MOORE WAYS™
TO MIND HEALTH

After IOP:
When Progress Slows but Recovery Isn't Complete

A Guide for Parents of Teens and Young Adults

A Parent's Story

I am the parent of a high-achieving high school student.

From the outside, she looked like she was thriving – strong academically, committed to her sport, responsible beyond her years. What most people didn't see was that she had been in therapy since fourth grade. We had tried medications. Adjusted them. Added new ones. Waited for something to finally click.

Instead, the depression deepened.

By high school, she was still functioning – but she was losing her will to keep living. The suicidal thoughts were persistent and exhausting. We were doing everything "right," and she was still suffering.

That is what led us to Intensive Outpatient treatment.

At some point, the realization became unavoidable: we did not need more effort. We needed a different approach.

We entered IOP hopeful. It was supposed to be the higher level of care that would stabilize her. But while the structure was there and the providers were caring, her internal despair did not lift.

What was hardest was not simply the severity of her symptoms. It was the lack of progress.

Watching your child work so hard in treatment and still believe nothing will help is devastating. I was terrified she would quit trying. And when meaningful change didn't come, we hit rock bottom as a family.

We chose an accelerated TMS protocol over ten days. Within three or four days, I saw life return to her face. Her eyes looked different. The heaviness began to lift. By the end of treatment, she had achieved full remission. Three years later, she is at the college of her choice – independent, engaged, building a life.

I share this not because every journey looks the same. But because when therapy plateaus and higher levels of care stabilize without restoring, it does not always mean you have reached the ceiling of what is possible.

This is a composite narrative based on lived experience. Individual experiences and outcomes vary.

If This Feels Familiar

Many families complete Intensive Outpatient Programs with real progress – fewer crises, improved communication, stronger coping skills.

And yet, something still feels unfinished.

Your teen or young adult is safer. More stable. Perhaps less reactive. But not fully themselves.

Energy remains low. Motivation is fragile. School or college engagement has not fully rebounded. Therapy continues, but progress has slowed.

This experience is more common than most families realize. It is often referred to as a post-IOP plateau.

Understanding the Post-IOP Plateau

IOP programs are designed to stabilize acute symptoms and reduce immediate risk. They are invaluable in moments of crisis.

But stabilization and full recovery are not the same.

It is common to see meaningful symptom reduction – often 30 to 60 percent – followed by a period where improvement stalls. The most intense distress has eased, yet underlying depression or anxiety persists. Stress tolerance remains limited. Under pressure, symptoms reappear more quickly than expected.

In simple terms: the skills may be there, but the brain's activation patterns may still be underpowered.

Why Therapy Alone Is Not Always Enough

Psychotherapy is powerful. It strengthens emotional awareness, cognitive flexibility, resilience, and family communication. For many teens and young adults, it is life-changing.

But depression and certain anxiety disorders are not purely psychological experiences. They involve measurable changes in neural circuitry – particularly in the prefrontal cortex and limbic system, regions responsible for mood regulation, motivation, and executive functioning.

This plateau does not mean your child is unwilling. It does not mean therapy has failed. It often reflects something deeper – ongoing dysregulation in the brain networks that regulate mood, drive, and emotional flexibility.

When those circuits remain underactive, a young person may:

- **Know what to do** – but feel unable to initiate it
- **Understand coping skills** – but feel emotionally flat
- **Want to re-engage** – but lack the internal energy to do so

This is not laziness. It is not defiance. It is not a character flaw. It may be neurobiological.

When that is the case, adding more therapy alone does not always create forward movement. Sometimes the brain itself requires direct intervention.

A Brain-Based Approach: Understanding TMS

Transcranial Magnetic Stimulation (TMS) is a non-invasive treatment that uses magnetic pulses to stimulate specific brain regions involved in mood regulation.

Unlike medication, TMS does not circulate systemically through the body. It does not require sedation. Patients remain awake during treatment and can return to school or daily activities immediately afterward.

By directly stimulating underactive neural circuits, TMS aims to strengthen and rebalance mood-regulating pathways. For individuals who have experienced partial or limited response to therapy and/or medication, it can provide the neurobiological shift that allows psychological work to take hold more fully.

TMS does not replace therapy. It often makes therapy work better.

Why Haven't I Heard of This Before?

This is one of the most common questions parents ask.

Historically, access to TMS was limited not because of safety concerns, but because of insurance coverage. For many years, reimbursement policies were restrictive, and treatment was financially out of reach for many families. As a result, many clinicians did not routinely discuss it as a realistic option.

That landscape has changed significantly.

Today, most major insurance plans cover TMS following appropriate medication trials, and expanded FDA approvals have made it accessible to younger patients than ever before.

As awareness and coverage have grown, more providers are incorporating neuromodulation into comprehensive treatment planning – not as a last resort, but as a thoughtful next step when recovery stalls.

A Treatment That May Be More Mainstream Than You Realize

While TMS can sound unfamiliar at first, it is not experimental or fringe care.

Over the past decade – and especially in the past several years – neuromodulation has moved steadily into mainstream psychiatric practice.

The FDA has expanded approvals for depression in adolescents (15 and older), accelerated treatment protocols, and additional mood-related conditions. These developments reflect a growing body of research demonstrating both safety and effectiveness.

TMS has been studied extensively. It does not involve anesthesia, does not require sedation, and does not produce systemic side effects commonly associated with medication. For many families, the safety profile is one of the most reassuring aspects of treatment.

Questions Worth Sitting With

If progress has plateaued, these are questions many parents find themselves returning to – and they are worth taking seriously:

Are we measuring full functional recovery – or simply the absence of crisis?

There is a meaningful difference between a teen who is no longer in danger and one who is genuinely re-engaged in their life. Both matter. But one is a floor, not a ceiling.

Do we have a plan if symptoms persist at their current level?

Continuing the same approach and hoping for a different result is exhausting for everyone – especially your child. It is reasonable to ask what comes next.

Have we addressed both the psychological and the biological dimensions of depression?

Therapy builds skills and insight. But when the underlying neural circuitry remains dysregulated, those skills can feel out of reach. Both components deserve attention.

Is a neuromodulation consultation worth exploring?

It is a conversation, not a commitment. And for families who have already tried many things, it is often a conversation that opens new possibilities.

These questions are not criticisms of prior care. They are part of thoughtful, collaborative follow-through – and any provider who has your child's best interests at heart will welcome them.

A Thoughtful Next Step

If you are considering whether brain-based treatment might be appropriate, we would encourage you to start with a conversation – with your current treatment team, with a neuromodulation specialist, or with both.

At MooreWays to Mind Health, we work closely with referring clinicians and IOP programs to ensure continuity of care. We view the post-IOP phase as a critical window: a moment when families are motivated, teens are often more open to support, and meaningful forward movement is possible – provided the intervention matches what the brain actually needs.

Our approach integrates TMS with ongoing psychotherapy, family education, and direct collaboration with the providers who already know your child. The goal is not simply symptom reduction, but restoration of functioning – helping teens and young adults re-engage in school, relationships, goals, and a sense of identity.

Stabilized is an important milestone. Fully engaged in life is the goal.

When Immediate Support Is Needed

A post-IOP plateau is different from an acute crisis.

If your teen or young adult is experiencing active suicidal thoughts, self-harm behaviors, severe functional decline, or difficulty maintaining safety, immediate crisis evaluation is appropriate and should not wait.

TMS is a structured outpatient treatment for persistent symptoms in individuals who are stable and able to participate in regular sessions. It is not emergency care, and safety always comes first.

A Final Word

A plateau is not a failure. It is information.

It tells you that while real progress has occurred, something more may be needed to move from partial improvement to a life that feels full again – not just manageable.

If you find yourself quietly wondering, "Is this really the best we can expect?" – that question deserves an honest answer. Not reassurance. Not more waiting. An answer.

When care addresses both the psychological and biological dimensions of depression, meaningful and lasting recovery is possible. We have seen it. And we believe it is worth pursuing.

For provider consultations, collaborative case review, or to learn more about whether TMS may be appropriate, contact MooreWays to Mind Health at: **info@moore-ways.com** or **visit moore-ways.com**