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Drawing-Out Resilience in Children and High-Risk Adolescents via Exposing Them to Three Psycho-Spiritual Principles

Thomas M Kelley [1*], **Jasmine R Alexander** [2] **and Jack Pransky**[3]

[1]*Department of Criminal Justice, 3255 Faculty Administration Building, Wayne State University, Detroit, Michigan, USA*

[2]*The Adler School of Professional Psychology, West Georgia Street, Vancouver, British Columbia, Canada*

[3]*Center for Inside-Out Understanding, Club Circle, Boca Raton, Florida, USA*

[*]**Corresponding author:** Thomas M Kelley, Department of Criminal Justice, 3255 Faculty Administration Building, Wayne State University, Detroit, Michigan, Tel: 248-227-1757; E-mail: aa5216@wayne.edu

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Abstract

This preliminary study examines the effects on the resilience and behavior of children and high-risk adolescents via exposing them to three psycho-spiritual principles—Universal Mind, consciousness, and thought. Forty-five children and twenty-six high-risk adolescents were randomly assigned to experimental groups. Treatment participants received ten 60-90 minute lessons designed to help them understand how the principles of Universal Mind, consciousness, and thought interact from within to construct their psychological lives, how to use the power of thought in their best interest, and how to access and sustain inner resilience. Control participants received other interventions. The results show that compared to their control groups, children and adolescents exposed to the three principles reported a significant improvement in resilience with high-risk participants reporting a significantly larger improvement in overall resilience than moderate and low-risk participants. Also, high-risk adolescents exposed to the principles reported a significant reduction in risky behavior. The qualitative findings show that children and high-risk adolescents exposed to the three principles related these positive effects to new insights regarding the power of thought and/or inner resilience via a clear mind gained through understanding these principles.

Keywords: Children; Adolescents; Innate resilience; The three principles; Universal Mind, consciousness and thought; Prevention

Introduction

The authors posit that children and adolescents have all the resilience they need already inside them. We further propose that because most children and adolescents have not been exposed to three psycho-spiritual principles that appear to explain how people's psychological experience is formed, they innocently obscure their inner resilience to varying degrees with their own thinking. Based on these propositions we speculate that if children and adolescents are exposed to the principles behind people's psychological lives, and understand how these three principles operate from within to form people's psychological experience, their resilience will improve naturally without the need for "resilience-building" therapies, strategies and techniques. In this paper we offer a preliminary study that tests our speculation.

The Three Principles behind People's Psychological Lives

Origin

In 1973, Sydney Banks [1,2], a common laborer in Salt Spring Island, British Columbia, experienced what preventive mental health pioneer, Donald Klein [3], referred to as a "spontaneous spiritual transformation". During this experience, Banks claimed to "see" how everyone's psychological life is constructed by three psycho-spiritual principles which he referred to as Universal Mind, consciousness, and thought. Banks referred to Universal Mind, consciousness and thought as principles because he saw them as fundamental truths of the psychological domain, much the same way as gravity reflects a fundamental truth of the physical world. In other words, Banks saw these principles operating in everyone, every moment, just as gravity is, whether people know it or not.

The principle of Universal Mind

Banks referred to Universal Mind (or Mind) as the life force that animates all of life; formless energy that flows through all people; energy of which all people are a part and utilize continually to construct their psychological lives. Mind powers the other two principles—consciousness and thought—that all people use to form their psychological experience (e.g., feelings, perceptions, states of mind) from the "inside-out."

The principle of consciousness

Banks referred to consciousness as the Mind-powered agency that every person uses to experience life and to be aware of the psychological experience they create using the power of thought. In other words, as people use thought to construct mental images, consciousness brings these conceptions to life through their senses and gives them the appearance of "reality." Put another way, consciousness uses thought to inform people's senses, direct their attention and awareness, and produce each person's distinctly experienced reality. Furthermore, consciousness allows people to recognize the fact that their psychological lives are formed from within via their use of the power of thought; that they (and everyone else) live in a separate, continually changing, thought plus consciousness "reality."

The principle of thought

Banks referred to thought as the Mind-powered ability to think and thereby to create psychological experience. The principle of thought does not refer to thought content or products of people's thinking (e.g., perceptions, feelings, moods). Thought content or "what people think" varies markedly from person to person. The ability of thought, however, does not vary from person to person. The agency of thought or "that people think" is a human common denominator that allows people to create an infinite variety of thought content. The ability or agency of thought exists before thought content is created. Thus, thought refers to people's ability to think; the capacity of all people to use the power of thought to create their psychological lives from the "inside-out."

In sum, viewed through the lens of the three principles, all children and adolescents use the power of thought to create their psychological lives from the "inside-out." Every thought formed by every child and adolescent using the power of thought is animated, brought to life, and given the appearance of "reality" via consciousness. The behavior of every child and adolescent then unfolds in perfect alignment with how the principles of Mind, consciousness, and thought make their lives appear to them.

Three principles intervention

Banks's insights inspired Mills [4] and Pransky [5] to design an intervention grounded in the logic of the three principles. The three principles intervention has been described in detail elsewhere [6,7], and has been applied in prevention [8], substance abuse treatment [9], trauma treatment [10-12], correctional counseling [13,14], mental health counseling [15-17], anger management [18], school violence prevention [19], intimate partner violence prevention [20], delinquency prevention [21], positive youth development [22,23], stress reduction [24], and community revitalization [25]. Kelley, et al. [6] proposed and provided preliminary evidence in support of a process from exposure to the three principles to improved resilience. Briefly stated, the steps in this process regarding children and adolescents are as follows:[1]

Three principles exposure

Even though the three principles are continually operating inside all children and adolescents to form their personal realities, most children and adolescents are unaware of their existence. By exposing children and adolescents to the three principles, they have an opportunity to realize how these principles coalese from within to form that their psychological lives no matter what external circumstances they encounter.

Three principles understanding

Mere exposure to the three principles does not ensure that children and adolescents will realize how the principles actually work within them to form their psychological lives. Children and adolescents exposed to the principles must actually see how the principles operate in their own and others' lives. However, while understanding the three principles is essential, it is not sufficient for children and adolescents to realize and sustain improved resilience. For this to occur, children and adolescents who have gained an understanding of the three principles must also have insights regarding one or both of the following:

Thought recognition (TR)

Thought recognition refers to the realization that thought, in its interaction with consciousness, is the only reality that people can ever kmow, and is the source of people's every psychological experience. When children and adolescents grasp TR they realize that what looks real is only one's own, usually inadvertent, creation—a temporary illusion constructed by thought plus consciousness.

Furthermore, children and adolescents who grasp TR recognize such thinking occurring in the moment, creating a changed "reality" with each new thought and yielding resultant perceptions and feelings. In other words, insights within this realm are about seeing that thought enlivened by consciousness is the only "reality" people can ever know, and that people have the ability to see this and be conscious of it in the moment. Sedgeman [26] stated, Once children and adolescents understand the thought-experience connection and realize how to re-access a healthy state of mind, they can sustain day-to-day peace of mind, wisdom, and well-being regardless of circumstances.

Inner resilience via a clear mind (IR/CM)

The other major realm of insight is about realizing that people have all the resilience they need already inside them, and the only thing preventing them from accessing this resilience is their own thinking. Another part of this understanding is that every person has direct access to this resilience whenever the mind clears or quiets down from personal thinking.

In other words, insights within this realm are about realizing that resilience already exists within as a natural state. When a child's or adolescent's mind clears of personal or extraneous thinking, unconditioned, free-flowing, mindful thought immediately fills the void and is transformed via consciousness into well-being, common sense, self-efficacy, self-esteem, hardiness—the entire cadre of positive attributes associated in the literature with resilience [27,28].

Improved resilience

When children and adolescents—through understanding the three principles—have personal insights regarding TR and/or IR/CM, they will experience improved resilience. In other words, they are more likely to experience well-being during stressful/painful/insecure states of mind and get back on track, so to speak, by allowing the mind to clear and inner resilience to surface. Sedgeman [26] stated, "By using their feelings as a guide to the quality of their thinking, understanding that all thinking is illusory, fleeting, and will pass, children and adolescents can naturally default to a clear mind, positive feeling state, and inner resilience".

[1] While considerable literature exists that describes the three principles, their spiritual basis, and the intervention grounded in them, little scientific evidence has been offered that might corroborate what Banks professed to understand through his realization. To help fill this void, the authors [37] proposed a process by which formless energy comes into physical form within human beings via Universal Mind powering consciousness and thought to create people's psychological lives, and offered a scientific basis for what appear to be the steps or phases in this process.

Improved behavior

Since the quality of a child's or adolescent's behavior reflects the quality of her/his thinking, it is expected that improved resilience will be accompanied by more civil, responsive behavior.

Three Principles Intervention vs. Prevailing "Resilience Building" Interventions

The three principles intervention differs markedly from prevailing "resilience building" interventions that strive to put resilience into children and adolescents via teaching them techniques to recondition their dysfunctional beliefs and schemas (e.g., cognitive restructuring), quiet their minds (e.g., meditation), improve their relationship skills (e.g., conflict resolution), build character strengths (e.g., forgiveness), and cope more effectively (e.g., stress management). Rather, the three principles intervention attempts to rekindle and draw-out the inner resilience that it posits exists undamaged within the consciousness of all children and adolescents. It attempts to do so by teaching children and adolescents the "fact of thought" or "that people think;" how to use the power of thought in their best interest rather than against them; how to relate with common sense to the products of their thinking (e.g., their feelings, perceptions, states of mind); and how to access and sustain inner resilience as a lifestyle.

Change is thought to occur in children and adolescents as a result of this intervention because they have new insights about how their psychological experience is created. Something inside shifts; they see life and themselves in one way, then it shifts to seeing life and themselves in a new light. For example, imagine the power for a child or adolescent who had been subjected to bullying shifts from thinking, "I'm completely worthless, so it doesn't matter what I do," to "At my core I am completely whole, healthy and worthwhile, and I have a lot to offer." Or, instead of blindly following his or her thinking because it looks so real, this youth realizes, "Wait, I don't have to follow every thought that comes into my head." Or, "Because I was sexually abused when I was young, I'm damaged forever," to "Sometimes bad stuff happens, but I'm not going to let it ruin my life." When such shifts in consciousness occur, children and adolescents go from blaming the outside world for the reason they behave and feel as they do, to realizing that their experience of life really comes from within.

Mustakova-Possardt [29] stated:

As children and adolescents focus on the fact of thought rather than the thought content…they experience an immediate bubbling up of their innate…resilience regardless of circumstances, and regain their creative, responsive, and insightful thinking, accompanied by a deeply satisfying non-contingent affective state which can vary from quiet contentment to feelings of gratitude, awe, joy, and exhilaration with life.

The Present Study

Hypotheses

The hypotheses for this study are as follows:

Hypothesis 1: Children and high-risk adolescents exposed to the three principles will show a significant improvement in resilience.

Hypothesis 2: Children and high-risk adolescents exposed to the three principles will show a significant reduction in "risky behavior."

Hypothesis 3: High-risk children and adolescents exposed to the three principles will show a significantly greater improvement in resilience than lower-risk children and adolescents exposed to the three principles.

Method

Participants

Human subjects' approval was secured from an institutional review board. Participants came from two locations: 26 students from a moderate-sized public high school in San Jose, California, and 45 students from a small public elementary school in West Des Moines, Iowa. Regarding the 71 participants, 55% were female, and 45% were male; 54% were Caucasian, 34% Latin American, 7% mixed race, 3% African or Caribbean decent, 1% Aboriginal, and 1% Filipino. The 45 Iowa participants ranged in age from 10 to 12 years, had a mean age of 11 years, and were from two grade 4/5 split classrooms. The 26 California participants ranged in age from 15 to 18 years, had a mean age of 17 years, and were in grades 9 through 12. All California participants were identified by their school district as "high-risk" for school failure, school drop-out, and gang affiliation. Iowa participants were not identified by their school district as "high-risk."

Experimental groups

Participants were assigned to treatment and waitlist control groups. In California, the sample size was determined by the number of adolescents that volunteered to participate in the study. In Iowa the sample size was determined by school administrators who agreed to allow two adjacent same-grade classrooms to participate in the study. In California, random assignment was used to assign participants to a treatment group (N=13), and a control group (N=13). In Iowa, two adjacent same-grade classrooms were randomly assigned to a treatment group (N=24), and a control group (N=21). The parent(s) of each child and adolescent were informed of the nature of the study and signed consent forms allowing their son/daughter to participate in the study. No significant differences in demographics (i.e., gender, age, ethnicity, grade-level) were found to exist between treatment and control participants in both locations.

Three principles intervention

The three principles intervention in this study was called the Three Principles Resilience in Youth Program or TPRYP. The TPRYP uses a standardized instruction manual constructed by Cashion [30]. The manual contains ten 60-90 minute lessons using stories, metaphors, symbols, videos, group activities, discussions, and games, designed to help children and adolescents understand the three principles and in turn grasp new insights regarding thought recognition and innate resilience via a clear mind. For example, the metaphor of the sun and clouds is used to represent how a youth's inner resilience (i.e., the sun) becomes obscured by her/his personal thinking (i.e., the clouds), and like the sun, this resilience is always available whenever the mind clears. Also, the metaphor of a tea bag being converted into tea by hot water is used to illustrate how thought is enlivened by consciousness. The intervention took place over 10 weeks with participants meeting weekly either during school hours or immediately after school. [2,3]

Control interventions

The California control group participated in an intervention called the California Community Partners in Youth Program. This program provides "high-risk" adolescents with individual mentoring and after-school programs designed to encourage these youth to establish and achieve various personal and academic goals. The Iowa control group participated in a safety program that teaches anti-bullying, drug-resistance, conflict resolution, and other positive skills and techniques.

Measures

Resiliency Scale for Children and Adolescents (RSCA) [31]: The RSCA contains 44-items that measure resilience in youth between the ages of 9 and 18 years. The RCSA contains two global scales: (1) Sense of Mastery (MAS) which measures optimism (OPT), adaptability (ADP) and self-efficacy (SEL); and (2) Sense of Relatedness (REL) which measures comfort (COM), support (SUP), tolerance (TOL), and trust (TRU). Each RSCA item is measured on a 5-point Likert scale ranging from 0 (never) to 4 (almost always). Responses are summed to determine raw scores which are converted into T-scores for comparison with standardized norms for ages 9-11, 12-14, and 15-18 years. The Alpha coefficient for MAS was .85, and for REL was 0.88.

Reliability estimates for the two RSCA global scales and subscales are discussed in the RSCA technical manual. Alpha coefficients for Sense of Mastery ranged from 0.85 to 0.89. Sense of Relatedness alpha coefficients ranged from 0.89 to 0.91. Test-retest reliability coefficients for these global scales ranged from 0.79 to 0.95. Concurrent and criterion group validity evidence, including differences between clinical and nonclinical groups, were also significant and are provided in the technical manual.

Youth Risk and Resiliency Inventory (YRRI) [32]: The YRRI contains 36 items that measure risk factors for children and adolescents between the age of 10 and 19. Concurrent validity studies for the YRRI show that when the differences in risk factor scores of a sample of children and adolescents from non-at-risk situations were tested against those children and adolescents independently identified as at-risk, the at-risk sample obtained significantly higher risk factor scores [30]. We used 31 YRRI items scored on a 5-point Likert scale ranging from 1 (never) to 5 (very often). Item scores are summed to obtain a total risk score. Using a median split, total scores were converted into four risk levels: very low risk (0-47); low risk (48-57); moderate risk (58-66); and high risk (67 and higher).

Hilson Adolescent Profile (HAP) [33]: The HAP assesses and identifies common risky behaviors of children and adolescents. The HAP has been shown to have good construct and criterion-related validity. It has also been shown to have fair to good internal consistency reliability, with KR20 coefficients ranging from 0.67 to 0.90. Test-retest reliability showed Pearson correlation coefficients between the HAP scales at two time periods ranged from 0.76 to 0.99, with 11 of the 16 scales having correlations of 0.95 or higher. We used 11 HAP items and changed the scoring for these items from "true" or "false" to a 5-point Likert scale ranging from 0 (never) to 4 (very often). Item examples include: "I pick on, tease, make fun of others," "I use drugs or smoke marijuana," and "I take things that don't belong to me." Cronbach's alpha was 0.80.

Qualitative Items: Three qualitative items were constructed by the authors and administered post-test to treatment and control participants. The first item answered either "yes" or "no" is, "Have you noticed any change in yourself since this program started?" Items 2, and 3 are open-ended as follows, "If yes, what changed?" and "What do you think caused the change?" Responses were recorded and a content analysis [34] used to determine common words and phrases.

Results

Resilience

A three-way between-group ANCOVA was used to determine the impact of exposure to the TPRYP on participants' resilience based on their scores on the RSCA (Table 1). The independent variables were experimental group, and gender. Results showed that TPRYP and gender had a significant positive relationship with overall resilience; the TPRYP was significant as a main effect followed by gender. This appears to mean that compared to their controls, youth exposed to the TPRYP showed a significant improvement in overall resilience. Also, compared to their male counterparts, females in both experimental groups showed a significant increase in overall resilience. The interaction between treatment and gender, however, was not significant which appears to mean that gender did not account for the significant increase in overall resilience for children and high-risk adolescents exposed to the TPRYP.

Nine two-way between-group ANCOVA's were computed to determine the interaction of experimental group, and gender with the nine RSCA resilience components (Table 1). The results showed that TPRYP, and gender had a significant positive relationship with sense of mastery (MAS), and tolerance (TOL). The TPRYP alone had a significant positive relationship with self-efficacy (SEF), optimism (OPT), and adaptability (ADP). Gender alone had a significant positive relationship with sense of relatedness (REL). Examining the main

[2] While there is no set method or formula used by three principles teachers, briefly stated, the guideposts for teaching are as follows: (a) teachers understand the three principles, TR, and IR/CM at a deep level, generally live in well-being, and model what they are trying to teach; (b) teachers help learner's minds relax or clear so they are most open to experiencing new insights; (c) teachers listen through a clear mind to discern intuitively how learners perceive their worlds and what they do not understand about the "inside-out" nature of people's psychological lives; (d) teachers convey or draw out three principles understanding and insight regarding TR and IR/CM in ways that learners can best hear it.

[3] The TPRYP classes included the following components: (1) building rapport; (2) exploration of "reality"—separate realities; (3) exploration of thought and insight; (4) consciousness—where does it come from?; (5) exploring feelings/moods/behavior; (6) exploring innate health/natural resilience; (7) what is Mind?—exploring infinite potential; (8) exploring mental clarity vs. a busy mind; (9) implications of the principles for life in school; and (10) implications of the principles for life outside of school. The TPRYP format is not rigid and allows flexibility for the facilitator to allow his/her own wisdom to guide each session. Each TPRYP session is designed to be conversational, exploratory, and reflective rather than traditional lecturing/teaching. Conversations are often based on what children and adolescents bring in to the session, and facilitators continually look for opportunities to highlight the wisdom and innate resilience of each participant.

effect for the TPRYP, unlike the control participants, TPRYP participants showed a significant improvement on mastery (MAS), self-efficacy (SEF), optimism (OPT), adaptability (ADP), and tolerance (TOL). Concerning the main effect for gender, compared to their male counterparts, females in both experimental groups showed a significant increase on mastery (MAS), relatedness (REL), and tolerance (TOL). Again, the interaction between the TPRYP and gender was not significant which appears to mean that gender did not explain the TPRYP participant's significant improvement on mastery, self-efficacy, optimism, adaptability, and tolerance.

	Waitlist			Treatment		
Scale	**Pre-Test**	**Post-test**	**Change Score**	**Pre-Test**	**Post-test**	**Change Score**
RES	48.8 (9.4)	47.1 (11.4)	-1.7 (8.5)	53.9 (9.1)	55.1 (9.5)	1.2 (8.3)*
MAS	46.2 (11.2)	44.3 (13.4)	-1.9 (10.9)	53.1 (10.2)	56.2 (9.5)	3.1 (8.1)**
SEL	9.1 (3.6)	9.1 (3.6)	0.0 (3.0)	11.4 (2.8)	12.4 (2.6)	1.0 (1.9)*
OPT	9.2 (3.9)	8.7 (3.9)	-0.5 (3.3)	10.8 (3.7)	11.5 (3.1)	0.7 (3.2)*
ADP	7.9 (3.0)	7.5 (3.6)	-0.5 (2.2)	9.4 (1.6)	9.7 (1.6)	0.3 (1.8)**
REL	47.8 (9.2)	47.1 (11.0)	-0.7 (8.9)	50.6 (7.6)	49.6 (10.0)	-1.0 (9.6)
COM	9.7 (3.2)	9.9 (3.7)	0.3 (3.1)	10.4 (2.7)	10.6 (2.6)	0.2 (1.3)
SUP	8.7 (2.5)	9.2 (3.1)	0.5 (3.7)	10.0 (2.1)	9.6 (3.0)	-0.4 (3.5)
TOL	10.3 (2.9)	9.2 (3.2)	-1.1 (2.8)	10.1 (2.5)	9.9 (3.2)	-0.2 (2.9)*
TRU	9.3 (3.0)	9.1 (3.0)	-0.2 (2.4)	10.1 (2.2)	10.0 (2.8)	-0.06 (2.8)
Notes: Rounded to the nearest tenth. N=15 male CTL, N=19 female CTL, N=17 male TRT, N=20 female TRT *p < 0.05. **p < 0.01.						

Table 1: Overall Means of Resiliency Scores for Waitlist and Treatment Groups (With Standard Deviations in Parentheses).

	Waitlist			Treatment		
Risk Level	**RES Pre-test**	**RES Post-test**	**Change Score**	**RES Pre-test**	**RES Post-test**	**Change Score**
Males						
Very Low	53.6 (11.8)	55.6 (6.1)	2.0 (9.1)	59.3 (8.3)	58.5 (10.5)	-0.8 (7.1)
Low	50.2 (6.3)	46.8 (11.7)	-3.4 (5.7)	54.8 (10.9)	55.8 (9.2)	1.0 (8.0)
Moderate	50.0 (1.4)	42.0 (17.0)	-8.0 (18.4)	51.8 (7.4)	49.5 (11.5)	-2.3 (7.8)
High	37.7 (3.1)	36.7 (6.7)	-1.0 (4.6)	45.0 (3.6)	55.0 (5.3)	10.0 (8.9)**
Females						
Very Low	58.0 (11.6)	60.0 (9.2)	1.8 (3.4)*	55.0 (10.7)	59.4 (3.1)	4.4 (10.8)
Low	47.7 (11.0)	48.3 (10.2)	0.7 (4.0)*	42.5 (12.9)	50.5 (10.2)	8.0 (9.9)
Moderate	45.1 (12.8)	48.6 (12.6)	3.4 (8.3)*	47.0 (5.4)	52.6 (8.7)	5.6 (4.5)
High	38.4 (10.2)	44.4 (15.3)	6.0 (10.2)*	42.2 (13.2)	55.3 (9.2)	13.2 (6.0)**
Notes: Rounded to the nearest tenth. CTL males N=5 very low risk; N=5 low risk; N=2 moderate risk; N=3 high risk. CTL females N=4 very low risk; N=3 low risk; N=7 moderate risk; N=5 high risk. TRT males N=6 very low risk; N=4 low risk; N=4 moderate risk; N=3 high risk. TRT females N=5 very low risk; N=4 low risk; N=5 moderate risk; N=6 high risk.						
*p < 0.05. **p < 0.01						

Table 2: Overall Means of Resiliency Scores of Males and Females in the Waitlist and Treatment Groups by Risk Level (with Standard Deviations in Parentheses).

Risky behavior

A three-way between-groups ANCOVA was used to determine the effect of the TPRYP on participants' risky behavior (Table 2). The dependent variable was risky behavior change scores. The independent variables were experimental group and gender. A significant difference in risky behavior was found for California TPRYP participants. On average, following TPRYP exposure the risky behavior of high-risk California adolescents decreased by 2.15 units. There was no reduction in risky behavior for the California control group. No significant pre to post-test difference in risky behavior was found for either of the Iowa experimental groups. Gender also showed a significant main effect; regardless of experimental group, compared to males, females showed a significantly reduction in risky behavior.

Risk-level and resilience

A three-way ANCOVA was used to determine the effect of the TPRYP for participants with different risk levels (Table 3). The independent variables were experimental group, gender, and risk level. High-risk TPRYP participants showed a significantly larger improvement in overall resilience than moderate and low-risk TPRYP participants.

	Waitlist			Treatment		
Scale	**Pre-Test**	**Post-Test**	**Change Score**	**Pre-Test**	**Post-Test**	**Change Score**
Males						
Risky Behavior	8.5 (6.9)	8.5 (5.1)	0.0 (3.4)	10.2 (4.7)	6.8 (4.6)	-3.4 (1.5)*
Females						
Risky Behavior	8.6 (4.0)	6.4 (4.0)	-2.1 (2.7)*	3.9 (2.3)	1.6 (1.9)	-2.3 (1.5)*
Note. Rounded to the nearest tenth. N=4 males CTL, N=9 females CTL, N=5 males TRT, N=8 females TRT						

Table 3: Mean Scores for Risky Behaviors of Males and Females in the Waitlist and Treatment Groups in California (With Standard Deviation in Parentheses).

Qualitative findings

Regarding the first qualitative item, "Have you noticed any change in yourself since this program started?" one control participant answered "yes," and all 37 TPRYP participants responded "yes." The content analysis for TPRYP participants' responses to item 2, "If yes, what changed?" yielded the following common themes: improved thinking; thought relates to behavior; new learning/insights; and positive emotions. The content analysis for TPRYP participants' responses to item 3, "What do you think caused this change?" yielded the following common themes: thinking changed; healthier thinking; and positive thinking.

Discussion

The findings of this preliminary study offer support for each of our three hypotheses. Hypothesis 1 was supported. Compared to their controls, TPRYP participants showed a significant increase in overall resilience as well as the resilience components of mastery, self-efficacy, optimism, adaptability, and tolerance. This finding was expected because when children and adolescents realize how thought creates their (and everyone else's) psychological experience they begin using the power of thought more in their best interests. They get better at distinguishing thought that is not in their favor and not taking this thinking to heart and becoming gripped by it. During less healthy states of mind, they are more likely to allow their minds to clear in order for inner resilience to surface before acting.

Hypothesis 2 was supported for California TPRYP participants. Compared to the controls, California participants showed a significant reduction in risky behavior. This finding appears noteworthy because California participants were considered "high-risk" by their school district. This result was expected because the quality of people's behavior reflects the quality of their thinking. Thus, if the quality of an adolescent's thinking improves, it is reasonable to expect that his/her behavior will become more civil and responsive. Hypothesis 2 was not supported for Iowa participants. Iowa TPRYP and control participants showed no significant reduction in risky behavior following their respective interventions. While not expected, this finding did not surprise us since the Iowa participants were considerably younger than the California participants, were not considered "high-risk" by their school district, and at pre-test their scores on the YRRI placed them in either the "low-risk" or "very low-risk" category.

Hypothesis 3 was supported. High-risk participants exposed to the TPRYP showed a significantly greater increase in overall resilience than moderate/low-risk TPRYP participants. This finding was expected because, on average, the conditioned thinking habits of "high-risk" youth are more negative and more deeply ingrained than those of moderate and low-risk youth. Thus, the inner resilience of high-risk youth is obscured at a deeper level than the inner resilience of moderate and low-risk youth. Therefore, compared to moderate and low-risk youth, high-risk youth have more to gain from grasping new insights regarding thought recognition and innate resilience via a clear mind through understanding the three principles. This finding is consistent with Lovins, et al. [35] that conclude that correctional counseling interventions are typically more effective with high-risk that with low-risk children and adolescents.

The qualitative findings appear to support our proposition that when children and adolescents exposed to the three principles understand the principles and in turn grasp new insights regarding thought recognition and/or inner resilience via a clear mind, their resilience will improve. At post-test, every child and high-risk adolescent exposed to the TPRYP—compared to one control group adolescent—reported noticing a personal change. Furthermore, every TPRYP participant was able to specify the change(s) he/she noticed, and appeared to attribute the source of his/her change(s) to insights

regarding thought recognition and/or inner resilience via a clear mind gained through understanding the three principles. For example, common themes derived from the content analysis for item 2 (i.e., "What changed?") and item 3 (i.e., "What caused the change?") were: improved thinking; thought relates to behavior; new learning/insights; thinking changed; and healthier thinking. Furthermore, the following examples of complete responses of TPRYP participants to these items also appear to reflect new insights regarding TR and/or IR/CM: "I notice when I'm thinking bad things;" "I am more calm in situations that would have stressed me out before the program;" "I can realize when my thinking is causing my bad mood;" "What changed for me was not to keep my negative thoughts in me and letting them out and moving on;" "I think about why I was thinking negatively and then I want to get out of it, so I learned to drop bad thoughts;" "My thinking. If I let my negative thoughts get the best of me, then they will;" "I think it's the way you start thinking about the thoughts;" "Knowing that I can choose what to think or how to respond to them;" and "I also think I have changed because I've learned so much about wisdom and all that stuff."

An unexpected finding was that female participants, regardless of location and experimental group, showed a significantly greater improvement in resilience and a significantly greater reduction in risky behavior than their male counterparts. While research on gender differences in resilience is limited, Lee [36] hypothesized that females may demonstrate more resilience than males because they generally have more intimate friends with whom they can receive support during stressful times. Given that females have a propensity to tend-and-befriend, socialize, and affiliate with other females, it is possible that the interaction of females from the control and treatment groups (who attended the same school) may have influenced this outcome [37].

Limitations

Like most studies, there are several limitations with this study that beg further research and additional studies. This is the first controlled study that tests the efficacy of the TPRYP on the resilience and risky behavior of children and high-risk adolescents. Thus, replications are clearly needed to confirm its positive results. Some measures used in this study were altered slightly to fit the young age of Iowa participants which may have affected their validity. For example, The YRRI was altered from its original form to accommodate ethical considerations for use with children from Iowa. Also, no pilot study was conducted to assess the validity of the qualitative items use in the study. While both TPRYP instructors received the same training in delivering the TPRYP lessons, their previous experience teaching the three principles differed; the California instructor had over two years more experience teaching the three principles than the Iowa instructor. Also, the relatively short duration of the TPRYP (10-weeks) prevents any conclusion regarding its long term effects. Thus, longitudinal studies are needed in the future. Another problem is the lack of blinding in this study which means that the study's positive outcomes may have been influenced by participant's knowledge of the intervention received. Furthermore, random assignment varied for participants which may have influence our findings. In California, participants were randomly assignment on an individual basis to experimental groups. In Iowa, however, two adjacent classrooms were randomly assigned to experimental groups. Further study also needs to occur to help clarify our unexpected finding that females, regardless of location or experimental group, showed a significantly greater improvement in resilience and a significantly greater decrease in risky behavior than males.

Conclusion

The findings of this preliminary study appear to demonstrate that the TPRYP may be a promising new intervention for improving the resilience and reducing the risky behavior of children and high-risk adolescents. Compared to their controls, participants exposed to the psycho-spiritual principles of Universal Mind, consciousness, and thought showed a significant improvement on overall resilience as well as the resilience components of mastery, self-efficacy, optimism, adaptability, and tolerance. Furthermore, high-risk TPRYP participants showed a significantly greater improvement on overall resilience than moderate/low-risk TPRYP participants. Finally, compared to the control group, high-risk California participants showed a significant reduction in risky behavior.

The study's qualitative findings appear to support our proposition that if children and adolescents are exposed to the three principles and in turn understand the principles, and in turn grasp new insights regarding thought recognition (i.e., that their every psychological experience is created from the "inside-out" by their use of the power of thought), and/or inner resilience via a clear mind (i.e., that they have all the resilience they need already inside them and can access this resilience via a clear mind) their resilience will improve naturally without the need for resilience-building therapies, skills, techniques or strategies. Although more rigorous, controlled research is needed to test the efficacy of the TPRYP, these preliminary findings appear to warrant the attention of resilience and prevention professionals.

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