

EXECUTIVE SUMMARY

This publication reports the results of a follow-up assessment of treatment outcomes for adolescent clients who received treatment in seven participating Outdoor Behavioral Healthcare (OBH) programs that averaged 45-days in length from May 1, 2000 to December 1, 2000. Adolescent client well-being was evaluated utilizing the Youth Outcome Questionnaire (Y-OQ) (Burlingame, Wells, & Lambert, 1995). The initial assessment of treatment outcomes reported in Technical Report 27 (Russell, 2001) showed that clients had made significant improvement from treatment to discharge as measured by the Y-OQ. High Y-OQ scores (i.e. greater than 85) indicate severe problems in adolescent's lives, and low scores indicate a normal range of functioning (i.e. 46 or lower). Client self-report mean Y-OQ scores were 70.67 at admission and 47.55 at discharge, indicating an average score reduction of more than 20 points. Parent assessment Y-OQ mean scores were 101.19 at admission and 48.55 at discharge, indicating an average reduction of 52.64. Discharge scores for both client self report and parent assessment were close to the normal range of symptoms (46 or below) as established by Burlingame et al. (1995b) in their sample tests of normal populations.

An important question asked in the conclusion of this report was: **To what degree will clients maintain outcomes realized from OBH treatment at follow-up periods?** This question is especially important given the lack of longitudinal outcome studies found in the literature and the uncertainty surrounding the degree to which clients can apply the skills and lessons learned in OBH treatment to their daily lives (Russell, 2001). The results indicated that at the 3- and 6-month follow-up periods, outcomes were maintained as indicated by client self-report scores that did not significantly differ from previous assessments; parent assessments indicated higher Y-OQ scores at 3-month (4 points) and 6-month (8-points) follow-up periods when compared to discharge scores, suggesting a deterioration of outcomes (score differences were not statistically significant). It was assumed based on supporting literature and statistically significant score differences between full and incomplete data sets that these samples could be biased in the direction of more favorable outcomes. This led to a random sample of clients to be contacted at the 12-month follow-up period to gain a more representative and unbiased sample.

For the randomly sampled data set at 12-months (scores at admission, discharge, and 12-months), clients self reported outcomes that averaged 8 points under the cut-score of 46 (38.61), demonstrating that those clients had maintained outcomes from treatment, and had actually continued to improve up to one-year after completion of treatment. Parent scores were almost 10 points higher than client self-reports at 48.67, but were also close to the cut-score of 46 points. These findings suggest that clients were doing well emotionally and behaviorally at the 12-month follow-up period.

No statistical differences were found in average scores at admission, discharge, and 12-month follow-up when comparing clients who utilized aftercare services with those who returned home. Clients self-reported significant improvement in the behavioral dysfunction content area of the Y-OQ, suggesting improvement in organizing tasks, completing assignments in school, and learning how to handle frustration in appropriate ways. Both parents and clients also noted a deterioration in the interpersonal relations content area of the Y-OQ, despite a reported significant improvement in this area found at discharge from treatment. This assesses clients relationship with parents, and other adults, as well as interaction with friends, aggressiveness, arguing and defiance. These results suggest that OBH treatment can be effective at addressing presenting behavioral problems, but may need to further identify ways to help clients maintain recently developed interpersonal skills that are continually tested in post treatment environments.

To be cited as: Russell, K. C. (2002) A longitudinal assessment of outcomes in outdoor behavioral healthcare. Technical Report 28, Idaho Forest, Wildlife and Range Experiment Station, Moscow, ID. 45 pp.