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Intervention for Juvenile Justice and
Prevention Professionals*

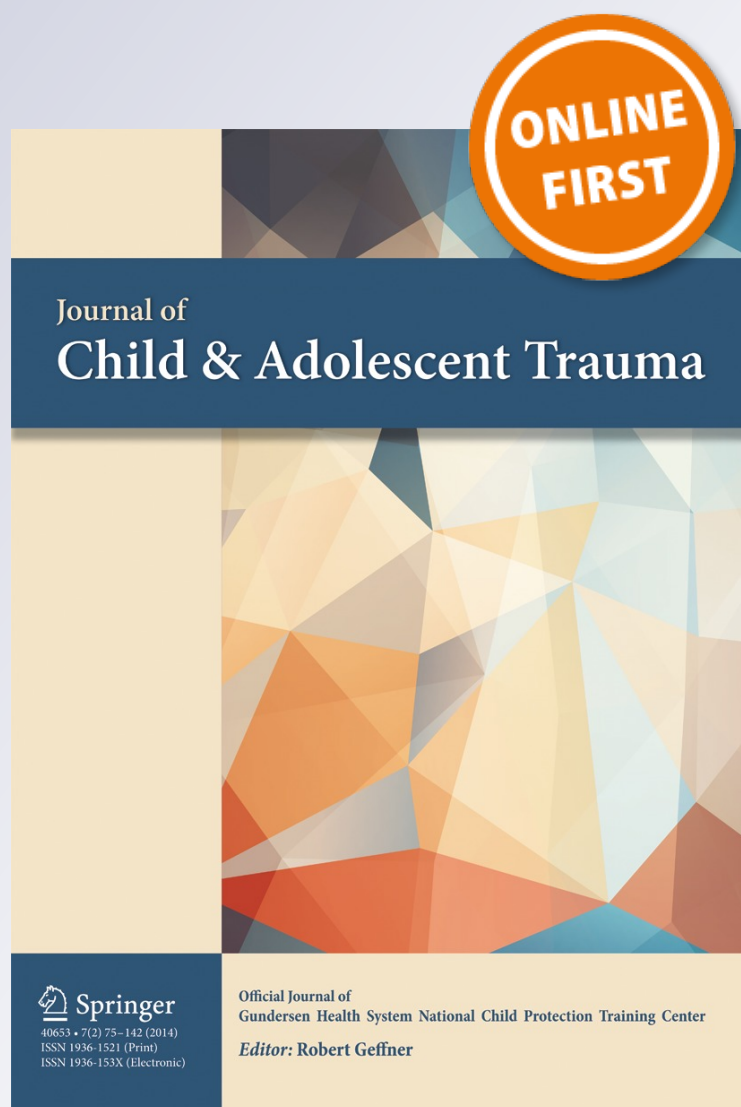
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Realizing Resilience in Trauma Exposed Juvenile Offenders: A Promising New Intervention for Juvenile Justice and Prevention Professionals

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Abstract Considerable evidence suggests that untreated childhood trauma is a contributing factor to delinquency and juvenile justice system involvement. This paper describes a promising new intervention for at-risk youth and juvenile offenders with traumatic histories grounded in a model commonly referred to as the three principles. This intervention attempts to draw out the inner mental health and resilience in trauma exposed young offenders and provide them with a new perspective on their past traumas that can prevent them from infecting the present. First, the origin, nature, and logic of the three principles are described. Next, the three principles intervention is described and compared to cognitive and other trauma interventions. Then, several guideposts followed by effective three principles practitioners are described. Finally, empirical evidence is presented in support of the efficacy of this intervention with at-risk youth, juvenile offenders and adults with traumatic histories.

Keywords Child and adolescent trauma · Delinquency · The three principles · Mind · Consciousness · Thought · Innate resilience · Juvenile justice

Child and adolescent trauma is one of this country's most costly public health problems (Putnam 2006). The 2008 Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents (American Psychological

Association 2009) defined a traumatic event as "...one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs" (p.6). Traumatic events cited by the task force include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human made disasters, suicide, and other traumatic losses. The 2008 Child Welfare Committee of the National Child Traumatic Stress Network divided trauma into three categories: (a) Acute Trauma - a single traumatic event that is limited in time such as a gang shooting, rape, or natural disaster; (b) Chronic Trauma - multiple and repeated assaults on a child's body and mind such as chronic sexual or physical abuse or exposure to ongoing domestic violence; and (c) Complex trauma - exposure to chronic trauma and the immediate and long term impact of such exposure on the child.

Following exposure to a potential traumatic event, short-term distress is almost universal. Over time, however, most youth appear to regain their prior level of functioning (Bowman 1997; Cicchetti & Rogosch, 2009; Masten 2011). For some youth, however, trauma exposure overwhelms their ability to cope and they go on to develop acute or chronic symptoms (including PTSD) that warrant psychological intervention. This outcome is more likely to have occurred for youth who enter the juvenile justice system including over 93,000 held annually in juvenile corrections facilities (Adams 2010). Considerable research suggests that a disproportionate number of this nation's most traumatized youth are found in the juvenile justice system (Siegfried, Ko, and Kelley 2004). National surveys estimate that compared to youth in general, delinquent youth have a greater likelihood of having experienced a potential traumatic event. While it is estimated that between 14 and 34 % of children and adolescents have experienced at least one traumatic event (Craig and Sprang 2007), this estimate rises to between 75 and 93 % for youth who enter

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the juvenile justice system (Adams 2010). Compared to youth in general, these young offenders also experience a disproportionate amount of chronic and complex trauma often perpetrated by their trusted caregivers.

There is considerable evidence that childhood trauma is a contributing factor to delinquency and juvenile justice system involvement (Abram et al. 2004; Tuell 2008). Several clinical and epidemiological studies suggest that at least three in four youth in the juvenile justice system have been exposed to severe, chronic victimization (Abram et al. 2004; Arroyo 2001; Cauffman, Feldman, Waterman and Steiner 1998) which has been associated with distrust and disregard for adult authority, rules and laws (Cook et al. 2007). After exposure to multiple traumatic events some youth resort to aggression, defiance, risk-taking, rule breaking and hurting others as misguided ways of surviving emotionally and protecting themselves. Therefore, it is not surprising that youth with traumatic pasts are more likely to be arrested for serious crimes (Holowka et al. 2003) including sex offenses (McMackin et al. 2002) and homicide (Shumaker and Prinz 2000).

While a history of childhood trauma has been associated with an increased risk for delinquency, trauma exposed youth are seldom screened or treated for trauma before they enter the juvenile justice system (Adams 2010). While many young offenders with traumatic histories should not have to enter the juvenile justice system to receive treatment, juvenile justice professionals often end up being potential treatment agents of last resort. Unfortunately, many juvenile justice professionals have not learned how to effectively intervene with delinquent youth with traumatic pasts (Sprague 2008). The unfortunate result is many young offenders who enter the juvenile justice system never receive the treatment they need and often are re-traumatized by the processes of arrest, detention, adjudication and institutionalization (Wolpaw and Ford 2004). Adams (2010) stated, "The most humane and effective response to a youth who has experienced trauma entering the justice system is one of treatment and support. We can no longer afford to ignore the evidence of both the prevalence and long-term effects of untreated childhood trauma" (p.11).

The question then becomes what type of treatment and support would be most efficacious? Clearly, focusing solely on dysfunction and/or sanctioning the problem behavior of young offenders with traumatic histories is not the best approach (Buffington, Dierkhising, & Marsh, 2010). The consensus of current trauma research is that effective interventions focus mainly on health and resilience, not dysfunction and punishment (Bonanno 2004; Bonanno and Mancini 2008; Cicchetti & Rogosch, 2009; Masten 2011). However, many juvenile justice and prevention professionals have not yet realized that by focusing on the health and resilience in trauma exposed young offenders they can help them recognize, re-ignite and sustain this health and reduce their problem behavior (Kelley 2009; Kelley and Pransky 2013).

This paper describes a promising new intervention for trauma exposed young offenders that attempts to draw out their inner health/resilience and provide them with a new perspective on their past traumas that can prevent them from infecting the present. This unique intervention is grounded in a model commonly referred to in the literature as *the three principles*. Considerable evidence suggests that juvenile justice and prevention professionals who grasp these principles can convey them to young offenders with traumatic histories, help them overcome their traumatic pasts and reduce their delinquent and other health damaging coping behavior.

The Three Principles

Research leading to the discovery and use of the three principles was carried out by Mills (1977, 1995) and Pransky (1998), who were strongly influenced by insights of the late philosopher Sydney Banks (1998, 2001, 2005). Banks proposed that all psychological experience is constructed by the use of three principles, *Universal Mind, Consciousness and Thought*, which he viewed as fundamental truths existing in the psychological domain, much the same as gravity is a truth that exists in the physical realm. In other words, just as gravity constantly acts upon people whether they know it or not, Banks saw Mind, Consciousness and Thought operating in everyone, every moment, and affecting all human experience. Banks further posited that people have innate mental health/resilience they can realize, activate and sustain throughout life. While the three principles apply to everyone, this paper focuses on their application with trauma exposed juvenile offenders (for an in-depth description of these principles, see Kelley and Pransky 2013; Pransky and McMillen 2012; or Pransky and Kelley 2014).

The Principle of Mind Banks referred to Mind as the formless energy that powers people's use of Thought and Consciousness to construct their moment-to-moment psychological experience from within. Also, Banks viewed Mind as the source of innate health/resilience always available to people no matter what their circumstances, stressors, or traumatic events encountered over time.

The Principle of Thought Banks viewed Thought as the *ability to think*; the agency all people use to create their psychological experience from within. Banks emphasized that Thought does not refer to what people think (e.g., beliefs, feelings, perceptions). A psychological principle cannot exist at the level of thought content because no two people think the exact same thoughts. Rather, it is the *ability to think* or "*that people think*" that is constant from person to person. Banks referred to the ability or agency of Thought as a psychological

common denominator used by all people to create various thought content.

The Principle of Consciousness Banks referred to Consciousness as the agency that transforms people's thinking into psychological experience through their physical senses. Put another way, as people use thought to construct mental images, these images appear real to them as they merge with the faculty of Consciousness and register as sensory experience. According to Banks, Consciousness uses Thought to inform the senses, producing each person's psychological experience from the "inside-out." Also, Banks emphasized that Consciousness allows people to recognize or be cognizant of the fact they are using the power of Thought to create their psychological lives from within.

Innate Health/Resilience Banks further proposed that people have innate mental health/resilience constructed by intelligent free-flowing thought released through a clear mind. According to Banks, only two ways of being are possible for all people including juvenile offenders with traumatic histories; either they are operating from inner health/resilience which naturally surfaces whenever their minds clear, or this inner health is being overridden by *their own less healthy personal thinking*. Thus, this model explains that early on many trauma exposed young offenders begin drifting away from their inner health/resilience by misusing the power of thought in myriad ways and becoming gripped by their less healthy thinking. For example, some learn to worry, obsess, or ruminate; others learn to think suspiciously, angrily, judgmentally, righteously and egotistically; some cultivate "busy" over-active analytical minds; others learn to think in "criminogenic" ways (Samenow 2001) and some have genetic anomalies or may have experienced biological harms that can impair their thinking. The products of this less healthy thinking (e.g., painful feelings, distorted perceptions, poor self-esteem) can fuel dysfunctional coping strategies such as delinquency, drug use and other health-damaging behavior. However, this model explains *this less healthy thinking is problematic only if people "buy into" or believe the thought content it produces* (e.g., "I need to hurt that person" or "I need to have sex with this child").

Feelings: A Thought Quality Barometer Finally, Banks proposed that all people have an inner self-monitoring system, or a reliable way to gauge whether they are using thought in their best interest or against themselves; *people's feelings serve as a reliable barometer of the quality of their thinking*. In the same way that physical pain signals a physical malfunction, painful/insecure feelings signal less healthy thinking and the potential for psychological dysfunction. According to this model, the greater a trauma exposed juvenile offender's emotional pain, the further he or she has drifted away from healthy, responsive

thinking. Yet, this health/resilience is buoyant and always available to these youth; it is merely obscured or covered up by their less healthy thinking. This means that young offenders who have experienced horrid traumatic events can access this health at any moment, whenever their minds clear or their personal thinking calms down (Mustakova-Possardt 2002). Thus, by using their feelings as a guide to the quality of their thinking, understanding that all thinking is illusory, fleeting and will pass, these youth can naturally default to a clear mind, positive feeling state, and natural resilience (Sedgeman 2005).

In sum, applied to trauma exposed juvenile offenders this model explains: (a) these youth use the power of Thought to construct their psychological lives from within; (b) every experience they create using Thought is enlivened through their senses and made to appear real to them by Consciousness; and (c) the feelings and behavior of these youth are perfectly aligned with how their thinking makes their lives "appear" to them. According to the three principles, the only experience these youth can have is their own thinking coming into their consciousness at that level and being experienced as "reality." They then think, feel, and act out of what they "see," or the way their lives look to them created by these principles.

The Three Principles Intervention

Bank's ideas inspired Mills (1995) and Pransky (1998) to design an intervention grounded in the logic of the three principles. This intervention differs from others in that its impact is thought to occur by helping trauma exposed young offenders understand how their psychological lives get constructed from within via the three principles. Through understanding these principles, these youth are steered toward insights regarding: (a) *thought recognition* - that every feeling and perception is created by their own thinking and that thought is the only "reality" they can ever know and the only experience they can ever have; and (2) *inner mental health via a clear mind* - that they have all the mental health, self-esteem, wisdom and resilience they need already within them and they can access this health whenever their minds clear, calm or quiet down from their personal or habitual thinking.

A helpful way to illustrate the uniqueness of this intervention is to compare it to the cognitive approach with which it is often mistaken. Generally speaking, a cognitive-behavioral or rational-behavioral therapist would view her job as helping a young offender address the traumatic event. She would view the event as well as the youth's posttraumatic symptoms as facts about which he or she must learn to think more rationally. She would view the traumatic event as the appropriate focus of treatment and the youth's fearful reaction to the event as a signal of proper therapeutic direction. This therapist would

then focus on the content of the youth's thinking about the traumatic event, approaching the youth's thoughts as if they had power independent of the youth misguidedly thinking they do. She would then attempt to recondition the content of the youth's thinking as though it were absolute, with little or no acknowledgment of the subtle variations in her young client's thinking that arise from an ever-changing state of mind or feeling state.

A three principles therapist, on the other hand, would view the traumatic event in and of itself as having no special importance to the therapy process. Also, he would view the stress or discomfort displayed by his young client as counter-productive to the therapy process as these emotions signal that the youth is not yet ready to address the trauma. Painful emotional reactions to the trauma would be seen as a statement not about the importance of the trauma, but rather a statement about the youth's present level of thought recognition. The issue for the three principles therapist is to teach thought recognition, and he would attempt to do so by trusting his wisdom to direct the conversation to any subject that was safe for the youth, knowing that any subject lends itself to such teaching and that the trauma resolution process only works when a youth feels at ease and his or her mind clears. Eventually, the discussion will come around to the *ability of thought* as a creative power, and the idea that *trauma resolution is built into a clear mind and the innate health/resilience it releases*. As his young client's thought recognition deepens, he or she will begin to see the trauma for what it really is: *nothing more than painful memories from the past being carried through time via thought*. With thought recognition, the client will see that traumatic memories flow uneventfully through his or her mind in a state of mental health. Although these memories may create temporary discomfort, the youth will understand and trust that *a natural trauma resolution process is in operation*. He or she will realize that this process is a normal, non-threatening part of healthy psychological functioning.

Clearly, the three principles intervention differs markedly from cognitive and other trauma interventions by focusing on the *ability of thought* rather than thought content. It does not focus on the recall and analysis of a young offender's traumatic memories or feelings. Nor does it attempt to recondition the dysfunctional schemas of these youth or help them reframe or change their thinking. Rather, this intervention attempts to help trauma exposed young offenders: (a) realize how the "reality" they see in any situation is only what they are inadvertently making up with their own power of thought, which they do not often realize; (b) transform their relationship with their thinking by helping them see that their thoughts - and therefore what they are experiencing as "real" in the moment - is a temporary illusion that will eventually change, so there is no need to take it so seriously; (c) see how well-being and common sense naturally appear and are always

available to them whenever their minds clear or their personal thinking quiets down; and (d) realize there is no event, no matter how traumatic, they cannot overcome once they are aligned with their inner health/resilience or when their thinking about the traumatic event shifts to a higher level of consciousness.

The reason change is thought to occur in trauma exposed juvenile offenders as a result of this intervention is because they have new insights about how their experience of life gets 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 impact when a trauma exposed young offender shifts from thinking, "I'm a worthless person, 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 being controlled by his or her thinking because it looks so real, this youth suddenly realizes, "I don't have to buy into and follow each thought that enters my mind." Or, "Because my dad made me have sex with him, I'm damaged forever," to "Sometimes bad stuff happens, but I'm not going to let it ruin my life" (Pransky and McMillen 2012). This fundamental change is what this intervention strives to achieve.

Following insights regarding thought recognition and inner mental health via a clear mind gained through three principles understanding, trauma exposed youth are better able to recognize, access and sustain innate health/resilience to address traumatic life situations. They realize that painful feelings signal the temporary deteriorating quality of their state of mind, rather than upsetting information about the negative reality of their life circumstances. By using their feeling state as a guide to the quality of their thinking, understanding that all thinking is illusory, fleeting and will pass, these youth naturally default to a clear mind, positive feeling state and more resilient functioning (Sedgeman 2005). On the other hand, if trauma exposed youth fail to realize that it is their use of thought rather than the event creating their experience, they are likely to become gripped by their painful memories rather than allowing them to pass as new thoughts come to mind. As these youth grasp these understandings, they begin to see the trauma for what it really is; nothing more than painful memories from the past being carried through time via thought (for a detailed description of the three principles intervention in corrections settings, see Kelley; 2009, 2011).

Guideposts Followed by Three Principles Practitioners

There is no uniform method or set of techniques for conveying the three principles understanding to trauma exposed young offenders. However, the following guideposts are typically followed by effective three principles practitioners: (a) the

health of the teacher; (b) creating an optimal climate for insightful learning; (c) deep listening; and (d) conveying or drawing-out three principles understanding (Pransky 2003).

The Health of the Teacher A prerequisite for teaching these principles to young offenders with traumatic pasts is that teachers live in their own health and well-being and are able to keep their bearings during low moods and times of adversity. Effective three principles practitioners operate from a state of service and typically live in their own health, which they model for their young learners. In most cases these teachers have become this way because, after being exposed to these principles, they had their own insights regarding thought recognition and innate health via a clear mind (Kelley 2009; Pransky and Kelley 2013). Pransky (2003) stated, “To sum it up, effective principles-based teachers are those who generally live in a state of health and well-being themselves, who walk the talk, and who can draw out the health of others” (p. 164).

Creating an Optimal Climate for Insightful Learning An essential component of a climate that promotes insightful learning is that teachers realize even the most chronic juvenile offenders have mental health/resilience within them waiting to surface. These youth can sense this awareness in their teachers which helps relax their thinking and enhance their learning curves. Effective teachers realize that no matter what traumatic events young offenders have experienced, their capacity to realize and access inner health/resilience is still intact. Thus, rather than viewing these youth as incomplete or damaged and trying to fix them with the right beliefs, skills, or techniques, effective teachers relate to them as already whole and complete. By focusing on the health in these youth, they point them in its direction and show them how they have innocently obscured it with their own less healthy thinking. Pransky (2003) stated, “A huge difference exists between thinking youth don’t have internal health/resilience unless we do something to them from the outside, and thinking that they have everything they need inside to live happy, healthy, productive lives” (p. 70).

Effective three principles teachers also recognize the innocence in the problem behavior of these young offenders no matter how deviant or dysfunctional. They realize these youth are doing the best they can at the moment based on how their thinking makes their lives appear to them. This understanding helps create a more relaxed, positive teaching environment. When troubled youth are at ease and light-hearted, their unhealthy thinking begins to dissipate and their painful memories fade. A relaxed, easy environment helps break down a troubled youth’s defenses, builds rapport and makes insightful learning more likely. This safe, relaxed atmosphere helps the minds of young offenders clear and access healthier thinking. A good feeling, rapport and hope are essential before anything else is possible.

Deep Listening Deep listening is passive, quiet, effortless listening. It differs from active listening which requires effort and searching for answers. Deep listening happens intuitively through a clear mind and just “being with” or “taking in” a youth. Deep listening allows the teacher to listen beyond the words to how these youth see their worlds, how life looks to them, how their view might be robbing them of their health and what they may not realize about the “inside-out” creation of their psychological lives. Deep listening allows teachers to see more clearly how these youth have become lost in their less healthy thinking and helps clarify what they need to realize to free them from this thinking and re-kindle their inner health/resilience.

Conveying or Drawing-out Three Principles Understanding Once teachers realize and focus on the health and resilience in their young clients, see the innocence in their problem behavior and create rapport in a relaxed, light-hearted relationship climate, they are ready to help them realize the health/resilience within them and how they have innocently obscured it with their own thinking. Basically, this teaching includes helping these youth realize: (a) it is not what has happened to them that creates their experience, but rather what they have made of what happened to them with their own thinking; (b) they are connected to and can be guided by well-being and wisdom if their minds are calm and clear enough to hear it; and (c) they have the power to see their lives differently and therefore to live more healthy, resilient lives. When young offenders with traumatic histories grasp these understandings, they begin to see their past traumas for what they really are; something their own minds create meaning of and carry through time. Thus, their problem behaviors begin to diminish because the less healthy thinking that drove those behaviors does not look as real to them anymore. They begin to realize they are whole and healthy within and that the traumatic event(s) they have experienced have no power to damage them or diminish this health. They realize this health is always waiting to surface except for the weight of their less healthy thinking, *believed*, and kept in place.

Resources for Understanding and Teaching the Three Principles

Several prominent three principles practitioners have authored publications that can assist juvenile justice and prevention professionals in understanding and teaching the three principles to trauma exposed juvenile offenders (e.g., Carlson and Bailey 1999; Kelley 2009, 2014; Kelley and Pransky 2013; Mills 1995; Mills and Spittle 2001; G. Pransky 1990, 1998; J. Pransky 2003; 2011b; Spittle 2005). For example, J. Pransky (2003) provided a prevention manual that describes the three

principles and their application with various client types. Pransky and Carpenos (2000) devised a structured three principles-based middle school curriculum for preventing youth violence, abuse, and bullying. For prevention at the earliest levels, Pransky and Kahofer (2012) designed a children's book to aid teachers and parents in helping even very young children begin to understand the power of thought. Also, there are numerous on-line resources (e.g., books, videos, classes) to assist juvenile justice and other professionals in understanding and teaching these principles (e.g., Three Principles Movies; Three Principles Global Community; Center for Sustainable Change; Center for Inside-Out Understanding; Three Principles Living).

Efficacy of the Three Principles Intervention

Empirical evidence exists in support of the efficacy of the three principles intervention with at-risk youth, juvenile offenders and adults with traumatic histories. For example, this intervention has been used with hundreds of children, adolescents and adults in several impoverished, violent, crime-ridden communities such as south central Los Angeles, Oakland, San Francisco, the South Bronx, Miami, Tampa, rural Illinois, Oahu, Minneapolis, Des Moines, Charlotte and the Mississippi Delta region (Bernard 1996; Kelley 2003; Kelley, Mills and Shuford 2005; Mills and Spittle 2002; Pransky 2011a). Most of these communities were replete with violence, drug gangs, shootings, drug addicts and alcoholics and child and domestic abuse. Many of the children, adolescents and adults who experienced this intervention had histories of trauma, delinquency/crime, and justice system involvement.

The first three principles community revitalization intervention took place in Modello and Homestead Gardens, two Miami public housing projects with the highest crime rates in Dade County. After 3 years, 142 families and more than 600 youth had been exposed to these principles. Results of an independent evaluation showed that 87 % of parents stated their children were more cooperative and less frustrated and hostile; school discipline referrals and suspensions decreased by 75 %; school truancy dropped 80 %; only one student failed at the middle school level from a baseline 64 % failure rate; parents' school involvement increased 500 %; and over 60 % of households became employed from a baseline of 85 % on public assistance (Mills 1990; J. Pransky 2011a).

Another three principles community intervention took place in Coliseum Gardens, a 200-unit housing project in Oakland, California with the highest homicide rate and the highest frequency of drug-related arrests in the city. By the end of the second project year, the homicide rate dropped to zero and remained at zero for eight consecutive years. Other violent crime decreased 45 %, drug possession/sales decreased 16 %, youth involvement in Boys and Girls Clubs increased 110 %, gang warfare between Cambodian and African-American youth virtually ended and 62 single welfare mothers became employed (O.M.G. 1994)

A 5-year three principles intervention was carried out in Visitation Valley, a San Francisco community similar demographically to Coliseum Gardens. These principles were taught to community residents, public school teachers and administrators and city mental health and public health departments. External evaluators reported that 85–90 % of child and adolescent participants were more involved in the community, had higher self-esteem, more positive attitudes, fewer school suspensions and disciplinary referrals, improved reading levels and higher GPA's (Harder & Co., 1994; Kelley et al. 2005). Mills (1995), the pioneer of this intervention in disadvantaged communities, stated:

By showing the children how they were misusing their thinking to carry their traumas close to their heart, they were able to wedge a distance between themselves and their terrible memories. They learned to keep the past from infecting the present without denying the horror that occurred. The improvement they showed—in their attitudes, their relationships with their parents, their school work, and every other aspect of their lives—was remarkable (p. 62).

Outcome data was analyzed for a three principles intervention with 64 youth referred by the Hawaii Departments of Health and Education. These youth ranged in age from 9 to 18 years and had varied DSM-V diagnoses including post-traumatic stress disorder, attention deficit hyper-activity disorder, oppositional defiant disorder, clinical depression and dual diagnosis. Many were from diverse cultural backgrounds including Hawaiian, Caucasian, African American, Filipino, and Samoan and mixed. All youth had histories of trauma, delinquency and juvenile justice system involvement. Pre-and-post treatment measures were compiled for the Achenbach Teacher Report Form (TRF) and the Child and Adolescent Functional Assessment Scales (CAFAS).

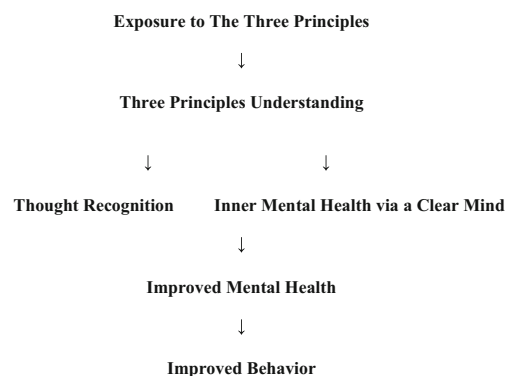


Fig. 1 Path from three principles understanding to improved mental health

Significant change scores were found for both the TRF and the CAFAS. The researchers concluded that the three principles intervention produced significant reductions in anxiety, depression, social problems, thought disorders, somatic complaints, attention problems and delinquent and aggressive behavior (Kelley, Mills, and Shuford 2005).

Furthermore, Banerjee, Howard, Manshiem, and Beattie (2007) reported that female clients (many with traumatic histories) in residential three principles substance abuse treatment showed significant improvement in substance abuse, general positive affect, anxiety and depression. McMahan and Fidler (2003) found that teaching these principles significantly increased self-esteem and reduced psychological distress among mentally ill adolescent and adult clients, many with traumatic histories. Sedgeman and Sarwari (2006) reported positive reductions in stress and anxiety for HIV-positive patients following a three principles intervention at the West Virginia University School of Medicine. Halcon, Robertson, and Monsen (2010) reported promising results after testing the feasibility, accessibility and acceptability of a community-delivered three principles intervention to reduce stress and improve coping of East African refugee girls and women from Somalia and Ethiopia. Marshall's efforts (2005) to teach these principles to teachers and other staff in the Menomonee, Wisconsin and St. Cloud, Minnesota schools resulted in reduced incidence of suspensions by 70 %, fights by 63 %, and violence by 65 %. Kelley (2011) reported that as thought recognition increased for 54 adolescent and adult probationers, their acute stress decreased and their psychological well-being and mindfulness increased. Finally, Kelley, Alexander, and Pransky (2014) reported that teaching these principles to at-risk youth improved their resilience and reduced their risky behavior.

A Path from Three Principles Exposure to Improved Mental Health

Kelley, Pransky, and Lambert (2013a, 2013b) delineated a path from three principles exposure to improved mental health (see Fig. 1). These researchers tested the components of this path with 196 people with varying levels of exposure to the three principles. The multivariate supported each component of this path as follows: three principles exposure related positively with three principles understanding; three principles understanding related positively with insights regarding thought recognition and innate mental health via a clear mind; insights regarding thought recognition and/or inner mental health via a clear mind related positively with decreases in rumination, attachment, depression, anxiety and anger, and increases in flow, ability to regulate negative emotions, mindful attention, mindful acceptance and "flourishing" mental health.

Conclusion

The three principles explain that a juvenile offender's experience of a potential traumatic event - in other words, how that event ends up affecting him or her - is created exclusively in the mind of that youth. It further explains that with a shift in consciousness, juvenile offenders with traumatic histories can realize inner mental health/resilience, recognize how to access and sustain this health, and see how to prevent traumatic memories from infecting the present. Viewed through the logic of the three principles, PTSD and other posttraumatic mood disorders can be temporary or entirely avoided by these youth through understanding and using the power of Thought in their best interest instead of against themselves.

When trauma exposed juvenile offenders grasp the role that thought plays in carrying past traumas through time, they begin to see beyond their less healthy thinking and put traumatic memories into perspective. When these youth realize that emotional disturbance is a state of mind and not the result of a fixed personality trait or an external event no matter how horrid, their painful memories have less of a grip on them and they rebound to healthier states of mind more readily. In this way, these youth take control of their lives rather than reliving their traumas. Although more rigorous, controlled research is needed to test the logic of the three principles and the effectiveness of the three principles intervention, existing supportive evidence is compelling and appears to warrant the attention of juvenile justice and prevention professionals.

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