



# 2024 ANNUAL OUTCOMES REPORT

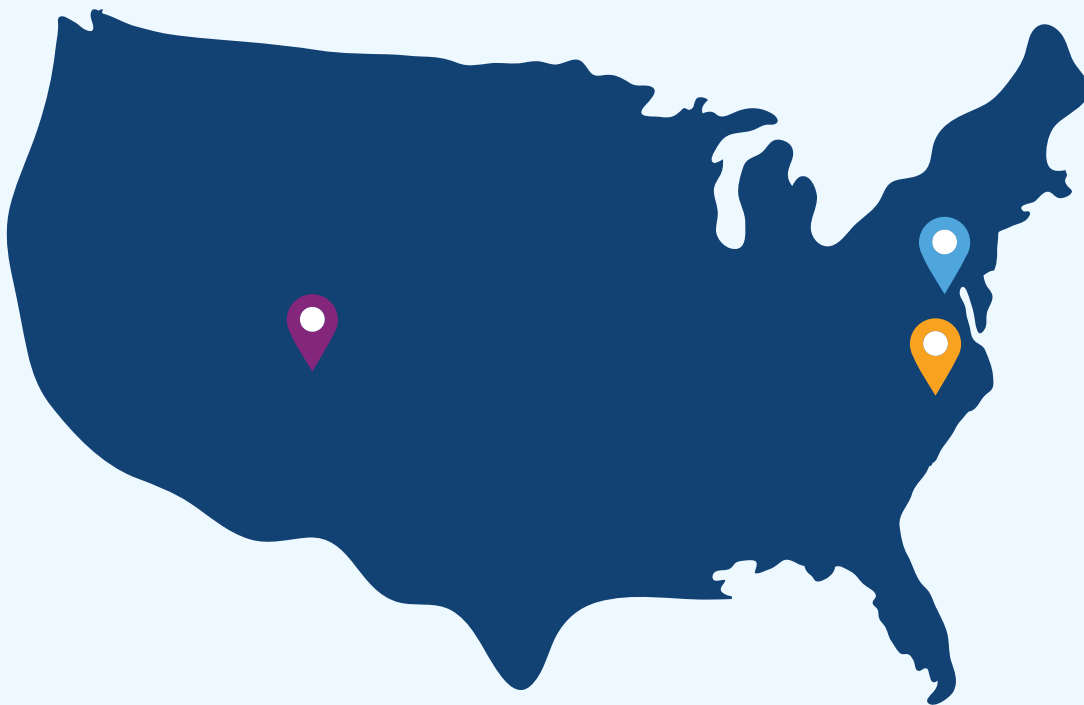





SANDSTONE CARE



# Contents

Introduction.....	3
Our Approach to Outcomes .....	4
Measures & Key Concepts .....	5
Who we Serve.....	6
General Findings .....	7
Adolescent Outcomes .....	12
Young Adult Outcomes .....	19
Adult Outcomes .....	27
Therapeutic Alliance Highlights .....	31
Brief Summary of Findings .....	36
Where We Go from Here.....	37
References .....	38



States	Medical Detoxification	Residential Treatment	Outpatient Programs	Transitional / Sober Living
 Colorado	1	3	6	6
 Maryland		1	4	2
 Virginia	1	1	8	2

# Introduction

**Sandstone Care is celebrating its 10-year anniversary in 2025, and we are honored to present our inaugural Client Outcomes Report.**

Our core philosophy is to “Inspire and Empower Change” among our clients as well as our staff, and in 2024, we advanced this mission by establishing our outcomes research program. This data-centric department focuses on assessing client treatment progress and outcomes, gathering information that is critical to both our company and industry.

At Sandstone Care, we integrate measurement-based care (MBC) into every stage of the treatment process. MBC involves systematically collecting client-reported data and applying it clinically to support diagnostic formulation, inform treatment decisions, and track progress (Giedzinska & Wilson, 2023). These data are used in real-time at the individual level to facilitate meaningful therapeutic change.

Our treatment teams—from highly trained therapists to exceptional nurses, from unsurpassed medical providers to dedicated behavioral health professionals—are all trained to collect client-reported data on a weekly or biweekly basis. They use that information clinically to ensure clients are progressing in treatment as expected. If not, clients’ reported status is processed therapeutically to strengthen client engagement and ensure our programs continuously meet their needs for meaningful growth and beneficial outcomes.

The data collected through MBC methods are aggregated to provide the foundation for further evaluating Sandstone Care’s program fidelity and analyzing treatment effectiveness. These data support our ongoing evolution to “Inspire and Empower” continual growth in the care we deliver to those who need it most. This report is based on aggregated data collected from clients treated during 2024.

## Meet Our Senior Director of Research & Outcomes

Dr. Giedzinska received her PhD from USC’s clinical psychology program, and is a strong advocate for those in the behavioral health care industry to integrate measurement-based care and patient-reported outcomes initiatives to evaluate patient progress throughout the treatment trajectory through ethical practice and robust methodology. With over 20 years experience in the behavioral health care industry, and now a valued member of Sandstone Care, she continues to implement these strategies to strengthen patient understanding of their mental health progress, deepen therapeutic alliances, and tell the story of Sandstone Care success through data.



# Our Approach To Outcomes

## Quality Assurance Feedback Loop

We collect client-reported data through our measurement-based care process. This information is then aggregated into larger datasets, which form the foundation of our quality assurance and improvement initiatives. Because psychotherapy and behavioral health services are constantly evolving, it's critical that we understand how well we're meeting client needs directly from the clients themselves. This ongoing process creates a natural feedback loop to help us identify areas where we can enhance our programming and to give us the opportunity to recognize and celebrate our treatment successes.

## Best Practices in Outcomes

Behavioral health scientists have an ethical responsibility to ensure integrity in data management and analysis. At Sandstone Care, we take that responsibility very seriously (maybe even a little too seriously) and we're okay with that. Because we evaluate treatment effectiveness, it's essential that we use the right statistical methods to produce accurate, meaningful results.

One such method is the prospective single-cohort approach, which is increasingly valued for measuring real-world treatment outcomes (Song & Chung, 2010). By following the same group of clients over time and using repeated measures analysis, we can assess how much therapeutic change occurs throughout treatment (Thiese, 2014). But we don't stop at statistical significance. Since our goal is real change—helping people feel and function better—we also evaluate whether those changes are clinically significant in each individualized, client progress report. Clinical significance tells us whether client-reported improvements are meaningful and substantial enough to have lasting impact on their mental health and quality of life (Jacobson & Truax, 1991).

Another aspect of upholding best practices in outcomes is that our reported data will always be verified by a neutral third-party statistician. This practice ensures that an independent layer of scrutiny will contribute to the integrity, quality, and trustworthiness of our scientific approach to analyzing treatment outcomes. For this report, our data analyses and methods were externally verified by Dr. Katherine Davis, a Biostatistician & Research Scientist at Sound Statistics, LLC. Dr. Davis, who is an expert in clinical, translational, and real-world data research, supports research integrity through rigorous statistical evaluation from initial design through to results' dissemination.

Through application of these rigorous standards, we strengthen our ability to identify and report real, measurable gains in treatment.

## Our Promise to Our Stakeholders

1. Transparency in our data methods
2. Sample sizes will always be included in graphs and descriptions
3. Explanation of specific statistical methods used and why
4. Interpretations of graphs will be included, along with Key "Take Aways"
5. Clinical and statistical significance reported



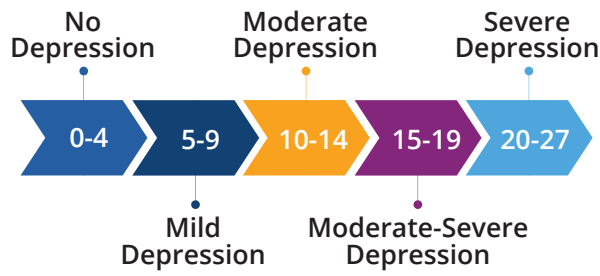
# Measures & Key Concepts

## Measures in Our Measurement-Based Care

We track client-reported symptoms and treatment engagement using four psychometrically valid scales, administered weekly or every other week. Each client's scores are automatically charted in real time on a live graph within their medical record. This allows staff to easily monitor progress and adjust care as needed. Reviewing data together with clients not only informs treatment decisions, but also builds trust and strengthens therapeutic alliance.

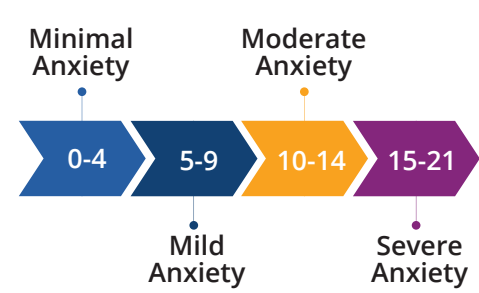
**Depressive Symptoms.** To Measure the severity of depressive symptoms, the Patient Health Questionnaire-9 (PHQ-9) is used (Kroenke et al., 2001).

### Patient Health Questionnaire-9 (PHQ-9)



**Anxiety Symptoms.** To measure the severity of anxiety symptoms, the General Anxiety Disorder Scare (GAD-7) is used (Spitzer et al., 2006).

### Generalized Anxiety Disorder-7 Scale (GAD-7)



## Therapeutic Alliance

In Quarter 4 of 2024, Sandstone Care began administering weekly assessment of the extent of clients' therapeutic rapport and support. Research on therapeutic alliance has demonstrated that when clients develop a strong therapeutic bond with their treatment teams, they are more likely to be engaged in therapy, feel safer in treatment, and ultimately have better long-term recovery outcomes (Bolsinger et al., 2020; Opland & Torrico, 2024). At Sandstone Care, we track the development of therapeutic alliance not only between clients and their clinicians (using the WAI-SR), but also between clients and their nursing team during medical detox and residential care using the STAR-P.

### The WAI-SR Measures 3 Components of Therapeutic Alliance



### STAR-P Measures 3 Components of Therapeutic Alliance



The impact that psychotherapy has on all levels of care at Sandstone is paramount to success. Clients at every level of care complete the Working Alliance Scale, Revised (WAI-SR; Munder et al., 2010) on a weekly basis to monitor the developing strength of their therapeutic relationships with the clinical psychotherapy team.

Detox and Residential inpatient treatment include the 24-7 hands-on therapeutic support of nursing and behavioral health professionals (BHT) who play a significant role in the healing of our clients. Inpatient clients complete the Scale to Assess Therapeutic Relationships (STAR-P; McGuire et al., 2007) on a weekly basis so that nurses and BHTs can gauge the progress of clients' therapeutic alliance.

# Who We Serve

## Age Matters

At Sandstone Care, our programs are age-specific, not gender-specific. We design treatment around the unique challenges people face at different stages of life, recognizing that our experiences, perspectives, and coping strategies evolve as we grow. Because addiction and mental health affect people differently depending on their age, our approach meets clients where they are—developmentally, emotionally, and socially—to provide more effective care.

Whether it's a teen entering residential treatment, a young adult beginning outpatient care, or an adult starting detox, Sandstone Care provides a full continuum of age-specific services to meet our clients' needs.

## Continuity of Care Matters

At Sandstone Care, we know recovery is a journey, not a destination. That's why we offer a "continuum of care"—a structure of multiple levels of care designed to meet the needs of our clients as they progress through treatment.

Treatment programs within a continuum of care offer consistency, giving clients the stability they need to grow and heal in a safe, familiar environment. The concept of continuum of care is often described as a "roadmap to recovery" because it provides a supportive, step-by-step transition from one level of growth to another. This approach ensures clients don't "fall through the cracks," as Sandstone Care staff are with them every step of the way.

## Comprehensive Support at Every Stage

Our continuum of care encompasses multiple levels of treatment, ensuring our clients receive the appropriate level of care as their needs evolve.

### Medical Detox

A medically supervised process that supports clients through withdrawal in safety and comfort

### Residential Treatment

24/7 addiction and mental health care in a structured, home-like environment

### Partial Hospitalization Programs (PHP)

Outpatient treatment 5 days a week for four weeks at one of our outpatient centers

### Intensive Outpatient Programs (IOP)

Outpatient treatment 3-4 days a week at one of our outpatient centers

### Sober Living Homes

Transitional housing that provides a supportive, substance-free environment for clients receiving outpatient treatment

### Alumni Programs

Ongoing support groups, individual counseling, and resources to help clients maintain sobriety post-treatment

# General Findings **2024**

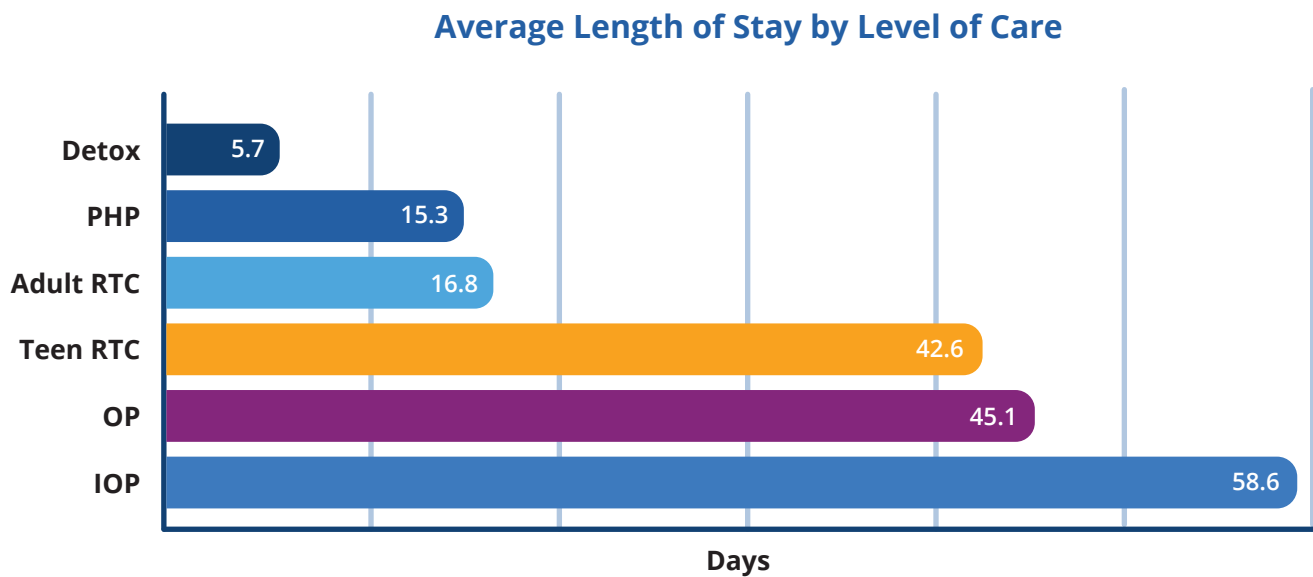
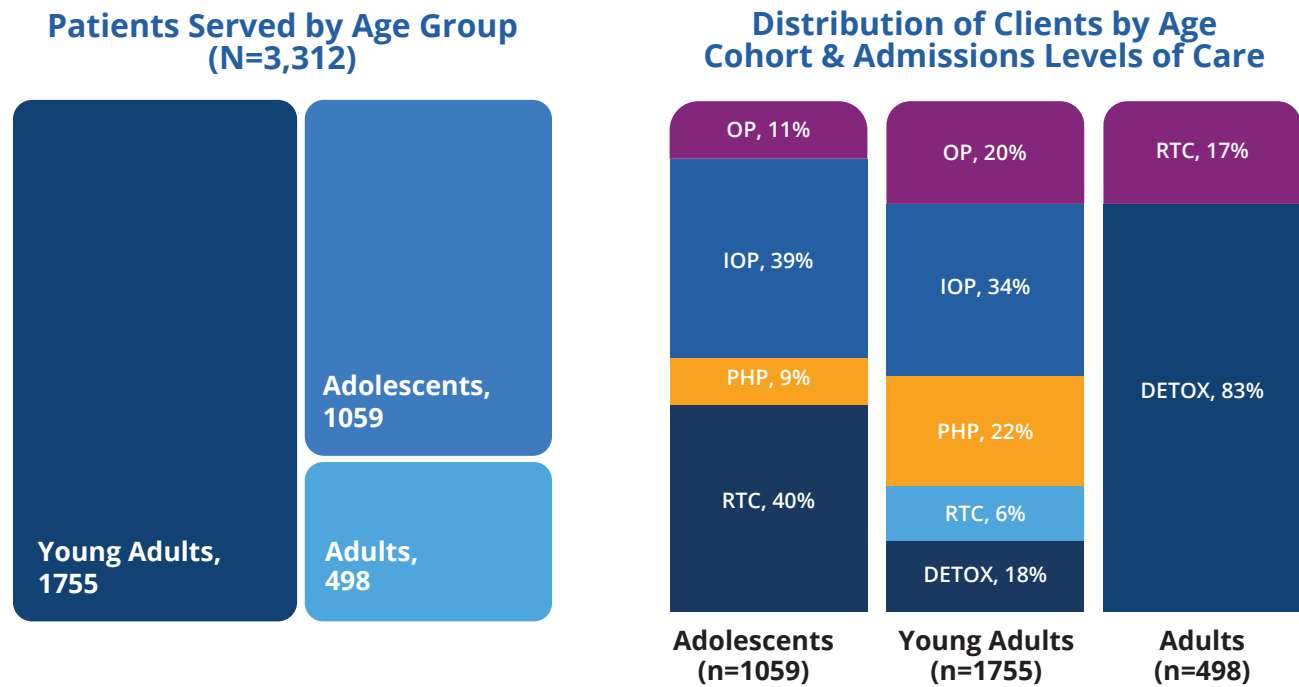


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# Who We Served in 2024

In 2024, Sandstone Care provided behavioral health care services to 3,312 clients across the United States. Young adults (ages 18-30) comprised about half our clients (53%) in 2024. Nearly all adults were admitted into detox levels of care, and 60% of adolescents were admitted into an outpatient level of care.



The vertical bar graph above illustrates the average number of days Sandstone Care clients spent in each of the levels of care

- Detox = Medical Detoxification

PHP = Partial Hospitalization

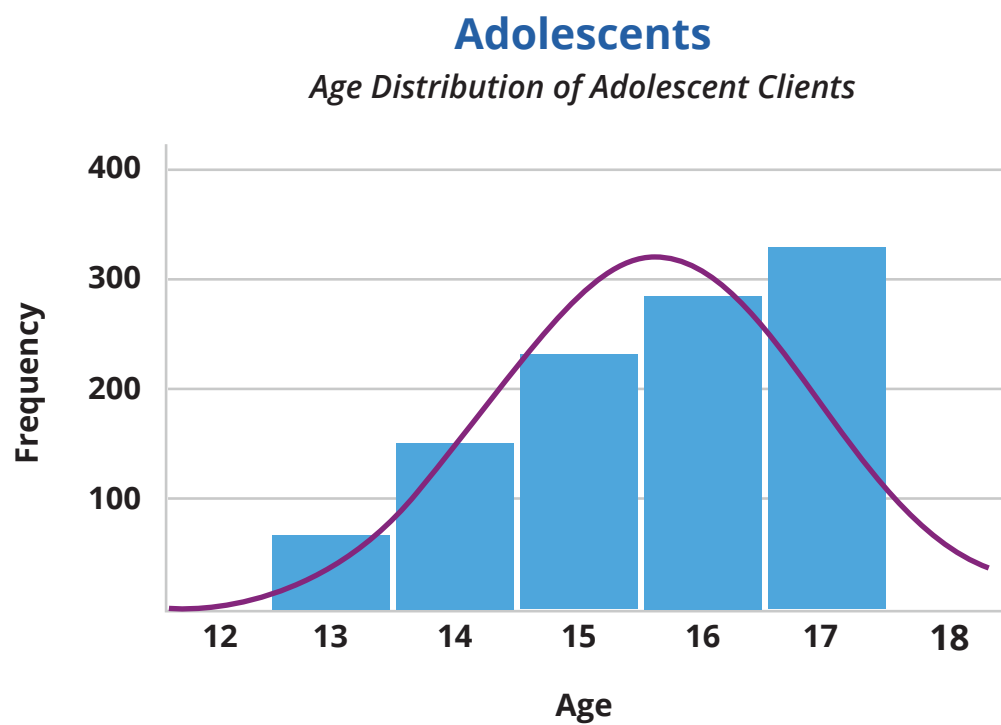
RTC = Residential Treatment
- EOP = Extended Outpatient Program

OP = Outpatient Program (Extended and General Outpatient)

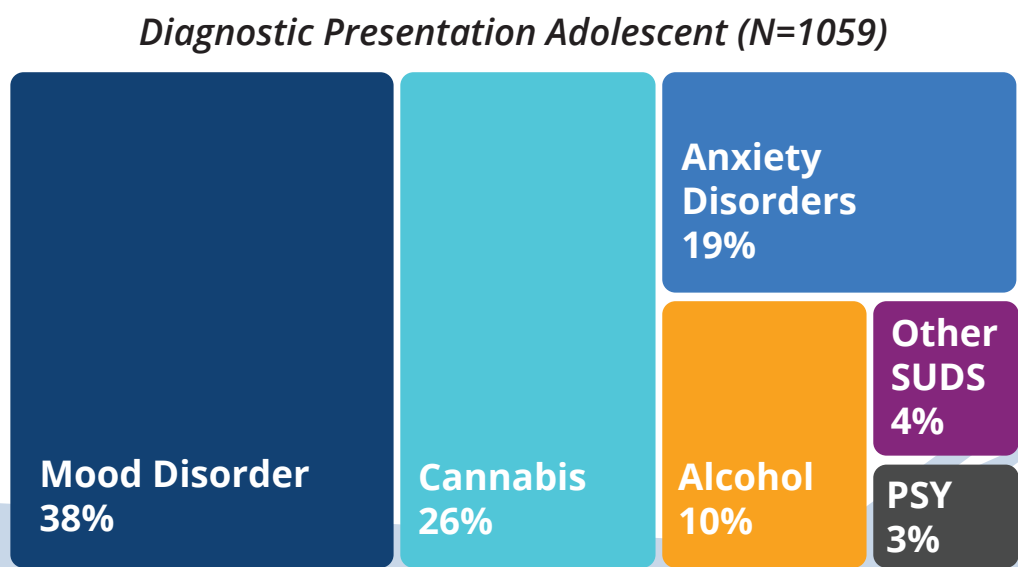
IOP = Intensive Outpatient Program



# Overview of Clients by Age Cohort and Diagnostic Profile

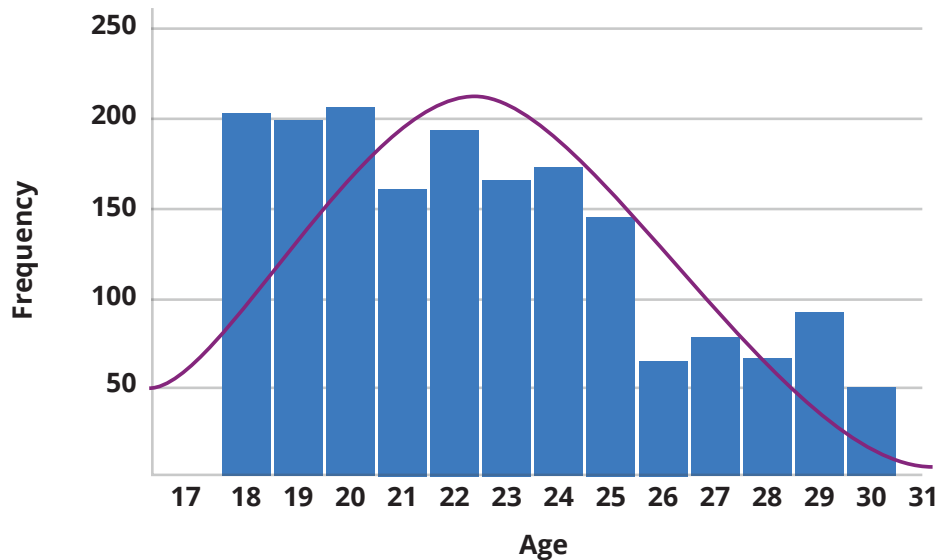


Adolescents who received care in 2024, averaged 15.6 years old, +/- 1.3 years. The majority was 17 years old. Their presenting problems for treatment were co-occurring, primarily for concerns regarding Mood Disorders and Cannabis Substance Use.



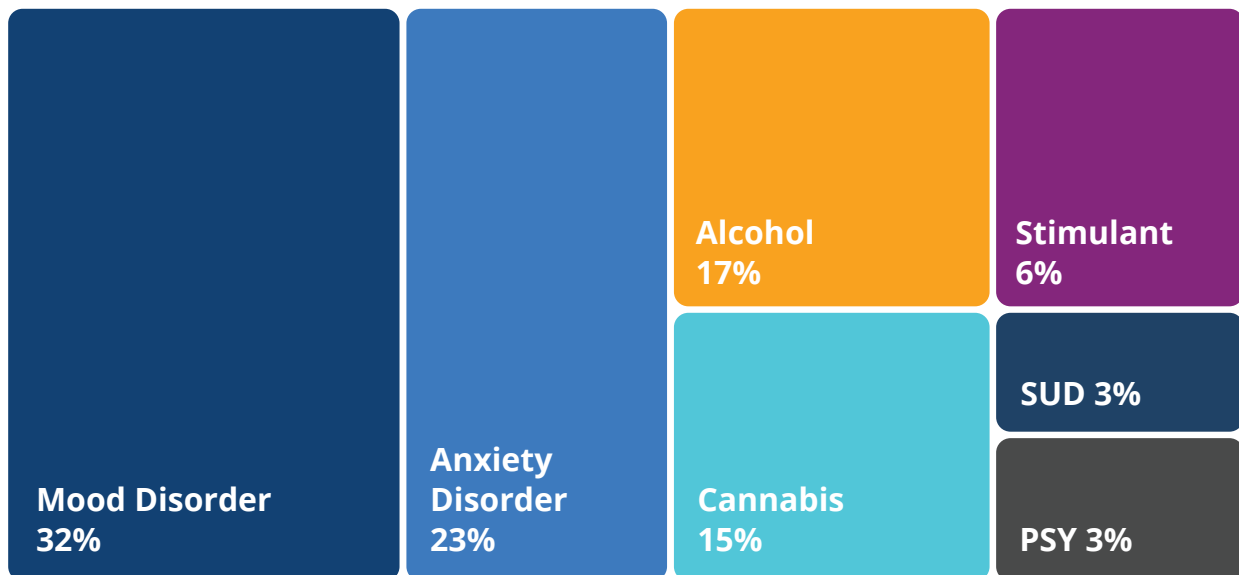
## Young Adults

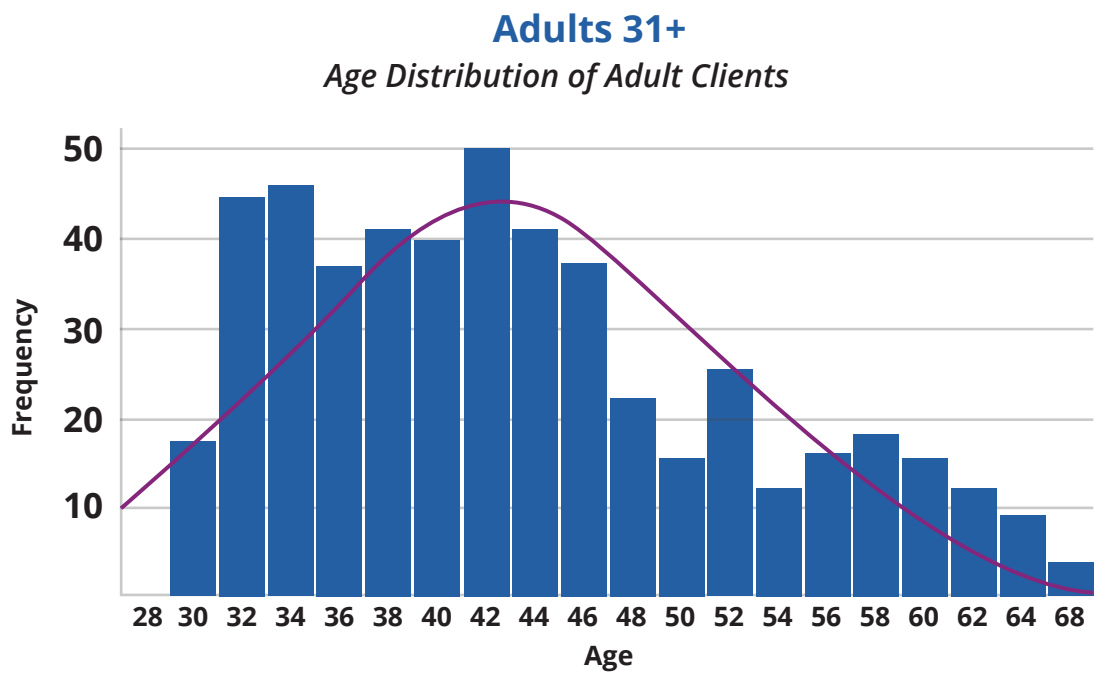
*Age Distribution of Young Adult Clients*



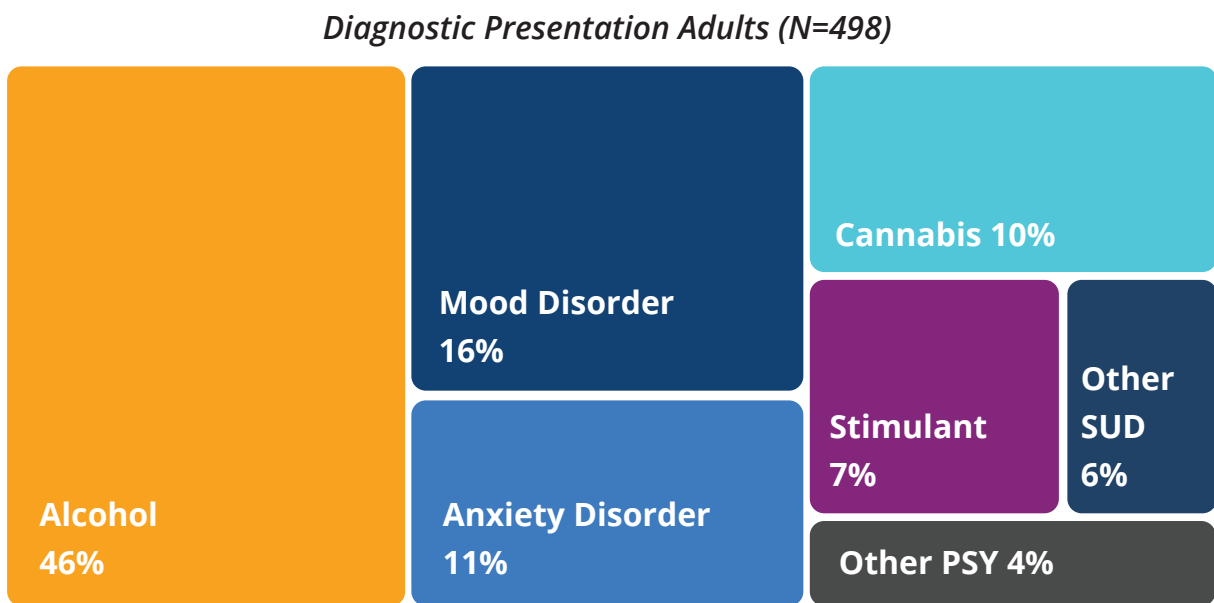
The average age of young adults treated at Sandstone was 22.5 years old (+/- 3.4 years). Presenting problems were co-occurring, with a predominance of Mood and Anxiety Disorders, followed by Alcohol and Cannabis Use Disorders.

*Diagnostic Presentation Young Adults (N=1755)*





The average age of adults treated in 2024 was 44 years (+/- 9 years). Nearly half of all adults seeking treatment reported primary concerns with Alcohol Use Disorder.



# Adolescent Outcomes **2024**



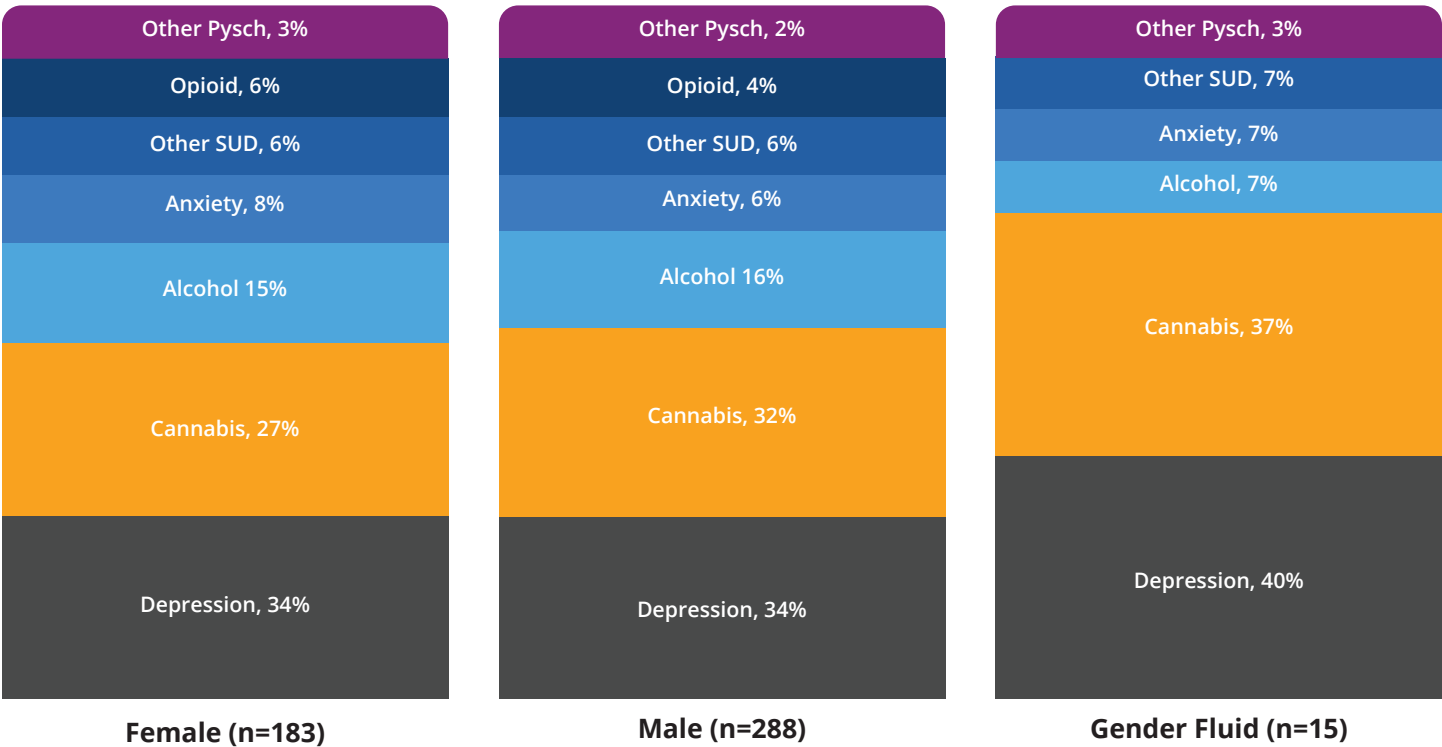
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# Teen Residential Treatment Program

## Who did We Treat?

In 2024, Sandstone Care provided residential treatment for 426 adolescent clients at treatment centers in Cascade, CO and Crownsville, MD. The average age of clients was 15.8 years (SD=1.2). Slightly more than half identified as cisgender male (53.5%). The presenting problems were typically co-occurring—meaning the simultaneous presence of both a mental health disorder and a substance use disorder. About a third of all clients presented with depression and Cannabis Use Disorder.

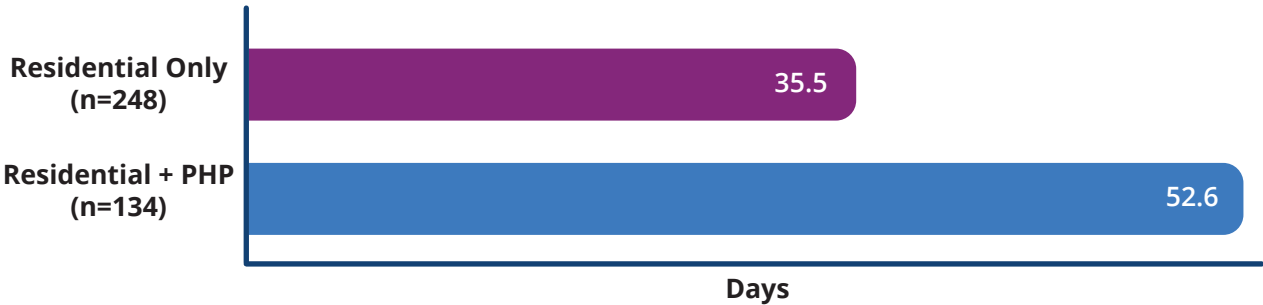
Distribution of Diagnostic Presentation



## Levels of Care (LOC) & Lengths of Stay

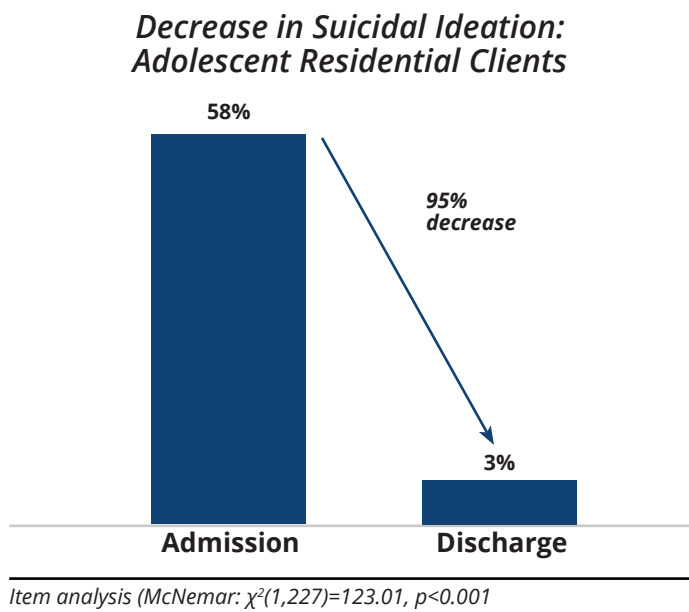
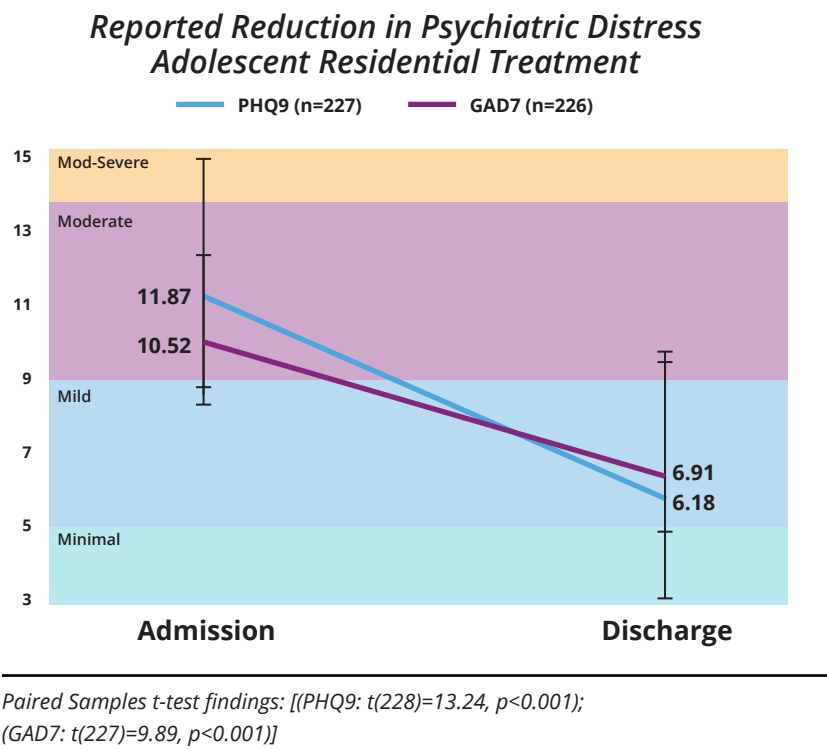
Out of the 426 teens, 382 completed treatment in 2024, allowing us to assess their total length of stay. Thirty-five percent of adolescents continued care in Partial Hospitalization Programming (PHP) after completing Residential treatment. The average length of stay in residential treatment was 35.5 days (SD=20.4 days). For those who transitioned into PHP, the combined average length of care was 53 days (+/- 11 days).

Average Lengths of Stay by Levels of Care



# What was the Outcome of Treatment?

Two hundred and twenty-seven of the adolescents who completed residential programming reported significant decreases in both depression and anxiety symptoms. These improvements were statistically significant, as confirmed by paired-samples t-tests. To assess whether reported frequency and severity of suicidal ideation decreased as a course of treatment, the McNemar test of proportions was conducted & indicated that suicidal ideation was significantly less at discharge among adolescents treated in residential care.



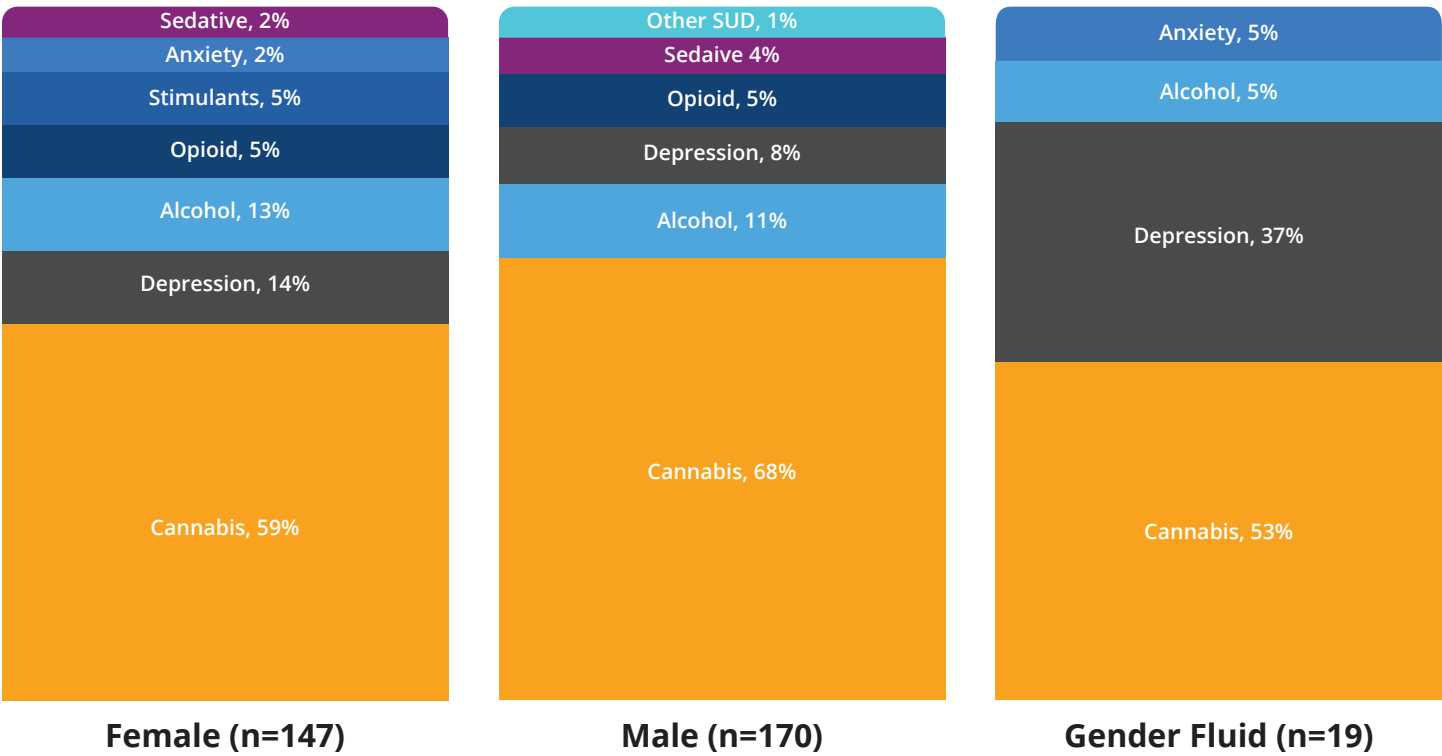
Adolescent progress is further highlighted by the notable decrease in reported suicidal ideation as referenced in the PHQ. Slightly more than half of teens reported having suicidal thoughts early in treatment, and this dropped to 3% by the end of residential programming (a 95% decrease).

# Teen Outpatient Dual-Diagnosis Programs

## Who did We Treat?

In 2024, Sandstone Care treated 336 adolescent clients across 12 cities nationwide for substance use disorders and co-occurring mental health concerns through our outpatient programming. The average age of clients was 15.8 years (SD=1.2), and 51% identified as cisgender male. The most common primary diagnosis was Cannabis Use Disorder, followed by co-occurring concerns of depression and Alcohol Use Disorder.

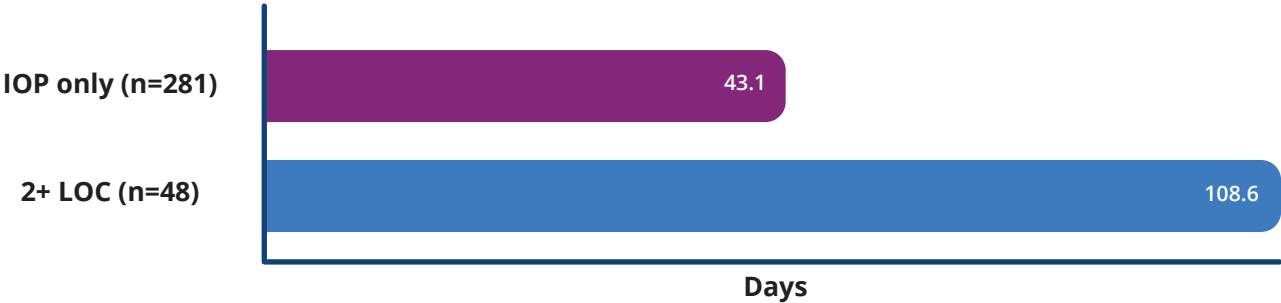
Distribution of Diagnostic Presentation



## Levels of Care (LOC) & Lengths of Stay

Out of the 336 outpatient dual-diagnosis clients, 296 completed treatment in 2024, allowing for an assessment of the total stay. The majority (95%) of clients were admitted at the Intensive Outpatient Program (IOP) level of care, and 19% of those clients continued their treatment beyond IOP. On average, IOP lasted 43 days, while clients who continued care remained in treatment for an average of 109 days in total.

Average Lengths of Stay Adolescent Dual Diagnosis Outpatient

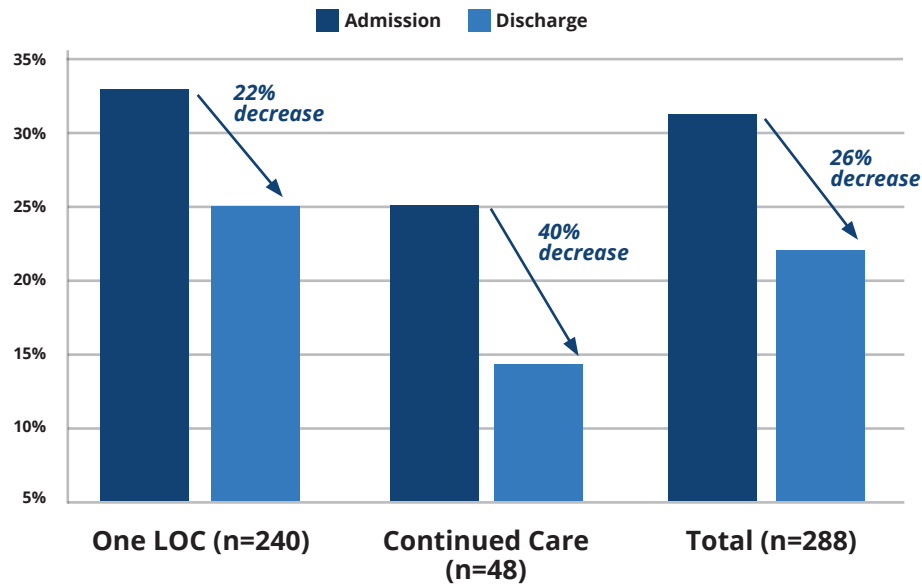




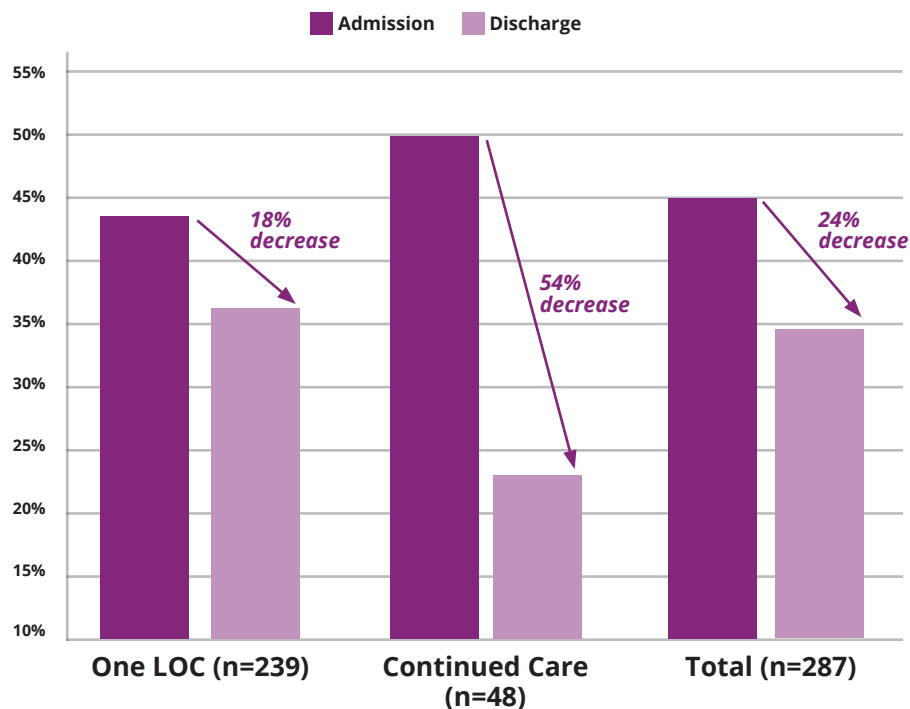
## What was the Outcome of Treatment?

Nearly all adolescents (97%) provided completed psychometric data, which served as the basis for subsequent analyses. The bar-graphs below illustrate data from all clients, irrespective of discharge status. These findings demonstrate the added impact of continued care for adolescents receiving treatment for co-occurring disorders. Overall reduction in reported moderate-severe symptoms among those who attended one level of care (LOC) was 26% and 24% for depression and anxiety, respectively. For those in continued care, the improvements were even greater, with 40% and 54% percent changes in reported moderate-severe symptoms, respectively.

*Reported Reduction in Moderate-Depression Severity*



*Reported Reduction in Severe Anxiety*

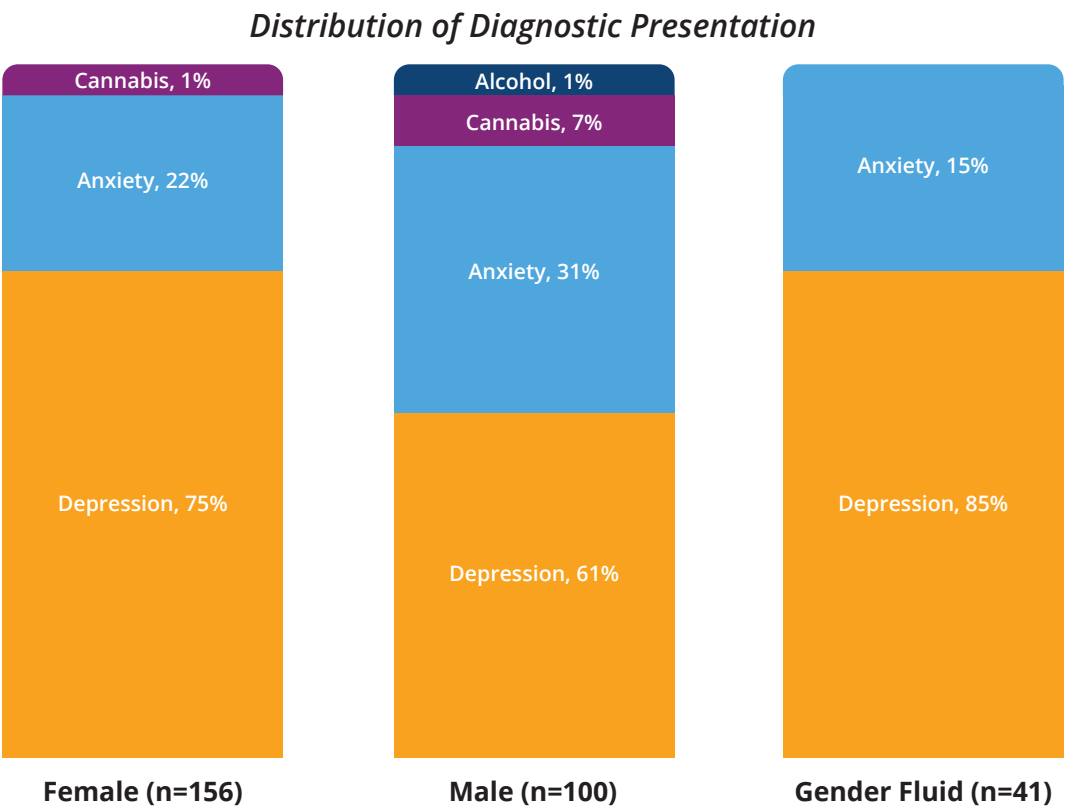


To determine whether the reported categorical frequency of severity differed between admission and discharge, a signed rank test was employed to analyze the data. Using the Wilcoxon Signed Ranks test to measure paired data, the findings indicated severity of psychiatric distress was significantly lower at discharge than at admission (PHQ9: Wilcoxon  $Z=-4.15$ ,  $p<0.001$  & GAD7: Wilcoxon  $Z=-3.71$ ,  $p<0.001$ ).

# Outpatient Adolescent Mood Programing

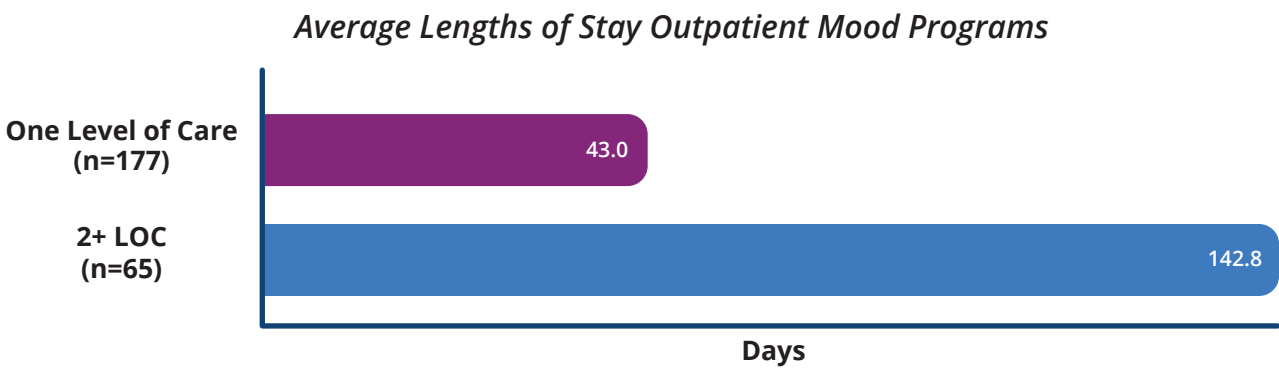
## Who did We Treat?

In 2024, Sandstone Care treated 297 adolescent clients across 12 facilities nationwide for mood disorders through our outpatient programming. The average age of clients was 15.3 years (SD=1.6), and slightly more than half identified as cisgender female (53%). Depression was the primary concern to seek treatment followed by anxiety.



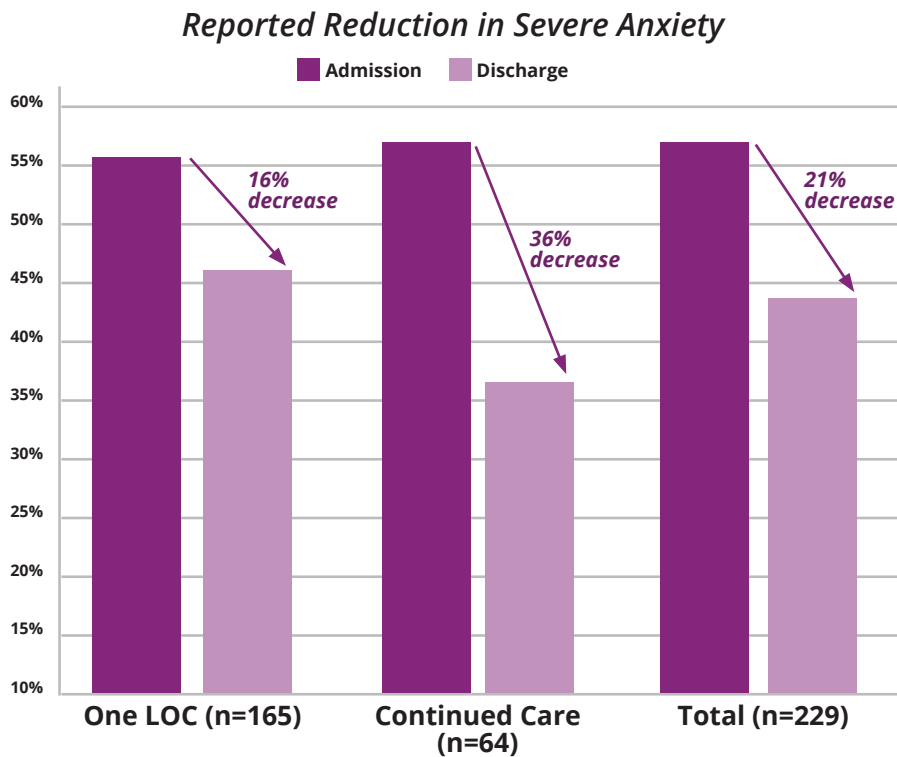
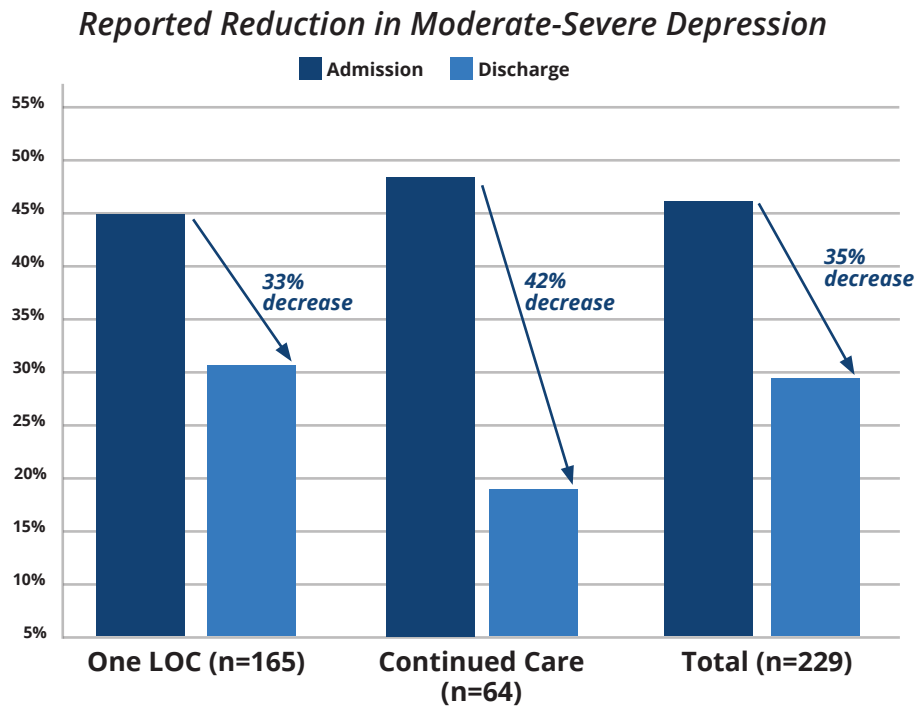
## Levels of Care (LOC) & Lengths of Stay

Out of the 297 adolescents in outpatient mood programming, 242 completed treatment in 2024, allowing for an assessment of total length of stay. Admission into a level of care (LOC) is determined by the severity of psychiatric symptoms. Nearly all adolescents (98%) were admitted into IOP, which typically lasted 43 days. Among them, 37% continued with extended IOP programming, resulting in an average of 143 total days in care.



# What was the Outcome of Treatment?

Of the 242 adolescents who completed outpatient care, 229 had completed psychometric data, which served as the basis for subsequent analyses. The bar-graphs below illustrate data from all clients, irrespective of their discharge status, and demonstrate the added impact that continued care has on adolescents in outpatient treatment for mood disorders. Overall reduction in reported moderate-severe symptoms were 35% and 21% for depression and anxiety, respectively, and for those in continued care, improvement was even greater, with 42% and 36% percent changes, in reported moderate-severe symptoms, respectively.



To determine whether the reported categorical frequency of severity differed between admission and discharge, a signed rank test was employed to analyze the data. Using the Wilcoxon Signed Ranks test to measure paired data, the findings indicated severity of psychiatric distress was significantly lower at discharge than at admission (PHQ9: Wilcoxon  $Z=-5.32$ ,  $p<0.001$  & GAD7: Wilcoxon  $Z=-4.43$ ,  $p<0.001$ ).

# Young Adult Outcomes **2024**



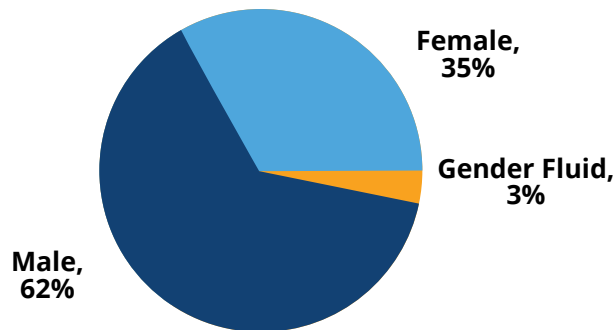
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# Young Adult Medical Detoxification

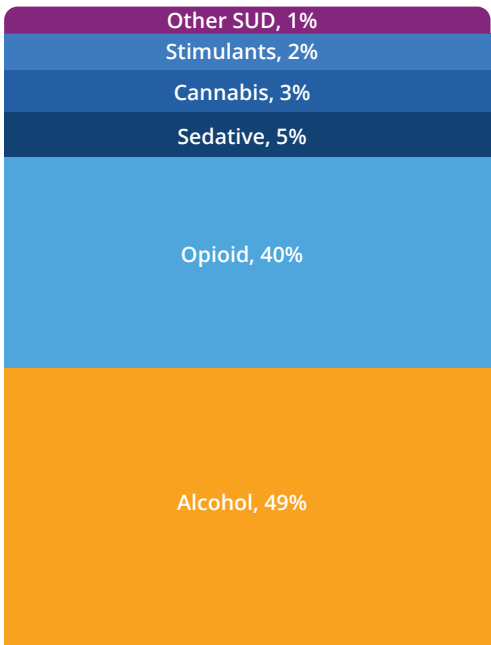
## Who did We Treat?

In 2024, Sandstone Care provided medical detox services to 317 young adults at our two detox centers in Colorado Springs, CO and Chantilly, VA. The average age of patients was 23.5 years (SD = 3.7), and the majority identified as cisgender male (62%). The most common reasons for seeking detoxification were Alcohol Use Disorder and Opioid Use Disorder.

Young Adult Detox (n=317)



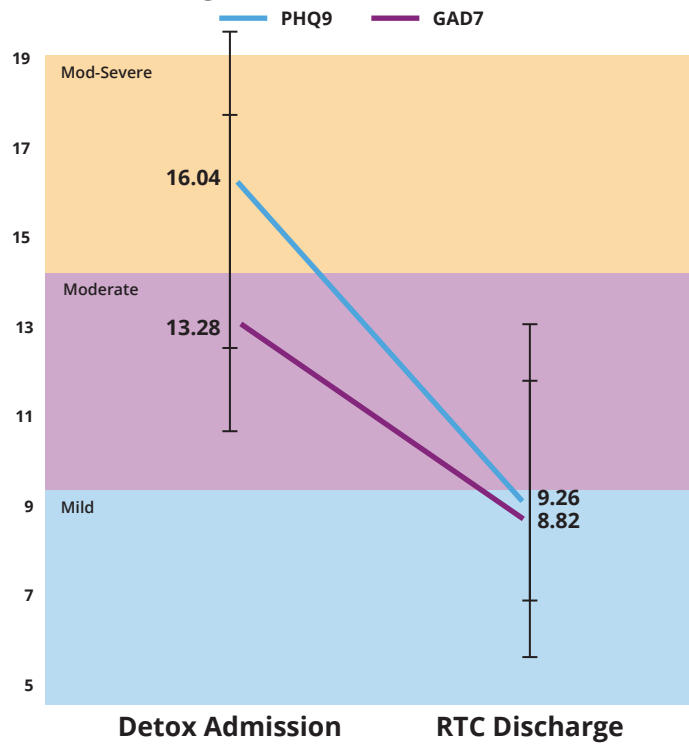
Distribution of Diagnostic Presentation  
Young Adult Detox (n=317)



## Levels of Care (LOC) & Lengths of Stay

Out of the 317 young adults who received detox care, 230 completed treatment in 2024, allowing for an assessment of total length of stay. The average length of stay in detox was 6 days (SD = 6.8). Over half (53%) of these clients transitioned into residential treatment following detox, where they remained for an additional 17 days on average (SD = 5.0).

Reported Reduction in Psychiatric Distress  
Young Adult Residential Treatment



## What was the Outcome of Treatment?

The following data reflect the outcomes of the 121 young adults who continued care in residential treatment after detox, regardless of discharge status. By the end of combined detox and residential programming, clients reported significant reductions in depression and anxiety symptoms. These changes were found to be statistically significant through paired samples t-tests.

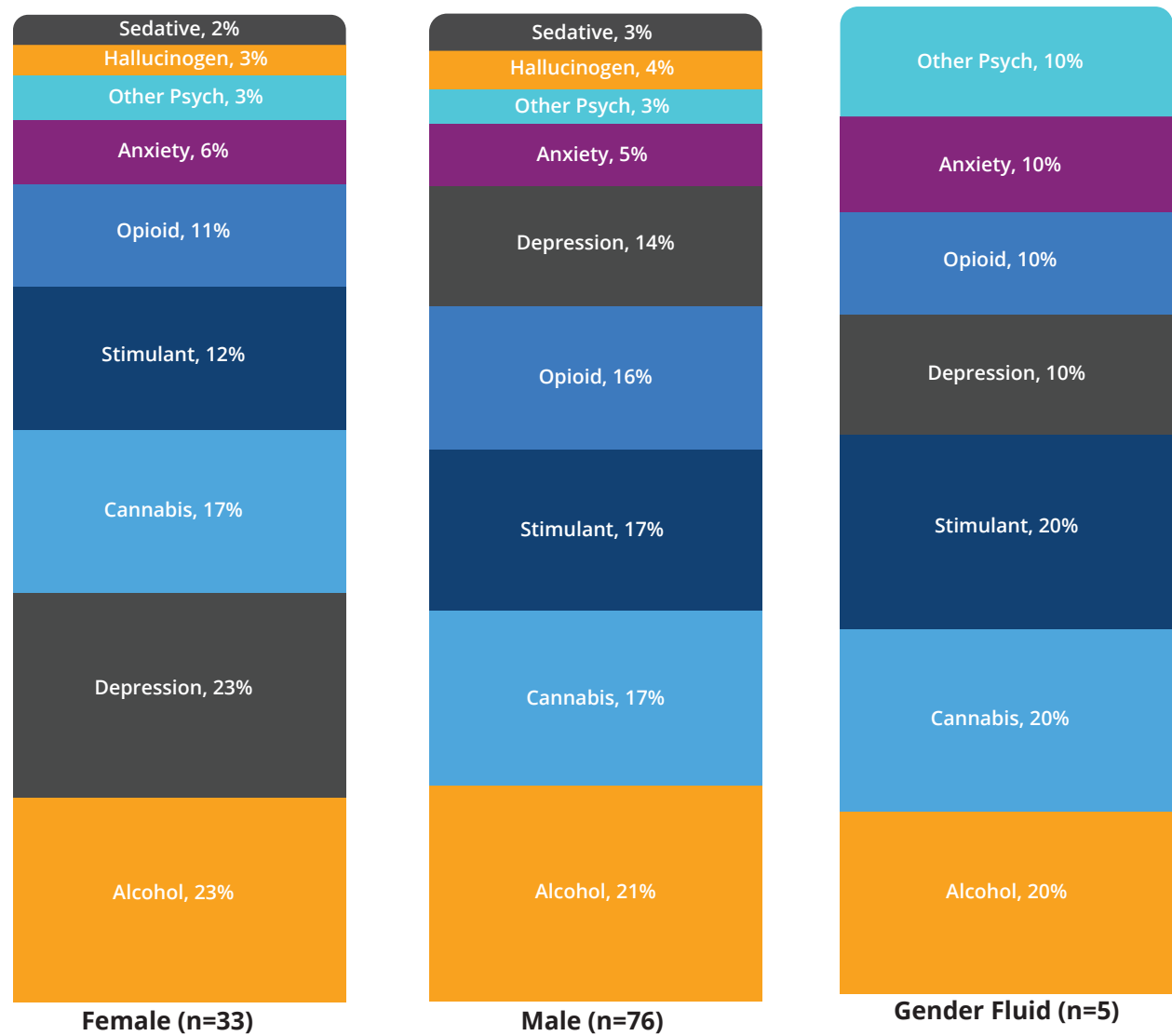
Paired Samples t-test findings: [(PHQ9:  $t(120)=12.38$ ,  $p<0.001$ ); (GAD7:  $t(120)=8.71$ ,  $p<0.001$ )]

# Young Adult Residential Program

## Who did We Treat?

In 2024, Sandstone Care provided residential treatment for 114 young adults across inpatient centers in Colorado Springs, CO and Chantilly, VA. The average age of clients was 21.9 years (SD = 3.0), and 67% identified as cisgender male. Presenting diagnostic concerns included Alcohol, Cannabis, Opioid, and Stimulant Use Disorders, comorbid with depression.

Distribution of Diagnostic Presentation

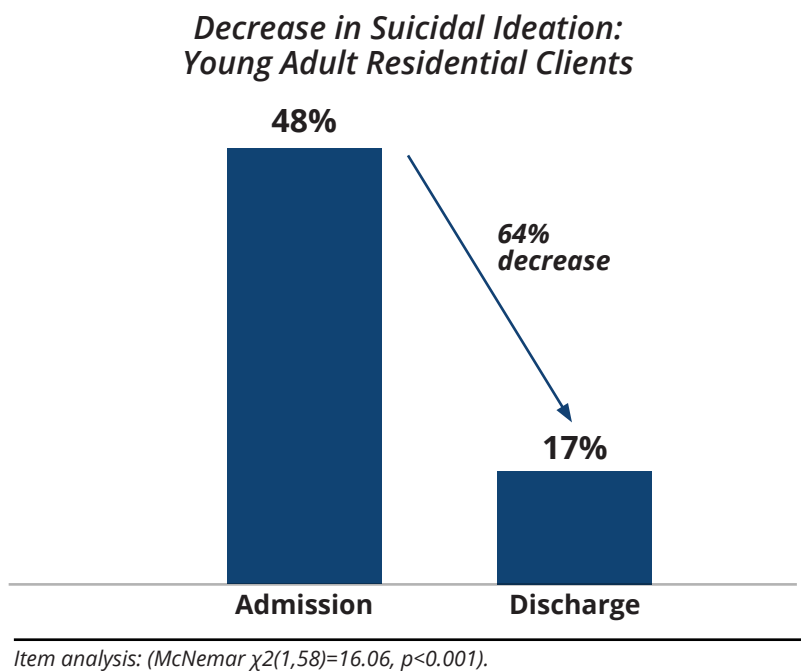
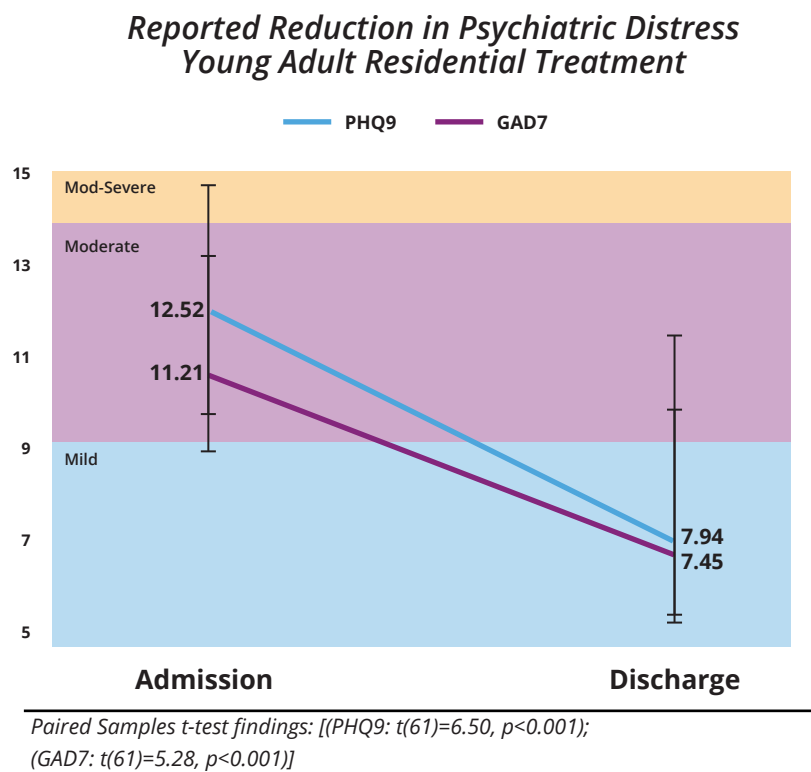


## Levels of Care (LOC) & Lengths of Stay

Out of the 114 young adults in residential programming, 100 completed treatment in 2024, allowing us to assess their total length of stay. The average length of stay in residential treatment was 12 days (SD = 5.2). Most clients (89%) did not continue into further treatment programming after residential care.

# What was the Outcome of Treatment?

Of the 100 young adults who completed residential care, 61% completed programming successfully and reported significant decreases in both depression and anxiety symptoms.



Young adult progress is further highlighted by the notable decrease in reported suicidal ideation as referenced in the PHQ. Nearly half of residential young adults reported having suicidal thoughts early in treatment & this dropped to 17% by treatment end (a 64% decrease).

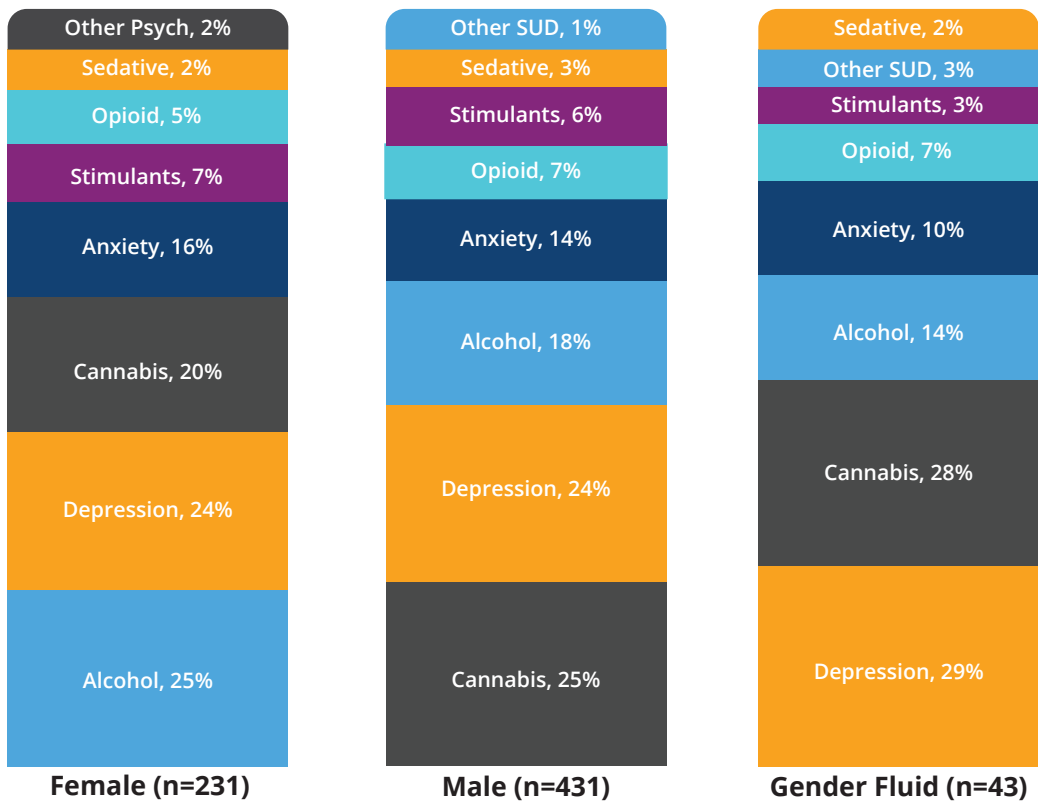


# Young Adult Outpatient Dual-Diagnosis Programming

## Who did We Treat?

In 2024, Sandstone Care treated 705 young adults across 12 cities nationwide through our therapeutic outpatient programs for substance use disorders and co-occurring mental health concerns. The average age of clients was 22.4 years (SD = 3.3), and 61% identified as cisgender male. The most common reasons for seeking treatment were Alcohol Use Disorder and Cannabis Use Disorder comorbid with depression and anxiety.

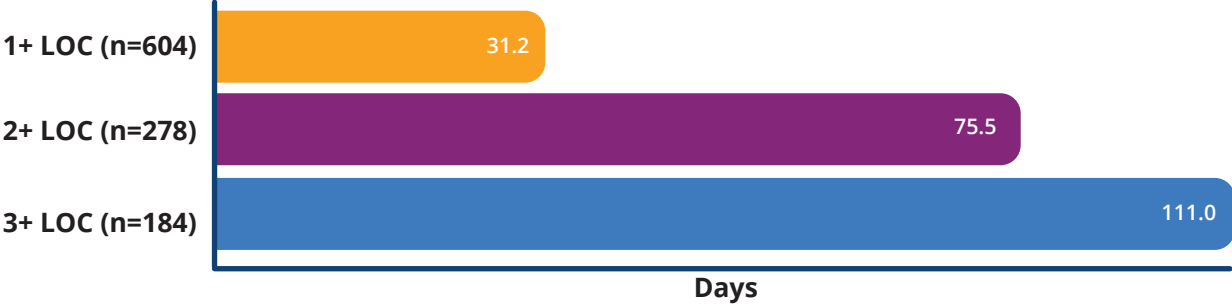
Distribution of Diagnostic Presentation



## Levels of Care (LOC) & Lengths of Stay

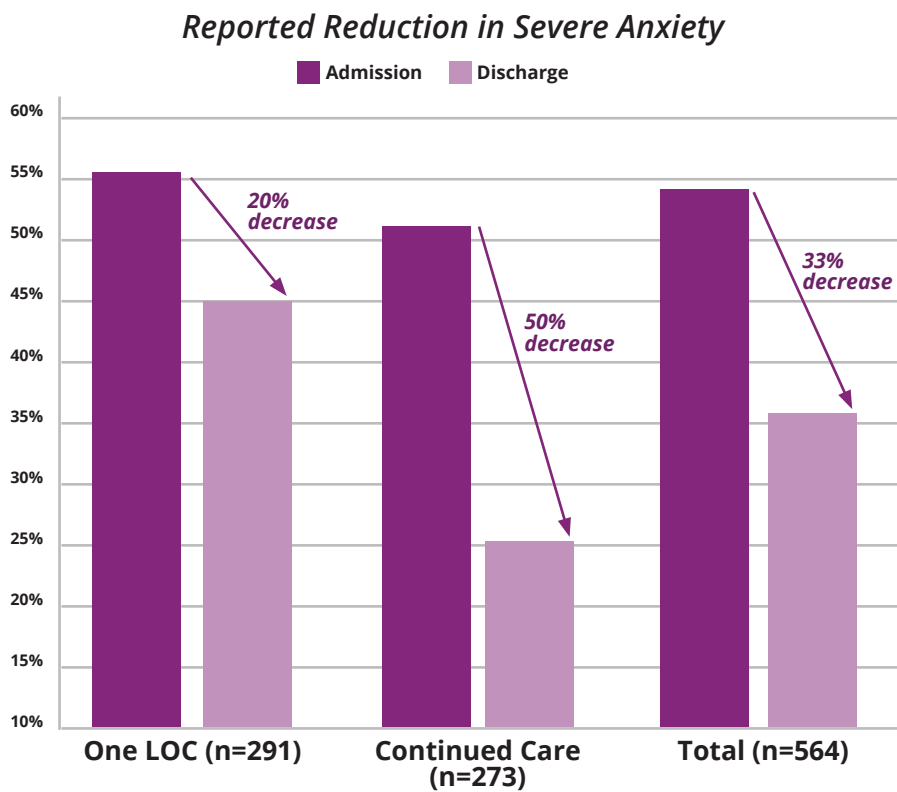
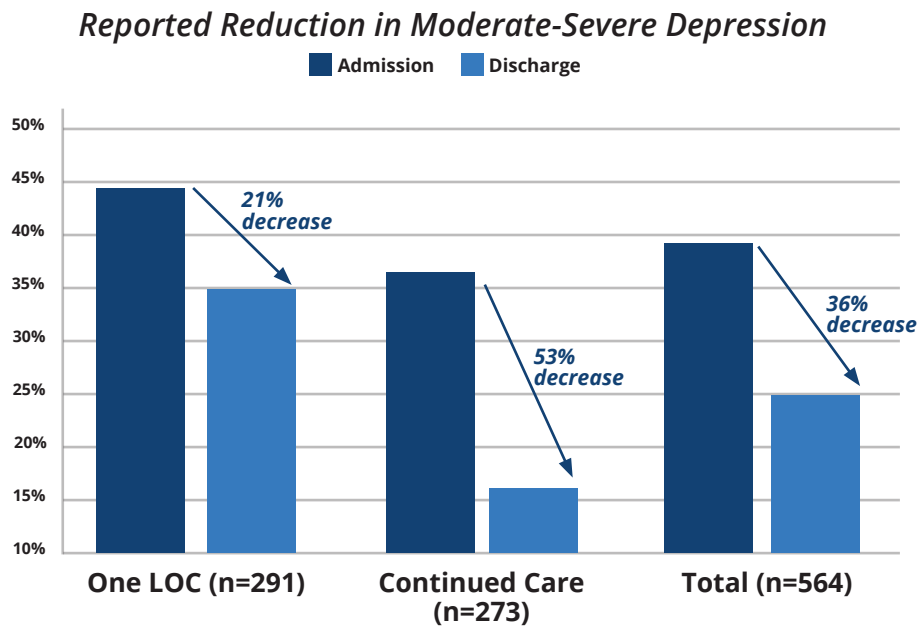
Out of the 705 young adults who received dual diagnosis outpatient care in 2024, 604 completed treatment, allowing for an assessment of total length of stay. Sixty-three percent of clients began at the Partial Hospitalization Program (PHP) level, which lasted an average of 22 days (SD = 18). Among those, 51% continued their care in the Intensive Outpatient Program (IOP) for an additional 49 days on average (SD = 29). Additionally, 30% of clients continued treatment up to an additional three-to-four levels of extended outpatient programming. The bar graph below illustrates the average length of stay for each continuum of care.

Average Lengths of Stay Outpatient Mood Programs



# What was the Outcome of Treatment?

Of the 705 young adults who participated in outpatient care, 564 completed psychometric assessments, which served as the basis for subsequent analyses. The bar graphs below illustrate data from all clients, irrespective of their discharge status. These results demonstrate the added impact that continued care has on young adults in treatment for co-occurring disorders. Overall reductions in reported moderate-to-severe symptoms were 36% for depression and 33% for anxiety. For those who continued care, improvements were even greater, with 53% and 50% reductions in moderate-to-severe symptoms of depression and anxiety, respectively.



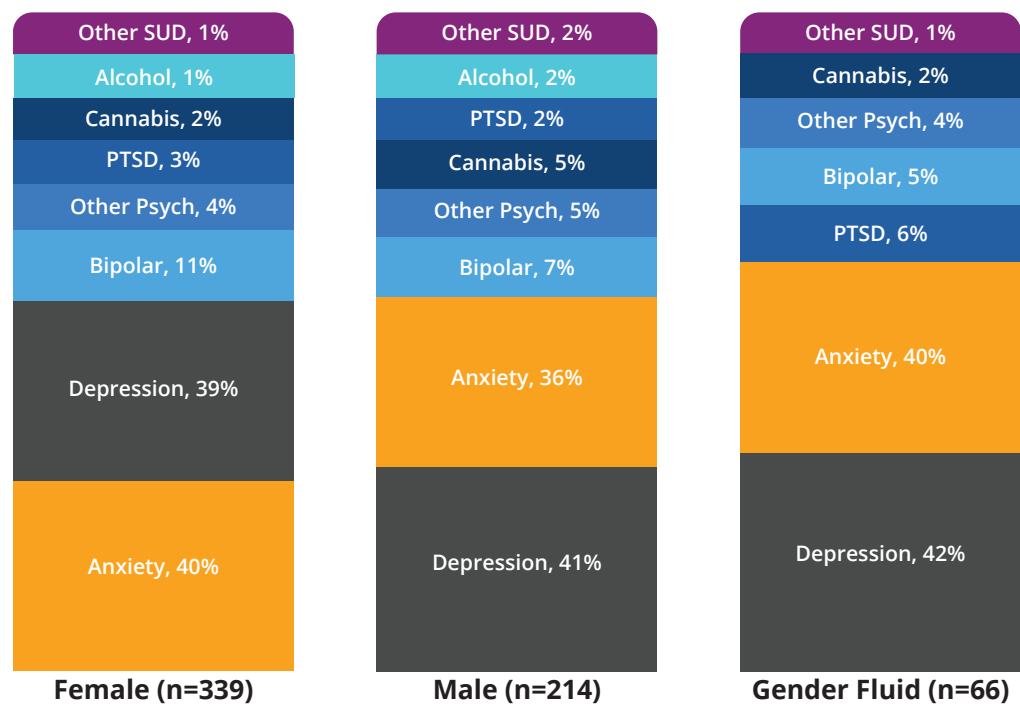
To determine whether the reported categorical frequency of severity differed between admission and discharge, a signed rank test was employed to analyze the data. Using the Wilcoxon Signed Ranks test to measure paired data, the findings indicated severity of psychiatric distress was significantly lower at discharge than at admission (PHQ9: Wilcoxon Z=-9.89, p<0.001 & GAD7: Wilcoxon Z=-9.29, p<0.001).

# Outpatient Young Adult Mood Programming

## Who did We Treat?

In 2024, Sandstone Care treated 619 young adults across 12 facilities nationwide through our therapeutic outpatient programs for mood disorders. The average age of clients was 22.5 years (SD=3.4) and slightly more than half identified as cisgender female (55%). The primary reasons for seeking treatment were anxiety and depression.

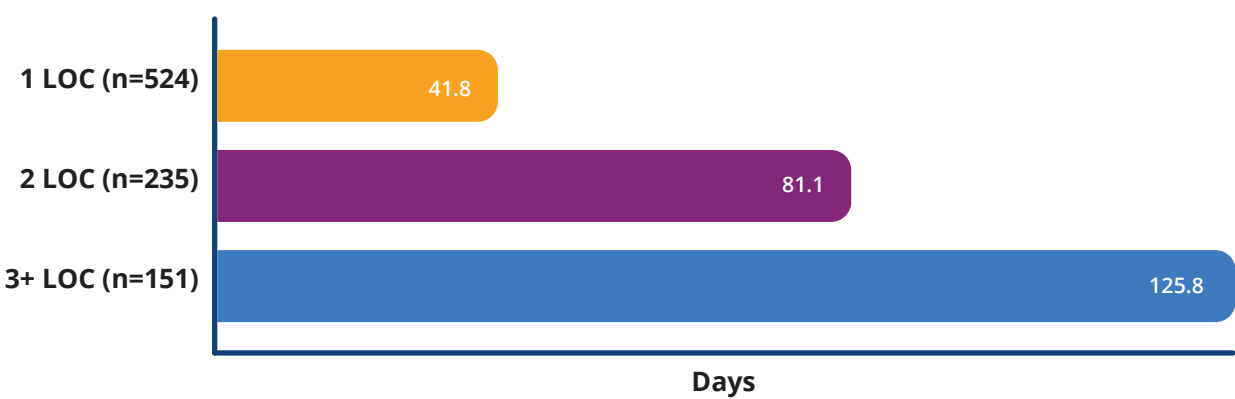
Distribution of Diagnostic Presentation



## Levels of Care (LOC) & Lengths of Stay

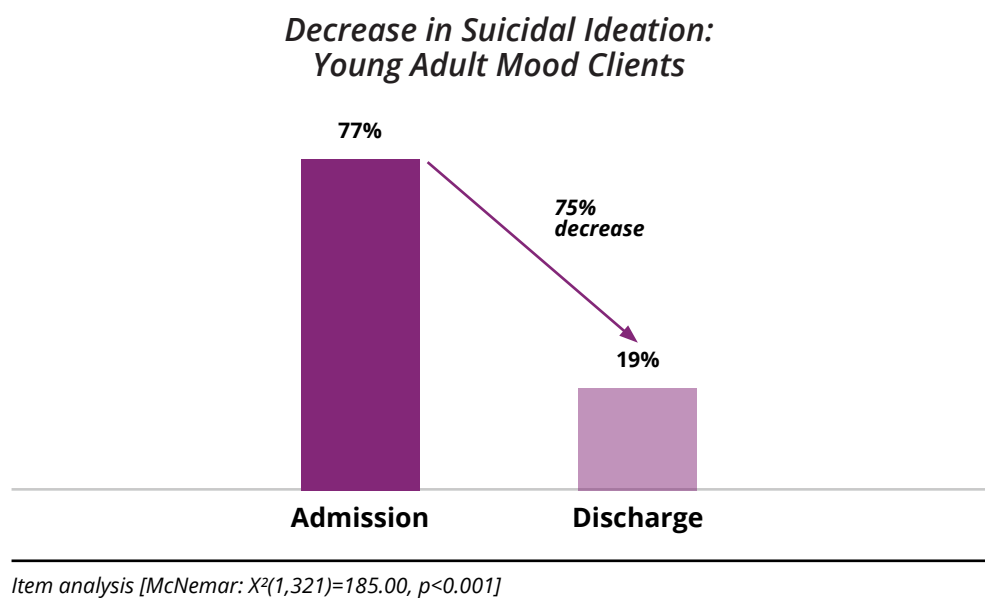
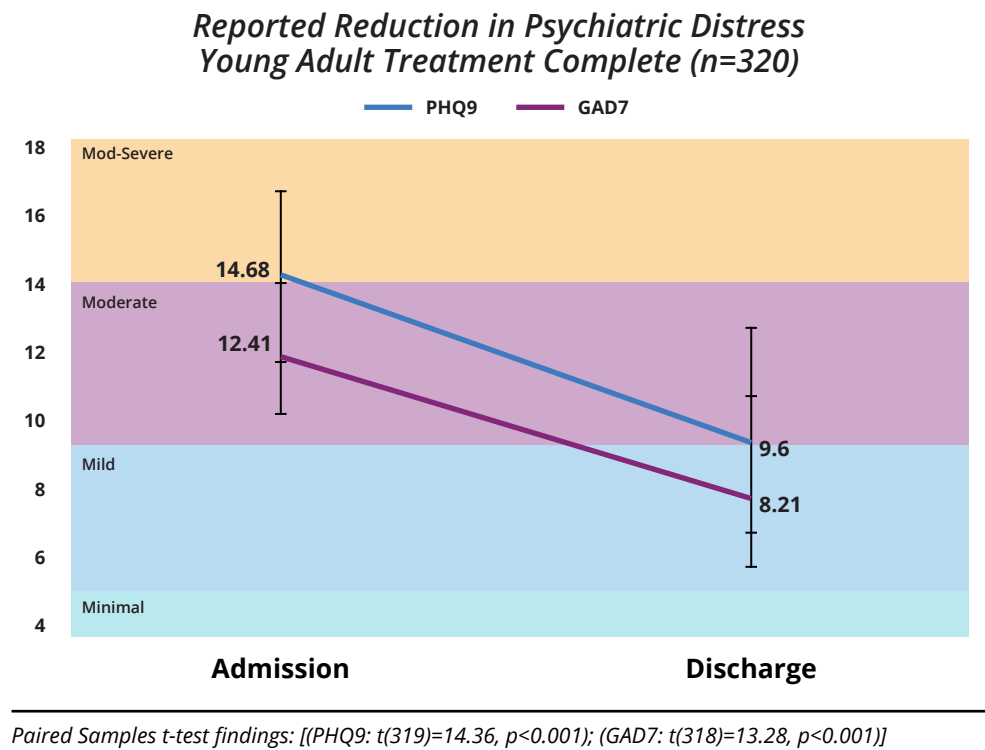
Out of the 619 young adults in outpatient mood programming, 524 completed treatment in 2024, allowing for an assessment of total length of stay. Fifty-seven percent of clients entered care at the Intensive Outpatient Program (IOP) level, while 42% were admitted to the Partial Hospitalization Program (PHP). On average, PHP lasted 23 days (SD = 12.4), and IOP lasted 56 days (SD = 34). Nearly half of clients (45%) continued treatment through additional levels of care (LOC). The bar graph below illustrates the average length of stay for each continuum of care.

Average Lengths of Stay Young Adult Mood Outpatient



# What was the Outcome of Treatment?

Three hundred twenty-one young adults successfully completed outpatient mood programming and reported significant decreases in both depression and anxiety symptoms, which were statistically significant through paired samples t-tests. To assess whether reported frequency and severity of suicidal ideation decreased as a course of treatment, the McNemar test of proportions was conducted, and indicated that suicidal ideation was significantly less at discharge among our young adult outpatient mood clients.



Young adult progress is further highlighted by the notable decrease in reported suicidal ideation as referenced in the PHQ. The majority of mood clients (77%) reported having suicidal thoughts early in treatment & this dropped to 19% by the end of programming (a 75% decrease).

# Adult Outcomes **2024**

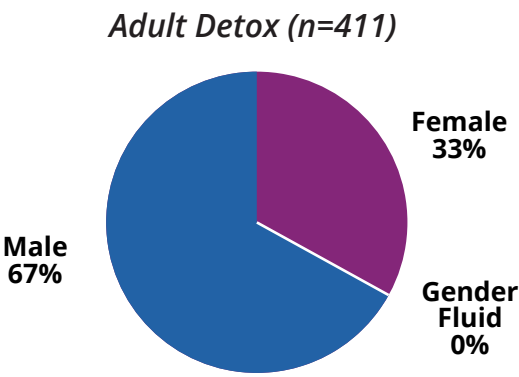


**SANDSTONE CARE**

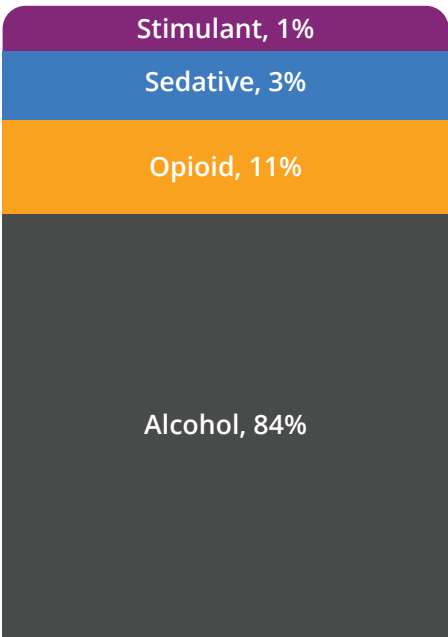
# Inpatient Adult Medical Detoxification

## Who did We Treat?

In 2024, Sandstone Care provided a safe medical detoxification for 411 adults over the age of 30 at our Medical Detox centers in Colorado Springs, CO and Chantilly, VA. The average age of patients was 43.7 years (SD = 9.1), and the majority identified as cisgender male. The primary reason for seeking detoxification was Alcohol Use Disorder, reported by 84% of clients.



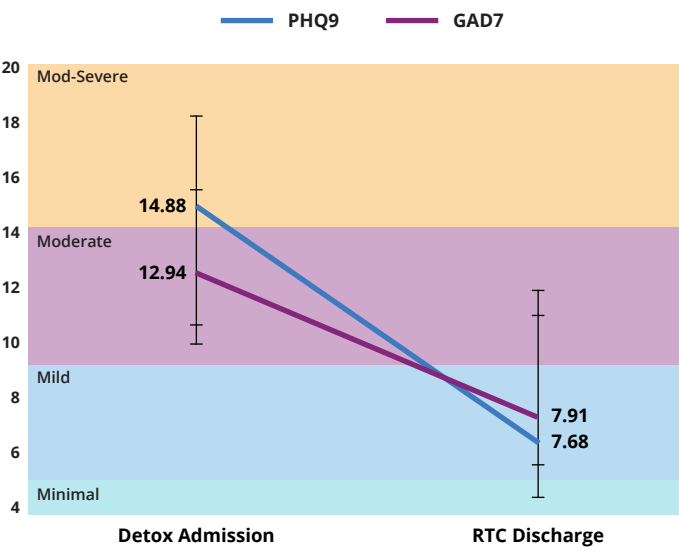
## Distribution of Diagnostic Presentation Adult Detox (n=411)



## Levels of Care (LOC) & Lengths of Stay

Of the 411 adults who received treatment in 2024, 260 completed care, allowing us to assess their total length of stay. The average length of stay in detox was 5.7 days (SD = 2.4). Following detox, 59% of clients transitioned into residential treatment. For the 154 adults who continued care, the average length of stay in residential treatment was 19 days (SD = 6.6).

## Reported Reduction in Psychiatric Distress Adult Treatment Complete (n=154)



## What as the Outcome of Treatment?

The following data reflect outcomes for the 154 adults who transitioned from detox to residential care, regardless of discharge status. By the end of their treatment, clients reported significant reductions in both depression and anxiety symptoms. These improvements were statistically significant, as confirmed by paired-samples t tests.

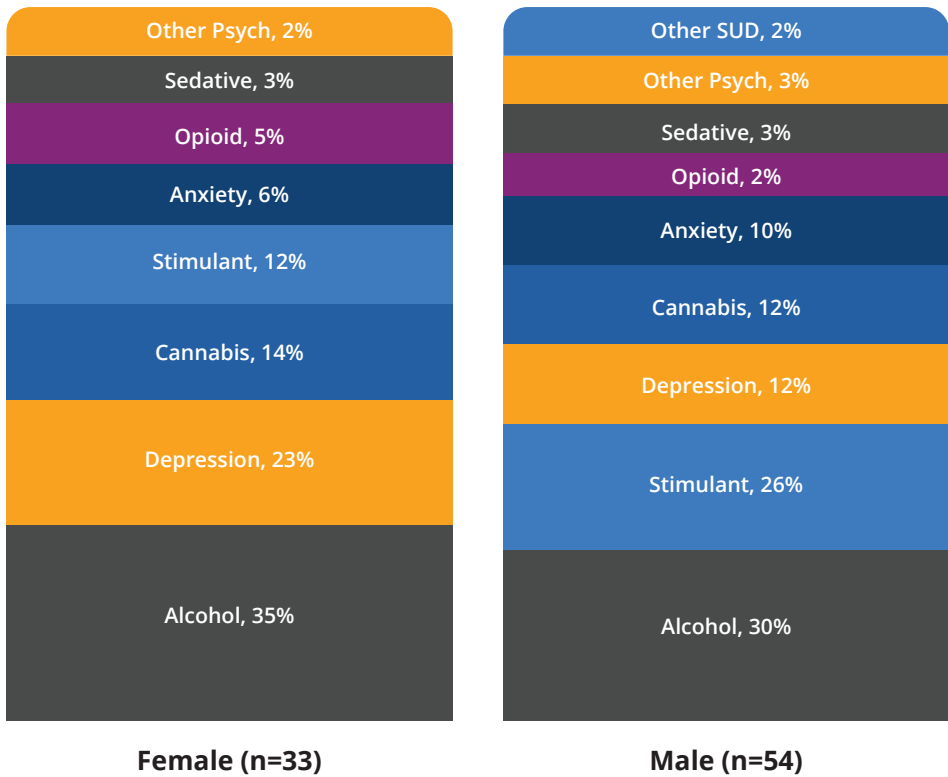
Paired Samples t-test findings: [(PHQ9:  $t(153)=11.67, p<0.001$ ); (GAD7:  $t(153)=10.16, p<0.001$ )]

# Adult Residential Program

## Who did We Treat?

In 2024, Sandstone Care provided residential treatment for 87 adults over the age of 30 who were admitted into one of our two inpatient centers in Colorado Springs, CO and Chantilly, VA. The average age of clients was 43.6 years (SD=8.2) and 62% identified as cisgender male. Presenting diagnostic concerns among those admitting into adult residential programming comprised substance use disorders specific to Alcohol, Cannabis, Opioid, and Stimulant Use Disorders, comorbid with depression.

Distribution of Diagnostic Presentation



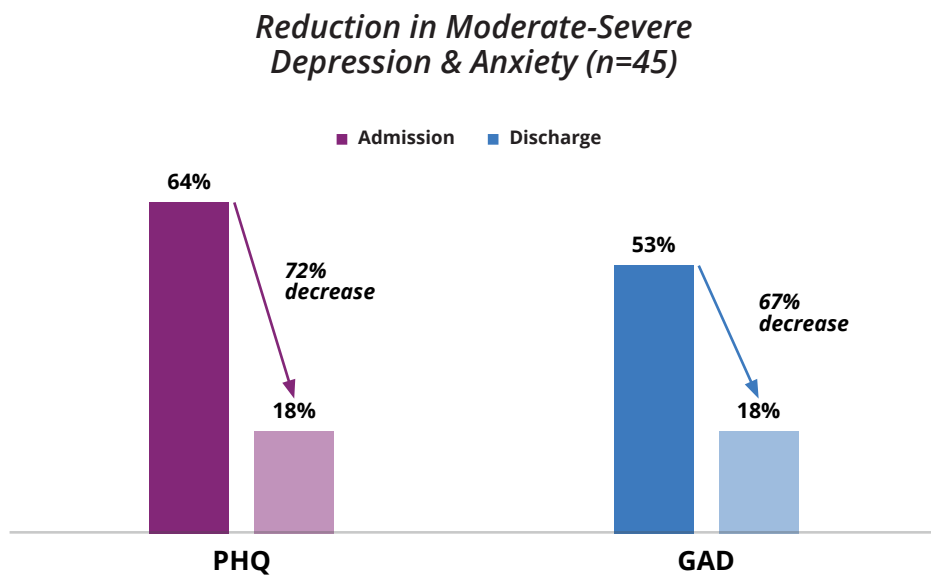
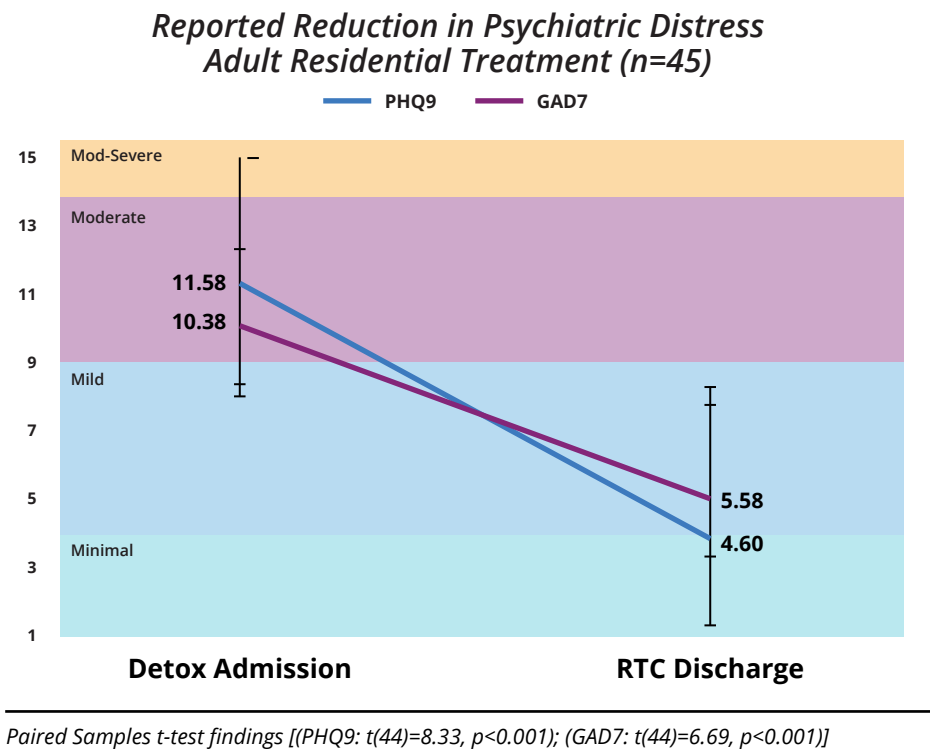
## Levels of Care & Lengths of Stay

Out of the 87 adults in residential programming, 67 completed treatment in 2024, allowing for an assessment of total length of stay. The average duration of residential treatment was 13.6 days (+/- 6 days). The majority of clients (90%) did not transition into additional levels of care following discharge.



# What was the Outcome of Treatment?

Of the 67 adults who completed residential care, 67% successfully completed their programming and reported significant reductions in both depression and anxiety symptoms. These improvements were found to be statistically significant through paired samples t-tests. To determine whether the reported categorical frequency of severity differed between admission and discharge among residential adult patients the Wilcoxon Signed Ranks test was employed, yielding significant findings that the severity of psychiatric distress was significantly lower at discharge than at admission.



Overall reduction in reported moderate-severe symptoms were 72% and 67% for depression and anxiety, respectively.

Wilcoxon: (PHQ9:  $Z=5.33, p<0.001$  & GAD7:  $Z=-4.36, p<0.001$ ).

# Therapeutic Alliance Outcomes **2024**



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## Therapeutic Alliance

In quarter 4 of 2024, Sandstone Care began assessing the extent of clients' therapeutic rapport and support on a weekly basis using two validated therapeutic scales. The Working Alliance Scale (WAI-SR) is completed by all clients during treatment, regardless of their level of care, to monitor the strength of their relationship with the clinical team. The Scale to Assess Therapeutic Relationships (STAR-P) is administered to clients in inpatient settings, specifically measuring the strength of their relationship with nursing staff and behavioral health technicians.

Therapeutic alliance measures are integrated into our existing measurement-based care system, so that staff use the data, along with depression and anxiety data, to gauge the progress of clients to ensure they are engaged and getting the most out of treatment in real time.

Because this initiative began in late 2024, the therapeutic alliance sample sizes are relatively small, and therefore no statistical significance testing has been performed. However, the data reported below do illustrate trends in client progress.

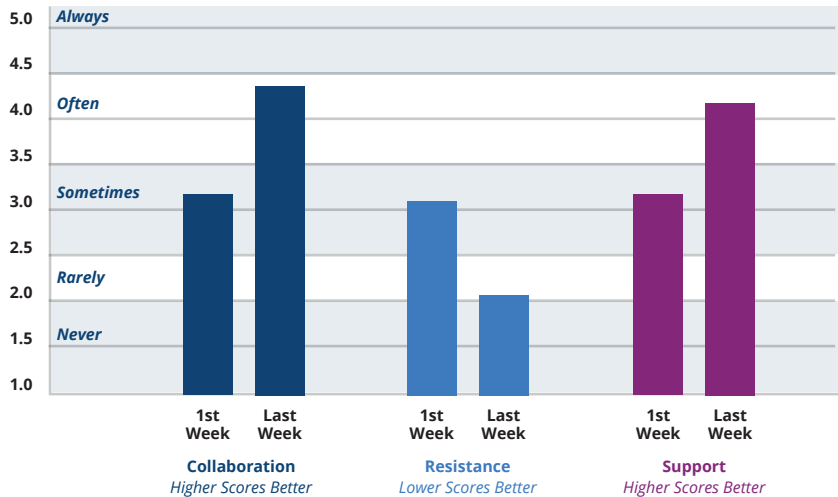


# Adolescents

As part of Sandstone Care’s new therapeutic alliance initiative, 54 adolescents in residential care completed alliance assessments specific to their therapeutic relationships with nursing staff and behavioral health technicians. Early in treatment, adolescents reported sometimes experiencing resistance from staff, but by the end of care, they rarely felt this way. Overall, teens reported feeling “sometimes” to “often” connected and supported by their nursing team, and by the time of discharge, 65% reported having a strong therapeutic bond with their nurses and behavioral health technicians.

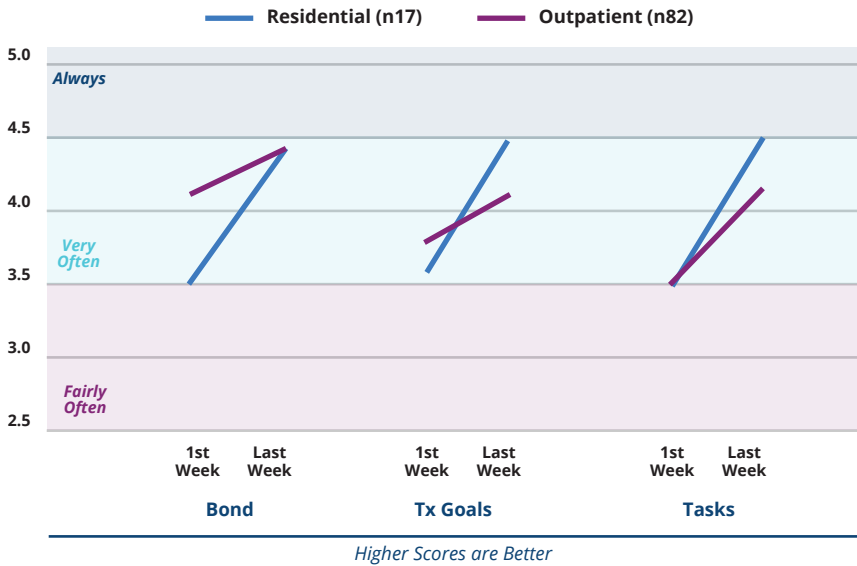
Adolescent Residential (n=54)  
STAR-P Results

**65%**  
Adolescents reported having a strong therapeutic bond with their nurses and behavioral health technicians.



The clinical team at Sandstone Care provides psychotherapy across both residential and outpatient settings. The line graph below illustrates the strength of clinical therapeutic alliance as reported by 99 adolescents across both levels of care. Throughout treatment, clients typically reported feeling “very often” connected to their therapists, with scores improving to “always” by discharge. Adolescents in residential treatment showed the greatest growth in alliance, particularly in their understanding of the steps needed to reach their treatment goals. By the end of care, 74% of adolescents reported having a strong therapeutic connection with their clinical therapy teams.

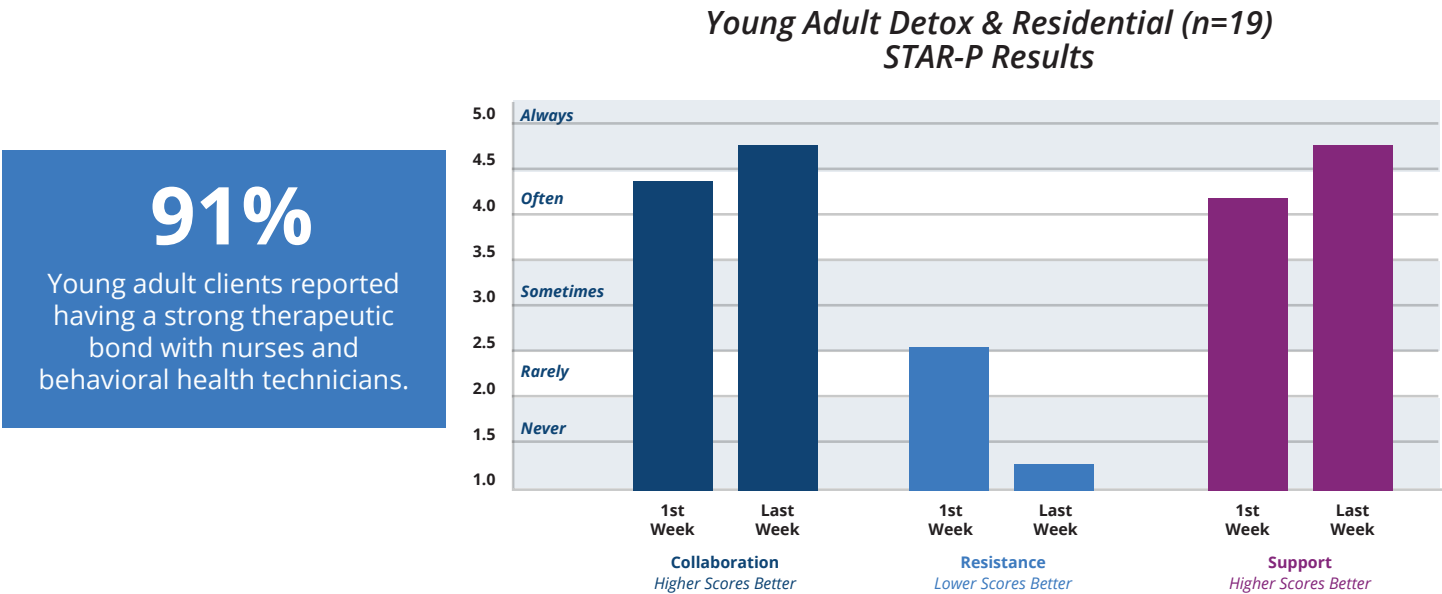
WAI-SR Adolescent  
Therapeutic Alliance



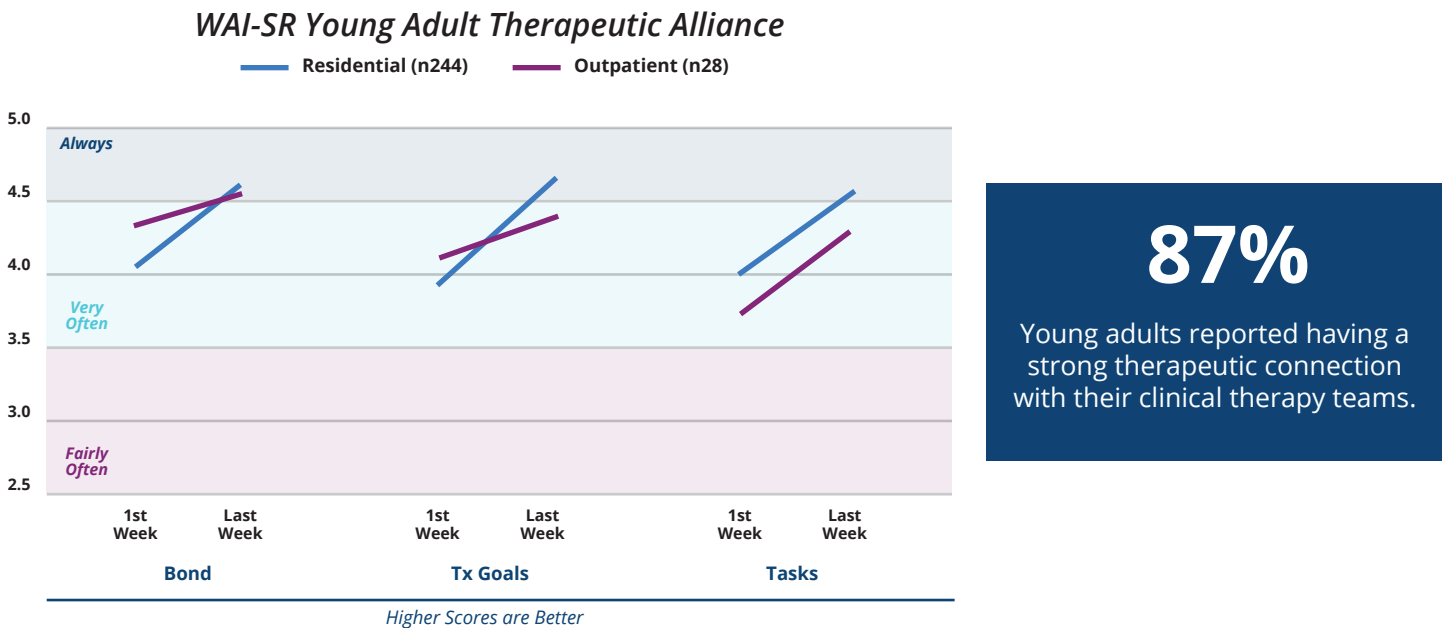
**74%**  
Adolescents reported having strong therapeutic connection with their clinical therapy teams.

# Young Adults

In late 2024, 19 young adults receiving care in Sandstone Care’s residential and/or detox programs completed therapeutic alliance assessments specific to their relationships with nursing staff and behavioral health technicians. Overall, clients reported “often” to “always” feeling supported and having a collaborative connection with their nursing team. When asked about perceived resistance from staff, young adults initially reported experiencing this “rarely,” which further declined to “never” by the end of treatment. At discharge, 91% of young adult clients reported having a strong therapeutic bond with nurses and behavioral health technicians.



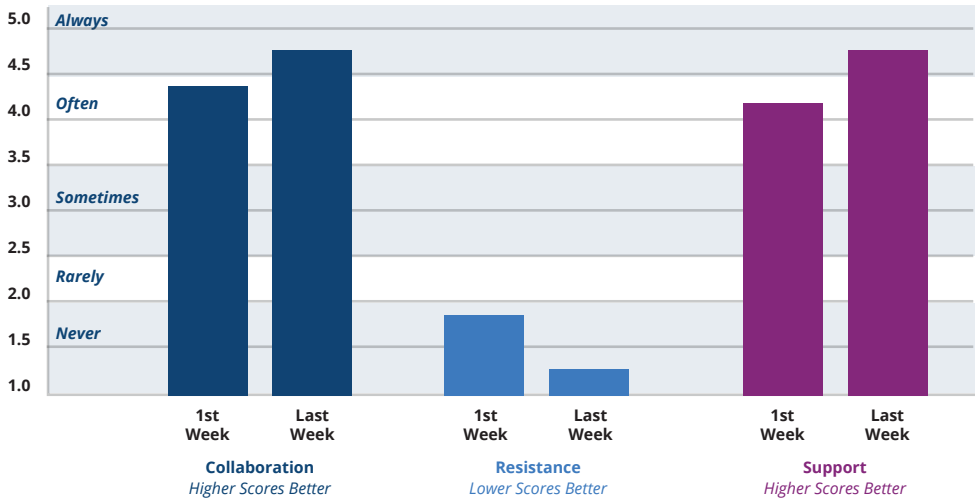
The clinical team provides psychotherapy to clients in both residential and outpatient settings. The line graph below illustrates the strength of therapeutic alliance as reported by 272 young adults across these levels of care. Clients consistently reported feeling “very often” connected to their therapists during treatment, with scores improving to “always” by the end of care. Residential and detox clients showed the most notable growth, particularly in gaining clarity on the steps needed to achieve their treatment goals. By discharge, 87% of young adults reported having a strong therapeutic connection with their clinical therapy teams.



# Adults

In late 2024, 65 adults over the age of 30 receiving care in Sandstone Care’s residential and/or detox programs completed therapeutic alliance assessments specific to their relationships with nursing staff and behavioral health technicians. Clients typically reported “often” to “always” feeling a sense of collaboration and support from the nursing team. Reports of resistance, such as feeling staff were inauthentic or dismissive, were rare at the start of treatment and declined to “never” by discharge. By the end of care, 97% of adult clients reported having a strong therapeutic bond with both nurses and behavioral health technicians.

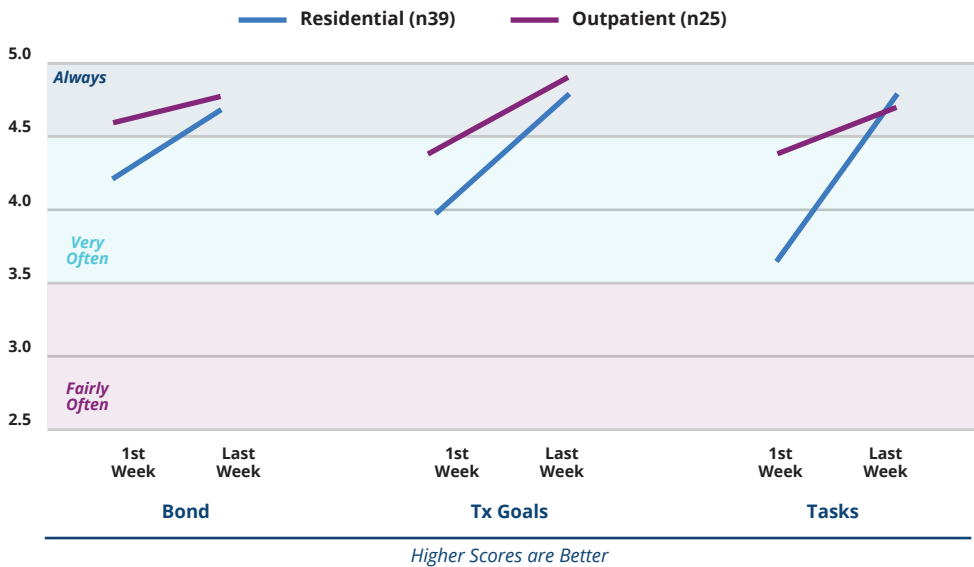
Adult Detox & Residential (n=65)  
STAR-P Results



**97%**  
Adult clients reported having a strong therapeutic bond with both nurses and behavioral health technicians

The clinical team provides psychotherapy to clients across both residential and outpatient settings. The line graph below illustrates the strength of clinical therapeutic alliance experienced by 65 adults in both treatment milieus. Throughout their stay, clients commonly reported feeling “very often” connected to their therapists, with alliance improving to “always” by the end of treatment. Clients in residential and detox care demonstrated the greatest growth, particularly in their understanding of the steps required to reach treatment goals. By discharge, 94% of adults reported a strong therapeutic connection with their clinical therapy teams.

WAI-SR Adult Therapeutic Alliance



**94%**  
Adults reported a strong therapeutic connection with their clinical therapy teams



## Brief Summary of Findings

The Sandstone Care patient-reported outcomes from 2024 show that there is a consistent pattern of reduced depressive and anxiety symptoms as a course of treatment. As we observed how reported psychiatric distress reduced over time, we also observed how therapeutic alliance started out strong and consistently strengthened across all age cohorts. As treatment progressed, clients typically experienced gradual, significant reductions in distress, with those who reported the most severe symptoms often showing the greatest improvement.

The interplay between the reduction of psychiatric distress and strong therapeutic alliance has meaningful implications for our clients. With strong therapeutic rapport reported early in treatment, it is likely that the manner in which our Sandstone Care treatment teams approach clients resonates well with them, further fostering a sense of comfort and trust from the outset. This interplay, when incorporated through measurement-based care practice, suggests that our clients may be more likely to be 1) engaged in the therapeutic process, 2) open to exploring difficult issues, and 3) be more motivated to work towards positive change. Strong therapeutic alliance when fostered by empathetic and caring staff, that is furthermore heightened through hands-on discussion of clients' progress, is not just a pleasant byproduct of therapy but is known to be a core mechanism that amplifies treatment benefits.

The findings reported in this report are compelling and engenders hope for long-term positive outcomes for our clients. Of course, with any proper data analysis comes limitations that the data should be interpreted with caution. There are several potential limitations to relying solely on findings from scales designed to capture psychiatric distress and the therapeutic alliance. Therefore, we refrained from making oversimplified claims beyond the scope from which each of the scales were validated. As our compendium of valid assessments broadens, so too will our capacity to study and analyze treatment outcomes to consider multifaceted effects which contribute to the overall improvement to co-occurring mental health of Sandstone Care clients.





## Where We Go from Here

The future of the behavioral healthcare industry is bright. With treatment programs becoming more data-centric and staff becoming more skilled at integrating patient-reported data into the therapeutic process, individuals of all ages and conditions can have greater confidence in the care they receive.

At Sandstone Care, we are expanding our measurement-based care (MBC) program to include comprehensive psychometric assessments of clients' psychological status at intake and again at discharge. This "pre/post" methodology serves to promote deeper psychological insight, substantiate clients' experience in their healing and therapeutic growth, and enhances our overall approach to clinical excellence of Sandstone Care.

In 2025, Sandstone Care's Research and Outcomes department is developing this comprehensive assessment program for several key reasons. Foremost among them is to use each client's intake profile to enhance medical and clinical conceptualization, allowing treatment plans to be more precisely tailored to individual needs.

These profiles will be shared and discussed with clients to help them gain a clearer understanding of their presenting concerns; this process will foster greater personal insight, which is a critical factor for therapeutic change. At discharge, each client will receive a personalized report outlining their psychological growth that will include reliable change metrics to summarize whether their reported improvements were clinically reliable, thus clinically significant. This report will serve as a quantified overview of their treatment gains.

Following discharge, we will continue to stay in contact with clients for up to two years to track changes in their mental health-related quality of life. Through ongoing psychometric assessments throughout the recovery process, we gain valuable insight into how our treatment programs influence long-term outcomes and sustained well-being. This prospective-longitudinal approach to patient-reported outcomes serves to provide actionable information from which Sandstone Care treatment programs can use to support our own evolution as a leader in behavioral health care.

By "quantifying the qualitative" of therapeutic healing, our clients will experience greater confidence, clarity, and hope for the next steps in their healing journey.



**Antoinette Giedzinska, PhD**  
*Senior Director of Research & Outcomes*

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