Outcome Report
Healing the Brain, Transforming Lives

“Our daughter’s journey continues and we can see that she is in a good place emotionally and that the Yellowbrick experience was significant in providing her insight and self-awareness as she matures as a young adult. We can only hope as parents that we can identify the required help our children need; however, it still is up to them to do the work. Yellowbrick’s quality staff was intense and diligent in counseling our daughter and in the process provided us as parents the tools that helped us understand and change our attitude on how to be empathetic to our daughter’s needs. The change that has come about for all of us has been significantly rewarding for our family.”

Parents of Emerging Adult
“I now have the willingness to change myself and my behaviors, especially around my obsessions. I am more open and honest and I’m not afraid to look at the risks that the future presents. I now invite people in when faced with a problem. Most importantly, I want to live and experience all that life offers.”

Emerging Adult

Yellowbrick’s Model

Yellowbrick’s treatment model is based on recent findings from neuroscience and developmental psychology, and integrated with well-established evidenced-based approaches, to complex, often treatment-resistant problems. Neuroscience research indicates that deep, lasting change for emerging adults is built upon authentic competence in the world that engenders resilient self-worth, healthy ambitions, and honest, fulfilling relationships. We term this “real-time” treatment because it occurs in the moment-to-moment experiences of facing every-day challenges, such as going to class or work, managing time, balancing a budget, and in the ups and downs of relationships, while doing the in-depth psychological work. That combination of real-life experience, with deep psychological work, while living within a supportive, accountable peer community, is what changes the brain and transforms lives.

Importance of Outcome Research

There are many available approaches to the treatment of complex, treatment-resistant and, often, life-threatening problems in emerging adulthood. It can be challenging and expensive to measure real improvement in such complex situations. Yet, without assessing treatment outcomes using established methods, one cannot determine the benefits of different interventions, beyond one person’s subjective opinion. This is why Yellowbrick allocates time and resources to assess the objective value of our treatment interventions. As you will see in the pages ahead, outcome assessment and research is based on the same dimensions of “real-time, real-life” change that is central to the Yellowbrick model. In addition to established outcome methods, we have utilized new methods to measure changes in the brain that are believed to accompany therapeutic and life changes.
Emerging Adults, age 18-30, come to Yellowbrick for intensive, multimodal treatment of the full range of neuropsychiatric disorders. Many of the emerging adults at Yellowbrick have mood and anxiety disorders, substance abuse, eating disorders, ADHD, and personality disorders, often in combination. Sixty-three percent of the emerging adults have experienced trauma and/or bullying and over 40% have attempted suicide when they come for assessment. Individuals are often referred from other treatment centers, from colleges, their families, or from their therapists and doctors at home who recognize that they need more intensive care. The graph below depicts the most common diagnoses among the emerging adults at Yellowbrick, based on formal research criteria from the Structured Clinical Interview for Diagnosis (SCID).

Yellowbrick’s Length of Stay

The typical length of stay in the initial most intensive, immersive phase of treatment is 4 months. This is when over 80% of the emerging adults live at The Residence. Although the minimum length of stay is 10 weeks, we have learned from 10 years of experience that 4 months in The Residence is usually necessary to ensure deep and lasting improvement inside and out. The average emerging adult continues in the outpatient Life Strategies Program for an additional 4 months.

“I truly became a young adult; whereas, when I came in, I was just a teenager. The freedom that this program offers really made me accountable for my own actions and showed me the wonders of life and that I didn’t have to hurt myself. Now I truly know that there are things in life to enjoy and live for. Yellowbrick, I truly found my way home and I thank you for that.”

Emerging Adult
Improved Functioning

Emerging adults who complete treatment at Yellowbrick improve significantly across the full range of presenting neuropsychiatric symptoms, including depression, anxiety, substance abuse and bio-behavioral deregulation (such as staying up too late on the internet and sleeping away much of the day). For example, on the Global Assessment of Functioning scale, patients improved from seriously impaired on multiple symptoms at admission to mildly impaired on one or a few symptoms at discharge (see graph below). As illustrated in the graphs to the right, their symptoms also decreased significantly on the Beck Depression Inventory (BDI), and the Beck Anxiety Inventory (BAI), over the course of treatment. Their scores as a group changed from “moderate” to “mild” levels of severity of their depression and anxiety.

“My experience at Yellowbrick was the most helpful thing that has ever happened in my treatment life. My stay with Yellowbrick was 8 months... I went into Yellowbrick a college drop out who had no motivations. Yellowbrick helped me to apply to school, find work and extend myself. And I am happy. By the end of the day I can say I’m finally happy. That’s what it’s all about anyways, right?”

Emerging Adult
**Improved Life Competence**

It is not enough, however, to improve symptomatically; consistent with the competence-based treatment model, emerging adults at Yellowbrick also improve across all areas of life competence. As illustrated in the following graph, 94% of the emerging adults discharged from Yellowbrick improved significantly in critical domains of life functioning such as effective management of their home, time, money and food as well as their ability to use supports and community resources (see graph below). In addition, despite severe neuropsychiatric and neurobehavioral impairments, 65% of the emerging adults at Yellowbrick actively work toward building their futures during treatment by attending college classes, working, or volunteering in a relevant field.

**Improved Cognition**

Nearly all of the emerging adults who come to Yellowbrick have cognitive impairments in a range of critical areas including attention, memory, decision-making, and executive functioning. In fact, nearly every emerging adult at Yellowbrick has cognitive impairments as much as 2-3 standard deviations below normal emerging adults. By the time they complete their treatment at Yellowbrick, they have improved significantly, and normalized, in all of these areas of cognitive performance. Based on the CANTAB, a well established, computerized cognitive assessment system, emerging adults at Yellowbrick improved significantly in attention, memory, working memory, executive functioning, problem solving and decision-making.

In addition to all the other modalities of treatment, which surely improve cognitive and social-cognitive functioning, emerging adults also participate in the computerized ReCognition Program. As the following graph illustrates, the average patient completes and passes over 60-90% of the skill sets in attention, executive functioning, visual-spatial processing, problem solving and communication.
Improved Brain Function

Consistent with Yellowbrick’s neurobiological model, everyone who participates in an assessment or treatment at Yellowbrick receives a quantitative electroencephalogram (qEEG). The qEEG assesses electrophysiological activity in the brain in real time. This enables us to examine the underlying brain functions that correspond to the neuropsychiatric and neurobehavioral symptoms that he or she struggles with, but often with more specificity than the diagnoses alone can provide. For example, two people diagnosed with depression and anxiety may show very different patterns of underlying functional brain deregulation. The emerging adults who come to Yellowbrick usually have serious electrophysiological abnormalities and results from the qEEG allow us to individualize and optimize their treatment experiences, which leads to better outcomes.

Our outcome research shows that emerging adults who complete Yellowbrick improve significantly in the percent of severe deregulation in the brain, i.e., greater than 2 or more standard deviations from normal. There are 5 specific brain areas (26% of the total) that show the greatest improvement toward normal in Absolute Power (actual electrical charge in units of Hz). These are Brodmann areas 2, 18 bilateral, 21 and 45. Some of the important functions of these brain areas include: attention, language comprehension and expression, different types of memory including working memory, episodic long-term memory and declarative memory encoding, theory of mind, mirror neurons for taking action and expressive movement, perceptions of visual-emotional stimuli, response inhibition, and complex verbal reasoning and metaphors.

The illustrations that follow reflect how dramatic these brain changes can be. They show before and after qEEG studies for one of the emerging adults at Yellowbrick who presented with severe suicidal depression, anxiety and self-harm. The top illustration shows the qEEG before- (left panel) and after- (right panel) treatment findings for what is termed, “high beta hyper-coherence”. This degree of high beta brain activity before treatment is most often associated with overwhelming anxiety, panic attacks, stress and worry. In this individual’s case, the high beta activity was also hyper-coherent, which means the high-beta waves are interdependent across many different brain areas in an undifferentiated and inflexible pattern. This brain is “on fire” with anxiety and stress in a manner that prevents the emerging adult from responding effectively or adaptively. After

treatment, however, this emerging adult’s brain appeared totally normal and showed no excess of high beta or hyper-coherence whatsoever (right panel).

The second illustration shows hyper-coherence, but of theta activity, in the same emerging adult’s brain (see left panel of bottom illustration). Theta brain waves are very slow waves reflecting a foggy or twilight state just before sleep. This emerging adult’s brain before treatment was simultaneously hyper-anxious and almost asleep at the same time. These opposing mechanisms in the brain can reflect the brain’s attempts to counterbalance or compensate for widespread and severe deregulation across numerous circuits and regions. In this neurophysiological state it would be extremely difficult to pay attention, learn, remember, set goals, solve problems, make decisions or relate to others effectively. By the end of treatment (see right panel of bottom illustration), this emerging adult’s brain was normalized and he was able to complete cognitive,
behavioral and interpersonal tasks quite effectively. Such profound changes in the brain’s overall adaptive regulation and interconnection is associated with changes in most, if not all, areas of neuropsychiatric and neurobehavioral functioning. The following diagram of another emerging adult’s brain illustrates the linkage between brain deregulation and cognitive impairment, before and after treatment at Yellowbrick. The areas of dark red and dark blue are the most severely deregulated, 2 or 3 or more standard deviations from normal. The gray area is normal brain functioning. As you can see from the left panel of the diagram, before treatment, the anterior prefrontal cortex is covered with red and dark red, indicating that it is extremely deregulated and hyper-activated in the delta wave range. Delta brain waves occur when the normal brain is asleep. The anterior prefrontal cortex is responsible for many critical intellectual and integrative functions including planning, organization, executive functioning, working memory, abstract thinking, intentional behavior and affective regulation.

This emerging adult’s brain before treatment was essentially asleep while she attempted to function. In fact, her cognitive testing, using the computerized CANTAB assessment system, showed that her performance was more than 2 standard deviations below normal on multiple critical cognitive activities that are localized in the prefrontal cortex. These include executive functions, attention, memory, and risk-reward decision-making. At the end of treatment, her anterior prefrontal cortex was fully awake and functioning much more normally, as illustrated in the right panel of the diagram. Consistent with these brain changes, all but 1 of her CANTAB findings were within the normal range when she completed her treatment at Yellowbrick.

“I can honestly say that Yellowbrick has changed my life. Now I’m sober for a year and 2 days. I have a full time job. I’m living in my own apartment. I’m sleeping throughout the night. My trauma symptoms are gone (they come back sometimes, but only when something triggers it). I check in with my dad once a day just to let him know that I’m okay. And for the first time in my life.. I’m happy and I’m proud of myself.”

Emerging Adult
“Over the course of his time at Yellowbrick, which was characterized by advances and setbacks, my son emerged from a depressed state, and left ready to take the next steps in his life. He is now in college, engaging with his peers and getting great grades. For this we are immensely appreciative and thankful for the dedicated efforts of all the staff at Yellowbrick who made this possible.”

Parent of Emerging Adult

**Improved Relationships**

Relationships with family, peers, authorities and the broader community are essential to a meaningful and fulfilling life. Secure and supportive relationships are also the neurobiological foundation that facilitate neuroplasticity, brain growth and maturation. Healthy relationships are a primary focus at Yellowbrick and one in which emerging adults improve greatly. The graphs below depict improvements in the emerging adults’ relationships with their families at admission, transition from the most intensive treatment phase of The Residence, and discharge from Yellowbrick. The second graph illustrates improvements in the emerging adults’ relationships with peers at admission, transition from The Residence, and discharge from Yellowbrick.

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**Change in Global Assessment of Relationship Functioning: Family**

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**Change in Global Assessment of Relationship Functioning: Peer**

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Transcranial Magnetic Stimulation (TMS)

Transcranial magnetic stimulation (“TMS”) is a non-medication non-invasive easily tolerated neuromodular therapy that is FDA approved for the treatment of Major Depressive Disorder. TMS treatment of depression consists of the rapid induction of a small electromagnetic pulse in the dorsolateral prefrontal cortex. Stimulation of this area produces an electromagnetic flux that regulates healthy brain function both in the limbic system, the “emotional brain”, and the frontal lobes, the “thinking brain”. Large-scale international research studies show that TMS alleviates the symptoms of depression, with almost no adverse effects. Emerging adults at Yellowbrick with severe treatment-resistant depression can choose to receive TMS in addition to the other treatment modalities available.

The findings for emerging adults who received TMS at Yellowbrick are very encouraging, despite the fact that our population is much more severe than are research subjects and most other clinical populations. On the Beck Depression Inventory (BDI), Montgomery-Asberg Depression Rating Scale (MADRS), Patient Health Questionnaire-9 (PHQ-9), and Beck Anxiety Inventory (BAI), TMS produced significantly decreased depression. Some of these findings are illustrated in the following graphs. Importantly, 58% of the patients reported a complete remission of depressive symptoms.

In keeping with our mission to advance neuroscience-based treatments, we have examined some of the mediating factors that may promote or prohibit optimal responses to TMS and other forms of treatment at Yellowbrick. In a paper presented at the International Neuropsychiatric Association, we found that emerging adults who had a deregulated cingulate cortex at admission, that is, greater than 2 standard deviations (SD) from normal, did not benefit from TMS relative to those who had more normally regulated anterior cingulate cortices. The cingulate cortex is central to the cognitive-emotional processing that is disrupted in depression. These results are illustrated below and have important implications for individualized treatment protocols, which incorporate patterns of brain regulation and deregulation to match optimal treatment modalities for each emerging adult.
Deregulation of the Anterior Cingulate Cortex as a Mediator of TMS Outcomes in Complex MDD

Results

The results showed that improvement Pre- to Post-TMS on the MADRS (t=4.43, p=.0002) and the BDI (t=2.38, p=.02) were significantly poorer for patients whose anterior cingulate cortices were at least 2 standard deviations more deregulated than a large-scale normative database (see Figures 1, 2 and 3 below). TMS outcomes for prefrontal cortex deregulation showed a trend and frontal deregulation was not significant.

“Yellowbrick, through individual therapy, group psychotherapy and just my general interactions with the community, gave me such an immensely rich understanding of myself. This understanding of who I am has led me to take control of my life and be the person who I’ve always wanted to be.”

Emerging Adult
Individualized Medicine

Another way in which Yellowbrick is on the leading edge of neurobiological treatments is in customizing results from genomic analysis to individualize and optimize medication regimens. Pharmacogenomic testing at Yellowbrick, using a saliva sample collected during each assessment, provides two critical types of clinical results: the genetics of the biochemical pathways in the liver that are specific to the metabolism of psychiatric medications (i.e., pharmacokinetics), and the genetics that influence the three neurotransmitters that affect receptor and enzyme function in the brain for serotonin, norepinephrine and dopamine (i.e., pharmacodynamics). These three neurotransmitters are essential to mood regulation and overall brain health. Nearly all of the Yellowbrick assessments show clinically significant pharmacogenomic findings that directly influence the choice and level of medication they receive.

At Yellowbrick, we are also doing academic research to examine some of the potential ways in which certain genes may interact with life experiences to influence clinical outcomes. For example, we studied two polymorphisms of the SLC6A4 gene, which is known to be important in the cognitive-emotion regulation associated with either vulnerability or resilience to the life experience of trauma, substance abuse and several other serious clinical conditions. Our results showed that a greater percentage of patients with the so-called “s/s” genotype (over twice as many) developed clinical PTSD when exposed to trauma as compared to those with the “l/l” genotype. Furthermore, the patients with PTSD had greater deregulation of the prefrontal cortex on qEEG. The prefrontal cortex is thought to be a central locus of action of the SLC6A4 gene as well as a primary brain center for cognitive-emotion processing and regulation. These results suggest that we can potentially use genomic analysis to identify those individuals who are most vulnerable and to prevent, or intervene early and more effectively, in the development of certain clinical conditions. The following graphs illustrate these findings.

### SLC6A4, COMT and Deregulation of the Prefrontal Cortex in PTSD

**Results**

Chi-Square analyses showed that a significantly greater percent of patients with the SLC6A4 genotype s/s had PTSD, whereas l/l was greater in those who had trauma without PTSD (p<.01; see Figure 1). In fact, the s/s allele was more than twice as high as the l/l allele in those with PTSD (35.3% had s/s compared to 15.2% with l/l). Also consistent with impaired neurotransmitter function in the prefrontal cortex, a greater percentage of patients with PTSD showed at least 2 SD greater deregulation of the prefrontal cortex than did patients with trauma but no PTSD (p<.01). Nearly half of those with PTSD had a deregulated prefrontal cortex, as compared to close to a third of patients with trauma but no PTSD (see Figures 2 and 3). We did not find significant associations for the COMT polymorphisms met/met or val/val.

![](Figure 1.png)

![](Figure 2.png)

![](Figure 3.png)
Not every emerging adult who completes treatment at Yellowbrick leaves in a fully collaborative manner. Sometimes they discharge before their progress is stable and they have built a life for themselves outside of treatment. It is important to us at Yellowbrick to understand whether there are different outcomes for emerging adults who complete treatment but leave in what we term, a Noncollaborative Discharge as compared to a Collaborative Discharge. The following graphs show that it does, indeed, appear to make a significant difference, in terms of longer-term outcomes. The graphs illustrate that the two groups are quite comparable as they approach discharge from The Residence, which is the most intensive, immersive phase of treatment. However, by the time they are discharged from Yellowbrick several months later, the Noncollaborative group is showing a significant decline across all the domains of neuropsychiatric and psychosocial functioning.

Collaborative and Noncollaborative Discharges

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**Global Assessment Functioning**

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**Global Assessment of Relationship Functioning: Family**

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**Global Assessment of Relationship Functioning: Peer**

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**Change in Social and Occupational Functioning**

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Long-term Follow-Up

Emerging adults continue to maintain, and even increase, their gains from treatment at Yellowbrick long after they leave. As illustrated in the following 4 graphs from the Global Functioning Scales, treatment improvements continue and increase with time in their overall neuropsychiatric and life functioning. They also continue to improve in family and peer relationships as well as in social and occupational functioning. Nearly all of the emerging adults who completed treatment 2-4 years earlier were employed or going to college or technical school.
Yellowbrick is a national center of excellence specializing in the treatment of troubled emerging adults and their families. Yellowbrick has a homogeneous sober peer community of only emerging adults ages 18-30.

Yellowbrick operates as an Open Therapeutic Community which means that relationships are established not on the basis of power but on the invitation to collaboratively bring the authentic parts of self safely forward into the treatment.

Yellowbrick operates within “real-time” and real life as emerging adults come to live their lives within the context of being immersed within an intensive treatment environment. Rather than an “as-if” or asylum context, this creates real choice and risk which activates the neural networks required for real and enduring change.

Yellowbrick integrates supported, sober community living platforms, intensive treatment and assistance for re-entry with school or work for emerging adults whose psychiatric and addiction histories have demonstrated the need for extended life-skill support, intensive treatment, rehabilitation from severe impairment and reclaiming of a peer community.

Yellowbrick’s model integrates traditional and cutting edge research approaches to psychiatry, cognitive enhancement, individual developmental growth and change in family systems, and life-skill rehabilitation. Yellowbrick’s programs and services promote self-empowerment, brain regulation, identity integration and coherence, the development of connected autonomy within a nurturing sober peer and family support system while developing life strategy skills, career and education advancement and productive life activity in the Chicagoland community.

Why Yellowbrick?

Yellowbrick is recognized nationally as providing a unique treatment environment which innovatively combines and integrates multiple dimensions of treatment not found all in one place elsewhere. These include:

- Yellowbrick is a national center of excellence specializing in the treatment of troubled emerging adults and their families. Yellowbrick has a homogeneous sober peer community of only emerging adults ages 18-30.

- Yellowbrick operates as an Open Therapeutic Community which means that relationships are established not on the basis of power but on the invitation to collaboratively bring the authentic parts of self safely forward into the treatment.

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“Now that I’m about to leave Yellowbrick, I have a lot of great opportunities lined up for myself and I’m excited to live the rest of my life, which is something I can’t say before I started Yellowbrick. I’m also sad though that I will be leaving this community. I have developed some of the best relationships of my life with peers here. The staff is INCREDIBLE. They care so deeply about everyone at Yellowbrick and are truly committed to making the lives of myself and others change for the better.”

Emerging Adult
Why Yellowbrick?

Yellowbrick’s model utilizes the latest research from neurobiology, cognitive neuroscience, developmental psychology, a spectrum of approaches to psychotherapy, and strength based, wellness approaches. Interventions include a unique integration of:

- Research based categorical and functional diagnosis.
- Neuro-modulatory treatments such as collaborative, pharmaco-genomically informed psychopharmacology, deep Transcranial Magnetic Stimulation (dTMS), neurofeedback and Direct Trans-Cranial Current Stimulation (DTCS).
- Neuro-modulatory protocols for exercise, nutrition and sleep hygiene.
- Neuro-modulatory treatments such as mindfulness, meditation, yoga and mind-body integration which quiet the limbic system, creating safety which promotes attachment and new learning.
- ReCognition; Cognitive enhancement interventions focused on attention, working memory and executive function, all considered essential for making use of other treatments and preventing relapse for psychiatric illness and addiction.
- Strength-based enhancement of life skills and executive function led in a “real-time” community living context within supported home healthcare apartments.
- Yellowbrick’s treatment culture includes an expectation of involvement in school, work, and /or Community Service while in treatment to assist with the challenges in role performance functioning. This is in contrast to the asylum approach of most treatment settings.
- Intensive individual and family therapy 3-5x/week conducted by senior, expert Professional Staff with training at a Doctoral level or with decades of experience. Treatment occurs within the context of deep, often intense, relationships with professionals, peers and families within the Yellowbrick Community. Neuro-imaging shows changes in brain networking demonstrating that effective emotional engagement in relationships promotes new learning and functioning, especially in the emotion-regulating capacities of emerging adults.
- Intensive Outpatient Group Therapy Program averaging 30 hours/week specifically developed to address the universal developmental challenges of emerging adulthood and the specific syndromal issues associated with trauma, addiction and eating disorders.
- Intensive Family Model including a 24/7 Family Liaison, Family Rounds Strategic Planning sessions, family therapy and Parents as Partners monthly weekends.
- Outcome is evaluated by patient and Professional Staff research validated metrics and objectively with neuroimaging by an admission and transition quantitative EEG.

The Yellowbrick model is an in-depth but practical, strength based approach creating a context for enduring change. Treatment at Yellowbrick offers value that lasts a lifetime through enhanced personal understanding and integration, life skills and strategies, and the development of core competence.