

# Position Paper: A Call for Evidence: Why All Youth Treatment Programs Must Conduct Outcomes Research

*A Leadership Statement from Telos Releasing 20 Years of Outcomes Data and Urging Industry-Wide Accountability*

*Third in a Series – Published by Telos Programs, including Telos Academy (Telos RTC) and Telos U*  
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## I. Introduction: A Field in Need of Evidence

Youth treatment programs across the United States routinely advertise success, yet few provide scientific evidence that treatment works or that progress lasts after discharge. In a field as consequential as adolescent and young adult mental health, the absence of verified outcomes is not simply a gap. It is a systemic problem that places vulnerable youth at risk and undermines public trust.

National bodies have repeatedly highlighted this concern.

- **U.S. Surgeon General's Youth Mental Health Report (2021)** calls for rigorous data-driven treatment models.
- **National Academies of Sciences (2019)** warns that youth behavioral programs lack standardized outcome tracking.
- **Annie E. Casey Foundation (2020)** found that most residential care settings cannot demonstrate long-term effectiveness.
- **U.S. GAO Report on Youth Residential Programs** identifies widespread absence of outcome monitoring.
- **Joint Commission and CARF** increasingly emphasize outcomes research as essential to ethical care.

The message from national researchers and policymakers is clear. The youth treatment industry must shift from anecdotal claims to empirical evidence.

As part of our responsibility to elevate the field, Telos is taking a leadership stance: **Every youth treatment program should implement longitudinal outcomes research using validated tools, independent analysis, and transparent reporting.**

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## II. Why Long-Term Outcomes Matter

Parents deserve to know whether treatment creates real clinical change, whether progress lasts after discharge, and whether families improve alongside the student. They also deserve to understand how a program's effectiveness compares to national standards.

Without validated, longitudinal data, programs cannot answer these questions responsibly.

Effective outcomes research requires validated assessment tools, measurement at multiple points in time, independent statistical oversight, transparent reporting, and large sample sizes gathered over many years.

Telos has adhered to this level of rigor since 2004.

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## III. Telos' Research Partnership and Database Integrity

All Telos outcome data are handled and analyzed by researchers at the University of New Hampshire. This partnership ensures independent oversight, methodological rigor, and academic integrity.

The Telos outcomes database consists of:

- Twenty years of continuous data collection
- 1,639 adolescents and young adults
- 6,592 total measurement points
- Validated, nationally recognized assessment tools
- Longitudinal tracking at four time points: admission, mid-treatment, discharge, and one-year post-discharge

This depth of data is rare in private residential treatment.

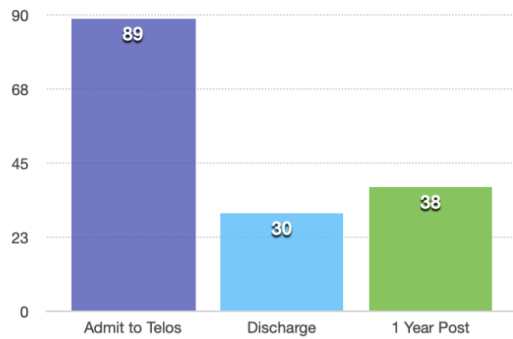
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## IV. Central Finding: YOQ Outcomes Over 20 Years

The centerpiece of Telos' outcome research is the YOQ trajectory from admission through one-year follow-up.

### YOQ Composite Scores (Parent Report)

- **Admission:** 89 (severe clinical range)
- **Discharge:** 30 (normal functioning)
- **One-Year Post-Discharge:** 38 (still within normal limits)



## Interpretation

This outcome pattern demonstrates:

1. Students arrive at Telos with high levels of emotional and behavioral distress.
2. By discharge, average functioning has returned to the normal, non-clinical range.
3. These improvements remain stable one year after discharge.

Few youth programs conduct longitudinal follow-up. Fewer still show sustained improvement. This twenty-year pattern is a powerful indication that Telos treatment creates meaningful and lasting change.

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## V. What the YOQ Measures

The Youth Outcome Questionnaire (YOQ) is a validated 60-item instrument used internationally to evaluate emotional and behavioral functioning across six domains:

1. Emotional Distress
2. Physical Symptoms
3. Interpersonal Relations
4. High-Risk Behaviors
5. Social Problems
6. Daily Functioning

Scores are interpreted as follows:

- 45 or below: Normal range
- 46 to 52: Mild clinical
- 53 to 59: Moderate clinical
- 60 and above: Severe clinical

Thus, the Telos trajectory from 89 to 30 to 38 reflects clinically meaningful, statistically significant improvement.

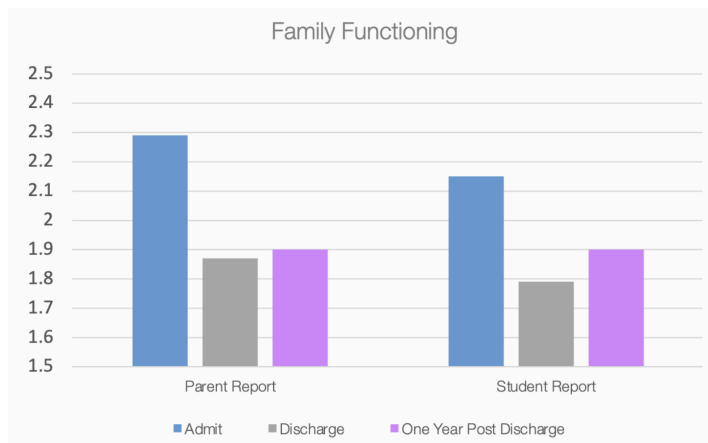
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## VI. Family Outcomes: Measuring Systemic Change

Because Telos is a family-centered program, we measure family functioning using the Family Assessment Device III (FAD-III).

### FAD Scores

- **Admission:** 2.3 (above the unhealthy threshold)
- **Discharge:** 1.85 (healthy functioning range)
- **One-Year Post-Discharge:** 1.9 (sustained gains)



These findings show that families improve significantly during the Telos process and retain those gains after treatment ends.

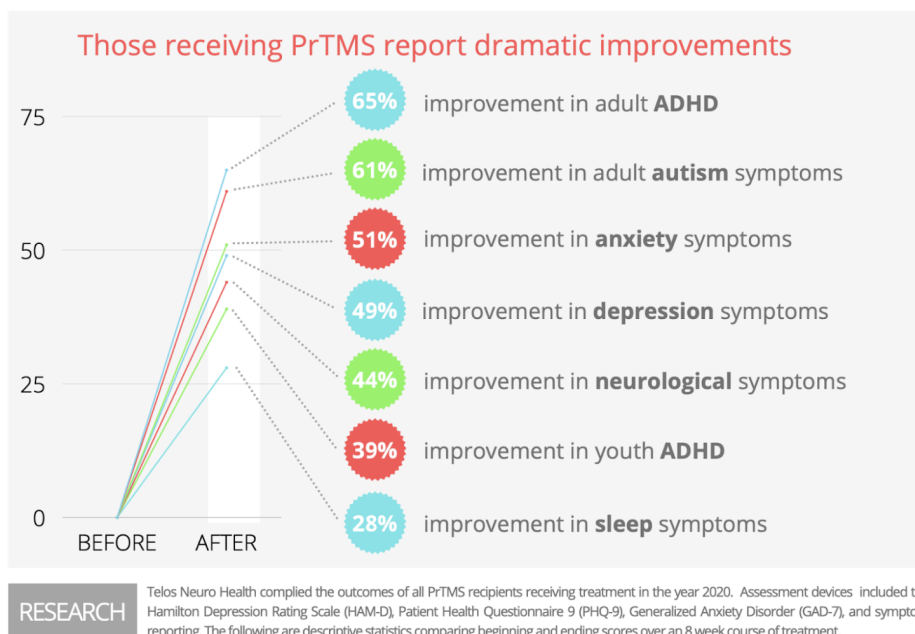
Family healing, like student healing, is measurable.

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## VII. Additional Research Findings

### Transcranial Magnetic Stimulation (TMS)

A subset of Telos students complete a 9 to 12 week course of TMS. Pre and post measures show significant improvements in depression, anxiety, and obsessive-compulsive symptoms.



## Qualitative Parent Feedback

Across twenty years of Likert-scale surveys, parents report consistent agreement that their child improved in emotional stability, coping skills, communication, and functioning.

## Functional Outcomes at One Year

- Ninety-seven percent of students did not require residential or inpatient readmission.
- Eighty-one percent enrolled in college.
- Ninety-two percent were employed.

These functional markers reflect real-world stability and independence.

## VIII. Comparison to National Benchmarks

When compared to aggregated national outcome studies, Telos consistently demonstrates:

- Greater symptom reduction
- Stronger family improvements
- Lower relapse and readmission rates
- Higher levels of adult functioning

These indicators place Telos among the strongest outcome performers in youth residential treatment.

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## **IX. A National Call to Action: Programs Must Publish Outcomes**

The youth treatment industry cannot rely on testimonials or marketing language to demonstrate effectiveness. Every program should implement validated instruments, measure outcomes across time, partner with independent researchers, publish results annually, and allow families to make decisions based on evidence rather than claims.

Youth deserve programs that can prove their effectiveness. Parents deserve clarity and accountability. Regulators and referral partners deserve transparency.

The field must evolve toward scientific integrity.

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## **X. Conclusion**

For two decades, Telos has built one of the most comprehensive and scientifically structured outcome databases in private residential treatment. Our YOQ results, moving from 89 at admission to 30 at discharge to 38 one year later, and our FAD improvements from 2.3 to 1.85 to 1.9, represent thousands of families whose lives have changed and maintained progress.

By publishing these data and calling for national reform, Telos reaffirms its belief that effectiveness must be measured, progress must be proven, and results must be shared openly.

Telos remains committed to leading this shift and invites every youth program in the country to join us.

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## **References**

1. Annie E. Casey Foundation. (2020). *What Young People Say About Being in Group Placements*. Retrieved from <https://www.aecf.org>
2. Child Welfare Information Gateway. (2021). *Child Welfare Practice Models*. U.S. Department of Health and Human Services.
3. Erford, B. T. (2023). *Assessment for Counselors*. Pearson Education.
4. Lambert, M. J., et al. (1996). *The Youth Outcome Questionnaire (YOQ)*. American Psychological Association.

5. National Academies of Sciences, Engineering, and Medicine. (2019). *The Promise of Adolescence: Realizing Opportunity for All Youth*. Washington, DC: National Academies Press.
6. National Child Traumatic Stress Network. (2018). *Trauma-Informed Care in Residential Settings*.
7. Office of the U.S. Surgeon General. (2021). *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*.
8. U.S. Government Accountability Office. (2008). *Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Facilities*. GAO-08-713T.