Ashley
Everything for Recovery

2025 OUTCOMES REPORT

RECOVERY, MEASURED. LIVES, CHANGED.

Behind every number in this report is a person who came to us in crisis — and found their way back.

Better understanding leads to better care, and better care saves lives.

Ashley

TABLE OF CONTENTS

Founders Father Martin and Mae Ashley Abraham

EXECUTIVE SUMMARY

Every year, more than a million Americans try to get treatment for addiction — and struggle to find care that actually sticks. At Ashley Addiction Treatment, we've spent 43 years building something different: a program where every clinical decision is backed by data, every outcome is measured, and every patient's care improves because of what we learn from the one before.

This report is our accountability — to patients, families, and the broader field.

Cravings fell 12% in 12 months. We compared our outcomes against a national database of roughly 250 treatment programs, found a gap in craving relief, and built a targeted response: earlier medication use, expanded clinical training, and a real-time alert system for high-risk patients. From 2024 to 2025, our average craving reduction improved from 47% to 59%.

Patients are now matched — not just assigned. We built Intentional Patient Matching: a structured process that pairs each patient with the right group and counselor based on clinical need, life experience, and demonstrated fit. The result is stronger therapeutic relationships and better recovery outcomes from day one.

We saw the gender gap — and we acted. Women entered treatment with higher levels of anxiety, depression, and stress and often took longer to reach recovery milestones, but they improved just as much as men. The difference was in their starting point, not their ability to benefit from treatment. We formed a Gender Disparities Committee to build programming specifically designed for women's recovery, accounting for hormonal health, trauma history, and caregiving responsibilities.

Research is accelerating. Four new studies were published or submitted this year — covering wearable health technology, the link between pain and cravings, counselor well-being, and mindfulness in recovery. Each finding directly shapes how we treat patients.

WHAT WE'RE WORKING ON NEXT

Our research pipeline is focused on the questions that will define addiction treatment over the next decade: cognitive decline in older adults with alcohol use disorder, the safety of GLP-1 medications combined with Naltrexone in early recovery, gut health's role in recovery outcomes, and treating insomnia and alcohol use disorder together.

THE ASHLEY APPROACH

Addiction takes away a person's sense of self, their relationships, their health, their hope. Getting all of that back requires more than willpower — it requires care that can actually see what's working, catch what isn't, and change course in real time.

That's the kind of care we've built at Ashley. Since 1983, we've helped more than 75,000 people reclaim their lives. Over those four decades, we've learned that the most effective treatment blends deep human connection with rigorous science — listening to patients and measuring their progress, then using what we learn to make care better for everyone who follows.

OUR GUIDING PRINCIPLE

Better measurement leads to better understanding.

Better understanding leads to better care.

Better care saves lives.

For most of addiction treatment's history, care decisions were based more on tradition and philosophy rather than on evidence.

We're changing that — by putting research at the heart of everything we do.

> "Research is the vehicle, not the destination — it's how we deliver better outcomes for more people."

Alex Denstman, MBA

Co-CEO, Ashley Addiction Treatment

Why this matters for our patients, our team, and the field

Treatment that adjusts to your needs in real time — addressing not just substance use, but the emotional, physical, and social factors that shape recovery.

FOR PATIENTS: Every therapy session, medication, and group activity has a clear, measurable purpose — so we know what's actually helping.

FOR OUR CLINICAL TEAM: Our findings guide clinical interventions to maximize their impact.

FOR THE ADDICTION TREATMENT FIELD: We are contributing to a growing body of knowledge that helps strengthen addiction treatment far beyond our own campus.

How we've evolved

We didn't start with a fully formed research program. We built it deliberately, over seven years, in three stages:

Building the foundation (years 1–3): We created the systems to consistently collect patient information — creating the bedrock for everything that followed. No measurement infrastructure, no improvement.

Proving it works (years 4–5): We demonstrated that our approach produces meaningful improvements in anxiety, depression, stress, and resilience during treatment. Not anecdotally — measurably.

Using data to personalize care (today): We now use real-time data to match patients to the right groups, adjust treatment on the fly, and deliver more individualized care than ever before. The work of the first six years made this possible.

> "We are driven by purpose and grounded by evidence. The result of our research is a treatment model that is not static, but adaptive — one that evolves with every patient we serve."

Jami Mayo Barney, MBA

Director of Clinical Research, Ashley Addiction Treatment

WHO WE SERVE

In 2025, Ashley Addiction Treatment served 1,781 unique patients across 2,054 treatment episodes, reflecting the continued growth of our recovery community and the expanding reach of our care.

Recovery looks different for everyone. That's why understanding who comes through our doors — their ages, backgrounds, substance histories, and what they've tried before — is the foundation of care that actually fits.

Every year, we care for thousands of individuals from all walks of life, each carrying their own story and their own path toward recovery. The data below reflects the people we served in 2025.

9.7% are US Veterans

43 is the average age of our patients

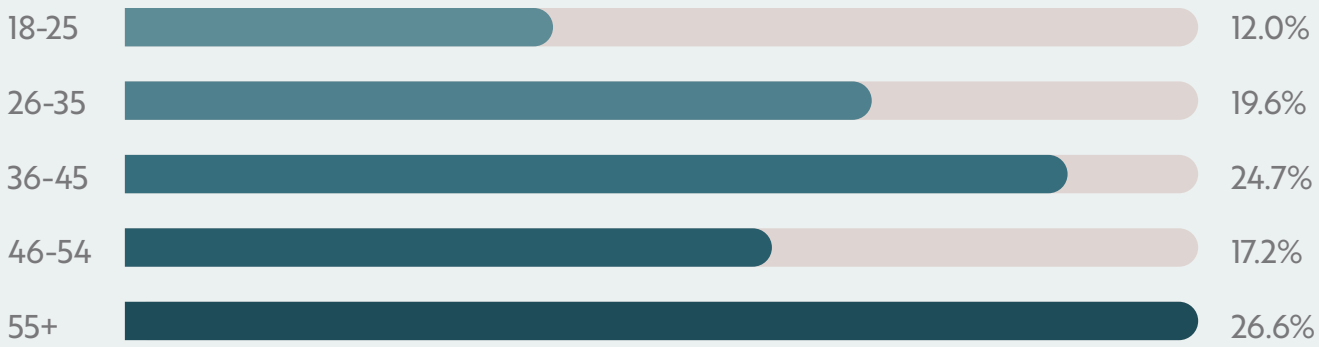
RACE / ETHNICITY

White	84.3%
African American	8.9%
Other	4.6%
Asian	1.8%
Native American	0.4%

DISCHARGE STATUS

Standard	74.7%
Against Clinical Advice	14.8%
Transfer Facility	8.1%
Administrative Discharge	2.1%
Other	0.3%

AGE DISTRIBUTION



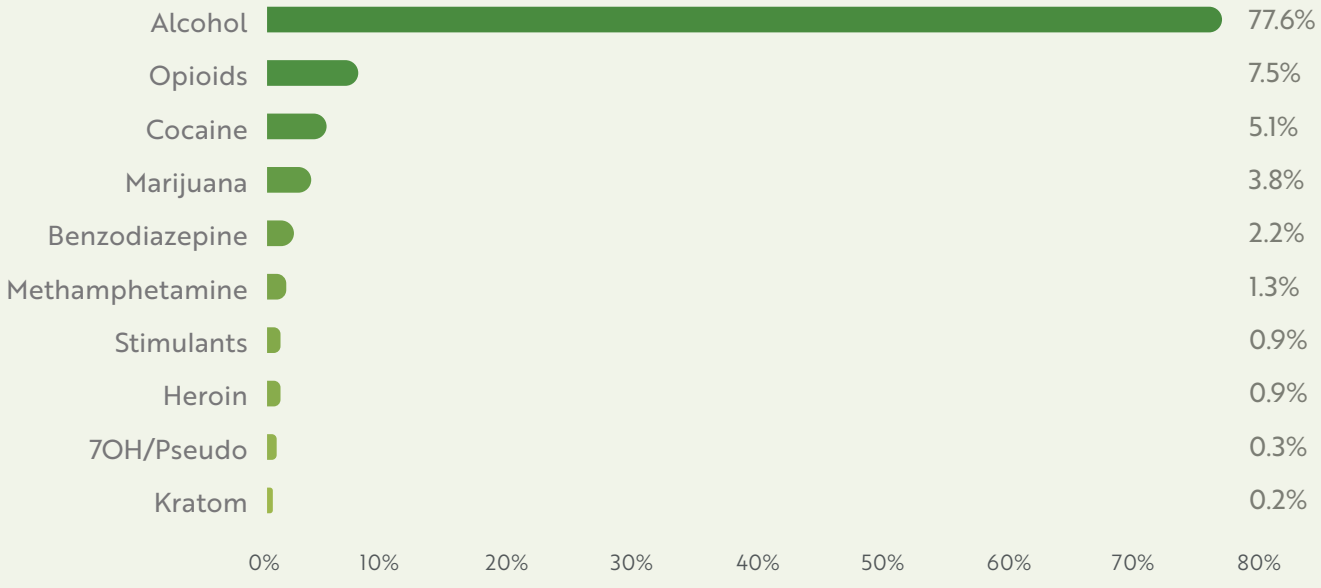
62.4% are employed at time of admission

74.4% report a family history of substance use

83.5% report physical health impacts from substance use

53.4% report use of nicotine products

PRIMARY DRUG OF CHOICE



WHAT WE MEASURE

At Ashley, we track the areas of recovery that matter most. We use trusted, scientifically validated assessment tools to ensure our results are accurate and meaningful.

Rather than measuring recovery with a single score, we look at several important areas of well-being. This helps us identify challenges early, provide better support, and continuously improve the care we deliver.

Our measurement approach covers six areas:

1. Early recovery symptoms

The first weeks of treatment are often the hardest. We track the symptoms that can get in the way of recovery early on:

- Anxiety
- Depression
- Perceived stress

We collect this data weekly from our residential patients, giving us a detailed picture of how symptoms change over time.

25%

REDUCTION IN SYMPTOMS ASSOCIATED WITH ANXIETY

54%

REDUCTION IN SYMPTOMS ASSOCIATED WITH DEPRESSION

48%

REDUCTION IN SYMPTOMS ASSOCIATED WITH STRESS

WHAT THE DATA SHOWS:

Patients consistently show meaningful improvement across all three areas during treatment. Women entered treatment with higher levels of anxiety, depression, and stress and often took longer to reach recovery milestones. Patients leaving treatment with relief from early recovery symptoms make them better equipped to progress in their recovery journey.

2. Resilience and well-being

Recovery requires building inner strength, finding purpose, and creating a stable life. To measure this complete picture of healing, we track key traits related to resilience, including:

- Optimism and hope for the future
- Quality of life
- A sense of meaning or spiritual connection

QUALITY OF LIFE		OPTIMISM		SPIRITUALITY	
START	END	START	END	START	END
10.7 →	16.3	12.7 →	16.5	14.6 →	25.6
+52%		+31%		+76%	
IMPROVEMENT		IMPROVEMENT		IMPROVEMENT	

WHAT THE DATA SHOWS:

Patients show significant gains in optimism, spiritual well-being, and quality of life during residential treatment. Patients who leave with stronger resilience are better equipped to handle stress and stay in recovery after they go home.

3. Therapeutic relationships in treatment

One of the most powerful parts of addiction treatment is the therapeutic relationships formed — with peers and with counselors. We measure both:

- How connected patients feel within their counseling group (Group cohesion)
- How strong the bond is between each patient and their counselor (Therapeutic alliance)

WHAT THE DATA SHOWS:

Since we started measuring these therapeutic relationships, scores have consistently stayed above healthy thresholds — and have gotten stronger over time. This reflects our commitment to thoughtfully matching patients with the right groups and counselors.

4. Patient experience

We want every patient to feel heard, respected, and well-served. Our goal is for more than 95% of patients to respond positively to two key questions:

- Did the program give you the tools to support your recovery?
- Would you recommend Ashley to a friend or family member?

WHAT THE DATA SHOWS:

Our data shows an overwhelming majority of follow-up surveys consistently exceed our 95% benchmark, with 98% patients reporting they received the tools needed for recovery and 96% willing to recommend our care to family and friends. A positive patient experience is deeply connected to clinical success; when patients feel safe and valued, they are much more likely to complete their full course of care and build a lasting foundation for recovery.

---

5. Life after treatment

Recovery doesn't end at discharge — and neither does our measurement. We follow up with patients after they leave to understand how they're doing in the real world. In 2025, we collected 2,080 follow surveys from 563 unique patients. At three months post-discharge, our patients reported:

82%

Alcohol-free

88%

Substance-free

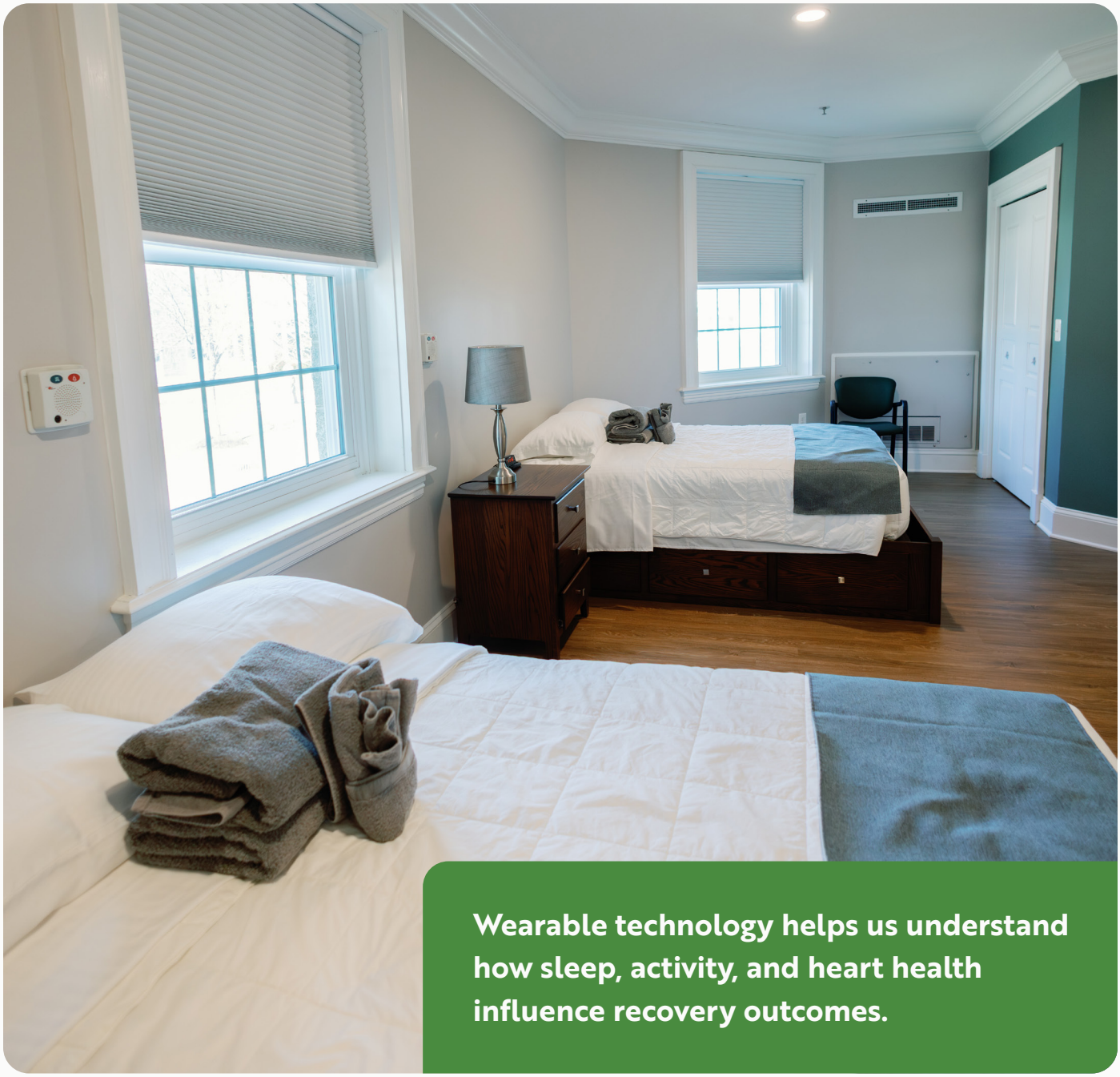
WHAT THE DATA SHOWS:

Completing treatment and staying connected to support after discharge are two of the most important factors in lasting recovery. These findings shape how we support patients through the transition home.

6. Physical health

Through wearable devices worn voluntarily by patients during treatment, we track sleep, physical activity, and heart health. This gives us an objective window into recovery that goes beyond how patients report feeling.

Since 2023, 384 patients have participated in our wearable technology program. This data is helping us understand how physical health and emotional well-being connect — and how to use that connection to improve care.



Wearable technology helps us understand how sleep, activity, and heart health influence recovery outcomes.

OUR PROGRESS

Our patients have made steady progress in recovery over the past two years because we used their feedback and outcomes data to identify areas where we could improve and then made targeted changes to our programs.

We track recovery using an overall recovery score that looks at nine important areas of health and well-being. In 2024, the average recovery score was 28%. After making several improvements to better support our patients, that score increased to 46% by the end of 2025, showing that these changes are helping people achieve stronger recovery outcomes.

The following are strategies we implemented to see these improvements:

Smarter Group Matching

Research is unambiguous: people recover better when they feel genuinely connected to the people and counselors in their treatment group. But connection doesn't happen by default — it has to be engineered. That's why we created Intentional Patient Matching.

Instead of assigning patients to groups based on availability, we now consider three factors:

- **Clinical focus:** Matching patients to groups designed for their specific recovery needs.
- **Group composition:** Grouping patients with others who share relevant life experiences — age, background, substance history.
- **Counselor fit:** Pairing patients with counselors based on individual preferences and demonstrated outcomes, not just scheduling.

Since implementing Intentional Patient Matching, our measures of group connection and patient-counselor trust have consistently exceeded clinical benchmarks — and continue to improve. The relationships formed in treatment are among the strongest predictors of recovery after discharge.

Tackling Cravings Head-On

By comparing our outcomes to a national database of roughly 250 treatment programs, we found that our patients were improving overall — but craving reduction wasn't where it should be. That's a problem, because untreated cravings are one of the leading causes of relapse. We didn't accept the gap. We closed it.

We made five targeted changes:

- Started medication-assisted treatment earlier in the recovery process.
- Expanded training for clinicians on available medication options, so every staff member could identify and advocate for the right intervention.
- Brought nursing staff into daily clinical conversations about medication strategies — breaking down the silo between medical and therapeutic care.
- Built a decision-support tool to flag patients with high craving levels for early intervention, so no one falls through the cracks.

12%

From 2024 to 2025, our average craving reduction improved by 12% and continues to rise.

That's what happens when you spot a problem, build a response, and hold yourself accountable to the result.

Better Support for Women in Recovery

Our data showed something the field has long suspected but rarely acted on: women consistently enter treatment with higher levels of anxiety, depression, and stress — and their symptoms can take longer to improve, even when their rate of improvement mirrors men's. That gap isn't a flaw in the patient. It's a gap in the system.

We established a Gender Disparities Committee to dig into these patterns and build more targeted interventions. Current initiatives account for hormonal health, caregiving responsibilities, trauma history, and gender-specific stressors — factors that shape a woman's recovery experience in ways that standard programming often doesn't address.

STUDIES CURRENTLY UNDERWAY

Our research team and academic collaborators are actively investigating the questions that will define addiction treatment over the next decade:

1. **Cognitive decline in older adults with alcohol use disorder —**

a population the field has historically underserved.

2. **The safety and effectiveness of GLP-1 medications combined with naltrexone in early recovery —**

building on the wave of emerging evidence around these drugs.

3. **Treating insomnia and alcohol use disorder together in early recovery —**

addressing a co-occurring condition that can undermine recovery if left unmanaged.

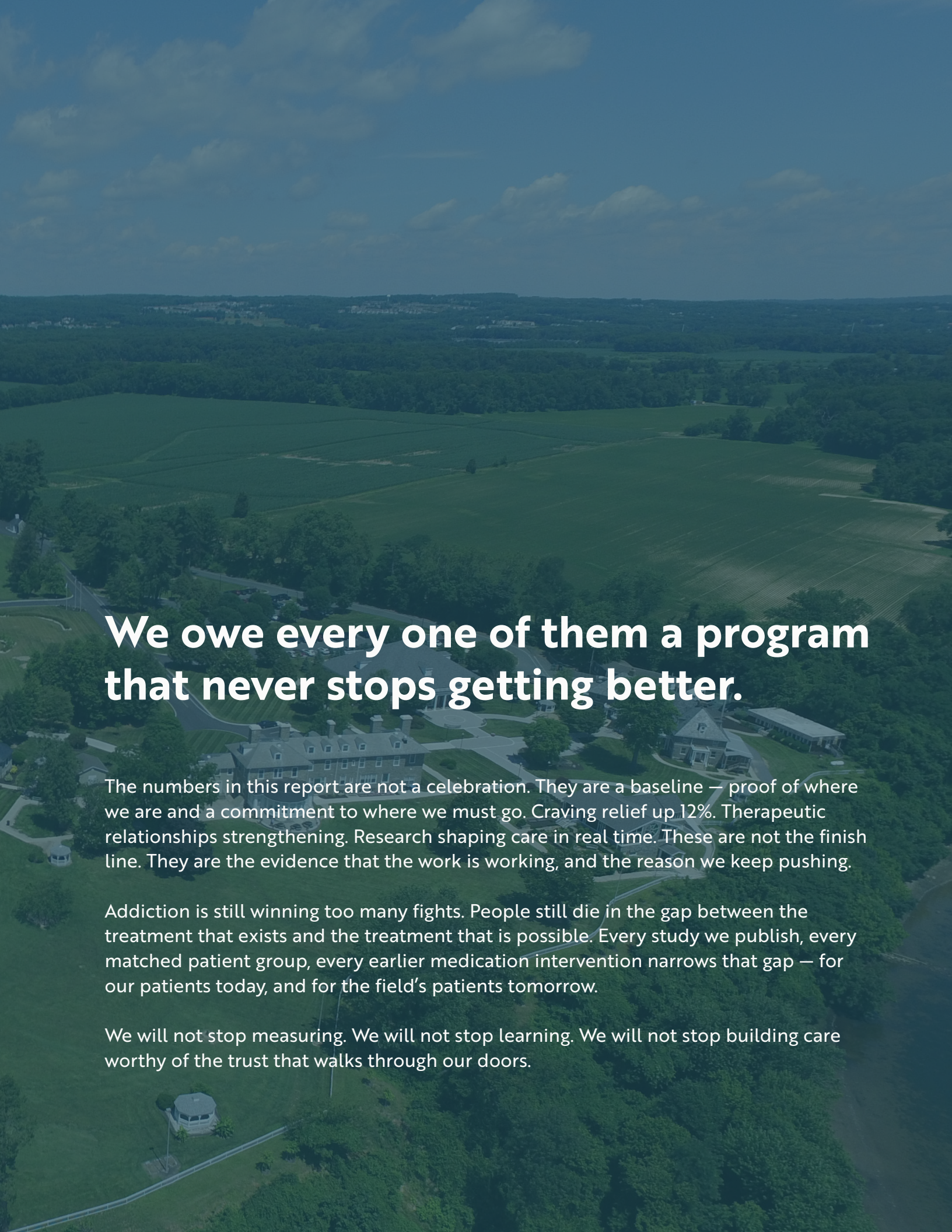
4. **How gut health relates to recovery outcomes —**

exploring a connection that basic science suggests is significant but clinical research has barely touched.

> “Traditionally, academic research has remained somewhat removed from the realities of patient care, often driven by broader industry trends. Our collaboration with Ashley reflects a more patient-centered model — one where research is intentionally designed around patient needs. In this approach, treatment and research are continuously informing one another in real time.”

Andrew Huhn, PhD, MBA
Associate Professor,
Johns Hopkins University School of Medicine


75,000 people trusted us with the
hardest moment of their lives.



We owe every one of them a program that never stops getting better.

The numbers in this report are not a celebration. They are a baseline — proof of where we are and a commitment to where we must go. Craving relief up 12%. Therapeutic relationships strengthening. Research shaping care in real time. These are not the finish line. They are the evidence that the work is working, and the reason we keep pushing.

Addiction is still winning too many fights. People still die in the gap between the treatment that exists and the treatment that is possible. Every study we publish, every matched patient group, every earlier medication intervention narrows that gap — for our patients today, and for the field's patients tomorrow.

We will not stop measuring. We will not stop learning. We will not stop building care worthy of the trust that walks through our doors.

EVERYTHING FOR RECOVERY.®

To every patient, family, alum, clinician, and supporter who made this year of outcomes possible — thank you. Your trust is the reason these numbers became lives changed.

Ashley

800 Tydings Lane, Havre de Grace, MD 21078 · (800) 799-4673 · ashleytreatment.org