

Castlewood

Treatment Centers for Eating Disorders

ST. LOUIS, MO | MONTEREY, CA | BIRMINGHAM, AL



Treatment Outcomes
Providing Transformative Care Since 2000

Compassion | Respect | Empowerment

Treatment Outcomes



When choosing a treatment program, it is important to understand the effectiveness of the program and how that program compares to other facilities in terms of treatment outcomes. At Castlewood we are proud to share our outcome results, which we continually utilize to evaluate and improve our programs.



Nancy Albus, LPC, CEDS CEO
Castlewood Treatment Centers

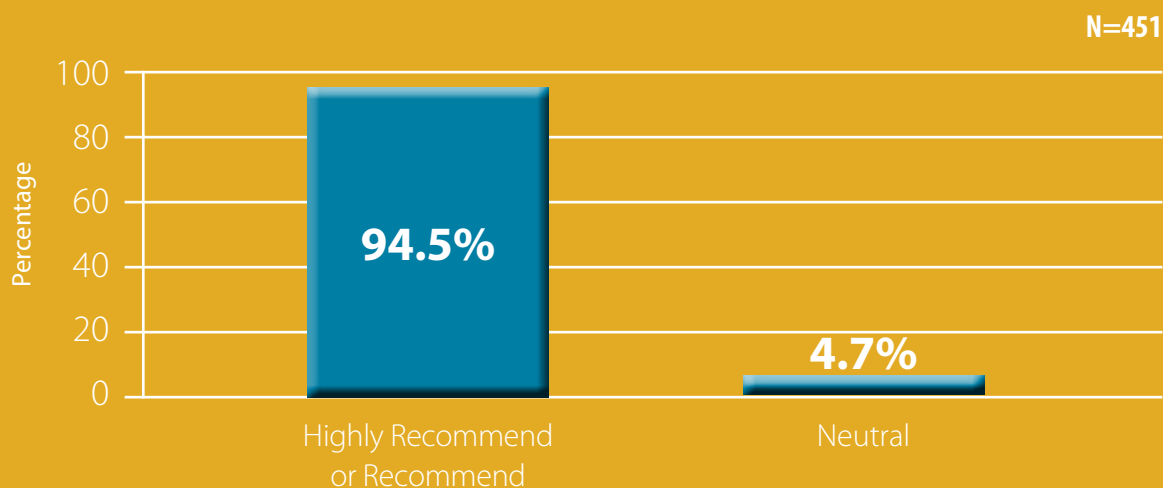
“ At Castlewood, we are able to observe the progress in our clients and have witnessed the freedom and resilience that comes with a full recovery. It is validating to have the reality of our clients’ recovery supported by quality research, which confirms what we’ve always known – that people achieve recovery at Castlewood. ”

Client Satisfaction

- The Perception of Care Survey is an anonymous, online survey that all clients are asked to complete upon discharge.
- The Perception of Care Survey helps us evaluate all areas of our programs, including: the pacing of treatment activities, group therapy, experiences with clinical staff, the admissions/discharge process, and overall satisfaction. We use the data collected to provide quality assurance and improve our services.
- Sample for Satisfaction Data: 451 clients who attended Castlewood Treatment Centers between May 2013 - May 2015 are included.



Perception of Care Survey Results



Psychological Assessment Outcomes

- Clients complete several psychological assessments at admission and discharge from all Castlewood programs. These tests measure mood, anxiety, eating disorder symptoms, trauma symptoms, overall functioning and quality of life.
- Clients attending Castlewood Treatment Centers between 2013 - 2015 were able to make significant improvements in:
 - Eating Disorder Symptoms
 - Depressive Symptoms
 - Anxiety Symptoms
 - Trauma-Related Symptoms
 - Quality of Life
 - Overall Life Functioning



Demographics of Client Sample

Sample Size	112 clients
Time Period	April 2013 through April 2015
Gender*	92% Female; 8% Male
Age	Mean age in years: 28 Range: 18 - 61
Length of Stay	Mean LOS in months: 2.7 Range: 2 weeks to 9.5 months
Eating Disorder Diagnosis**	AN-R: 15.2% AN-B/P: 22.3% BN: 29.3% BED: 12.5% EDNOS: 20.5%

* All Transgender clients chose either Female or Male.

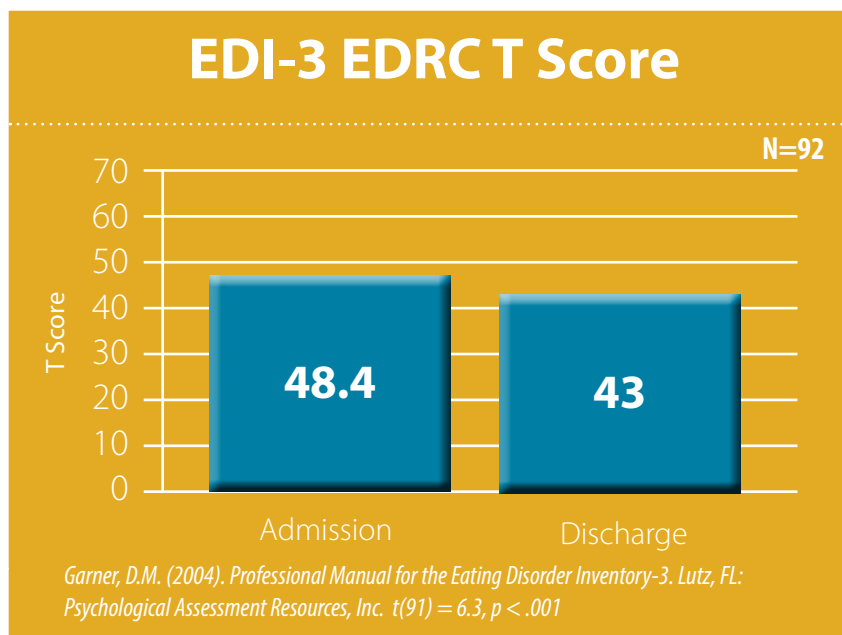
** Anorexia Nervosa – Restricting type; Anorexia Nervosa – Binge-eating/purging type; Bulimia Nervosa; Binge Eating Disorder; and Eating Disorder Not Otherwise Specified

Eating Disorder Symptoms: Several psychometrically sound eating disorder assessments are included in our outcome measures to provide a comprehensive assessment of eating disorder symptoms and behaviors.

A) Eating Disorder Inventory-3:

This test measures eating disorder psychopathology and other psychological symptoms relevant to eating disorders, such as perfectionism and emotional dysregulation. The Eating Disorder Risk Composite (EDRC) scale score is the average of 3 Eating Disorder scale scores (Bulimia, Drive for Thinness and Body Dissatisfaction).

**EDRC T scores showed a statistically significant improvement, from an average admission T score of 48.4 to an average discharge T score of 43, which shows a reduction in core eating disorder symptoms at the time of discharge.*



B) Eating Disorder Examination

Questionnaire-6 (EDE-Q-6): The EDE-Q-6

is comprised of 5 scales and measures eating disorder behaviors, desires and concerns in the past month.

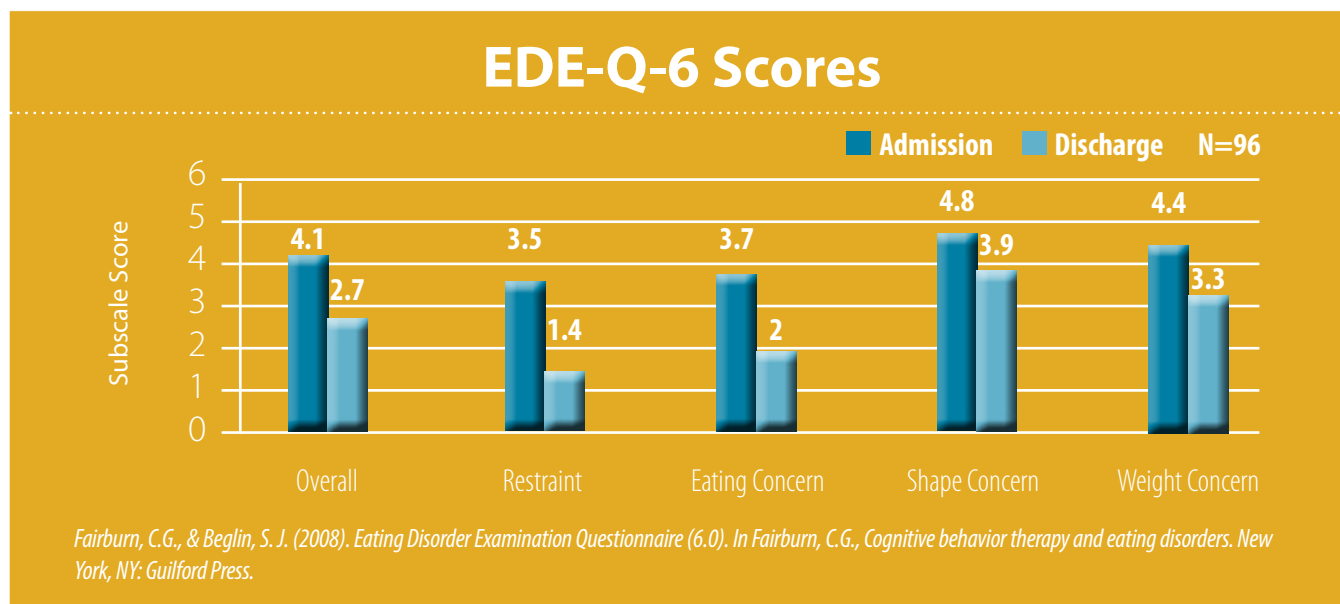
**There was a statistically significant improvement in average scores from admission to discharge for all 5 subscales, indicating a reduction in eating disorder symptoms at the time of discharge. Each subscale ranges between 0 to 6 points. The difference between the means is noted below for every subscale.*

Average Admission Score:

- a) Overall: 4.1 pts
- b) Restraint: 3.5 pts
- c) Eating Concern: 3.7 pts
- d) Shape Concern: 4.8 pts
- e) Weight Concern: 4.4 pts

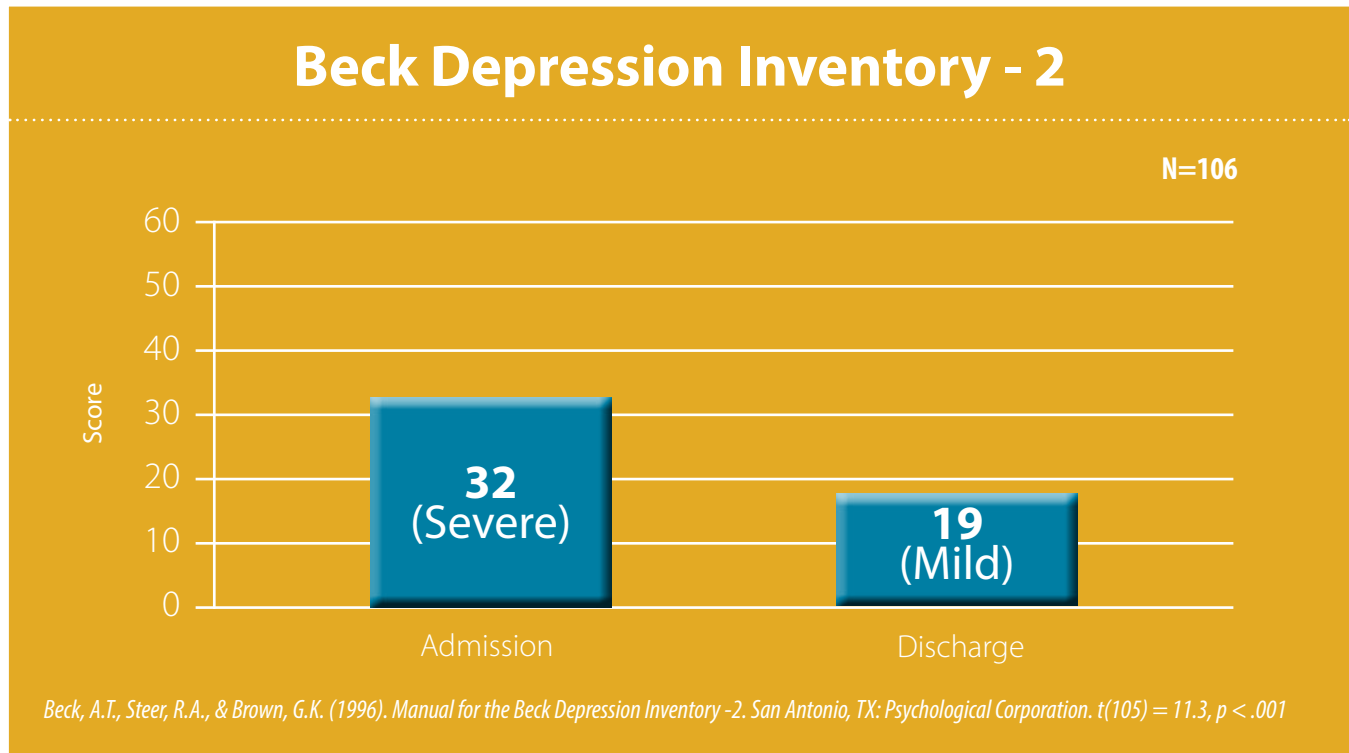
Average Discharge Score:

- a) Overall: 2.7 pts (-1.4 pts, $t(95) = 12.8, p < .001$)
- b) Restraint: 1.4 pts (-2.1 pts, $t(94) = 11.8, p < .001$)
- c) Eating Concern: 2.0 pts (-1.7 pts, $t(95) = 11.6, p < .001$)
- d) Shape Concern: 3.9 pts (-0.9 pts, $t(95) = 7.8, p < .001$)
- e) Weight Concern: 3.3 pts (-1.1 pts, $t(94) = 8.7, p < .001$)



Depression Symptoms: The Beck Depression Inventory-2 (BDI-2) measures symptoms of depression in the past 2 weeks and provides a severity level for depression symptoms.

**There was a statistically significant improvement in average BDI-2 scores from the Severe Depression range at admission to the Mild Depression range at discharge.*

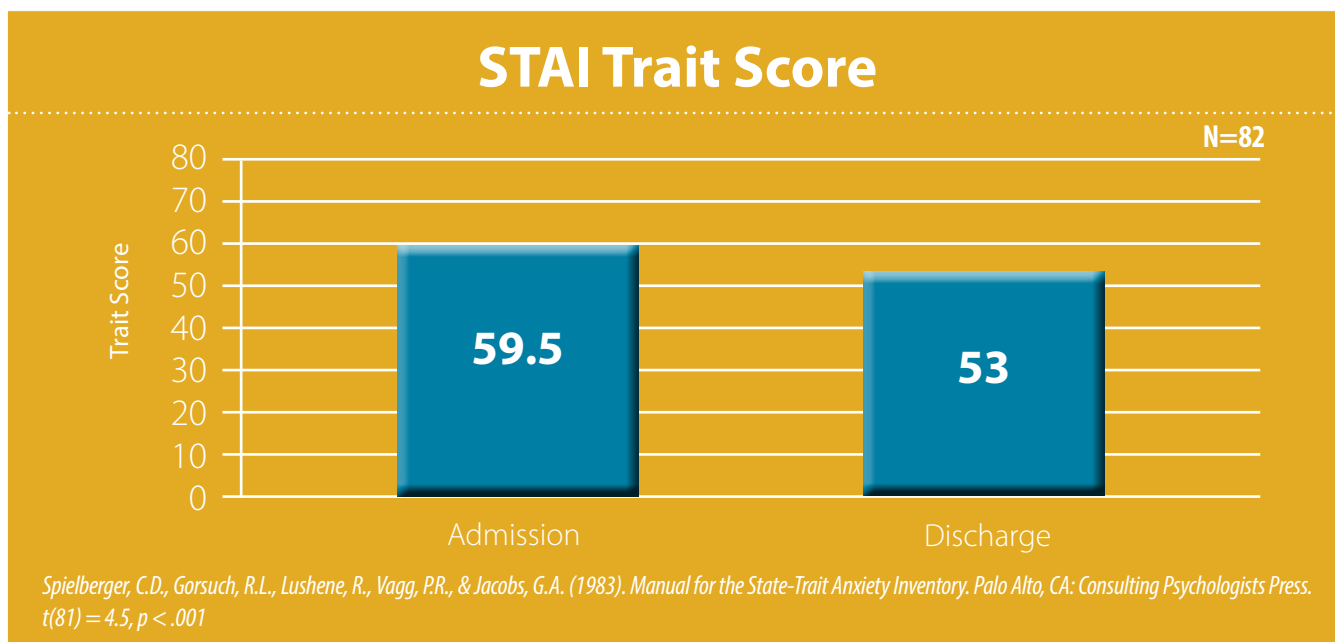


Nicole Siegfried, *PhD, CEDS*
Clinical Director
Castlewood at The Highlands
Director of Research
Castlewood Treatment Centers

“ Utilizing treatment outcomes is an essential component of a quality evidence-based program. Castlewood is committed to collecting outcome data to share with clients, families and referral sources, so they can rest assured that they are receiving the highest quality of care. ”

Anxiety Symptoms: The State Trait Anxiety Inventory (STAI) measures 2 types of anxiety. State refers to the client’s anxiety level while completing the test. Trait refers to the client’s general level of anxiety as a long-standing personality characteristic, and is not affected by the conditions under which the test is given. Therefore, the trait level of anxiety is the most meaningful measurement when discussing treatment outcomes.

**Average STAI Trait scores showed statistically significant improvement from admission to discharge, indicating a reduction in anxiety symptoms at the time of discharge.*



Vanessa Curran, M.A.
Research Coordinator for
Castlewood Treatment Centers

“ We believe clients benefit from having multiple areas assessed, not just the eating disorder. It’s exciting to be able to share our treatment outcomes that show significant improvement across all domains we assess at the time of discharge. ”

Trauma Symptoms: The Trauma Symptom Inventory-2 (TSI-2) measures trauma-related symptoms. It is composed of 4 summary scales, which represent averages of the 12 subscales. Externalization is comprised of the Anger, Sexual Disturbance, Suicidality and Tension Reduction Behavior subscales. Somatization represents the Somatic Preoccupations subscale. Self-Disturbance is a combination of the Depression, Insecure Attachment and Impaired Self-Reference subscales. Finally, Trauma is composed of the Intrusive Experiences, Dissociation, Defensive Avoidance and Anxious Arousal subscales.

**There is a statistically significant improvement in average T scores from admission to discharge for all 4 TSI-2 summary scales, indicating a reduction in trauma-related symptoms at the time of discharge. The difference between the means is noted below for every subscale.*

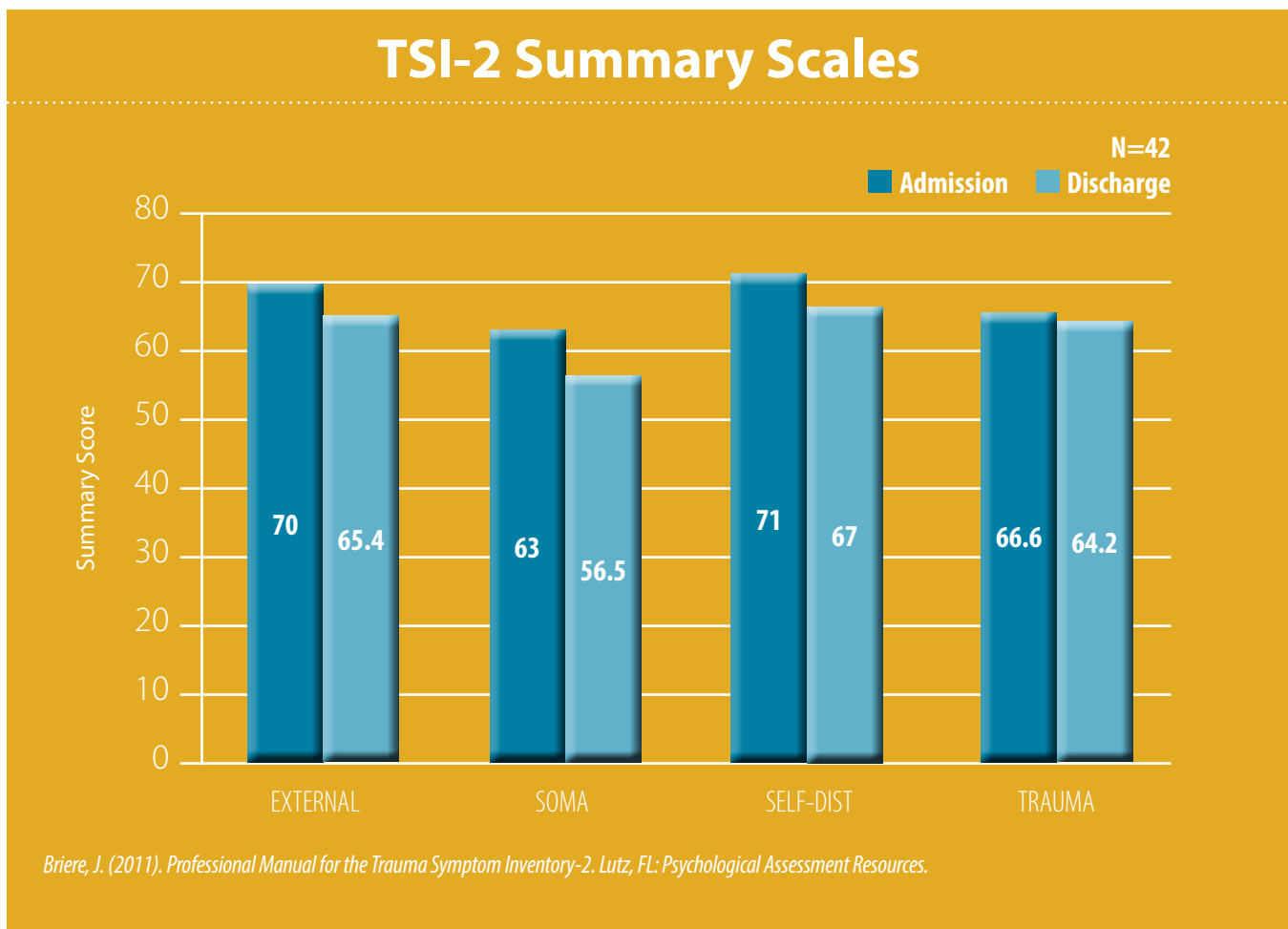
Please note: The data below only includes clients with trauma symptoms (as defined by at least one summary scale upon admission in the clinically significant range, which is 65 points or higher). The sample size is smaller for the TSI-2 analyses based on this filter.

Average Admission Score:

- a) Externalization: 70 pts
- b) Somatization: 63 pts
- c) Self-Disturbance: 71 pts
- d) Trauma: 66.6 pts

Average Discharge Score:

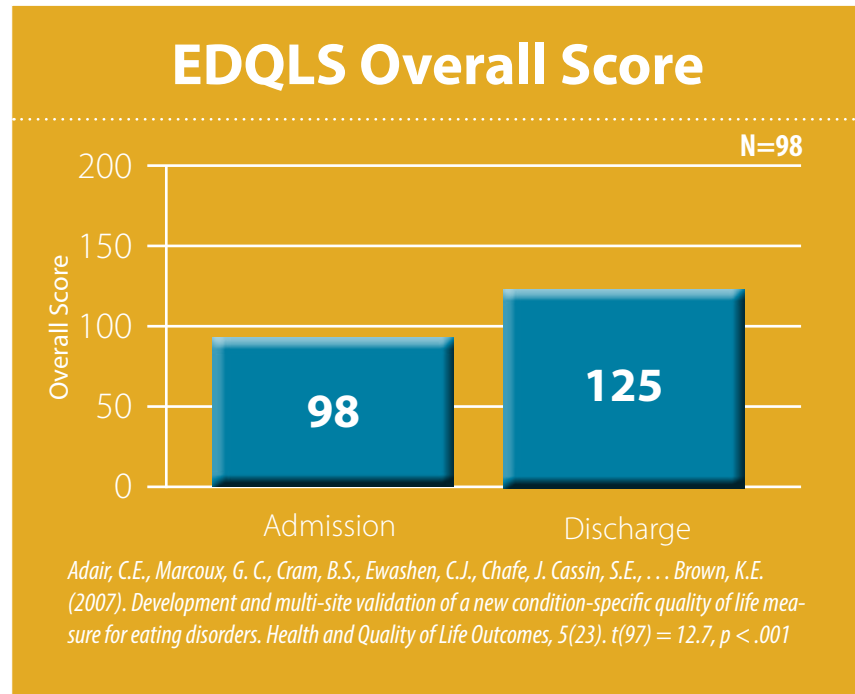
- a) Externalization: 65.4 pts (-4.6 pts, $t(39) = 2.7, p < .01$)
- b) Somatization: 56.5 pts (-6.5 pts, $t(41) = 5.1, p < .001$)
- c) Self-Disturbance: 67 pts (-4.0 pts, $t(41) = 4.3, p < .001$)
- d) Trauma: 64.2 pts (-2.4 pts, $t(41) = 2.2, p < .05$)



Overall Functioning:

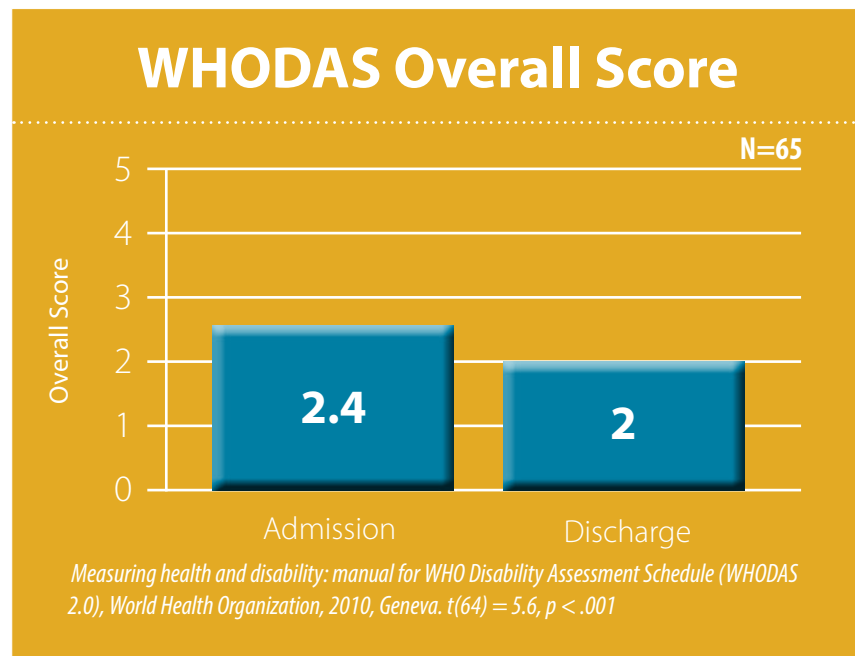
A) Eating Disorder Quality of Life Scale (EDQLS): The EDQLS measures quality of life across 12 domains specific to clients with eating disorders.

**There was a statistically significant improvement in the average EDQLS overall score, with a score of 98 at admission to a score of 125 at discharge, indicating an improvement in quality of life upon discharge.*



B) World Health Organization Disability Assessment Schedule (WHODAS): This measure assesses general disability on a 5 point scale across 7 different areas of life over the past month.

**The average WHODAS score showed a statistically significant improvement from admission (2.4) to discharge (2.0), indicating reduced disability in areas of life functioning.*



“At Castlewood, we not only utilize outcome data to develop more effective treatment programs, but we also communicate each client’s assessment results to his or her treatment team to inform treatment planning.”

Jim Gerber, PhD
Clinical Director
Castlewood Treatment Centers

94.5% of clients would **recommend or highly recommend Castlewood Treatment Centers** to other individuals in need of treatment

2013 - 2015 outcome results show **statistically significant improvement** by the time of discharge across a range of symptoms



“ Castlewood was more than I could have ever asked for in a treatment center. Focused on exactly what needed to be focused on and helped me to understand my disease and where it has developed from. Incorporated so many aspects of my eating disorder and where and why it has developed in my life in therapy sessions and in groups. Has given me so much clarity on the why behind my eating disorder and has given me many of the tools I need to move forward in my recovery. I am forever holding the highest gratitude to my team and to the community, this has been the biggest blessing in my life thus far. ”

– Castlewood Alumna



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Programs



Client Population:

- Men and Women age 16+ with a primary diagnosis of eating disorder

What We Treat:

- Anorexia
- Bulimia
- Binge Eating Disorder
- ED NOS

Co-Occurring Diagnoses:

- Anxiety / OCD
- PTSD / Trauma
- Addiction
- Mood Disorders

Levels of Care:

- Residential
- Partial Hospitalization Program
- Intensive Outpatient Program
- Transitional Living

In Network Insurance:

- Aetna, BCBS, Cigna, ComPsych, Healthlink, Humana, Magellan, Multiplan, PomCo, Value Options

1260 St. Paul Rd.
Ballwin, MO 63021



Client Population:

- Men and Women age 16 + with either primary or secondary diagnosis of an eating disorder/ primary or secondary mental health

What We Treat:

- Anorexia
- Bulimia
- Binge Eating Disorder
- ED NOS
- Anxiety / OCD
- PTSD / Trauma
- Addictions
- Mood Disorders

Levels of Care:

- Partial Hospitalization Program
- Intensive Outpatient Program
- Free Transitional Living

In Network Insurance:

- BCBS of Alabama, EPS Plans

2807 Greystone Commercial
Boulevard, Suite 36
Birmingham, AL 35242



Client Population:

- Men and Women age 16+ with a primary diagnosis of eating disorder

What We Treat:

- Anorexia
- Bulimia
- Binge Eating Disorder
- ED NOS

Co-Occurring Diagnoses:

- Anxiety / OCD
- PTSD / Trauma
- Addiction
- Mood Disorders

Levels of Care:

- Residential
- Partial Hospitalization Program
- Intensive Outpatient Program
- Transitional Living

In Network Insurance:

- Aetna, Anthem Blue Cross, Cigna, Compsych, Magellan, Multiplan, Value Options

213 Seventeen Mile Dr.
Pacific Grove, CA 93950

*We can obtain single case agreements or work out of network with many other private insurance companies at all Castlewood locations.

Contact Intake Today 1-888-822-8938