DRAMATIC CHANGES IN ADVENTURE THERAPY: COPING WITH CHANGE

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AEE webinar
Four sustained questions facing the field

Is it safe?
Is it good?
Does it work?
Worth the cost?
Answers Supporting OBH

- Risk Management
- Accreditation
- Research
- Return on Investment (ROI)
10 contributing research factors

1. Six (6) years of consistent and significant research outcomes
2. Increased utility and responsiveness of database
3. Increased level of program support to invest in research/program
4. Seventeen (17) years of radical perception changes regarding risk management
5. Presence of higher quality, tailored research (validation)
6. Increased abilities for OBH to assist program clients in program payment, with the insurance industry and courtroom.
7. Evolution of program review processes, enhancing both program quality and risk management procedures.
8. Increasing evidence in the professional & public literature
9. Strength of ethical practices of OBH research
10. Increased efforts with routine outcome monitoring
Over 12,600 clients participate in the NATSAP PRN and have completed at least one clinical instrument (e.g., YOQ) at intake.

On average, both adolescent and adult clients arrive to treatment with clinically significant levels of dysfunction, with **clinically & statistically significant improvements in symptoms at discharge** maintained at 6 and 12 months post-discharge.

The past year has seen the **largest growth** of clients in the database since the inception of the NATSAP PRN.

**Automation** of program reports has led to significant improvements starting this year. Programs will now receive **progress reports semi-annually**. The reports will have significantly more detail than previous versions, including iterative graphs.
NATSAP Practice Research Network

OQ Average Scores For All Groups

- **Adult**
- **Adolescent**
- **Combined Relatives**
- **Mother**
- **Father**
- **Parent (unspecified)**
- **Guardian**
- **Unknown**

- **Clinical Range**
- **On Clinical Range**

- **Admission**
- **Discharge**
- **6 Mo Post Discharge**
- **12 Mo Post Discharge**
Goals of NATSAP Research

- Collect aggregate outcome information that will help NATSAP communicate the nature and quality of member programs’ work to stakeholders.
- Allow programs access to their own data for purposes of quality improvement and treatment planning.
- Organize the data into an archival database that can be accessible for approved additional research projects.
#2 - Program Utility & Responsiveness: The Old Way

1981-1983 – Pilot test program & research tools

1984-1985 – Conduct effective program

1984 - 1986 – Collect initial data

1986 – Analyze data, write-up results, and submit for review

1987 – Accepted, revised, and published initial one year findings

1990 - Accepted, revised, and published three year findings
The New Way: NATSAP research project life cycle

1981-1983 – Pilot test program & research tools

1984-1985 – Conduct effective program

1984-1986 – Collect initial data

Year 1: Analyze data, write-up results, and submit for review

Year 2: Accepted, revised, and published initial one year findings

1990 - Accepted, revised, and published three year findings
• Question: What are the patterns and associations of people we work with who are on the autism spectrum?

• 1,800 unique patients with 13 attributes identified (e.g., evaluation scores, learning disabilities, anxiety issues, substance abuse, client’s age).
Study's findings

- Lack of substance abuse issues
- Suffer from anxiety
- Are being admitted to OBH/wilderness therapy programs
- Do not suffer from depression
- Do not have learning disabilities
Actual time to produce research

Under four hours
#3 - Greater assistance and guidance
Hire a “Research Sherpa”
The OBHC rate of injury in 2016 was 0.31 injuries per 1000 field days, approximately 8% below the national average rate for all adolescent injuries.
Media Summary

Given these comparisons, it can be stated that given the current status of OBHC risk management practices there is less actual risk for youth participating on OBHC programs than participating in everyday activities (Gass, Gillis, & Russell, 2012). These statistics become even more remarkable when one considers most clients participating in OBH-C programs are more involved in higher risk behaviors (e.g., substance use, reckless driving, self-abusive behaviors) than the general population statistic reported above.
#5 Production of quality/tailored research

- Long-term reward for accountability, program improvement, marketing, validation, reimbursement

- Preparation of “research packets”
  - referred journal articles
  - particularly meta-analyses
  - annotated bibliographies

- Most common individualized packet (examples)
Purpose: Analysis on the outcomes with private pay programs

– Used outcomes with 36 studies (2400 participants)

– Medium effect size for six constructs – self-esteem (.49), locus of control (.55), behavioral observations (.75), personal effectiveness (.46), clinical measures (.50), interpersonal measures (.54). These findings are consistent with six previous meta-analyses.

– Further analysis on participant age, program duration, open or closed model, presence of mental health practitioner, and publication year

Ancillary findings: (1) Older adolescents seem to benefit more from OBH treatment than younger adolescents, (2) open enrollment seems to be more effective than closed enrollment programs, (3) regarding presence of mental health practitioner – better with MHP for locus of control, behavioral observation, and interpersonal measures and better without MHP for self-esteem.

Conclusion: WT should be considered by mental health professionals as a modestly research-supported treatment option (Chambless & Hollon 1998) as WT consistently produces a moderate effect size of improvement.
Purpose: Analysis of adventure therapy participant outcomes
   – 2908 effect sizes and 206 unique samples
   – Overall moderate effect size for treatment (.47), and this effect size may be slightly underestimated
   – Larger than alternative treatment (.14) and no treatment (.08)
   – Little change during pre-intake (.09) and post discharge (.03), indicating long-term maintenance of treatment gains
   – Adventure therapy outcomes were significant for 7 out of 8 outcome categories, strongest being clinical and self-concept measures and smallest for spiritual/morality.

Ancillary findings: moderating analyses were performed on sample (publication year, type of publication, sample size, methodological quality), program (funding type, use of adventure, program delivery, group structure, placement type, program type, program model, daily duration, and program length), and participant (mean age, sample source, race, gender, population, and issue) moderators. The only significant moderator of outcomes was a positive relationship with participants’ age.

Conclusion: Adventure therapy produces moderate to possibly large positive changes (equivalent to an increase of 23.5% in measured outcomes) in clients that last. This is especially true when compared to alternative or no treatment comparison groups. Little change occurs prior to participation in adventure therapy programs. Adventure therapy programming works equally well with a variety of client differences, except with age where older adolescents receive significantly more benefit than younger clients.

Purpose: Compare treatment progress of youth in wilderness and non-wilderness treatment programs

  – Used the Y-OQ and Y-OQ-SR measurement tool
  – Overall large effect size for treatment programs (.98)
  – Treatment setting demonstrated difference between wilderness and non-wilderness programs, with Y-OQ (parent scores) larger for wilderness programs \( (p<.001) \), Y-OQ-SR (adolescent self-report) larger for non-wilderness programs \( (p<.003) \).

Ancillary findings: Clinicians should consider routinely monitoring progress of clients to better understand changes between intake and discharge scores, as well as six month and one year follow-up scores. Effect sizes are much larger in this meta-analysis than Cohen (2013).

Conclusion: Large effect sizes are demonstrated by treatment both in wilderness and non-wilderness settings, but parental scores and adolescent self-reports vary.
#6 - Increased organizational capabilities

- *Increased organizational capabilities due to the dramatic increase in refereed journal articles*

- **Effects:**
  - Repeal denials of claims
  - Obtain pretreatment approval of payments
  - *Advance the belief system of insurance companies*
  - Position OBHC for third-party payments
Signs of greater recognition

A **Revenue Code** was established by the National Uniform Billing Committee (NUMC) for funding outdoor/wilderness behavioral healthcare programming and will go into effect on July, 1, 2017.

The new revenue code is 1006.
November 23, 2016

Dear Outback Therapeutic Expedition:

Magellan Healthcare, Inc. (Magellan) has been authorized by CareFirst BlueChoice to administer its Managed Mental Health Program. As such, we are responsible for reviewing mental health and/or substance abuse treatment to ensure that it is medically necessary and appropriate for payment purposes.

We have performed a medical necessity review of Residential Treatment treatment for the above named member. Based on this review, we have authorized 60 day(s), 06/27/2016 through 08/25/2016 at the Self Referred level of benefit. Ongoing continued stay review will determine if additional days will be authorized. This continued stay authorization will be communicated by Magellan.

This Residential Treatment review is an assessment of medical necessity of care based upon Magellan Healthcare, Inc. Medical Necessity Criteria Guidelines.

Provider Note: When filing for reimbursement, please refer to the instructions shown on the member’s identification card. In order to expedite your claim, please be certain to include the RPN number and the Authorization number as indicated above. Claims for this member are processed by CareFirst BlueChoice. Claims service questions should be directed to the CareFirst BlueChoice service telephone number on the member’s identification card. Eligibility and benefit inquiries are also handled exclusively by CareFirst BlueChoice.

This determination has been made for benefit and coverage purposes. Final decisions regarding claims payment are based on eligibility, benefits, and coverage at the time services were rendered.

Although eligibility and benefit information have been checked to the best our ability, authorization for medical necessity does not guarantee financial reimbursement related to these matters.

If your authorization has been approved, you are required to re-verify eligibility with CareFirst BlueChoice within 48 hours of the date of service being rendered. Please utilize the Provider Service telephone number referenced on the back of the member’s identification card or Self-Service portals.
# Federal managed care litigation cases

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<th>2014</th>
<th>2015</th>
<th>2016*</th>
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<tr>
<td>Annual total of all cases</td>
<td>507</td>
<td>499</td>
<td>341 (455)</td>
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<tr>
<td>Cases contesting coverage of mental health benefits</td>
<td>16</td>
<td>34</td>
<td>53 (71)</td>
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<td>Percentage of mental health benefit disputes</td>
<td>3%</td>
<td>7%</td>
<td>16%</td>
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<tr>
<td>Utah RTCs</td>
<td>5 cases</td>
<td>6 cases</td>
<td>29 cases</td>
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<td></td>
<td>31%</td>
<td>18%</td>
<td>55%</td>
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*These numbers only cover up to September 6, 2016. The number in parentheses is the predicted annual outcome.

13 OBH Accredited Programs

Anasazi
Evoke Cascades
Marimed
Outback Therapeutic Expeditions
Summit Achievement

Aspiro
Evoke at Entrada
New Vision Wilderness
Redcliff Ascent
SUWS of the Carolinas

Elements
Legacy
Open Sky

Number of OBHC Accredited Programs expected to Increase by 50% in 2017
#8 Increased evidence through research

In 2016 OBH alone
- 19 New Publications
- 5 In press
- 4 Accepted
- Many more under review
25 presentations at 14 different conferences in 2016!
#9 Ethical OBH research practices

University of New Hampshire

Institutional Review Board for the Protection of Human Subjects in Research

PROCEDURES MANUAL
#10 - Routine Outcome Monitoring

- *If you take away one thing from this conference, Routine Outcome Monitoring should be it!!*
- First suggested in 1996
- "Is this treatment, however constructed, delivered by this provider, helpful to this client at this point in time?"
- Benefits for client, therapist, client, “customer” (e.g., parent, government agency, state) and profession
Strong empirical support for ROM

- Risk of patient deterioration is significantly decreased
- Effect sizes enhanced, sometimes tripled
- Can be effectively done in “real time”
- Detection of even slight improvements can reassure skeptical clients they are making recognizable progress in treatment and further improve the therapeutic alliance
- Provide therapists with “off track” alerts indicating the current course of treatment may be ineffective/harmful
- Clients whose therapists used ROM with off-track cases have less than 25% the odds of deterioration, while having approximately 3.9 times higher odds of achieving clinically significant improvement.
What happens with clients needing ROM the most (i.e., “not on track")?

When the not-on-track feedback ROM group was compared to the not-on-track TAU group, the effect size for post-treatment OQ score difference was .53.

An at-risk client whose therapist received ROM feedback was better off than approximately 70% of the at-risk clients no feedback condition.

Results indicate that those in the feedback group had less than half the odds of experiencing deterioration, while having approximately 2.6 times higher odds of experiencing reliable improvement.

(Shimokawa et al., 2010)
1. Join the NATSAP Research Database Program
2. Frequently visit https://www.obhcenter.org for the latest research updates
3. Attend the therapeutic adventure professional group best practices conference in Durham New Hampshire on June 8 – 10. For more information, see http://www.aee.org/tapg or
4. the wilderness therapy symposium at Park city Utah on August 24-26. For more information see https://obhcouncil.com/symposium/
Questions?

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