

MARRIAGE & FAMILY HEALTH SERVICES, LTD.

News From the Mikan Program & Outpatient Services

All-Day Behavioral Modification Programming is Contra-indicated For Children/Adolescents Who Are Trauma Victims and/or Experiencing Mental Illness

Given the recent homicide of a seven-year-old girl who was a participant in a Rice Lake all-day behavioral modification program, this newsletter must be more candid with you and the greater western Wisconsin community. The all-day behavioral modification program where this young girl died is the same model being offered in most of the communities in Central and Western Wisconsin. **Behavioral modification programs should not be the day treatment model of choice** for any child/adolescent who has experienced trauma (physical, sexual, emotional/verbal, or significant neglect), or a child/adolescent who has a mental illness. The vast majority of children/teens referred for day treatment have trauma or mental health needs (mood and thought disorders, etc.).

We at MFHS mourn the trauma and death of Angie Arndt. She was a small little girl with big friendly eyes who was a **very workable** child in our Migisi Therapeutic Day Treatment Program. During her 8 week treatment program with our staff, she was **never restrained, nor physically, or emotionally traumatized**. She had a complex stress background and was a victim of abuse. Angie was a good child who had bad things happen to her. She worked to improve her affect regulation and threat response. Angie made significant progress and was discharged to her foster home in Ladysmith. She was later admitted to Northwest's Rice Lake program because of the proximity to that community (she was too young for our Ladysmith program). While at Northwest in Rice Lake, Angie was reported to have been restrained nine times in a one month period of time before she died. It is our belief that behavior modification staff are not adequately educated nor properly licensed to work with children who have a trauma background or significant mental illness.

We at MFHS feel an obligation to mention Angie in a more accurate light. She was not the aggressive, out of control child that was presented to the media. We hope that her loss can bring change to the problems with large scale, para-professional day treatment programs across our state. The majority of children we serve have had enough trauma in their lives.

All-day behavioral modification programming can be effective with **uncomplicated** oppositional-defiant disorders and uncomplicated conduct disorders. We use the term uncomplicated to indicate those children who were not traumatized prior to their development of ODD/CD symptomology. The all-day behavioral model often has children "perform better in program", but does not often translate treatment gains to the community nor treat the trauma or mental illness which is often directly linked to the behavioral difficulties the child is having. In many situations the all-day B-Mod model retraumatizes children. An example would be a complex trauma victim who has a limited amount of affect regulation through their limbic system and hyper-sensitive amygdala contributing to their inability to accurately respond to threat. When a child with those symptoms is approached to modify their behavior, they will react to that apparent threat. The para-professional staff (who are the primary care givers within the behavioral modification program) will respond with increased behavioral interventions contributing to an escalation of behaviors until that child is physically restrained. These children are not only often physically traumatized, but are more frequently emotionally retraumatized.

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Special points of interest:

- 2006 Efficacy Study
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A significant difference between partial day therapeutic programming and the all-day behavioral modification program is reflected in the staff who are employed by the two very different philosophies. When one reviews the advertisements for staff who are employed in the behavior modification programs, you will often see staff referred to as "mental health clinicians" or in a new all-day program in the Eau Claire community, "mental health professionals." One thing that these positions have in common is that none of them are required to be licensed or certified to provide "professional psychotherapy." These positions often require a masters degree without licensure or more commonly require a bachelor's degree with approximately two years experience working with children. Even the position of clinical mental health coordinator does not require a license or certification to provide psychotherapy. In the most recent advertisement, it simply required a masters degree and "1500 hours clinically supervised experience in a certified setting. This difference is critical and often misleading for the public and the referral sources who refer children for day treatment."

In the same way that most of us would seek our care from a licensed physician, so too should children receive their care from licensed/certified professionals. There is a marked difference in the quality and diversity of therapeutic interventions when one receives their mental health services from licensed staff as opposed to staff who have not been able to meet the requirements for licensure. For children who have a mental illness or who have experienced complex trauma, they need more than psycho-education and rewards and consequences. These children need professional psychotherapy. It is highly questionable to place the most therapeutically needy children/teens with unlicensed/uncertified staff.

If we can learn one thing from this death and the many other children and adolescents who have been traumatized through an all-day behavioral modification program, it is that one needs to try a less restrictive therapeutically based day treatment model before a child is placed in a B-Mod environment. Allow the child/adolescent to remain connected with their school and the certified educational experiences that they can obtain while they receive their therapeutic services through licensed/certified professional counselors. The removal of a child from an educational setting for an all-day behavioral modification experience should be viewed as a drastic intervention methodology and should only be used when less restrictive day treatment programming and/or outpatient services have been previously attempted.

The staff at Marriage & Family Health Services do not utilize physical restraint or physical interventions with the children and adolescents they serve unless there is eminent danger to self or others. Further, we view the use of physical restraint as an indication that the staff have not properly assessed nor therapeutically engaged that client and as such, have failed in meeting their needs. We do not physically hold children on the floor.

Marriage & Family Health Services Mikan Day Treatment staff do support the reevaluation of the licensing process to provide day treatment services. We believe that there should be a two-tier licensing process. The more basic tier would be a behavioral modification program which is staffed by para professionals and is somewhat similar to a psycho educational/boot-camp experience for those clients who are uncompleted conduct disorders and oppositional disorders. This corporate model has the least amount of contact with a certified/licensed professional (one hour per week) and relies on unlicensed/certified staff. The second licensing tier would be for those programs which employ and have as the primary care giver licensed/certified professional staff. These programs would provide a more intense therapeutic experience for the children that they serve. They would have the necessary intervention models to intervene with complex trauma and the related disorders as well as the non-behavioral mental illnesses (e.g., mood & thought disorders).

2006 Efficacy Results Are In: Therapeutic Day Treatment Produces Significant Change For The Majority Of Children/Adolescents Served

The following data was derived from all of our sites including Mondovi, Eau Claire, Marshfield, Ladysmith, and Chippewa Falls. With your assistance we were able to gather data on sixty-four clients. We compared the clients' affect and mood regulation at the time of admission with the time of their discharge. We also assessed their school behavior the semester before admission with their behavior upon discharge at the conclusion of this most recent semester of services. We are very pleased to announce that there were significant differences

We focused our data gathering in two critical areas for the children and adolescents, those being the level of depressive symptomology and the level of anger symptomology. The clients who participated in our program had an overall 30.5% decrease in depressive symptomology. These sixty-four students were sleeping better, eating better, were less self-deprecating, felt less guilty, were more optimistic about the in the affect regulation for the children that we serve.

Efficacy Study 2006, Cont'd

future and were less likely to harbor suicidal ideation. These same students also noted a 10% decrease in the level of anger and aggression that they were experiencing. This number is typically lower because many of the students during the process of working with their trauma and/or their trauma experiences, have an initial increase in some of their anger and aggressiveness. We are pleased that the level of anger and the depressive symptomology have both had decreases from the beginning of treatment to the end of the semester.

A critical area for our efficacy study is to help determine whether or not the client can translate what they are learning in the Mikan Programs to their external environment. This study focused upon the clients behavior in their school environment. The Mikan staff believes that if students are successful in the school environment (which is their primary interface with the community) they are demonstrating that not only has their behavior, but their motivation/ownership of their life is improving. We are extremely pleased to report that these sixty-four students noted a **26% decrease in the level of tardiness** when comparing the semester before participation in the Mikan Program with the semester that was just recently completed. These same students also demonstrated a **47% decrease in the number of school suspensions**. The students also demonstrated a **51% decrease in the number of excused**

absences during this past semester. Many times our students have the ability to gain excused absences when they perhaps should not have. The last area in which we gathered data was in the area of the number of unexcused absences. For these students there was a **33.5% decrease in the number of unexcused absences** reported by the various schools that they participate in. The students ability to arrive on time, to behave in an appropriate manner, and to not miss school unless it is a justified reason helps demonstrate that these students are making therapeutic progress. This data and the data gathered through previous efficacy studies (please visit our website at www.marriageandfamilyhealthservices.com) clearly demonstrates that children are making progress both in the areas of affect regulation, executive functioning, and their overall behavior.

Next year we will do a more extensive study and we will be looking forward to the data that we'll be gathering about those students from not only themselves, but the schools as well as their parents and the social services staff. Please feel free to contact us at our Eau Claire office for any questions or comments related to this data. We hope that it is reassuring to you to not only have subjective observations of change, but to see that change demonstrated in the data that is gathered from the child and the school districts that they attend.

Staff Enhancement and Growth

We are very pleased to announce that **Ms. Jeni Gronemus, MS, LPC**, and **Ms. Carey Chrouser, MS, LPC**, and **Ms. Michelle Phelps, MS, LPC**, have successfully completed the national licensing exam to become Licensed Professional Counselors. Their time, dedication, and efforts have been rewarded. It is also our pleasure to announce that all three will be continuing in their varying capacities with the Marriage & Family Mikan Programs. Jeni and Carey will focus on a mixture of outpatient, day treatment, and in-home services with Michelle concentrating on in-home. **Ms. Kristi Van Ess, MS**, **Ms. Dennice Janz, MS** and **Ms. Margo Hecker, MS, MFT** are studying for their upcoming exams. The completion of their licensing process will mean that we will have some transition in the position of case manager. However, it is indeed rewarding that one can retain these staff as licensed professional counselors.

Marriage & Family is pleased to announce the addition of several new staff members to help meet the need for services in the Marshfield community. **Ms. Jenny Weiler, BS** has joined our team as a psychiatric technician. Jenny possesses a solid experiential base with children/adolescents and will be with us full-time. **Mr. Victor Michalek, BA** has also recently joined our expanded treatment team in Marshfield. Victor has a lengthy experience working with children as a case manager and direct service provider. He will be with us full-time in Marshfield as well. Lastly, **Mr. Jerry Olson, LPC, CADC III** is now part of the Mikan team in Marshfield. He has a lengthy experience providing professional counseling services on an outpatient basis. Jerry will be providing individual, group, and in-home family therapy. The addition of Jerry will allow us to increase our outpatient services in Marshfield. For an appointment with Jerry, please call our Marshfield office.

Please also know that **Mr. Tom Ackerman, MSW** is focusing his practice on in-home family therapy primarily in the Chippewa Falls and Mondovi areas. **Ms. Margo Hecker, MS, MFT** has recently received her M.A. certification to practice as a marriage and family therapist and will be providing some in-home family therapy services at the outset with the potential to do group or individual work as well. Lastly, **Ms. Gretchen Nizzi, BSW** has just recently joined us as case manager in our Eau Claire Muckwa program. Carey will be working with her to ensure continuity during this Fall semester.

Continuity in lead licensed/certified staff is a critical area for program efficacy. We are pleased to inform you that **Mark Strandberg, MS**; **Jennifer Schulz-Johnston, LPC**; **Jennifer Ostrowski, LPC**; **Dr. Kristin Wegner, Ph.D**; **Shannon Robinson, LPC**; **Steve Johnson, LPC**; **Mike Gaziano, LCSW** and **Dr. Tom Johnston, Ph.D** will all continue to provide services this upcoming

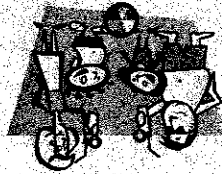
With all the upgrades in credentials and the addition of new licensed professional staff, we are also fortunate to be able to retain a number of interns with the addition of approximately six new interns beginning in the fall semester. One of our new interns is Ms. Trisha Bernment, MS, Ph.D Candidate. Trisha is a doctoral practicum student who will be assisting us in some of our day treatment work as well as testing and assessments. She will be working most closely with Dr. Kristin Wegner, Ph.D. The ability to retain healthy, professionally growing staff is critical to our mission of providing quality therapeutic services.

Fall Schedule of Offerings

- A. Day Treatment
 - Morning programs—7:45 a.m. start time: Marshfield, Mondovi, Ladysmith, and Eau Claire.
 - Afternoon programs—1 p.m. start time: Marshfield, Chippewa Falls, and Eau Claire (Migisi 5-11 yo)
 - B. Outpatient & In-home Family Therapy Services
 - Available at each of our sites. Please call the number listed below or contact us at our Eau Claire office number if you have difficulty.
 - C. Anger Management Program
- This outpatient program is offered in Eau Claire but could be available elsewhere as needed.
- * Another p.m. program for adolescents is anticipated in either Mondovi or Chippewa Falls as the need arises.

Final Thoughts

Our healthy working relationship with you is greatly appreciated. We hope that you had a wonderful summer and are anticipating a positive fall. Please know that our staff remains open and flexible to your needs and welcome your suggestions. We look forward to hearing from you.



Support Services

Ms. Sue Suckow, BS and Ms. Lisa Burk continue to keep all organized and well-balanced. Please give them a call today with questions or referrals.



Contact Us
 Eau Claire 715/832-0238 • 1-800-639-4044
 Chippewa 715/726-9208
 Ladysmith 715/532-0632 • 1-888-779-6300
 Mondovi 715/926-5886
 Durand 715/672-8585
 Marshfield 715/486-8302
 www.marriageandfamilyhealthservices.com
 Email: mfnsc@sbceglobal.net