

Medicine Hat Study

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Any of you who have worked in community mental health settings know that evaluating and treating children on an outpatient basis presents many challenges. One of the biggest problems we faced in both settings was our waiting list. There was typically a wait of over six weeks between the initial intake phone call and the first face-to face diagnostic interview.

That was one problem. Another problem was this: We eventually learned that some of the families who called us were sorely in need of treatment, while others had problems that could be handled by reassurance and practical advice. It would have certainly saved time and focused our energy better if we had been able to quickly tell the difference between these two groups.

In the mid 1990s, the *Young Children's Development Program* in Medicine Hat, Alberta, was chosen by that Canadian Province to pilot a new outcome monitoring system for community mental health agencies. Headed by Sig Taylor, MSW, the study used an instrument known as the Conflict Behavior Questionnaire (CBQ), which focused on parent-child issues, and it also employed a two-session **1-2-3 Magic** program.

Here's how the study worked. The CBQ was given to parents who called the *Young Children's Development Program* for a child evaluation. While they were still on the waiting list, a two-session **1-2-3 Magic** program was then given to these Moms and Dads. Then the CBQ was repeated.

The good news: Over 90% of the parents felt that the 1-2-3 sessions had made a significant difference in their child's behavior. Not only that, but the majority of children who had fallen into the clinical range on the CBQ prior to **1-2-3 Magic** fell into the normal range after three months. In other words, their parents no longer felt their children needed formal diagnosis and treatment. Parents of children who still fell into the clinical range, of course, could continue with their plans for evaluation and follow up.

This application of the **1-2-3 Magic** program might not be as useful—or even appropriate, of course, in treatment centers that specialize in particular childhood problems, such as autism or abuse. But for those community mental health settings where clients come from a broad population base, the Medicine Hat Study suggests a useful way for deciding who needs what and for providing effectively targeted services.