

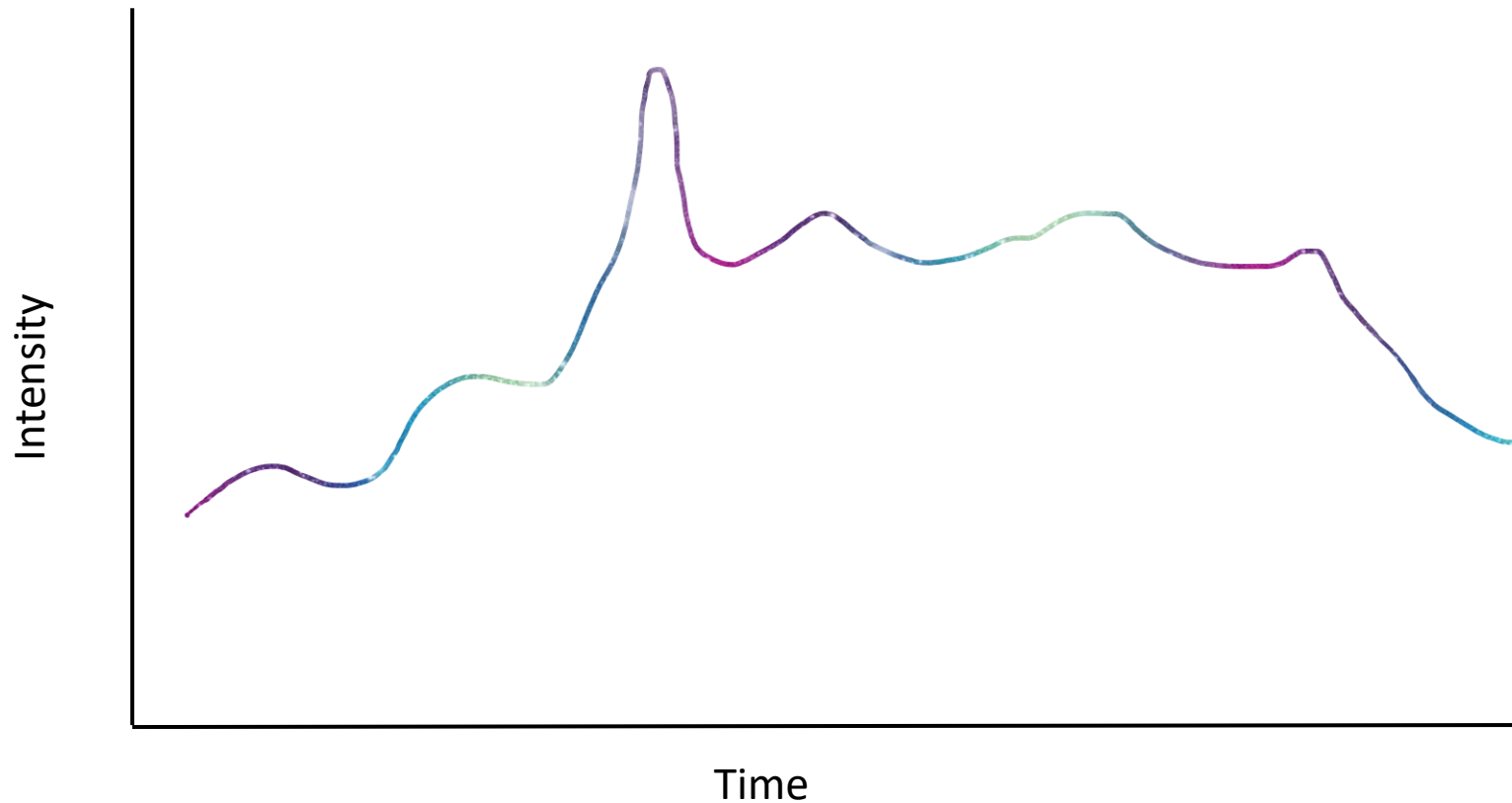


 **WVU Rockefeller
Neuroscience Institute**TM

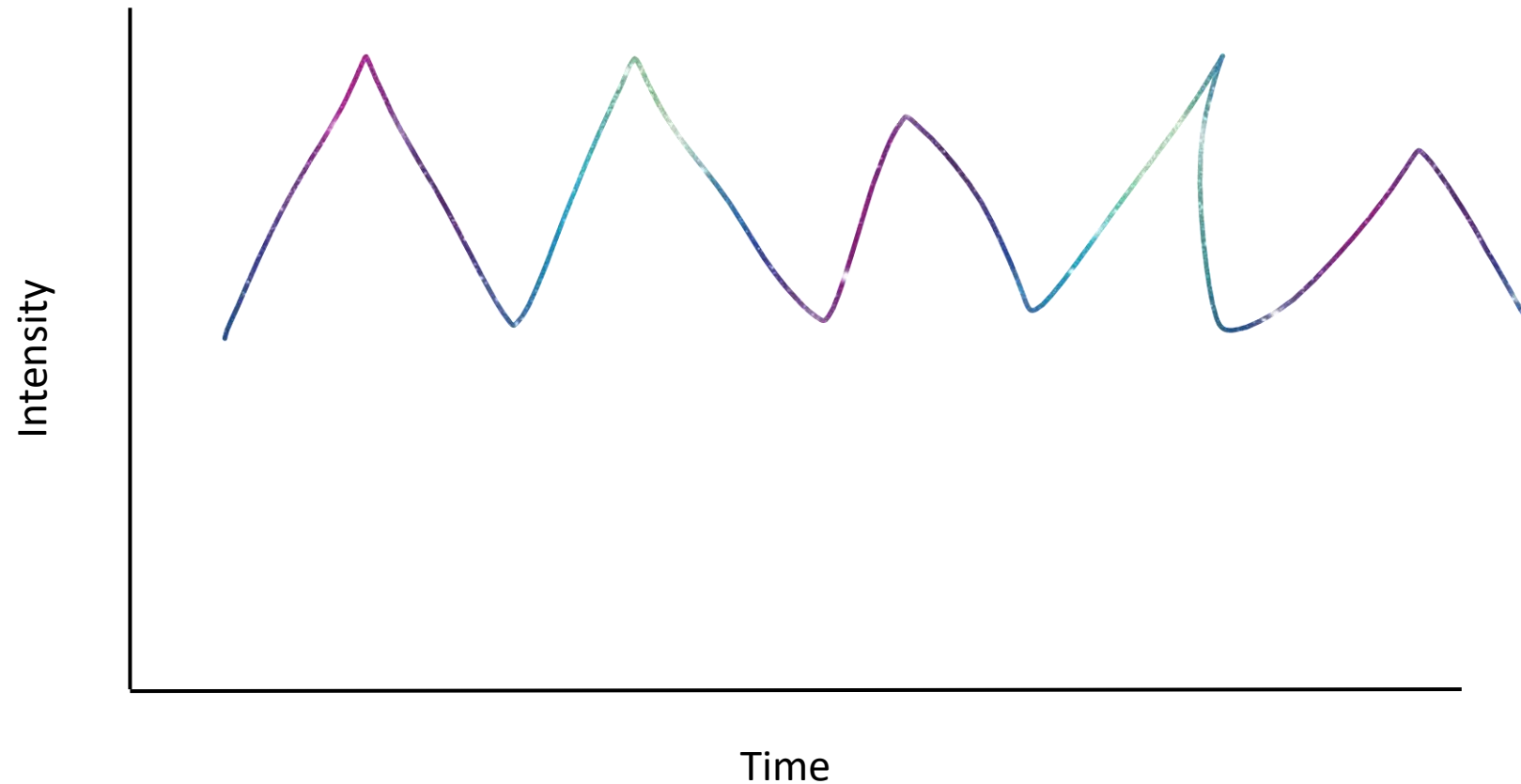
Adolescent Partial Hospitalization Program Program Overview

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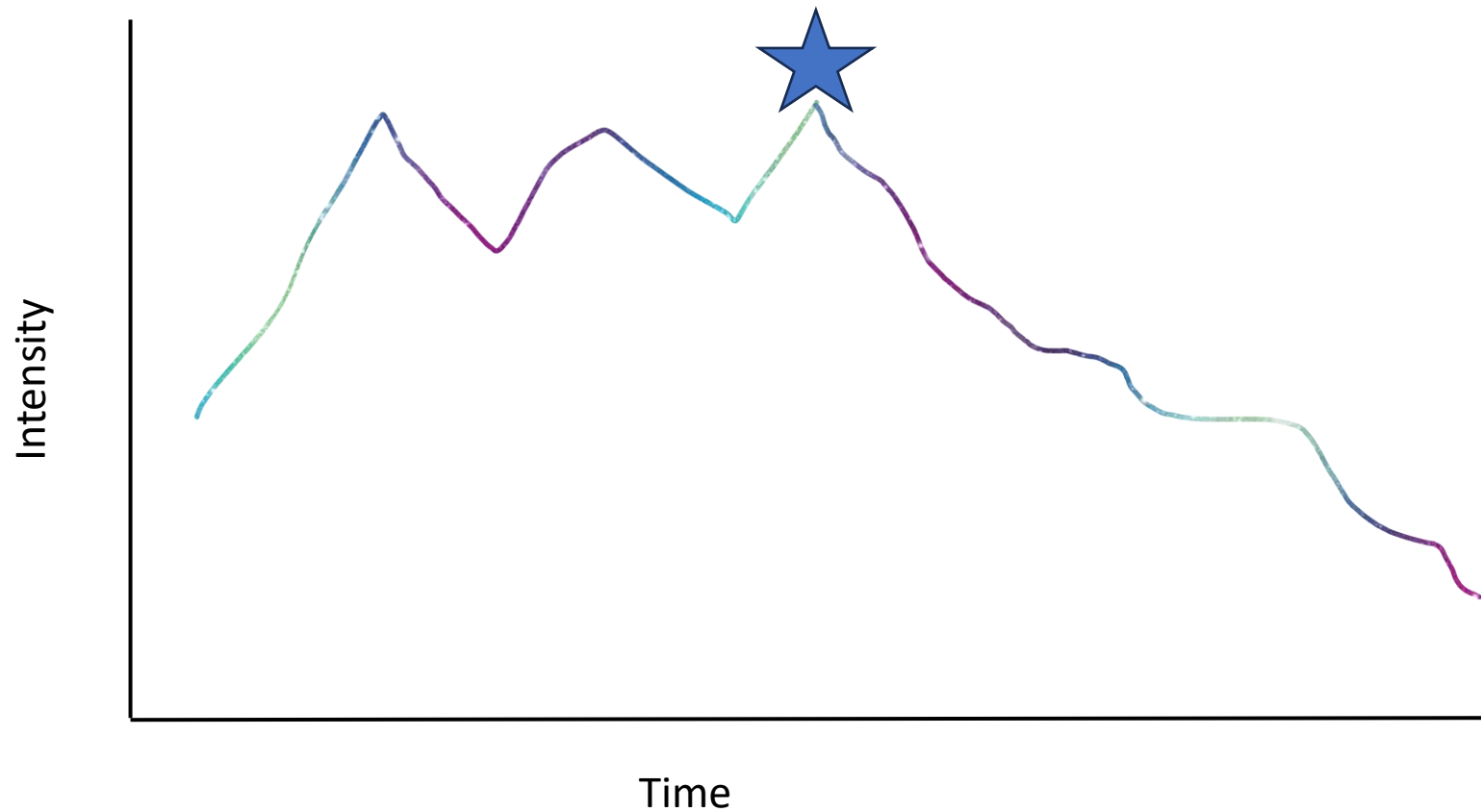
Natural History of Psychiatric Disease: Depression



Natural History of Psychiatric Disease: Suicidality, Self Harm

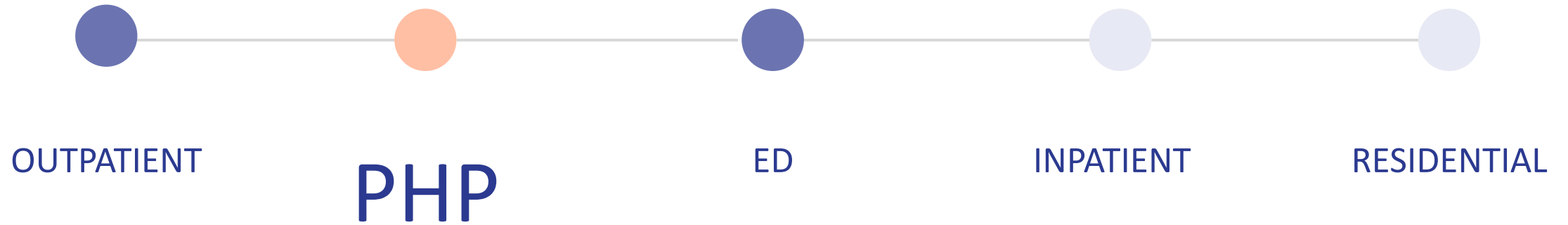


Natural History of Psychiatric Disease: PHP Intervention



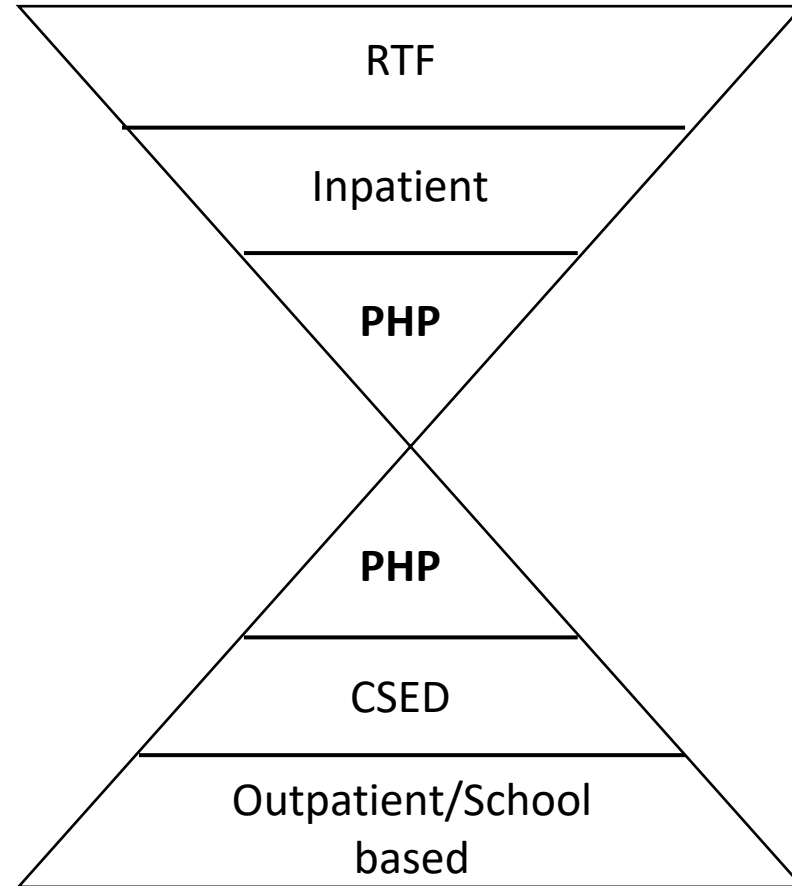
Our kids deserve ACCESS.

PHP is the standard





PHP: Funnel Efficiency



Program Schedule

8:00 am - 8:30 am Virtual Drop Off

8:30 am - 9:30 am Community Meeting

9:30 am - 10:30 am Process/Relationship Group

10:30 am - 11:00 am Break/Treatment Team

11:00 am - 12:00 pm Tutoring/Study Time/Academic Planning

12:00 pm - 1:00 pm Nursing/Skills/Meds Group

1:00 pm - 2:00 pm Expressive Arts - Music/Dance/Meditation/Yoga

2:00 pm - 5 pm Check Outs, Individual, Family & Meds Meetings

Referral Sources

ED or mobile crisis visit

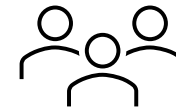
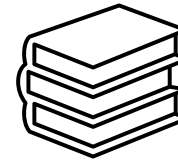
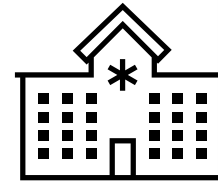
Inpatient or residential stay

Outpatient care

Schools

Foster/adoptive/kinship care

Direct parent referral



Conditions Treated

- Depression
- Anxiety
- OCD
- Trauma/PTSD
- Communication Disorders
- ADHD
- Co-occurring SUD
- Co-occurring eating disorders
- Suicidality
- Self injury
- Relationship issues
- Disruptive impulse control disorders
- School avoidance

Exclusion Criteria

- Unwilling to participate
- Patients younger than 12
- Nonverbal
- Moderate to severe IDD or ASD
- Patient safety concerns requiring inpatient hospitalization

Individually-Oriented, Evidence-Based Treatment Modalities

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Interpersonal Therapy (IPT)
- Trauma Focused CBT (TF-CBT)
- Exposure Response Therapy (ERP)
- Applied Behavioral Analysis (ABA)
- Center for Mind Body Medicine (CMBM) Mind-Body Skill Groups
- Mentalization Based Therapy (MBT)
- Psychodynamic psychotherapy (brief)
- Eco-systemic family therapy
- Motivational Interviewing (MI)

Scientific Evidence for PHP Generally

REVIEW

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Systematic Review: Patient Outcomes in Transdiagnostic Adolescent Partial Hospitalization Programs

Miriam P. Rubenson, PhD, Kyrill Gurtovenko, PhD, Shannon W. Simmons, MD, MPH, Alysha D. Thompson, PhD

Objective: Partial hospitalization programs (PHPs) are designed to help stabilize patients with acute mental health problems and are considered more cost-effective than inpatient care for patients who do not require 24-hour monitoring. Many PHPs treat transdiagnostic adolescents to reduce suicidality, self-harm, and other high-risk behaviors; however, the effectiveness of such programs is unknown. We aimed to review the existing evidence for the effects of PHPs on adolescent mental health symptoms and functioning.

Method: We retrieved peer-reviewed evaluations of PHPs treating adolescents with a range of disorders that reported quantitative clinical outcomes. We followed PRISMA guidelines for systematic reviews and included studies published since 2000.

Results: Fifteen studies of 10 PHPs in North America, Europe, Asia, and Australia met inclusion criteria, 5 of which used comparison groups. Most participants were White and female with depressive disorders. All studies found improvements in adolescents' functioning and mental health from admission to discharge; however, only 1 study tested PHP relative to other levels of care, and only 1 study included follow-up data. Dialectical behavior therapy (DBT) may be an effective theoretical orientation for PHP settings, but evidence is limited.

Conclusion: Evidence for effectiveness of PHPs relative to other models is limited. Currently available research suggests that many high-risk transdiagnostic adolescents tend to improve during PHP treatment; however, controlled studies with follow-up data are needed to determine whether partial hospitalization is effective and, if so, how effective, and whether treatment gains persist after discharge.

Key words: youth suicide; self-harm; depression; partial hospitalization programs; treatment outcomes

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Adolescent mental health problems including suicidality and self-harm have increased worldwide since the start of the COVID-19 pandemic.¹⁻⁴ Unfortunately, availability and access to effective mental health treatment and clinicians willing to work with complex high-risk youth have not kept pace with this need.^{5,6} More adolescents have required inpatient hospitalization in the past several years,⁷⁻⁹ and many high-risk patients lack adequate aftercare options and are readmitted to hospitals.¹⁰ Although evidence is mixed,¹¹ step-down programs for acutely distressed and suicidal adolescents may facilitate safe discharges and decrease the likelihood of readmissions. Similarly, intensive treatment options that youth can step up to from outpatient care can also prevent hospitalization.

Partial hospitalization programs (PHPs) offer an intermediate level of care between inpatient and outpatient services for patients who require intensive multidisciplinary interventions but not 24-hour monitoring. PHPs provide at least 20 hours per week of treatment, and often include the following: individual, family, and group

psychotherapy; psychiatric medication management; nursing care; recreational therapies and a supportive milieu.¹² PHPs may be more cost-effective,^{13,14} carry less risk of iatrogenic effects than inpatient hospitalization,¹² and allow patients to gradually transition back into their communities. PHPs are considered clinically useful for patients who require structured environments, such as patients with substance use or eating disorders, perinatal women, older adults, and children and adolescents.¹² PHPs often aim to help patients safely live at home, prevent inpatient hospitalization, and speed recovery of functional capabilities.

Despite widespread use of PHPs in the mental health care system, there is limited research on the effectiveness and outcomes of these programs.¹⁵ The available research on this topic is often methodologically weak, and published studies are outdated. For example, Horvitz-Lennon *et al*¹⁶ reviewed studies from 1957 to 1997 that compared PHPs to inpatient settings for mentally ill adults, including 10 randomized trials and 4 matched designs. There were

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EDITORIAL

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Editorial: The Untapped Potential of Partial Hospitalization Programs

Rishi Gautam, MD, Danielle N. Healey, BS, Suchita Batwara, MD, MPH

The prevalence of mental health conditions in adolescents has been increasing worldwide.¹ With the increasing demand, access to effective mental health care has struggled to keep pace.² More adolescents are requiring intensive inpatient hospitalizations for high-risk conditions and often lack adequate resources for sub-acute care following discharge. Step-down programs can help to facilitate safe discharges and decrease the likelihood of hospital readmissions, reducing the burden of health care costs. Likewise, intensive treatment options for youth can also help to fill a gap in the escalation of care from the outpatient setting while preventing hospitalization. Partial hospitalization programs (PHPs) are designed to offer this intermediate level of care between inpatient and outpatient services. Averaging 20 hours of treatment per week, PHPs serve as a cost-effective solution for more intensive treatment compared to inpatient hospital admission. In this editorial, we aim to highlight the findings of a study by Rubenson *et al*,³ titled "Systematic Review: Patient Outcomes in Transdiagnostic Adolescent Partial Hospitalization Programs," which helps to enhance our understanding of this treatment model.

Much of the existing literature surrounding PHPs fails to adequately capture the role that they play in our current health care delivery system, which includes rigorous research into understanding their effectiveness and limitations. Lack of evidence, however, does not in any way imply lack of efficacy. As per the National Mental Health Survey (N-MHSS-2019), there are about 376 PHPs or equivalent day treatment programs in the US providing treatment to thousands of children and youth every year.⁴ These are certainly not enough to cater to the current need, with most of them experiencing lengthy wait times to enroll patients and families. Robust research into this will enable us to

advocate for funding for these programs in a more effective manner.

Through a multinational review of all studies published since the year 2000, Rubenson *et al*³ compiled the existing information on the impact that PHPs have on adolescent mental health symptoms and functioning. The review included 15 studies, with an overall sample of 3,212 participants from 10 PHPs in the US, Canada, Turkey, Serbia, and Australia. Adolescents were defined as youth from the age 12 to 18 years, and studies were included if they reported 3 or more instances of quantitative clinical data on a range of psychiatric diagnoses on sample populations in which at least half of the participants were adolescents.

The summarized results of the study indicated that adolescents' functioning and mental health improved from admission to discharge when participating in a PHP.³ The study found that PHPs that engaged in dialectical behavioral therapy (DBT)-directed programming, with a focus on the improvement of emotional regulation and interpersonal effectiveness, had the strongest predictors for symptom improvement while enabling a decreased length of stay in the program for adolescents.³

Preliminary evidence showed that DBT-adherent PHPs may be equally effective across patient demographics, including race and gender.³ However, this finding merits a bit more scrutiny, as most samples comprised largely White female individuals, which places limitations on the generalizability of the results. This study thoroughly identified the overall limitations in the research available on PHPs, some of which include the availability of only 1 study testing the efficacy of PHPs relative to that of other levels of care,⁵ and only 1 other study addressing the durability of PHPs. The study addressing durability found that, on

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Scientific Evidence for PHP

More than 370 PHPs nationwide

Durable response at 3 month
follow up


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“ [...] The study addressing durability found that, on average, patients maintained treatment gains at the 3-month follow-up.”

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CSED Augmentation

- Collaboration is key
- Shared goals
- Longitudinally of wrap around vs intensive intervention of PHP
- Suite of OP services helps ensure high value RTF placement

Questions?

- How will we maintain safety virtually?
- How will help those without internet or devices?

- Please let us reach out to you for collaboration, data collection, referrals!