

For Immediate Release:

InnerChange's New Haven Completes Its Second Major Outcome Study

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April 16, 2009

Spanish Fork, Utah

New Haven, an InnerChange program, announces the results of its second major outcome study in three years. Dr. Pamela McCollam, New Haven's Clinical Psychologist, and Dustin Tibbitts, LMFT, New Haven's Executive Director, designed the study's parameters.

Comprehensive outcome research includes quantitative evidence (hard data from psychometrically sound, internationally recognized tests), demographic information, qualitative evidence (surveys, written testimonials), and case study evidence (interviews). Used *in harmony*, these provide a much richer picture of what is going on in an organization.

Operating from that assumption, McCollam and Tibbitts determined in 2006 that New Haven would measure the following:

Predetermined Standards of Achievement

- School performance
- Family connectivity
- Reduction in symptoms
- Strength of the therapeutic relationship

Family's Qualitative Experience

- Alumni survey

Employee Satisfaction

Speed and Accuracy of Treatment

- Length of stay
- Success of treatment of students' presenting problems
- Success of treatment of parents' presenting problem

1. Standards of Achievement

School Performance

Sample size is 145, spanning 24 months.

*At discharge, 90% of students were on track for High School graduation
100% of students who graduated from New Haven's high school were
accepted into college
95% of (100 surveyed) students who attended New Haven went on to receive
a high school diploma*

Family Connectivity

By giving InnerChange's Family Interaction and Relationship Rating Scale (FIRRS) every eight weeks throughout treatment, and every three months after transition (up to 18 months after transition), New Haven evaluates critical elements of family functioning including communication, enmeshment, distance, time spent together and fighting every eight weeks. The sample size was 155 parents, 100 students, and spanned 24 months.

*After completing treatment, 89% of students scored their families in the
healthy range overall
Within one year of follow-up, 76% of students still scored their families in the
healthy range overall
After completing treatment, 88% of fathers and 79% of mothers scored their
families in the healthy range overall
At discharge, 79% of parents who finish treatment scored "fighting with my
daughter" in the healthy range, an improvement of 55% over the
admission score
At discharge, 79% of parents who finish treatment scored "communication
with my daughter" in the healthy range, an improvement of 59% over the
admission score
At discharge, 79% of mothers and 88% of fathers who finish treatment scored
their families as healthy. One year later (N=30), 77% of mothers and 68%
of fathers still scored their families as healthy*

Reduction in Symptoms

CDI

New Haven uses Maria Kovacs's well-respected Children Depression Inventory (CDI) (<http://www.pearsonassessments.com/depressioninvent.aspx>) to measure depression before and after treatment. The sample size is 263, and spans eight years.

*95% of discharging students scored in the healthy range
90% of the students whose admission CDI scores were in the clinical range
improved 15 points (one and a half standard deviations) or more between
admission and discharge*

Y-OQ and Y-OQ-SR

New Haven uses the internationally-recognized Youth Outcome Questionnaire (Y-OQ) (<https://www.oqmeasures.com>) to measure general mental and emotional health. Sample size includes parent ratings of 26 students, spread over 12 months. New Haven also use the Y-OQ-SR (Student Self-Report), of which we have a sample of 49 admission and 43 discharge reports.

*92% of parents scored their daughters as healthy at discharge
70% of discharging students scored themselves as healthy (an increase of
50% over admissions scores)
One year after treatment, 65% of parents still scored their daughters as
healthy*

BASIS-32

New Haven uses McLean Hospital's Behavior and Symptom Identification Scale (BASIS-32) (<http://www.basissurvey.org/basis32/>) to measure general health. Sample size is 206 since 2002, and is 54 for 2008 alone.

*92% of students who finished treatment in 2008 scored healthy on the
"relation to self and others" scale. 79% of those manifested clinically
significant change on the scale between admission and discharge
94% of students who finished treatment in 2008 scored healthy on the
"impulsive/addictive behavior" scale
84% of students from 2002-2008 who finished treatment scored in a healthy
range on the BASIS-32's average scale at discharge. 68% of those
manifested clinically significant change, from admission to discharge*

Therapeutic Relationship

New Haven uses the Institute for the Study of Therapeutic Change's (www.talkingcure.com) nationally-respected Session Rating Scale (SRS) to track the strength of the therapeutic relationship between student, parents, and therapist. Students score this every session (weekly). The sample size is 145, spanning 24 months.

*98% of students and parents rate their relationship with their New Haven
therapist as strong*

2. Family's Qualitative Experience

Measured by a 55-question survey of more than 100 alumni parents.

99% would recommend New Haven to another family seeking treatment

98% rate their overall experience at New Haven as "good" or "excellent"

96% rate New Haven's family involvement as "good" or "excellent"

95% rate New Haven's communication while in treatment as "good" or "excellent"

Only 6% of students who left New Haven went directly to another treatment center

88% of students never returned to inpatient treatment again

Parent ratings indicated that only 32% of students experienced high levels of anxiety or depression after New Haven, representing an improvement of 63% over pre-treatment scores

Parent ratings indicated only 29% of students struggled with friendships or romantic relationships after leaving New Haven, representing an improvement of 54% over pre-treatment scores

3. Employee Satisfaction

New Haven has collected quarterly surveys of staff for four years. The survey is modeled after Gallup's Q-12, a famous international survey of employee engagement, tested on more than 5.4 million people around the world <http://www.gallup.com/consulting/52/Employee-Engagement.aspx>. This sample size was 63, which represents one-third of those employed in 2008.

95% of employees would recommend NH to a friend for employment

97% of employees would recommend NH to a teenage girl in need

94% of employees feel that their Supervisor (or someone else at work) cares about them as a person

4. Speed and Accuracy of Treatment

The sample size for this section is 145, and spans 24 months.

Length of Stay

*The pure average length of stay for students in 2007 – 2008 was 9.8 months
If students finish the program successfully the average length of stay is 11.4
months*

Student's Presenting Problems

With the help of a therapist, we ask parents to identify three main problem areas in their daughters that parents wish to see improved by the end of treatment. Parents rate their daughters on a scale of 1 – 5 (5 is best) every eight weeks during treatment, then every 3 months after treatment (up to 18 months after treatment). We consider scores of 4 or higher "good". Sample size is 30 students, spanning 24 months.

*84% of parents scored their daughters as doing well on their primary
presenting problem*

*One year later, 74% of parents still scored their daughters as doing well on
the primary presenting problem*

Parents' Presenting Problem

With the help of a therapist, we ask students to identify one main problem area in each of the student's parents, which students wish to see improved by the end of treatment. Students rate their parents on a scale of 1 – 5 (5 is best) every eight weeks during treatment, then every 3 months after treatment (up to 18 months after treatment). We consider scores of 4 or higher "good". Sample size is 30 sets of parents, spanning 24 months.

*86% of students who finish treatment scored their mothers as doing well on
the primary presenting problem at discharge. One year later, 62% of
students still scored their mothers as doing well on the primary presenting
problem*

*85% of students who finish treatment scored their fathers as doing well on
the primary presenting problem at discharge. One year later, 46% of
students still scored their fathers as doing well on the primary presenting
problem*

InnerChange provides educational, treatment, and recovery programs for adolescent girls and young women experiencing emotional or behavioral difficulties. Each of our residential treatment and transitional living programs is clinically sophisticated and designed to facilitate whole-family healing. We are committed to restoring hope in the lives of those we serve. InnerChange programs include New Haven, Sunrise and Fulshear Ranch Academy.

To learn more about InnerChange and New Haven, please visit our websites at www.InnerChange.com and www.NewHavenRTC.com