



The Farmhouse

Teen DBT Residential Treatment Program





Find your why. Find your how. Find your way.





A unique residential, adolescent DBT treatment program in Southern California serves teens with mood and behavior dysregulation while teaching emotional regulation, self-compassion, adult living skills, and improved family communication.



Unique Customized Services

Full psychological assessment at admission and discharge for tracking treatment outcomes
Psychiatric services and Medication management
24-hour crisis intervention and DBT skills coaching
Increased independence in learning and applying skills as clients progress
Individual DBT therapy and DBT Skills Training Groups
DBT Family Therapy and Family Skills Training
Borderline Personality Disorder treatment track
Schooling: customized learning program to address academic vulnerabilities
Mindful organic gardening and basic cooking skills to build mastery, enhance adult living skills and help kids unplug from electronics
Mindful Self-Compassion (Making Friends with Yourself program) & addressing low self-esteem
Recreational therapies: yoga, hiking, personalized fitness plans
Faith-based integration as requested

Treatment Goals

Reduce emergency and life-threatening behaviors
Gain emotional stability and behavioral control
Improve psychiatric stabilization (medication management)
Increase motivation and commitment for treatment
Reduce behaviors that interfere with treatment progress
Improve the quality of family relationships and social support in the community
Gain behavioral skills to manage life problems:
<ul style="list-style-type: none">Increasing tolerance of distressing situations (Distress Tolerance Skills)Managing emotions (Emotion Regulation Skills)Improving one's own self-awareness (Mindfulness Skills)Developing more effective social interactions (Interpersonal Effectiveness Skills)

Residential Staff

Compass' Executive Director, is a DBT-Linehan Board of Certification™, Certified Clinician™, and a calibrated DBT Adherence Coder through the University of Washington, and has taught DBT at UCI School of Medicine since 2004.

Compass' Medical Director is Certified in Child & Adolescent Psychiatrist by the American Board of Psychiatry and Neurology. Additionally, Dr. Motakef is trained in Nutritional Psychiatry and Fitness and will be overseeing a holistic approach to treatment, including training of resident's "PLEASE skills".

Compass' Clinical Director received his DBT Intensive Training at Columbia University, and is a research clinician on the Compass-Duke University study examining the treatment of identity dysregulation among suicidal and self-harming teens.

Individual therapy will be overseen by Dialectical Behavioral Therapy - Linehan Board of Certification™, Certified Clinicians™ who are calibrated DBT Adherence Coders through the University of Washington.

Compass' Program Manager is a veteran psychiatric nurse of adolescent residential care, with a specialization in eating disorder treatment and managing the complex medical concerns associated with eating disorders.

All Guides (milieu counselors) have completed their bachelor's and are in a Compass DBT Comprehensive Training Externship for Pre-Masters & Masters Level Graduate Studies in clinical psychology or social work.

Compass is a Proud Practicum / Rotation Training Site in DBT for:

- Columbia School of Social Work
- California State University at Long Beach
- University of Massachusetts Global
- UCI Medical School Child & Adolescent Fellowship Rotation



Executive Director

Cherie Mills, LMFT #40443, DBT-Linehan Board of Certification™, Certified DBT Clinician™, and Executive Director Compass Behavioral Health, California's first DBT-Linehan Board of Certification™, Certified Program™. Cherie is a calibrated DBT Adherence Coder through the University of Washington and a core Didactics Lecturer on DBT at UCI Medical School since 2004.

Dr. Nicole Motakef, D.O., Medical License in California (License No. 20A16793), Board certified in General Psychiatry and Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology. Additionally, Dr. Motakef holds certifications in nutritional psychiatry and physical fitness.



Medical Director



Angel Amaro, LCSW, #107743, received his DBT intensive training while at Columbia University's School of Social Work's DBT Training Program and Lab, led by Dr. Andre Ivanoff, President of Behavioral Tech and Board-Chair of the Linehan Institute. Angel has co-authored published work on engagement interventions in youth as well as experiences of psychosis among transition-age youth. Angel is a study clinician in the Compass-Duke University Study, examining the treatment of identity dysregulation on suicidal and self-harming adolescents.

Clinical Director

Madison Cooper is a veteran psychiatric nurse of adolescent residential care, with a specialization in eating disorder treatment and managing the complex medical concerns associated with eating disorders. Madison is a Licensed Vocational Nurse (#710166), Certified Group Home Administrator with the Department of Social Services.



Program Manager



Assistant Program Manager

Savannah Neves received her Bachelors of Arts in Human Development with a minor in Psychology and Sociology from California State University, Long Beach. Savannah has extensive ABA training and has been comprehensively trained in DBT, CBT, and ACT through the Compass Research & Training Institute. Savannah has been instrumental as a research assistant in several child development studies and has co-authorship on published articles in the Journal of Applied Developmental Psychology and the Journal of Science Education. Savannah is currently a research assistant for the Compass - Loma Linda University study, integrating DBT and Attachment Based Family Therapy at a residential level of care. She has been a co-presenter of this developing model at the Yale-NEABPD Conference 2023.

Compass' Weekly Clinical Programming Includes

Robust Individual Therapy

- 3 hours of Individual Therapy provided by expertly trained clinicians competent in providing:
 - Dialectical Behavioral Therapy for big emotions with low emotion regulation skills
 - Cognitive Behavioral Therapy for problematic thoughts, beliefs, and habits
 - DBT-Prolonged Exposure for trauma
 - Acceptance & Commitment Therapy for gaining distance and perspective on problematic emotions and thoughts
 - Exposure-Response Prevention for OCD and anxiety-related conditions
 - Family-Based Therapy for Anorexia
- 1 hour psychiatric evaluation and medication management with a Board-Certified Child & Adolescent Psychiatrist
- 1 hour of Nutritional Counseling with a Registered Dietitian

Robust Family Treatment

- 3 hours of DBT Attachment Based Family Therapy
- 2 hours of DBT Multi-Family Group
- 1.5 hours of Parent Effectiveness Training & consultation to the Parent
- 1 hour of Attached Based Multi-Family Group Therapy
- 1 hour of family fitness

Evidenced-Based Groups

- 9 hours of DBT Skills Training
- 5 hours of Executive Functioning Coaching and SMART goals training
- 3.5 hours of Cognitive Behavioral Therapy
- 3.5 hours of sleep hygiene & anti-anxiety skills practice
- 2.5 hours of Mindfulness training and practice
- 1 hour of Mindful Self-Compassion
- 1 hour of Acceptance and Commitment Therapy
- 1 hour of Art Therapy, Psychodrama Therapy, Music Therapy, or Recreational Therapy

Whole-Child Wellness

- 10 hours of school with an assessment & remediation focus
- 7 hours of physical fitness including daily group fitness, yoga, and sports recreation
- 5 hours of Nutritional Therapy & Culinary Lab

*Adult living skills are woven throughout programming as residents are taught to cook, do their laundry, clean their rooms and bathrooms, and manage their personal hygiene daily.

Therapeutic Programing Offered

#Adulting (Chores) Group

Residents will engage in one, 90-minute experiential group on Sunday in which they learn how to do various household chores. In this group they will learn the specific cleaning methods for various parts of their dwelling (i.e., kitchen, bathroom) as well as maintenance and sanitation principles. Research maintains that engagement in chores is predictor of positive mental health outcomes (i.e., Campos et al., 2019; Rende, 2015).

Acceptance and Commitment Therapy Group

Once per week, residents will engage in a 60-minute ACT group. The ACT curriculum is graciously shared with our program from Yale New-Haven Hospital's Adolescent Intensive Outpatient Program. ACT is a third wave behavioral treatment with the goal of creating psychological flexibility in responses to cognitions and emotions so that people may live a more values consistent life. While this group is didactic in nature, it is taught with experiential exercises aimed to help residents absorb the fundamental principles of ACT by practicing acceptance as an alternative to avoidance, diffusion from difficult thoughts, target an overarching theme of their self-view, and engage in identity exploration and discovery consistent with their values. Research supports the use of ACT with adolescents (i.e., Halliburton & Cooper, 2015; Miller & Scherbarth, 2006).

Attachment-Focused Multi-Family Group

Attachment-Focused Multi-Family Group was designed to provide families with information on attachment theory and processes and to offer families the opportunity to identify how attachment processes present in their family dynamics and interactional cycles. Broadly, group lessons contain information on attachment theory, attachment ruptures, negative interaction cycles, corrective emotional experiences, parental dynamics and trauma, and attachment-focused parenting practices. In this group, residents and their caregivers meet once weekly for 1 hour (residents and caregivers meet during the first two sessions and caregivers only meet during the second two sessions), and the group structure mimics a classroom format. Each group includes a brief lesson followed by an experiential activity to support group members' generalization of the practices outlined in the lesson. The lessons and practices that comprise the Attachment-Focused Multi-Family Group curriculum were developed using and borrowing from previous research on attachment theory and interpersonal relationships in families (Johnson, 2004; Johnson, 2008; Diamond et al., 2014; Keiley, 2011).

Art Therapy

Residents will engage in a 60-minute art therapy group once a week. Art therapy has many positive therapeutic benefits as it allows clients a creative and tangible way to express and enrich their experiences. Research supports the use of art therapy with adolescents (i.e., Lyshak-Selzer et al., 2007).

Cognitive Behavior Therapy Group

Three times a week, residents engage in 60-minute CBT group. The CBT curriculum is the Unified Protocol for Adolescents and is graciously shared with our program from Children's Hospital Colorado Adolescent Partial Hospitalization Program. The Unified Protocol is a transdiagnostic approach with research supporting its use for the treatment of emotional disorders, such as anxiety, depression, PTSD, somatic symptoms disorders, OCD and many others (i.e., Ehrenreich-May et al., 2017). While this group is didactic in nature, it is taught with experiential exercises aimed to help residents counteract emotional avoidance, identify and modify thinking traps, and understand and implement the principles of exposure.

Community Group

Community group is an optional group residents may attend once per week for 30 minutes. In this group, residents have the opportunity to provide agenda items related to feedback regarding the program, staff supports and general concerns. In line with previous research and other DBT programs housed in milieu-based settings (i.e., Swenson, Witterholt, and Bohus, 2007), residents will be guided to solve such concerns with DBT skills.

Dialectical Behavior Therapy Skills Group

Three times per week, residents engage in a 90-minute DBT skills group. This group is structured like a class, in that it is didactic in nature, even though skill leaders do often teach in an experiential and engaging way. Owing to an average 30-day length of stay in our program, the curriculum for the DBT skills group does not include the full 24-week DBT skills curriculum that is typically delivered in outpatient therapy. Rather, there are 12 lessons taught that cover the Distress Tolerance and Emotion Regulation modules. The other modules of Mindfulness and Interpersonal Effectiveness are covered in other elements of the programming. Each resident gets focused time to review homework followed by presentation of new material each week. The purpose of the skills group is to learn and intentionally practice coping skills. The skills are then used to help residents address problems in other parts of the program. Research supports the use of DBT for Adolescents (i.e., McCauley et al., 2018; Miller, Rathus and Linehan, 2007).

Executive Functioning Coaching

Executive function is the ability to self-regulate thoughts and organize behavior. Challenges to executive functioning may appear in daily life as difficulty beginning tasks, initiating a task but not seeing it through, inability to follow a full set of directions, struggling to express ideas, etc. Five days a week, residents will participate in a 30-minute Executive Functioning group before completing schoolwork and/or therapy assignments. The group structure will include a brief lesson on an executive function strategy followed by skills practice to support residents as they transition to doing their work for the day. Since consistency is critical to executive function, the primary objective of the curriculum is for residents to learn success-promoting strategies they can apply outside of residential treatment. Research supports the use of executive function coaching with Adolescents (i.e., Staiano, Abraham, and Calvert, 2012).

Family Therapy

Research strongly supports the inclusion of families in adolescent treatment (Frey et al., 2022; Wittenborn et al., 2022), and as a result, residents and their caregivers attend family therapy sessions twice weekly for 90 minutes each session. Our family therapy approach marries key components of Dialectical Behavior Therapy (DBT) with families (Fruzzetti et al., 2007) and attachment-based therapies for adolescents (Foroughe, 2018; Kobak & Kerig, 2015). A recent article (Frey et al., 2022) suggests combining the best elements of these two evidence-based treatment approaches to create a holistic treatment model, and our family therapists, who have training in DBT and attachment-based therapies, unite these approaches as they help families address their negative interaction patterns, increase their awareness and communication of accurate expressions of primary emotions and validation, participate in new emotional experiences, and grow their developmentally-appropriate adolescent-parent attachments. Depending on the needs of the family, residents may or may not be included within family therapy sessions, and family therapy sessions may be facilitated virtually or in-person.

Horticulture Therapy

Residents will engage in horticulture therapy once a week for an hour. Horticulture therapy is the engagement in gardening and plant-based activities for therapeutic purposes. To this end, residents will engage in gardening activities as part of weekly programming. Research supports positive health outcomes for adolescents who engage in horticulture therapy (i.e., Park et al., 2016).

Individual Skills Coaching

Directly after individual therapy, residents will engage in individual skills coaching twice-weekly for 60-minutes. During individual skills coaching, residents work on requisite behavioral rehearsal of skills identified during individual therapy.

Individual Therapy

Residents will participate in individual therapy twice weekly for 60 minutes. Compass Behavioral Health is proud to hold the standard of all licensed therapists achieving certification in Dialectical Behavior Therapy (DBT) through the DBT Linehan Board of Certification™. Compass also has clinicians certified in Cognitive Behavioral Therapy (CBT) through the Academy of Cognitive and Behavioral Therapies. All therapists at Compass Behavioral Health are highly trained and skilled in several evidence-based therapies, including Acceptance and Commitment Therapy, CBT, DBT, Emotion Focused Therapy, Structural Family Therapy, and Behavior Therapy. Additionally, therapists are highly trained and skilled in the following evidence-based CBT modalities, protocols, and transdiagnostic approaches: Motivational Interviewing, Behavior Activation, CBT for Eating Disorders, CBT for Insomnia, Exposure and Response Prevention, Mastery of Anxiety and Panic for Adolescents, Prolonged Exposure, DBT Prolonged Exposure, Relaxation Training, and Mindful Self-Compassion.

Interpersonal Effectiveness Group

Residents will engage in an interpersonal effectiveness group once a week for 60-minutes. In this group, residents will participate in four lessons, two of which are from the DBT skills curriculum, and the other two are derived from the Unified Protocol and graciously shared with our program Children's Hospital Colorado Adolescent Partial Hospitalization Program. This group has a didactic component and is heavily experiential with communication practices each group. Residents will learn how to prioritize their objectives, self-respect and relationship goals, and effective communication strategies to achieve them. Research supports increasing communication skills for adolescents as way to yield positive mental health outcomes (i.e., Kim & White, 2018).

Mindful Cooking & Culinary Lab

Residents will be provided with 60-minutes of culinary instruction Monday through Friday. On Saturdays, two families will rotate as they receive a tailored culinary instruction. A primary part of our treatment is Nutritional Psychiatry which is taught at the beginning of culinary lab when teaching didactics on the ingredients and how they stabilize mood and improve focus. Culinary Lab then focuses on building mastery on the skill of cooking the adult living skill of cooking and on how to cook meals that are nutritional, delicious, and bode well for healthy neurotransmission function. Research supports the use of culinary instruction for improving mental health outcomes in adolescents (i.e., Marshall et al., 2016).

Mindfulness & Mindful Self-Compassion

Residents begin each day with 30 minutes of mindfulness and mindful self-compassion. This group consists of experiential exercises followed by a brief didactic on the particular practice. Following the practice, residents will set a goal for the day and at the end of the day, they review their goal in another mindfulness group. The mindfulness curriculum is derived from the mindfulness module in DBT skills and the mindful self-compassion curriculum is derived from The Self-Compassion Workbook for Teens (Bluth, 2017). Research supports the use of Mindfulness with adolescents (i.e., Black, 2015; Burke, 2010).

Multi-Family Dialectical Behavior Therapy Skills Group

One time per week, residents and their families engage in a 2.5-hour DBT Multifamily Skills Group. The first 30 minutes is pre group and is dedicated time for residents and their families to do homework and socialize and bond with one another. The remaining 2 hours are structured like a class, in that is it didactic in nature, even though skill leaders do often teach in an experiential and engaging way. Each member will get focused time to review homework followed by a presentation of new material each week. The curriculum consists of teaching the DBT Middle Path skills modules which includes behavioral modification, dialectics, and validation. Dialectics helps families merge various perspectives and become less extreme in their thinking as they generate balance and work toward syntheses. A primary dialectical dilemma is balancing the need to change with the need to accept. This is accomplished as families learn behavioral modification skills and validation. The curriculum also contains a lesson on "dirty fighting" that occurs in families, and strategies to reduce these behaviors and increase more effective communication. Research supports to use of DBT Multifamily Skills Group (i.e., McCauley et al., 2018; Miller, Rathus and Linehan, 2007) and research also supports the use of teaching "dirty fighting" in reducing family conflict (i.e., Edmund, 2010).



Residential Treatment Center Schedule

Parent Effectiveness Training

Once a week, caregivers of residents will attend a 90-minute parent effectiveness group once a week. The curriculum for this group is based two sources: 1. DBT-based parent intervention developed in a research trial at Stanford University (Berk et al., 2021), and 2. A "Parenting Teens with Strong Emotions" group at Seattle Children's Hospital graciously shared with us by Dr. Kyrill Gurtovenko. In this group, parents will receive training in validation, increasing positive time with their teens, crisis management, and contingency management). This group has both strong didactic and experiential components. During the week, caregivers are asked to watch each lesson that is prerecorded during the week prior to the group. During the group, caregivers will have focused time to both practice the steps of each lesson with behavioral rehearsal as well as discuss barriers they encounter to implementing the skill. Research supports the use of Parent Effectiveness Training to yield positive outcomes (i.e., Berk et al., 2021).

Physical Fitness & Yoga

Residents will engage in 60-minutes of physical fitness Monday through Friday and will participate in a 60-minute yoga class on Sunday. The RTC is equip with a state-of-the-art cross fit gym and spacious lawn for these activities. Residents will have access to a physical fitness trainer and trauma informed yoga instructor. Research shows that engagement in physical activity (e.g., exercise, yoga) yields positive mental health outcomes (i.e., Biddle & Asare, 2011; Khalsa et al., 2012).

Sleep Hygiene Group

Residents will participate nightly in a sleep hygiene group that is has a brief didactic component and is chiefly experiential in nature. The curriculum for this group is derived from Children's Hospital Colorado Adolescent Partial Hospitalization Program CBT group and the CBT for Insomnia protocol. Residents will learn the fundamental components of sleep hygiene and will engage in behavioral rehearsal of sleep hygiene interventions such as progressive muscle relaxation and self-soothing, and cognitive based strategies for rumination. Research supports the use of sleep hygiene practices yielding positive outcomes for adolescents (i.e., Malone, 2011; Peach et al., 2016).



Residential Treatment Center Schedule

Weekdays

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 AM	Wake-up & Hygiene	Wake-up & Hygiene	Wake-up & Hygiene	Wake-up & Hygiene	Wake-up & Hygiene
7:30 AM	Room Clean-up & Free Time	Room Clean-up & Free Time	Room Clean-up & Free Time	Room Clean-up & Free Time	Room Clean-up & Free Time
8:00 AM	Breakfast (Med Pass)	Breakfast (Med Pass)	Breakfast (Med Pass)	Breakfast (Med Pass)	Breakfast (Med Pass)
9:00 AM	Mindfulness	Mindfulness	Mindfulness	Mindfulness	Mindfulness
9:30 AM	Executive Functioning Group	Executive Functioning Group	Executive Functioning Group	Executive Functioning Group	Executive Functioning Group
10:00 AM	School (AM Snack)	School (AM Snack)	School (AM Snack)	School (AM Snack)	School (AM Snack)
12:00 PM	Lunch (Med Pass)	Lunch (Med Pass)	Lunch (Med Pass)	Lunch (Med Pass)	Lunch (Med Pass)
12:45 PM	DBT Skills Group	Individual Therapy	DBT Skills Group	Individual Therapy	DBT Skills Group
2:15 PM	Break		Break		Break
2:30 PM	Transform Your Mind CBT Group ¹	Individual DBT Skills Coaching	Transform Your Mind CBT Group ¹	Individual DBT Skills Coaching	Transform Your Mind CBT Group ¹
3:30 PM	Snack	Snack	Snack	Snack	Snack
3:45 PM	Prep for Fitness	Prep for Fitness	Prep for Fitness	Prep for Fitness	Prep for Fitness
4:00 PM	Physical Fitness	Physical Fitness	Physical Fitness	Physical Fitness	Physical Fitness
5:00 PM	Culinary Lab & Mindful Cooking	Culinary Lab & Mindful Cooking	Culinary Lab & Mindful Cooking	Culinary Lab & Mindful Cooking	Culinary Lab & Mindful Cooking
6:00 PM	Dinner (Mindful Daily Reflection)	Dinner (Mindful Daily Reflection)	Dinner (Mindful Daily Reflection)	Dinner (Mindful Daily Reflection)	Dinner (Mindful Daily Reflection)
6:30 PM	After Dinner Chores	After Dinner Chores	After Dinner Chores	After Dinner Chores	After Dinner Chores
7:00 PM	Journaling/HW/Diary Card	Journaling/HW/Diary Card	Journaling/HW/Diary Card	Journaling/HW/Diary Card	Journaling/HW/Diary Card
7:45 PM	Free Time (Med Pass)	Free Time (Med Pass)	Free Time (Med Pass)	Free Time (Med Pass)	Free Time (Med Pass)
8:45 PM	PM Snack	PM Snack	PM Snack	PM Snack	PM Snack
9:00 PM	Hygiene & Free Time	Hygiene & Free Time	Hygiene & Free Time	Hygiene & Free Time	Hygiene & Free Time
9:30 PM	PMR & Sleep Hygiene Group ¹	PMR & Sleep Hygiene Group ¹	PMR & Sleep Hygiene Group ¹	PMR & Sleep Hygiene Group ¹	PMR & Sleep Hygiene Group ¹
10:00 PM	Sleep	Sleep	Sleep	Sleep	Sleep

¹Based in part on Children's Hospital Colorado Partial Hospitalization Program for Teens & Unified Protocol for Adolescents



Residential Treatment Center Schedule

Weekends

Time	Saturday - Family Day	Time	Sunday
8:00 AM	Wake-up & Hygiene	8:00 AM	Wake-up & Hygiene
8:30 AM	Breakfast (Med Pass)	8:30 AM	Breakfast (Med Pass)
9:00 AM	Mindfulness Self Compassion ²	9:00 AM	Mindfulness Self Compassion ²
9:30 AM	Pre-Group/Socialize	9:30 AM	Act Group ³
10:00 AM	Multi-Family DBT Skills Training Group (AM Snack)	10:30 AM	Break (AM Snack)
		10:45 AM	Horticulture Therapy
12:00 PM	Lunch (Med Pass)	12:00 PM	Lunch (Med Pass)
1:00 PM	Art Therapy (Residents) Parent Effectiveness Training (Parents)	1:00 PM	Community Group
		1:30 PM	#Adulting (Chores)
2:30 PM	Snack	2:30 PM	Snack & Free Time
3:00 PM	Attachment Based Family Group	3:00 PM	Wise Mind Practices
4:00 PM	Family Fitness	4:00 PM	Yoga
5:00 PM	Brain Balance: Nutrition Ed	5:00 PM	Interpersonal Effectiveness Group ¹
5:30 PM	Dinner / Family Time		
		6:30 PM	Dinner
7:00 PM	After Dinner Chores	7:00 PM	After Dinner Chores
7:15 PM	Movie Night	7:15 PM	Movie Night/Community Outing
8:45 PM	PM Snack	8:45 PM	PM Snack
9:00 PM	Hygiene & Free Time	9:00 PM	Hygiene & Free Time
9:30 PM	PMR & Sleep Hygiene Group ¹	9:30 PM	PMR & Sleep Hygiene Group ¹
10:00 PM	Sleep	10:00 PM	Sleep

¹Based in part on Children's Hospital Colorado Partial Hospitalization Program for Teens & Unified Protocol for Adolescents

²Based in part on The Self-Compassion Workbook for Teens by Karen Bluth, Ph.D.

³Based in part on Yale New Haven Hospital's Adolescent Intensive Outpatient Program

Family Therapy Time Slot 1: Tues 5:00pm - 6:30pm & Fri 5:00pm - 6:30pm

Family Therapy Time Slot 2: Wed 5:00pm - 6:30pm & Saturday 8:30pm - 10:00am

Family Therapy Time Slot 3: Thu 5:00pm - 6:30pm & Saturday 2:30pm - 4:00pm

Phone Time Slot 1: 7:00pm - 7:15pm

Phone Time Slot 2: 7:15pm - 7:30pm

Phone Time Slot 3: 7:30pm - 7:45pm

Phone Time Slot 4: 8:00pm - 8:15pm

Phone Time Slot 5: 8:15pm - 8:30pm

Phone Time Slot 6: 8:30pm - 8:45pm



Treatment Outcomes

What the evidence tells us.

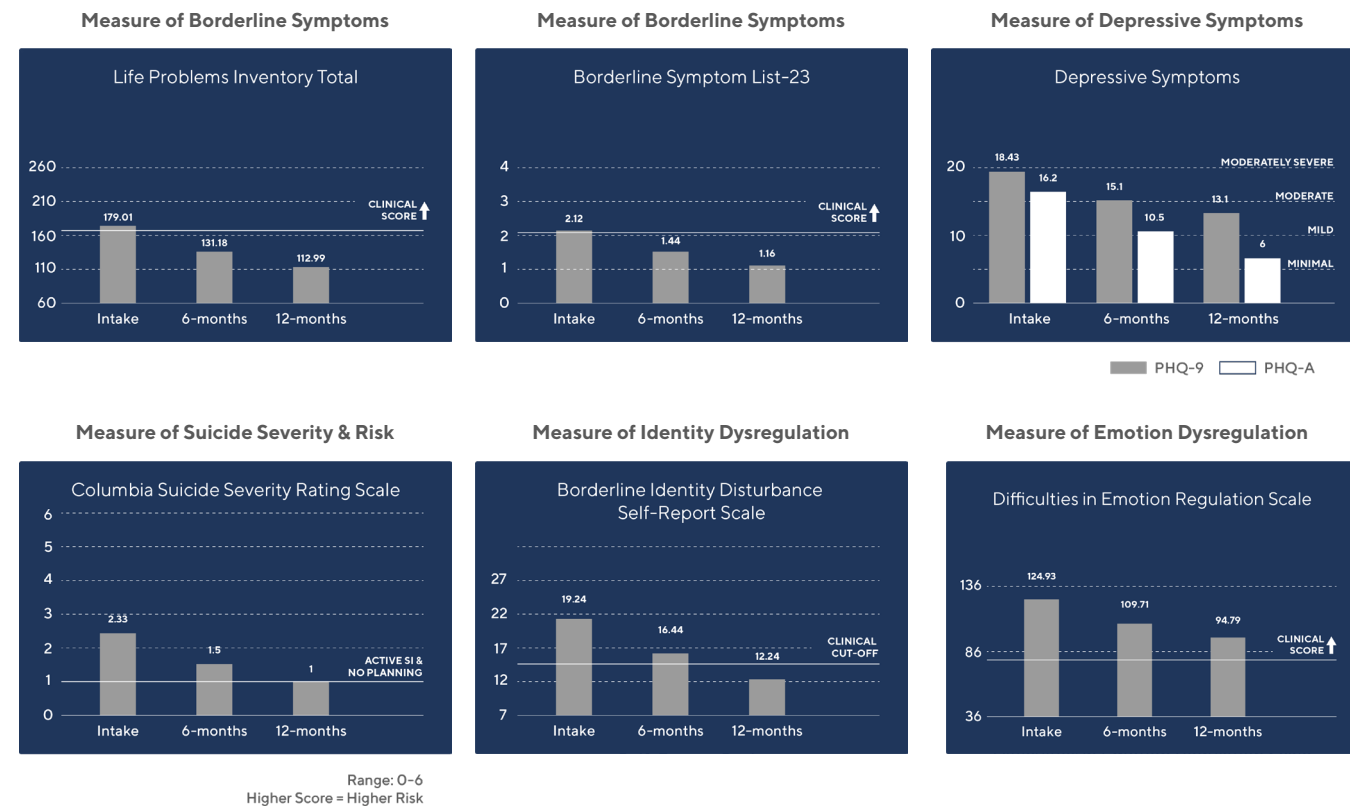


The Evidence is Clear: Compass Works!

From our patients' first day at Compass to the 6-month mark in their treatment journey, the results show marked reduction across the board in depressive symptoms, suicide severity/risk, emotion dysregulation, identity dysregulation, and borderline symptoms.

Our patients continue to make progress in every single one of these areas 6-12 months into treatment. In many areas, average scores approach or fall below the non-clinical range, where we would consider a patient's symptoms as being "normal" and not in need of treatment.

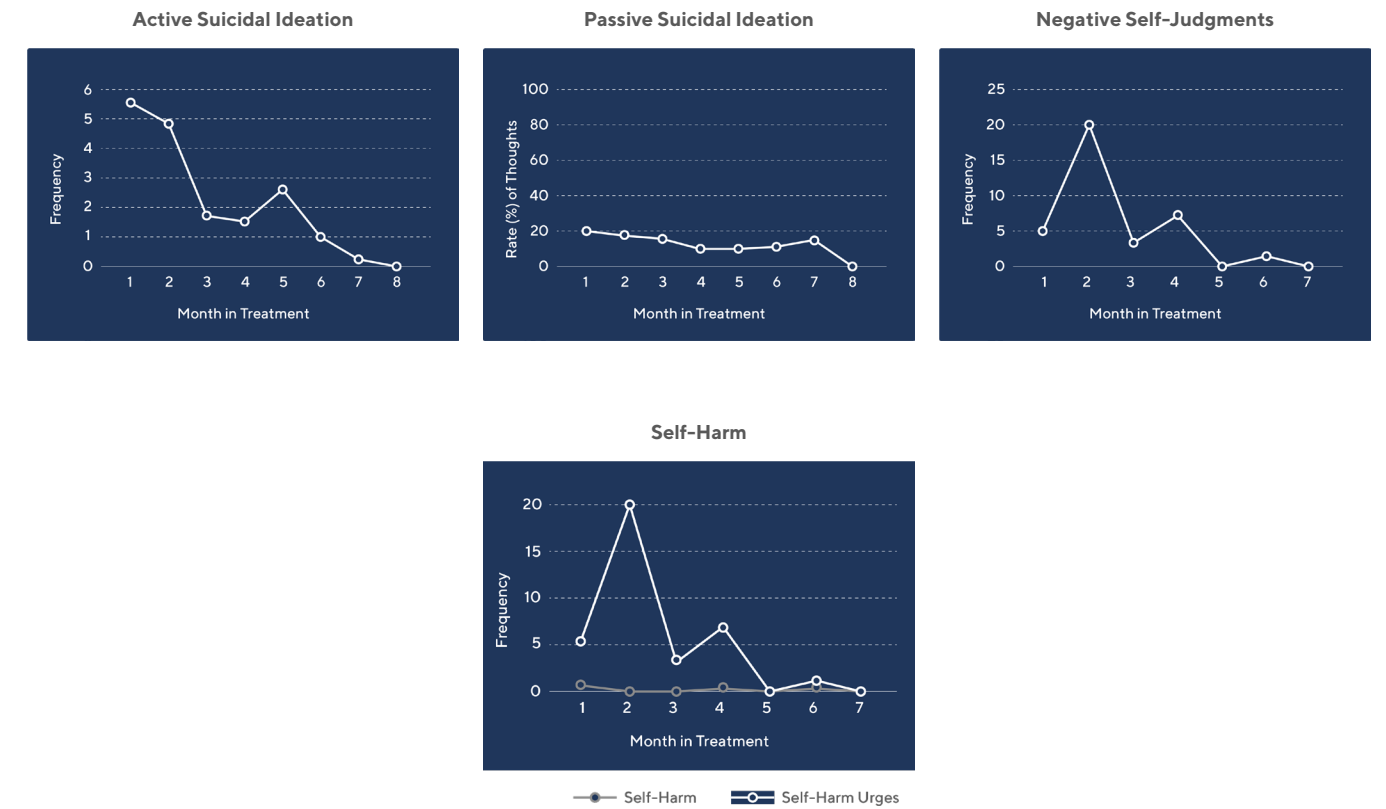
Empirical Evidence of Effective Treatment at Compass: Data Collected 2016-2019



Summary & Conclusions: All measures graphed above are standardized, validated, commonly used assessments that are administered to our patients at intake and every 6 months after throughout the course of treatment. This is one of our main ways of assessing severity of symptoms across a variety of areas and of tracking treatment outcomes to ensure that treatment is working. The graphs show treatment outcomes at intake, 6, and 12 months into treatment for all people who have consented to be part of our research study (approved by the Duke University Institutional Review Board).

The results show marked reduction across the board in depressive symptoms, suicide severity/risk, emotion dysregulation, identity dysregulation, and borderline symptoms from intake to 6 months into treatment. The results also show that our patients continue to make progress in all of these areas from 6 to 12 months into treatment. Moreover, these are not just numbers; as treatment progresses scores are approaching (and in several areas dipping below) clinical "norms," meaning that symptoms are nearing a non-clinical range. This evidence directly from our clinic provides evidence that DBT at Compass does work!

Primary Treatment Target: Data Collected From Diary Cards



Summary & Conclusions: Our new medical record system allows us to track precise data from session to session. Results show that our kids have significant reduction of life-threatening behaviors over the course of the first 7-8 months of treatment. The biggest treatment gains were made within the first 6 months, and these gains were maintained over the next few months while other targets became the focus of treatment.

Other Noteworthy Conclusions from our Clinic: Drastic reduction in suicide behaviors (e.g., planning, accessing means, writing suicide notes, suicide attempts) across patients:

- 0-10 range reported at time of intake
- <10% of patients reported suicide behaviors during first 12 months of treatment

Kids achieve better treatment outcomes if their family participates in Multifamily Group:

- Significantly lower borderline symptoms
- Significantly lower identity dysregulation
- Family therapy enhances treatment outcomes
- Lower identity dysregulation & depression
- Skills coaching makes a difference!
- Lower identity dysregulation, lower borderline symptoms, & depression

Note: Data analyzed from patients who consented to be part of our study. At this time, our sample size is too small to make broad generalizations and to test for significant differences in some cases. We plan to continue tracking data over time to determine if these trends prevail.

