



EAGLE RANCH ACADEMY

Technical Report 2019

Report Information

This report was submitted on 12/15/19 and is based on information available **up through 6/01/19**. Data are a representative sample comprised of 62 of the 377 students who have been enrolled at Eagle Ranch Academy since 2015.

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Mission and Values



Eagle Ranch Academy is a choice-based program that helps students reach their full potential as productive, happy, and successful young adults. ERA's approach focuses on core values and relationships, setting the program apart from other traditional behavior approach programs.

Values are assessed and scored as not working (NW, <25% achieved), rarely working (RW, <50% achieved), occasionally working (OW, <75% achieved), and working (W, ≥75% achieved). Students continue through levels sequentially as they demonstrate behaviors that align with the milestones of the core values described below.

Self-Discovery (9 milestones)

Self-discovery emphasizes commitment to the program and engagement in activities.

Milestone examples

- *Doing calisthenics*
- *Classroom structure*
- *Program participation*

Milestone examples

- *Accountable for behavior*
- *Aware of moods*
- *Does not make excuses*

Accountability (8 unique milestones)

Students demonstrating accountability will take responsibility for their actions and show self-awareness.

Honesty (8 unique milestones)

Honesty encompasses being able to express thoughts in a respectful manner to peers and staff.

Examples

- *Honest with staff and peers*
- *Using "I feel" statements*
- *Regulating mood*

Examples

- *Forgives self and others*
- *Doesn't hold grudges*
- *Doesn't play get back*

Forgiveness (8 unique milestones)

The value of forgiveness includes letting go of grudges; especially family and themselves.

Acceptance (13 unique milestones)

Acceptance is the ability to use the appropriate coping and problem-solving skills to take "no" for an answer respectfully.

Examples

- *Accepts feedback*
- *Accepts no as an answer*
- *Demonstrates confidence*

Examples

- *Mindful of others*
- *Being a leader*
- *Mentoring others*

Integrity (7 unique milestones)

The value of integrity involves the ability to lead and take initiative. Building integrity involves being mindful of one's actions in all contexts.

Respect/Trust (6 unique milestones)

In learning trust, student's learn how to open up to others and make safe judgments. Respecting others and one's self develops leadership.

Examples

- *Respectful of self and others*
- *Trustworthy*
- *Showing leadership*

Examples

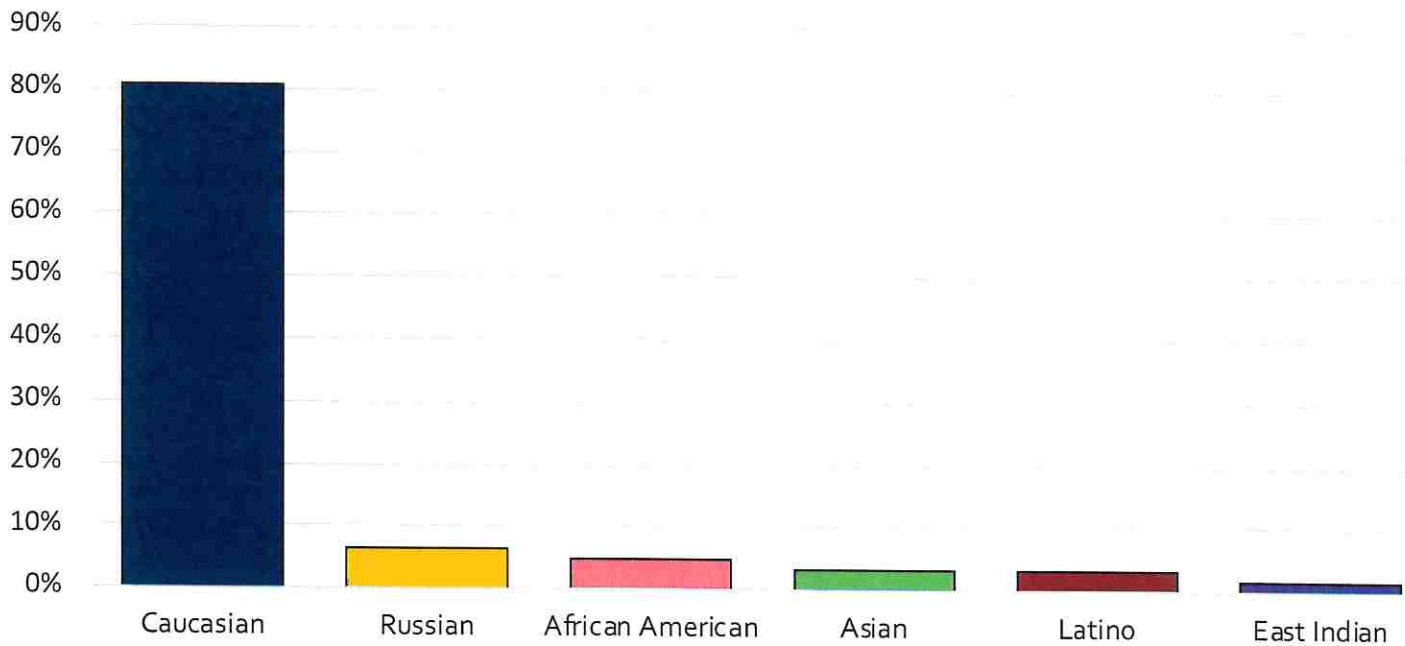
- *Staying present*
- *Sets a good example*
- *Being of service to others*

Service (5 unique milestones)

Being of service entails time management, mentorship, and altruism which characterizes growing independence and leadership.

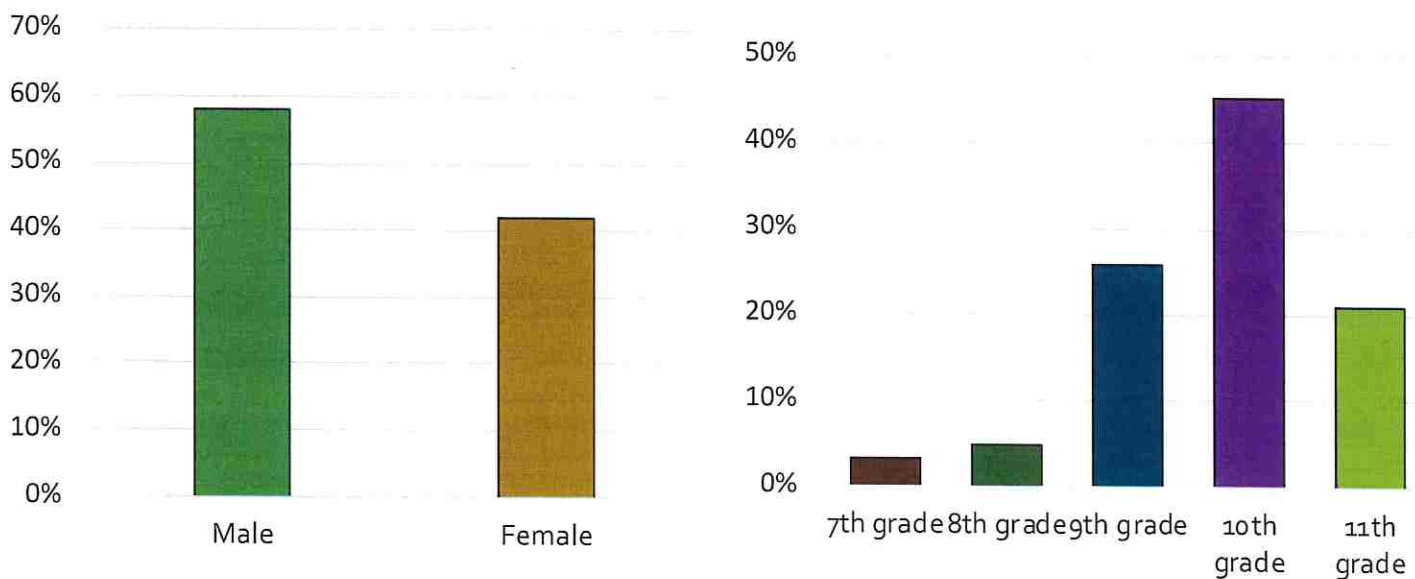


Figure 1. Ethnicity



Eagle Ranch Academy's student body is comprised of 80.65% Caucasian, 6.45% Russian, 4.84% African American, 3.23% Asian and Latino, and 1.61% East Indian youth.

Figure 2. Gender/Age/Grade Level at Admit

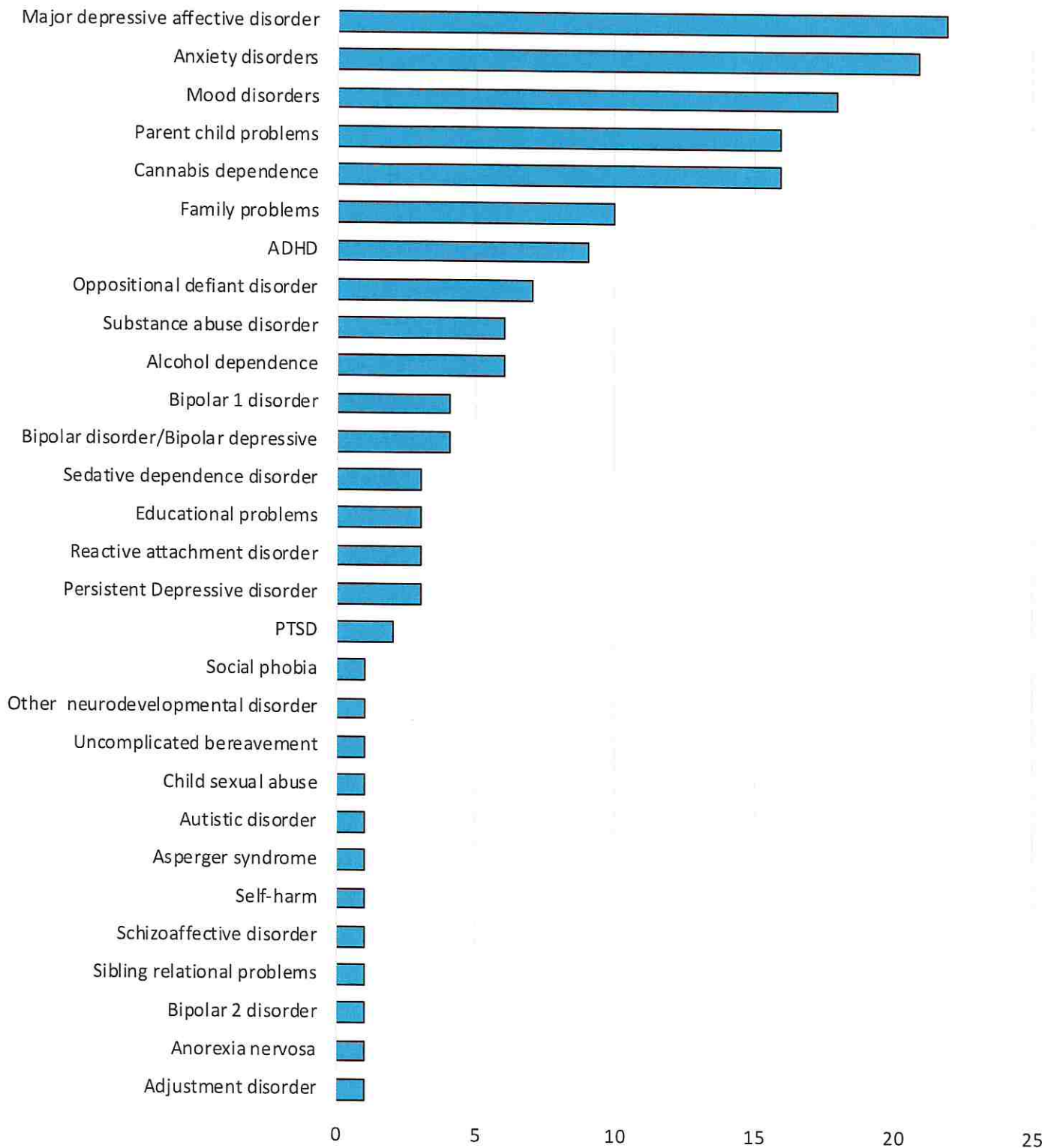


ERA's student sample was comprised of 58.06% males and 41.94% females; 3.23% 7th graders, 4.84% 8th graders, 25.81% 9th graders, 45.16% 10th graders, 20.97% 11th graders.

Students' average age was 15.63 years with a standard deviation of 0.95.



Figure 3. Diagnoses at Intake (Individual)

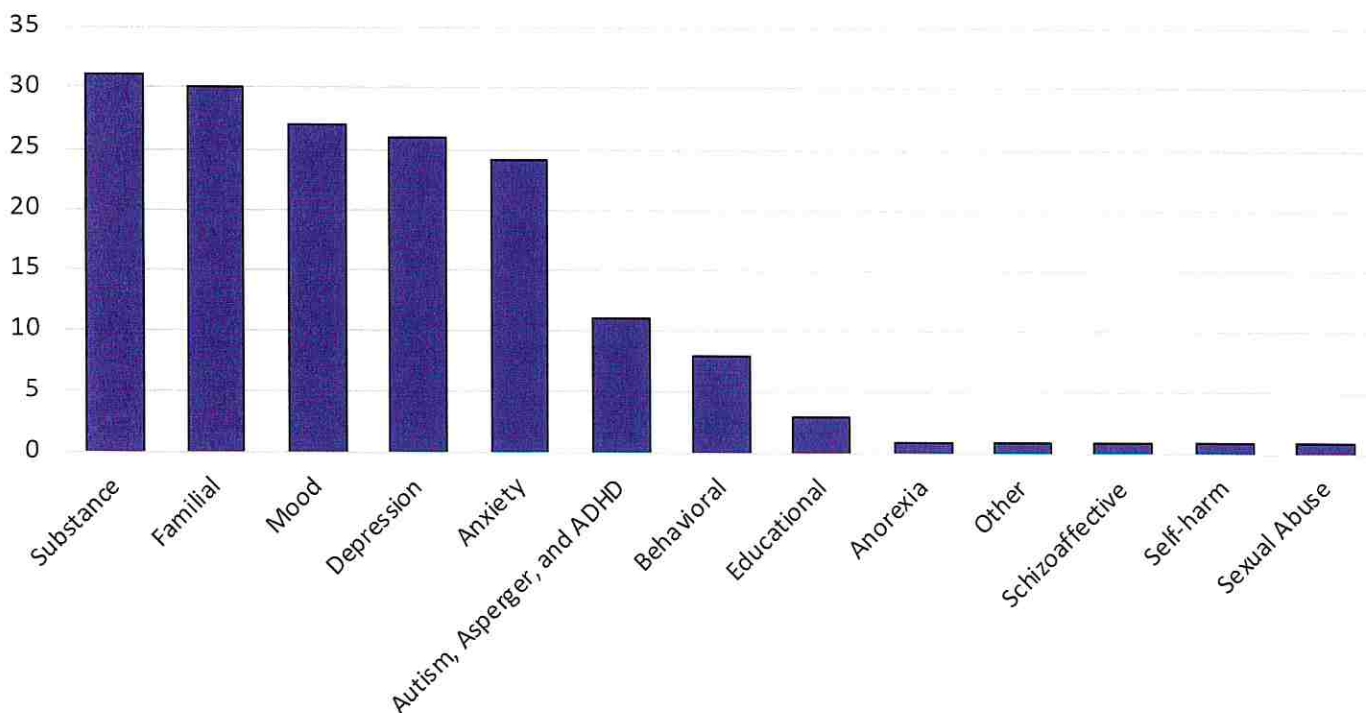




On average, students entered the program meeting criteria for 3 independent diagnoses. The most frequently occurring individual level diagnosis was major depressive disorder followed by generalized anxiety and mood disorders (figure 4).

On aggregate, substance use disorders were the most common diagnostic category followed by familial problems and mood disorders (figure 5, see next page).

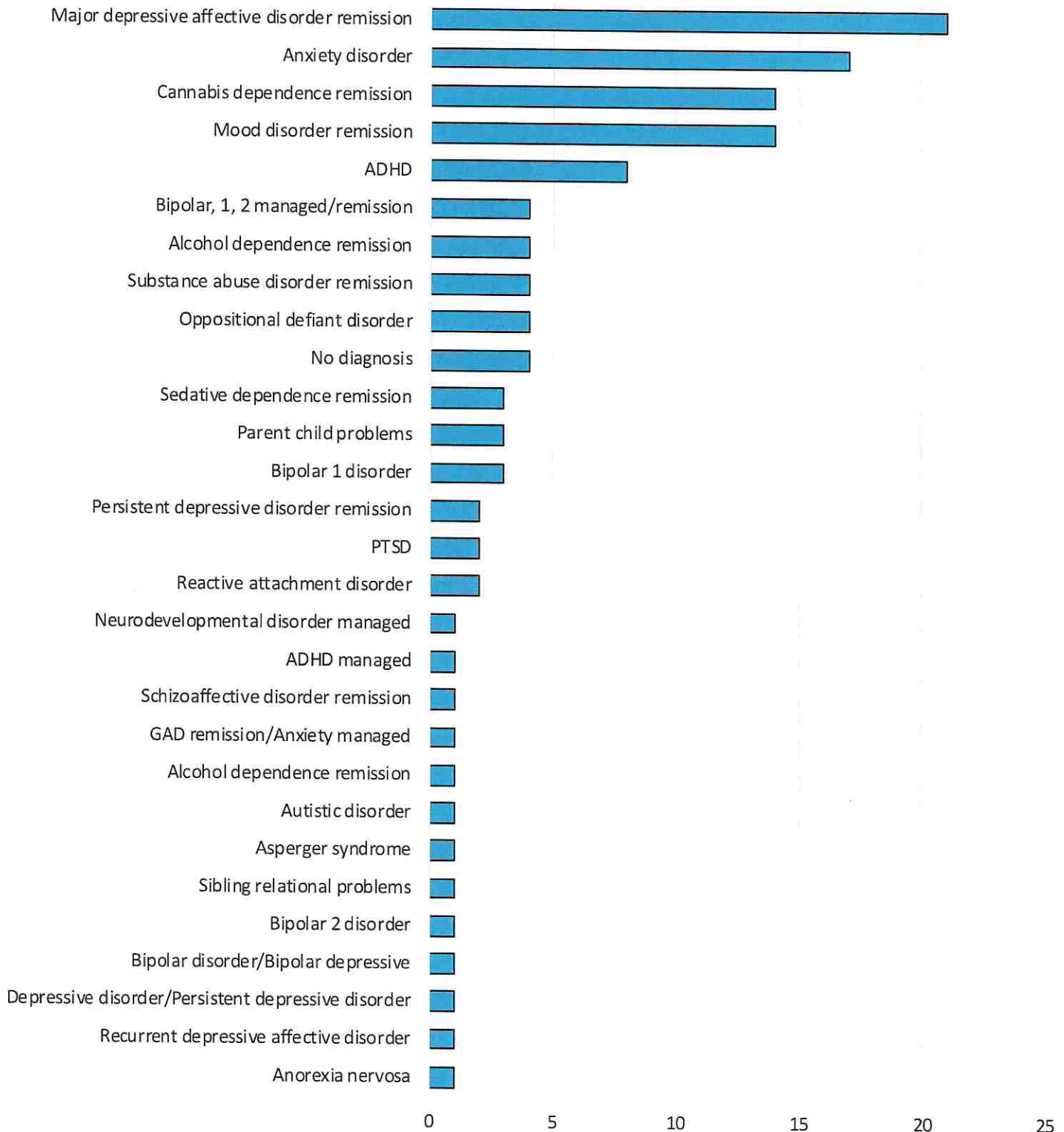
Figure 4. Diagnoses at Intake (Aggregated)



Note: Groups that contained more than one diagnosis were aggregated as follows: *Behavioral* disorder was comprised of oppositional defiant and adjustment disorders. *Depression* was comprised of both persistent and recurring depressive disorders as well as uncomplicated bereavement. *Familial* was comprised of problems related to family, siblings, and parent/child as well as reactive attachment. *Anxiety* was comprised of generalized anxiety, social phobias, and PTSD. *Substance* was comprised of cannabis, alcohol, and sedative dependence as well as substance abuse disorders. *Mood* was comprised of bipolar disorders and mood disorders. *Other* are neurodevelopmental disorders not related to the aforementioned categories.



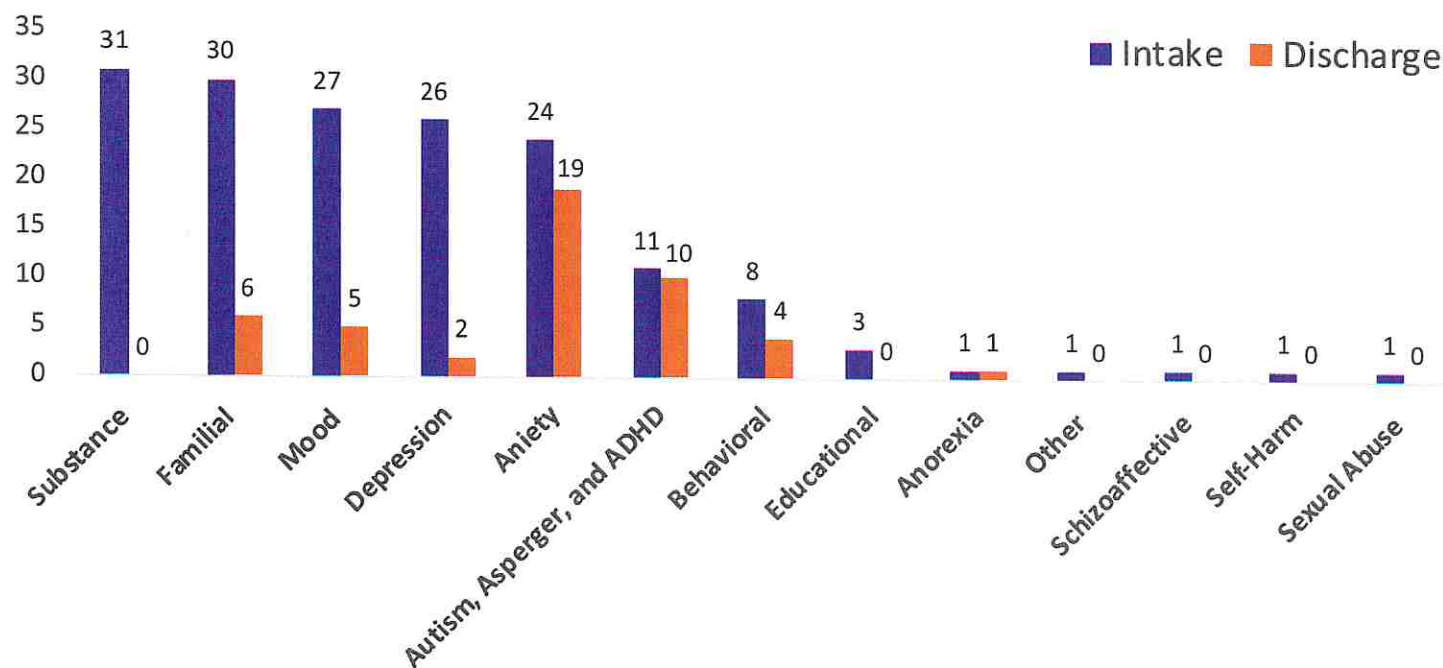
Figure 5. Diagnoses at Discharge (Individual)



Diagnoses at Intake and Discharge



Figure 6. Diagnoses at Intake and Discharge (Aggregated)



On average, 75% of students completed the program between 190-381 days after intake. The most frequently occurring individual diagnosis remission was *major depressive disorders* followed by *generalized anxiety* and *cannabis disorders* (see figure 6). No students were classified as having a substance abuse or schizoaffective disorder, actively self-harming, or having other problems at discharge (see figure 6).

On aggregate, a large majority of intake diagnoses were reclassified to remission or managed by the time of discharge. Over 71 diagnoses at intake were classified as in remission or currently managed at discharge and a total of 4 individuals had no diagnosis at discharge.

Note: Values listed are individual diagnoses. Groups that contained more than one diagnosis were aggregated in the following way: *Behavioral* was comprised of oppositional defiant and adjustment disorders. *Depression* was comprised of both persistent and recurring depressive disorders as well as uncomplicated bereavement. *Familial* was comprised of problems related to family, siblings, and parent/child as well as reactive attachment. *Anxiety* was comprised of generalized anxiety, social phobias, and PTSD. *Substance* was comprised of cannabis, alcohol, and sedative dependence as well as substance abuse disorders. *Mood* was comprised of bipolar disorders and mood disorders. *Other* are select neurodevelopmental disorders that are linked to the aforementioned diagnostic categories.

Diagnoses at Intake and Discharge



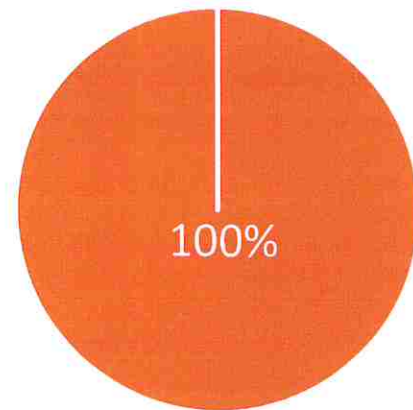
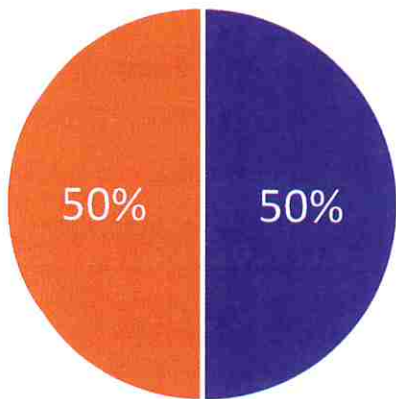
Figure 7. Diagnoses at Intake and Discharge

Intake

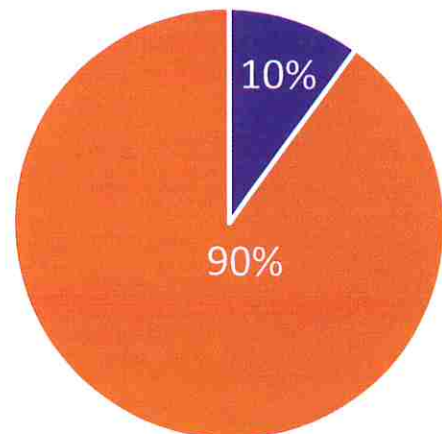
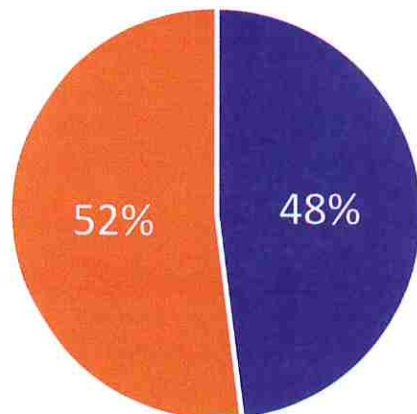
Discharge



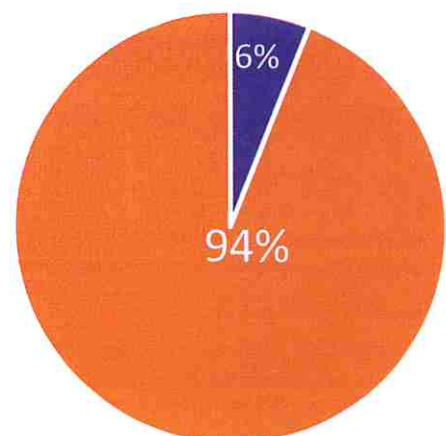
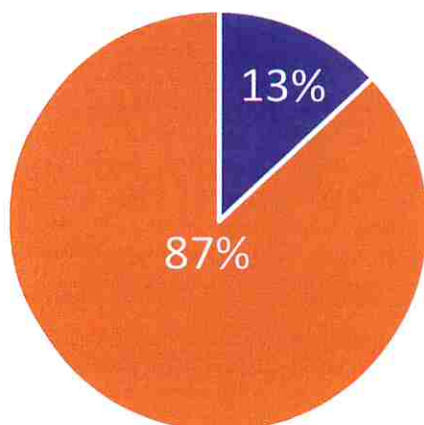
Substance Use



Family Issues



Behavioral Issues

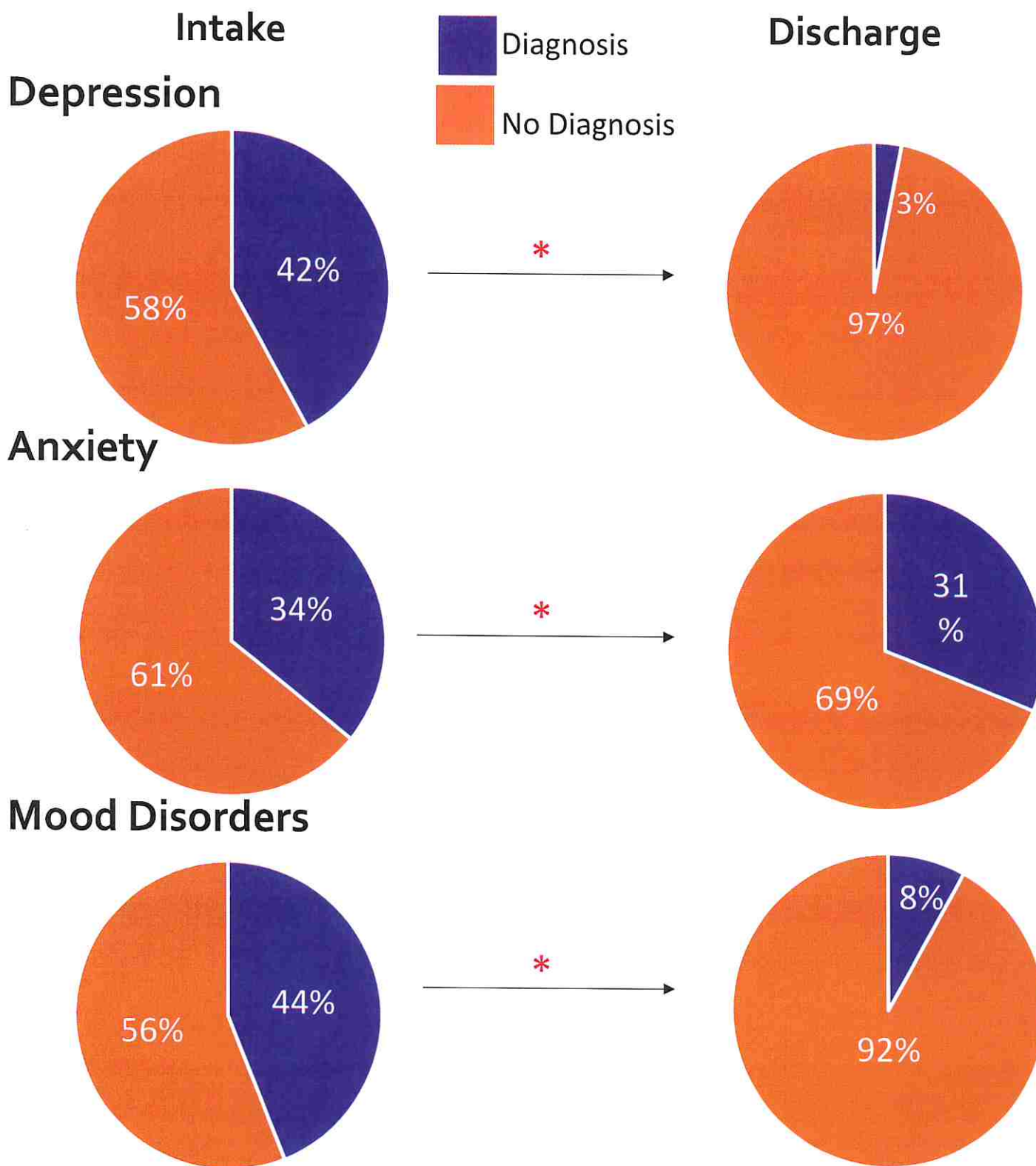


* Statistically significant reduction in cases from intake to discharge

Diagnoses at Intake and Discharge



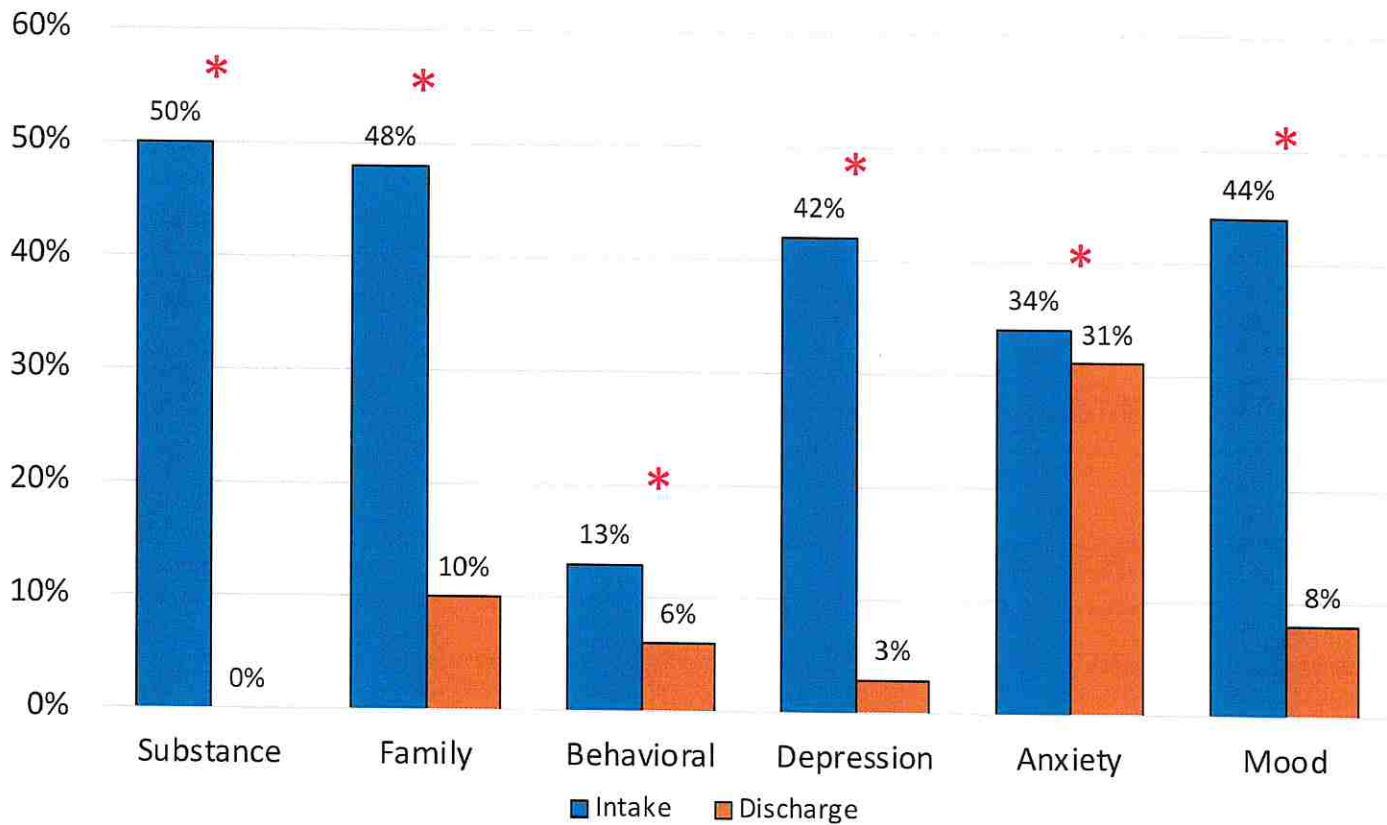
Figure 8. Diagnoses at Intake and Discharge



* Statistically significant reduction in cases from intake to discharge



Figure 9. Diagnosis Category at Intake and Discharge

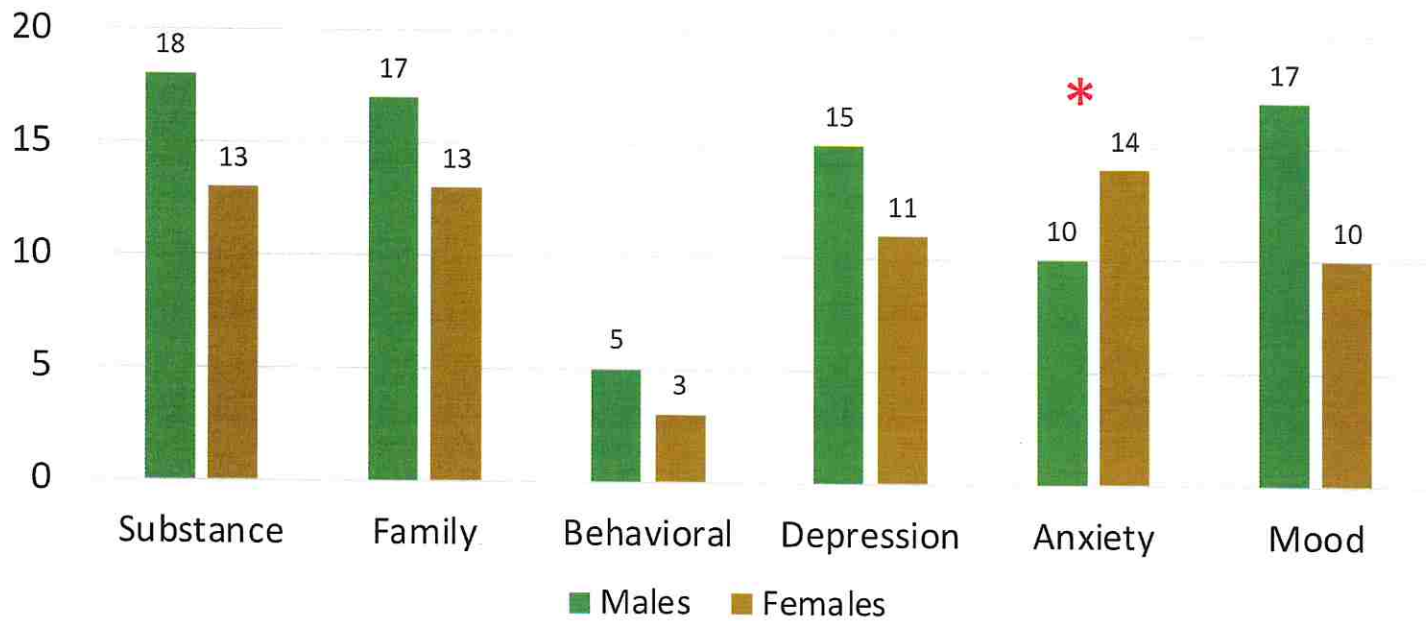


At discharge there was a significant overall reduction in the number of diagnoses. There was a 100% reduction in substance use disorders; followed by depression (92%); mood disorders (82%); family issues (80%); behavior issues (50%); and anxiety (21%). The largest reduction was in the cluster of substance use disorders, the smallest in behavioral issues and family conflict categories.

Note: Categories listed are individual diagnoses and do not represent instances of multiple diagnoses at intake. *Familial issues* are comprised of problems with family, siblings, parents, and reactive attachment. *Substance use disorders* are comprised of cannabis, alcohol, sedative, and other illicit drug dependence. *Behavioral health issues* are comprised of oppositional defiant and adjustment disorders.

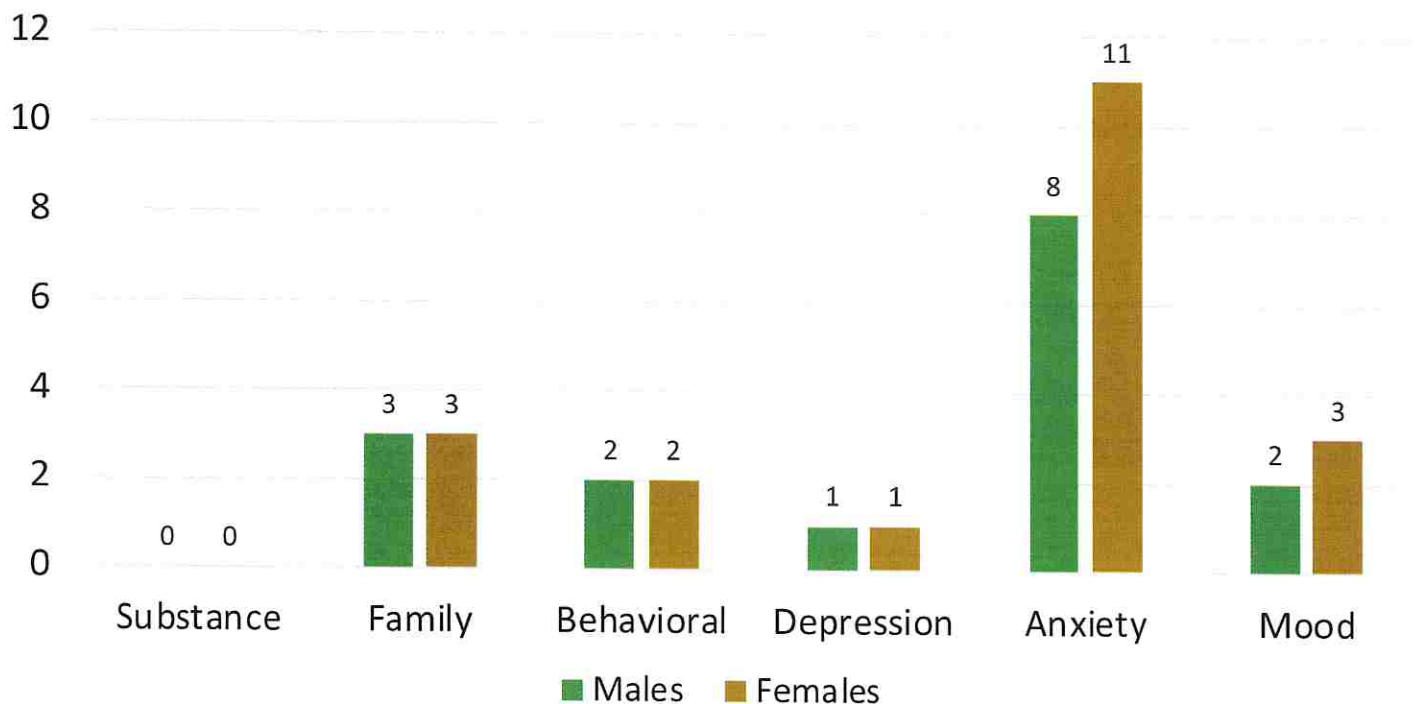


Figure 10. Diagnosis at intake by gender



In general, diagnoses did not differ significantly across gender with the exception of anxiety at intake ($p < 0.05$)

Figure 11. Diagnoses at discharge by gender



* Statistically significant reduction in cases from intake to discharge

Time to Each Level



Figure 12. Average number of days for progression through levels for students

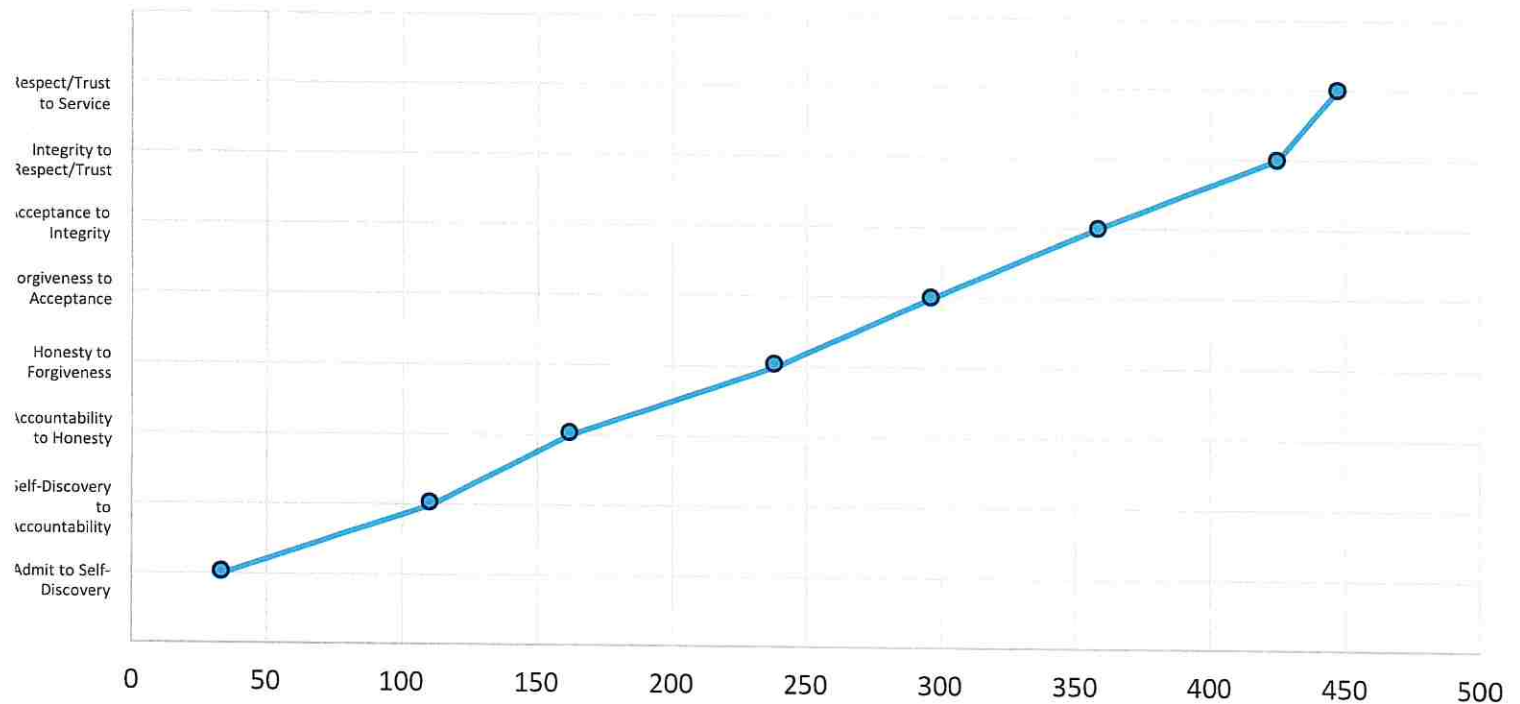


Table 1. Average number of weeks (standard deviation) for progression through levels for the entire sample

Levels	Number of Weeks Between Levels (SD)
	Mean (SD)
Admit to Self-Discovery	4.92 (6.84)
Self-Discovery to Accountability	10.97 (5.49)
Accountability to Honesty	7.35 (3.00)
Honesty to Forgiveness	10.85 (4.54)
Forgiveness to Acceptance	8.38 (3.57)
Acceptance to Integrity	8.79 (3.55)
Integrity to Respect/Trust	9.50 (12.51)
Respect/Trust to Service	3.15 (1.63)

Time to Each Level



Figure 13. Average number of days for progression through levels by gender

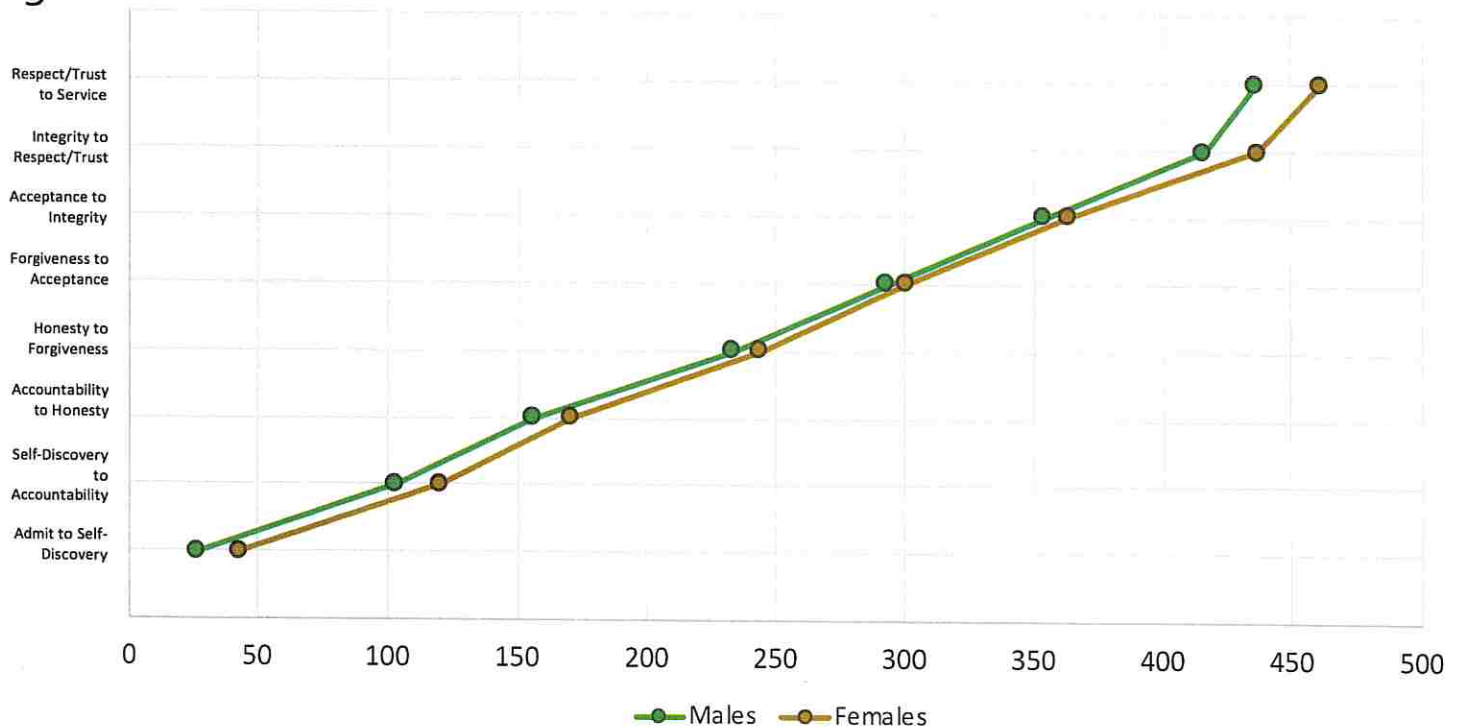


Table 2. Average number of weeks for progression through levels by gender

Levels	Number of Weeks Between Levels (SD)	
	Mean	
	Males	Females
Admit to Self-Discovery	3.96	6.24
Self-Discovery to Accountability	10.90	11.07
Accountability to Honesty	7.52	7.11
Honesty to Forgiveness	11.07	10.53
Forgiveness to Acceptance	8.55	8.10
Acceptance to Integrity	8.71	8.93
Integrity to Respect/Trust	8.79	10.49
Respect/Trust to Service	2.90	3.47

Time to Each Level



Figure 14. Average number of days for progression through program levels by diagnostic category

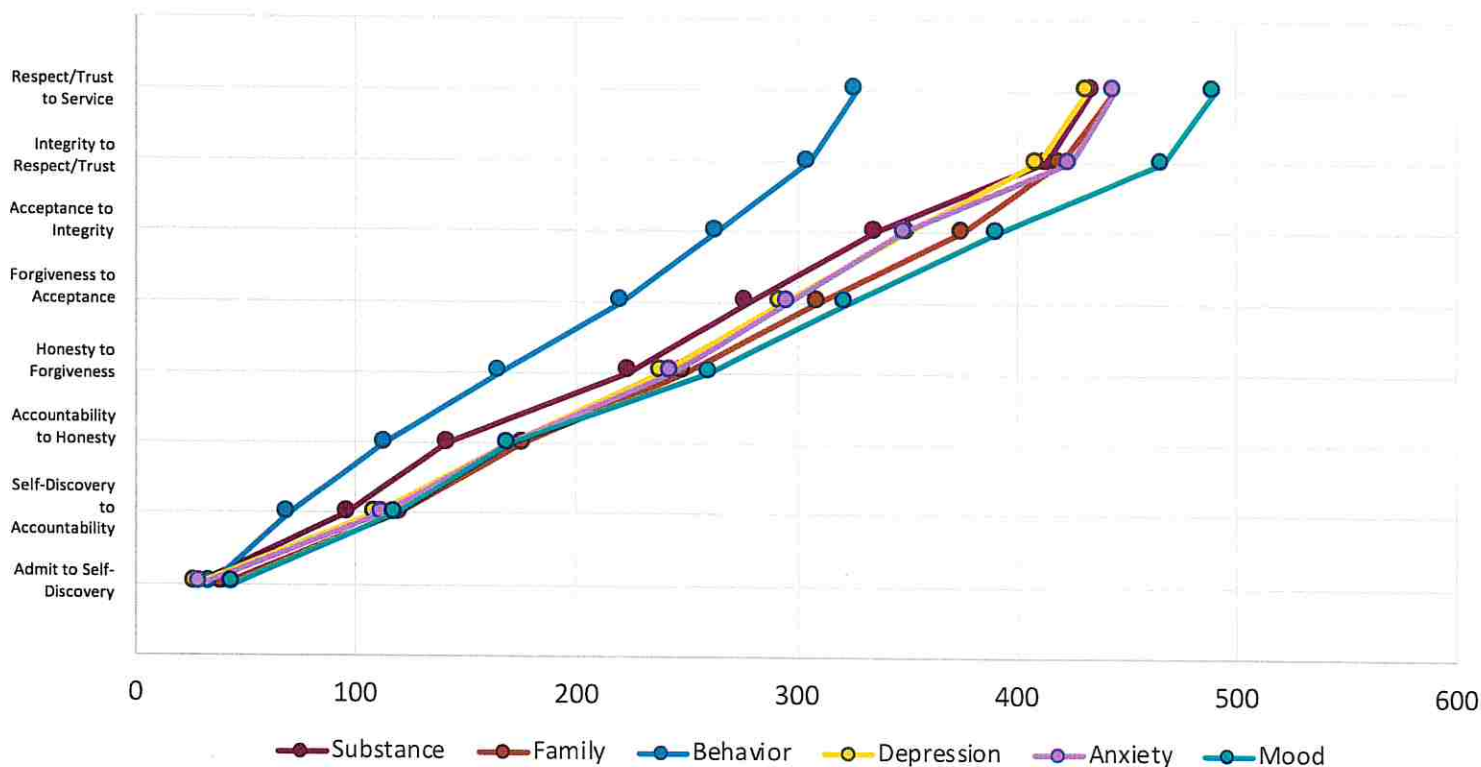


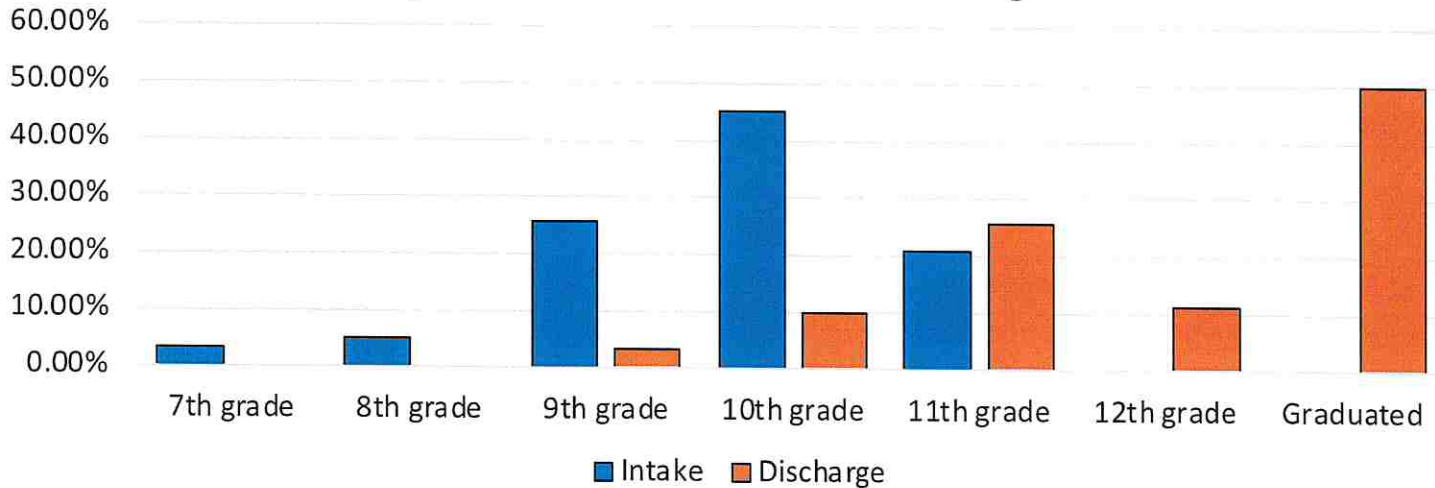
Table 3. Average number of weeks for progression through program levels by diagnostic category

Levels	Number of Weeks Between Levels (SD)					
	Mean					
	Substance	Family	Behavior	Depression	Anxiety	Mood
Admit to Self-Discovery	3.99	5.76	4.90	3.97	4.30	6.36
Self-Discovery to Accountability	9.78	11.43	5.07	11.70	11.82	10.58
Accountability to Honesty	6.47	7.91	6.25	8.58*	8.15	7.32
Honesty to Forgiveness	11.68	10.49	7.38*	9.82	10.47	12.88*
Forgiveness to Acceptance	7.69	8.68	7.84	7.84	7.58	9.00
Acceptance to Integrity	8.40	9.47	6.25	8.22	7.57	9.87
Integrity to Respect/Trust	11.11	6.31	6.00	8.48	10.74	10.70
Respect/Trust to Service	2.92	3.47	3.07	3.15	2.90	3.36

Note: On average: a) students with a depressive disorder required more days to progress from *accountability to honesty* ; b) students with a behavioral disorder required fewer days to move from *honesty to forgiveness*; and c) students with mood disorders required more days to progress from *honesty to forgiveness* than students with any other diagnosis.

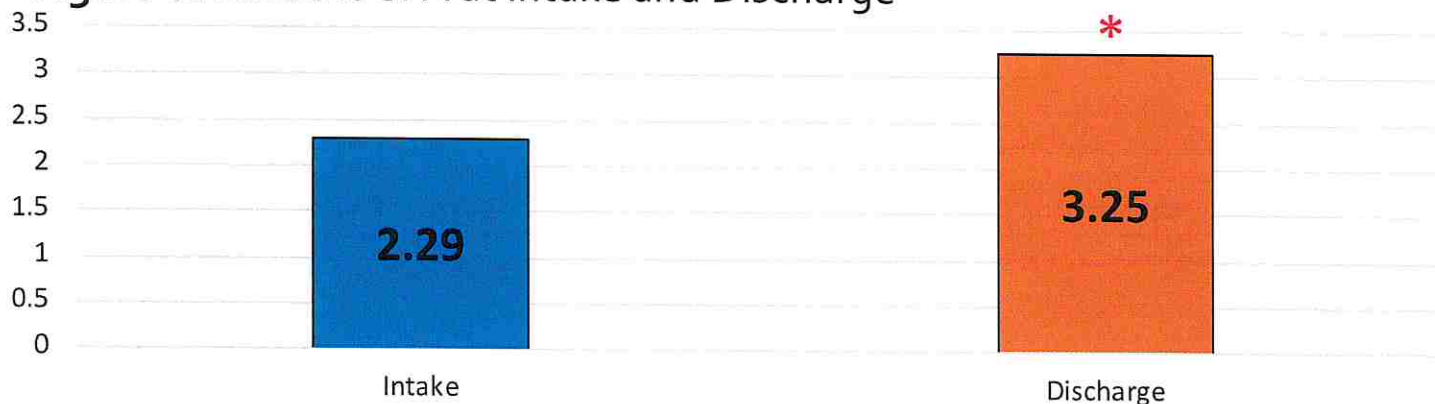


Figure 7. Students' grade level at Intake and Discharge



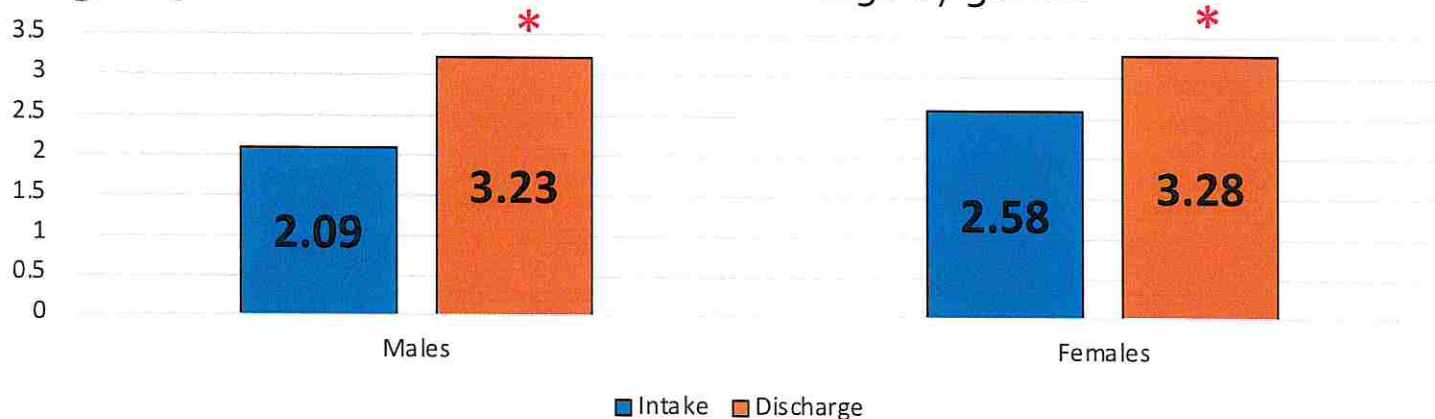
Overall, students are progressing from 7th to 12th grade. As seen above, students exited (discharge: orange) ERA at a higher grade level than they entered ERA (intake: blue)

Figure 8. Student GPA at Intake and Discharge



Average GPA increased over time from 2.29 at intake to 3.25 at discharge ($p < 0.01$)

Figure 9. Student GPA at Intake and Discharge by gender



On average, male students had a significant increase ($p = 0.0051$) in GPA from intake (GPA=2.09) to discharge (GPA=3.23) and female students had a significant increase ($p = 0.0034$) in GPA from intake (GPA=2.58) to discharge (GPA=3.28).



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Summary

1. The 62 representative Eagle Ranch Academy students reported the following ethnic backgrounds: 80.65% Caucasian, 6.45% Russian, 4.84% African American, 3.23% each of Asian and Latino, and 1.61% East Indian. Of these, 3% were 7th graders, 5% were 8th graders, 26% were 9th graders, 45% were 10th graders, and 21% were 11th graders.
2. The majority of students successfully complete the ERA program between 190-360 days. There were no significant differences in days to completion for males and females.
3. After completing ERA's treatment program, there was a significant reduction in active diagnoses in all mental and behavioral health categories.
4. Although there were fewer students who experienced remission for anxiety disorders from intake to discharge, these results are not discouraging. Many students who meet criteria for an anxiety or anxiety related diagnosis have co-morbid conditions. Remission for depression, substance use, and mood disorders is a necessary step towards developing the coping skills to effectively address and manage symptoms of anxiety; by nature, chronic and difficult to treat.



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Summary

5. The number of mental and behavioral health diagnoses in remission at discharge were stable across gender.
6. With the exception of anxiety and anxiety related disorders, males were overrepresented in all diagnostic categories.
7. Although students in all mental and behavioral health diagnostic categories completed the program, progression through levels varied by diagnostic cluster.
 - On average, students with depression or depression related disorders required more days to move from the *accountability* to the *honesty* phase of the program.
 - On average, students with behavioral disorder diagnoses required fewer days than other diagnostic clusters to move from *honesty* to *forgiveness*.
 - In contrast, students with mood disorder diagnoses required more days to move from *honesty* to *forgiveness* than students in diagnostic categories.



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Recommendations

1. Eagle Ranch Academy staff provide a comprehensive systems level approach to treatment. Services include multiple modalities of family therapy and individual, student therapeutic services.
2. Services are grounded in evidence-based approaches that include Dialectical Behavior Therapy (DBT), Cognitive Behavior Therapy (CBT), and Trauma focused CBT.
3. Based upon the current evaluation, there were significant reductions in the number students with active anxiety disorder diagnosis from intake to discharge. However, tailoring therapeutic services that facilitate anxiety symptom management may benefit this subset of students.
4. Future evaluation efforts should incorporate more frequent assessments of psychological and behavioral functioning using reliable and valid instruments. One advantage to using standardized instruments is consensus across health sectors (e.g., academics, insurance providers, other service based organizations).
5. Although the current report provides a snapshot of academic and school progress, future assessments should consider expanding the number of student academic records in evaluation data.