



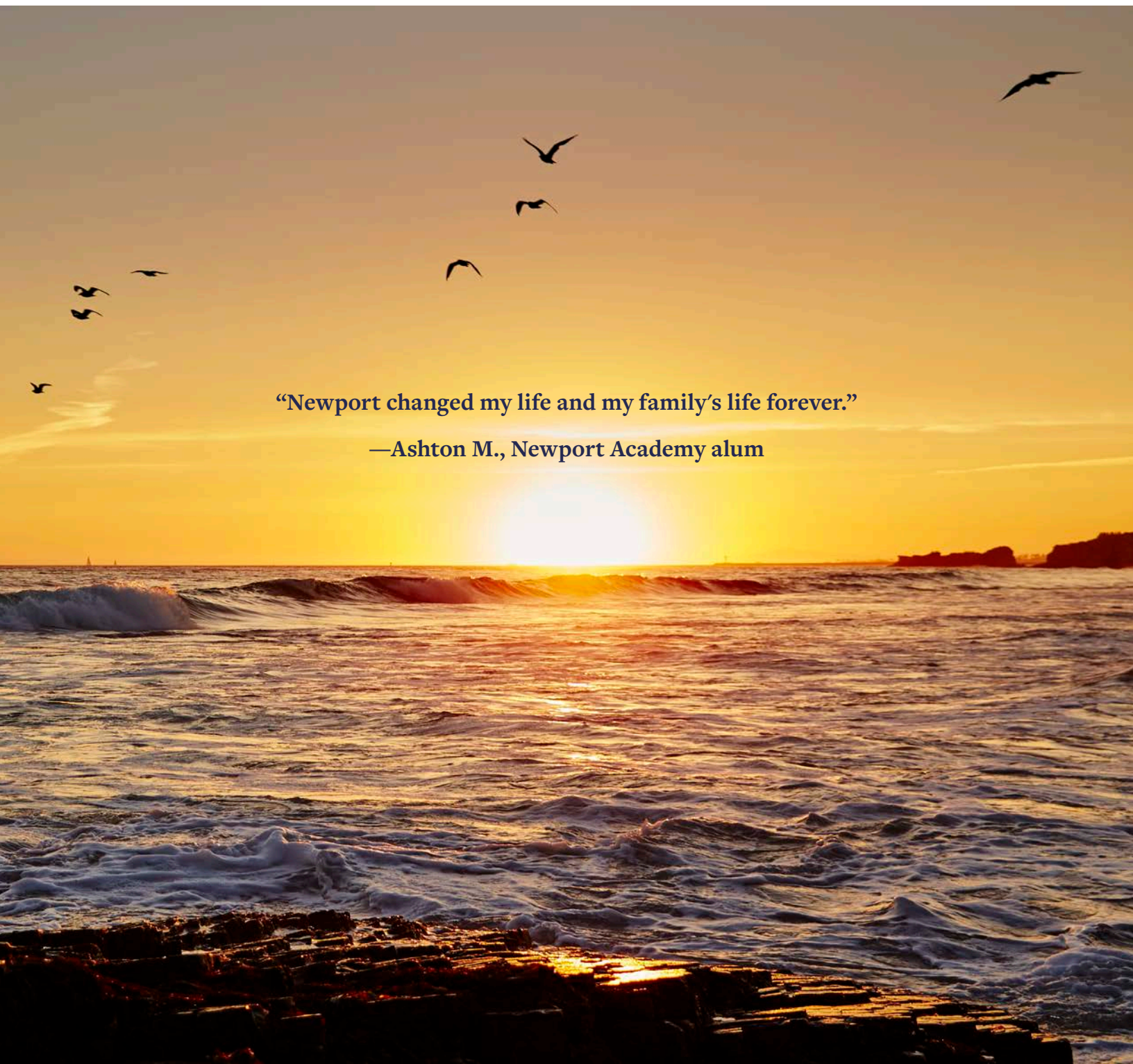
NEWPORT  
HEALTHCARE

# The Science of Healing

## 2022 Edition

.....  
Patient Outcomes  
and Key Findings





**“Newport changed my life and my family’s life forever.”**

**—Ashton M., Newport Academy alum**

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**NEWPORT  
HEALTHCARE**



# Overview: Third-Party Key Findings 2022

As the nation's leading behavioral healthcare provider for adolescents and young adults suffering from high-acuity mood, anxiety, and co-occurring disorders, Newport Healthcare continues to create hope and healing in the lives of young people and families. In 2022, our residential and outpatient treatment yielded both clinically and statistically significant improvements in patients' depression, anxiety, well-being, and attachment to parents/caregivers.

Newport employs a differentiated clinical model that addresses the underlying causes of a patient's mental and behavioral health issues, with a focus on integrated, evidence-based treatment and family involvement to drive exceptional outcomes. We provide a full continuum of care, from inpatient and residential to partial hospitalization and outpatient programs. Through our patient-first approach, research initiatives, and collaborations with insurance payers, we are expanding access to care and helping to change the lives of more young people and families across the country.



## Methodology

The Newport Healthcare Center for Research and Innovation partners with Drexel University's Center for Family Intervention Science to collect and analyze our treatment outcomes. Data in this report is drawn from residential and outpatient programs.

### Measures

Newport utilizes multiple industry-standard scales to measure depression, anxiety, well-being, and family relationships and attachment. We also use Newport-specific surveys and Drexel University's proprietary measurement tool, the Behavioral Health Screen (BHS), which assesses various domains of symptomology and risk factors. See Appendix on page 28 for details.

### Sample Sizes, Cadence, and Completion Rates

In 2022, 2,404 adolescents and 591 young adults were admitted to Newport's residential treatment programs. Patients completed surveys at intake, at week 3, and then every two weeks until discharge. In that same period, 610 adolescent patients were admitted to Newport outpatient programs and completed surveys at intake, at week three, and every six weeks until discharge.

**“Newport Healthcare is dedicated to providing a beacon of hope for young people and families.”**

—Joe Procopio, CEO  
Newport Healthcare

*Clinically significant results are those that improve such things as an individual's well-being, mental status, and general functioning. Statistically significant results, as determined by significance testing and measured by a p value, indicate that the research outcome cannot reasonably be attributed to the operation of chance or random factors rather than treatment.*



**Data Sources: Patient Profile + Treatment Outcomes**

PROGRAM	# OF INTAKE SURVEYS COMPLETED	# OF WEEK 3 SURVEYS COMPLETED	# OF WEEK 5 SURVEYS COMPLETED
<b>Adolescent Residential</b>	1,983 <i>(82% of admissions)</i>	1,445 <i>(87% of patients)</i>	1,129 <i>(91% of patients)</i>
<b>Young Adult Residential</b>	577 <i>(98% of admissions)</i>	369 <i>(96% of patients)</i>	257 <i>(97% of patients)</i>
<b>Adolescent Outpatient</b>	534 <i>(88% of admissions)</i>	381 <i>(97% of patients)</i>	*282 <i>(98% of patients)</i>

\*Outpatient surveys completed at week 9

**Investing in Innovative Solutions to the Mental Health Crisis**

The Newport Healthcare Center for Research and Innovation (CRI) merges academic research with a forward-thinking clinical environment. Through outcomes evaluation, data-informed care, and field-advancing research, the CRI is enriching Newport’s treatment approach and raising treatment standards industry-wide.





NEWPORT  
ACADEMY

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# Residential: Patient Profile + Treatment Outcomes

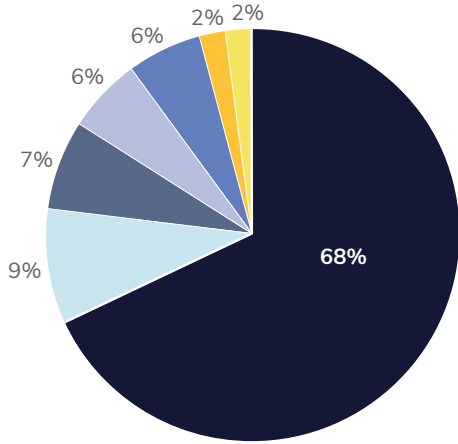
## **Adolescents Ages 12-18**

Newport's nationwide residential programs for adolescents provide live-in treatment in peaceful, home-like settings, with a structured schedule of clinical and experiential therapy and an academic/life skills component.

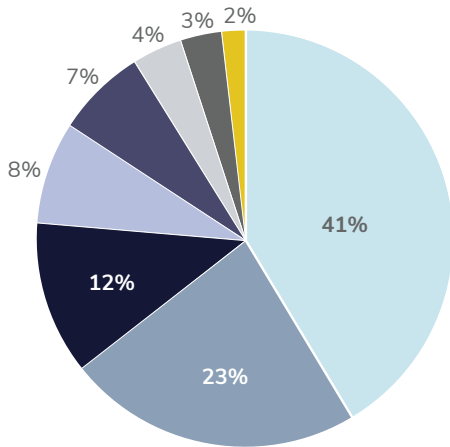


# Patient Diagnoses + Symptoms

The majority of our adolescent patients come to us with severe depression, with many also experiencing symptoms of anxiety. At admission, nearly 60% of patients also self-reported traumatic distress, 35% had current suicide risk, 1 in 5 were at risk for eating disorders, and 2 in 5 experienced relationship problems due to substance use.



**PRIMARY DIAGNOSIS**



**SECONDARY DIAGNOSIS**

- Major Depressive Disorder
- Generalized Anxiety Disorder
- Other-Primary Diagnosis
- Post-Traumatic Stress Disorder
- Bipolar Disorder
- Disruptive Mood Dysregulation Disorder
- Unspecified Mood (Affective) Disorder
- Other/Null-Secondary Diagnosis
- Attention-Deficit Hyperactivity Disorder
- Cannabis Use Disorder
- Social Phobia
- Mixed Obsessional Thoughts and Acts

"Other-Primary Diagnosis" includes Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Adjustment Disorder, Mixed Obsessional Thoughts and Acts (all ≤ 1%), and other diagnoses. "Other/Null-Secondary Diagnosis" includes Eating Disorder, Alcohol Dependence/Abuse, Oppositional Defiant Disorder, Obsessive-Compulsive Disorder, Disruptive Mood Dysregulation Disorder, Unspecified Mood (Affective) Disorder, Parent-Biological Child Conflict, Autistic Disorder (all ≤ 1%), and other diagnoses.



3 in 10 adolescent patients reported using marijuana daily

**1 in 3**

early adolescents (ages 12-14)

**1 in 2**

middle adolescents (ages 15-17)

reported using alcohol in the last month

**1 in 10**

early adolescents

**1 in 4**

middle adolescents

reported almost daily use of nicotine, with vaping as the most common method



1 in 3 early adolescents engaged in binge eating



1 in 5 early adolescents reported compulsive exercise behaviors

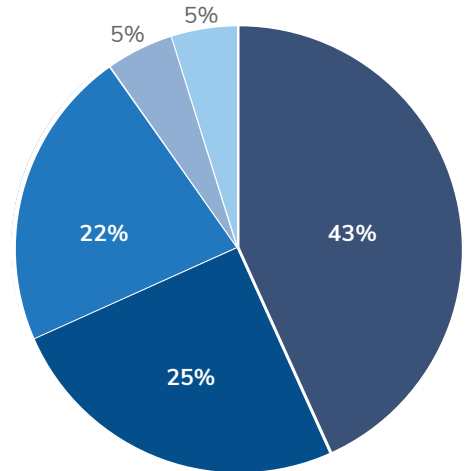
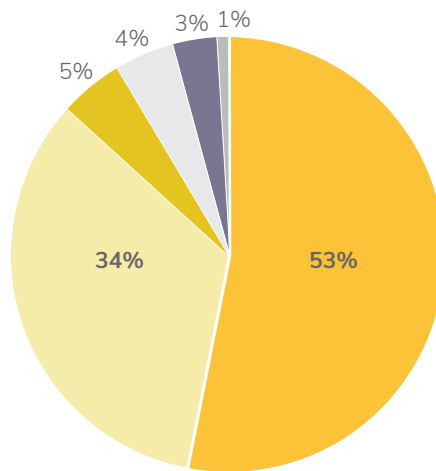
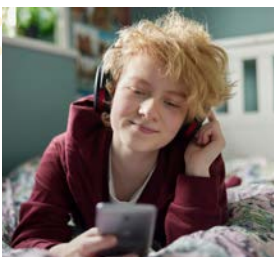
## Substance Use + Eating Disorders as Symptoms of Mental Health Issues

At Newport, we guide teens to achieve long-term, sustainable healing by treating the underlying trauma and attachment wounds that catalyze depression and anxiety and may manifest as co-occurring disorders, such as substance abuse and eating disorders.



# Gender Identity + Sexuality

Research by The Trevor Project and other organizations has found that LGBTQ+ young people have higher rates of trauma, depression, and anxiety, in part due to experiencing higher rates of bullying, prejudice, societal and/or family rejection, and lack of gender-affirming healthcare. Newport's outcomes data revealed similar results, with LGBTQ+ patients reporting higher rates of bullying and more severe symptoms at intake across all areas except substance use, as compared to cisgender, heterosexual patients.



- Female
- Other
- Heterosexual/Straight
- Gay or Lesbian
- Male
- Transgender Male
- Queer/Other
- Asexual
- Genderqueer/Gender-nonconforming
- Transgender Female
- Bisexual

Overall, female patients reported higher rates of symptoms than male patients in all categories except substance use. Males reported lowest on all risk factors except physical bullying.





# Risk Factors

Because certain circumstances or influences are associated with a higher likelihood of mental health issues, the BHS tracks patients' experiences of bullying, sexual coercion, and family conflict, among other risk factors. Bullying was the most common risk factor for Newport's adolescent patients. In addition, 1 in 3 patients reported a history of experiencing sexual coercion, and 1 in 5 reported a history of sexual abuse by an adult.

Overall, more than half of Newport's adolescent residential patients in 2022 reported experiencing verbal, physical, or online bullying. The charts at right represent bullying experiences by gender identity.

## The Impact of Bullying on Teen Mental Health: Recent Research

### Returning from online to in-person education

after pandemic-related school closures was associated with a

**12-18% increase**  
in teen suicides

—NBER Working Papers 30795, National Bureau of Economic Research, Inc.

### Adolescent victims of cyberbullying are

**3x**



as likely to attempt suicide

—Journal of Medical Internet Research, 2018, Vol. 20, No. 4.

**2x**

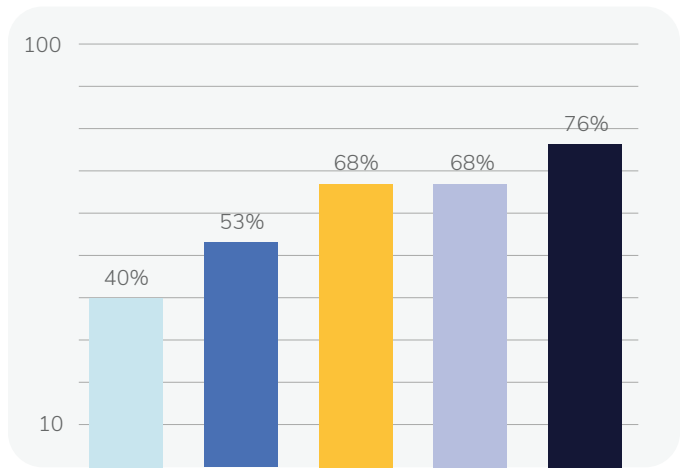


as likely to engage in self-harm

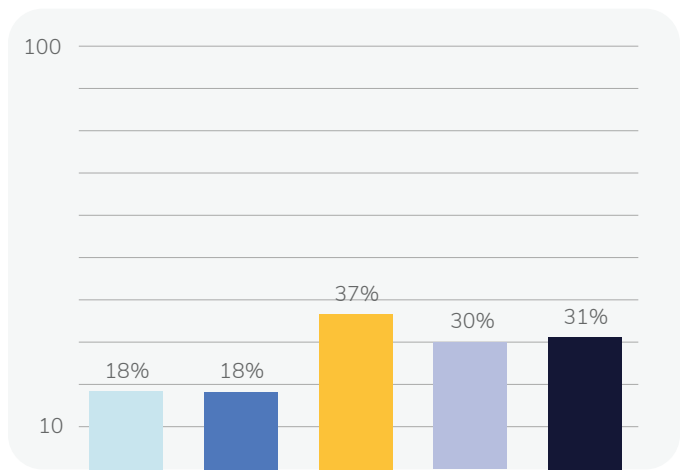
**36%**

of **LGBTQ** youth in the US report that they have been **physically threatened** or harmed due to either their sexual orientation or gender identity.

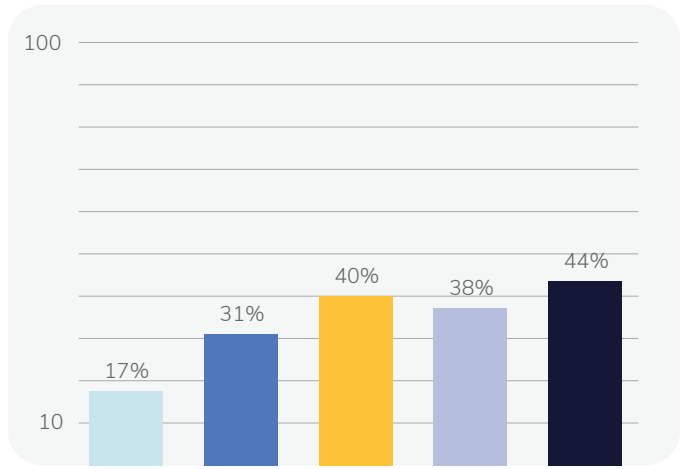
—The Trevor Project: 2022 National Survey on LGBTQ Youth Mental Health



BULLYING - VERBAL



BULLYING - PHYSICAL



BULLYING - ONLINE

- Male
- Female
- Transgender
- Genderqueer/ Gender-nonconforming
- Other



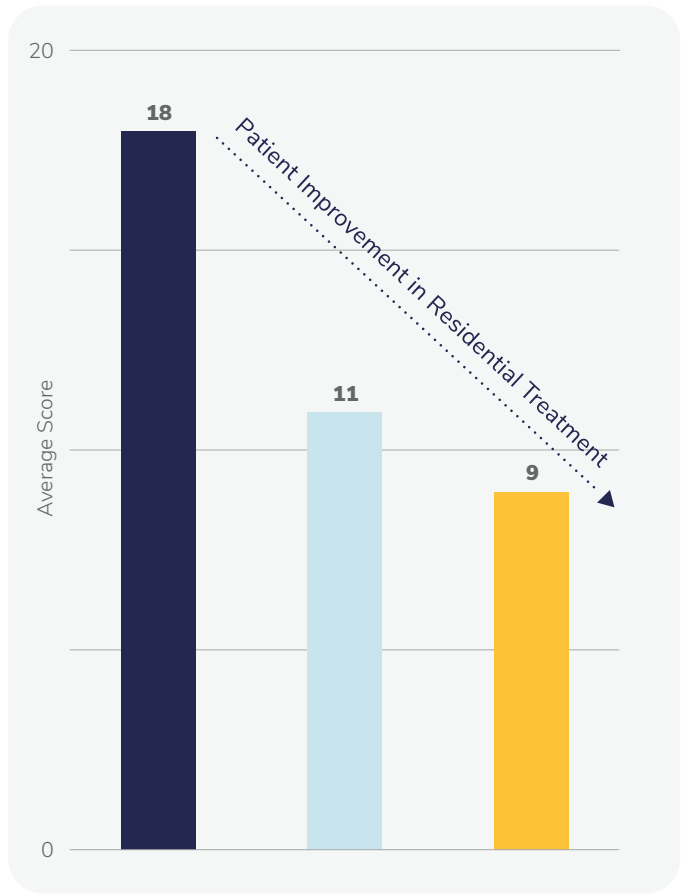
**RESULTS:**

# Depression (PHQ-9)

Newport treatment incorporates clinical, experiential, and integrative modalities to support teens in recovering from depression. In 2022, our comprehensive approach resulted in a significant reduction in depressive symptoms, with the average score decreasing by 50%—from moderately severe to mild—by week 5. As scores decreased, patients experienced better sleep, energy, and ability to concentrate, and more positive feelings about themselves and about life.

**Interpretation of the Levels**

- 15–19: Moderately Severe
- 10–14: Moderate
- 5–9: Mild



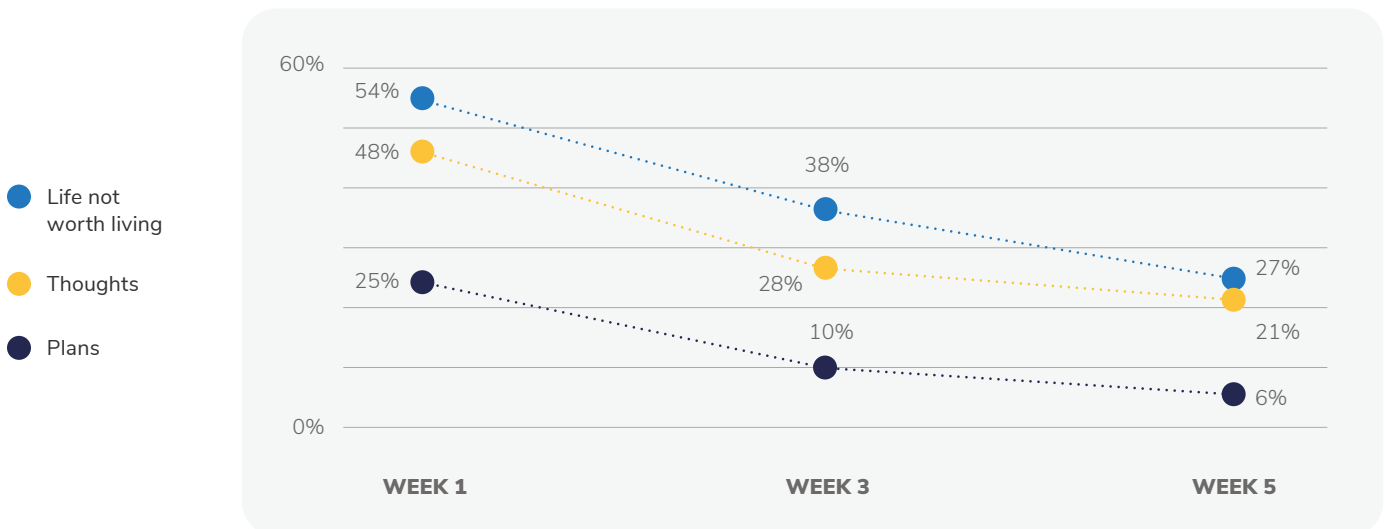
● Intake    ● Week 3    ● Week 5



**RESULTS:**

# Suicide Risk (BHS)

Suicide risk was assessed at each point by examining thoughts, plans, and motivation to live over the previous two weeks. By week 5, more than half of patients who originally reported suicidal ideation were no longer experiencing those thoughts, and the number of patients planning attempts had dropped by 75%.



Depression: p value (statistical significance) < .001; see p. 2 for details.



**RESULTS:**

# Anxiety (GAD-7)

At intake, more than 50% of patients reported moderate or severe anxiety. By week 5 of residential treatment, patients with anxiety, on average, were experiencing only mild symptoms.

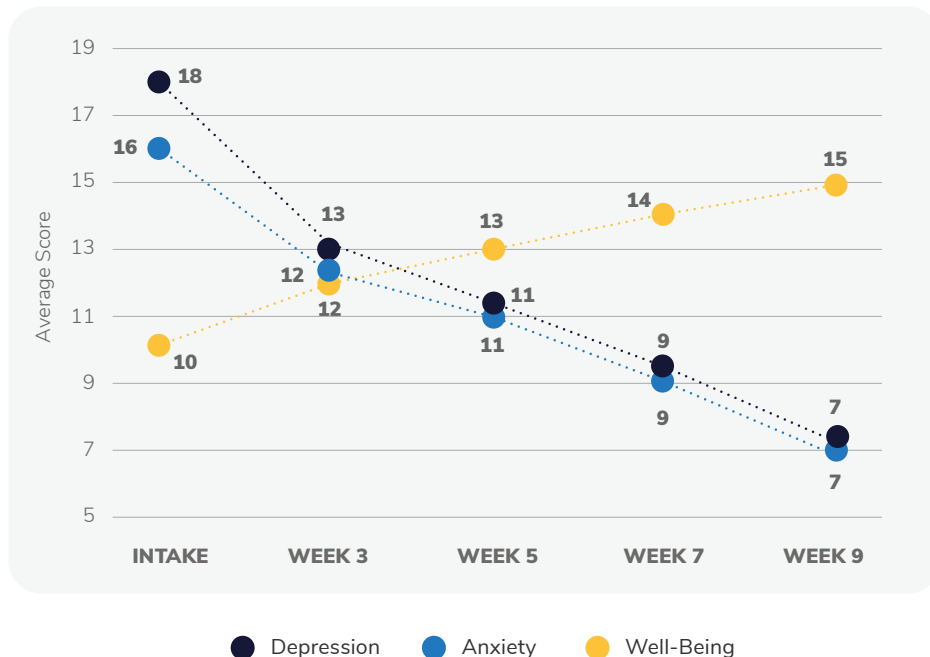
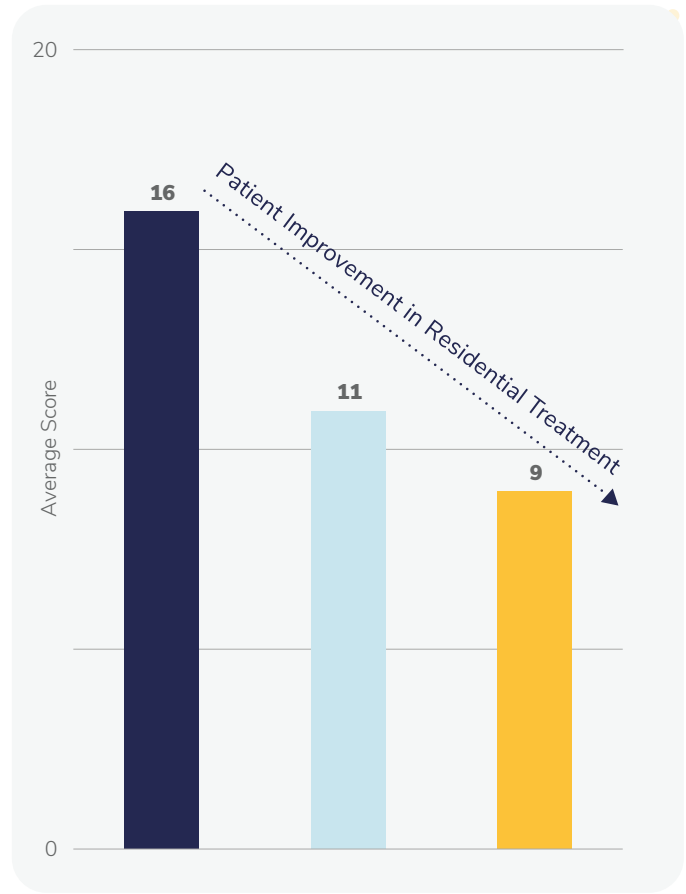
Newport's programming provides teens with healthy coping strategies to effectively navigate stressors and anxiety triggers, leading to a significant reduction in acuity of symptoms.

**Interpretation of the Levels**

- 15–21: Severe
- 10–14: Moderate
- 5–9: Mild

## Results: Extended Stays

Adolescent patients who stayed in residential treatment beyond week 5 showed continued improvement in measures of depression, anxiety, and well-being, as shown below.



## Newport Patient Experience

As anxiety scores decrease, patients experience:

- ✓ Less nervousness and restlessness
- ✓ Less irritability
- ✓ Reduction in uncontrollable worrying
- ✓ Greater ability to relax
- ✓ Less sense of impending danger

Anxiety: p value (statistical significance) < .001; see p. 2 for details.



## RESULTS:



# Well-Being (WHO-5)

Patients generally reported poor well-being at intake; by week 5, patients, on average, were in the “well” range. Patients with depression and/or anxiety generally reported lower well-being compared to other patients at intake, but their well-being also improved as they progressed through treatment.

## Results: Therapeutic Alliance (WAI-SR)

The quality of the relationship between therapist and patient has long been used to predict outcomes in treatment. Newport’s adolescent patients reported a strong alliance with their family therapists in multiple areas of treatment, including collaboration, working toward goals, and agreement on what was important. At week 3, once the patient and therapist establish a relationship, patients reported an average score of 40 on a scale of 0–55, indicating a very high working alliance. That score increased to 43 by week 5.

**“Because of Newport, my substance abuse and self-harm are under control. I am back in school. I have gained self-respect and self-confidence, and I feel more myself than I ever felt before!”**

—Kaylee K., Newport Academy alum



Patients rated the following statements regarding well-being:

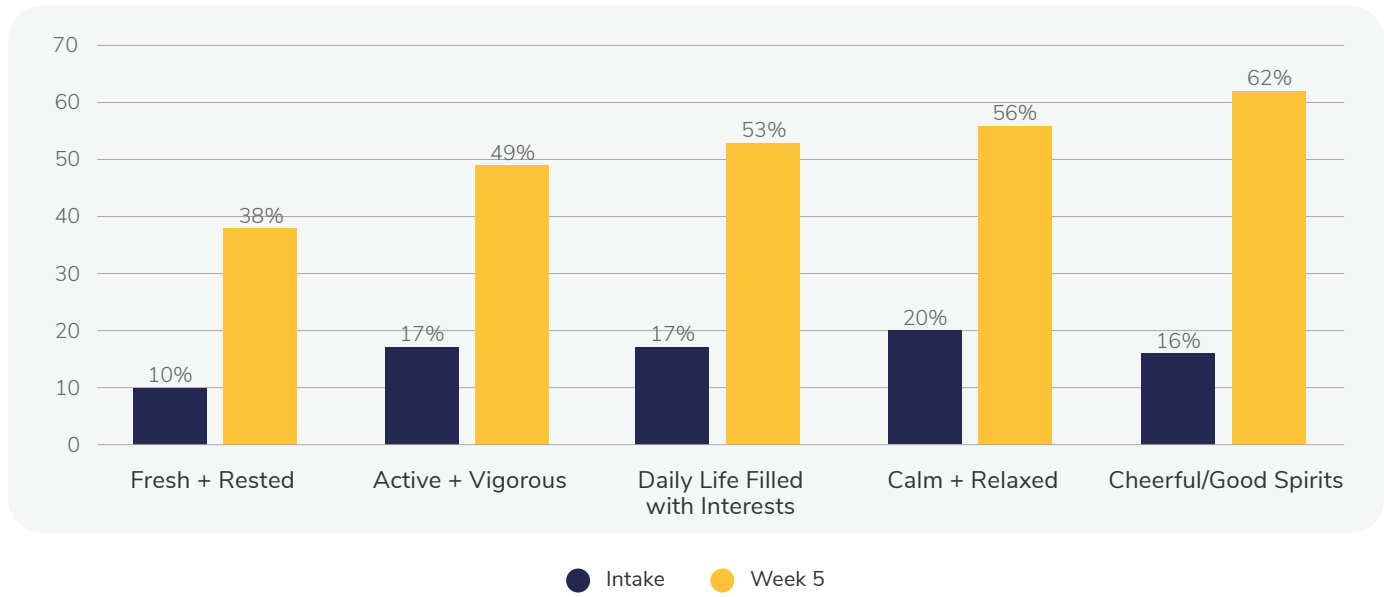
- 1 I have felt cheerful and in good spirits.
- 2 I have felt calm and relaxed.
- 3 I find fulfillment in daily life.
- 4 I have felt active and vigorous.
- 5 I woke up feeling fresh and rested.



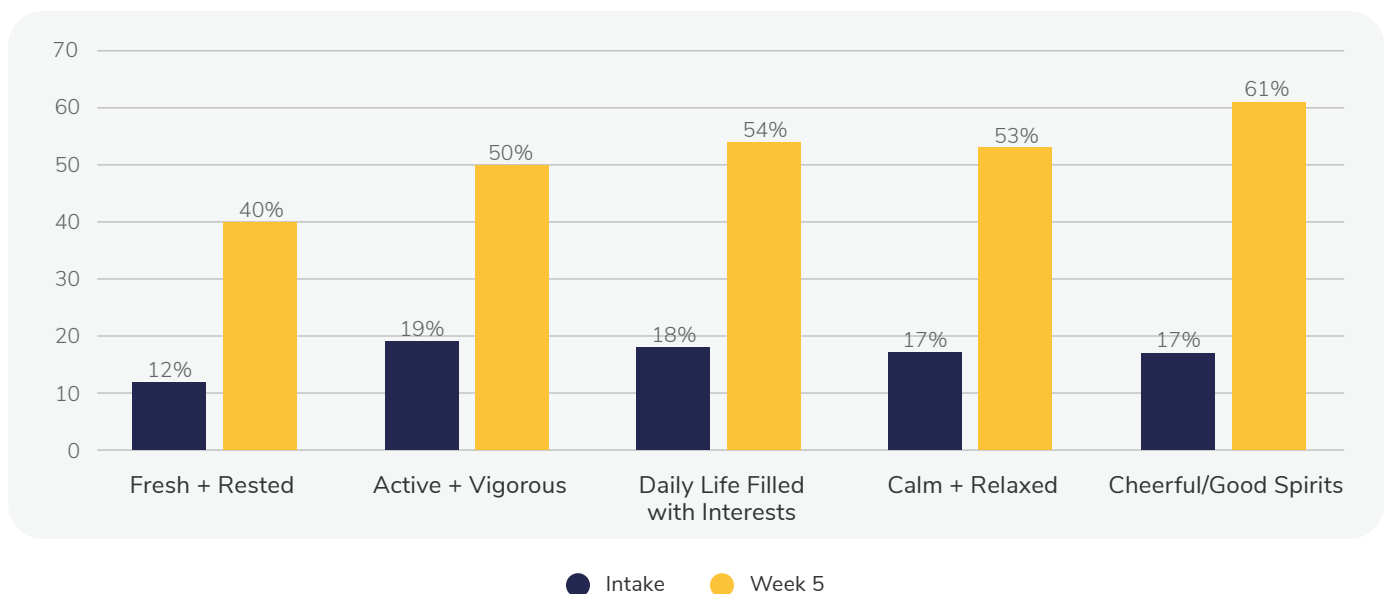
# What Defines Well-Being in an Adolescent's Life?

Looking at the individual symptoms of well-being may be more indicative of changes than the group mean scores. By week 5, more than half of depressed and anxious patients show marked improvement in feeling better about themselves and about life.

## PATIENTS WITH DEPRESSION: WHO-5 CHANGES



## PATIENTS WITH ANXIETY: WHO-5 CHANGES



Well-being for all patients: p value (statistical significance) < .01; for patients with depression and/or anxiety: p value < .001. See p. 2 for details.



## RESULTS:

# Academics (NAS)

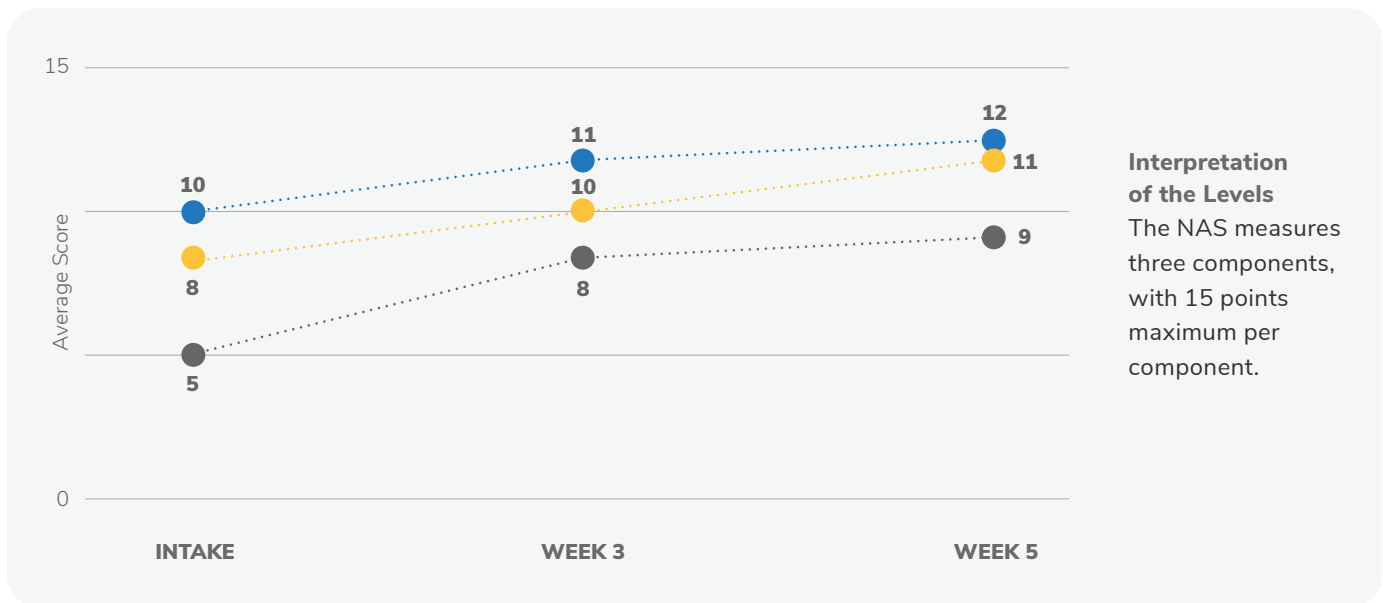
The Newport Academic Scale™ (NAS) measures patients' engagement, autonomy, and ownership of academic performance. Results inform Newport's individualized instruction, which uses an accredited curriculum and/or coordination with the patient's local school to ensure students experience continued progress and achievement. On average, adolescent patients showed improvement in all areas over the course of treatment.

While parents are often concerned that their children may fall behind academically during residential care, our data suggests the opposite. As a result of Newport's integrated treatment model and individualized, strengths-based academic programming, patients experience significant improvement in academic skills, motivation, and engagement—in some cases for the first time.

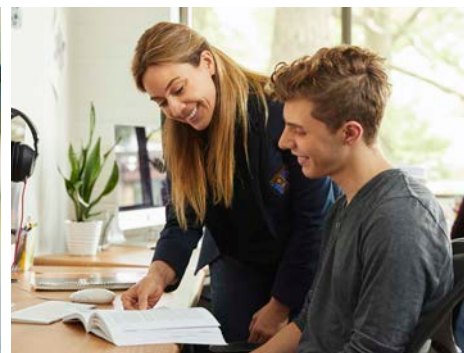
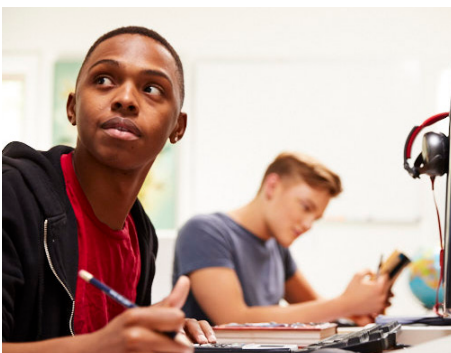
**“There is nothing like seeing our students recognize what they can achieve once they overcome their mental health issues.”**

**—Ryan Fedoroff, MEd  
Vice President, Learning and Development,  
Newport Healthcare**

### ACADEMIC ENABLERS



● Motivation ● Interpersonal Skills ● Study Skills





## RESULTS:






# Family Relationships + Attachment (ECR-RS)




Newport's family therapy treatment model aims to repair ruptures in the parent-child relationship that contribute to psychological distress. Utilizing the empirically supported Attachment-Based Family Therapy (ABFT) modality, our family therapists guide patients and their parents to build mutual understanding, empathy, and open communication.

A strong alliance with parents is one of the most robust predictors of adolescent treatment outcomes. Newport's clinical model focuses on healing the parent-child relationship so teens feel safe turning to family for support. As our adolescent patients progressed through treatment, they reported improvements in attachment with both maternal and paternal figures.

### At intake, according to BHS + FAD data:

-  **1 in 3 patients reported “never” going to family members for support**
-  **More than half experienced frequent family conflict**
-  **The majority perceived moderate levels of criticism from family (3 or greater on a scale of 1–5)**

### By week 5, patients reported being:

-  **More apt to depend on parent(s)**
-  **More likely to turn to parents in a time of need**
-  **More willing to reveal their authentic self to parents**

**“I have my baby back! My daughter has been finally talking with us and laughing again. She has been so much better since coming home from Newport. One of the biggest things we have noticed is that she is not talking negatively about herself. We are so grateful for Newport and their care for our daughter.”**

—Alumni parent

Family attachment: p value (statistical significance) < .001; see p. 2 for details.



NEWPORT  
INSTITUTE

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# Residential: Patient Profile + Treatment Outcomes

## Young Adults Ages 18-28

Located across the country, our live-in residential treatment programs for young adults offer intensive individual, group, and family therapy in healing environments, with a focus on supporting academic and career advancement.

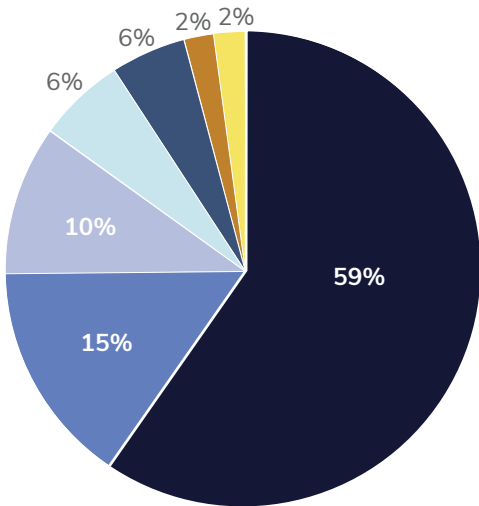




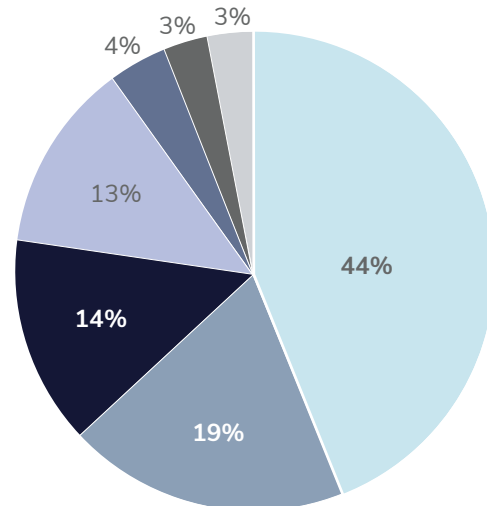
# Patient Diagnoses + Symptoms

Newport’s clinical diagnoses at intake show that our young adult patients come to us with severe depression and anxiety, as well as higher rates of bipolar disorder and PTSD than our adolescent patients. At admission, nearly two thirds of patients reported traumatic distress, close to half had current suicide risk, one third struggled with substance abuse, and 13% were identified as at-risk for eating disorders.

**PRIMARY DIAGNOSIS**



**SECONDARY DIAGNOSIS**



- Major Depressive Disorder
- Other-Primary Diagnosis
- Attention-Deficit Hyperactivity Disorder
- Bipolar Disorder
- Obsessive-Compulsive Disorder
- Social Phobia
- Post-Traumatic Stress Disorder
- Unspecified Mood (Affective) Disorder
- Cannabis Use Disorder
- Generalized Anxiety Disorder
- Other/Null-Secondary Diagnosis

“Other-Primary Diagnosis” includes Attention-Deficit Hyperactivity Disorder (1%) and other diagnoses. “Other/Null” includes Obsessive-Compulsive Disorder, Alcohol Dependence/Abuse, Eating Disorder (all 2%); Autistic Disorder, Mixed Obsessional Thoughts and Acts, Opioid Use, Panic Disorder, Unspecified Mood (Affective) Disorder (all <1%); and other diagnoses.

## Substance Use and Eating Disorders as Self-Medication for Distress

Our young adult patients’ self-reported drug and alcohol use and disordered eating symptoms often reflect their use of these behaviors as maladaptive coping mechanisms for stress and difficult emotions. Newport’s treatment model creates sustainable healing by addressing the underlying mental health concerns that catalyze these symptoms.



1 in 5 reported using marijuana daily

More than

**1 in 3**

reported that their alcohol or drug use over the past year caused problems in their relationships and interfered with daily responsibilities

More than

**1 in 4**

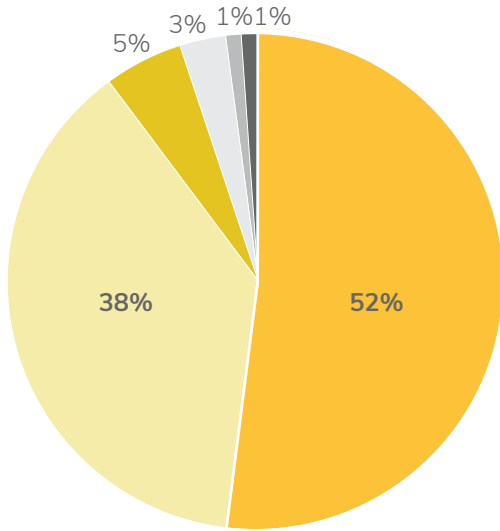
engaged in binge eating



reported restricting their food intake

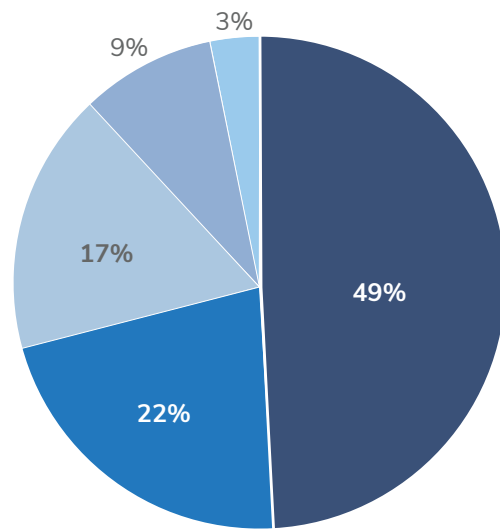


# Gender Identity + Sexuality



**GENDER IDENTITY**

- Female
- Male
- Genderqueer/Gender-nonconforming
- Other
- Nonbinary
- Transgender



**SEXUAL ORIENTATION**

- Heterosexual/Straight
- Bisexual
- Other/Prefer not to answer
- Gay or Lesbian
- Asexual



# Risk Factors

Young adults reported high levels of bullying and sexual coercion (BHS), and moderate levels of family conflict as measured by the Family Functioning-General Functioning Subscale (FAD-GF).



## Bullying

Nearly two-thirds of patients reported having been victims of verbal bullying, most notable among the genderqueer/gender-nonconforming and nonbinary groups. About 18% reported cyberbullying, and 14% reported physical bullying.



## Sexual Coercion

Patients were asked at intake about their experiences of sexual coercion/abuse. About 1 in 4 reported a history of sexual abuse, and a third of that group reported that the abuse had occurred within the past three months.



## Family Conflict

Patients scored a mean of 2 on the FAD-GF, which ranges from 0–4. About 1 in 3 reported being unable to turn to family for support, not feeling accepted by parents, and not getting along well with parents.



## RESULTS:

# Depression (PHQ-9)

Newport's young adult patients reported moderately severe depression symptoms at intake. Over five weeks, depressive symptoms significantly decreased, on average, to the lowest end of the moderate range, with some patients' depression decreasing to mild levels.

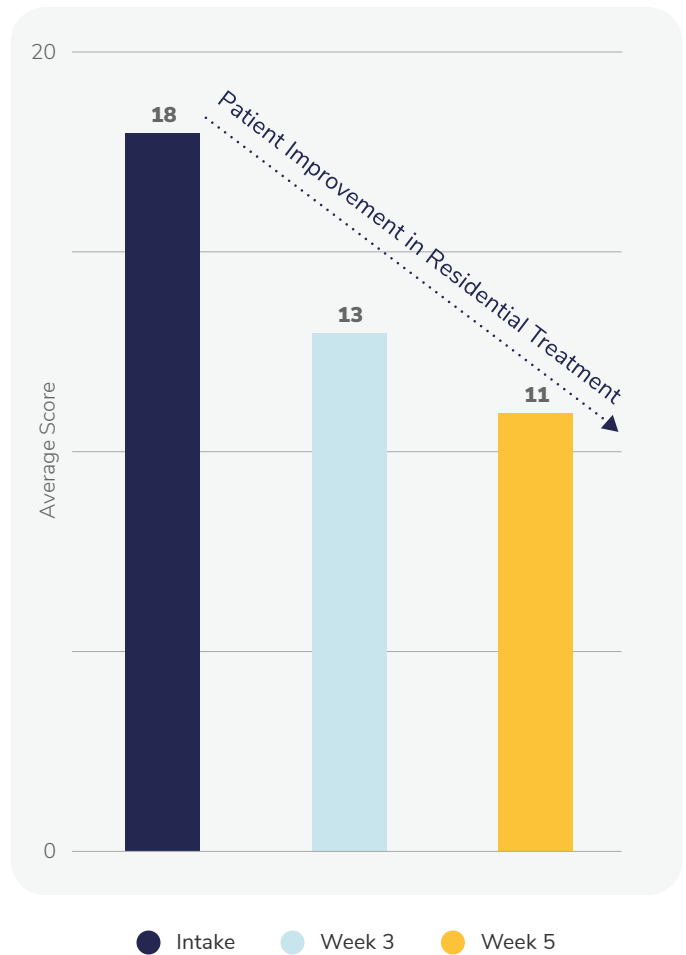
Newport's specialized programming guides young adults to process past trauma, gain self-awareness, and build emotional-regulation skills that help them launch into a thriving life.

### Interpretation of the Levels

15–19: Moderately Severe

10–14: Moderate

5–9: Mild



Depression: p value (statistical significance) < .001; see p. 2 for details.



### Newport Patient Experience

As depression scores decrease, patients experience:

- ✓ Greater ability to feel joy and love
- ✓ Renewed engagement with future goals
- ✓ Enhanced self-compassion
- ✓ Fewer feelings of worthlessness
- ✓ More hope and optimism

“Before Newport, I had no hope, no desire to live. I was miserable. I hated my life and myself. Today, I’m alive! I am learning to love myself. I’m beyond blessed to have had this life-saving opportunity.”

—Natalie K., Newport Institute alum



## RESULTS:

# Anxiety (GAD-7)

At intake, more than 50% of Newport's young adult patients reported severe anxiety. By week 5, these patients' anxiety symptoms were significantly reduced. On average, patients' symptoms decreased to the lowest end of the moderate range, with some patients experiencing only mild symptoms.

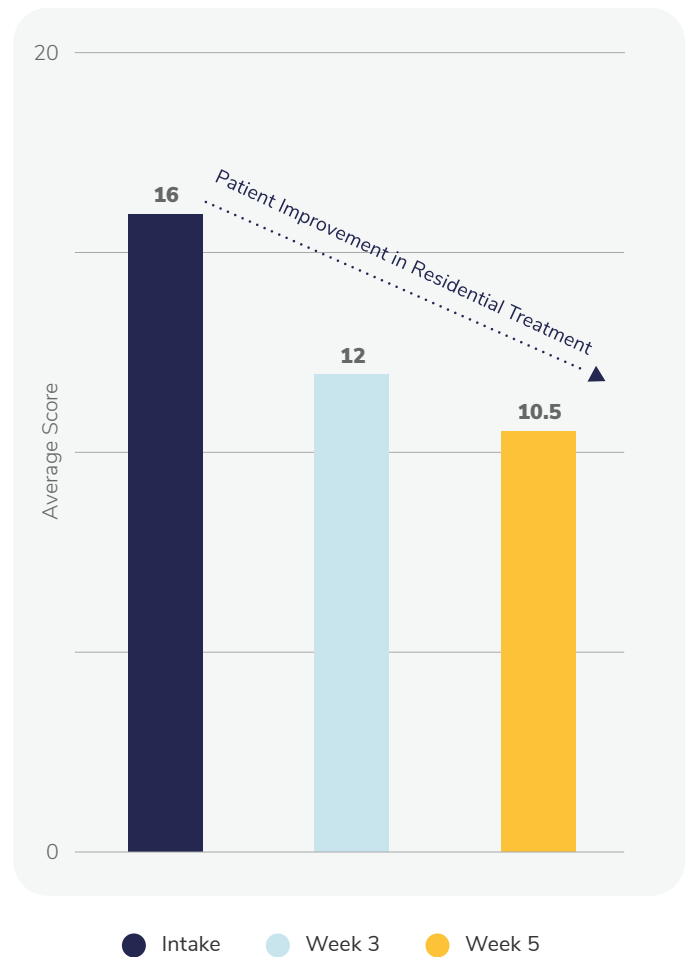
Newport's treatment model addresses anxiety disorders through a combination of therapeutic modalities. Each patient receives an individualized treatment plan that includes standardized protocols, session goals, and group curriculum.

### Interpretation of the Levels

15–21: Severe

10–14: Moderate

5–9: Mild



Newport's treatment for anxiety, depression, trauma, and other mental health issues is provided by clinicians who are trained and supervised in empirically supported and evidence-based modalities, including:

- Cognitive Behavioral Therapy
- Attachment-Based Family Therapy
- Dialectical Behavioral Therapy–Informed Skills
- Motivational Interviewing
- EMDR
- Art, Music, and Adventure Therapy

Anxiety: p value (statistical significance) < .001; see p. 2 for details.



### Newport Patient Experience

As treatment progressed, anxiety reduction manifested as:

- ✓ **Reduced rumination**
- ✓ **More ease in shifting away from negative thinking**
- ✓ **Greater ability to relax**
- ✓ **Reduction in uncontrollable worrying**
- ✓ **No longer living in a state of dread**



## RESULTS:

# Well-Being (WHO-5)

At intake, patients on average showed well-being measures indicating “likely depression”; by week 5, patients, on average, were just below the “well” range of the scale. Patients with depression and/or anxiety generally reported lower well-being compared to other patients at intake, but their well-being also improved as they progressed through treatment. Building on these positive changes, our treatment provides young adults with life skills programming and support with educational and career goals.

## Results: Therapeutic Alliance (WAI-SR)

At week 3, once the patient and therapist establish a relationship, young adults reported a score of 41, on average, on a scale of 0–55, indicating a very high working alliance with their family therapist. Working alliance increased to 44 by week 5.

Newport maintains an industry-leading staff-to-client ratio. In addition to family therapists, patients' treatment teams can include psychiatrists, individual therapists, experiential therapists, and other experts focused on treating the underlying issues and external manifestations of mental health conditions.

*Well-being for all patients and for patients with depression and/or anxiety: p value < .001. See p. 2 for details.*



Patients rated the following statements regarding working alliance with their family therapist:

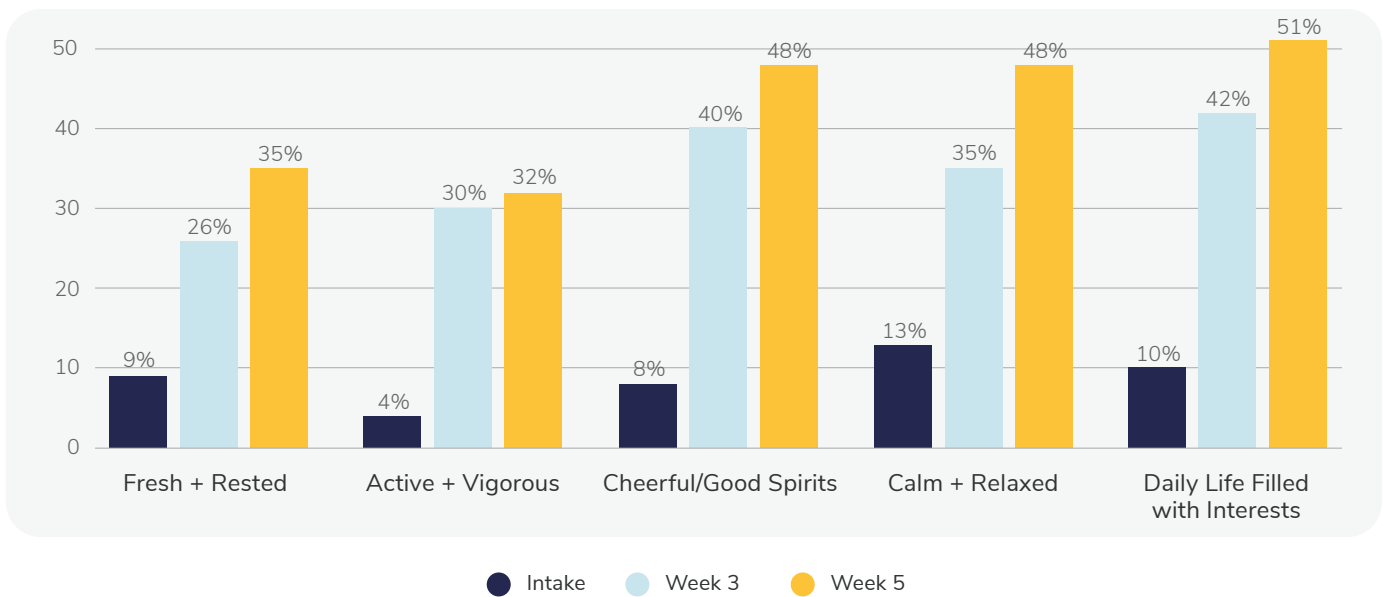
- 1 My therapist appreciates me.
- 2 My therapist and I agree on our goals.
- 3 My therapist is helping me to make changes.
- 4 I have new ways of looking at my problem.
- 5 We agree on what's important.



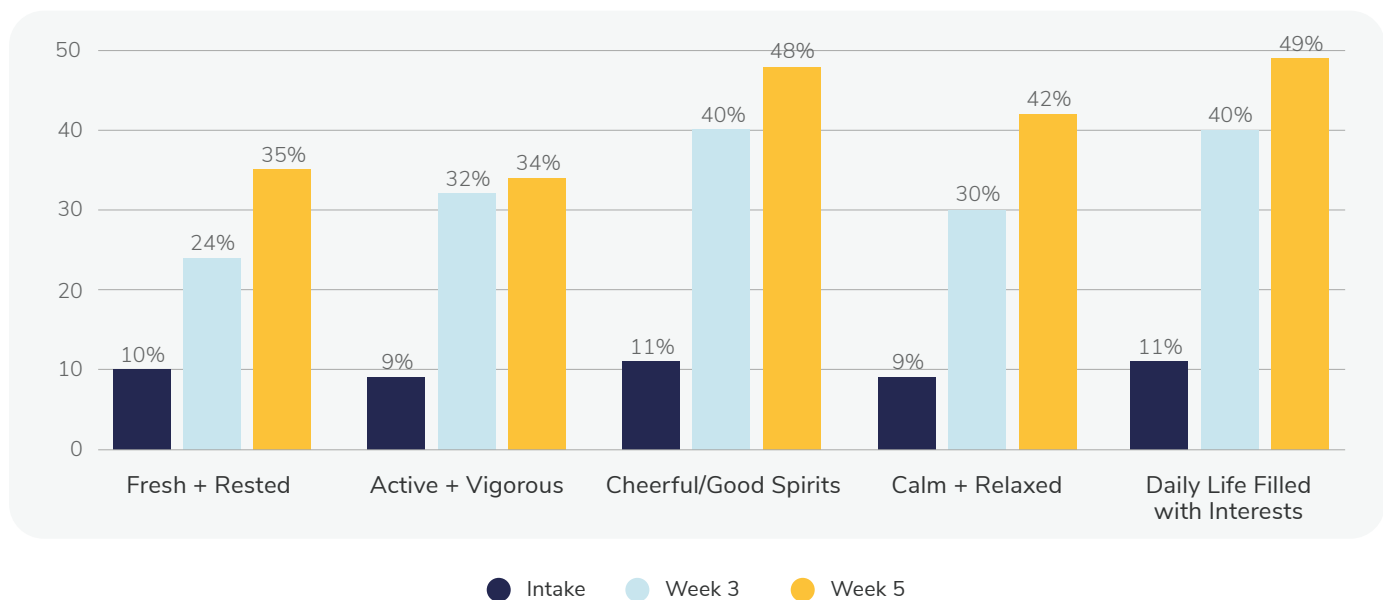
# What Defines Well-Being in a Young Adult's Life?

As they progress through treatment, young adults experience a stronger sense of self-worth, more engagement with others and with daily activities, and a greater connection to their life's purpose and meaning.

**PATIENTS WITH DEPRESSION: WHO-5 CHANGES**



**PATIENTS WITH ANXIETY: WHO-5 CHANGES**








## RESULTS:

# Family Relationships + Attachment (ECR-RS)




The family is central to Newport's treatment philosophy and clinical model. We understand that a secure foundation of support is critical to young adults' well-being, providing a buffer against distress, enhancing resilience, and creating a sense of security in challenging times.



### At intake, according to BHS + FAD data:

-  44% reported not being able to talk about sadness with parents
-  34% did not feel accepted for who they are
-  31% felt they could not turn to family for support

### By week 5, patients reported being:

-  More apt to discuss problems and concerns with parents
-  More comfortable opening up to parents
-  More likely to reveal their true feelings to their parents

Newport utilizes the empirically supported Attachment-Based Family Therapy (ABFT) model. ABFT is designed to strengthen the parent-child relationship, which helps young adults to build resilience, autonomy, and independence.



“Research shows that insecure attachment impairs emotional functioning more than any other developmental domain. Having a family therapy model that is manualized and empirically supported has allowed us to successfully address the increasing acuity of our clients’ mental health issues.”

—Barbara Nosal, PhD, LMFT, LADC  
Chief Clinical Officer, Newport Healthcare



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# Outpatient: Patient Profile + Treatment Outcomes

## **Adolescents Ages 12-18**

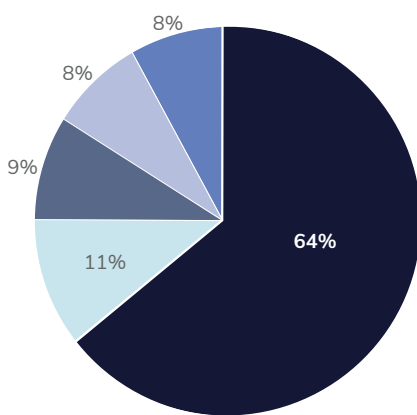
In Newport outpatient treatment, adolescents live at home and attend partial or full-day programming up to five days a week. Schedules at our nationwide locations include clinical and experiential therapy, with an academic component provided for full-day programs.



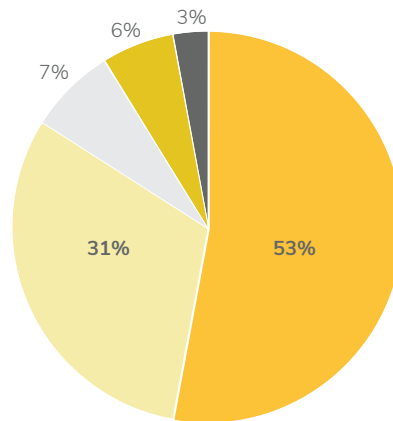


# Patient Diagnoses + Symptoms

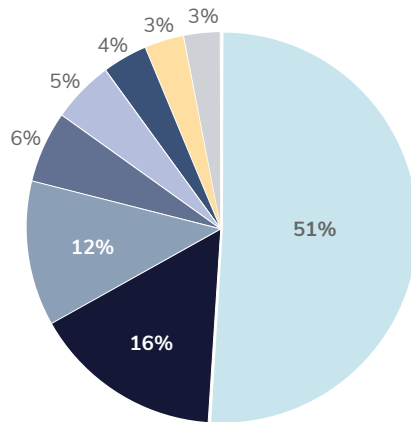
As with our residential patients, the majority of adolescents in our outpatient programs come to us with concerning symptoms of depression and/or anxiety. According to patients' BHS surveys, more than half were experiencing traumatic distress, close to 1 in 3 had current suicide risk, 18% were at risk for eating disorders, and one-third reported that their alcohol and drug use over the past year had caused problems in their relationships and interfered in daily responsibilities.



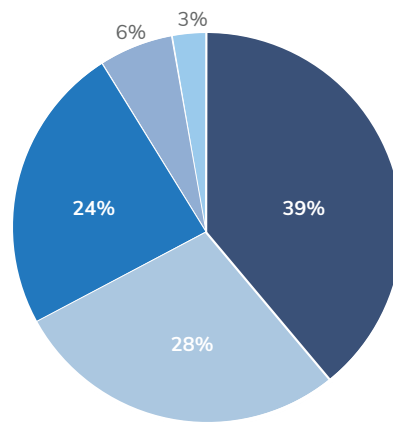
PRIMARY DIAGNOSIS



GENDER IDENTITY



SECONDARY DIAGNOSIS



SEXUAL ORIENTATION

- Major Depressive Disorder
- Generalized Anxiety Disorder
- Other-Primary Diagnosis
- Post-Traumatic Stress Disorder
- Bipolar Disorder
- Other/Null-Secondary Diagnosis
- Attention-Deficit Hyperactivity Disorder
- Obsessive Compulsive Disorder
- Alcohol Dependence Abuse
- Cannabis Use Disorder

"Other-Primary Diagnosis" includes Attention-Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Obsessive Compulsive Disorder, and other diagnoses. "Other/Null-Secondary Diagnosis" includes Autistic Disorder (2%), Unspecified Mood (Affective) Disorder, Mixed Obsessional Thoughts and Acts, and other diagnoses.

## Risk Factors: Bullying + Sexual Abuse

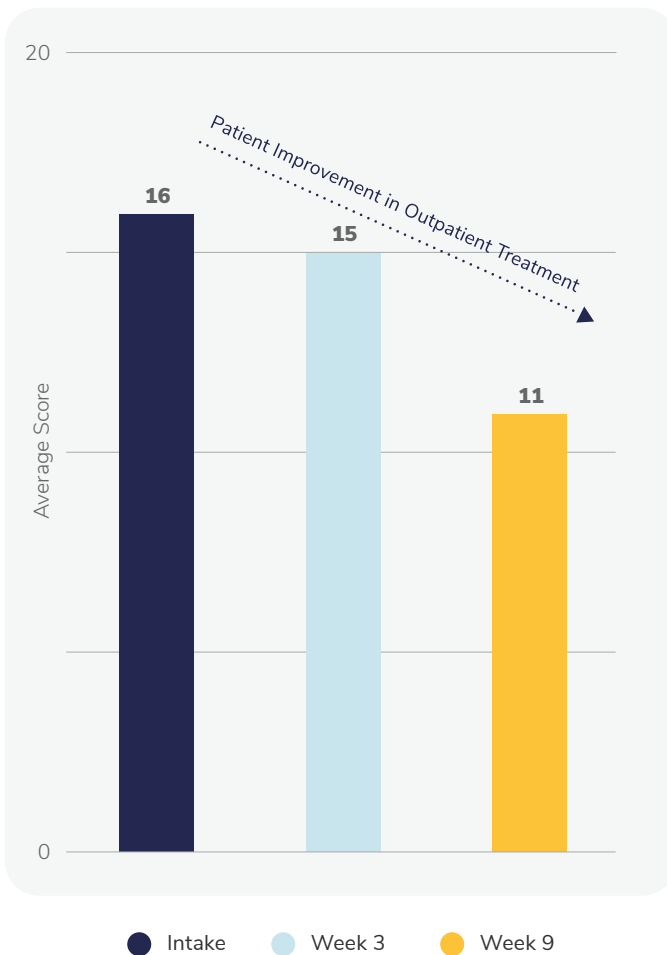
Close to 40% of patients reported a history of sexual abuse, and 16% reported having experienced the abuse within the last three months. Bullying was also a significant risk factor, with over half reporting verbal bullying, 1 in 5 patients reporting cyberbullying, and 1 in 6 reporting physical bullying.



## RESULTS:

# Depression (PHQ-9)

Many patients were experiencing moderately severe depression at intake. As they progressed through treatment, they reported a significant reduction in depressive symptoms.



### Interpretation of the Levels

15–19: Moderately Severe

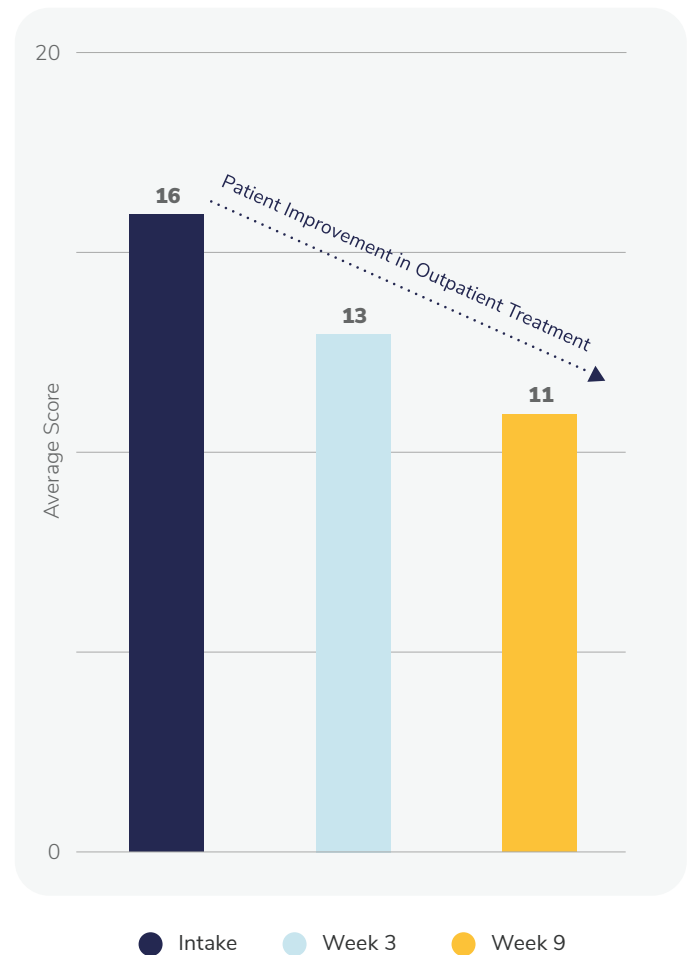
10–14: Moderate



## RESULTS:

# Anxiety (GAD-7)

Patients' anxiety symptoms showed significant improvement, with many patients starting treatment with severe anxiety and reporting symptoms on the low end of the moderate scale by week 9.



### Interpretation of the Levels

15–21: Severe

10–14: Moderate

Suicide risk (BHS) also decreased on average, with patients' suicidal thoughts, suicidal plans, and self-harm dropping from intake to week 9, while their feelings that "life is worth living" increased.

Depression and anxiety: p value (statistical significance) < .001; see p. 2 for details.

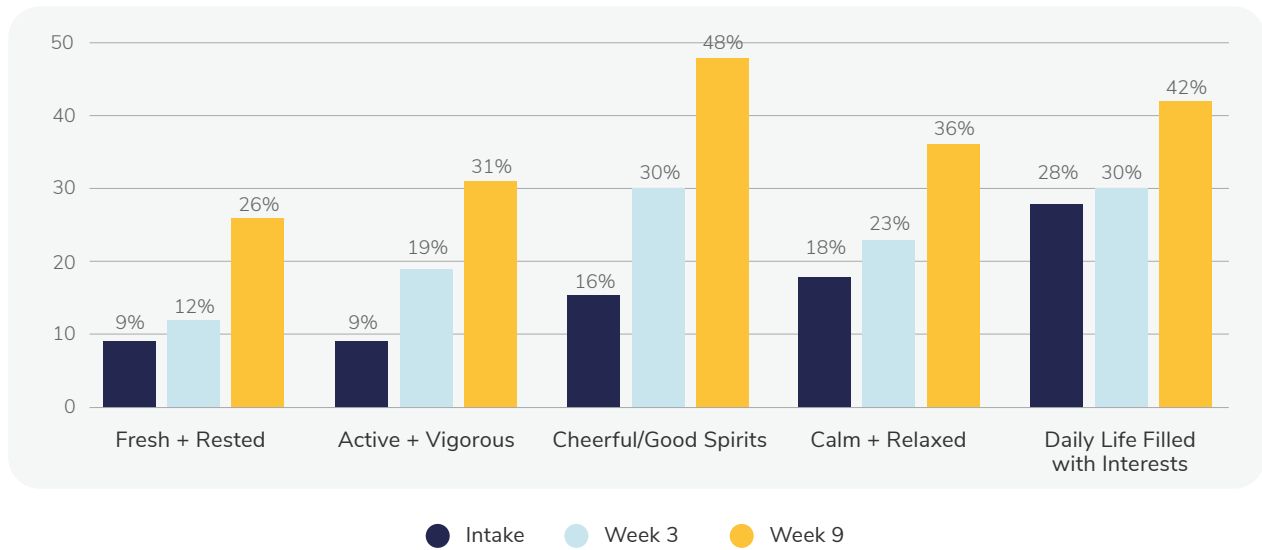


## RESULTS:

# Well-Being (WHO-5)

Patients with depression or anxiety reported lower well-being compared to other patients at intake, which improved as treatment progressed. Newport's programming provides an environment for patients to safely be vulnerable, gain insight, and discover new passions to replace high-risk behaviors.

PATIENTS WITH DEPRESSION: WHO-5 CHANGES



## RESULTS:

# Family Relationships + Attachment (ECR-RS)

At intake, 1 in 3 patients felt they could not turn to their family for support and did not get along well with them. By week 9, average attachment scores showed significant improvement with both maternal and paternal figures—demonstrating the success of Newport's focus on family as the solution and on healing early childhood attachment ruptures, for both child and parents.



## RESULTS:



# Therapeutic Alliance (WAI-SR)

By week 3, patients reported a very high working alliance with their family therapist (score of 40 on a scale of 0–55), which was maintained at week 9 (score of 42). Patients like their family therapist, feel they are working toward mutually agreed-upon goals, and feel therapy will help them accomplish the changes they want. The number of patients agreeing with the WAI-SR items (see page 19) increased by 10% between weeks 3 and 9.



Well-being and family attachment: *p* value (statistical significance) < .001; see p. 2 for details.



# The Newport Patient Experience

At Newport, providing a positive patient treatment experience spans every aspect of the journey—from ease of admissions, to patients' relationships with staff and therapists, to support after discharge.

## Satisfaction with Care

Treatment satisfaction is a critical outcome, but many programs do not assess satisfaction or, if they do measure it, the quality of the assessment tool varies. The proprietary Newport Client Satisfaction Scale™ tracks satisfaction throughout treatment with outcomes, staff, and services. In 2022, on average, adolescent and young adult patients, parents, and referring mental health and healthcare providers reported high satisfaction over the course of treatment.

### ► Patients

Entering treatment can be difficult for teens in particular, who generally have lower motivation to seek care and may be slower to engage. However, more than 80% of our adolescent patients felt that Newport staff prioritized their needs, goals, and safety and took the time to understand them. These satisfaction rates were even higher for young adults.

In addition, most patients reported that the daily schedule—including clinical therapy, academics/life skills, and experiential activities—engaged and challenged them.

### ► Parents

Our satisfaction scores for parents show that parents feel staff pay attention to the family's needs and goals and communicate clearly and frequently about their child's progress in treatment. As treatment continued, the majority of parents reported observing symptom reduction and improved overall functioning in their child, as well as an improved relationship with them.

### ► Referring Professionals

We value the insights of patients' local treatment providers and consider them an essential part of our integrated team approach. As a result, our referent data shows high satisfaction, particularly regarding communication, one of the most important aspects for this group.

The majority of referring professionals report excellent customer service provided by Newport's Clinical Outreach Specialists prior to admission, regular updates from patients' treatment teams throughout their stay, and effective communication with our Continuing Care team before and after discharge.

**9 out of 10**

young adults and 8 out of 10 teens say they benefited from Newport treatment

**9 out of 10**

parents would recommend Newport to others

**9 out of 10**

referring professionals rated Newport treatment as exceptional

**10 out of 10**

referring professionals would refer patients to Newport again



## Treatment Motivation

As part of our experience-related outcomes, we track patients' treatment motivation at intake. In 2022, 95% of our young adult patients and 68% of adolescents came to Newport feeling that they needed help with their mental health, although not all were motivated to start treatment.

However, even those who were not motivated made strong, positive connections with their family therapists and their treatment goals early on. On average, patients experienced marked improvement across all mental health and satisfaction measures, and 8 out of 10 teens and 9 out of 10 young adults felt they benefited from treatment.

This data shows that initial lack of motivation does not prevent recovery or reduce therapeutic alliance while in treatment at Newport.

**“Newport Healthcare utilizes both qualitative and quantitative data to provide an outstanding client and family experience. Through collaborative ownership across departments, we are meeting and exceeding the needs of our patients, parents, and referring professionals at each step of the way.”**

**—Kristin Wilson, MA, LPC, CCTP, RYT, Chief Experience Officer, Newport Healthcare**

## Tracking the Client Journey

In addition to our satisfaction surveys, Newport has developed specific initiatives to expand our insight into patients' and parents' treatment experience.

We research clients' typical actions, thoughts, and feelings at each stage of the process, beginning when they are exploring treatment options and continuing through admissions, treatment, discharge planning, and post-discharge. This work supports:

- Creation of best practices
- Enhanced understanding of the impact of our treatment model
- Improved client engagement
- Service recovery when necessary
- Increased staff ownership of their respective client touchpoints

### Alumni Connections to Support Long-Term Healing

In 2022, our Alumni team served 3,061 alumni and parents through events and support groups, including our Monthly Story of Hope, LGBTQ+ and Ally Support, Single Parent Support, and conversations with our clinical experts.

The patch at right was designed by Deanna B., parent of a Newport Academy alum, and shared with our alumni families as a symbol of their journey of healing.





# Future Directions

## ✔ New Data-Collection Platform

Launched in early 2023, Newport's new data-collection platform is helping to increase survey completion rates, both during treatment and post-discharge. It also enhances clinicians' ability to access, understand, and track data to inform treatment plans, and provides additional tools to examine and utilize the data.

## ✔ Parent Surveys

To expand our outcomes beyond patients' self-reporting, we have developed and implemented a comprehensive survey gathering parents/caregivers' perspectives on their adolescent or young adult child's well-being and general functioning. Parent data is collected at intake, mid-treatment, and post-discharge.

## ✔ Post-Discharge Data

While it is vital to know how patients are doing during treatment, it is arguably just as important to gather data after teens and young adults reintegrate into their homes and communities. In early 2023, we relaunched our post-discharge data-collection efforts using our new platform, with surveys administered at 1-, 3-, 6-, and 12-month intervals after discharge.

**“The promotion of empirical values in mental healthcare is critical to the advancement of the field. And the foundation of that effort is the study of patient outcomes.”**

—Michael Roeske, PsyD, Senior Director,  
Newport Healthcare Center for Research  
and Innovation



## Appendix: Assessment Tools

SCALE/SCREENER	DOMAIN
BHS	Demographics, medical, school, family, safety, substance use, sexual risk, nutrition and eating, anxiety, depression, suicide and self-harm, psychosis, trauma, bullying, and gun access
GAD-7	Anxiety
PHQ-9	Depression
WHO-5	Well-Being
ECR-RS	Family Attachment
WAI-SR	Working Alliance with Therapist(s)
FAD (6 ITEMS)	Family Functioning
ED-15 (5 ITEMS)	Eating Disorder Behaviors
NEWPORT PROPRIETARY SCALES	Newport Client Satisfaction Scale™
	Newport Academic Scale™



# About Newport Healthcare

Our industry-leading treatment programs provide a complete continuum of care, spanning inpatient hospitalization, residential treatment programs, and a full suite of outpatient treatment, including virtual outpatient programming.



## NEWPORT ACADEMY

### For Teens

We provide family-focused, results-driven care that takes into account every aspect of a teen's well-being to provide sustainable healing and long-term thriving.



## NEWPORT INSTITUTE

### For Young Adults

Our trauma-informed treatment addresses the unique needs of this demographic and provides tools for their continued success in recovery, and in life.

### Our Vision

To be the innovator in behavioral health treatment, a pioneer in removing the stigma of mental health challenges, and the leading provider of evidence-based care that results in sustainable healing.

### Our Values



**Patient First**  
We will always put patient safety and well-being first in our decision making.



**Excellence**  
We employ a standard of excellence in all that we do.



**Connection**  
We facilitate the building of authentic connections first with yourself and then with the community around you.



**Love**  
We'll love you until you love yourself.



**Empathy**  
We don't just show you the way out of the darkness, we walk out of it with you.

**We will do whatever it takes.**

### Joint Commission Accreditation

Newport's innovative approach to behavioral healthcare and our dedication to excellence have earned the Gold Seal of Approval® from The Joint Commission, the nation's oldest and largest healthcare accrediting body.





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HEALTHCARE**



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