

FROM DEPENDENCE TO RECOVERY RANGE, BY DISCHARGE

The Leeds Dependence Questionnaire (LDQ) is a widely used self-report measure of substance dependence severity. At EHN Bellwood Toronto, the average patient enters treatment in the moderate-severe dependence range and leaves below the clinical recovery cutoff — documented across 249 patients with paired admission and discharge measurements.

LDQ · LEEDS DEPENDENCE QUESTIONNAIRE · N = 249 PAIRED

The average EHN Bellwood Toronto patient crosses from dependence into the non-clinical range during their stay.

CLINICAL RECOVERY RANGE (LDQ <10) | LDQ SCALE LOWER = BETTER



73%

RELATIVE REDUCTION

In dependence severity from admission to discharge — well into the upper range of residential addiction outcomes.

3.1X

RELIABLE CHANGE THRESHOLD

The 12.2-point LDQ reduction is more than three times the published reliable change index of 4 points (Raistrick et al., 2014).

249

PAIRED OBSERVATIONS

Patients with both admission and discharge LDQ data — large enough to detect clinically meaningful effects with confidence.

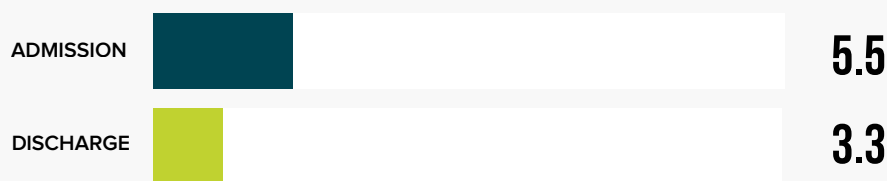
CRAVINGS

Cravings drop sharply during treatment.

Substance cravings — a core relapse risk indicator — fall by 40%.

BSCS · BRIEF SUBSTANCE CRAVING SCALE (RANGE 0–24)

Mean craving score: admission → discharge



AVERAGE PATIENT LEAVES WITH A SIGNIFICANTLY LOWER URGE TO USE

40%

REDUCTION IN CRAVINGS

Lower cravings at discharge are one of the most robust predictors of post-discharge abstinence in addiction outcomes research.

n = 252 paired observations

WHY THESE NUMBERS ARE NOTEWORTHY

EHN BELLWOOD TORONTO GRADUATES SCORE BELOW BOTH MALE AND FEMALE LDQ RECOVERY CUTOFFS.

The LDQ functional-population cutoff (< 10 for males, < 5 for females) was established by Raistrick et al. (2014) as the score at which an individual is statistically more similar to the general population than to a substance-dependent clinical population. EHN Bellwood Toronto's mean discharge score of 4.6 sits below both thresholds — meaning the average graduate of the program is statistically indistinguishable from the non-dependent population on this dimension.

HOW EHN BELLWOOD TORONTO STACKS UP AGAINST PUBLISHED BENCHMARKS

A side-by-side comparison of admission-to-discharge symptom change at EHN Bellwood Toronto (n = 299 paired observations per primary scale) against published clinical thresholds and peer-reviewed measurement-based care literature in Canada and the United States.

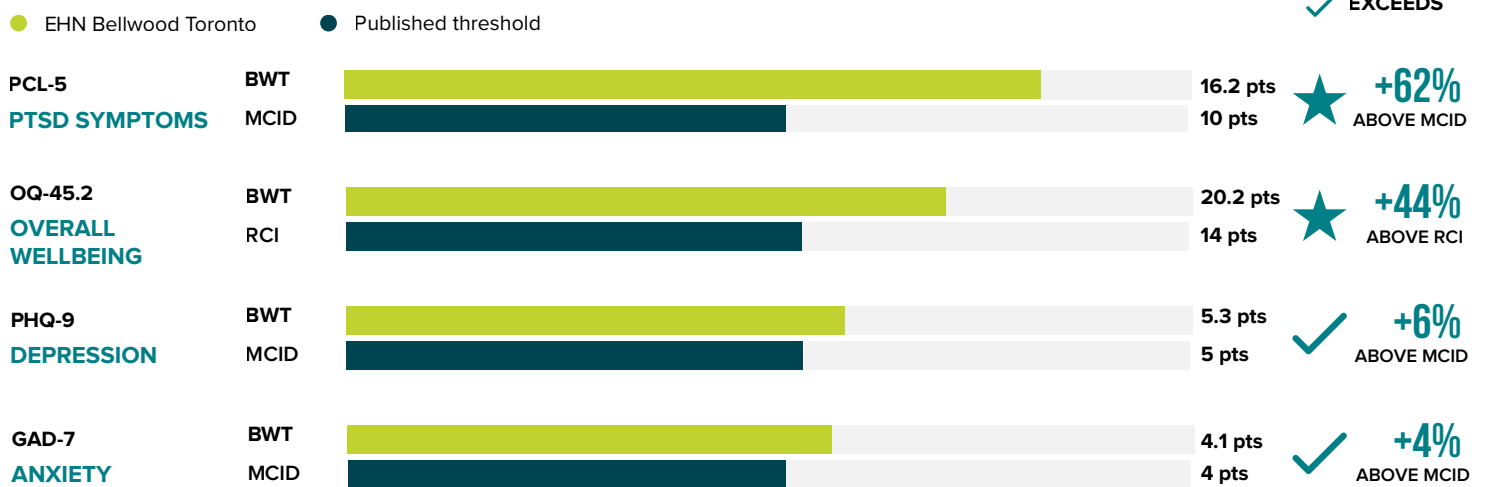
4/4

EHN Bellwood Toronto clears all four primary scales — and exceeds the PTSD (PCL-5) threshold by more than 60%.

Minimum Clinically Important Difference (MCID) values are research-established thresholds for clinically meaningful symptom change.

EHN BELLWOOD TORONTO VS CLINICAL THRESHOLDS

Point reduction vs published MCID / RCI



EHN BELLWOOD TORONTO VS PUBLISHED MBC LITERATURE

Favourable comparison to peer-reviewed evidence

MBC LITERATURE

~41%

Combined depression and anxiety symptom improvement exceeds large MBC study results

Compared with 23.5% reported in the largest published MBC implementation study (Forand et al., 2025; *Frontiers in Health Services*, n = 18,721 patients across 755 clinicians).

THERAPEUTIC ALLIANCE

BR-WAI

Actively measures and improves at EHN Bellwood Toronto

Therapeutic alliance is one of the stronger predictors of outcomes in psychotherapy (Flückiger et al., 2018). Many residential treatment programs may not formally track alliance — EHN Bellwood Toronto both **measures and improves** it.

MBC BREADTH

36

One of the broadest measurement-based care batteries in residential care

Compared with the typical 2–3 in published MBC programs (PHQ-9, GAD-7, sometimes PCL-5), EHN Bellwood Toronto covers mood, anxiety, trauma, dependence, alliance, and recovery capital.

Sources.

Clinical thresholds: PHQ-9 MCID = 5 (Löwe et al., 2004; Kroenke et al., 2001); GAD-7 MCID = 4 (Toussaint et al., 2020); PCL-5 MCID = 10 (Marx et al., 2022 — National Center for PTSD); OQ-45.2 RCI = 14 (Lambert et al., 1996).

MBC literature: Forand, N. R., Nettiksimmons, J., Brownell, A., Anton, M. T., Truxson, R., Green, B., & Marshall, C. (2025). The impact of measurement based care at scale. *Frontiers in Health Services*, 5. <https://doi.org/10.3389/frhs.2025.1659238>

Therapeutic alliance: Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy. *Psychotherapy*, 55(4), 316–340. <https://doi.org/10.1037/pst0000172>

Inpatient context: Nowlin, R. B., & Brown, S. K. (2020). Monitoring Patient Treatment Outcomes in Inpatient Psychiatric Care with the PHQ-9. *Psychiatric Times*.

BWT Benchmark Comparison · v3.0

WHAT EHN BELLWOOD TORONTO DOES EXCEPTIONALLY WELL

A snapshot from Greenspace measurement-based care data: admission-to-discharge symptom change across mood, anxiety, trauma, dependence, cravings, and global wellbeing, tracked through validated clinical instruments.

528

PATIENTS TRACKED

36

VALIDATED INSTRUMENTS

22,479

SURVEY SUBMISSIONS

~15 MO

FEB 2025 – MAY 2026

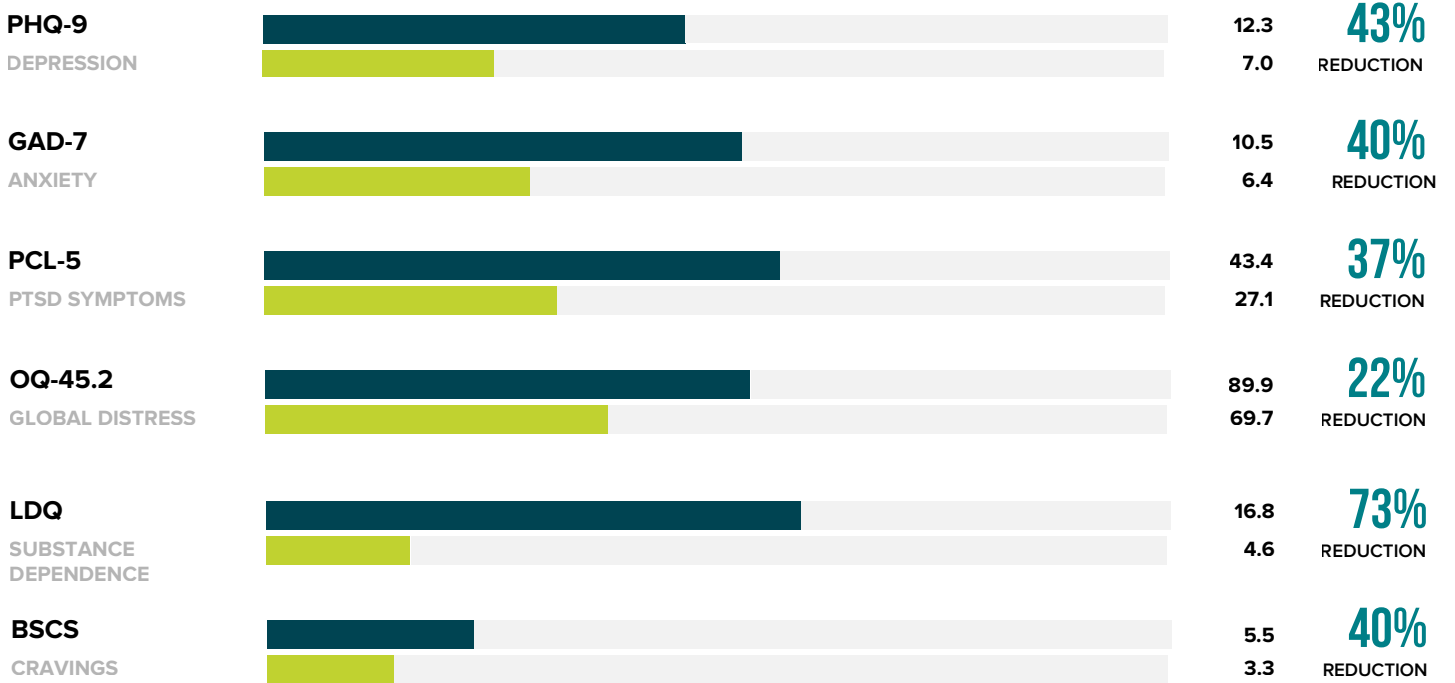
CLINICAL OUTCOMES

Symptoms drop meaningfully across every measured domain

Mean score: admission → discharge

Lower = better on all scales below

● Admission ● Discharge



WHAT SETS EHN BELLWOOD TORONTO APART

Beyond the numbers

MBC BREADTH

36

Validated instruments in routine use

From PHQ-9 and GAD-7 to DERS, BARC-10, PCL-5, and LDQ — EHN Bellwood Toronto operationalizes one of the broadest measurement-based care batteries in Canadian addiction treatment.

ALLIANCE

BR-WAI

Therapeutic alliance routinely measured

Therapeutic alliance is one of the stronger predictors of outcomes in psychotherapy (Flückiger et al., 2018). Many residential programs may not formally track alliance; EHN Bellwood Toronto does.

SCALE

22.5K

Completed survey submissions

Across 528 patients over ~15 months. Strong response volume gives EHN Bellwood Toronto the statistical power to detect real clinical signal and continuously improve care.