

October 21, 2010

Dear Mozelle,

Below are the results of my study using your Clinical Graphology (CG) program. I wish I had been able to have a more controlled study. As you know, all children were on probation for various crimes including property damage, physical assault, robbery, and sexual-themed crimes. All were between the ages of 12 – 17.

I have followed up with all applicable probation officers and other state or public agencies to obtain results. Using their results and scientific formulas, I was able to provide the most accurate results possible.

The first two columns explain the results of pre and post testing using the Kaufman Test of Educational Achievement as we did not have a psychosocial assessment developed specifically for your program although I would imagine the long version of the COPSQ would render equivalently impressive results. I realize that this specific research may hold some room for improvement, but I thought you'd be interested to see the impressive results as of September 2010. I have attached an article I will be presenting at my next international research meeting.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Ana Mitchell". The signature is written in a cursive, flowing style.

Dr. Ana Mitchell, Research Psychologist

Juvenile Probation Participant No.	Pre-Test Reading Composite	Post Reading Composite	Gain in Math & Reading	Net Gain per Year / Grades	Times through Criminal Justice System pre-CG	Times reoffended post-CG
#1 (m)	4.5 ('05)	6.1	5.1	(1.6)	5	0
#2 (m)	3.7 ('05)	6.7	7.8	(1.5)	3	0
#3 (m)	3.9 ('05)	6.2	4.0	(3.0)	3	0
#4 (m)	5.5 ('05)	7.3	6.0	(1.44)	3	0
#5 (m) *	11.2 ('05)	10.0	7.3	(-1.2)	4	0
#6 (f)	5.0 ('05)	5.7	5.3	(0.2)	5	0
#7 (m)	3.8 ('05)	5.7	C=4.8 A=7.1	(1.2)	3	0
#8 (f)	4.4 ('05)	4.8	n/a	(0.1)	3	0
#9 (f)	3.9 ('97)	5.2	9.2	(.65)	4	0
#10 (m)	2.8 ('95)	5.7	5.8	(.725)	2	0
#11 (m) *	8.2 ('97)	10.0	11.0	(1.2)	6	0
#12 (m)	7.6 ('98)	10.0	C=5.8 A=7.8	(4.4)	2	0
#13 (m) *	5.3 ('98)	7.3	7.5	(4.4)	4	0
#14 (f)	5.2 ('98)	5.2	4.5	(0.0)	2	0

* emotionally disturbed / learning disabled

Note: This CG program, based on specific movement exercises, was used daily for approximately 20 minutes, from January 2006 to August 2006 in which all remained 100% anonymous. Pre and post academic scores indicate that 72% of the students gained above the expected ½ year of growth per their age despite previously indicated specialists stated that the brain's time-sensitive "window of opportunity" of their anticipated growth had already passed. Clearly, in my findings, the physiological impact of movement on the brain bypassed these societal and professionally-set limitations.

CG Research Findings

While psychoanalysis and psychoanalytic therapies seem to be consistently empirically validated, we cannot ignore their more holistic counterparts. Just like the former's patients suffering from a wide range of significant diagnosable disorders, so do the clients of the latter, namely the Clinical Graphology (CG) program. In fact, 82% of those individuals who have undergone the CG program had failed to respond to other, more traditional forms of treatment. Physical abuse, sexual abuse, and other traumas that occurred before age 14 made up 25% of the patient population. In an effectiveness study of the CG program, there appeared to be a positive incremental effect of up to 60 months following the program – even when the participants remained fully anonymous to the CG Practitioner. This amounted to noticeable gains in the areas of perception, psychological well-being, executive reasoning, academic grades, and overall quality of life.

- At the end of the program, the average client was better off psychologically than 80% of those who did not undergo the CG program.
- The magnitude of the effect of the CG program appeared to be equivalent to a level that, should a clinical trial be scheduled, it would justify the interruption on the grounds that ethics would not be upheld if this highly effective treatment was withheld from clients.
- Due to the effective study afore-mentioned, it would appear that the CG program reduces the relapse rate in mental health diagnoses at least to the same extent (50%) of psychotropic medications.
- For those with depression and anxiety along with severe pathologies, the length of the CG program positively correlated with better outcomes.
- When comparing results with the levels of depression one felt, the length of the CG program positively correlated with better outcomes. However, with clients diagnosed with Obsessive-Compulsive Disorder, a longer length may be required for full recovery.
- In a cost comparison, 88% stated that the CG program contributed to cost savings when used with clients living with severe psychiatric disorders and substance abuse because it helped reduce hospitalizations, work absence, and medical expenses.
- In a study with the juveniles inside the criminal justice system, these high recidivists have nearly all improved their academic grades, social performance, relationship-building, and more all while preventing further criminal behavior.

Overall, the CG program has many correlating benefits when used to treat Borderline Personality Disorder, Schizophrenia, Dissociative Identity Disorder, Bipolar, and other DSM-IV-TR symptoms.