ROGERS MEMORIAL HOSPITAL
Life. Worth. Living.

Adolescent Center

Treatment Outcomes

Program description: The Adolescent Center is a 20-bed residential treatment program for males and females ages 12 to 18 with a broad range of behavioral health concerns. The center is housed within the Child and Adolescent Centers, which are the only programs in the country that offer intensive cognitive behavioral therapy services in a psychiatric residential setting for children and teens. The centers provide comprehensive, multi-modal treatment with 24-hour-a-day supervision under the direction of board-certified child and adolescent psychiatrists. Primary treatment goals are to alleviate symptoms and to develop skills and coping techniques to achieve an improved level of functioning after discharge.

Do residents improve?

Treatment outcomes: Two well-established assessments were used to measure symptom severity: the Children's Yale-Brown Obsessive Compulsive Scale self-report (CY-BOCS-SR) to measure the severity of obsessive-compulsive disorder (OCD) symptoms and the Beck Depression Inventory (BDI-II) to measure the severity of depression. Statistical analysis used paired *t* tests for sample means (admission versus discharge); a $p < 0.05$ was considered statistically significant.

Population analyzed: Data are from 511 adolescents admitted to residential treatment during the last eight years. Demographics show a population with an average age of 15 years (SD=1.3; range: 11-17 years), 44% males and 92% Caucasian. Most common primary admission diagnosis was OCD (47%), followed by major depressive disorder (14%). Average length of stay was 70 days (SD=35; range: 11-327 days) of residential treatment.

Changes from admission to discharge: The outcome results were analyzed separately for the two main primary diagnoses: OCD and major depression. The subgroup of adolescents (n=170) diagnosed with OCD show statistically and clinically significant changes in the CY-BOCS-SR scores which decreased from a score of 24.6, indicative of severe OCD symptoms at admission, to a score of 12.6, indicative of mild OCD symptoms at discharge. The subgroup diagnosed with major depression (n=66) also showed statistically and clinically significant changes from admission to discharge; BDI-II scores decreased from a score of 29.8, indicative of severe depression at the start of treatment, to a score of 10.1, indicative of mild depression at the end of residential treatment. Statistics for each of these measures are presented in Figures 1 and 2.

Figure 1: CY-BOCS Scores (n=170)

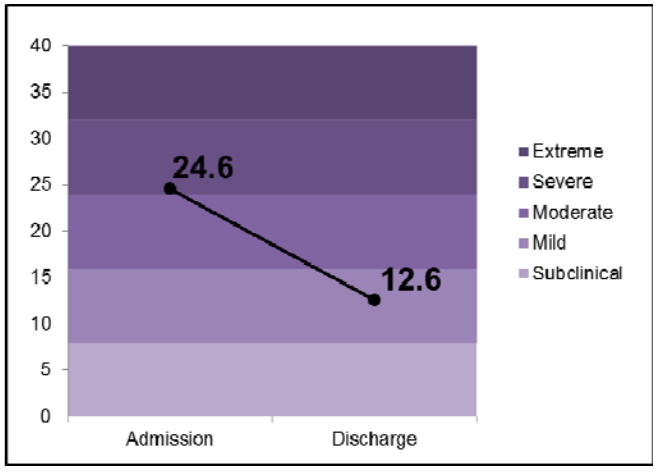
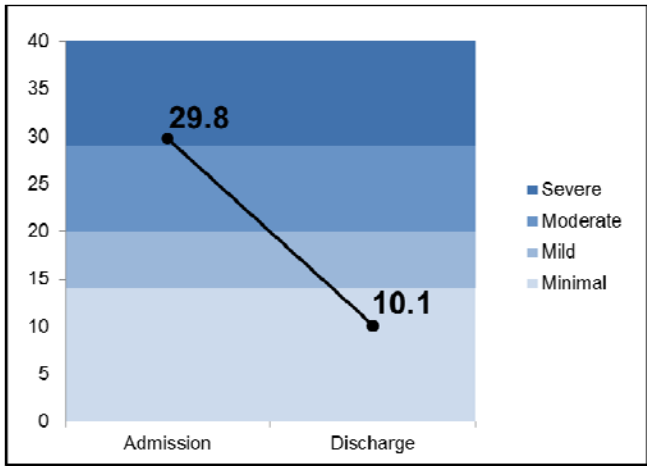


Figure 2: BDI-II Scores (n=66)



Is their improvement sustainable?

Changes from admission to discharge and follow-up: The follow-up results were analyzed separately for the two main primary diagnoses: OCD and major depression. Statistics for each of these measures are 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 <0.05 was considered statistically significant. Within those diagnosed with OCD, 72 residents completed the CY-BOCS-SR scores an average of 16 months (493 days) after discharge. The follow-up results show that OCD symptoms decreased from high moderate (22.6) to mild (11.2) and remained mild (11.6) at the 16 months follow-up. Within those diagnosed with depression, 27 residents completed the BDI-II an average of 15 months (443 days) after discharge. The follow-up results show that symptoms of depression changed from severe (29.9) to minimal (10.9) during treatment and a non-significant increase to the low mild range (14.3) at follow-up. These combined results show that residential treatment is an effective approach to treat adolescents with a variety of behavioral concerns and the improvements remain for at least 15 months after discharge.

Figure 3: CY-BOCS Scores (n=72)

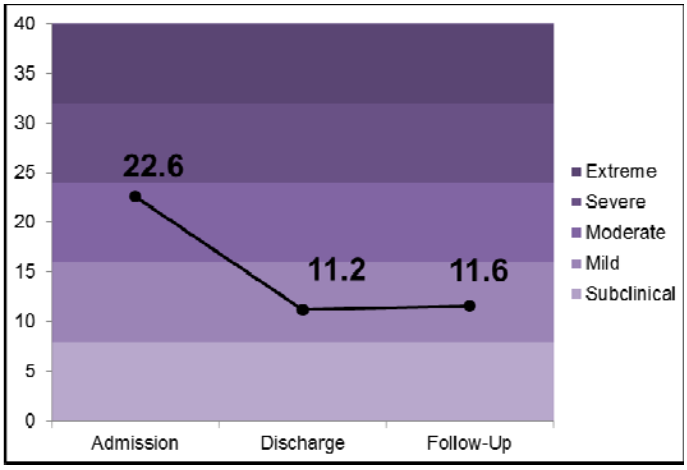
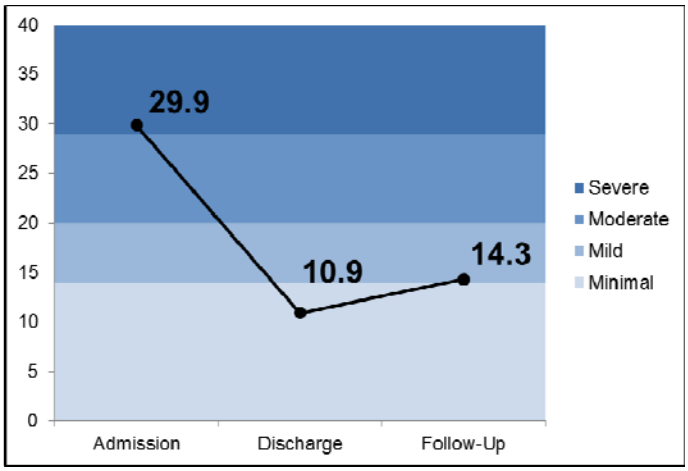


Figure 4: BDI-II Scores (n=27)



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.