

Marriage and Family Health Services Mikan and Migisi Trauma Resculpting Therapy Longitudinal And Discharge Data

Marriage and Family Health Services' Therapeutic Day Treatment programs have consistently demonstrated significant treatment gains from admission to discharge. In this year's study, we also gathered data **90 days post-discharge** and were very impressed with our clients' continued progress after discharge. This year's revealed some stunning post-discharge data supporting the Mikan/Migisi treatment methodologies.

In this first review of our data we will focus upon data from our adolescent Mikan program. This data was drawn from 43 children. Of the 23 boys and 20 girls, 14 had experienced physical abuse, 9 sexual abuses, 22 experienced neglect, 26 experienced emotional abuse and 3 had a parent in jail/prison.

Prior to admission, 12 of the sample had documented suicidal ideation, 5 had prior suicidal behavior, and 9 had been engaged in cutting/self-mutilation prior to treatment. **At discharge, no child had engaged in suicidal behavior or possessed suicidal ideation.** Three had engaged in cutting/self-mutilation. **At 90 days post-discharge no client reported suicidal ideation with but one client reporting cutting.** This data is a powerful endorsement of our program as well as the therapeutic competence of its professional and paraprofessional team! More importantly, our **clients are safer and healthier adolescents!**

Quantitative and affect related data derived from our 43 adolescent sample size produced some impressive changes. The adolescent **depression scores decreased** from a mean of 16.42 to 10.71; their **anxiety scores decreased** from 10.09 to 7.79; and their **anger scores decreased** from 38.18 to 25. The nearly 35% decrease in depressive scores exceeds those numbers commonly found through anti-depressants and/or cognitive behavioral therapy! When adolescents learn affect regulation skills, and heal from past trauma, their future can be altered in a very positive way.

The following of data is derived from the clients' and guardians' perception of what changes have occurred during the course of treatment. It also includes data 90 days after the discharge date. The client and parent/guardian are asked to rate their level of effort/functioning on a 10 point likert scale. The data is collected at admission, during the last week of service, and 90 days after discharge.

While this data is more qualitative in nature, it is far superior to anecdotal quotations. Neither the client nor the parent have a secondary incentive to inflate or minimize their impressions. This data was gathered separately with the 90 day data being primarily gathered via phone interviews.

Along with the quantitative data, this data is extremely valuable in helping our treatment teams evaluate programming. We can better focus/enhance our treatment to address any short-comings and retain program components which are bringing the greatest results. This data is also valuable in demonstrating what prior treatment failed children/teens are capable of through participation in a therapeutic program specifically designed to address their needs. This data validates our philosophy that the vast majority of children served are

“good kids who have had something bad happen to them”. When offered our trauma reprocessing methodology along with our other therapeutic components, children who have previously struggled can achieve very significant change.

Additionally, the data supports the belief that **children can make marked, profound treatment gains without clear parental support** of those efforts. While many parents step forward to work with our treatment team in helping their child achieve their goals, an equal number are either unwilling or incapable of stepping forward with healthy parenting skills their child would benefit from. This data supports the concept that not only can children make life changing improvements, they can do so without the healthy involvement of caregivers. With many of our clients, the child/teen brings program based therapeutic skills to the home which are later adopted by the non-participating parent. As many family therapists know, these observations are very consistent with family systems therapy. What is extremely impressive is that when the client owns the changes they have made, they remain resilient in environments which may not be supportive of their efforts.

Children and teens will often “perform” while participating in psycho-educational, behavioral based programs. However, they are not typically able to internalize the types of changes necessary to retain healthy resiliency after discharge. Clients must gain a level of therapeutic traction to be able to “internalize – own the changes” to better ensure their resiliency. This data demonstrates that the Mikan/Migisi therapeutic model allows the client to make valuable treatment gains while in program as well as **retain those changes** in the environment in which they reside.

Marriage and Family Health Services 2012 Adolescent Efficacy Study

Adolescent Self Evaluations

	Intake	Discharge	90 Days
*Effort at School	5.13	6.62	7.73
Abstinence from AODA	8.56	8.72	8.37
*Understanding of AODA	8.21	9.10	9.81
*Effort at Home	4.74	6.69	7.74
*Anger/Affect Management	4.72	6.48	7.29
Communication Skills	6.01	6.64	7.15
*Problem Solving Ability	6.39	6.71	7.29
*Family Relationships	6.10	6.64	7.15
*Personal Responsibility	5.64	6.99	7.81
*Overall Behavior	5.37	6.74	7.79
*Conscience	7.05	8.51	8.63
Courage	6.66	7.13	6.97
*Determination	6.12	6.66	7.61
Patience	4.89	6.26	5.98
*Open Mindedness	7.46	7.66	8.06

Family Evaluation Data

	Intake	Discharge	90 Days
*Effort at School	3.78	6.12	7.24
Abstinence from AODA	8.98	9.12	8.45
Understanding of AODA	8.28	8.98	8.62
*Effort at Home	3.39	5.75	6.40
*Anger/Affect Management	2.75	5.92	6.65
Communication Skills	3.60	6.50	6.49
*Problem Solving Ability	3.67	6.16	6.88
*Family Relationships	3.99	6.00	6.27
*Personal Responsibility	2.91	5.49	6.09
*Overall Behavior	3.44	6.49	6.58
Conscience	5.19	7.20	7.04
Courage	3.99	7.04	5.77
Determination	4.59	6.52	6.36
Patience	3.48	5.75	5.25
Open Mindedness	4.74	6.78	6.09

*Improvement continued to evolve 90 days post discharge

**All but one score for both adolescent and family were superior to admission scores at 90 days post discharge.

Sample Size: 43 (23 males 20 females)

The above data is impressive for a number of reasons. First, the client and the parent/guardian see marked improvement in the vast majority of categories considered. **Both are seeing the treatment gains translate into behavioral changes in the home as well as in the school.** The second major observation is that there is consistency between the client and the parent/guardian not only at intake but also at discharge and the 90 day review.

The client is making changes which the parent is able to substantiate months after discharge which in many instances are superior to the healthy progress noted at discharge! The child/teen and their parent agree that they **continued to improve 90 days after discharge** in a number of areas: **Effort in school; effort in the home; anger and affect management; problem solving ability; family relationships; and taking personal responsibility for one's actions.** Overall, healthy changes were noted in 7 of 10 significant behavioral categories by both client and parent.

There are also some more subtle themes to the 2012 data. The parent typically rated the child's level of functioning a bit lower than the client, yet also noted the marked improvement at discharge and 90 days. Another theme is the high ratings in the areas related to AODA. This sample did not have the AODA patterns found in the past which is in part related to the hesitation of funding sources to provide day treatment for children who are actively using.

The character qualities of conscience, courage, determination, patience and open-mindedness all were rated as improved by the clients and parents. For our Mikan staff, these are some of the critical ingredients that need to be nurtured in order to achieve client owned resilient treatment gains. We believe that if a child combines an open mind and the courage to do something different with patience and determination, they can realize a different path for their life.

All of us at Marriage and Family Health Services are very proud of the clients' efforts and the parental ability to recognize them. We also appreciate your confidence in us to do our part in helping your child/teen find their path.

Mikan Adolescent School Data:

The following quantitative and qualitative data was provided to us by the clients' schools. We were able to gather school-based data for 33 of the 43 clients from a diversity of schools. We value this data as it provides hard numbers but also an opportunity for school personnel to share their impressions.

The data revealed a modest decrease in times tardy; significant decreases in **excused absences (-50%), unexcused absences (-75%); a 75 % decrease with in-school suspensions; a 66% decrease in out-of-school suspensions; and a nearly 90% decrease in recorded detention periods.** The majority of schools reported significant improvements in the adolescents being served.

The 2012 data was augmented by our inquiry concerning what the client's primary school contact person had to say about the child in terms of school effort and behavior. This "impression data" indicated that they observed a **79% improvement in school effort and an equal 79% improvement in school behavior**. Educational staff recognized the changes in the client both quantitatively and qualitatively.

2012 Migisi Data

Marriage and Family Health Services continues to provide services for 5-11 year old children in our separate Migisi Therapeutic Day Treatment Program. Philosophically, we do not believe it is safer or in the best interest of the children or adolescents to have them in the same space at the same time. We continue to provide separate program times, bathrooms and office space.

Therapeutic services for 5-11 year olds requires a licensed, proficient treatment team. This age group can be quite challenging behaviorally which has led to a number of programs becoming hesitant to work with them. Marriage and Family Health Services' specialized Migisi Program and licensed treatment staff continue to help children in this age group to obtain exceptional therapeutic gains. From our experience, although challenging behaviorally, the 5-11 year olds often make the greatest amount of change in a shorter amount of time when compared to our adolescent clients.

Marriage and Family Health Services is pleased to be able to provide you our efficacy data for the Migisi (5-11 year old) therapeutic day treatment program. We were able to gather data from 34 clients (24 male and 10 female). We were also able to collect data from 18 children at 90 days post-discharge.

The demographics remain relatively similar to prior years with **68% of our children experiencing physical abuse, 48% sexual abuse, nearly 100% emotional abuse. Thirty two percent had one or both parents in jail**. Interestingly, this age group continues to have a high percentage of parents in prison/jail when compared to our adolescent program. The level of emotional and sexual abuse also exceeded those found in the adolescent program.

With our 5-11 year old groups, we focus on the students' self-evaluation data and the family evaluation data. This age group is not appropriate for our standardized testing specific to anger, depression and anxiety. However, their behavior in the home, school and community are excellent indicators of how they are resolving trauma, regulating moods, and moving their lives forward. The following is the Migisi data.

Student Self Evaluation			
	Intake	Discharge	90 day
School Effort	4.1	8.7	6.4
Alcohol/Drug Use and Understanding	3.4	5.2	8.2
*Helping in the Home	4.7	7.7	8.5
Anger Management	3.1	8.1	7.7
Communication/Problem Solving	5.3	7.7	7.1
*Family Relations/Understanding	3.2	6.7	7.0
*Personal Responsibility for Actions	3.1	7.0	7.7
*Behavior	2.6	7.2	7.3
*Conscience/Empathy Skills	2.9	6.6	7.1
*Courage	4.0	7.7	8.1
Determination	5.1	8.2	3.6
*Open Mind	3.4	7.3	7.3
Patience	3.0	8.0	3.4

Family Evaluation			
	Intake	Discharge	90 day
*School Effort	5.1	7.8	8.3
Alcohol/Drug Use and Understanding	7.8	8.3	6.6
*Helping in the Home	4.3	7.1	7.5
*Anger Management	3.8	7.3	7.5
Communication/Problem Solving	4.1	7.4	6.1
*Family Relations/Understanding	4.0	6.7	7.3
*Personal Responsibility for Actions	2.9	6.2	7.6
Behavior	3.2	6.8	5.5
Conscience/Empathy Skills	4.0	6.5	5.8
*Courage	4.5	6.8	7.8
*Determination	5.6	7.5	7.6
Open Mind	3.5	6.6	6.4
*Patience	3.2	5.9	7.1

*Improvement continued to evolve 90 days post-discharge

**At 90 days post-discharge 24 of the 26 categories have scores superior to those during intake

The improvements noted by the child and their family were impressive at discharge and at 90 days post-program. There is also some significant continuity between how the parent views the child and the child's self-evaluation. The criteria specific to **helping in the home; anger management, family relations/understanding; taking personal responsibility for actions; overall behavior; courage to try to do things differently and having an open mind** are scores of particular pride for the children and their families.

This data demonstrates that when children experience Migisi Therapeutic Program offered by licensed/experienced therapists, the majority of children are able to heal from past trauma; address attachment issues; improve family functioning; improve school behavior and functioning gain healthy social skills; and, become happier children.

On behalf of the children we serve, we humbly thank you for helping us make a difference in these young lives.