



Herrington Recovery Center

Treatment Outcomes

Program description: The Herrington Recovery Center is a 20-bed residential treatment program for adults age 18 and older diagnosed with alcoholism and other substance use disorders. The center provides comprehensive, multi-modal treatment with 24-hour-a-day supervision under the direction of a board-certified psychiatrist who specializes in addiction medicine. Treatment modalities are a mixture of individual, group process, experiential and family therapies, with dual diagnosis enhanced therapy incorporated when needed. Primary treatment goals are to establish abstinence, engage the individual and the family in plans for short- and long-term recovery, identify and manage co-occurring mental and general medical disorders, and establish a plan for ongoing care and chronic addiction disease management.

Do residents improve?

Treatment outcomes: Two well-established assessments were used, the Work and Social Adjustment Scale (WSAS) to measure functional impairment and the Quick Inventory of Depressive Symptomatology (QIDS) to measure symptoms of depression. Statistical analysis involved paired *t* tests for sample means (admission versus discharge); a $p < 0.05$ was considered statistically significant.

Population analyzed: Data are from 184 adults who were admitted to residential treatment during the last two years. Demographics show a population with an average age of 38 years (SD=14; range: 18-65 years), 63% males, 96% Caucasian, 39% married and 57% employed. The most common diagnosis was alcohol dependence (55%) followed by opioid dependence (33%); 63 of these patients were also diagnosed with depression. Average length of stay was 33 days (SD=11; range: 2-74 days) of residential treatment.

Changes from admission to discharge: The outcome results show that for the overall population functional impairment decreased from a WSAS score of 20.1, indicative of severe functional impairment at admission, to a score of 15.7, indicative of significant impairment at discharge. This is consistent with the fact that at the end of treatment most of the work and social skills have not yet been tested outside the residential environment. For those diagnosed with depression, symptoms decreased from a QIDS score of 17.7, indicative of severe depression at admission, to a score of 8.3 indicative of mild depression at discharge. These changes were both clinically and statistically significant. Statistics for these measures are presented in Figures 1 and 2.

Figure 1: WSAS Scores (n=184)

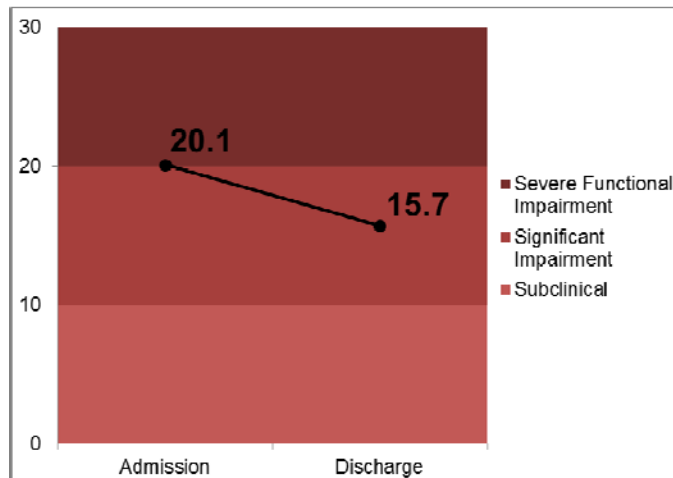
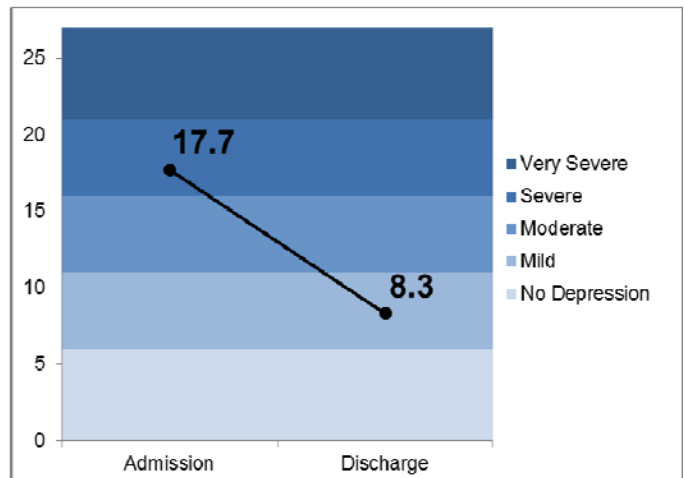


Figure 2: QIDS Scores (n=63)



Herrington Recovery Center Treatment Outcomes

Is their improvement sustainable?

Changes from admission to discharge and follow-up: A group of 71 adult residents completed the WSAS and 22 completed the QIDS an average of 13 months (400 days) after discharge from residential treatment. Statistics for each of these measures is presented in Figures 3 and 4. Analysis of variance was used to compare the mean scores obtained at admission, discharge and follow-up; a p value <0.05 was considered statistically significant. The follow-up results show that these residents continued to improve their work and social skills after the end of residential treatment as seen by WSAS scores which went from significant functional impairment at discharge (16.6) to become subclinical (9.8) at follow-up. Similarly, symptoms of depression decreased from severe (18) at admission to mild (8.6) at discharge and remained mild (7.8) at follow-up. These combined results show that residential treatment is an effective approach to treat substance use disorders and the improvements remain for more than one year after discharge.

Figure 3: WSAS Scores (n=71)

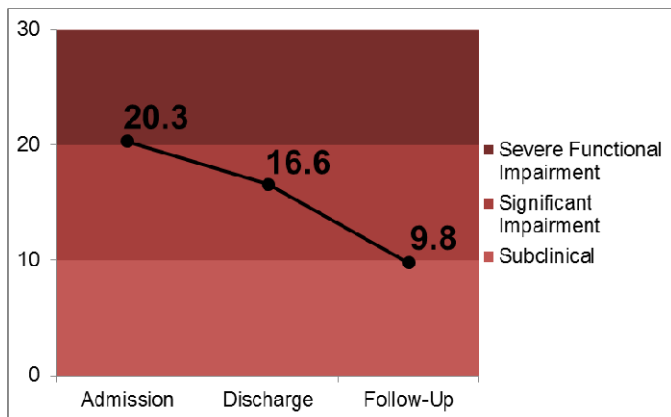
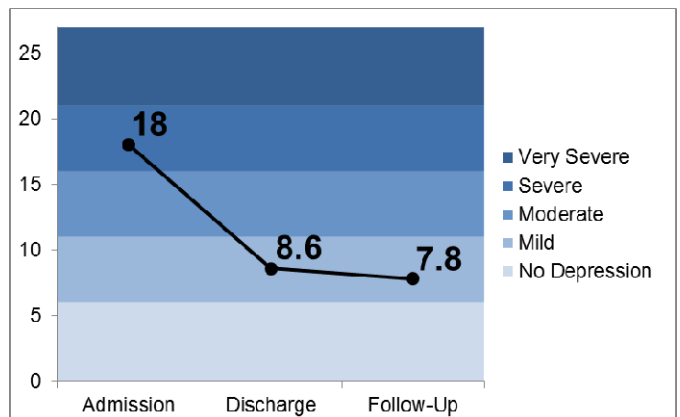


Figure 4: QIDS Scores (n=22)



Rogers Memorial Hospital is nationally known for its specialized residential treatment programs, part of a comprehensive continuum of behavioral health services for children, adolescents and adults with OCD and anxiety disorders, depression and other mood disorders, eating disorders and addiction. This outcome study was conducted under the direction of Pamela Bean, PhD, MBA, executive director of research. (Revised 05-30-14)

Rogers Memorial Hospital is a private not-for-profit hospital within the Rogers Behavioral Health System. It is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by the Joint Commission.