analyses of results have led to increased clarification of many issues relating to the efficacy of drugs (Herzog, 1959).

With similar methodology, we can examine, define, and evaluate the parameters of day hospital programs. Five general problem areas have been selected in the belief that their clarification would reduce ambiguity and lead to a more precise understanding of day hospital efficacy.

**Identification of Population**

The question "Who is being treated?" is a fundamental one, as any conclusions drawn from a study are limited specifically to the sample characteristics upon which treatment operations are performed (Barnard, 1961; Zwerling, 1962). The variety of patients served by day hospitals makes generalizations impossible, or at best, spurious (Fox, Rutter, & Smith, 1960; Harrington & Mayer-Gross, 1959). Successful treatment of one class of patients does not necessarily assure equivalent success with another group. Conversely, exclusion of certain types of illnesses (severe suicidal risks, sociopathy, alcoholism, senility) because they are presumed to be untreatable in a day hospital may unjustifiably restrict the population.

The characteristics of patients served by any day hospital are dependent upon its organizational structure and its therapeutic goals. For example, many day hospitals are organized as convalescent units to serve patients in varying stages of remission and with different prognostic outlooks. To describe such patients only in terms of their initial diagnosis rather than their current status can bias results by considering these patients to be sicker than they actually are and by disregarding the efficacy of previous treatment. When the purpose of the day hospital is to circumvent hospitalization, it is mandatory that the population be identified as one which indeed requires hospitalization. Should the day hospital be part of a general psychiatric hospital, the patients may have been admitted as "inpatients." This fact alone would seem sufficient to be taken as evidence that the patient is hospitalizable. However, it must be recognized that patients are sometimes admitted to hospitals for reasons other than severity of illness. Ad-