

**Health Realization; An Innate Resiliency Paradigm for School
Psychology**

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Abstract

This paper presents findings regarding the role of youth's moment to moment thinking and state of mind in determining perception. These findings, along with discoveries about innate resiliency and an understanding of the underlying principles that describe how thoughts become perception, have demonstrated efficacy in empowering youth to regain their natural well being, self motivation and healthy thinking. This paradigm, come to be known as Health Realization shows significant promise as an antidote to alienation and emotional disorders, and in fact brings to light underlying principles that determine how perception is formed and to what extent it is clouded by past experiences as opposed to the ability of any person to function in a clearer, wiser and more objective, insightful state of mind. The logical implications for youth focused interventions are presented along with independently conducted evaluation and research data from multiple clinical and school based programs.

Health Realization: An Innate Resiliency Paradigm for School Psychology

Research leading to the paradigm that has come to be known as Health Realization began in 1974 at the University of Oregon in the course of a five-year grant from the Special and Innovative Projects Branch of NIMH on Primary Prevention. As we looked at how young people develop an alienated outlook, anti-social attitudes and even more severe emotional disorders, we fortuitously found one common denominator, a deeper, underlying independent variable, linked to all of these disorders. We subsequently found that this variable was amenable to intervention, via an understanding of how it operates moment to moment to determine perceptions. That finding gave us a practical handle on how to help youth regain their well-being and emotional maturity. This variable actually turned out to be a fundamental Principle underlying everyone's moment-to-moment states of perception. This Principle clarifies the role and function of Thought. (Banks, 1998; Benard, 1996b; Kelley, T. & Stack, 2000; Mills, 1996; Mills & Spittle, 2001; Pransky, J., 1997; Pransky, G., Mills, R., Sedgeman, J., & Blevens, K., 1997).

The Source of Youth's Perceptions

Ingrained negative expectations, self-defeating or alienated attitudes and negative attributions come from many sources across multiple developmental experiences. What gave us enhanced optimism about a more effective answer to reversing this process was the finding that these experiences were all stored, psychologically, and later brought to life to become these youth's outlook, *in the same way*. They were stored via a thinking process and brought to life via this same process. These youth had picked up, to different degrees, ingrained, distorted *habits of thinking* during their upbringing that clouded & eventually determined their perceptions.

We also observed that the young people with whom we worked did not realize that these distorted thoughts constituted their outlook, but mistook them for reality. For example, a young man who was alienated and angry based his reactions to things on the belief that all adults or authority figures in his life were out to get him, that the world was against him and wanted him to fail and to feel bad about himself. As a result he believed that he had to constantly be on guard and fight just to keep his head above water. (Kelley, 1996; Mills, Dunham & Alpert, 1988; Mills, 1990, 1991; Peck, Law & Mills, 1987)

Understanding the Function of Thought

In an arena where, at that time, most of the research and teaching was around the Behavioral Model, we started to see that it was not behavior that was conditioned, but rather it was people's thinking. We recognized the consistent, very predictable, link between what someone made of their situation (how they interpreted what was happening) and both their emotional and behavioral responses. For example, if children grow up in a home where there is a lot of anger and criticism, they might learn to think that they were "bad" or flawed, that they could not do anything right, or that they hurt others just by their presence. They might then develop insecure habits of thought leading to insecure feelings and low self worth. If a teacher then is in a bad mood at school and acting impatient with the students, they might interpret the teacher's behavior as proof that they were at fault and a troublemaker; that merely by their presence, they were causing the teacher's upset. They may even generalize that thinking further to feel that they will never be successful in school or in the workplace.

Health Realization & Cognitive-Behavioral Models

The cognitive theorists have described how learned thoughts produce cognitive "filters" or blinders that distort and limit perception. Since most

clients had difficulty not behaving from their learned thinking, these researchers looked into methods for re-conditioning the distorted or self-defeating thoughts people exhibited. This proved to be difficult as people's habits of thought are deeply ingrained from years of reinforcement. Thus, more and more methods were developed to externally recondition the thinking of youth. We realized, during our early research, that it would be difficult, if not impossible to impact all the antecedents that had led to a youth's negative outlook, and it is almost impossible to impact every setting in which these beliefs and expectations are triggered and then reinforced. However we discovered that we could work with the *fact of thought* itself to demonstrate the illusionary quality of these thoughts and illuminate for youth the process by which these thoughts came to look real to them (Mills & Spittle, 2001).

Research with delinquent youth using cognitive models of learning illustrates the cumulative nature of this process; When youth behaved in ways consistent with their conditioned thinking, functioning within insecure states of mind, their learned habits of thinking became self fulfilling (Mills, 1990, 1996; Mills, Alpert & Dunham, 1988; Mills & Spittle, 2001). Dodge (1986) and Lochman, et-al (1985) published findings in the mid-1980's supporting the conclusion that high risk youth interpret new situations in the context of a set of attributions already in place, programmed into their brains through prior experiences. These

researchers found that alienated youth tended to misinterpret other's intentions as being hostile, and were deficient in perceiving benign or pro-social intentions. These attribution biases were a function of the meaning or significance made of a stimulus, as opposed to the actual qualities of the stimulus. The youth's interpretations were found not to be related to general intelligence, but to the extent of past programming of negative experiences. These types of learned reactions were labeled as "Attribution Theory", and related to the cognitive processing mechanisms of the brain. (Dodge, 1986, Dodge, Murphy and Buchsbaum, 1984)

The Impact of State of Mind

While we respected the cumulative nature of this process, we also observed that young people were at times more gripped by, or at the effect of, their conditioned thinking, and at other times they were not at the affect of these thoughts. When they were not reacting automatically from their conditioned thinking, they responded with more patience and adaptability. They exhibited the qualities of empathy, compassion, common sense and insight. As we delved into these dynamics more fully, we started to discover that everyone, no matter how alienated or emotionally disturbed, had direct access, at times, to a healthy perspective. This healthy perspective includes a more long term, mature outlook, good problem solving skills and the ability to maintain healthy relationships. We also discovered that this healthy, resilient outlook is

innate, it is hard wired into us as human beings from birth just as the ability to breath or digest food or have our heart beat to pump blood all are innate, hard wired functions (Mills, 1996; Mills & Spittle, 2001, Pransky, G, Mills, R., Sedgeman, J., and Blevens, K, 1997; Pransky, J. 1997; Kelley, 1996; Kelley & Stack, 2000; Benard, 1996b, Shuford, 1986).

Congruency with Resiliency Research

We began to recognize that people's healthy thought process, their common sense, "emotional intelligence" and capacity for insight, was qualitatively different from "learned" conditioned thinking. This recognition was reinforced, during the decades of the 1980's and 90's, by more and more longitudinal studies were published on resiliency research. These studies described the innate resiliency of people who had grown up in highly dysfunctional families and/or communities, who had put these experiences behind them and rebounded to have healthy, productive lives. Some of these studies had followed large cohorts for up to forty years, starting in early childhood. These studies found that the majority of participants in the cohort had overcome or transcended their negative family or community environment. These findings provided more empirical evidence that there is a natural capacity in people to regain their mental health, their emotional stability and motivation, as most of the participants had experienced no outside interventions or assistance from practitioners in human services or mental health related fields (Benard,

1996b; Garmezy, 1974; Rutter, 1984; Werner, 1990; Werner & Smith, 1989) .

Recognizing the Source of our Reality

During the course of our research and pilot programs, now conducted over a twenty seven year period since 1974, we have worked with populations that have adopted criminal lifestyles, with those who have become addicts, with severely emotionally disturbed youth, with those who have been clients of residential and outpatient mental health programs. We have done school based and community based projects in gang infested, poverty ridden communities with extremely high rates of school failure, violence and truancy. We have found this same capacity for resilience and innate mental health in everyone. We found that this capacity surfaces to help people when they *recognize the operating principles* that function at every moment to bring their thoughts to life as their individual subjective reality (Benard, 1996a,1996b, Blevens, Bailey, Olson and Mills, 1992; Borg, 1997; Cherry, 1992; Health Realization Institute, 2001; Mills & Spittle, 2001; Pransky, J., 1997;; Roe & Bowser, 1992; Shuford, 1986).

The Psychological Forces Underlying Perception

In our early studies at the University of Oregon and subsequent clinical research done at the Advanced Human Studies Institute in Miami, we found that people could not access their resilient, healthy outlook only *at*

those times when their conditioned thinking looked real to them. We began to get curious about what made people's thinking look real to them, even though someone else in the exact same situation, or with a similar past, may be perceiving that situation in a completely different way. We discovered two related Principles, which work "hand-in-glove" with the Principle of Thought, that together describe how people's thoughts at each moment, become the reality they see, take as real and operate from in their day to day lives. These principles showed themselves to have universal application, just as the principle of gravity affects everyone, at all times, even when they are not aware of it, or consciously using it (Banks, 1998; Mills & Spittle, 2001).

Understanding their Own Psychological Make-up

We were delighted to discover that youth could gain a concrete grasp of these principles, in the same way that they could learn principles of addition, or chemistry, or any other science. As we developed curriculum to teach the principles, we found that the best way to present them was in the form of neutral, universal facts about the psychological process by which perception is formed in our day-to-day lives. We found that youth did not have to tell their story or express their anger, frustration or other negative feelings, nor did they have to learn any new skills or rely on external coping mechanisms or rituals. All they had to recognize were the underlying dynamics of how perception is created at each moment, via the

fabric of Thought. This recognition was taught in a way that allowed the understanding to come via insight rather than intellectually. These insights helped youth “see” their own thinking with adaptive distancing (Marshall, 2000; Pransky, J., 1997).

In our programs, the active ingredients that led to change in these youth appeared to be: (1) Grasping the logic of the underlying dynamics behind how everyone’s perceptions and viewpoint is formed, via Thought combined with Consciousness and projected outward by the Mind moment to moment, (2) Learning to appreciate their own inborn capacity for good judgment, common sense, learning and insight, (3) Recognizing the perceptual-emotional state that stemmed from their conditioned thinking, in contrast to the types of feelings and insights that accompany their healthy states of mind.. In addition, by learning to recognize their patterns of negative feelings as pointing back to their thinking, they saw that they did not need to act on these feelings. This realization raised the red flag, alerting these youth that they were in a more hostile, frightened or alienated state of mind, and that acting out of that state of mind would be self-destructive.

Appreciating the Range of Capacities of the Mind

We also found that understanding these Principles brought back a more holistic and satisfying definition of the Mind. This perspective had, to a

great extent, been lost or ignored as the subject matter of psychology became more and more focused on behavior, and even more narrowly focused on aberrant behavior and pathology. We were thrilled to discover that mental health is much more than the absence of symptoms or bad feelings. We found that when the youth with whom we worked used this understanding and their free will to go to these higher states of mental health, that shift in itself eliminated the feelings and behaviors that were self defeating or pathological by elevating them out of that state of mind completely.

The youth in our programs were enthusiastic about learning these Principles. They liked the idea that they had the capacity to think for themselves and could make mature and wiser choices while being less influenced by their past or peer pressure. They also became less affected by what others thought because they could see that those people too were living at the effect of their own conditioned “thought created” realities. We were able to help them see that wisdom or common sense were also natural attributes of the Mind. These inborn attributes were also transmitted and accessed via the function of Thought, but as a distinctly different quality of thought from conditioned or learned habits of thinking.

The Principles Underlying Health Realization

Mind, as a Principle of Health Realization, can be described as the force or power source behind all of our psychological functioning, including our ability to think, and to be conscious. The Mind provides the capacity to think and the energy to support a continuous flow of thoughts. Whatever these thoughts are, negative or positive, they become blended with Consciousness to form our separate perception of reality, our psychological world, at each moment. Thought, as a Principle, is the capacity to create images, to create perception. Thought acts as the common fabric of everyone's personal reality, although the contents of people's thinking vary infinitely. Consciousness is merely the ability to be aware of an external reality. How that awareness is constructed (what we are aware of) is based on how we use the Principle of Thought. Human consciousness is also the capacity to recognize how reality is constructed from thought, to realize the inside out nature of experience (Banks, 1998; Mills & Spittle, 2001).

Recognizing Thought as a Principle

One major difference between the cognitive-behavioral theories and Health Realization was that the cognitive researchers looked at patterns of thought or beliefs that were dysfunctional. They did not go deeper into the role or function of thought to recognize that personal reality is generated across the board, from top to bottom, at all times, via Thought. They also

did not allow for the possibility that people could themselves understand the source of their psychological reality, even young people, who could then change their own thinking from inside out, via this increased understanding of how their reality is constructed.

Increasingly, our data showed that when young people saw past the illusion of a tough uncaring or aggressive façade, to engage their healthy thinking and acknowledge that capacity, the youth relaxed and used more common sense, When these youth were exposed to the Principles behind how everyone's moment to moment reality is *put together from thought*, they changed their own outlook, with a sense of control and volition. They then began to function with maturity, wisdom and well-being.

Where Common Sense & Wisdom Originate

As our research continued, we recognized the capacity built into the Mind that was enabling these youth to more clearly grasp and to understand the role of their thinking in determining their behavior. We discovered that the Mind operates with two different kinds of Thought capacities. One capacity functions from memory, from the storage and retrieval mechanisms of the brain. The other capacity functions from a deeper wisdom provided via our inborn state of mental health and mental clarity. We also found that this more mature perspective is always available when the other mode (cognitive conditioning) is bypassed. We observed that

participants in our programs did not have to modify or alter their habits of thought from their learned frame of reference, they merely had to notice them when they came up and then choose to not operate from that frame of reference, to not behave as if those thoughts were real (Mills & Spittle, 2001).

Since we did not have to go through the process of re-conditioning people's personal thinking, we started to see the psychological roles of time, and of the past from a new perspective. This perspective was completely different from how we had been trained to see the significance of, and to use, these variables. In fact, we saw that time wasn't necessarily important, all people needed to have was an insight, which can happen in an instant. This kind of insight provides a simple, but profound recognition of the facts describing how everyone's experience of reality stems from their thoughts. While it helped a great deal when people around the youth saw them with respect, caring and support, what helped the most was an inner understanding, on the part of the youth themselves, of how this psychological process works.

Unveiling a New Dimension of Life

One aspect of these findings that made these discoveries intriguing and hopeful was that we could teach these Principles to young people in a way that was neutral and engaging. Rather than labeling, stigmatizing or

threatening youth by taking on their personal thinking, we could; (a) inform them of the basic fact of their innate mental health and common sense, (b) have a dialogue with them about these Principles and the role of Thought in a “down-to-earth”, logical way and (c) show them our respect and trust in their ability to think for themselves. There was no need for digging into their past or personal lives without permission. We found that young people wanted to feel hopeful and have a sense of opportunity and possibility. When they became aware of the reality of the psychological/emotional state that opened them up to their own wisdom, they gravitated in that direction. Their learned attributions and habits of perceptions died away from lack of attention, rather than from being attacked (Harder & Co., 2001; Health Realization Institute, 2001).

We were not denying that the vast majority of these youth were growing up in tough circumstances, in dysfunctional neighborhoods or family environments. When someone takes a two-dimensional drawing and gives it a third dimension, they are not denying or ignoring the first two dimensions. It is like the difference between a drawing in two dimensions of a new building and an actual three-dimensional model. The latter gives a better representation of the reality of the building, both horizontally and vertically. The degree to which young people are impacted by their past and their environment is not only a function of the severity of these conditions, but also of how the young person interprets them or holds

them in their thinking and how much they understand this deeper, inner dimension concerning how reality is mediated by thought.

Fifteen Years of Pilot Studies & Program Outcomes

When we started our initial pilot programs in public housing communities, we worked first with the parents, to show them how the way they interpreted their children's behavior and how they dealt with things in their own lives affected these young people. We encouraged the parents to be more aware of their own moods and fluctuations in how they perceived their children at different times. We helped them see how to draw out the child's common sense rather than automatically using corporal punishment or verbal abuse as the major avenues to produce change. Their interactions became more respectful and engaging, as the parents became more aware of and respected the innate resiliency and common sense of which their children were capable. We then went into the schools to conduct teacher training and youth leadership or self esteem classes with the students themselves.

Working with the teachers was tricky at first, as they wanted to find a "quick fix" set of techniques that would work on the kids, to fix their behavior. We asked them to first focus on the thoughts they had about these youth, and to question their own stereotypes about students from "the projects" or about students who were ill at ease in class and

uncomfortable at school. We suggested that they could recognize that however that student was feeling came from insecure thoughts that looked compellingly real to that student. They were then able to see the student's innocence more clearly and did not take their behavior so personally. Rather than being punitive, they then saw ways to help the youth calm down, regain their natural good feelings and re-engage their interest in learning.

In the self esteem or leadership classes the students were fascinated with their exploration of how thinking is a continual function, like our breathing, that forms our reality at each moment. They were curious about moods and separate realities. They were fascinated about why different friends saw the situations they were in so differently, what peer pressure really meant in terms of "habits of thinking" about what they needed to prove to others. The youth realized how these habits kept them from experiencing their own natural self-esteem and happiness, by being content with just being themselves.

Because the main priority of the parents was the future of their children, they organized their own Parent Teacher Association. They initiated meetings with the teachers and worked to bring in an after school program that would help their children get up to speed academically. After the project had been in operation for two years:

- ? Parent involvement in the schools improved by 500 percent.
- ? 87 percent of the parents reported that their children were more cooperative and reported significantly less frustration with or hostility toward their children.
- ? Attendance improved and school truancy rates dropped by 80 percent.
- ? School discipline referrals and suspensions decreased by 75 percent from baseline at the middle school level.
- ? Only one student from these communities was failing at the middle school level from a baseline of a 64 percent failure rate, (Mills, 1990; Pransky, G., Mills, R., Sedgeman, J., & Blevens, K., 1997; Pransky, J., 1997).

After the Health Realization program had been operating for almost two years, twelve youth who had dropped out of school, were making their living dealing drugs and living the gang-life, came to our staff and asked if we could help them get back in school and get after-school jobs. They had seen their parents and younger siblings still in school change dramatically, do more with their lives and enjoy life with less stress. They realized that they were in a short lived, stressful career and wanted out of that violent, dead end life style. The spill-over effect of the increased maturity, understanding and healthy functioning of the families in their community made them feel hopeful and empowered them to re-engage their common

sense, even without direct intervention or counseling. (Pransky, J. 1997; Mills & Spittle, 2001).

In this project we had the luxury of working with the parents, teachers, the school administration and the youth directly, both in the community and in the schools. As a result we were able to share the same understanding about Thought with each of these groups. The parents became more positive, hopeful and wiser. They were more nurturing and affectionate, and more effective in drawing out their child's common sense and natural self esteem. The teachers reported that they realized; (1) how they interpreted these student's behavior and the symptoms of their insecurity, and (2) what they saw in the child, as their capacities, produced up to 90 percent of what they got back from these students. When they paid less attention to their "front" of toughness or not caring, they saw through that to the student's innate resiliency and mental health. As a result, they were more patient, stayed in rapport, could draw out the students insights and common sense, and in return they got the student's healthy, motivated behavior back more and more of the time.

School Based Program

A program based on these principles of innate resiliency was initiated in Tampa, Florida in 1989. The project, titled "Self Esteem is for Everyone" was funded in the Hillsborough County Schools with targeted youth fitting

the school district's profile for students at risk for dropout as a three-year pilot program. Over the three-year period, 375 students in grades 7-12 were served directly, while 36 teachers, five guidance counselors and 40 parents received training in these principles of innate resiliency and mental health. Pre- and post-grade point averages were compared and found to increase significantly in all three years of the project. The average increase was 64 percent the first year, 56 percent the second and 57 percent the third year. Students from the first year showed an additional GPA improvement of 24 percent during the second and third years even though they were not still involved in the program.

Absenteeism and discipline referrals decreased significantly as well in each year of the project. By the end of the project, participant's rates of absenteeism and discipline referrals were well below the school norms (Banyan Foundation, 1992). By the third year participants had shown an overall 58 percent decrease in absenteeism and 81 percent decrease in discipline referrals.

Participants in the SEE program were given the Piers-Harris 80 item self report self esteem scale both pre and post program involvement. Raw scores on the Piers-Harris have shown to be the most reliable measures of improved self-concept. Test scores can range from 0-80, with 80 being the highest possible score. Norms based on 1,183 public school students

demonstrated a mean total raw score of 51.84 with a standard deviation of 13.87. Average raw scores of SEE program participants increased from a mean of 49 to 64 in year one, from 43 to 57 in year two and 44 to 59 in year three. Average increases were 31, 33 and 34 percent, all moving from below the norm to above the norm for public school students.

While some teachers and parents were involved in this project, most of the program activities involved only the students who fit the school district's high-risk profile. This project demonstrated that these youth could grasp, at a very basic level, the process by which their thinking produced their perceptions, and could use this understanding to regain access to their innate, healthy states of mind. The data collected over the three years of the project also showed that these youth continued to mature and do better in school (Banyan Foundation, 1992).

Learning Potential Enhanced

Stewart (1988) conducted a control group study that tested the application of these findings in work with remedial reading students in Miami.

Students in both the control and experimental groups were an average of two years behind their grade level. Twenty students were randomly selected for both the control and experimental groups. The intervention consisted of 30 classroom sessions, daily for 40 minutes for six weeks.

The experimental group instructor was trained in these principles and spent much less time on actual instruction and reading exercises than the other teachers. She would spend time building rapport, raising the mood level of students by telling stories and jokes or playing games, and finding the “teachable moment”. She would then do some teaching until the students became bored or distracted again. The style of teaching was based on the assumption that all the youth could regain their healthy, open state of mind, and that this state made learning more efficient, and more genuine.

The experimental group gained 14 months in reading level, compared to a gain of only 7 months in the control group, measured by the Gates-MacGinitie Reading Achievement test. The mean gain for vocabulary was 1.6 years for the experimental group and 0.45 for the control group. This study concluded that affective states of mental health and well being impact learning, and that learning is accelerated when both teachers and students are in a positive, stress free state of well being.

Effectiveness across cultures

The Hawaii Counseling and Education Center, Inc., on the Hawaiian Island of Oahu has been providing counseling and education services to youth and their families in the schools and community using the principles of Health Realization since 1985. Clients represent a multitude of cultural

backgrounds, and across cultures, have shown positive response to Health Realization. The clinic provides individual, family and group counseling. HCEC programs are funded by contracts, which have included program evaluation, for over 12 years, with the Department of Education and Department of Health. These programs provide mental health services to at-risk youth and emotionally handicapped youth and their families. HCEC therapists go into schools, homes and community to work with the youth. HCEC has also operated day treatment programs for elementary, junior and senior high students. All programs at HCEC are based on the principles of innate resiliency. All interventions are designed to help youth and their families gain access to, and live from, their inborn capacity for a more mentally healthy level of functioning.

Results from Outcome Studies

Heath, Emiliano and Usagawa (1992) presented the results of a study of “Project Mainstream Hawaii.” at the American Educational Research Association Annual Conference. This study investigated the effectiveness of using Health Realization in counseling with emotionally disabled students. Fifty-five students between kindergarten and twelfth grade and their families participated over a two-year period. Participants were referred by the Windward School District’s mental health children’s team. The students were certified for special education and diagnosed as severely emotionally disabled, needing mental health services in order to

maintain their tenure in their family, school, and community setting.

Teachers reported that 85 percent of the students who received counseling based on the principles of innate mental health demonstrated a significant improvement, (Heath, Emiliano & Usagawa, 1992),

The intervention consisted of three components: individual and/or group counseling, family counseling, and teacher training. The students were helped to understand the link between their thoughts and feelings, how they could use their innate common sense to create constructive changes, to help them function better, and how to become successful in their peer relationships. The parents were taught the principles of innate mental health and how to apply them to parenting emotionally disabled students. Parent sessions focused on reducing stress and helping parents gain a deeper level of understanding of how both they and their child function psychologically, and how to use their own understanding to create a more healthy emotional environment, one that would allow their child's mental health to emerge (Heath, Emiliano, Usagawa, 1992)

Teacher training was emphasized, based on the assumption that the teacher's mood, expectations and behavior directly affects students' perceptions and, therefore, their classroom behavior. Heath, Emiliano and Usagawa (1992) note that teachers who were highly stressed and impatient set a tone in the classroom environment that triggered students reactivity,

leading to acting out. This response in turn increased the teachers' level of frustration and discouragement, setting off a negative cycle where teacher burnout and negative students attitudes remained at a stalemate, perpetuating an unproductive level of functioning (Heath, 1988). Teacher training focused on helping the teachers learn to live and work in a healthier, calmer, and more positive state of mind. From this more stress-free state of mind, they were able to elicit healthy behaviors from the students. These outcomes indicate that teachers who stay calm, loving, firm, positive and self-confident have more control, and set an emotional tone for the classroom that facilitates positive, productive student-teacher relationships and enhances learning (Heath, Emiliano and Usagawa, 1992; Stewart, 1985; Jenks and Timm, 1988; Stewart, 1993)

By the time students entered the program, most had experienced severe emotional and behavioral problems throughout their life and had shown little or no progress in previous programs. From this perspective, the outcomes of this program exceeded expectations of both the treatment team and the Windward School District's mental health children's team. Students, parents and teachers filled out questionnaires including the Windward Children's Behavioral Assessment Scale (WCBAS, a three point Likert Scale questionnaire) and School Performance Check List (SPCL, a five point Likert Scale questionnaire) at the initiation and termination of treatment to assess students' behavior, school performance

and parents' parenting skills. Grade point averages were obtained at the beginning and end of treatment. The results measured by were exceptional (Heath, Emiliano & Usagawa, 1992). Out of 55 students:

- ? 41 percent successfully completed treatment and no longer required counseling. Six were integrated into regular classrooms, from special education and no longer required counseling. Twelve were still in special education but no longer needed counseling. Three made progress and self terminated.
- ? 43 percent (22) still required counseling but were reported to have made progress.
- ? 8 were referred to other treatment services and 4 moved out of the school district.

The emphasis in this program was to increase the level of mental health and psychological functioning of students, teachers and parents. Heath, Emiliano & Usagawa (1992) made the following salient observations:

- ? Students' grades improve dramatically as their state of mind improves. They are better able to concentrate, memorize and learn in a productive way.
- ? The state of mind of the teacher and the parent are key instigators of change in the student. When all adults are working in a healthy positive

direction, the student makes rapid progress, becoming more secure and settled within himself/herself.

- ? Even when parents decline to participate in treatment, students can benefit from counseling based on the principles of innate mental health. As the student learns to function from a more healthy state of mind, he/she is more calm, has fewer negative emotional reactions and can focus better in class.

Three additional outcome studies at HCEC have added further evidence that youth can learn how their perceptions, feelings, reactions and behavior are created within themselves via their thinking and then use this understanding to access innate, healthy states of mind. Two of these studies were done for the State of Hawaii Department of Health and Department of Education. Shuford and Gaughen (2000) analyzed outcome data from Treatment Program files and from outpatient client files referred by the Department of Health and/or Department of Education. In 2001, Grenelle reported on the impact of using Health Realization with children in a multicultural environment.

The outcomes from day treatment programs where staff, teachers, aides and therapists had all been trained in this understanding, show significant positive change in participants. Data were collected from three Day Treatment sites, Makalapa, King and Kahuku over the 1999-2000 school

year. Age range was 9-18 years. Diagnosis included ADHD, ODD, Depression, Dual DX and other. Ethnicity included Hawaiian, Caucasian, African American, Filipino, Samoan and Mixed. All of the clients in the study were males.

Two instruments were used to facilitate comprehensive, in-depth assessment and to measure change. The Achenbach Teacher's Report Form (TRF) was administered in the fall and in the spring of the school year. In addition to the TRF the Achenbach Youth Self-Report (ages 11-18) and the Child Behavior Checklist (Achenbach parent report Form) were administered during the client intake process, then annually. The Child and Adolescent Functional Assessment Scale (CAFAS) was given at 6 month intervals.

The TRF is used to assess the emotional and behavioral functioning of the client across the following realms: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior and aggressive behavior. The CAFAS measures functioning in the following areas, Role Performance at School/Work, Role Performance at Home, Role Performance within the Community, Behavior Towards Others, Moods/Self-Harm, Moods/Emotions, Self-Harmful Behavior, Substance Use and Thinking.

Pre to post change scores on the TRF and CAFAS for the eleven (11) participating students were statistically significant. The Total T-Scores on the TRF level of significance of change was .001 ($m=12.72$, $SD=8.39$). The CAFAS data on Pre to Post change showed a statistically positive change in mean scores at the .01 level ($m=21.92$, $SD=26.26$). These results provide evidence that the principles of Health Realization used in a Day Treatment setting facilitates positive change in clinically significant problem areas including anxiety, depression, social problems, thought problems, somatic complaints, attention problems, delinquent behavior and aggressive behaviors.

The outcome data on outpatient clients involves clients drawn from a pool of 150 outpatient client files receiving individual and family therapy. Age range was 4-19 years. Diagnoses included ADHD, ODD, Depression, Dual DX and Other. Ethnicity included Hawaiian, Caucasian, African American, Filipino, Samoan, Asian and Mixed. Clients in the study included male and female. The TRF and CAFAS were used to determine outcome of treatment.

The analysis of pre to post change on the TRF done on 40 clients and pre to post change on the CAFAS done on 50 clients both show positive pre-post change in level of functioning of clients. The Total T-scores on the

TRF approaches a statistical level of significance of change at .05 (m=2.80, SD=8.95).

Grenelle (2001) reported on the impact of using Health Realization with children in a Multicultural Environment. Grenelle followed 102 students referred to the Hawaii Counseling and Education Center, between 1994 – 2000. The results of this investigation, as measured by the Achenbach Child Behavior Check List (parent report form) and the Achenbach TRF, demonstrated positive changes that were statistically significant beyond the .01 level. The changes were also shown to be independent of age, gender, diagnosis, number of treatment sessions and ethnicity. Grenelle (2001) notes that Health Realization appears to surpass other interventions in its' underlying philosophy of equality within cultures.

The Power of Recognizing Innate Resiliency in our Schools

It has been extremely exciting for us to realize that there is a set of logical, underlying principles and one independent variable, a psychological common denominator, that, when understood, can help reverse built up, negative habits of perception. When youth grasp these simple, but profound principles, they are empowered to regain their natural well being, common sense and positive motivation. The principles outlined in this paper are seemingly almost too simple, but they are universal, and are equally applicable across demographics and diagnoses. The effectiveness

of teaching and utilizing Health Realization in education and treatment, as illustrated by the research reported here, is inspiring for educators and clinicians. Some of the most alienated and dysfunctional youth in our schools have been reached through using this principle based (common sense) understanding of how we all function psychologically, moment to moment, from the inside out. School staff who gain an understanding of these principles find it easier to keep their own bearings and also see more clearly and simply how to help bring the best out of their students, facilitating learning and positive classroom behavior.

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