embark
CREATE JOY. HEAL GENERATIONS.

MEASURING LASTING CHANGE:

The Embark Behavioral Health Annual Outcomes Report

2022 Edition

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Letter From the Embark Chief Clinical Officer

Embark Behavioral Health was founded upon an evidence-based treatment approach, called the Embark treatment approach, that informs how we generate therapeutic change through emotional, behavioral, physiological, and relational healing. We regularly collect and assess client outcomes through validated measurement tools and surveys. This is essential for informing best therapeutic practice during treatment and providing evidence for how effectively we are reducing teen and young adult anxiety, depression, and suicide.

Embark's commitment to proven, long-lasting therapeutic healing is the reason we have dedicated time and resources to creating our annual outcomes report. Enjoy!

Rob Gent, Ph.D., LPC, Embark Behavioral Health Chief Clinical Officer

Rob Gent

Tackling the Youth Mental Health Crisis

Embark Behavioral Health is a leading network of outpatient centers and residential programs offering premier mental health treatment for preteens, teens, and young adults. Our nationwide programs are part of a robust continuum of care that provides a range of services built from over 25 years of specialization in serving youths. Embark's big hairy audacious goal is to lead the way in driving teen and young adult anxiety, depression, and suicide from the all-time highs of today to all-time lows by 2028.

Adolescence is a time of transitions, opportunities, and exponential growth. From ages 10-25, we experience physical and environmental changes, and at times, the world responds in a way for which we're not ready. Some of us struggle to deal with those changes and the corresponding challenges. These difficulties can lead to family distress, anxiety, depression, and poor coping strategies.

Mental Health and Adolescence: A Closer Look

Mental illness often begins during adolescence, and for children and adolescents, depression and anxiety have been estimated at 25% and 20%, respectively[1,2]. Also of note:

- The COVID-19 pandemic continues to exacerbate mental health issues like anxiety, depression, and thoughts of suicide. From 2019 to 2020, adolescent psychiatric emergency department visits increased by 31%[3].
- In October 2021, the American Academy of Pediatrics declared a national state of emergency in children's mental health[4].

The numbers are of significant concern. The need for high-quality, outcomes-driven treatment has never been greater. This is why Embark exists.

Creating and Measuring Lasting Change

At Embark, our goal is to create lasting change, so we use outcomes surveys, also called outcomes measures, to better understand a client's level of distress and functioning throughout the treatment process and beyond. We use outcomes to personalize treatment for each client and family so we can best address their needs. Information obtained throughout their time with Embark informs how we care for clients moving forward.

Embark is one of the few behavioral health companies to collect outcomes data for up to two years after treatment, informing clinicians and families of the lasting impact of our services.

This report provides a detailed description of how and why we use outcomes, a summary of our results, and our future research directions.

Data-Informed, Outcomes-Driven Treatment

Embark uses outcomes surveys to collect data in a process called feedback-informed treatment (FIT). FIT, an evidence-based approach to behavioral health[5], relies on objective measurement to assess client perception of the therapeutic relationship, assess client and family growth, and provide data to **drive treatment planning in real time**. Data are also aggregated to track program effectiveness across our client population.

Data Collection and Methods

Our data collection approach follows an administration protocol using validated measurement tools and surveys.

Embark data-collection methodology: We chose our outcomes measurement tools and surveys based on their empirical reliability, validity, and brevity. Several tools reflect internationally validated outcomes measures as well. Tools and surveys used are age appropriate. Table 1 provides a summary.

Note: This report contains results from Embark's key clinical outcomes surveys. Information about more surveys not mentioned in this report are online. Visit the Embark outcomes webpage at embarkbh.com/outcomes.

Table 1: Measurement Tools and Surveys Administered During Treatment

	WHAT IT MEASURES
Youth Outcome Questionnaire (Y-OQ)/Outcome Questionnaire (OQ)	Behavioral functioning and distress
Youth Outcome Questionnaire, Therapeutic Alliance (Y-OQ TA)	Client and parent therapeutic relationship
Youth Outcome Questionnaire 2.01 (Y-OQ 2.01)	Parent perception of child's behavioral functioning and distress
Patient Health Questionnaire-9 (PHQ-9)	Depression severity and suicidality
Generalized Anxiety Disorder-7 (GAD-7)	Anxiety severity
World Health Organization Wellbeing Index (WHO-5)	Well-being
Family Assessment Device, General Functioning (FAD-GF)	Family distress

Survey schedule: Using secure web links, clients and their caregivers complete measurement tools and surveys at admission, twice a month during treatment, at discharge, and up to two years post-discharge.

For a summary of how often we administer tools and surveys, see Table 2.

Table 2: Embark Outcomes Data Collection Schedule

	ADMINISTRATION FREQUENCY
Upon admission	Once at admission
During treatment	Twice a month, repeating until discharge
At discharge	Once at discharge
Post-discharge	At 90, 180, 365, 540, and 720 days post-discharge

Client Profile

The 1,908 clients admitted to Embark in 2022 ranged in age from 10-26. The mean (average) age was 16.1, and the standard deviation was 2.93. Table 3 summarizes gender identities and age distributions for clients included in this outcomes analysis.

Table 3: Client Demographics

Female	65%	
Male	28%	
Transgender	4%	
Nonbinary	3%	

10-14	32%
15-19	63%
20-26	5%

Note: Four of Embark's largest programs serve clients who identify as female, nonbinary, and transgender.

Presenting Problems

During the first therapy session, a client, their parents, and their therapist identify up to three problems that most interfere with the client's mental health. Embark refers to these as master treatment plan (MTP) problems. They can include diagnoses, but often don't. Sometimes, diagnoses are seen as symptoms of these core problem areas. At Embark, we want to treat the root cause of the issues, not just the symptoms.

In 2022, the most frequent primary MTP problem was depression, followed by anxiety. Other common MTP problems included dysregulated (poorly regulated) mood, trauma, and relational distress.

A visual display of the top 25 most common client MTP problems is below.

Everyone has a different mental health journey. Because of this, MTP problems can and do vary greatly between individuals.

Results

The following results are derived from over 3,000 clients and families served in 2022 — 1,908 of whom were admitted in 2022. Results are organized by measure and level of care: long-term residential, short-term residential, and outpatient clinic programs. Outpatient care includes therapeutic day treatment programs (also known as partial hospitalization programs, or PHPs) and intensive outpatient programs (IOPs).

The recommended length of stay for each level of care is:

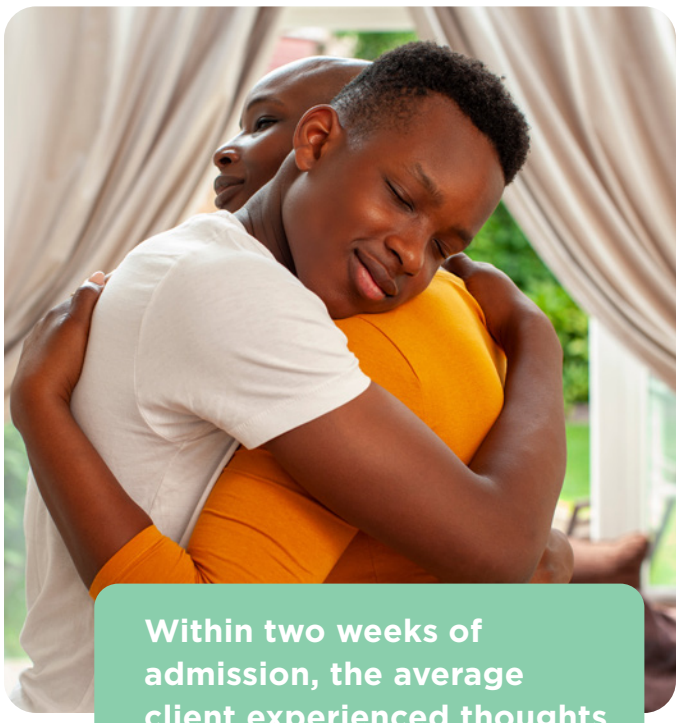
Long-term residential
10 to 14 months

Short-term residential
Two to four months

Partial hospitalization program
Nine weeks

Intensive outpatient program
15 weeks

For the results data that follows, we determined average percentage change based on reports from clients and families who completed questionnaires upon admission and at discharge or upon admission, at discharge, and post-discharge.



Within two weeks of admission, the average client experienced thoughts of suicide. At discharge, the average client reported no thoughts of suicide.

Suicide Risk

Upon admission in 2022, 52% of clients reported some thoughts or feelings of suicide. Suicidal thoughts and behaviors were measured through a score greater than 0 on item No. 9 of the Patient Health Questionnaire-9 (PHQ-9). Clients were asked to report how often, over the past two weeks, they had thoughts they'd be better off dead or of hurting themselves. Answer options included:

- Not at all.
- Several days.
- More than half the days.
- Nearly every day.

Any response other than "Not at all" indicates suicidality.

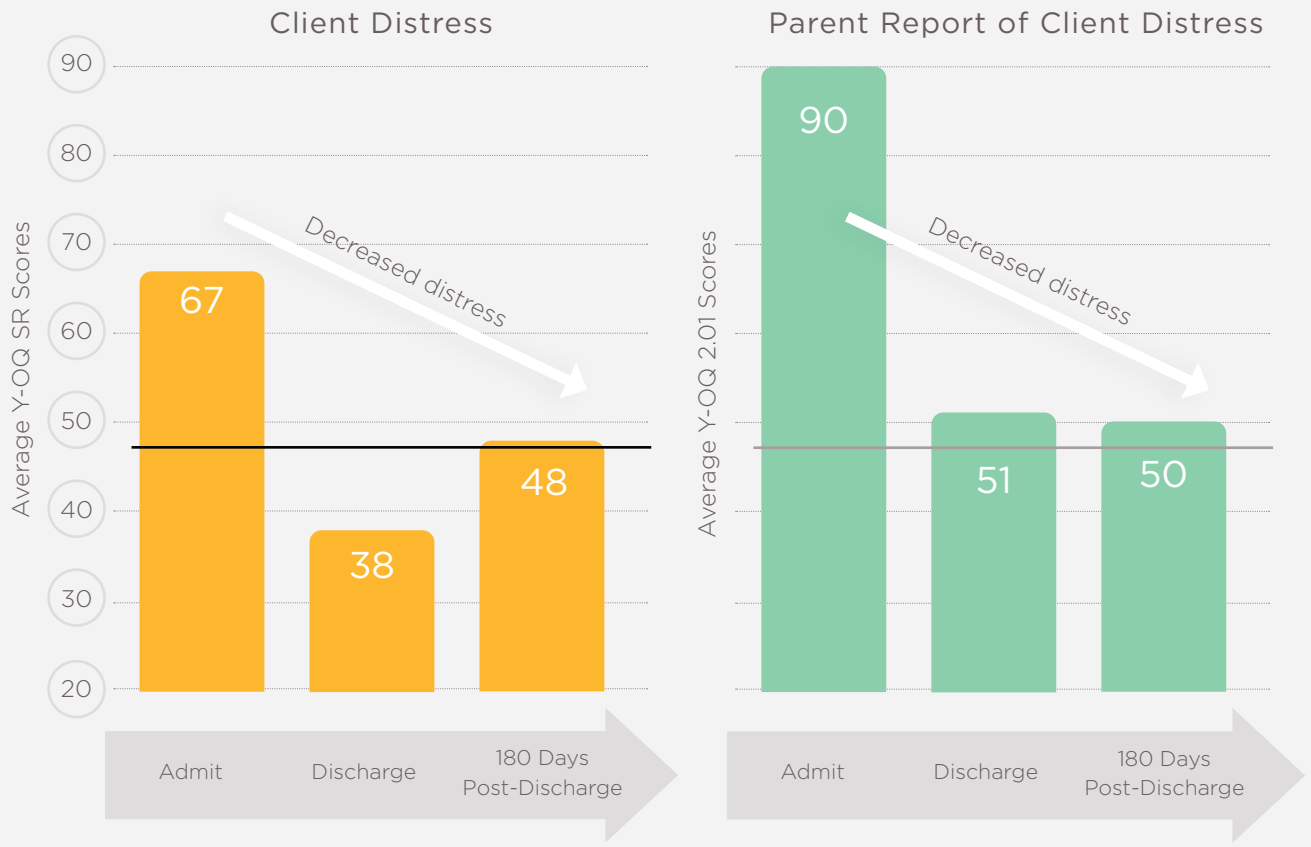
Long-Term Residential Programs

Clients receiving care at an Embark long-term residential program reported a 19-point average reduction in distress from admit through 180 days post-discharge, indicating a statistically significant level of improvement, according to the reliable change index (RCI). The RCI is the amount of point improvement required for the change to be "real" and probably not due to chance.[6] Parent RCI is a 13-point change, while client RCI is an 18-point change. Note: The term "parent" is used to refer to all caregivers, but not all caregivers are biological parents.

Long-term residential parents reported a 40-point decrease in child distress from admit through 180 days post-discharge. This 40-point decrease is more than triple the RCI needed to showcase statistical significance.

Note: Clinical cutoffs are used in some assessments to denote average, "healthy" functioning. Scores above the cutoff can indicate a need for treatment or assessment. We highlight the clinical cutoff on the figures that follow with a horizontal line. Each figure represents the average of the raw score of the tool used.

Long-Term Residential



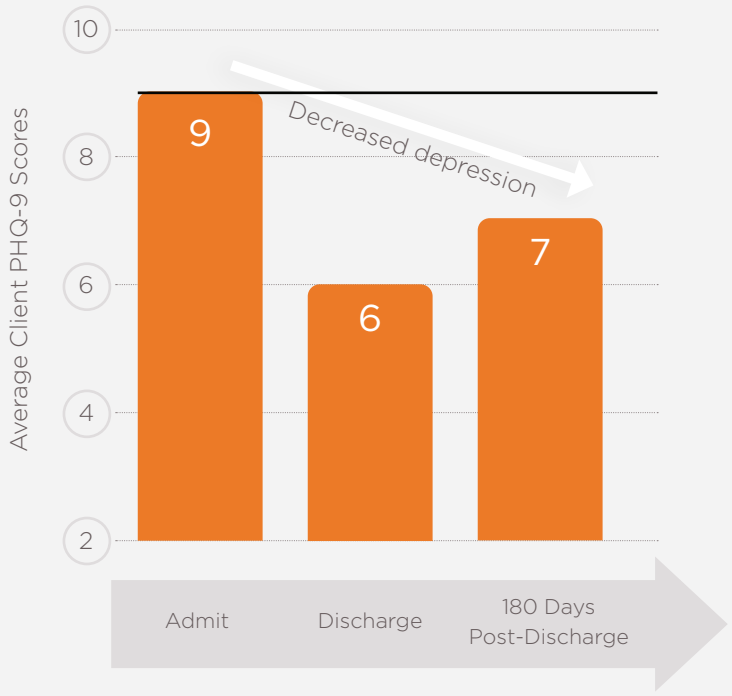
Most families

71% of clients **&** **86%** of parents

reported *less distress*
180 days post-discharge.

The average long-term residential client experienced a **48% reduction in distress** at discharge. Parents reported a **40% reduction in their child's distress**.

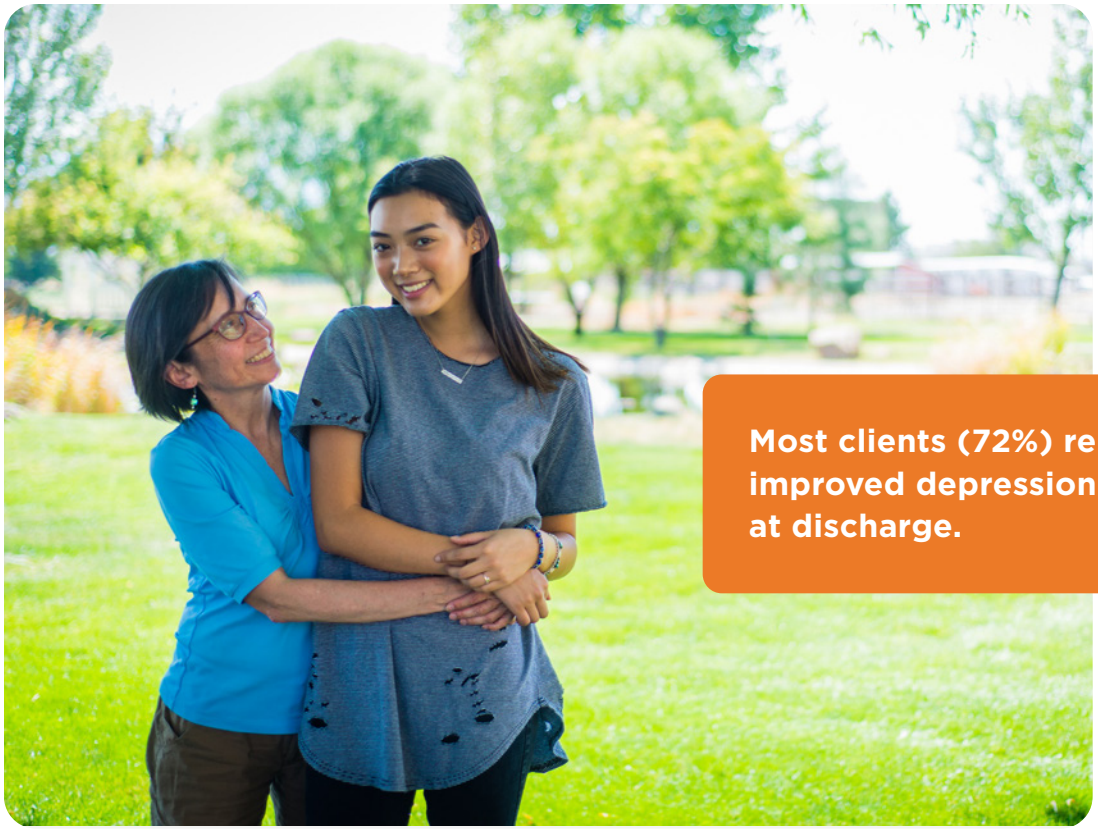
Long-Term Residential: Client Depression



Interpreting Depression Score

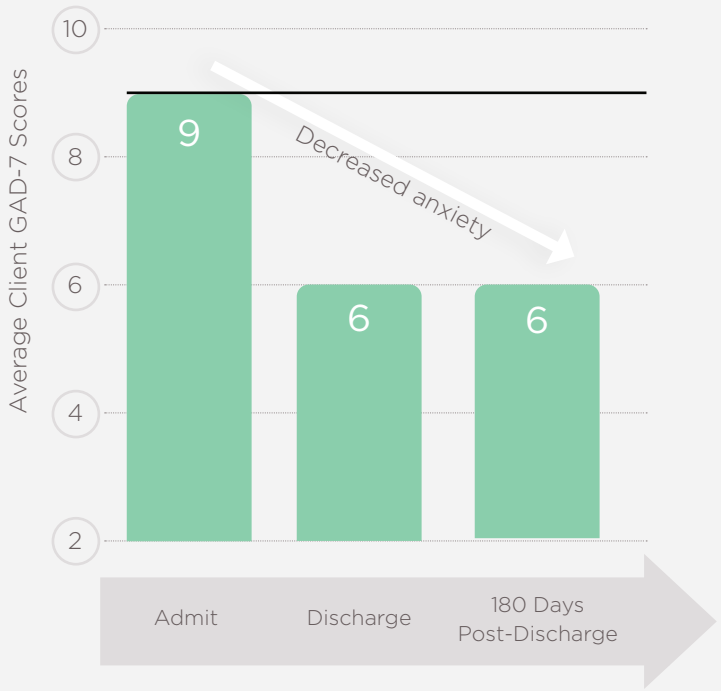
0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15+	Severe depression

Long-term residential clients reported mild levels of depression 180 days post-discharge. **The average client experienced a 44% decrease in depression symptoms from admit to discharge.**



Most clients (72%) reported improved depression symptoms at discharge.

Long-Term Residential: Client Anxiety

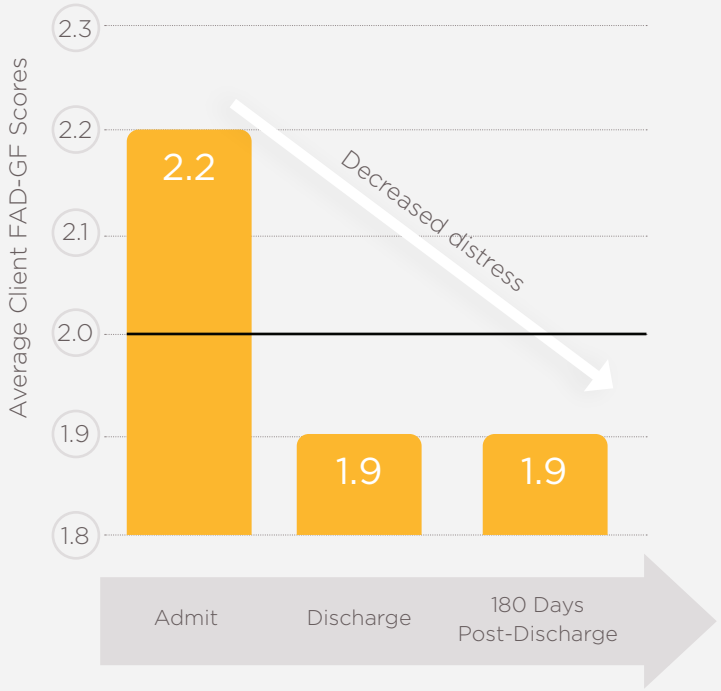


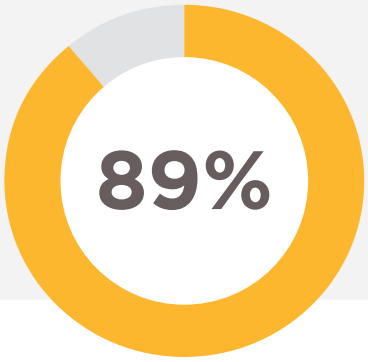
Interpreting Anxiety Scores

0-4	Minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15+	Severe anxiety

Long-term residential clients reported mild anxiety upon admission. **Anxiety continued to decrease to the mild anxiety range at 180 days post-discharge.**

Long-Term Residential: Family Distress





of long-term residential clients experienced improved family functioning at discharge.

Clients discharged with, and maintained, healthy family functioning 180 days after treatment.

Interpretation of Results

Clients participating in long-term residential treatment experience a wide range of services designed to support them, regardless of the intensity or severity of their distress, all within a single facility. Overall distress scores varied from person to person. However, **a common trend was growth**, as parents and clients both reported a high level of improvement in daily functioning and lower distress. Similar progress occurred when measuring anxiety and depression. Improvements were largely maintained 180 days after treatment.

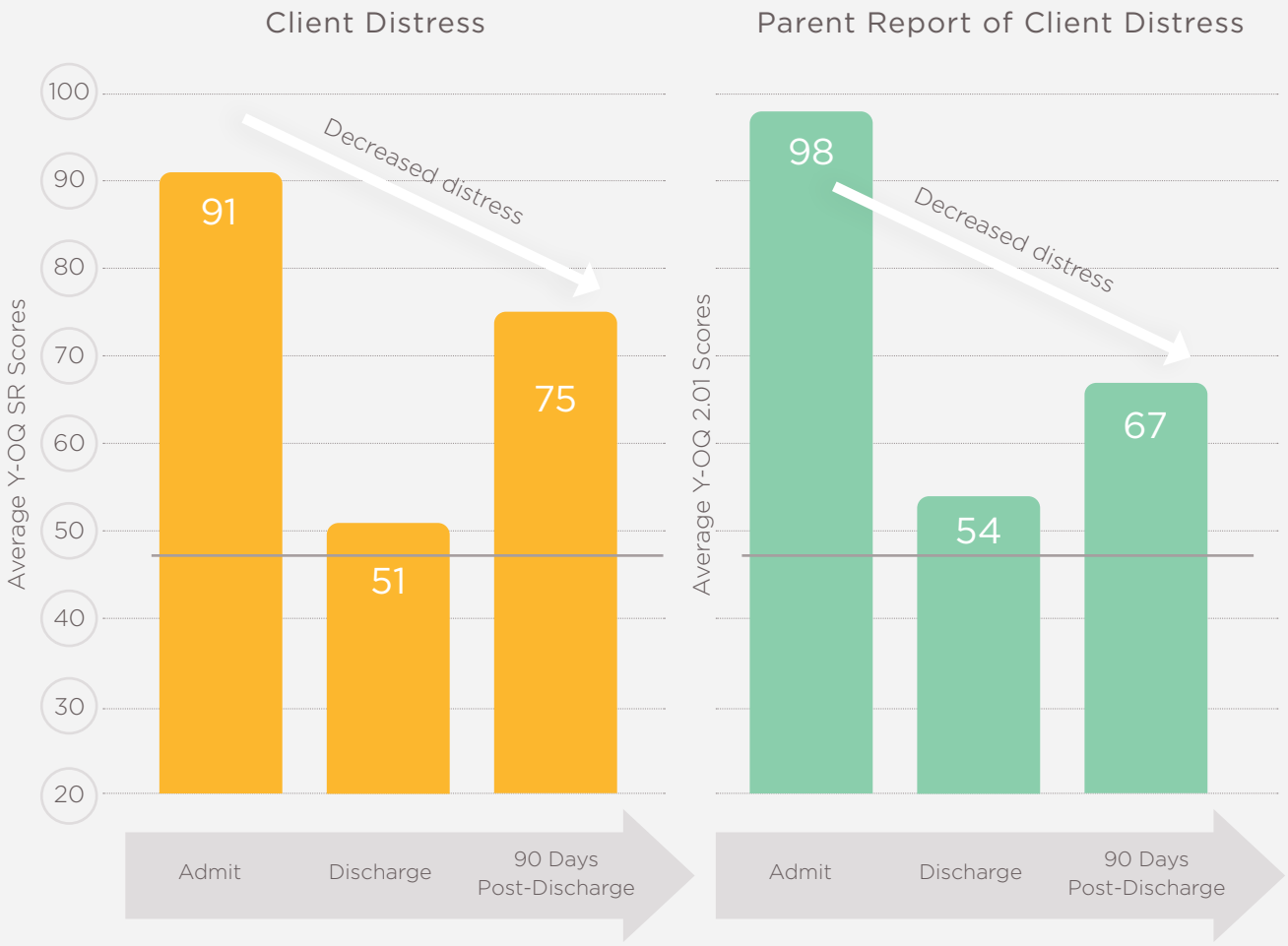
Short-Term Residential Programs

Clients receiving care at short-term residential programs reported a 40-point average decrease in distress at discharge. This decrease in distress is statistically significant, according to the RCI. The RCI is the amount of point improvement required for the change to be "real" and probably not due to chance.[6] Parent RCI is a 13-point change, while client RCI is an 18-point change. Note: The term "parent" is used to refer to all caregivers, but not all caregivers are biological parents.

Short-term residential parents reported a 44-point average decrease in child distress at discharge. The decreases in distress are over double the RCI needed to showcase statistical significance.

Note: Clinical cutoffs are used in some assessments to denote average, "healthy" functioning. We highlight the clinical cutoff on the figures that follow with a horizontal line. Each figure represents the average of the raw score of the tool used.

Short-Term Residential



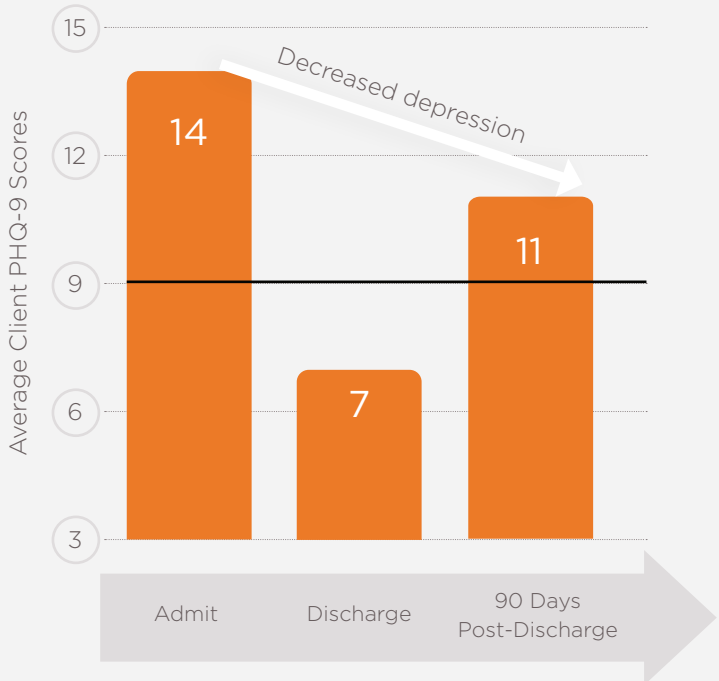
Most families

83% of clients **&** **86%** of parents

reported *less distress* upon discharging from Embark.

The average short-term residential Embark client experienced a **39% reduction in distress after treatment**. Parents reported a **45% reduction in their child's distress**.

Short-Term Residential: Client Depression



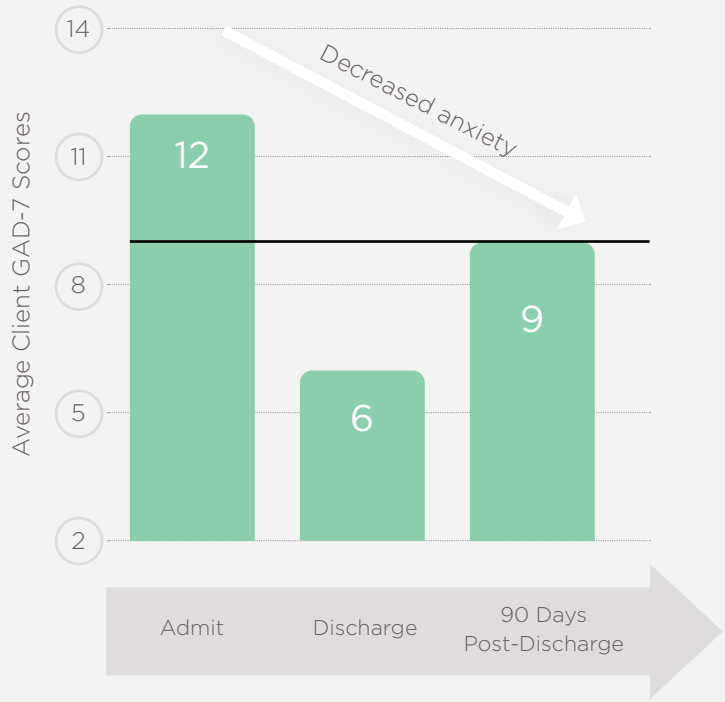
Short-term residential clients entered treatment above the clinical cutoff.

Interpreting Depression Score

0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15+	Severe depression

Most clients (80%) experienced improved depression symptoms at discharge, with the average client reporting a 49% decrease.

Short-Term Residential: Client Anxiety

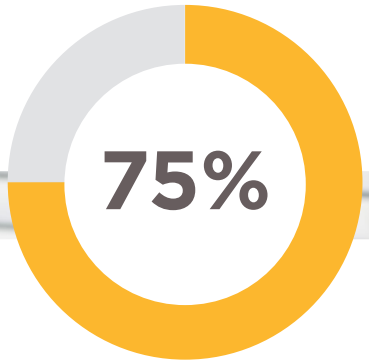


Interpreting Anxiety Scores

0-4	Minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15+	Severe anxiety

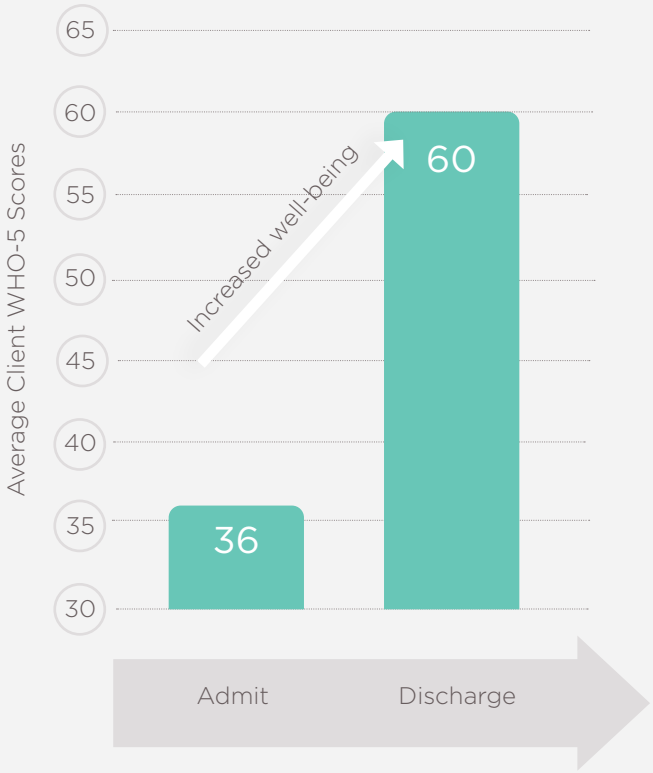
Short-term residential clients entered treatment above the clinical cutoff.

Most clients (74%) experienced improved anxiety symptoms at discharge, with the average client reporting a 45% decrease.

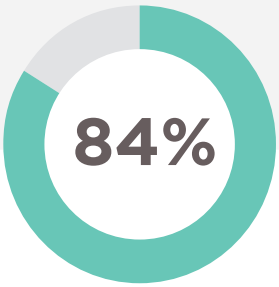


of short-term residential clients experienced improved family distress at discharge.

Short-Term Residential: Client Well-Being



Short-term residential clients reported a 24-point average increase in subjective well-being at discharge.



of short-term residential clients experienced improved well-being at discharge.

Interpretation of Results

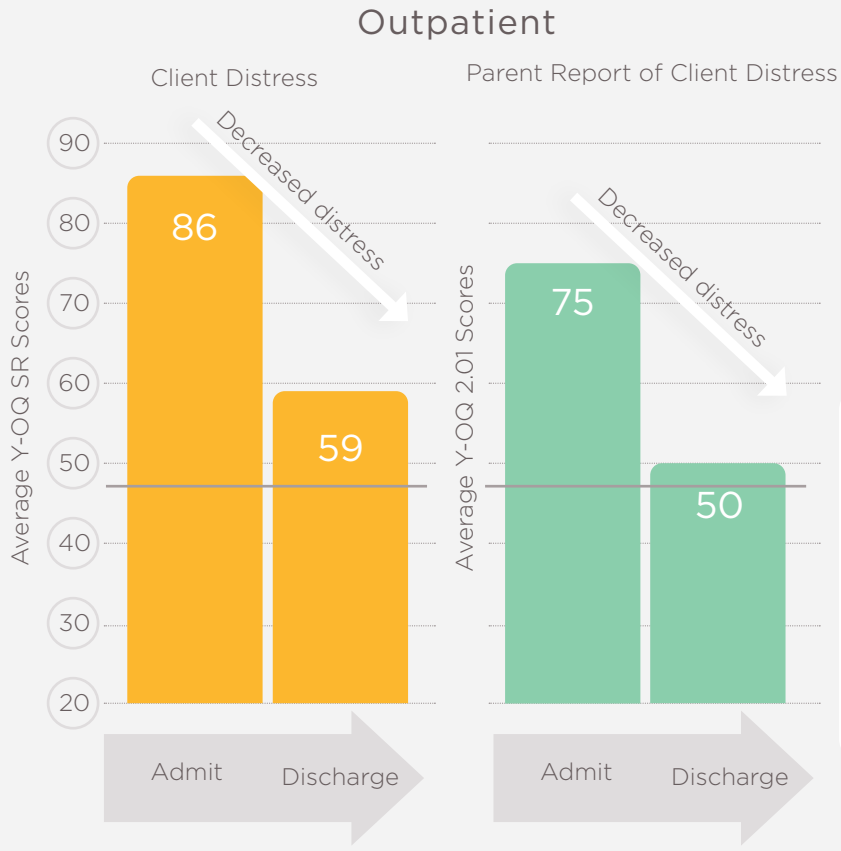
The data suggest that clients see an immediate improvement in anxiety, depression, overall functioning, and relationships from short-term residential treatment. There is significant improvement from when they were admitted to a program. That said, they may benefit from participating in outpatient care after returning home, as some regression may occur after completing short-term residential treatment.

More research is needed to determine how PHP, IOP, and other outpatient treatment can decrease depression and anxiety for clients after they finish a short-term residential program.

Outpatient Clinics

Clients receiving outpatient care reported a 27-point average decrease in distress at discharge. Outpatient parents reported a 25-point average decrease in child distress at discharge. Both decreases are statistically significant, according to the RCI. The RCI is the amount of point improvement required for the change to be "real" and probably not due to chance.[6] Parent RCI is a 13-point change, while client RCI is an 18-point change. Note: The term "parent" is used to refer to all caregivers, but not all caregivers are biological parents.

Note: Clinical cutoffs are used in some assessments to denote average, "healthy" functioning. We highlight the clinical cutoff on the figures that follow with a horizontal line. Each figure represents the average of the raw score of the tool used.



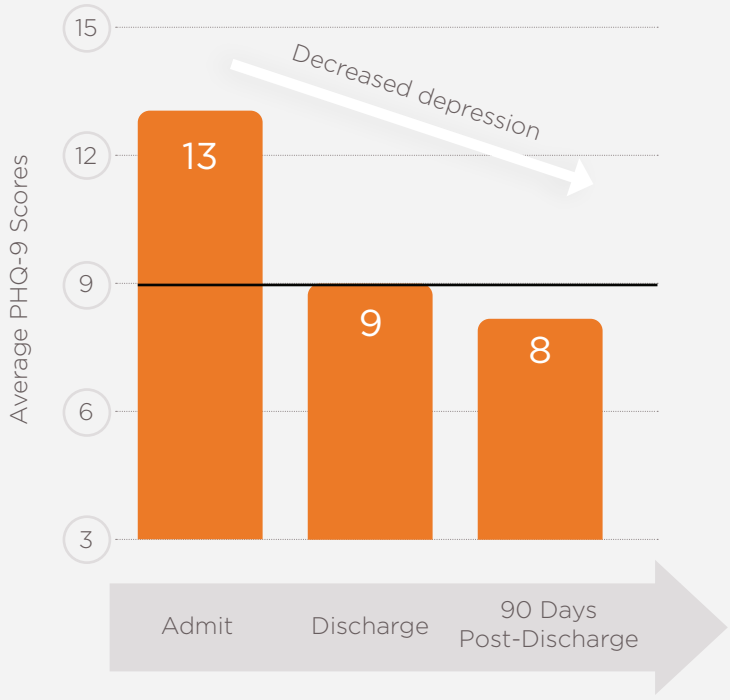
The average Embark outpatient client reported a **31% reduction in distress at discharge**. Parents reported a **30% reduction in their child's distress**.

Most families

73% of clients **&** **72%** of parents

reported *less distress* after discharging from Embark.

Outpatient: Client Depression



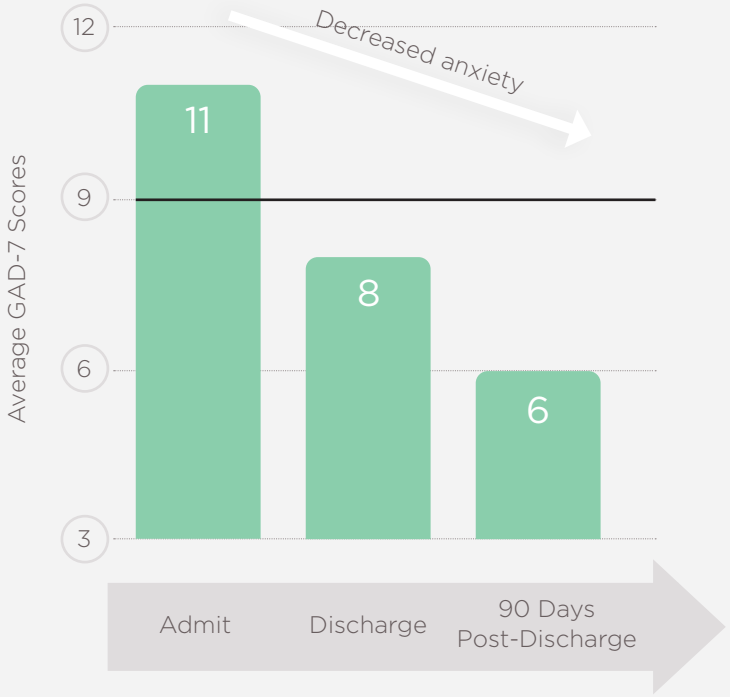
Interpreting Depression Score

0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15+	Severe depression

Outpatient clients entered treatment above the clinical cutoff. **They reported a 5-point average decrease in depression scores from admit through 90 days after treatment.**

Most clients (77%) reduced their depression symptoms.

Outpatient: Client Anxiety

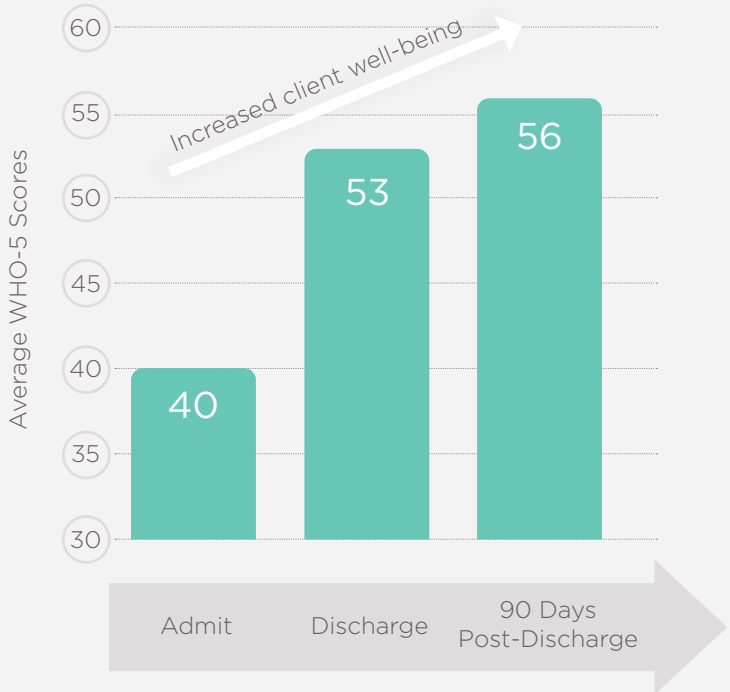


Interpreting Anxiety Scores

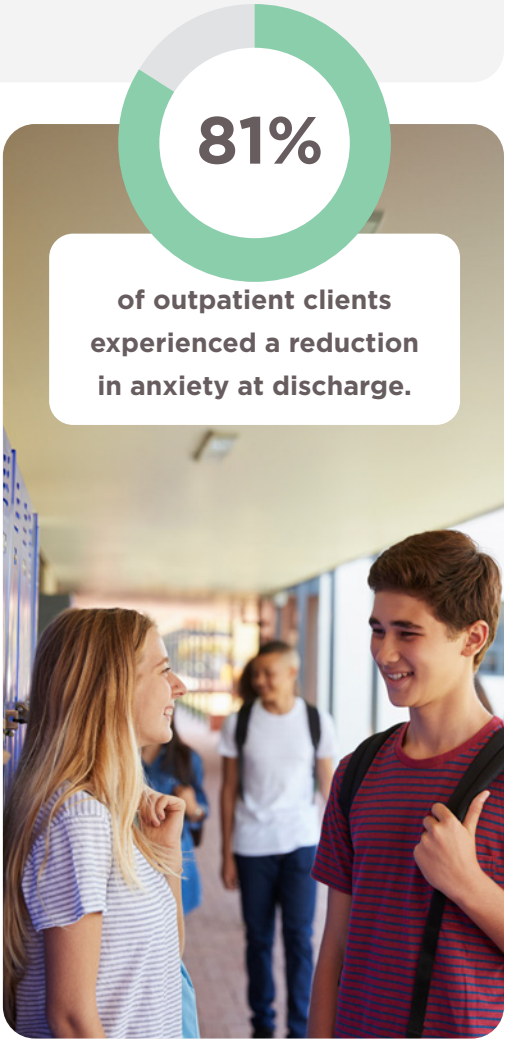
0-4	Minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15+	Severe anxiety

Outpatient clients entered treatment above the clinical cutoff. **The average client reported a 37% decrease in anxiety symptoms at discharge.**

Outpatient: Client Well-Being

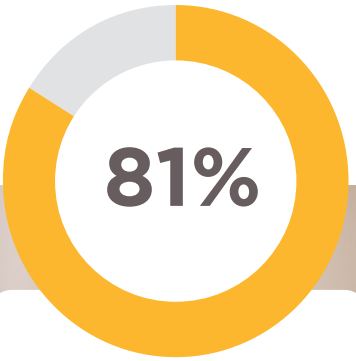


Outpatient clients reported a 13-point average increase in well-being at discharge.

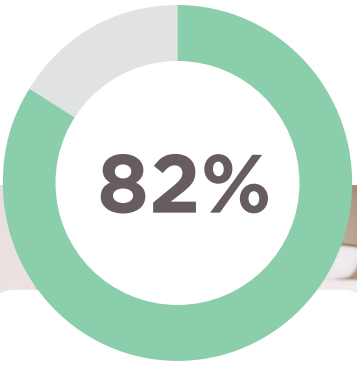


Interpretation of Results

Data from outpatient clinics indicate strong improvements in behavioral functioning, distress, anxiety, depression, and well-being. Embark therapists use this information to help families understand how they might better engage with one another.



of clients reported experiencing less distress at discharge.



of parents reported experiencing less adolescent distress at discharge.

Results Summary

Clients at each level of care reported significant improvements in all areas. From admit to discharge, parents and their children reported statistically significant reductions in client distress, according to the RCI.

Alignment Between Parents and Clients

At every level of care, variability in distress scores between parents and clients decreased over time. This indicates improvements in communication and attunement (putting empathy in action) between child and parent, and that families are practicing crucial communication strategies after treatment, such as vulnerability, empathy, and validation. Taken together, results suggest treatment helps parents understand the severity and intensity of their children's distress. They're ultimately poised to better attune to their preteens, teens, and young adults' needs.

Importantly, parents reported communication as their most frequent MTP problem. Decreased variability between their perception of their children's distress and self-reported distress suggests that they not only improved their communication skills with their preteens, teens, and young adults but also have a greater awareness of their children's overall social-emotional health after treatment.

After-Treatment Progress

Post-discharge results were especially compelling. Dramatic decreases in distress, anxiety, and depression symptoms were reported at three and six months after treatment. Clients with high levels of intense and frequent symptoms were included in these data sets. This suggests that those in need of greater mental health support can and do benefit from the Embark treatment approach over time.

Improvements in Well-Being, Not Just Symptoms

Clients also reported improvements in well-being. Well-being is associated with optimism, life and work satisfaction, and resilience[7,8]. Accordingly, Embark sees the purpose of therapy to be more than symptom reduction. We aim to help preteens, teens, and young adults find meaning and purpose in their lives and pursue that purpose with excitement. This helps clients build relapse resistance, engage in healthy relationships, and create joy.

At every level of care, preteens, teens, and young adults reported double-digit percentage-point increases in well-being scores to go along with the significant reduction in anxiety and depression. These scores indicate improvement toward Embark's big hairy audacious goal to lead the way in driving teen and young adult anxiety, depression, and suicide to all-time lows by 2028.

Summary: We attribute our clients' significant progress in symptom reduction and increased well-being to the lasting impact of Embark's clinical approach, our expert clinicians and providers who guide clients through treatment, and, most importantly, our clients and families' dedication to the healing process.

Embark Treatment Approach Drives Outcomes

To provide the highest quality of care and meet the needs of clients and families, Embark administers several tools and surveys that quantitatively and qualitatively measure each family's experience at our programs.

The Therapeutic Alliance

The therapeutic alliance is the beneficial relationship that forms between family and therapist.[9] We measure this through the Youth Outcome Questionnaire, Therapeutic Alliance (Y-OQ TA) outcomes survey. Scores range from 0-20, with higher scores indicating greater alliances. Even early in treatment, a higher alliance significantly predicts better treatment outcomes.[10,11] At midtreatment (30 days at Embark) and discharge, the average Embark family reported very high therapeutic alliance scores, with median scores of 17.9 at midtreatment and 18.1 at discharge.

The therapeutic alliance is the single best predictor of positive results that a treatment provider directly influences. It's also a catalyst for growth. When clients and parents feel a strong alliance with their therapist, they're more likely to get better. A strong alliance is based on agreement about treatment goals, activities, and tasks and developing a trusting bond.[12]

Feedback-informed treatment is important to this alliance, as it promotes alignment as clients, their families, and their therapist collaboratively use data to make treatment plans. Independent research has validated using feedback-informed principles in therapy to improve quality of life and accelerate treatment outcomes.[13,14]

To gather as much feedback as possible, in addition to the Y-OQ TA, Embark administers the Therapeutic Alliance Self-Report every 15 days, alongside other mental health outcomes surveys every 30 days, to measure the relationship between therapist and client. If something needs to change, our team can quickly address it.

The Client Voice

Client insight is vital to our outcomes-driven treatment approach. Alongside their parents, clients were regularly asked to assess their level of satisfaction, quantitatively and qualitatively, with Embark services. For one question, "How likely is it that you would recommend Embark to a family or individual with similar struggles?" on a scale of 1-10, **77% of clients and 85% of caregivers reported at least a 7 out of 10**.

Over half of clients and parents reported **9s and 10s**.

The Embark Treatment Approach: A Closer Look

Most behavioral health programs lack a cohesive, unifying approach to treatment. In contrast, we created and use the Embark treatment approach. From the developmental lens, a framework for viewing child and adolescent development, the Embark approach is the generator through which our therapists heal and repair shame.

The Embark treatment approach provides an evidenced-based therapeutic structure to create effective growth, learning, and healing. It guides, informs, and provides quality control for clinical best practices within and across all our programs.

The Developmental Lens

The developmental lens is the foundation of the Embark therapeutic process. Understanding and being aware of where a client and their family are developmentally is the key to grasping how growth throughout the lifespan relies on interpersonal relationships, which are essential for healthy physical, emotional, and relational development. The developmental lens is based on research from physiological, neurological, and psychological studies. Applying these study findings allows us to influence healthy development and heal generations.

The CASA Developmental Framework

The CASA Developmental Framework is the neurobiological methodology for creating experiences of secure attachment — the safe and reliable bond between a child and a nurturing and responsive primary caregiver, usually a parent. Rooted in decades of evidence-based research[15,16], CASA emphasizes that mutually beneficial, secure attachment is essential for optimal development (emotional, physical, and relational health) where resiliency, self-identity, and worth reside.

Commitment: Doing what's developmentally best for a child, even when it takes extended time and effort.

Acceptance: Embracing children as inherently valuable, independent of their behavior.

Security: Setting and maintaining consistent, safe, and nurturing boundaries.

Attunement: Demonstrating empathy in action. Attunement creates a co-regulated nervous system between child and caregiver. Co-regulation, the reciprocal exchange of emotional, neurological, and physical safety, is a constant process, not a steady state.

Systemic Approach

Embark believes healing is a joint process between a clinical treatment team and the entire family. We therefore favor a systemic approach to treatment that honors the systems, patterns, rules, and behaviors within a child, their family, and their environment. This approach provides the most sophisticated tools for whole-family healing because it changes the experience and environment that the negative behaviors and emotions needed to exist. It replaces current family interactions and communication with healthier ones that foster connection and healing.

Experiential Therapy

To develop emotionally, psychologically, and even physically, we need reliable and repeated experiences of safety and security from caregivers. We create these healthy experiences by using therapeutic experiential methods that optimize emotional, physical, and relational development, as informed by the CASA Developmental Framework. Our therapists take a creative approach to treatment through experience-based, hands-on activities, such as going to a park or interacting with animals, allowing them to provide treatment in a more relaxed environment that fosters healing.

Future Research Directions

As we move forward with evaluating client and family treatment, we're continuing to research post-discharge outcomes and the relationships between biological functions and health. We're also building a data repository.

- **Post-discharge outcomes**: To continue measuring treatment effectiveness, we're focusing our efforts on post-discharge data collection. We expanded the Embark collection of surveys so we can more granularly analyze treatment success and satisfaction on an 11-point scale. Embark is one of the only behavioral health companies that measures post-discharge outcomes up to 720 days — almost two years — after treatment. Our new post-discharge surveys gather insights on psychiatric hospitalization rates, medication compliance, and employment.

- **The relationship between several biological functions and health**: To improve holistic health, we're examining the relationship between several biological functions (sleep, nutrition, exercise, and heart rate variability) and relational and emotional health. Our goal is to contribute to the scientific understanding of how these functions can improve overall well-being.

- **Data repository**: We're building an enhanced data repository of treatment outcomes. Our goal is to use this data to generate an algorithm that will predict outcomes for all Embark clients across every level of care.

About Embark

At Embark, we exist to create joy and heal generations. Our big hairy audacious goal is to the way in driving teen and young adult anxiety, depression, and suicide from the all-time highs of today to all-time lows by 2028. Our ability to achieve this goal is dependent upon the strength of our culture, which is the starting point for our impact and success.

Five key differentiators set Embark apart from other behavioral health care providers.

1. We offer a robust continuum of care that provides different levels of service and programming based on an individual's changing needs, from virtual counseling to residential services.
2. We have a deep legacy of over 25 years serving youths, focused on preteens, teens, and young adults.
3. We collect thousands of data points and share feedback with families so we can adjust treatment in real time to improve results.
4. We treat the entire family using an evidence-based and relationship-focused approach.
5. We offer the highest levels of quality care and safety standards, with all programs accredited by The Joint Commission.

Treatment Throughout Our Continuum of Care

Our continuum of care allows us to meet families wherever they're at and provide them with the level of care they need throughout their healing journey. For example, clients can step up from a therapeutic day treatment program (also known as a partial hospitalization program, or PHP) to a residential treatment program if they require a more intensive level of care. They can step back down to a less restrictive level of care when they're ready.

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CREATE JOY. HEAL GENERATIONS.

Continuum of Care

- Treatment While Living at a Program Facility
- Treatment While Living at Home

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