

The Dorm Model: A Long-Term and Phased Holistic, Clinical and Skills-based Community Integration Treatment Approach for Young Adults

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THE DORM
est. 2009

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BACKGROUND

Research indicates that length of stay and treatment retention is positively correlated with positive treatment outcomes (Candelli & Hubbard, 1994; Gossip, Musden, Stewart & Rolfe, 1999; Greenfield, Burgdorf, Chen, Porowski, Roberts, & Herrel, 2004; Moos & Moos, 1995; Turner & Deane, 2016). Additionally, an integrated, holistic, and phased treatment approach utilizing community engagement, skills-based social, emotional and life skills clinical coaching, health and wellness practices, and conventional group and individual therapy is associated with heightened treatment efficacy and results (Larsen, MczKay, & Van Steinburg, 2020; Shafan, Bennett, & McKenzie, 2017; Radford, VanDriel & Swanton, 2011).

RESEARCH QUESTION

The aim of this study is to gain an initial understanding of the effect of a long term holistic, skill-based community integration model on anxiety, depression, friendship, rejection, ability to participate and self-efficacy within individuals diagnosed with multiple comorbidities.

METHODS

Participants:

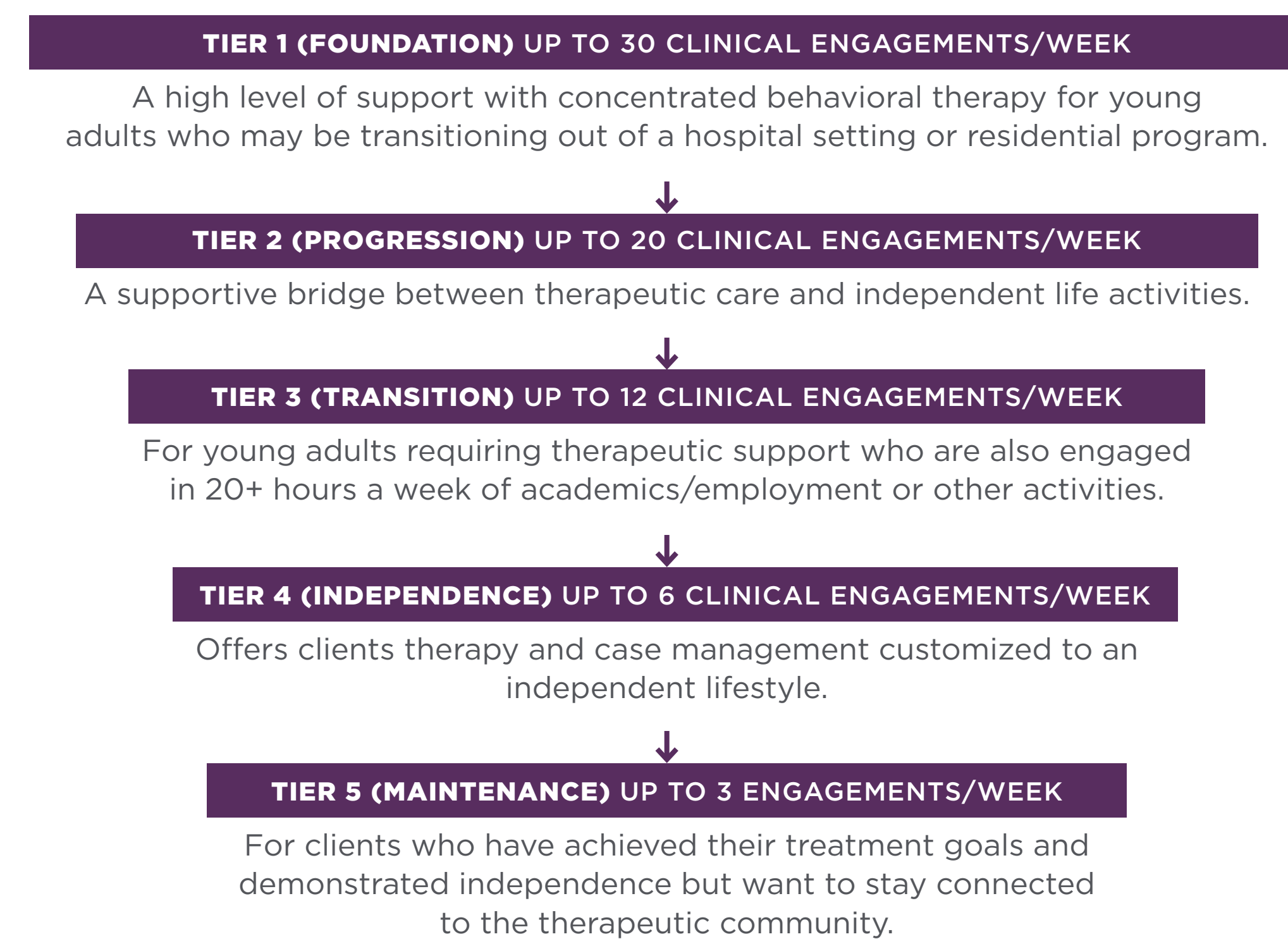
15 individuals (8 male, 5 female, and 2 transgender) with a mean age of 22.5 consented to participate in the study. Participants were admitted to The Dorm outpatient treatment community and were all assessed within 24 hours of admission.

DEMOGRAPHICS	TOTAL SAMPLE (N, %)
Age Mean (SD)	22.5 (3.7)
Gender Identification	
Male	8 (53%)
Female	5 (33%)
Transgender	2 (14%)
Highest Education	
High School	8 (53%)
Some College	2 (14%)
Associates	2 (14%)
Bachelors	3 (20%)
Work Status	
Employed	3 (20%)
Student	5 (33%)
Unemployed	7 (47%)
Reported Trauma	8 (53%)

Location:

The Dorm is a mental health treatment community founded in 2009 with two locations, NYC and Washington, D.C. It provides young adults diagnosed with a variety of mental illnesses and/or substance use disorders with long-term phased treatment. The model integrates community engagement, skills-based social, emotional and life skills clinical coaching, health and wellness practices, family work and conventional group and individual therapy. All clients work simultaneously with a therapist and a clinical skills coach on treatment and life skills goals and objectives. Parents are also assigned a clinical coach with whom they meet weekly. All coaches are licensed clinicians.

The average length of stay at The Dorm is 1 year as clients progress through five tiers of treatment taking progressive and positive steps toward autonomy and optimal psychosocial functioning. The five tiers of treatment are as follows:



Assessments:

The **Generalized Anxiety Disorder Scale - 7 (GAD-7)** is a 7-item, self-report assessment that measures symptoms of anxiety over the past two weeks on a 4-point scale (0-not at all, 3-nearly every day) (Spitzer et al., 2006).

The **Patient Health Questionnaire - 9 (PHQ-9)** is a 9-item, self-report assessment that evaluates the nine diagnostic criteria for major depression over the past 2 weeks on a 4-point scale (0-not at all, 3-nearly every day) (Kroenke et al., 2001).

The **Ability to Participate and Satisfaction with Social Roles and Activities - 8** (Heinemann et al, 2015) is an 8-item self-report scale assessing health related quality of life in people resulting in the social isolation of the person on a 5-point scale ("Not at all" to "Very much").

The **General Self-Efficacy Scale** - 10 items were modified from the NIH Toolbox Self-Efficacy Item Bank by creating new "confidence" ("I am not at all confident," "I am a little confident," "I am somewhat confident," "I am quite confident," "I am very confident"). Higher scores reflect greater general self-efficacy.

Friendship (Ages 18+) is an 8-item scale evaluating the perceptions of the availability of friends or companions with whom to interact or affiliate on a 5-point Likert scale (1-never; 5-always).

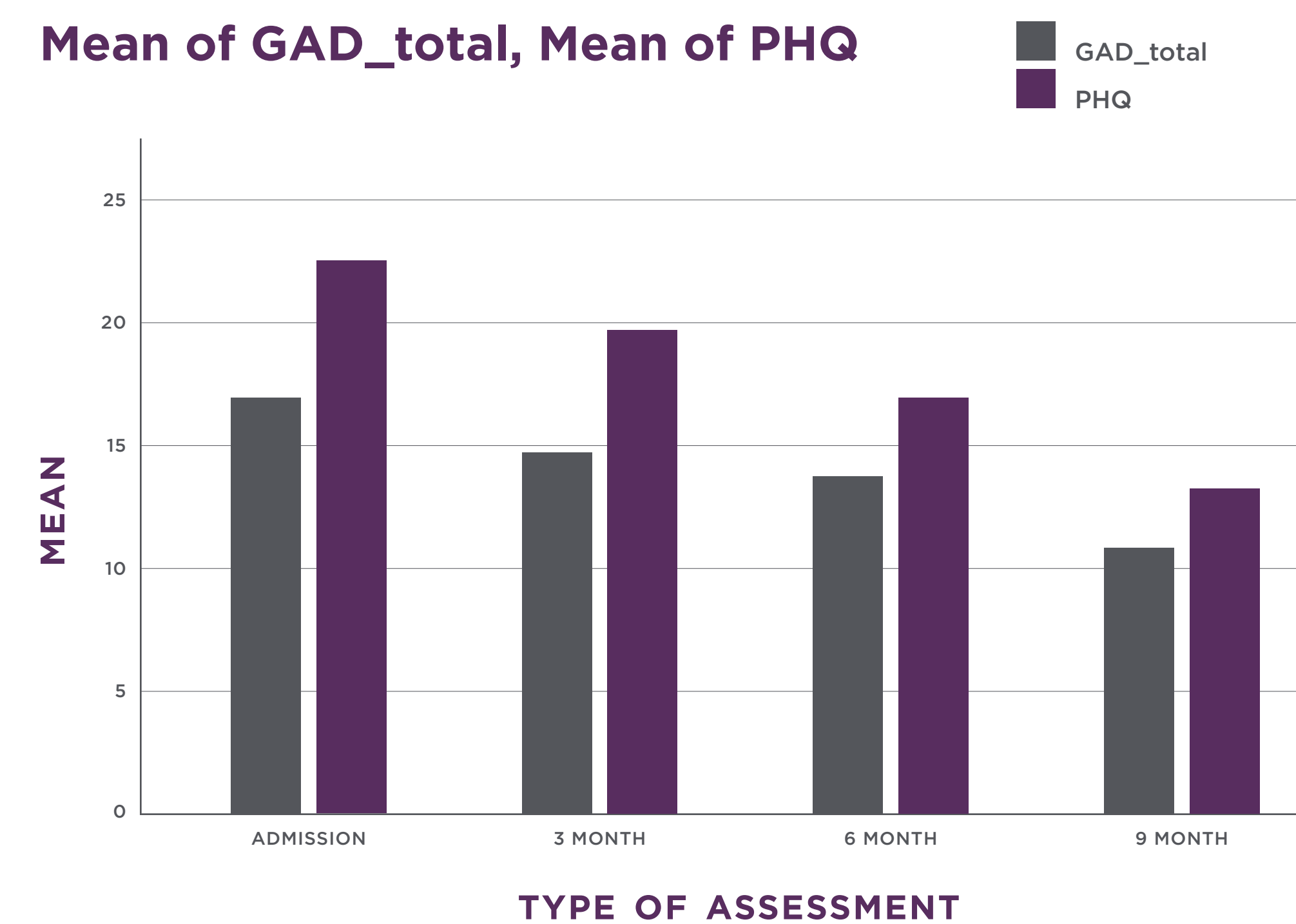
Perceived Rejection (Ages 18+) - an 8-item scale evaluating how often people perceive others to be arguing/yelling at them and perceived insensitivity on a 5-point Likert Scale (1-never; 5-always).

Procedure:

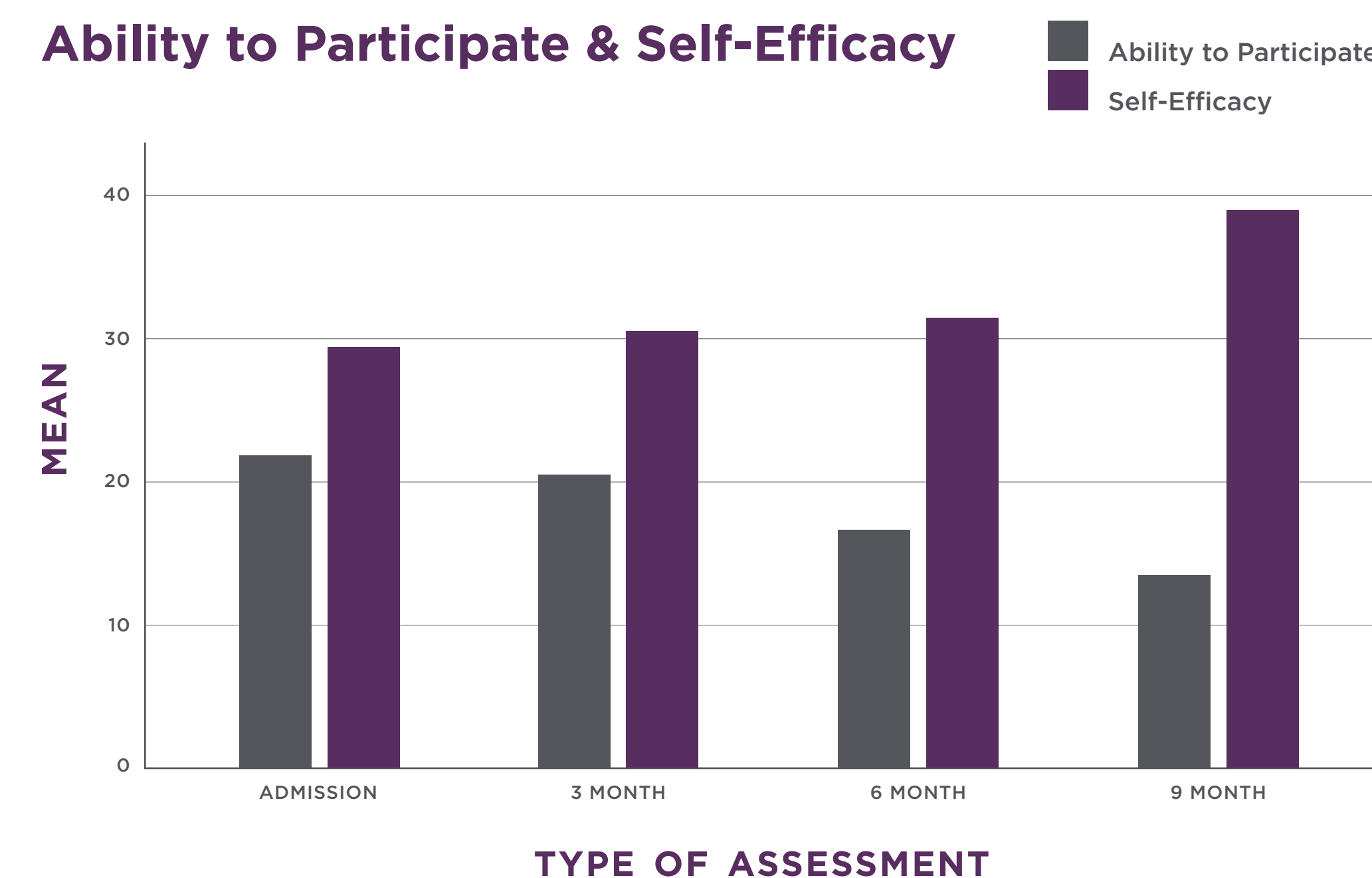
This is a prospective self-directed outcome-based quantitative research study. 15 clients participated in the study. Data was collected through a valid and reliable questionnaire administered at 3-month intervals starting at admission. Questionnaires evaluated overall markers of mental health (i.e. depression, anxiety, rejection, friendship, ability to participate and self-efficacy).

RESULTS

Mean of GAD_total, Mean of PHQ

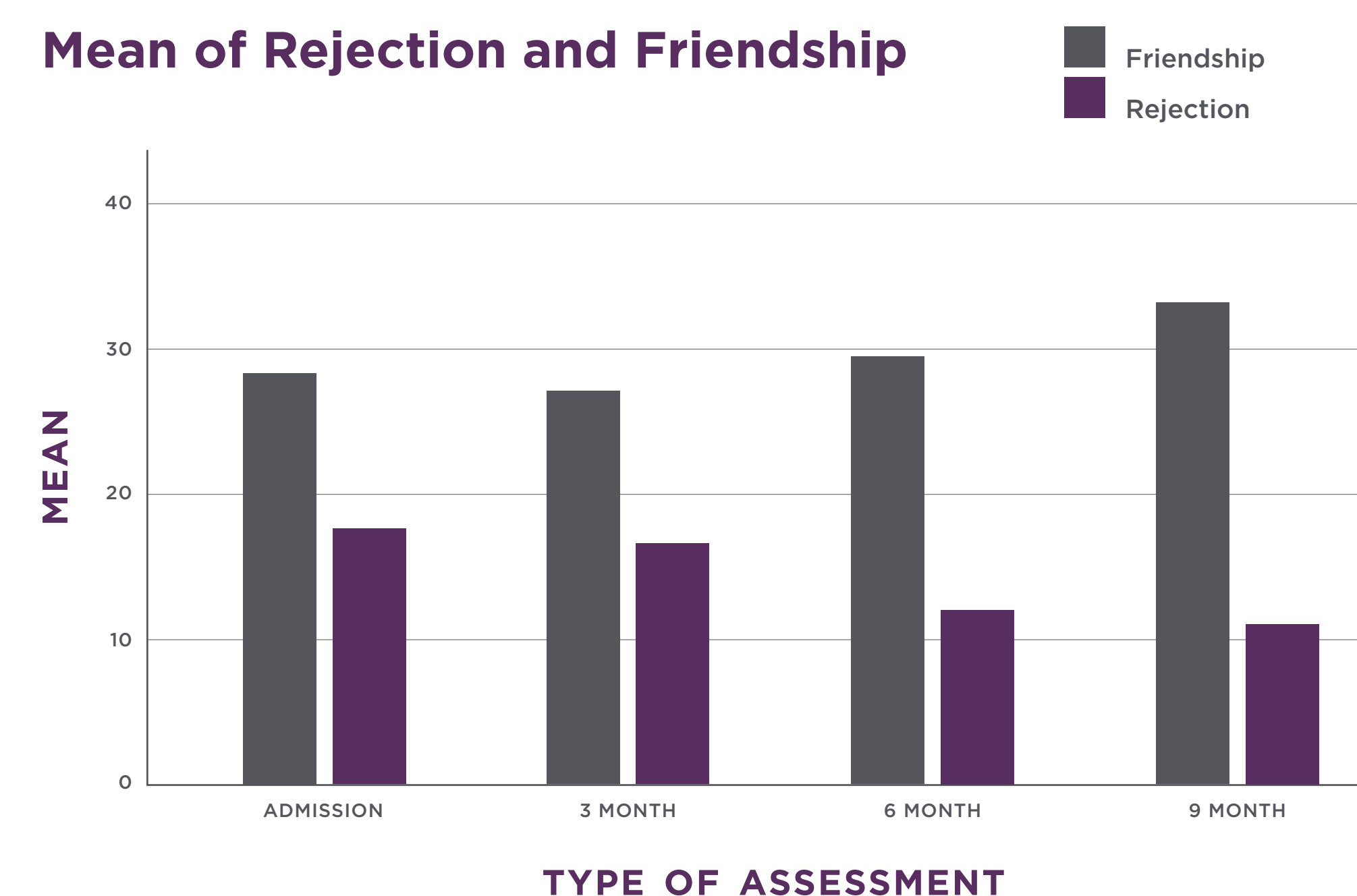


Ability to Participate & Self-Efficacy



***IT SHOULD BE STATED THAT THE ABILITY TO PARTICIPATE AND SELF-EFFICACY ARE RAW SCORE VALUES AND ADJUSTED T-VALUES.

Mean of Rejection and Friendship



DISCUSSION

Findings:

Findings are consistent with research that shows that length of stay in treatment, treatment retention, and an integrated and holistic treatment approach is correlated with positive treatment outcomes.

DISCUSSION (CONT.)

- Generalized anxiety levels in 15 individuals went from moderate to mild.
- Depression levels across 15 individuals went from moderate/severe to mild.
- Rejection and friendship were inversely correlated.
- Heightened friendship scores indicate an ability to participate in social relationships which is congruent with mental health.
- Results indicate a clinically-significant increase in the ability to participate which is indicative of a better propensity to navigate social interactions which are instrumental to mental health.
- Ability to participate and self-efficacy scores were approaching neurotypical levels at the 9 month mark.

Clinical impressions/implications

Preliminary data indicates various opportunity for future analysis of The Dorm model. Data indicates that the model is correlated with decreased levels of anxiety, depression, and feelings of rejection and heightened levels of friendship, efficacy, and ability to participate. Results are congruent with a propensity to effectively navigate social interactions which in turn positively impacts mental health. Future analysis is needed to determine how positive social interactions impact symptoms of depression, anxiety, eating disorders, OCD, substance use and psychosis. Additionally, future analysis is needed to determine how variables targeted in this study impact and interact with one another.

LIMITATIONS

- Singular cross-sectional research design without randomization or controlling of populations.
- Future studies need to indicate a randomized controlled trial across this population.
- Convenient sample: this study is limited to the patients in the program at The Dorm, thus hard to generalize across other populations.

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