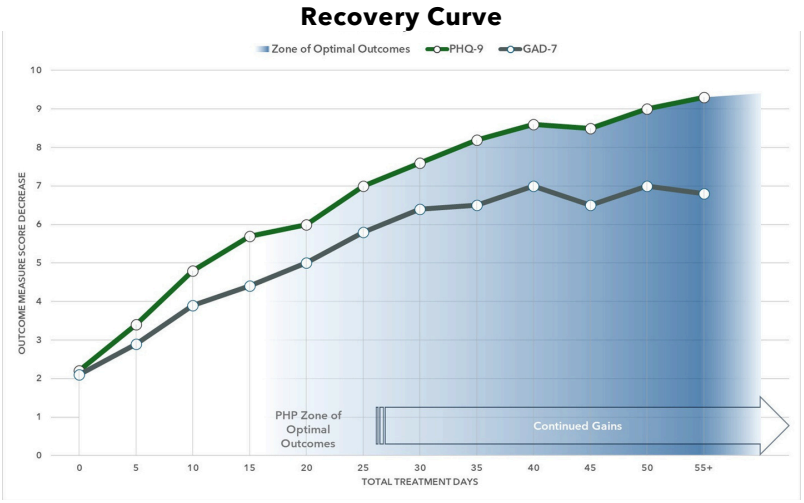
The Recovery Curve

What is the Recovery Curve?

The Recovery Curve allows us to see an individual's journey of recovery through a data lens. Our data, based on over 6,000 data points, shows that while a patient might feel better within the first two weeks of treatment, in order to find the greatest possible relief and reductions in symptoms and to have the ability to maintain these gains into the long term, it is best to stay in care until one reaches the "Zone of Optimal Outcomes". In other words, patients who do not engage in treatment at the recommended levels of care and for the recommended cadence and length of time do not achieve the same levels of symptom reduction sustained into the long term as those that do.



**As you can see from the graph below, progress isn't linear throughout the recovery journey. Once in the zone of optimal outcomes, patients continue to see progress and maintain gains with support of programming.*

What is the Zone of Optimal Outcomes?

The Zone of Optimal Outcomes refers to the area wherein patients gain the greatest benefit from care. The zone weaves together the Compass Care Principles with the outcomes data, allowing for individualized, evidence-based care. The more complex the patient presents, the further the patient will need to progress into the zone at each level of care in order to maximize and sustain benefits. This can be applied to both PHP and IOP lengths of treatment to help guide decisions about care transitions including step down and discharge.

Using the Recovery Curve

Making the decision to prioritize one's mental health and to engage in treatment at the intermediate levels of care is challenging. It often means temporarily putting other important life roles and responsibilities on the back burner. The recovery curve can help empower individuals to take this next step on their mental health journey. This can be particularly helpful when a patient is recommended to start PHP, when it is time to step down from PHP to IOP, and when patients or families want to end treatment before it is recommended. The recovery curve is also a helpful resource when discussing recommended cadence for IOP attendance.

Starting PHP (vs IOP)
Example questions/concerns that arise when PHP is recommended:
"Why do I need to start in PHP, versus IOP?" "Missing work/school will just give me MORE anxiety. I don't think I should do PHP."
Sample Answer:
Individuals who are admitted directly to a Partial Hospitalization Program (PHP) typically experience a more significant reduction in symptoms within a shorter period of time. In other words, they feel better and more stable faster than those who start with the Intensive Outpatient Program (IOP) and meet criteria for PHP.

Stepdown PHP to IOP
Example questions/concerns that may arise when a patient completes PHP and is recommended for step down to IOP:
"I just want to get back to my life and I know the skills, why should I do IOP?" "I have activities after school that I want to do but IOP gets in the way. Can't I just skip it?" "I really don't have time for this and I want to just go back to my weekly outpatient therapist instead."
Sample Answer:
Data indicates that individuals who complete both the Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP), achieve the best outcomes in terms of symptom reduction. Additionally, they are less likely to require re-admission to a higher level of care.

Request for Discharge Prior to When it is Recommended by the Treatment Team:

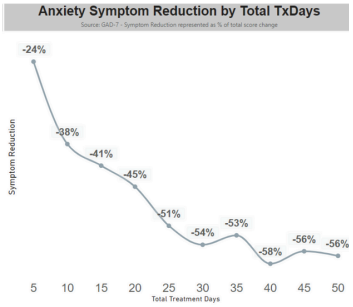
Example questions/concerns that may arise when a patient or parent wants to discharge prior to achieving optimal outcomes:

"I'm feeling better and I want to go back to work/school. Why are you recommending more time when I am feeling so much better?"

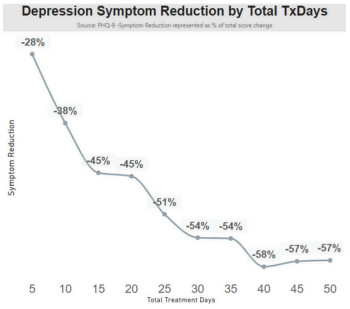
"My child is feeling better—why should they stay the full length of care being recommended?

Sample Answer:

Data shows that the greatest reduction in symptoms typically occurs within the first two to three weeks of treatment. However, continuing care beyond this period is crucial for further education and skill development, which significantly reduces the likelihood of relapse and re-admission.



1/1/2023-7/10/24, Successful D/C's, Compass Wide, MODERATE TO SEVERE PATIENTS (over 5 on scale)



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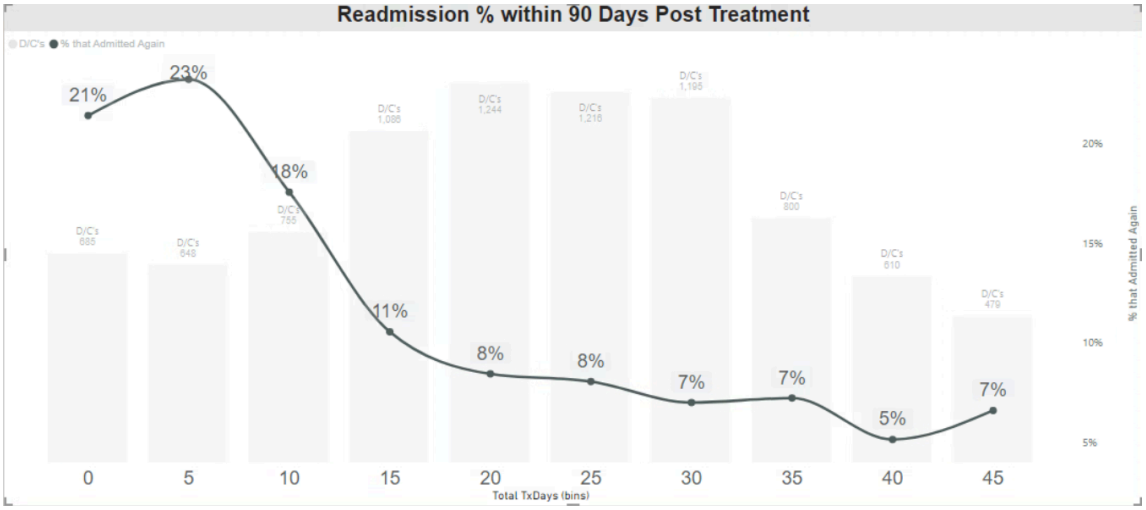

IOP Cadence

Example questions/concerns that may arise when a patient wants to attend IOP less frequently than is recommended:

"I need/want to start work/activities a couple of days a week. Why can't I do that with some days in IOP?"

"This program seems great and I'm ready to start half days for a few days a week. Why would that not be a good plan for me?"

Sample Answer:

Regardless of number of PHP and IOP days clinically indicated, the data shows that when patients receive the greatest number of treatment days in the shortest number of calendar days it optimizes symptom reduction, decreases likelihood of undesirable discharges, and decreases re-admissions.

Transitioning directly from PHP to an Intensive Outpatient Program (IOP) at 3 days a week is not recommended because tapering from a full-day PHP program to 3 hours a day, 5 days a week will allow for continued symptom reduction in shortest amount of time while still enabling individuals to apply their learnings to real life situation outside of care.

For individuals who enter care directly at the Intensive Outpatient Program, the data shows that the most amount of treatment (i.e. 5 days) in the shortest amount of time will allow for the greatest relief of symptoms in the shortest amount of time.