

Principle Based Interventions: Summary of Outcome Data collected (1985-2005)

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By the end of April, 2001, over 300 residents had been reached via outreach activities. Over 150 residents had participated in the Principle based “personal empowerment and leadership” classes. The independent evaluators hired by the lead foundation surveyed a sample of 45 of these adult residents, whose participation had begun at least six months prior to the survey. The survey was a self administered post only retrospective survey comprised of 19 quantitative closed ended survey items that measured mental health status and integration of concepts taught in classes. The age range of participants was 23-64 (Mean=35). Seventy six percent (76%) had completed high school, while 9% had completed trade school and 2% had college degrees. Eighty percent (80%) were African American, 7% Caucasian, 2% Chinese, 2% Latino, and 2% Pacific Islander. The survey utilized a three point Likert scale (*Significantly* increased, *somewhat* increased, and *no* increase).

Resident Survey Results: Eighty two percent (82%) of the respondents reported that the classes *significantly* helped them feel less isolated from others. Eighty two percent (82%) said the classes helped them feel significantly more in control of their behavior, emotions, and thoughts, while 73% reported feeling significantly less tense or anxious. Seventy three percent (73%)

reported feeling significantly more calm and peaceful. Ninety one percent (91%) stated that the classes significantly enhanced their belief that self esteem is a natural state that is innate. Eighty two percent (82%) agreed that “negative thoughts lead to negative feelings, resulting in negative behaviors”, while the same percentage (82%) stated that they are significantly less angered by the actions of others. Eighty nine percent (89%) stated that the classes significantly strengthened their belief that they are capable of making significant contribution to their community.

The analysis of these surveys also demonstrated substantial correlations between the constructs taught and the self reported changes in participant’s lives. Of those who reported that they increased *significantly* their understanding, that “the only thing that keeps us from experiencing happiness is our own negative thinking habits”, (a) 91% reported being significantly more in control of their behaviors, feelings, and thoughts, (b) 75% reported feeling significantly less depressed and (c) 81% reported feeling significantly more calm and peaceful. Of those who reported a deeper understanding that “negative thoughts lead to negative feelings and behaviors”, (a) 87% reported feeling significantly less isolated from others, (b) 76% reported feeling significantly less depressed and (c) 81% reported feeling significantly more calm and peaceful. Of those respondents who reported that they significantly increased their belief that “what causes conflict in relationships is that people see things differently”, (a) 84% reported that they significantly improved both the quality and number of close personal relationships, (b)

90% reported that they felt significantly less isolated from others and (c) 81% reported feeling significantly less depressed. Of those who reported that they significantly increased their belief that self esteem is a natural feeling that everyone is born with, (a) 73% reported feeling significantly more satisfied with their personal lives, (b) 78% reported that they felt significantly that they were, overall a happy person, while (c) 88% reported that they were significantly more in control of their behavior, feelings, emotions and thoughts.

Alliance for Community Case Study

In, Santa Clara County California a control group study was recently completed with patients diagnosed with sever, chronic mental illnesses, many of whom had been institutionalized. The study used random assignment and convenience sampling with 89 clients of the Alliance for Community Care Program. The higher functioning group, clients of vocational program were randomly assigned to either a control group (N=27), or to a Principle Psychology Training Group (N=29). In addition, two residential sites participated in the study. These sites were Board and Care homes for people with severe diagnoses of schizophrenia, dual diagnosis or severe depression. The Principle Based training site had fifteen participants (N=15), while the comparison site had eighteen residents (N=18).

The Principles bases classes entailed 30 hours of exposure to the Principles underlying how we generate psychological experience. Comparison group participants continued their normal programs, involving social skills, behavior management, vocational skills and

communication. Both groups were tested both before and after the program. Assessment instruments included measures of anxiety, depression, positive affect, behavioral emotional control and self efficacy. Participants were also tested for their ability to grasp the Principles & logic of this understanding of innate mental health and how that plays out via Mind, Thought, and Consciousness.

The treatment group showed significant positive changes in positive affect, behavioral emotional control, self esteem and self efficacy, with significant decreases in anxiety and depression. The test for effect sizes were much larger for the treatment group than the comparison group in the areas of behavioral emotional control, depression and self esteem, and higher, but less substantial on the other scales. These results were supported by follow-up interviews with staff and clients (Fidler & McMahan, 2001). These interviews revealed that overall, treatment group participants were more present and aware, were more involved in social activities, were more connected to their families, and more positive about being able to make progress in their lives and increase their level of self sufficiency. An independent peer review of this research concluded that:

“The effect size results help to reinforce that the Health Realization (HR treatment) group improved more dramatically in depression and behavioral emotional control. These results were also supported by the interviews of clients and staff conducted by the authors. The use of a mixed method approach, which examined qualitative and quantitative data, provides a better understanding of the results. The ability to randomly

assign some of the participants to either the HR training conditions or the comparison conditions helps to control for factors which may bias the results.” (Alcohol and Drug Services Research Institute, June 2001).

Post-Hoc One Year and Six Year Follow-Up Studies

The first clinical outcome data were presented in 1985 at the Hawaii Psychological Association Annual Conference. These data were compiled by staff of the Advanced Human Studies Institute in Coral Gables, Florida. They conducted a one year follow-up study with 82 randomly selected patients from three independent clinical settings, representing clients of three doctoral level therapists and four master’s level therapists. These clients presented with serious psychological problems across ten DSM-III diagnostic categories. Of this sample, only four had any reported relapse.

The remaining 78 clients in the sample reported that the severity of their symptoms had been reduced substantially, to a degree that they were easily able to manage their symptoms in a way that did not impair their day-to-day functioning. Statistical analysis showed no significant differences in outcomes across therapists, settings or client’s race, education or other demographic differences.

Research Method: The evaluation method in this study consisted of independent ratings of severity of presenting symptoms, separately rated by the therapists and clients, utilizing seven point Likert scales to measure severity of inability associated with the patient’s diagnosis and presenting symptomology. Bailey, Blevens and Heath, Minnesota Psychologists, conducted a six-year post-hoc

study with a sub-set of the same client population (N=23) to test the long-term effectiveness of this modality as an effective psychotherapy in 1988. They concluded that these positive changes in symptomology and the ability of clients maintain a higher mental health status were sustained (Bailey, Blevens & Heath, 1988).

After six years, 86.9% of the patients in this sample showed sustained positive changes in mood and symptomology; Overall 82.6% reported consistently higher self-esteem and positive changes in marriage and other personal relationships. The smaller sample size raised a questions about possible self-selection or respondents based on more positive outcomes, perhaps, than those who did not respond, although this is a significant percentage from whom to obtain responses six years following treatment.

Pre and Post Therapy Testing Studies

The first pre, post-test study of his paradigm in outpatient therapy settings was conducted with a sample of 53 adult outpatients using two self report instruments, the SCL-90R and the Weisman Social Adjustment Scale. The ninety-item SCL-90R was chosen because it has been shown to be a reliable and relevant measure of clinical change occurring in therapy when pre-post test scores are compared (Derogatis, 1983, Edwards, et-al, 1978). For the nine primary symptom dimensions, the SCL-90R test, retest coefficients range between .78 and .90 with coefficient alphas ranging between .77 and .90 (Derogatis, 1977). The Social Adjustment Scale Self Report (SASS) consists of 42 questions measuring social adjustment in six areas of life from work to family and interpersonal relationships. Significant correlations exist

between self-report, informant's ratings and interview versions, while the self-report version has been shown to be sensitive to treatment induced changes (Weisman & Bothwell, 1976, Weisman et-al, 1978) demonstrated the utility of this scale with heterogeneous client populations, including alcoholics, severely depressed and schizophrenic patients.

Three male and four female therapists provided therapy in both individual and group modalities. Therapists included one licensed doctoral level therapist, two licensed master's level and two bachelor's level certified chemical dependency counselors. Patients with depressive disorders were 48% of the sample, anxiety disorders 21%, and adjustment disorders 17%. Ten percent (10%) were being treated with psychotropic medications. From Intake to three months, all but one SCL-90R scale showed significant reductions in levels of distress ($P=.001$). Seven of the 12 scales showed significant reduction from three to six months ($P=.05$).

Combining moderately and significantly improved categories, the percentages of patients whose social adjustment improved on the overall global rating scale of SASS were: 1.) affective disorders, 80% improvement, 2.) anxiety disorders, 84.6%, and 3.) adjustment disorders, 79.2% improvement. There was no significant difference in outcomes across age, sex, race or SES (Blevens, Bailey, Olson and Mills, 1992).

Control Group and Community Outcome Studies

The community group study completed was conducted as part of a larger community empowerment grant sponsored by the city of Fresno, California in five of

their worst, most crime ridden, disadvantaged neighborhoods. Residents were recruited for Health Realization leadership training based on the Principles of this understanding. Borg (1997) recruited 63 residents who were in the training, and a comparable control group of 61 who did not participate in training (Total N=124). Thirty six (57%) were male and 27 (43%) were female. Twenty percent (20%) were African American, 36% Latino, 17% Asian, 22% Caucasian, and 5% Native American. The experimental group attended leadership classes over a six-month period (Six three hour sessions that taught these Principles were conducted by post-doctoral individuals at the California School of Professional Psychology).

Participants were tested prior to their participation and six months after the classes, using a Rand Corporation Mental Health Inventory based on a General Well Being Survey, which had been normed on over 6,000 people nationally. The scales measured anxiety, depression, behavioral-emotional control, positive affect, loneliness, and belonging. A multi-variant analysis (MANOVA) demonstrated that the classes had a significant impact on all of these sub-scales. From pretest to post-test, significant differences at the $P < .001$ level were measured for participants in these classes on all the sub-scales (Anxiety, $F=51.35$; Depression, $F=33.36$; Behavioral-Emotional Control, $F=27.28$; Positive Affect, $F=46.53$; Loneliness, $F=22.90$; Belonging, $F=37.68$). No significant differences were measured in the control group on any of these measures. There were also no differences in outcome across ethnicity, gender, income, or employment status on any of the scales.

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Modello and Homestead Gardens Projects-Miami, Florida

After three years the program had served 142 families and over 600 youth. Seventy parents had become gainfully employed (50%). Twenty-eight (20%) were enrolled in GED classes or job training programs. Over 50% percent of the parents completed the nine-week parenting classes. Seventeen residents were referred to residential drug treatment and another twenty-one reported being able to stop using drugs or alcohol on their own. Resident surveys showed that: 1.) 87% of the parents reported that their children were more cooperative and reported significantly less frustration with or hostility toward their children. 2.) Over 60% of residents involved in the program became employed, from a baseline of 85% on public assistance. 3.) School discipline referrals and suspensions decreased by 75% from baseline at the middle school level. 4.) Attendance improved and school truancy rates dropped by 80%. 5.) Parent involvement in the schools improved by 500%. 6.) Only one student from these communities was failing at the middle school level from a baseline of 64% failure rates. 7.) The Homestead Police Department reported that they had not had any calls for drug trafficking or criminal activities such as stolen cars or burglaries for almost a year.

Robert Thomas, then senior advisor to the Dade County United Way in Miami for community development was asked by Janet Reno, then State Attorney, to organize a

task force of agency heads to work closely with the Modello-Homestead Gardens programs. The Chair of this task force was William Stokes, President of Miami-Dade Community College-South. In his final report to Dr. Stokes, Janet Reno and the United Way, he concluded that:

“Change became apparent after the initial ten week leadership training program...by the third year, residents had organized their own agenda for improving their community and preparing themselves to leave it for the outside world. They were collaborating to write their own grants and initiating their contacts with government officials and service providers. They had no further need for the coalition of providers and officials I had organized to bring changes from the outside. Change had followed the drawing out of the innate competence of individual residents and they were working as an inspired community to change the quality of their own lives.” (Thomas, 1993)