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**Summative Evaluation Report
Mental Wealth ATOD Program**

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**Mental Wealth ATOD Program
Ramsey County Juvenile Corrections**

Brief Overview of Initiative

The following is an evaluation of the impact of a psychological intervention called Health Realization on 1) alcohol, tobacco and other drug use, on 2) social, emotional and psychological functioning of juvenile detainees in the Ramsey County Juvenile Correctional system. In addition, the impact of learning this approach on the lives of Correctional staff was explored as well. Both qualitative and quantitative measures were used.

Unlike traditional cognitive-behavioral therapies which ask the client to recognize and identify patterns of negative thought, Health Realization asks the client to simply recognize *that* they are the creator of their own thinking, and that they have choice as to which thoughts they give life to. In addition, the client is asked to observe how the quality of their thinking improves based on the extent to which their minds are "slowed down" or calmer. According to this theory, poor life decision-making and behavior is a result of negative emotions which are themselves generated by negative thinking. By recognizing *that* they are engaged in negative thinking, individuals are invited to disengage from the content of the thinking. This, then leads to a calmer state of mind. From this calmer state, the client is hypothetically now better able to look at the same life situation from a broader and healthier perspective. Psychological stress is reduced, and previously unrecognized healthier life choices become apparent. This, in turn, leads to healthier decision-making on the part of the individual, including refraining from harmful behaviors such as substance use.

With respect to substance use specifically, Health Realization is hypothesized to reduce this behavior via at least two mechanisms. One, juvenile detainees come to realize that many illicit substances are central nervous system depressants that reduce the busy pattern of negative thinking, and allow for a calmer mind, which in turn brings relief from psychological distress. Once they learn that it is this underlying "calm state of mind" that brings relief, not the drugs in and of themselves, they learn to help bring about this state of mind for themselves, without drugs. This is done by recognizing *that* they are thinking negatively, and then consciously disengaging from the content of the thoughts, allowing their minds to settle down.

Alternatively, substance use can be seen as being driven by a desire to escape from negative emotions. Detainees are taught that the negative emotions are not harmful in and of themselves, are temporary, and do not need to be either suppressed or acted upon. Instead, by simply reminding themselves that the emotions are themselves produced by hanging onto negative thoughts, and that they can choose to disengage from the content of the thoughts, they are then able to observe that the negative emotions themselves begin to dissipate. Thus, detainees are shown how to manage negative emotions instead of numbing them with illicit substances.

Background

This initiative was administered by the St. Paul Police Department. It was first introduced into the St. Paul Juvenile Detention Center in a limited capacity in September of 1997, funded by a Prevention and Intervention grant through the Office of Drug Policy and Violence Prevention. The initial program targeted a subset of first-time offenders entering the juvenile justice system identified as being at risk for re-offending, and are therefore enrolled in a probation program. The initiative was implemented in this subpopulation of youth for over two years before the start of the State Incentive Grant (SIG), which occurred in March of 2000. The SIG allowed for the initiative to not only expand to include First-time detainees entering the St. Paul Juvenile Detention Center, but to also include youth in the START (Sexual Treatment Through Accountability and Responsibility for Teens) program for juvenile sex offenders, as well as youth in the Transitions for Success program, which is a school for youth transitioning out of corrections back into the community. The grant also expanded to include all youth at Boys' Totem Town, a longer-term juvenile correctional facility in Ramsey County. In addition, the SIG allowed for the training of all Corrections staff in both the St. Paul Juvenile Detention Center as well as at Boys' Totem Town, as well as school teachers providing education at these sites. For the purposes of evaluating this initiative, data were collected on the first-time detainees in the St. Paul Juvenile Service Center, the youth at Boys' Totem town, and the Corrections staff at both these sites, these being the three largest subpopulations targeted.

Location and Setting

The two sites in which this initiative was carried out are 1) Boys' Totem Town and 2) the St. Paul Juvenile Service Center (in which is housed the St. Paul Juvenile Detention Center), both of which are located in St. Paul, Minnesota. The age range for youth in both of these facilities is 10-17 years upon entry.

Boys' Totem Town is a longer-term correctional facility, where the average daily population of youth in the facility over the three-year study period was 95 youth/day, and average number of admissions over the same period was 143 admissions/ year. Average length of stay was 8.3 months, with a range of 5-12 months.

The St. Paul Juvenile Detention Center serves 79 youth/day, whose average length of stay is 7.8 days.

Program objectives

Goals and objectives of the initiative were as follows:

- The development of life skills, improved decision-making, problem solving, and communication skills among youth at high risk for substance abuse (youth in juvenile corrections)

- The demonstration of lower rates of alcohol, tobacco and other substance use among detained youth pre- and post-initiative
- Improved social, emotional, and psychological functioning once youth return to the outside community

Participation

A total of 583 youth (428 youth from Boys’ Totem Town and 155 first-time detainees from the St. Paul Juvenile Detention Center) and 94 Ramsey County corrections staff underwent training in the Health Realization model.

Key Activity: Health Realization classes, 1 hour each, at the following sites:	Target numbers: (all youth and staff entering the system were enrolled in classes)	Actual Performance:
Juvenile Detention Center First Time detainees	33 youth per year= 99 youth total	155 youth total
Boys’ Totem Town youth	33 youth per year= 99 youth total	428 youth total
Ramsey County Corrections staff	18 staff per year=54 staff total	94 staff total

Demographics of participants:

Boys Totem Town

Demographics (n= 428, self-report): %

- Sex:
- Male 100
- Race:
- Caucasian 32.6
 - African American 35
 - Asian 18.6
 - American Indian 4.3
 - Hispanic 7.7
 - Other/Unknown 1.7

Average age: 16 years

Gang involvement:

- Yes: 55%
- No: 45%

ATOD use:

- Yes: 95%
- No: 5%

St. Paul Juvenile Detention Center First-time Detainee Program:

Demographics (n= 155, self-report):	%
Sex:	
Male	81.3
Female	18.7
Race:	
Caucasian	45.8
African American	24.5
Asian	21.3
American Indian	5.2
Hispanic	1.9
Other/Unknown	1.3
Age:	
10-12 years	13.5
13-15 years	52.2
16-17 years	34.2
Gang involvement:	
Yes	16.1
No	83.9
ATOD use:	
Yes	24.5
No	75.5
Successful completion of First-time Detainee program:	
Yes	71
No	29

Ramsey County Corrections staff

Demographics (n= 94):	%
Sex:	
Male	77
Female	23
Race:	
Caucasian	71
African American	22
Hispanic	3%
American Indian	2%
Southeast Asian	1%
Other	1%
Ave Age (years):	40.6

Program activities

Health Realization classes were initially taught by one St. Paul police officer trained in the model. Eight additional contractors were subsequently hired to teach the intervention to the youth. There were therefore a total of nine instructors teaching the intervention during the period of the grant.

Key Activity: Health Realization classes, one hour each, at the following sites:	Target exposure: (schedule, duration, range)	Actual Performance:
Juvenile Service Center First Time Detainees	2X/week, for duration of stay (range: 4-6 months)	2X/week for duration of stay
Boys' Totem Town youth	3X/week, for duration of stay (range: 5-12 months, average length of stay: 8.8 months)	2X/week for duration of stay 2-4 additional classes/week for 135 youth in the "leadership training" part of the program
Ramsey County Corrections staff	Three 2-day trainings (16 hours total) per staff member	Five trainings (40 hours total) per staff member

Evaluation Findings

I. Evaluation design

The overall design of the intervention was a quasi-experimental pre- and post-intervention comparison. The following measures were used: 1) psychological and social functioning as measured by the Jesness Inventory, and 2) phone-interview questionnaire evaluation of the initiative. In addition, in-depth interviews were conducted with both youth and staff for whom the Health Realization had made a meaningful difference in their lives. This was done in order to gain insight into what had been effective about the intervention from their perspective, and how it had made a difference in their lives.

Jessness Inventory data were collected on all Boys' Totem Town youth upon arrival to and departure from the institution, as is their standard protocol. These data were not available for youth at the St. Paul Juvenile Service Center, as collection of these data are not part of their standard protocol.

Phone-interview questionnaires were conducted of youth from six months to two years after participation in the initiative for youth at both sites. Fifty-one of the 53 randomly selected youth from Boys' Totem town participated in the post-initiative phone interviews (11.9% of total Boys' Totem Town population participating in the initiative). These participants were more likely to be Caucasian (43 vs. 32.6%) and African American (35 vs. 24%) than the overall BTT population participating in the initiative. They were no more likely to have committed a felony for their intake offense than the overall population (62 vs. 65 %).

Forty-six randomly-selected youth in the St. Paul Juvenile Service Center First-time Detainees Program (29.7% of the total intervention group) participated in the post-initiative phone interviews. These participants were more likely to be Caucasian (54.3 vs. 45.8 %) and

African American (32.6 vs. 24.5%) than the overall First-time detainees population participating in the initiative.

Finally, in order to better understand the experience of learning this model, in-depth interviews were conducted on a total of 7 youth and 5 Corrections staff. Subjects were selected to represent the spectrum of ethnic groups so as to explore the experience of this teaching cross-culturally. Subjects were specifically asked to describe what their experience was like learning this model, as well as how they were able to apply it/not able to apply it in their lives.

II. Findings Tables

Boys' Totem Town:

<u>Immediate Outcomes Targeted</u>	<u>Measure Used</u>	<u>Actual Findings</u>	<u>Significant?</u>												
<ul style="list-style-type: none"> • Transition, from admission to discharge, of scores for reported attitude and behavior during three-year initiative period from “abnormal” to “normal” (as compared with pre-initiative changes in scores for the previous four years). 	Pre- and post-test scores using the Jesness Inventory Asocial index (ASX), Social maladjustment scale (SM), and Enthusiasm scale (EN)	DISCHARGE scores (normal (NI) vs. abnormal (Abn) range), comparing pre-initiative period with initiative period: <table border="1"> <thead> <tr> <th><u>Scale</u></th> <th><u>Pre-init.</u> (‘96-‘99)</th> <th><u>Initiative</u> (‘00-‘02)</th> </tr> </thead> <tbody> <tr> <td>ASX</td> <td>Abn</td> <td>NI</td> </tr> <tr> <td>SM</td> <td>Abn</td> <td>NI</td> </tr> <tr> <td>EN</td> <td>Abn</td> <td>NI</td> </tr> </tbody> </table>	<u>Scale</u>	<u>Pre-init.</u> (‘96-‘99)	<u>Initiative</u> (‘00-‘02)	ASX	Abn	NI	SM	Abn	NI	EN	Abn	NI	Findings were significant: All scores were in the abnormal range upon admission for all years examined. Upon discharge, scores for each scale remained in the abnormal range for years prior to initiative, whereas during the initiative period, scores for all three scales consistently transitioned from the abnormal to normal range
<u>Scale</u>	<u>Pre-init.</u> (‘96-‘99)	<u>Initiative</u> (‘00-‘02)													
ASX	Abn	NI													
SM	Abn	NI													
EN	Abn	NI													
<ul style="list-style-type: none"> • Increased self-reported bonding with staff • Improvement in self-reported coping skills 	Fill-in evaluation questionnaires filled out by youth during initiative	<i>Please see narrative</i>	<i>Please see narrative</i>												

<u>Long-term Outcomes Targeted</u>	<u>Measure Used</u>	<u>Actual Findings</u>	<u>Significant?</u>
<ul style="list-style-type: none"> • Increased self-reported bonding with parents/caregivers • Improvement in self-reported coping skills • Improved functioning at home, school and with peers 	<ul style="list-style-type: none"> • phone interview 2 mo-2 yrs post-discharge (n=51) • One-hour one-on-one in-depth interview using professionally trained interviewer 	<i>Please see narrative</i>	<i>Please see narrative</i>

<ul style="list-style-type: none"> • Reduced self-reported rates of ATOD use 	<p>Self-report, upon admission and several months post-discharge, by phone interview (n=33)</p>	<p><u>Reduction in use:</u> Tobacco: 19.6%* Alcohol: -4.8% Marijuana: 81%* Other illegal: 80%*</p>	<p>*Yes. Please see narrative</p>
<ul style="list-style-type: none"> • Reduced recidivism rates, pre- and post- implementation of initiative 	<p>No new petitions or adult convictions one year post-discharge from institution</p>	<p><u>Recidivism rates:</u> Pre-initiative: 1998: 46% 1999: 43%</p> <p>Initiative: 2000: 38% 2001: 28%</p>	<p>Yes</p>

First-time detainees, Juvenile Service Center:

<u>Immediate and Long-term Outcomes Targeted</u>	<u>Measure Used</u>	<u>Actual Findings</u>	<u>Significant?</u>
<ul style="list-style-type: none"> • Increased self-reported bonding with parents/caregivers • Improvement in self-reported coping skills • Improved functioning at home, school and with peers 	<ul style="list-style-type: none"> • phone interview 2 mo-2 yrs post-discharge (n=46) • One-hour one-on-one in-depth interview using professionally trained interviewer 	<p><i>Please see narrative</i></p>	<p><i>Please see narrative</i></p>
<ul style="list-style-type: none"> • Reduced self-reported rates of ATOD use 	<p>Phone-interview questionnaire data post-discharge from institution</p>	<p><u>Rates of use:</u> Tobacco: 39% Alcohol: 48% Marijuana: 30% Other illegal: 0%</p>	<p><i>Please see narrative</i></p>
<ul style="list-style-type: none"> • Reduced recidivism rates, comparing those who completed the program vs. those who did not 	<p>No new petitions or adult convictions six months post-discharge from institution</p>	<p><u>Recidivism rates:</u> Completed program (n=110): 38.2%</p> <p>Did not complete program (n=45): 77.8%</p>	<p>Yes</p>

Corrections Staff:

<u>Immediate and Long-term Outcomes Targeted</u>	<u>Measure Used</u>	<u>Actual Findings</u>	<u>Significant?</u>
Decreased self-reported "burnout" from work-related stress •Increased reported job satisfaction •Improvement in self-reported health and well-being •Improvement in self-reported coping skills	One-hour in-depth interviews	<i>Please see narrative</i>	<i>Please see narrative</i>

III. Summary & Conclusions

Boys' Totem Town

Immediate Outcomes:

Using Jesness Inventory measures to examine asocial behavior, social maladjustment and enthusiasm scores of all youth at Boys' Totem Town from 1996 to 2002, it was found that prior to the initiative (1996-1999), youth were consistently still scoring in the abnormal range for all three measures upon discharge to the outside community, despite having been incarcerated and despite participating in the then-available programs. Once the initiative was implemented (2000-2002), however, scores consistently crossed over from the abnormal range to the normal range for all three social functioning measures upon discharge to the outside community.

Half-way during their treatment program, youth were asked to fill out a survey asking them to evaluate their experience of the Health Realization program, what they liked best about the class, to give an example of when they thought the teaching helped them. Over 80% of respondents were able to cite instances where they felt their thinking and/or behavior had improved by applying what they had learned. Examples of these included decreased conflict with staff and other detainees, being able to calm down during an argument with a parent, being able to shift out of an angry mood by noticing thought. The most common response was resisting a fight when provoked by another resident of the facility.

Long-term Outcomes:

A total of 53 youth who had participated in the Health Realization program, and who had been back in their respective communities anywhere from two months to two years from the time of discharge, were randomly selected. Fifty-one were successfully contacted by phone. These youth answered a number of questions regarding their experience with the program. The results were as follows:

Over 74% rated their overall experience with the Health Realization program as 'good' or 'excellent', and 98% said their experience with the program had been positive. When asked what they learned that was most helpful to them, their responses included the following themes: improved quality of thinking, thinking before acting, anger management,

learning/learning how the brain works, getting along better with others, staying relaxed and/or calm, being more honest, communicating better.

Over 76% said their home life was 'better' or 'much better' since completing the program, and none reported their home life as being 'worse' or 'much worse'. Comments on their home life included the following:

Much better. I taught my mom about Health Realization and "dropping thought": we both did that during a fight and it ended.
My anger doesn't flare up as much.
I listen more to my parents.
I'm able to be more honest and have better communication with my father.
I'm not getting in as much trouble.
We talk more instead of getting mad.
I get along more with my parents. There is not as much fighting.
We have less arguments, and talk things out.
I think first before I act and I'm more positive.
This changed my life around.
I look at life different. This gave me ideas.

Seventy-five percent said their experiences in school were 'better' or 'much better' since completing the program. Comments on how school experiences had improved included the following:

I go to school more and don't skip.
I'm more focused and pay much better attention and do better.
I listen to the teacher more.
I'm making good choices now.
I'm applying to college now.
It has made me want to do better.
I learned to cope with people.
My grades are better and I actually like to go to school now.
I'm not causing problems at school anymore.
I associate better with people.
I'm better able to focus away from the negative stuff.
I stopped getting in trouble.

Of those surveyed, 64% were still enrolled in school, 64.7% reported improved school attendance, and 71% reported better grades in school.

With respect to abstaining from alcohol, tobacco and other drug use, the rates reported by the survey respondents were as follows: 39% said they hadn't smoke cigarettes in the previous 30 days, 30% said they had had no alcohol in the previous 12 months, 60% said they had not smoked any marijuana in the previous 30 days, and 90% said they not used any other illicit drugs in the previous 30 days. 33 of the 51 respondents had charts that were archived to compare pre-initiative and post-Health Realization training rates of ATOD use. There was a significant overall reduction in the self-reported use of substances. Specifically, there was a reduction of tobacco use by 19.6%, a reduction in marijuana use by 81%, a reduction of other illicit drug use by 80%, and an increase in alcohol use by 4.8%. One explanation as to why there was a decrease in all substances except alcohol may be that the use of alcohol in this culture is more socially acceptable than the use of the other substances, and therefore its use may be less an attempt at "self-medication" or trying to quiet the mind, and more related

to participating in social activities. Further qualitative research would be needed to explore this hypothesis.

With respect to recidivism, prior to the initiative, 46% of youth in 1998 and 43% of youth in 1999 had new petitions or adult convictions one year post-discharge. After implementation of the Health Realization initiative, however, the rates decreased as follows: in 2000 only 38% had new petitions or adult convictions one-year post-discharge, and only 28% did in 2001. 2002 data are not yet available.

First-time Detainees, St. Paul Juvenile Detention Center:

Immediate and Long-term Outcomes:

Forty-six youth who had participated in the Health Realization program, and who had been back in their respective communities anywhere from two months to two years from the time of discharge, were randomly selected. All were successfully contacted by phone. These youth answered the same questions regarding their experience with the program as were asked of the youth at Boys Totem Town. The results were as follows:

Over 82% rated their overall experience with the Health Realization program as 'good' or 'excellent', and 98% said their experience with the program had been positive. When asked what they learned that was most helpful to them, their responses included the following themes: new perspective on life, getting into trouble less, anger management, better relationships with family, decreased drug use,.

Over 61% said their home life was 'better' or 'much better' since completing the program. Only 4.3% percent reported their home life as being 'worse', and no-one reported their home life as 'much worse'. Comments on their home life included the following:

- Learned to do more of the right things, to get this life in order.
- Let problems go or pass by without escalating them.
- Filled out financial papers for college.
- Brought me closer to my family. Solved issues better.
- Stopped hanging around with the wrong crowd.
- Better relationship with parents.
- Don't argue as much.
- Cleaned up and helped mom.
- Life got easier- I think twice before doing things.

Since completing the program, 61% said their experiences in school were 'better' or 'much better'. Comments on how school experiences had improved since completing the program included:

- Grades went up, and not so angry anymore.
- Go to school now...I didn't before.
- School is easier, and I look forward to it.
- Wasn't as angry at teachers anymore.
- Wanted to succeed, and after listening to Ed, was way more motivated.
- Student of the month.

Went from N's to B average.

Of those surveyed, 61% were still enrolled in school, 70% reported improved school attendance, and 63% reported better grades in school.

With respect to abstaining from alcohol, tobacco and other drug use, the rates reported by the survey respondents were as follows: 61% said they hadn't smoked cigarettes in the previous 30 days, 52% said they had had no alcohol in the previous 12 months, 70% said they had not smoked any marijuana in the previous 30 days, and 100% said they not used any other illicit drugs in the previous 30 days. No data were collected on the substance use upon entry into the First-time detainee program, and so comparison with pre-initiative rates of abstinence from substance use could not be made.

Finally, with respect to recidivism rates, since the First-time Detainee Program began just prior to the implementation of the initiative, there are no pre-initiative recidivism data on this group. We therefore compared the recidivism rates for those who completed the program vs. those who did not: for those who completed the program (n=110), the recidivism rate was 38.2%, whereas for those who did not complete the program (n=45), it was significantly higher, at 77.8%.

In-depth interviews (qualitative data):

In order to better understand in detail what was useful and/or not useful about learning Health Realization from the perspective of the study subjects, we conducted 7 youth and 5 staff one-hour in-depth interviews that were recorded, transcribed, and then analyzed for recurrent themes. Subjects were selected to represent the full range of ethnic groups in order to include cross-cultural perspectives.

Themes which emerged during staff interviews included the following: improvement in being able to help detainees "settle down", not taking the stress of work home, identifying the teaching as reflecting "common sense", as reflecting a more "spiritual" approach than is usually employed with incarcerated youth, recognizing one's own patterns of thinking, and seeing that others are "doing the best they can".

With respect to the youth interviews, one theme that emerged more than once was the initial difficulty of hearing the content of the teaching due to preoccupation with one's immediate situation. As one youth put it:

"...they was just talking about stuff that I didn't really care about and at the time it was when I had just got to my placement so I wasn't really caring about anything they had to say..."

This same youth then went on to describe how, once he let himself pay attention, it began to make sense:

"...it wasn't hard at all after I started paying attention and really was thinking about what they was saying, it was just coming together. It wasn't hard at all."

Another youth described how, after hearing the instructor reassure the group that things could still turn out well for them if they learned to recognize how their thinking worked, the young man responded in the following way:

“...And in my head I was like...‘What are you talking about?! I’m locked up and you’re not’. And then when he was like how life is like...wisdom is always flowing. When he said that, it burst an insight in my head. It was like BOOM. I was like- hold on a second. It was like whatever he said at that moment just made sense, so let me listen a little more. And as I listened more, it made more sense...And I was like waking up.”

Another youth described how the model didn’t really make sense until after a few classes, after he actually applied the concepts in his daily life.

“...It was probably like my fifth or sixth group before I even heard them or even wanted to understand...I listened to what they were saying and all I kept hearing was stuff about thoughts and I really didn’t buy into it...”

When asked at this point “What made you buy into it?”, the subject replied:

“...I tried it. Tried it and it worked.”

In terms of how youth use this in their everyday life, one youth described how when he recognized the wide applicability of the model, things begin to shift for him:

“...I didn’t want to allow it to make sense in every aspect of my life. But one day, it did hit me and it made sense to every part of my life. And once I realized THAT, then it really changed, it changed my entire life, not just different parts of my life.”

Taking responsibility for one’s actions was another theme that emerged repeatedly from the youth interviews. One youth described how after learning the model:

“...I just realize, you know, that it’s because of me, it was my choice, you know, if there’s consequences. It’s because I did whatever I did and now I got to deal with the consequences.”

When asked how he used to interpret things prior to learning the model, this same youth replied:

“ That it wasn’t my fault, it was everybody was out to get me.”

Youth were asked what about learning Health Realization was hard, or didn’t work. A common response was the idea that there’s nothing wrong with the teaching, but that there are some people that can’t be helped:

“I don’t think there’s nothing bad [about Health Realization], it’s just people, if they want to participate and they want to listen...they want to soak it in, they can do it...But if they don’t want to hear it, there ain’t nothing you can do for those people. They don’t want to hear nothing, there ain’t nothing you can do to help ‘em.”

When asked to describe the way the model worked for him, one youth said this:

“...it’s just a tool...it’s not really a program, like, any other...kinds of programs. Like the judicial system. Like, a lot of those are about, like, changing and reforming. This is just about pointing out. Like, informing...this is how thoughts work...this is how, like, the mind works...And if you realize this, you can do whatever you want with your life. So, and like by learning that, and by learning those tools, because no person really wants to be in jail or in trouble, they want to be out living life...And so I just took those tools and applied it towards that. .”

Another youth described his experience in the following way:

“...Just imagine being color-blind your whole life and one day you wake up and see color. That’s basically what happened. I was living life and seeing everything in black and white, and I was like ‘everything is black and white, and this is how it is, and that’s how it always will be and that’s how people are, and people are out to do better than you, and screw you over.’ And then it showed that, like, there’s COLOR and it’s not like that...So we have to have a deeper understanding...”

Summary and Conclusions:

The most important outcome, which was targeted from the beginning of the initiative, was to teach the youth and staff how the quality of their thinking created their experience in the moment, and how when they learned to recognize negative thinking, and refrained from acting from that state, the quality of their lives improved. Quantitative data that support the conclusion that youth were able to use Health Realization to improve their psychological functioning include 1) reduced recidivism rates pre- and post-implementation of the initiative, and 2) Jesness inventory scores that went from abnormal to still remaining in the abnormal range upon discharge from Boys’ Totem Town prior to the initiative, to scores that consistently went from abnormal to normal after the implementation of the initiative, 3) follow-up phone interviews with youth reporting how Health Realization had made a difference in their lives after returning to their communities, and 4) the reduced/low rates of reported tobacco, marijuana and other drug use post-initiative.

Ideally, we would have liked to have been able to standardize the collection of relevant information in both correctional facilities (for example, have Jesness data and substance use data upon admission for the youth in the First-time Detainee Program). There were institution-specific restrictions on the collection of certain data, and we therefore complied data collection according to these restrictions. We were, nonetheless, able to identify and collect measures that allowed for meaningful comparisons pre-and post-initiative within each group studied.

This initiative demonstrated that it is possible to teach youth in juvenile corrections how the quality of their thinking affects their behavior, and how to learn to recognize when their thinking isn’t serving them. Youth of all ages and educational achievement were able to

learn the basic principles of Health Realization, and were able to carry over what they learned into their home lives once they returned to their respective communities. These data are encouraging as to the ability to teach youth in juvenile corrections how to recognize the process of thinking, and how to self-right psychologically to the extent that it translates into behavioral change. In addition, youth reported lower rates of alcohol, tobacco and other drug use. We hypothesize that this latter finding was, in part, a result of being able to handle negative thoughts more effectively.