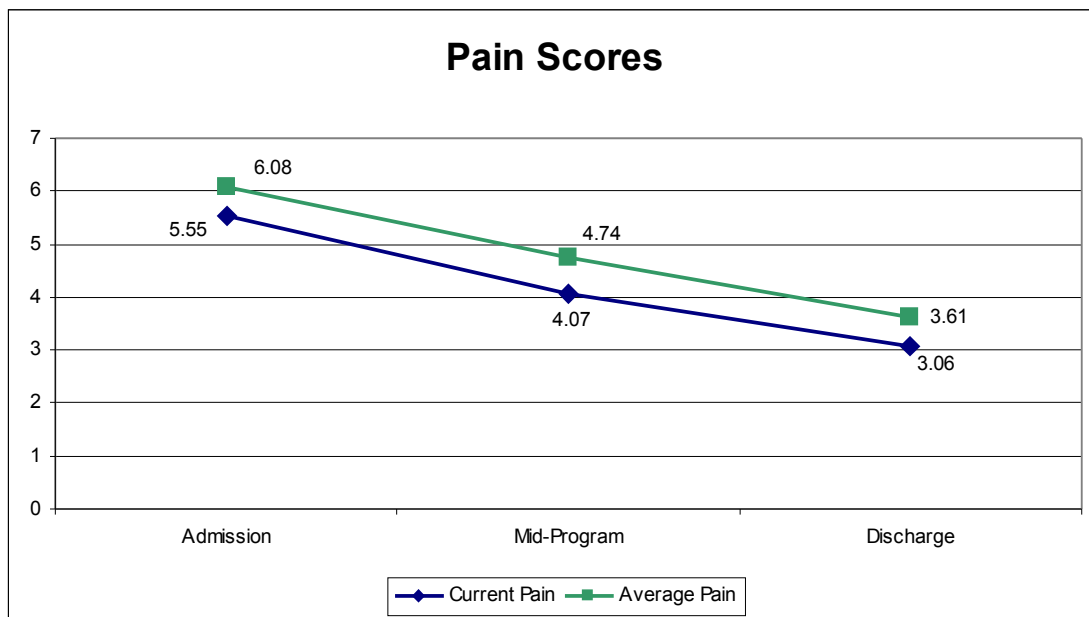


Preliminary results of the outcome study from the Pain Recovery Treatment program at Las Vegas Recovery Center show that our multifaceted, 12 step and mindfulness based treatment program provides significant improvement to our clients in many aspects of their lives. Follow up data, beyond the four to five weeks of treatment, is currently being collected for both clients who are discharged and for those who stay for up to 90 days of treatment.

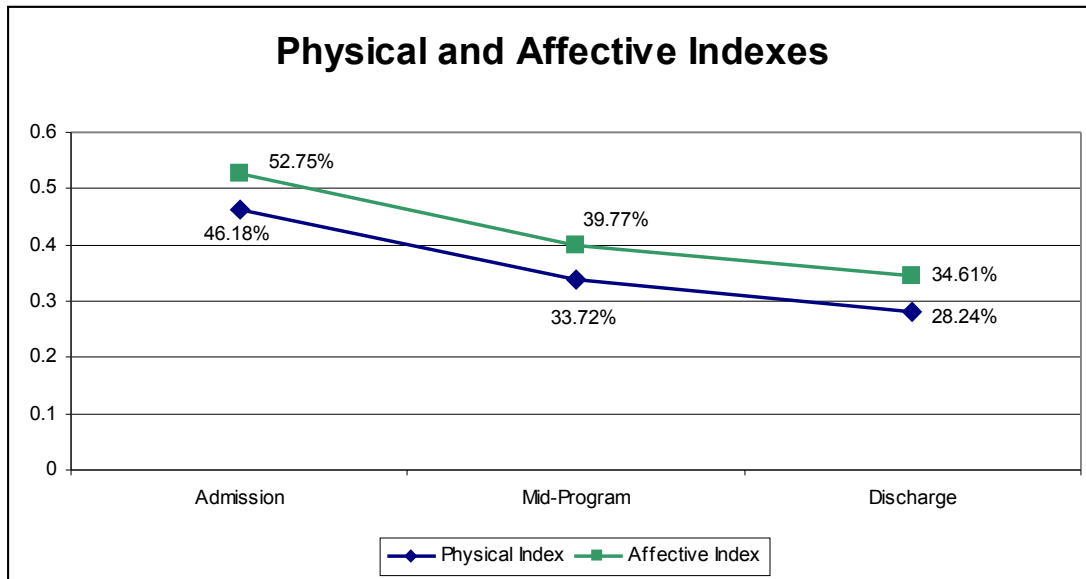
Data to track client progress during the Pain Recovery Treatment program is measured by weekly administrations of the Pain Outcomes Profile, a self-report questionnaire. POP contains seven scales: Current Pain, Average Pain for Previous Week, Mobility, Activities of Daily Living (ADL), Vitality, Negative Affect and Fear. Each score is based on a percentage of the total possible. There are also two indices. The Physical Index is comprised of the average scores of the Mobility, Activities of Daily Living, and Vitality scales and the Affective Index is comprised of the Negative Affect and Fear scales.

Pain clients complete the POP once upon arrival and every Wednesday thereafter. For the purposes of data analysis, the POP's completed at three different intervals, Admission, Mid-Program (the Wednesday POP closest to the middlemost day of the clients stay) and the Wednesday before discharge were analyzed. A Paired T-test was used to compare the means of each scale at one interval with the means of the other two intervals. For every interval pairing, a statistically significant difference between means was found. (Note: we compare the means of the data to see if the mean of one group is significantly different from the other mean).



As you can see in the graph above, pain scores decrease continuously throughout treatment. The mean decrease in Current Pain from Admission to Mid-Program was 1.477, the mean decrease from Mid-Program to Discharge was 1.005, and the mean

decrease in Current Pain from Admission to Discharge was 2.482. The mean decrease in Average Pain from Admission to Mid-Program was 1.333, the mean decrease from Mid-Program to Discharge was 1.1349, and the mean decrease in Average Pain from Admission to Discharge was 2.468.



In this graph we have the Physical and Affective Indices. We found that overall progress seen between the means is statistically significant for each of the scales that these indices represent. The mean decrease in percentage of total score for the Physical Index from Admission to Mid-Program was 12.4621 percentage points, the mean decrease from Mid-Program to Discharge was 5.4709 percentage points, and the mean decrease in the Physical Index from Admission to Discharge was 17.933 percentage points. The mean decrease in percentage of total score for the Affective Index from Admission to Mid-Program was 12.977 percentage points, the mean decrease from Mid-Program to Discharge was 5.156 percentage points, and the mean decrease in the Affective Index from Admission to Discharge was 18.133 percentage points.

Based on the data collected from the POP's we believe that client pain scores, physical ability, and affect continuously improve throughout treatment with the most significant improvements achieved during the first half of a client's stay. Further analysis needs to be completed to determine if the length of stay plays a role in the level of improvement attained.

An analysis comparing the average scores of three different age groups was also completed using an Independent-Samples T-test. Clients were grouped by age into the following three groups: 21-35, 36-50, 51-65. The mean scores for every scale were compared at the same three intervals and no significant differences were found among any of the age divisions at any interval. From this we conclude that the age a client enters treatment does not significantly alter treatment outcomes of the CPRP.

In addition to the POP, client progress is also monitored through follow-up phone interviews. After collecting one year's worth of follow-up data we found that our survey focused on relapse related behaviors instead of recovery and the positive factors associated with treatment. Based on this information we revamped our follow-up survey as well as added short assessments to collect baseline data (which wasn't done during the first year). At this point we don't have enough information to provide any results, however our current follow-up efforts extend to every client who is admitted to our program for more than 24 hours.

Shortly after admission clients complete a small battery of assessment consisting of the SOCRATES, Attitudes and Expectations Questionnaire (AEQ), Inventory of Drug Use Consequences (In-DUC), Post-Traumatic Symptom Self-Report Questionnaire (PSSR), the Zung Self-Report Anxiety Questionnaire (SAS), and the Center for Epidemiologic Studies Depression Scale (CES-D). This battery is repeated within a week of a clients discharge date and only once for clients whose stay is two weeks or less. After discharge clients who enter our IOP program receive a similar battery of assessments, again within a week of the anticipated discharge dates. Phone calls begin one month after a client discharges from the inpatient program. For clients who attend IOP, calls will start one month after discharging from the IOP program. Phone calls to complete the follow-up survey are scheduled at 1, 2, 3, and 6 month, and then annually thereafter up to 5 years.