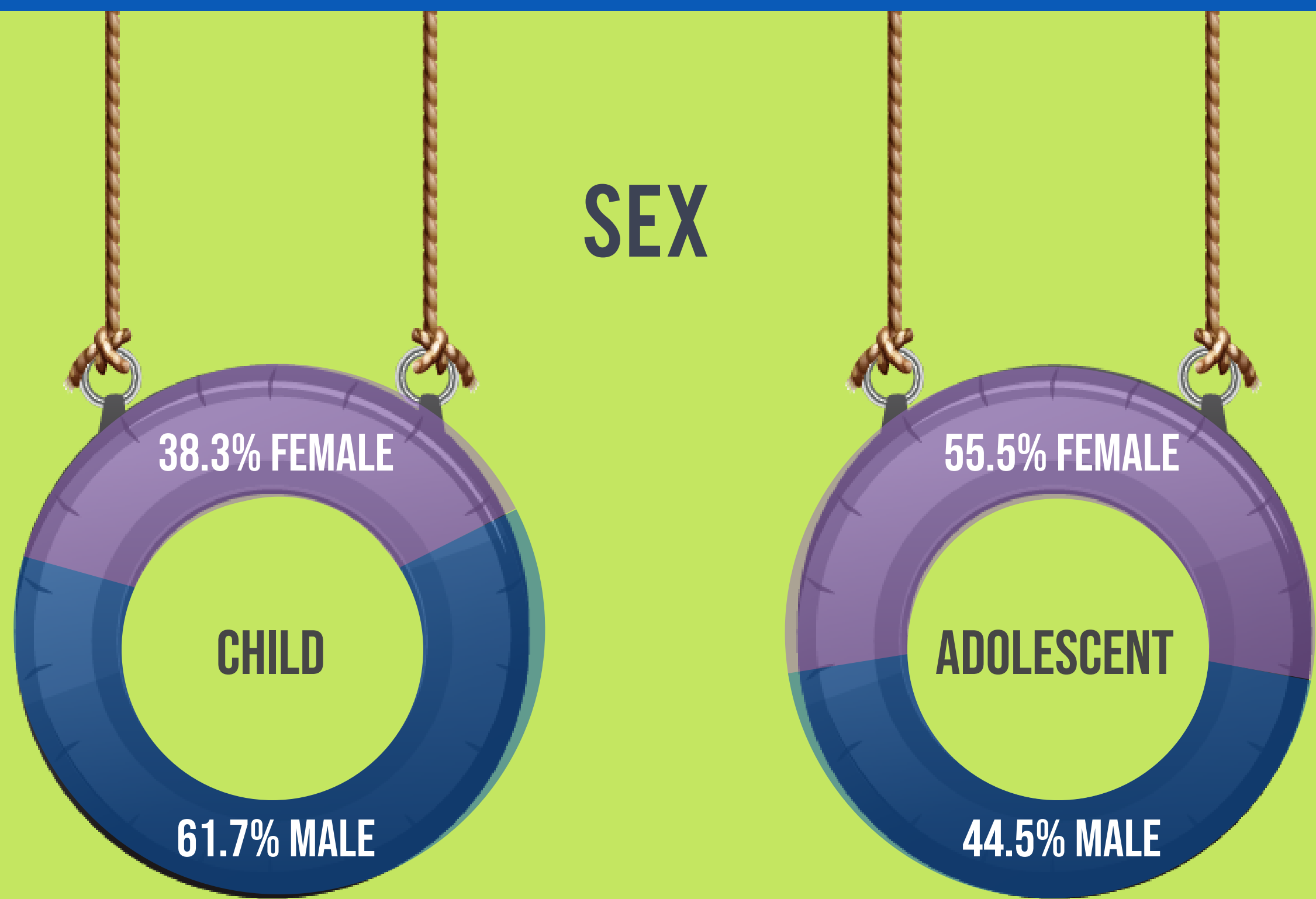


Examining YOUTH RESIDENTIAL TREATMENT PROGRAMS

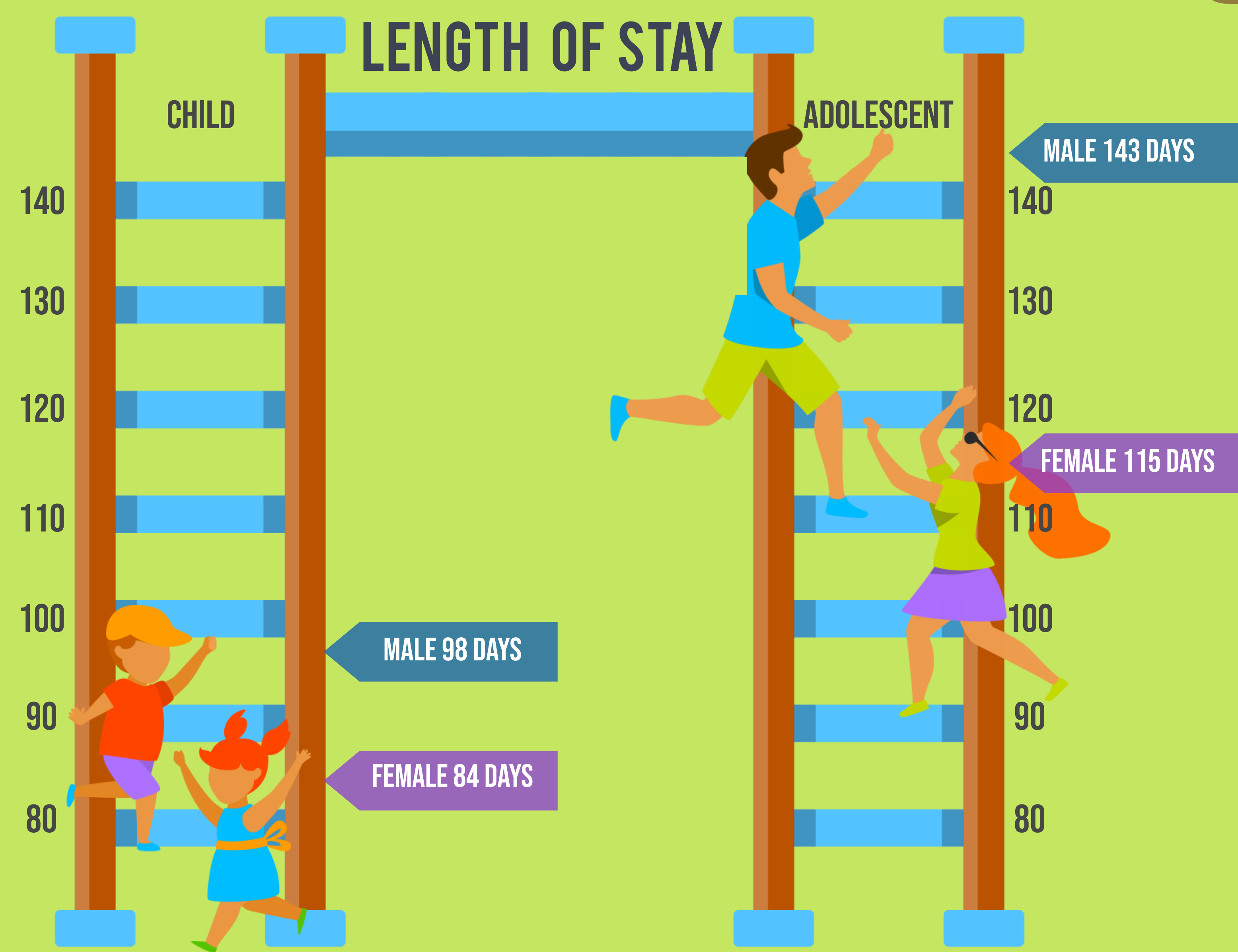
Young patients in residential treatment differ in presentation based on age group and sex. Helping youth navigate treatment requires understanding of how these differences interact!

DEMOGRAPHICS

SEX



Patients in child programs are mostly male, while patients in adolescent programs are mostly female.

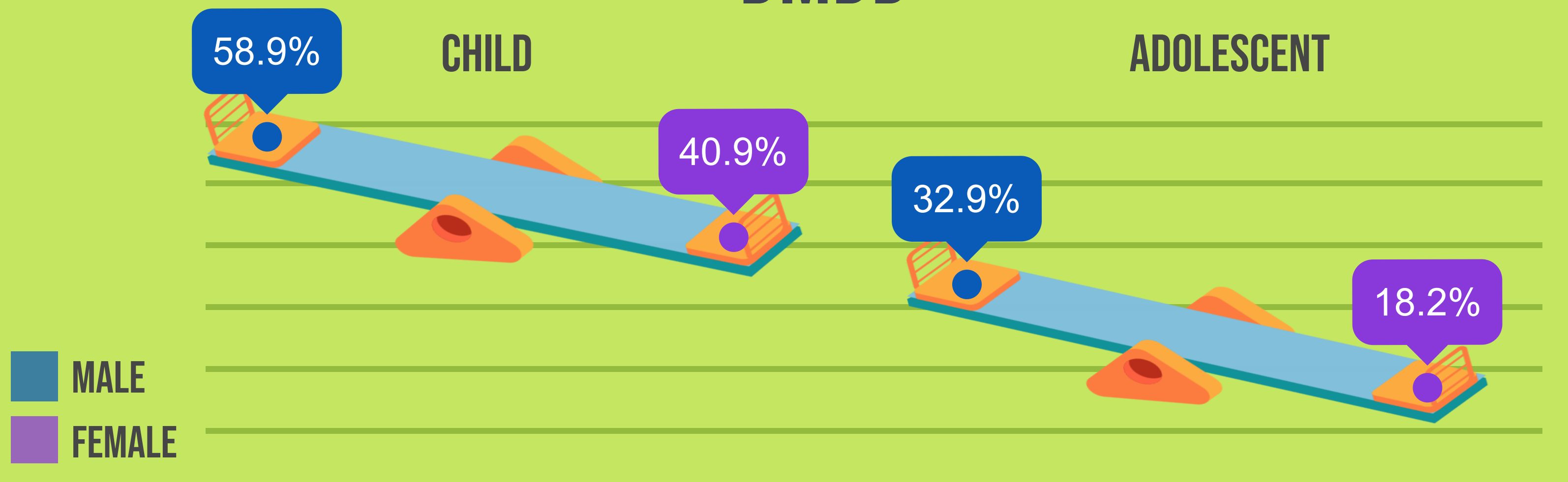


Adolescents have a much longer length of stay, as do males across both groups.

DIAGNOSES

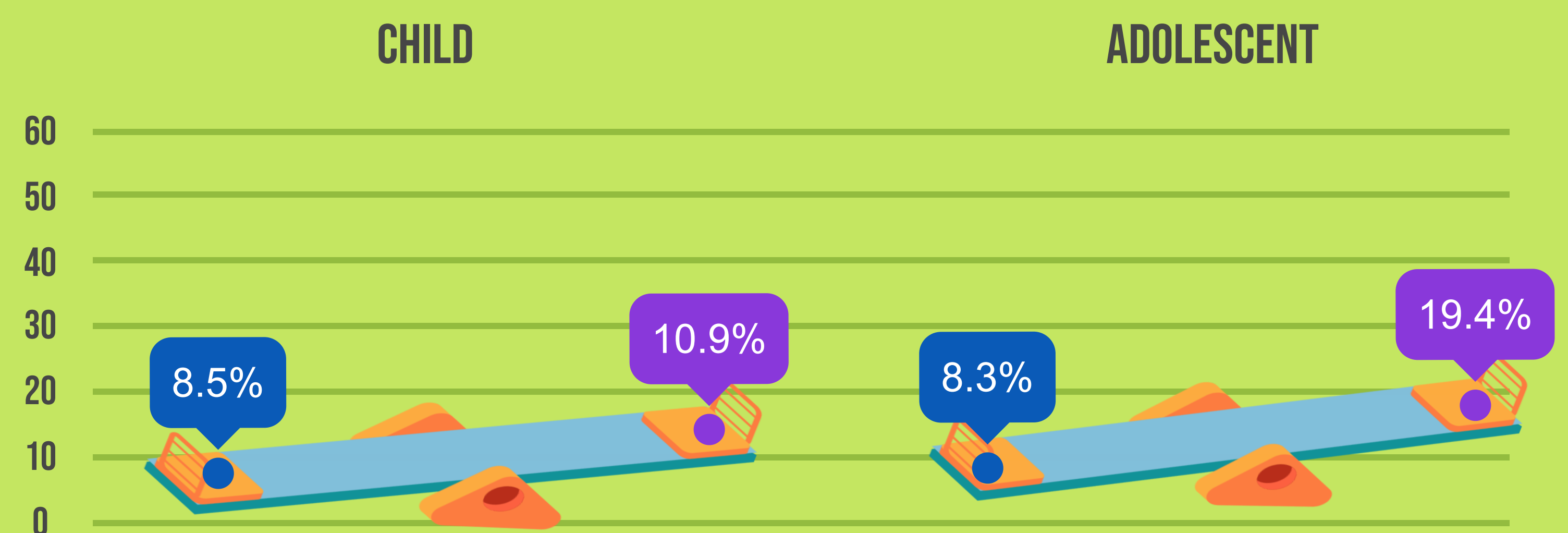
The top two primary diagnoses are the same for all groups: Disruptive Mood Dysregulation Disorder (DMDD) and Major Depressive Disorder (MDD), Recurrent Severe without Psychotic Features.

DMDD



Males are more commonly diagnosed with DMDD than females, and children are much more commonly diagnosed with DMDD than adolescents.

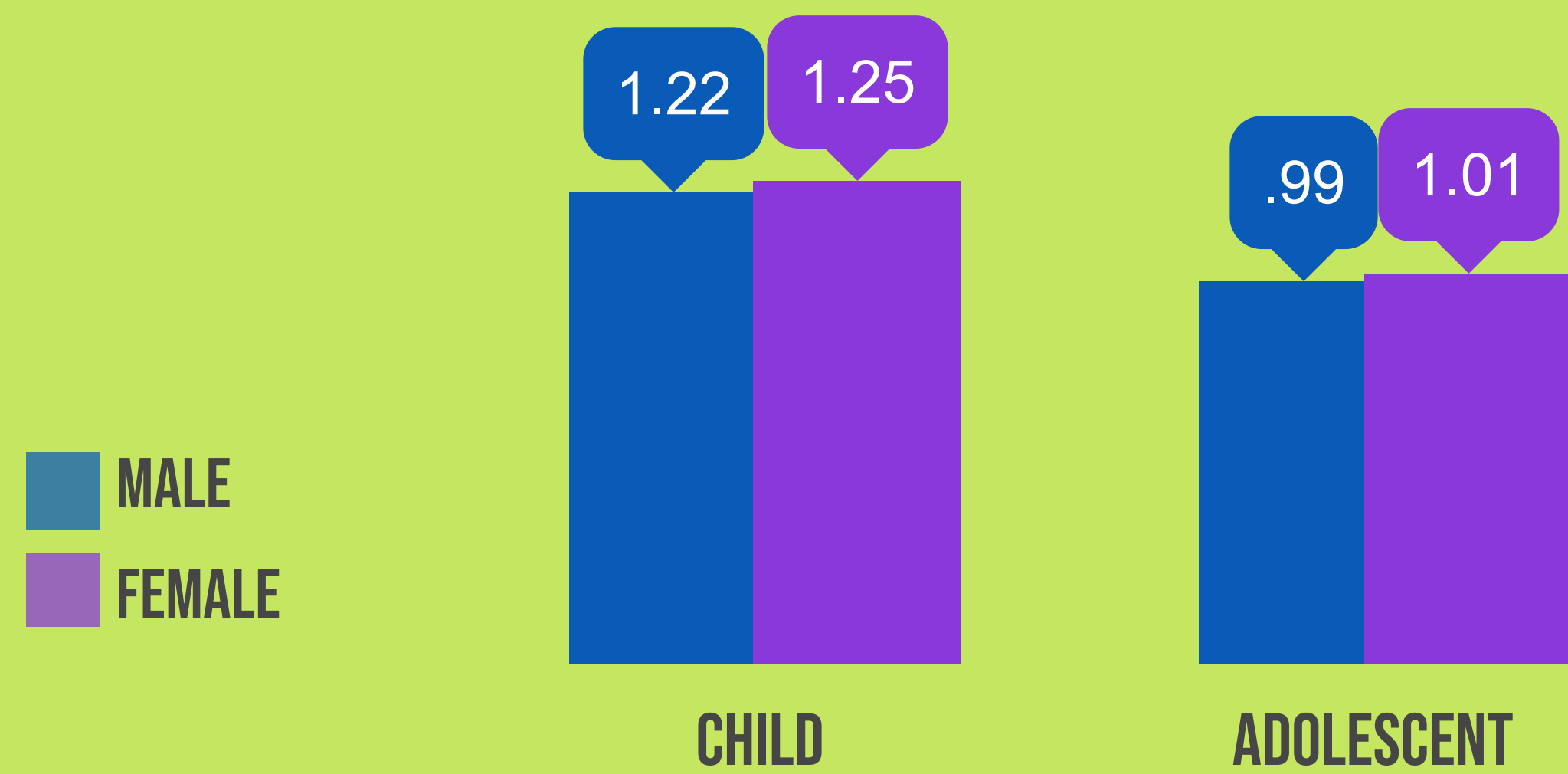
MDD



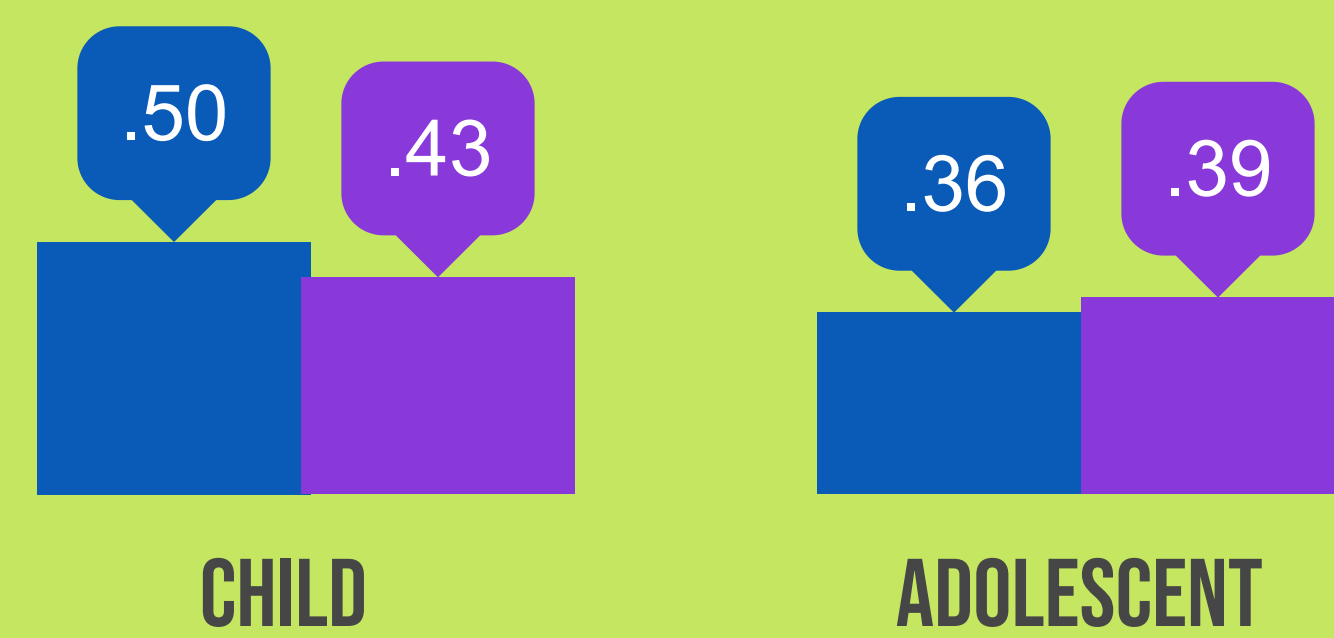
Female adolescents are the group most commonly diagnosed with MDD.

PATIENT SELF-REPORT SEVERITY*

ADMISSION SEVERITY



DISCHARGE SEVERITY



- Children present and discharge with higher severity than adolescents.
- Male children are the most severe at discharge, but admit with the same severity as female children.
- Adolescents show no differences in severity by sex.

*CABA-Y: Child and Adolescent Behavior Assessment - Youth; scale of 0-3, higher scores indicate greater severity

Sensitivity to differences when developing treatment milieu may lead to better outcomes for ALL youth.

- Sex and diagnosis distribution are different between child and adolescent programs.
- Children are admitted and discharged with higher severity, but have a length of stay much shorter than adolescents.