STRENGTHS-BASED Approach:
Developing Resilient, Prosocial Youth & Families

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What will be covered:

A) Defining a STRENGTHS-BASED APPROACH

B) Key STRENGTHS-BASED Areas of Intervention

1) Establish Positive RELATIONSHIPs
2) Promote HOPE (Optimistic Attitude Development)
3) Utilize SOLUTION-FOCUSED Questions
4) Identify APPROACH GOALS
5) Target PROTECTIVE FACTORS linked to RESILIENCE
6) Promote PROSOCIAL Behaviors
7) Teach ADAPTIVE COPING for ACEs & Life Stressors
8) Delivery of Services-LEARNING ACQUISITION

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C) Promoting a RESILIENT MINDSET and Stabilizing High-Needs Youth

D) Create a STRENGTHS-BASED TEAM

E) Strategies for enhancing OPENNESS & HONESTY

F) Be PROACTIVE & PREVENTION-ORIENTED

G) Incorporating Evidence-Based PRINCIPLES into treatment services

H) Conclusion

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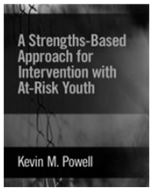
A) Defining a Strengths-Based Approach (SBA)

Strengths-Based Approach (SBA) focuses on the identification, creation, & reinforcement of clients' individual, family, and community strengths & resources



***Emphasis on what is RIGHT with clients, rather than what is wrong with them**

***Emphasis on Positive RELATIONSHIPS**

***Emphasis on Promoting HOPE & RESILIENCE**

***Emphasis on being PROACTIVE & PREVENTION-ORIENTED**

Powell, 2024, 2018, 2016, 2015, 2011, 2010a

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SBA consists of an eclectic mix of psychological theories, research, interventions, & schools of thought, which include components that promote healthy development and assist clients in learning more about 'what to do' as opposed to 'what not to do'.

Humanistic
Solution-Focused
Person-Centered
Cognitive-Behavioral
Trauma-Informed Care
Resilience Research
Narrative Therapy
Positive Youth Development
Family Systems
Interpersonal Therapy
Good Lives Model
Neuroscience
RNR's Responsivity Principle
Social Learning Theory
Character Education
Ecological Model
Developmental Theory
Biopsychosocial Model
Positive Psychology
MTSS/ RTI/ PBIS

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There is growing RESEARCH SUPPORT for utilizing a Strengths-Based Approach in Human Services Moisan et al., 2019; Onyeka et al., 2021; Powell, 2024; Toros & Falch- Eriksen, 2021


Reference List

AND the empirical support comes from lots of *COOL* (Fett or Tøff ☺) *Areas of Psychological Research* including…

***Power of Relationships/ Social Connections**
***Resilience & Protective Factors**
***Hope & Self-Efficacy**
***Neuroplasticity**
***Solution-Focused Therapy**
***Healthy Relationship Attributes**
***Self-Care & Burnout Prevention**
***etc.**

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My First Job Working With At-Risk (AT-PROMISE) Youth:

…When I first began to understand the importance of being STRENGTHS-BASED

Lessons Learned:

*** When working with youth (and families) who are struggling with disruptive and/or abusive behaviors, there is a risk of slipping into a negative, deficit-based focus**

*** Good Self-Awareness/ Self-Reflection is critical for preventing a negative, deficit-based focus**

*** We must do everything we can to create a Safe, Prosocial Space for Youth so they can move beyond surviving… to THRIVING**

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We must Guard against the Risk of Becoming Harsh, Confrontational, & Deficit-Based (which can IMPEDE the development of a Safe, Trusting, Therapeutic Relationship)

Maintaining a STRENGTHS-BASED ORIENTATION is essential

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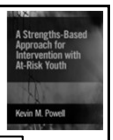
Strengths-Based Interventions SBI #1- #41
Targeting 6 areas of healthy development
Powell, 2015



1- Relationship Development (Chap 9) SBI #1-2

2- Optimistic Attitude Development (Chap 10) SBI #3-8

3- Asset Development (Chap 11) SBI #9-20

4- Prosocial Development (Chap 12) SBI #21-30

5- Intellectual Development (Chap 13) SBI #31-38

6- Provider Development (Chap 14) SBI #39-41

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Refer to HANDOUT-

***41 Strengths-Based Interventions (SBI)*…actually 175+ interventions**


41 STRENGTHS-BASED INTERVENTIONS


Contents

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B) Key STRENGTHS-BASED Areas of Intervention

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3) Utilize SOLUTION-FOCUSED Questions
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8) Delivery of Services-LEARNING ACQUISITION

⇧
Important Concepts to Introduce to both Clients & Staff

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1) Establish Positive RELATIONSHIPS Chap 9

Interventions for… youth & families who are *guarded* and/or *defensive. SBI #1 & SBI #2

…all youth & families *at the onset of services.*

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Research has found SOCIAL CONNECTIONS & POSITIVE RELATIONSHIPS to be a powerful variable linked to positive outcomes …

***In Treatment (Therapist)**

e.g., Karver, DeNadai, Monahan, & Shirk, 2018; Norcross & Lambert, 2018; Norcross & Wampold, 2019; Wampold & Imel, 2015

***In Schools (Teachers)**

e.g., Endedijk et al., 2022; Iznardo et al., 2023; Lei, Cui, & Chui, 2018; Sethi & Scales, 2020; ten Bokkela et al., 2023

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***In Homes (Parents)**

e.g., Boele et al., 2019; Smith & Kazak, 2017; Schulz et al., 2023

***With Mentors**

e.g., Burton et al., 2022; Christensen et al., 2020; Poon, Christensen, & Rhodes, 2021; Repose et al., 2019

***With Probation & Parole Officers (Supervising Agents)**

e.g., Blasko & Taxman, 2018; Epperson et al., 2017

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A) Take time to Attend to a Youth's Experiences & Life Story with RESPECTFUL CURIOSITY & HUMILITY

SBI #1

***Show interest in youth. Get to know them.**

Ask about where they live and what they like to do.

Ask about their Interests/ Hobbies/ Passions/ Talents

***Be present in the Here & Now**

Note: **Do NOT start off by requiring an in-depth description of problems… It is important to first create a Psychologically Safe Space for clients.**

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B) Be cognizant of the influence of our Non-verbal and Para-verbal behaviors

SBI #24

Non-Verbal

(e.g., facial expressions, eyebrows, crossing arms, head nods, eye contact)

Para-Verbal

(e.g., tone, pitch, pace of our voice)

Bedi, 2006; da Silva Ferreira et al, 2014; Salazar Kämpf et al., 2021

Actions Often Speak Louder Than Words!

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Our Non-Verbal Behaviors often influence OTHERS

Emotional Contagion

SBI #24

A process in which we influence the emotions & behaviors of each other by unconsciously & consciously imitating each others facial expressions, body language, & speech patterns/ vocal tones.

Fowler & Christakis, 2008; Kramer, Guillory, & Hancock, 2014; Olszanowski, Wrobel, & Hess, 2019; Prochazkova & Kret, 2017

Age: 4 months…

Youth Service Programs can harness 'Positive' Emotional Contagion

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C) Strengthen CONNECTIONS with Support System

SBI #2

We are ALL social beings and connections with others is a critical component for healthy well-being.

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SOCIAL CONNECTEDNESS to stable caregivers, positive peers, romantic partners, teachers, school, human service providers, etc.

⇩

Reduces the Risk of Suicide

Cui et al., 2021, Gunn et al, 2018; Näher et al., 2020; Stone et al., 2014

⇩

Enhances Physical & Mental Health

Smith & Kazak , 2017; Weir, 2018

Loneliness & Social Isolation linked to:

- *Depression
- *Poor Sleep quality
- *Impaired Executive Functioning
- *Accelerated Cognitive Decline
- *Increase risk of Dementia
- *Impaired Immunity
- *Increase risk of Stroke
- *Increase risk of Coronary Heart Disease

Novotney, 2019

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Establishing Positive CONNECTIONS with PARENTS/ CAREGIVERS and SUPPORTING THEIR STABILITY is essential for good outcomes.

Stable Caregivers ⇨ Stable Children

Parents/caregivers have a strong influence over their children through SOCIAL LEARNING/ MODELING (learning through observation)

And Social Learning starts at a very young age…

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Strategies for ENGAGING Caregivers (& youth)

SBI #2

HANDOUT: ***Engaging Caregivers in Youth Services*** **at kevinpowellphd.com under the Resource tab**

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1) Place caregivers in the EXPERT ROLE

"What are your thoughts/ suggestions regarding what will help you (your son, daughter, grandchild, etc.)?

Gather info about strengths & needs, as well as what has worked and what has not worked in the past regarding intervention strategies.

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2) Ask about caregiver's (and youth's) SELF-CARE

"How are you doing?"

Explore Self-Care to ensure they are taking good care of themselves physically, emotionally, socially, etc.

Be cognizant & sensitive to stressors that may be occurring within the family

(e.g., divorce; breakups; recent deaths; health problems; relocation, financial hardship, substance abuse issues, DV issues, etc.)

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3) Utilize Mimic/ Matching (*Mimesis)* to JOIN with Caregivers (& youth) Atril-Slonim et al., 2018; Minuchin, 1974

Mimic the family/ youth's Interpersonal Style and Affective Range in order to join with them.

If there is too much of a discrepancy between the provider's and the family/ youth's interpersonal style and/or affective range…

⇩

Typically, the family/ youth will NOT actively engage in services.

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4) Be UNDERSTANDING & PATIENT about caregiver's (& youth's) mistrust and defensiveness

Let youth/ family's initial irritable, disrespectful behaviors BOUNCE OFF.

Ignore it and continue to be KIND and RESPECTFUL.

5) Give Caregivers COMPLIMENTS (about their child and/or about themselves)

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D) Good *Self-Care* & a *Balanced Life* is critical for Healthy Relationship Development (for Caregivers & Providers) SBI #39

Allow time for:

***Sleep**
***Physical Exercise (walk, jog, swim, lift weights, yoga, aerobics, etc.)**
***Healthy Eating & Drinking**
***Family time**
***Social/ Friend time**
***Alone time (especially individuals who are more introverted)**
***Work time**
***Spiritual time**
***Vacation time**
***Hobbies & Pursuing your passions, life goals, etc.**
***Mental Health needs**

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EXERCISE: Thinking about SELF CARE

HANDOUT: SBI #39
Thinking about Self-Care
Pg. 169-170 & 193-195 and at kevinpowellphd.com

Identify Activities/ Situations…

***When you feel most RELAXED & STRESS-FREE**

***When you feel most HAPPY (when you laugh, have fun, feel energized, satisfied)**

***When you feel most HEALTHY ('physically', 'emotionally', 'socially', 'intellectually', 'spirituality', etc.)**

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Good SELF CARE ⇨ **Effective Staff who are emotionally available to clients and are at lower risk of "Burn Out"**

Poor Self Care ⇨ **Ineffective Staff who are impatient, irritable, and pessimistic and at high risk of "Burn Out"**

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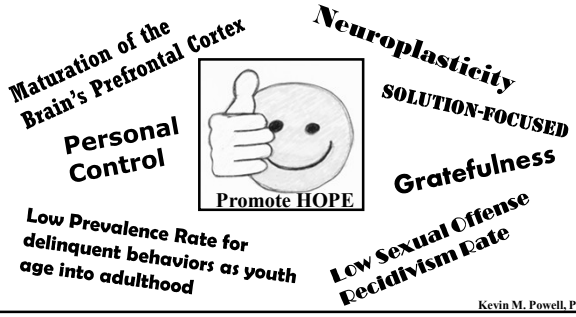
2) Promote HOPE (Optimistic Attitude Development) Chap 10

Interventions for… youth & families who are feeling *hopeless, depressed, unmotivated,* and having a *non-caring attitude SBI #3-#8



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Many Youth (and adults) have been exposed to childhood adversity (ACEs) that was Out of Their Control…

This can lead them to mistakenly believe they have no control over their lives (LEARNED HELPLESSNESS)

Introducing youth (& adults) to 'Reasons for Hope' can help them to acquire…

SELF-EFFICACY = Believing you can influence your environment/life

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Why is Promoting HOPE & SELF-EFFICACY so Important?

Believing you have some PERSONAL CONTROL in your life ('*Self-efficacy*'; '*Internal Locus of Control*'; '*Growth Mindset*') can lead to Positive Outcomes including… SBI #7

- *Better Academic Achievement
- *Better Physical Health
- *Better Interpersonal Skills
- *Better Relationships
- *Better Mental Health Adjustment (higher self-esteem, less psychological distress, less depression)
- *More Resilient responses to life stressors

- *Reduce Hopelessness & the risk of Self-Destructive Behaviors (e.g., Suicide & Substance abuse)

Arango et al., 2023; Burnette et al., 2022; Sagone et al., 2020; Tyler, Hefferman, & Fortune, 2020; Uzun & Kelleci, 2018; Valois et al., 2015; Yeager & Dweck, 2020

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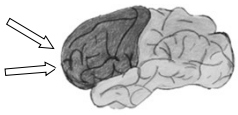
Promote HOPE/ Self-Efficacy in Youth, Families & Staff (Youth Service Providers)… SBI #3

Reason for HOPE #1: The Brain's Prefrontal Cortex is still Maturing into early adulthood (which strongly influences our EXECUTIVE FUNCTIONING)



Blakemore, 2012; Casey, Getz, & Galvan, 2008; Casey, Jones, & Somerville, 2011; Giedd, 2008, 2015; Giedd et al., 2012; Sowell et al., 2001; Spear & Silveri, 2016; Steinberg, 2008, 2012; Yurgelun-Todd, 2007

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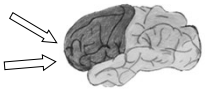
The Prefrontal Cortex strongly influences our *Executive Functioning* which includes…



- *Ability to Anticipate Consequences (think before acting)
- *Ability to Regulate Emotions/ Impulse Control
- *Ability to Organize, Plan, & Problem-solve
- *Ability to Sustain and Shift Attention
- *Ability to Self-Motivate
- *Ability to have Insight into ourselves and others

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Reason for HOPE #2: The Developing Brain is very responsive to experience due to NEUROPLASTICITY

Repeatedly practicing "healthy alternatives" to problematic behaviors stimulates brain pathways, which can help wire the brain in positive ways.

Bryck & Fisher, 2012; Davidson & McEwen, 2012; Tabibnia & Radecki, 2018; Wu et al., 2020

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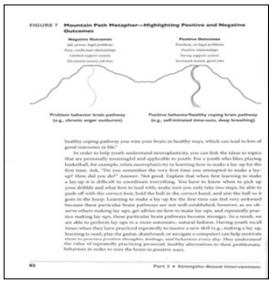
"Mountain Path" Metaphor:

Understanding NEUROPLASTICITY SBI #3, pg. 79-83



"Use it or lose it" & "Use it and improve it"

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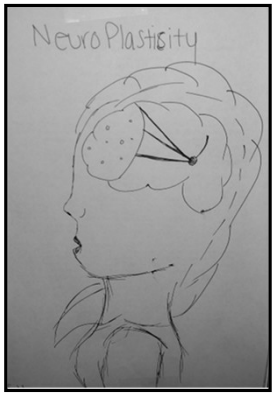

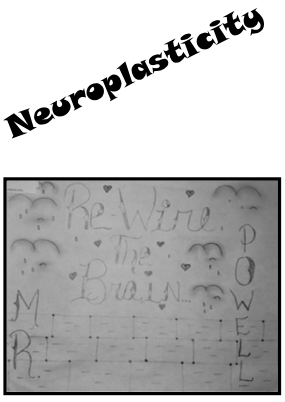

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Reason for HOPE #3: We gain Knowledge/ Wisdom through exploration & experience (*Life-Span Wisdom Model*)

Romer, Reyna, & Satterthwaite 2017

We help Youth Gain Wisdom by…

***Reinforcing* their Prosocial Actions**
&
***Modeling* Prosocial Actions**
&
Providing *Feedback* and *Logical Consequences* for Problematic Actions

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Reason for HOPE #4: The Lifespan Prevalence Rate for Delinquent Behaviors is Low

Delinquent behavior peaks in mid adolescence and dramatically decreases in late adolescence/ young adulthood.

Caspi & Moffitt, 1995; Farrington, 2007; Loeber et al., 2012; Moffitt, 1993, 1997, 2007; Steinberg et al., 2015; Van Domburgh et al., 2009; Walters, 2011

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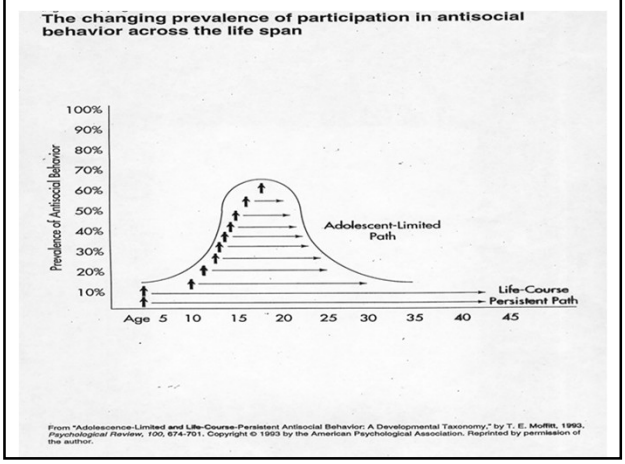

Reason for HOPE #5: The Recidivism Rate for Sexual Re-Offenses is low

YOUTH RESEARCH

Lussier et al. (2023) meta-analysis of 158 studies 1940-2019 (N=30,396 ; approx. 5.3 yr follow-up) = 8% SO recidivism rate
2000-2009 studies (N= 5,559) = 5% SO recidivism rate
***Note:* 42% nonsexual general recidivism rate**

Caldwell (2016) meta-analysis of 106 studies 1938-2014 (N=33,783; approx. 5 yr. follow-up) = 4.92% SO recidivism rate
2000-2015 studies (N= 20,008) = 2.75% SO recidivism rate
***Note:* 30% nonsexual general recidivism rate**

Worling, Litteljohn, & Bookalam (2010) 20-Year Follow-up study = 9% SO recidivism rate

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ADULT RESEARCH

Adult recidivism rate for sexual re-offending is also much lower than the public perception

(Hanson, Bourgon, Helmus & Hodgson, 2009; Hanson, Harris, Letourneau, Helmus, & Thornton, 2018; Schmucker & Losel, 2015)

Hanson, Bourgon, Helmus & Hodgson (2009) meta-analysis of 23 studies (*follow-up period of 1-21 years, median=4.7 years*)…

Treatment Group= 10.9 % (SO Recidivism rate)

Comparison Group= 19.2% (SO Recidivism rate)

Schmucker & Lösel (2015) meta-analysis of 29 studies (*follow-up period of 1-19 years, mean=5.9 years*)…

Treatment Group= 10.1 % (SO Recidivism rate)

Untreated Group= 13.7% (SO Recidivism rate)

The *"No Cure" & "Once an offender, Always an offender"* model/ belief system is NOT supported by research

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3) Utilize SOLUTION-FOCUSED Questions SBI #5

Rather than too quickly delving into the details of a youth's (or parent's) problems and struggles… explore the EXCEPTIONS TO PROBLEMS (solutions to problems).

de Shazer et al., 1986; Franklin et al., 2016; Kim et al., 2019; Neipp et al., 2015

Solution-Focused

Explore what Thoughts, Feelings, Behaviors, and/or Situations are linked to a youth's prosocial/ adaptive/ non-abusive actions

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For a clients with Aggression Problems

"Tell me about a time when you felt like being aggressive towards someone but you did not do it. How did you stop yourself?"

"What thoughts, feelings, behaviors, and situations helped you to not be aggressive?"

"What thoughts/ feelings/ behaviors/situations help you to be calm, positive, and prosocial?"

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For clients with Substance Abuse Problems

"Tell me about times when you were tempted to abuse alcohol/ drugs but did not do it. How did you prevent yourself from using (or abusing)?"

"Can you tell me about times when you have been sober? What thoughts/ feelings/ behaviors/ situations helped you to be sober?"

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For clients with Social Anxiety

"Tell me about a time when you interacted with others with less anxiety? What thoughts/ feelings/ behaviors/ situations helped you to be less anxious?"

"Over the past week, when have you felt most calm and less anxious when around other people? Tell me about it"

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For clients with Depression

"Over the past week, when have you felt the best regarding your mood?

"What thoughts/ feelings/ behaviors/ situations have helped you to have a more elevated mood (feel less depressed)"

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For client with Self-Injurious Behavior Problems:

"Tell me about a time when you felt like self-cutting but did not do it. What did you do to stop yourself?"

Focus on Prosocial Behaviors, not just Problems

"Tell me about times when you have helped others/ been caring towards others"

"Tell me about times when others have helped you/ been caring towards you"

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During School Staffing for Disruptive Youth

Ask questions about times when this youth has NOT been disruptive in class (or at least has been less disruptive)…

**What class?*

**What teacher?*

**What time of day?*

**What peers were present?*

**What school subject/ topic?*

**What was the morning routine at home & school prior to the successful experience?*

**What other circumstances (at home or at school) assisted this youth in being successful in the classroom?*

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4) Identify APPROACH GOALS Chap 6 SBI #31

Treatment Services must emphasize more than just 'Avoidance Goals' (e.g., "*Stop being delinquent*", *"Stop being abusive"*)

We must also emphasize 'APPROACH GOALS'- focusing attention on what clients want to achieve in life (e.g., *"I want to have a good job so I can buy a car and house", "I want to be a good partner to my significant other", "I want to be a good father to my children"*)

When we Target Client's Life Goals (Approach Goals) ⇨ **Clients are more likely to be ENGAGED & Internally MOTIVATED to participate in Services**

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Questions that can assist Clients in identifying APPROACH GOALS…

"What are your Hopes/ Dreams/ Goals for the future?"

"What do you hope to be doing in 1 year, 5 years, 10 years from now?"

"How can Treatment Services help you reach these goals?"

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Identify Youth's Interests, Talents, and Life Goals (Approach Goals) SBI #9

- Computer skills
- Math skills
- Athletic abilities
- Interpersonal skills
- Music abilities
- Artistic abilities
- Writing skills
- Drama skills
- Speech/Verbal abilities
- Outdoor activities
- Social/ Environmental activist
- Carpentry skills
- Culinary arts
- Mechanic/Automotive skills
- After school jobs
- Clubs




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CASE EXAMPLE: "Aaron" age 16
Reinforcing youth's interests/ passions

Background Info:

***Parental rights terminated when Aaron was 10 years old due to abuse and neglect**

***Multiple out-of-home placements.**

***When Aaron arrived at the facility…**
-He was on 7 different psychotropic meds.
-He was chronically acting out
***Multiple self harm attempts**
***Self-reported auditory hallucinations. He would write on the walls, "stop the voices"**
***Would sometimes tear up his clothes & get naked in his room**

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A couple months after Aaron's arrival, he wrote a very violent and gory short story in his Language Arts class.

Intervention:

***Rather than confront him or consequence him, I focused on the strength (complimented him on his writing skills)**

***Aaron expressed his interest in becoming a writer**

***Asked Aaron if he could write more stories but with less violence and gore. Talked about the importance of being a well-rounded writer and appealing to a diverse audience.**

***Reinforced his Strengths/Interests:**
Writing Skills & Artwork

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Outcome:

***As Aaron began getting attention for his strengths, and passions (writing & artwork), he stopped acting out.**

***He relapsed a couple times but recovered quickly.**

***Aaron became a positive peer on the unit. Earned his upper level status**

***Over the next several months Aaron was taken off all his psychotropic meds. He admitted to feigning his psychotic symptoms in order to get medication so he could "numb out".**

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Explore Approach Goals (Values/ Life Goals) that promote a prosocial lifestyle Card Sort Exercise (86 cards)

SBI #30 pp. 146-148 & 185-190

CARD-SORT EXERCISE: 86 Values/Life Goal Cards sorted into 3 categories… *'Very Important in My Life'* *'Important in My Life'* *'Not Important in My Life'*

14 Approach Goal Categories

1) Emotional Health (EH) (e.g., having a positive attitude; coping well with stress)

2) Excitement (EX) (e.g., getting an adrenaline rush in legal ways; being active)

3) Financial Stability (FS) (e.g., earning enough money for self & others)

4) Being Good to Others (G) (e.g., being supportive & dependable for family & friends)

5) Independence (I) (e.g., learning life skills; able to live on your own)

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6) Knowledge (K) (e.g., getting an education; learning vocational skills)

7) Material Goods (M) (e.g., having a car; nice clothes, house)

8) Overcoming Problems (OP) (e.g., Getting help for personal problems with anger, drugs, anxiety, depression, etc.)

9) Physical Health (PH) (e.g., healthy eating, sleeping, exercise)

10) Productivity (PR) (e.g., being active, organized & engaged in work, school, etc.)

11) Relationships (R) (e.g., having positive connections with family & friends)

12) Being Respected by Others (RO) (e.g., being viewed in a positive light by family, friends, and co-workers)

13) Spirituality (SP) (e.g., doing activities consistent with your belief system)

14) Stability (ST) (e.g., living in a predictable, safe home, neighborhood, etc.)

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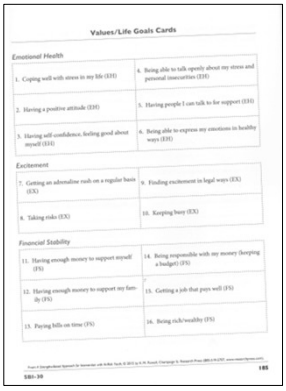
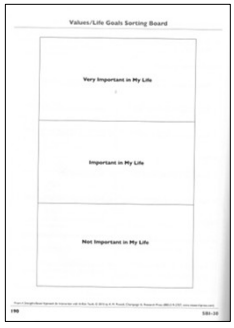
Values/ Life Goals Card Sort Exercise **SBI #30** pp.185-190





Powell, 2015, pg. 185-190

5) Target PROTECTIVE FACTORS linked to RESILIENCE Chap 5 & **SBI #20**

RESILIENCE: ***A systematic and dynamic process of responding adaptively to life adversity over time.***

Lyda Hill Institute for Human Resilience, 2024; Powell, 2024

PROTECTIVE FACTORS: ***The assets and resources within the individual, their family, and their community that facilitate the capacity for resilient responses.***

Factors that help buffer against life stressors.

Masten, Cutuli, Herbers, & Reed, 2009; Powell et al., 2021; Windle, 2011

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Introducing Youth & Families to Resilience, Protective Factors & the RPFC

***Hey I want to talk to you about some "cool research"…**

***Historically the Mental Health field has spent much of their time studying people who are struggling in life. Focusing attention on 'Risk Factors' that lead to bad life outcomes.**

***However, in the 1970s, 80s, 90s… They started noticing that there were people who had hard lives who were still coping well.**

They started calling them 'RESILIENT'… and began exploring the factors (protective factors) that helped them to be resilient!

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Metaphor for understanding Protective Factors:
Learning to ride a Bike or Skateboard

We need to help students (and parents) identify the Protective Factors (Pads, Helmets, &… Backpack Harnesses ☺) in their Life.

What will help buffer students's life stressors?

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Resilience Protective Factors Checklist (RPFC): Buffering Childhood Adversity and Promoting Positive Outcomes

Kevin M. Powell, Ryan L. Rahm-Knigge, and Bradley T. Conner
Colorado State University, Fort Collins, CO, USA

RPFC-2

RESILIENCE PROTECTIVE FACTORS CHECKLIST- 2ND EDITION (RPFC-2)

*RPFC-2: CLIN -CLINICAL VERSION
*RPFC-2: YOUTH -YOUTH VERSION
*RPFC-2: PAR -PARENT/CAREGIVER VERSION
*RPFC-2: COLLEGE ROCK -COLLEGE RESILIENT VERSION

USER MANUAL

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Preliminary Research on the *Resilience Protective Factors Checklist (RPFC)* Powell, Rahm-Knigge, Conner, 2021

N= 1,256 College students

Positive Correlations (significant at 0.01 level)

⇧ **Resiliency Protective factors** = ⇧ **Quality of Life domains**
- -Individual
- -Family
- -Community

- -Physical Health
- -Psychological Health
- -Social Relationships
- -Healthy Environment

Negative Correlations (significant at 0.01 level)

⇧ **Resiliency Protective factors** = ⇩ **Adverse Childhood Experiences (ACE) total score**
- -Individual
- -Family
- -Community

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RPFC-2 Content Description- 34 items (Arkfeld, Powell, Sturgess & Conner, 2025; Powell et al., 2021)

Three Main Categories of Protection (& 11 sub-categories)

1) INDIVIDUAL Protective Factors
- a) Thoughts/ Values #1-3
- b) Emotions/ Affect #4-5
- c) Self-Concept #6-8
- d) Self-Directed #9-11
- e) Attitude/ Social Attributes #12-13

2) FAMILY Protective Factors
- a) Home Life #14-17
- b) Education Value #18-20
- c) Parenting Style #21-25

3) COMMUNITY Protective Factors
- a) Relationships #26-28
- b) Activities/ School #29-32
- c) Neighborhood Support/ Safety #33-34

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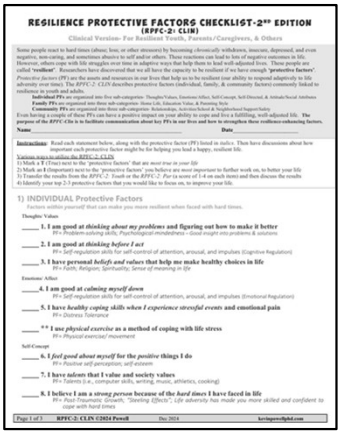
Clinical Version
(for Youth & Adults)



RESILIENCE PROTECTIVE FACTORS CHECKLIST-2ND EDITION (RPFC-2: CLIN)

Clinical Version- For Resilient Youth, Parents/Caregivers, & Others

1) INDIVIDUAL Protective Factors

Thoughts/ Values
1. I am good at *thinking about my problems* and figuring out how to make it better
2. I am good at *thinking before I act*
3. I have personal *beliefs and values* that help me make healthy choices in life
Emotions/ Affect
4. I am good at *calming myself down*
5. I have *healthy coping skills when I experience stressful events* and emotional pain
** I use *physical exercise* as a method of coping with life stress
Self-Concept
6. I *feel good about myself* for the *positive* things I do
7. I have *talents* that I value and society values
8. I believe I am a *strong person* because of the *hard times* I have faced in life

Page 1 of 3 RPFC-2: CLIN ©2024 Powell Dec 2024 kevinpowellphd.com

HANDOUT:
Resilience Protective Factors Checklist-Clinical Version (RPFC-2: CLIN) **at kevinpowellphd.com under the Resource tab**

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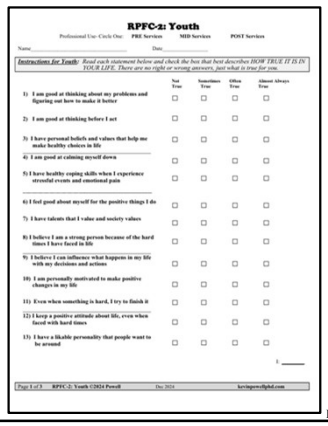
Youth Version



RPFC-2: Youth

Professional Use- Circle One: PRE Services MID Services POST Services

Name_____ Date_____

Instructions for Youth: Read each statement below and check the box that best describes HOW TRUE IT IS IN YOUR LIFE. There are no right or wrong answers, just what is true for you.

	Not True	Sometimes True	Often True	Almost Always True
1) I am good at thinking about my problems and figuring out how to make it better	☐	☐	☐	☐
2) I am good at thinking before I act	☐	☐	☐	☐
3) I have personal beliefs and values that help me make healthy choices in life	☐	☐	☐	☐
4) I am good at calming myself down	☐	☐	☐	☐
5) I have healthy coping skills when I experience stressful events and emotional pain	☐	☐	☐	☐
6) I feel good about myself for the positive things I do	☐	☐	☐	☐
7) I have talents that I value and society values	☐	☐	☐	☐
8) I believe I am a strong person because of the hard times I have faced in life	☐	☐	☐	☐
9) I believe I can influence what happens in my life with my decisions and actions	☐	☐	☐	☐
10) I am personally motivated to make positive changes in my life	☐	☐	☐	☐
11) Even when something is hard, I try to finish it	☐	☐	☐	☐
12) I keep a positive attitude about life, even when faced with hard times	☐	☐	☐	☐
13) I have a likable personality that people want to be around	☐	☐	☐	☐

Page 1 of 3 RPFC-2: Youth ©2024 Powell Dec 2024 kevinpowellphd.com

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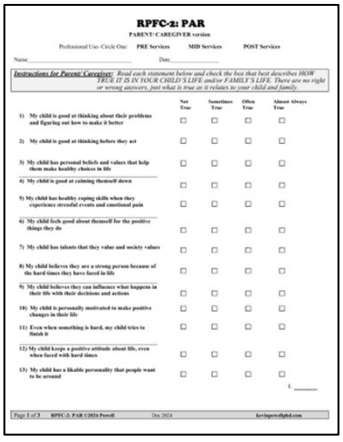
Parent/ Caregiver Version



RPFC-2: PAR

PARENT-CAREGIVER version

Professional Use- Circle One: PRE Services MID Services POST Services

Name_____ Date_____

Instructions for Parent/ Caregiver: Read each statement below and check the box that best describes HOW TRUE IT IS IN YOUR CHILD'S LIFE and/or FAMILY'S LIFE. There are no right or wrong answers, just what is true as it relates to your child and family.

	Not True	Sometimes True	Often True	Almost Always True
1) My child is good at thinking about their problems and figuring out how to make it better	☐	☐	☐	☐
2) My child is good at thinking before they act	☐	☐	☐	☐
3) My child has personal beliefs and values that help them make healthy choices in life	☐	☐	☐	☐
4) My child is good at calming themself down	☐	☐	☐	☐
5) My child has healthy coping skills when they experience stressful events and emotional pain	☐	☐	☐	☐
6) My child feels good about themself for the positive things they do	☐	☐	☐	☐
7) My child has talents that they value and society values	☐	☐	☐	☐
8) My child believes they are a strong person because of the hard times they have faced in life	☐	☐	☐	☐
9) My child believes they can influence what happens in their life with their decisions and actions	☐	☐	☐	☐
10) My child is personally motivated to make positive changes in their life	☐	☐	☐	☐
11) Even when something is hard, my child tries to finish it	☐	☐	☐	☐
12) My child keeps a positive attitude about life, even when faced with hard times	☐	☐	☐	☐
13) My child has a likable personality that people want to be around	☐	☐	☐	☐

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RPFC items can be more than just "Protective"

Protective Effects (Buffer the impact of *current* adversity)

Steeling Effects (Inoculate and/or Reduce your negative reaction to *future* adversity)

Resilience-Inducing Factors ("PROTECTIVE FACTORS")

Promotive Effects (Possess knowledge & skills for leading a *future* life with stable, prosocial relationships)

Preventive Effects (Reduce the risk of exposure to *future* adversity. Create a norm of stability & healthy relationships)

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Protective Effects (Buffer the impact of *current* adversity)
*Close, Supportive Relationships
*Opportunity to talk about and cope with adversity

Youth with PF= STABLE PROSOCIAL CAREGIVER

Steeling Effects (Inoculate and/or Reduce your negative reactions to *future* adversity)
*Caregivers who help you to cope with adversity and gain confidence to cope with future adversity

Promotive Effects (Possess knowledge & skills for leading a *future* life with stable, prosocial relationships)
*Secure Attachment
*Modeling Prosocial Acts
*Enhanced Social Skills & Self-Regulation

Preventive Effects (Reduce the risk of exposure to *future* adversity. Create a norm of stability & healthy relationships)
*Good Supervision & Positive home life
*Reduced risk of gravitating towards negative peers. Reduced risk of interpersonal abuse & conflict

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1) INDIVIDUAL Protective Factors (within the person)

a) Thoughts & Values

1) Problem-solving skills; Psychological-mindedness – Good insight into problems & solutions

2) Self Regulation Skills (*Cognitive Regulation*)- think before you act

3) Faith, Religion, Spirituality, Sense of Meaning in Life

b) Emotions/ Affect

4) Self Regulation Skills (*Emotional Regulation*)- calming self down

5) Distress Tolerance

***Physical exercise/ movement

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c) Self-Concept

6) Positive self-perception; Self-esteem

7) Talents (i.e., computer skills, writing, music, athletics, cooking)

8) Posttraumatic growth; "Steeling effects"; Life adversity that enhances skills and confidence to cope with hard times

d) Self-Directed

9) Self-efficacy (believe you can effect your environment- exert control over one's own motivation, behavior, and social environment); Hope; Internal locus of control

10) Internal motivation (Being committed to putting forth effort to improve your life)

11) Perseverance (not giving up even when things get difficult)

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e) Attitude/ Social Attributes

12) Positive outlook on life; Adaptive humor (tolerant, accepting, self-supporting) that helps manage stress & connect with others

13) Adaptable personality (General appeal or Attractiveness to others)

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2) FAMILY Protective Factors

a) Home Life

14) Relationship with stable, prosocial family member(s)

15) Safe home; Positive family climate with low conflict

16) Organized, predictable home

17) Home with socioeconomic advantages- Family has enough money to pay for food, clothing, rent/mortgage, schooling, childcare, health care, leisure activities, etc.

b) Education Value

18) Parent/Caregiver who values education

19) Parent/Caregiver involved in child's education- *Schoolwork*

20) Parent/Caregiver involved in child's education- *Activities*

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c) Parenting Style

21) Authoritative (Democratic) parenting- ***Provide structure & supervision***

22) Authoritative (Democratic) parenting- ***Regular communication/ check-ins***

23) Authoritative (Democratic) parenting- ***Provide fair rules/limits; age-appropriate autonomy***

24) Authoritative (Democratic) parenting- ***Provide rationale for limits***

25) Authoritative (Democratic) parenting- ***Moderate to high positive expectations***

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Parenting Styles:

Diana Baumrind, PhD

Disengaged	Permissive	DEMOCRATIC (Authoritative)	Authoritarian
*Low structure/limits	*Low structure/limits	*Mod/high structure & limits	*High structure/limits
*Low expectations	*Low expectations	*Mod/high expectations	*High expectations
*Low warmth/responsiveness	*High warmth/responsiveness	*High warmth/responsiveness	*Low warmth/responsiveness
*Lax about rules	*Lax about rules	*Democratic about rules	*Dictatorial about rules
		*Give a Rationale for limits	
		*Supportive of child's Needs for Psychological Autonomy	

The majority of parenting research has identified the "DEMOCRATIC/ AUTHORITATIVE APPROACH" as most effective for fostering healthy children--enhancing their cognitive and social competence, including their functioning outside the family

Baumrind, 1978; Knerr, Gardner, & Cluver, 2013; Pinquart & Kauser, 2018; Rothrauff, Cooney, Shin An, 2009; Sanders, 2019; Takeuchi & Takeuchi, 2008; Yeung et al, 2016

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…And based on my professional observations over the years, the DEMOCRATIC/ AUTHORITATIVE APPROACH is the most effective for Security Staff, MH Providers, Teachers, Caseworkers, Probation/Parole Officers and others working with clients in human services.

Disengaged	Permissive	DEMOCRATIC (Authoritative)	Authoritarian
*Low structure/limits	*Low structure/limits	*Mod/high structure & limits	*High structure/limits
*Low expectations	*Low expectations	*Mod/high expectations	*High expectations
*Low warmth/responsiveness	*High warmth/responsiveness	*High warmth/responsiveness	*Low warmth/responsiveness
*Lax about rules	*Lax about rules	*Democratic about rules	*Dictatorial about rules
		*Give a Rationale for limits	
		*Supportive of child's Needs for Psychological Autonomy	

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BLOG:
Parenting Resilient Children: The Power of Protective Factors

https://www.kevinpowellphd.com/blog

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3) COMMUNITY Protective Factors

a) Relationships

26. Relationship with stable, prosocial adult(s) outside the family
(i.e., teacher, coach, minister, family friend, counselor)

27. Relationship with stable, prosocial adult(s) from similar cultural background

28. Connections to prosocial, rule-abiding peers

***** Relationship with Positive Partner (romantic partner, boyfriend, girlfriend, spouse) who supports me and stays out of trouble**

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b) Activities/ School

29) Ties to prosocial activities/ organizations

30) Attend a safe, prosocial, effective school- ***Feel Safe***

31) Attend a safe, prosocial, effective school- ***Supportive Teachers***

32) Attend a safe, prosocial, effective school- ***Enjoy school***

SAFE, PROSOCIAL, EFFECTIVE SCHOOLS are…
***Well-organized and predictable,**
***Consistently enforce rules,**
***Monitor student academic progress,**
***Have well-trained teachers who provide high quality instruction, are positive role models, and sources of support for students**

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c) Neighborhood Support/ Safety

33) **Neighborhood with high 'collective efficacy'**- ***Care and Support from Neighbors***

34) **High levels of public safety**- ***Safe Neighborhood***

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EXERCISE: What are your Key Protective Factors?

It is essential that Human Services Staff be resilient and possess protective factors that help them manage the stress of work & life in healthy ways.

What pads and backpack harnesses help buffer your falls & stressors?

Think about what are YOUR strongest Protective Factors (individual, family, or community factors) when you were a Child and/or in Your Present Life

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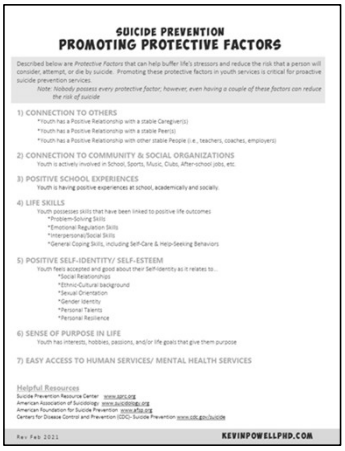

SUICIDE PREVENTION
PROMOTING PROTECTIVE FACTORS

Described below are *Protective Factors* that can help buffer life's stressors and reduce the risk that a person will consider, attempt, or die by suicide. Promoting these protective factors in youth services is critical for proactive suicide prevention services.
Note: Nobody possess every protective factor; however, even having a couple of these factors can reduce the risk of suicide

1) CONNECTION TO OTHERS
- *Youth has a Positive Relationship with a stable Caregiver(s)
- *Youth has a Positive Relationship with a stable Peer(s)
- *Youth has a Positive Relationship with other stable People (i.e., teachers, coaches, employers)

2) CONNECTION TO COMMUNITY & SOCIAL ORGANIZATIONS
Youth is actively involved in School, Sports, Music, Clubs, After-school jobs, etc.

3) POSITIVE SCHOOL EXPERIENCES
Youth is having positive experiences at school, academically and socially.

4) LIFE SKILLS
Youth possesses skills that have been linked to positive life outcomes
- *Problem-Solving Skills
- *Emotional Regulation Skills
- *Interpersonal/Social Skills
- *General Coping Skills, including Self-Care & Help-Seeking Behaviors

5) POSITIVE SELF-IDENTITY/ SELF-ESTEEM
Youth feels accepted and good about their Self-Identity as it relates to...
- *Social Relationships
- *Ethnic-Culture background
- *Sexual Orientation
- *Gender Identity
- *Personal Talents
- *Personal Resilience

6) SENSE OF PURPOSE IN LIFE
Youth has interests, hobbies, passions, and/or life goals that give them purpose

7) EASY ACCESS TO HUMAN SERVICES/ MENTAL HEALTH SERVICES

Helpful Resources
Suicide Prevention Resource Center www.sprc.org
American Association of Suicidology www.suicidology.org
American Foundation for Suicide Prevention www.afsp.org
Centers for Disease Control and Prevention (CDC)- Suicide Prevention www.cdc.gov/suicide

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6) Promote PROSOCIAL Behaviors Chap 12

Interventions for… clients who are struggling with *delinquent/ aggressive behaviors* and/or *impaired social skills

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A) Meet BASIC HUMAN NEEDS SBI #21

Meet Basic Human Needs to promote Motivation, Prosocial actions, Well-being, & Stabilization

Biglan et al., 2012; Kaufman, 2018; Kenrick et al., 2010; Shiraki & Igarashi, 2018

Basic Human Needs

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Hierarchy of Needs Theory (Maslow, 1970)

Maslow believed that humans are motivated to fulfill their unmet needs beginning with the most basic needs

Need to live up to one's fullest potential

Esteem/Achievement Needs
(Competency Needs)

Belongingness & Love Needs
(Social Needs)

Safety Needs
(Physical & Psychological Safety)

Physiological Needs

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Meeting BASIC NEEDS = ⇧ **MOTIVATION**

Treatment/Therapy often targets client's Esteem/ Achievement Needs. That is, assists clients in meeting their need to gain competence.
HOWEVER, if a client's most "basic needs" are not first met, they will NOT be motivated at this higher level.

- **Need to live up to one's fullest potential**
- **Esteem/Achievement Needs (Competency Needs)** } **Need to feel competent**
- **Belongingness & Love Needs (Social Needs)**
- **Safety Needs**
- **Physiological Needs**

} **Our most Basic Human Needs**

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Meeting BASIC NEEDS = ⇧ **PROSOCIAL BEHAVIORS**

Meeting Basic Human Needs increases a client's capacity for Prosocial Behaviors

When a client's Basic Needs are *NOT* met…

⇩

They are more likely to be in "survival mode" (survival of the fittest)…

⇩

Which can significantly diminish their capacity to focus on others needs

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When a client's Basic Needs are NOT being met they often acquire…

⇩

a "Non-Caring Attitude & Feelings of Hopelessness" which results in…

⇩

Internalizing behaviors (e.g., depression; anxiety; somatic complaints; suicidal thoughts)

and/or

Externalizing behaviors (e.g., aggression; defiance towards authority; suicidal & self harm behaviors)

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A CAUTION for Mental Health EVALUATORS:

When "Basic Human Needs" are not being met, some clients will present with symptoms that look like serious mental health disorders…

HOWEVER, once clients…

Basic Needs

- ***Receive support from family & friends (Social Needs)**
- ***Develop trusting positive relationships with staff/ MH providers (Social Needs)**
- ***Begin to feel safe within the predictable routine of their treatment facility, home, etc. (Safety Needs)**
- ***Begin eating & sleeping regularly (Physiological Needs)**

Their symptoms will often dissipate. So…

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***Be careful NOT to…**

***Over-pathologize symptoms**

***Diagnose too quickly**

***Medicate unnecessarily**

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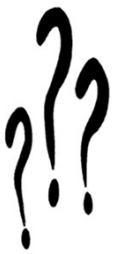
***Important Questions to regularly ask yourself when working with at-risk (at-promise) clients…**



***What is motivating this client?**

***What needs are unmet?**

***How can I help meet these unmet needs?**

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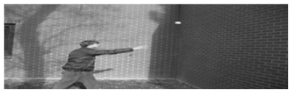
B) Educate Youth about the Reciprocal Nature of Relationships SBI #24

NOTE: This is often an effective method for addressing client's Aggression Problems

Respect towards others	⇄	**Respect back from others**
Disrespect/ Aggression towards others	⇄	**Disrespect/ Aggression back from others**

Metaphor: Throwing a Ball against the Wall



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This is an important concept for Human Service Providers to fully understand…

Positive, Optimistic PROVIDERS (Throw the ball *softly*)	⇄	**More Positive, Open, Compliant STUDENT (The ball comes back *softly*)**
Negative, Pessimistic, Hardened, Confrontational PROVIDERS (Throw the ball *hard*)	⇄	**Negative, Defensive, Oppositional STUDENT (The ball comes back *hard*)**

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Many clients (students and families) will be defensive, angry, and mistrustful when entering Youth Services *(throwing the ball hard)* due to their current school consequences and/or history of ACEs and other issues

Negative, Defensive, Oppositional CLIENT (Throw the ball *hard*)	⇄	**Positive, Optimistic PROVIDER (Throw the ball *softly*)**

We as providers have a responsibility NOT to react in a similar fashion. We must maintain a respectful, positive attitude *(throw the ball softly…or at least not as hard)* even when setting limits regarding a client's disruptive behaviors.

Provide clients with a 'CORRECTIVE RELATIONAL EXPERIENCE'

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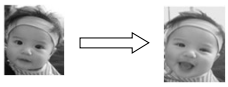
Our Non-Verbal Behaviors are Reciprocal, impacting OTHERS & OURSELVES… SBI #24

"Emotional Contagion"



Facial Feedback

A process in which our facial expressions influence us to experience the actual emotion

Coles, Larsen, & Lench, 2019; Lewis, 2012, Marsh, Rhoads, & Ryan, 2018; Soussignan, 2002; Strack et al., 1988

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CASE EXAMPLE: "Rachel" (age 17) Improving Social Skills: The Eyebrow Experiment

Rachel's Background:

- ***Childhood history of abuse (physical abuse, emotional abuse, neglect)**
- ***Very limited support system/ multiple out of home placements**
- ***Family members heavy into the gang lifestyle**

Presenting Problem:

- ***Chronic conflicts with peers & staff. No friends**
- ***Angry disposition**

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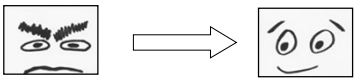
Interventions:

- ***Gave Rachel interpersonal feedback about misinterpreting her non-verbal behaviors as angry/aggressive.**
- ***Educated Rachel about the research on *'Facial Feedback'* and *'Emotional Contagion'***
- ***Had Rachel practice nonverbal behaviors in session---Raising her eyebrows and smiling while we talked**



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***Weekend "experiment"- For 1 hr on Sat & Sun, interact with peers & staff with eyebrows raised & smiling**

***Gave Rachel a Journal and asked her to write about what she observes/ experiences**

Outcome: Over the weekend, Rachel made 3 new friends on the unit and got along well with staff

Transition Specialist saw Rachel nine months later… She successfully transitioned back into the community; doing well in school; still using the "eyebrow thing"

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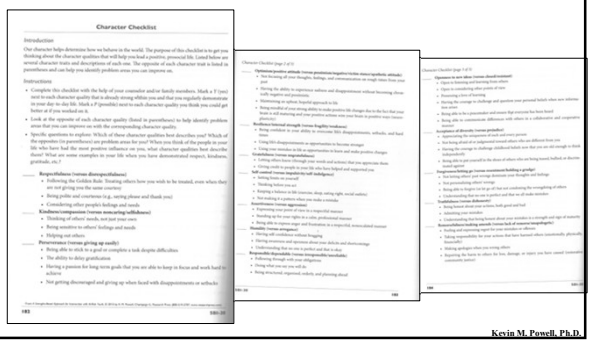
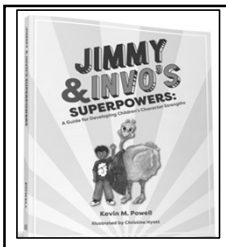
C) Educate and Promote CHARACTER STRENGTHS

SBI #30 pp. 146 & 182-184



Kevin M. Powell, Ph.D.



CHARACTER STRENGTHS can increase positive life outcomes, AND decreases the risk of negative outcomes (including abusive behaviors)

#1 Being KIND
Kind to OTHERS; to NATURE; to SELF

#2 Having PATIENCE
Delayed Gratification

#3 Having FUN AND LAUGHING

#4 Having EMPATHY (Knowing How Others Are Thinking & Feeling)

#5 MANAGING YOUR FEELINGS
Emotional Regulation; Self-Regulation

#6 WORKING HARD (Even When Something is Difficult)
Perseverance; Self-efficacy

#7 Having POSITIVE PEOPLE IN YOUR LIFE Who Care About You
Family & Social connections

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D) Educate about HEALTHY RELATIONSHIP attributes

Explore what attributes are critical for being a *Prosocial, Healthy… Friend, Romantic Partner, Father, Mother, etc.*

Anderson, 2020; Davila et al., 2017; Kothari et al., 2020; Kulkarni et al., 2020

Characteristics of HEALTHY RELATIONSHIPS:

- ***Listening**
- ***Mutual Respect & Kindness**
- ***Trust & Honesty**
- ***Acceptance**
- ***Autonomy (Separate Identities & Freedom of Choice)**
- ***Fairness**
- ***Conflict Management**
- ***Emotional Regulation**
- ***Supportive/ Responsive**
- ***Regular, Positive Communication**
- ***Playfulness/ Fun**

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7) Teach ADAPTIVE COPING for ACEs & Life Stressors

A) Be Cognizant of the Potential Impact of Adverse Childhood Experiences (ACEs)

ACEs Questionnaire

1) Verbal Abuse
2) Physical Abuse
3) Sexual Abuse
4) Emotional Neglect
5) Physical Neglect
6) Parents Separated or Divorced
7) Domestic Violence in home
8) Substance Abuse in home
9) Family Mental Illness
10) Family Member who has been to prison

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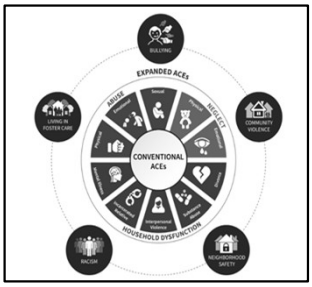
Expanded ACEs (include Community-Level Stressors, beyond family/household dysfunction)

11) Felt Discrimination
12) Witnessing Violence
13) Experienced Bullying
14) Unsafe Neighborhood
15) Lived in Foster Care



Cronholm et al., 2015; Wade et al., 2016

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ACEs have been linked to harmful effects as it relates to major areas of Human Functioning including…

- ***Psychological**
- ***Behavioral**
- ***Academic**
- ***Physical**
- ***Neurological**

Clarkson Freeman, 2014; Craig et al., 2017; Danese & McEwen, 2012; Flaherty, et al., 2013; Fox et al., 2015; National Children's Advocacy Center, 2011; Sciaraffa et al., 2018

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A person's perception of *current* relationships & situations can be altered by their *past* negative relationships/ experiences (ACEs)… it can alter the lens through which they view the world.

Tinted Sunglasses Metaphor

View the world through a lens that is…

Mistrustful, Vigilant to Threat, & Misinterprets and Over-Reacts to others' actions

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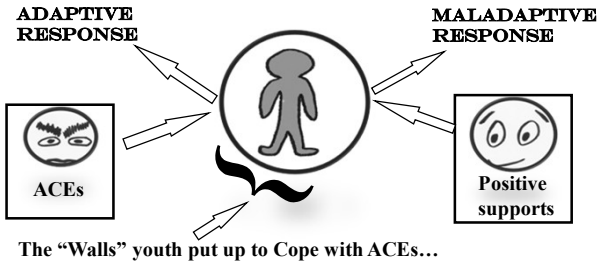
B) <u>Be cognizant that a youth's disruptive/ problematic behaviors may be an '*Adaptive Coping Response*' to ACEs</u>
(…from an evolutionary theory perspective, even though it can be maladaptive in other situations).

SBI #27



The "Walls" youth put up to Cope with ACEs…
***Social Withdrawal *Mistrust *Oppositional behaviors**
***Aggression *Substance abuse *Self-cutting *Poor hygiene**

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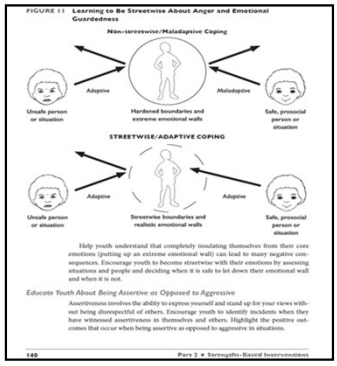
Help clients to be STREETWISE and ADAPTIVELY COPE regarding the 'walls' they put up



Powell, 2015, pg. 140

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We must Maintain a STRENGTHS-BASED ORIENTATION with youth… Be Positive and Focus on youth's interests and strengths (not just their disruptive behaviors).

Being Harsh and Impatient can TRIGGER youth (especially those with significant ACEs) to become, anxious, defiant, and/or aggressive.

Even when a youth is escalated and disruptive, staff must remain calm, respectful, and SPOCK-LIKE (more cerebral, less emotional)

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Also, human service providers must be cognizant that a youth's mistrust, lack of empathy, aggression, and emotionally callous symptoms may have been a *learned response* to their own childhood victimization (which can be *unlearned*).

***Be very cautious about labeling these symptoms as "antisocial"/ "sociopath" (psychopath)**

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C) Be cognizant of the POSITIVE OUTCOMES linked to Past Adversity and/or Trauma

Research on "*Post-Traumatic Growth (PTG)*", "*Positive Life Changes*", "*Benefit-Finding*" & "*Resiliency*"

Collier, 2016; El-Gabalawy et al., 2021; Frazier & Berman, 2008; Joseph & Butler, 2010; Masten, Cutuli, Herbers, & Reed, 2009; Meyerson et al., 2011; Schaefer et al., 2018; Tedeschi & Kilmer, 2005; Tedeschi & Moore, 2021

Research on *"Moderate Life Adversity", "Steeling Effects"* Holtge et al., 2018; Seery, 2011; Seery et al., 2013

NOTE: **These positive outcomes are NOT the focus in the beginning phases of treatment with youth who are struggling with a history of victimization and trauma.**

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PTG Positive Outcomes

1) Enhanced Personal Strength
(e.g., increased courage, self-reliance, confidence to cope with life stressors)

2) Enhanced Relationships
(e.g., increased closeness/ connections to others)

3) Enhanced Appreciation of Life
(e.g., more reflective and grateful for things in life)

4) Enhanced Spiritual/Existential outlook, Life Philosophy
(e.g., reconsidering personal beliefs, life's meaning & purpose)

5) New Possibilities
(e.g., changes in life priorities; live life in more meaningful ways)

6) Enhanced Empathy & Prosocial Behaviors
(e.g., increased sensitivity towards others)

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Some youth mistakenly perceive their past adversity as a WEAKNESS.

As youth age into adolescence and young adulthood, their capacity to look back and reassess their childhood experiences is much greater.

We can help youth (and adults) to correct their childhood misperceptions and CHANGE THEIR NARRATIVE…

Begin to view their ability to survive/ cope with past adversity as a STRENGTH!

SBI #13

Kevin M. Powell, Ph.D.

There are many benefits to Treating ACEs/ Past Adversity utilizing a Strengths-Based, Resilience-Enhancing approach

Strengths-Based, Resilience-Enhancing Services: Key Components for Treating Youth Impacted by Adverse Childhood Experiences

Kevin M. Powell

Psychology Today

From "Trauma-Informed" to "Adversity-Resilient"

A major shift is underway in thinking about youth experiencing adversity.

KEY POINTS

- "Trauma-informed therapy" is the predominant delivery service for youth with adverse childhood experiences.

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Table 1. Strengths-based, resilience-enhancing (SBRE) treatment components.

Relationship Development
1. Form *Positive, Trusting Relationships.*
2. Respond in a *Supportive & Neutral* manner to ACE Disclosures and Problematic Symptoms.

Stabilization
3. Meet *Basic Human Needs*-Physiological, Safety, and Social Needs.
4. Strengthen Connections between Youth and *Stable Social Supports.*

Engagement
5. Promote *Personal Control Beliefs* (Hope & Self-Efficacy).
6. Provide a *Rationale for Services.*
7. *Normalize and Reframe* ACE Coping Responses as *Adaptive and Resilient.*

Assessment (Ongoing)
8. Assess *Strengths, Protective Factors, Relationships/ Supports,* and *Developmental Understanding* of adversity, and conduct a *Functional Behavior Assessment of Positive, Resilient Behaviors.*

Intervention
9. Identify and Reinforce *Talents, Interests, Life Goals* (Explore Approach Goals).
10. Identify and Reinforce *Protective Factors linked to Resilience.*
11. Identify and Reinforce *Posttraumatic Growth/ Post-Adversity Growth* (when indicated).
12. Reinforce a *Resilient Mindset,* not Crises.
13. Correct Misperceptions about Past Adversity (*Resilient Narrative Work*).
14. Teach *Emotional-Regulation Skills and Self-Care.*
15. Provide Information about *Healthy Relationships.*
16. Help Youth Take Power Over ACEs with *Gradual Exposure Therapy* (when indicated).

Prevention
17. Promote *Positive Childhood Experiences.*
18. Increase Knowledge and Skills to *Reduce the Risk of Future Victimization.*
19. Increase Knowledge and Skills to *Reduce the Risk of Becoming Abusive.*
20. Create a *Supportive Work Environment* for Youth Service Providers.

We need to use Language that enhances RESILIENCE!
Be cautious about the 'Trauma' Label

Use statements like…

"You have had to cope with a lot of 'ADVERSITY' in your life" **(instead of saying "You have had to cope with a lot of 'trauma' in your life)**

Response to past victimization is NOT the same for all clients. Boyce et al., 2021; Clancy, 2009; Hindman, 1989

"You have been so 'RESILIENT' to cope with all the hard times that have come your way"

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8) Delivery of Services-LEARNING ACQUISITION

Chap 13

*Interventions for…clients who have *learning differences* and/or learn best in *multisensory* ways.

…clients who *lack insight* into their treatment needs and goals

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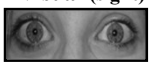
A) Be MULTI-SENSORY in your Delivery of Services

SBI #35

*Auditory (sound)

*Kinesthetic (body movement)

*Visual (sight)



*Olfactory (smell)

*Tactile (touch)

*Gustatory (taste)

e.g., animal crackers!

*Link new concepts to familiar, real life info.

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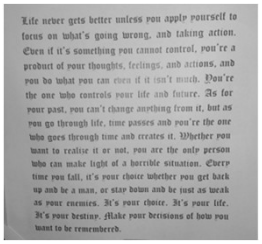

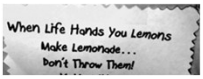

Expressing yourself in multi-sensory ways

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CAVEAT about Multisensory Interventions

Be sensitive to clients who are more *introverted and/or socially anxious*

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B) Make Learning MEANINGFUL, APPLICABLE TO REAL LIFE

SBI #36

1) Utilize Metaphors to enhance understanding of concepts, for example…

*Teaching about the reciprocal nature of relationships with the *'throwing the ball against the wall'* metaphor

*Teaching about neuroplasticity with the *'mountain path'* metaphor

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2) Identify topics & successful people that clients can personally relate to, for example…

People who have coped with academic struggles:

Normalize "LEARNING DIFFERENCES"

(rather than focus on "disabilities")

SBI #33

People who have 'coped with' and been 'resilient' in response to Adverse Childhood Experiences:

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3) Utilize Music Lyrics and Videos that client can identify with and that highlight resilience, for example…

BEAUTIFUL vocals by Christina Aguilera/ written by Linda Perry

Every day is so wonderful
Then suddenly it's hard to breathe
Now and then I get insecure
From all the pain, I'm so ashamed

I am beautiful no matter what they say
Words can't bring me down
I am beautiful in every single way
Yes, words can't bring me down... Oh no
So don't you bring me down today

To all your friends you're delirious
So consumed in all your doom
Trying hard to fill the emptiness
The pieces gone, left the puzzle undone
Is that the way it is?

You are beautiful no matter what they say
Words can't bring you down...oh no
You are beautiful in every single way
Yes, words can't bring you down, oh, no
So don't you bring me down today

No matter what we do
(No matter what we do)
No matter what we say
(No matter what we say)
We're the song inside the tune
Full of beautiful mistakes

And everywhere we go
(And everywhere we go)
The sun will always shine
(The sun will always, always shine)
And tomorrow we might wake on the other side

We are beautiful no matter what they say
Yes, words won't bring us down, no, no
We are beautiful in every single way
Yes, words can't bring us down, oh, no
So don't you bring me down today

Oh, yeah, don't you bring me down today, yeah, ooh
Don't you bring me down ooh... today

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C) Help Clients to be INFORMED CONSUMERS SBI #32

Explaining the What, When, Where, How, and Why of Treatment Services helps to enhance Clients'…

Knowledge about the process
AND
Feelings of Self Control (know what to expect)

⇩

Which can significantly REDUCE ANXIETY

⇩

Promote INTERNAL MOTIVATION & ENGAGEMENT in Services

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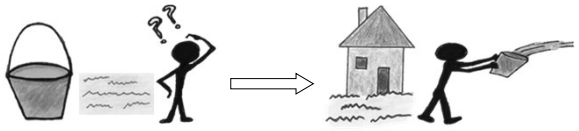
Help clients and families to be "INFORMED CONSUMERS" rather than "passive recipients" in Treatment Services



"Passive Recipient" = Apathetic Client

"Informed Consumer"= Engaged/ Motivated Client

Maintain a "*We are in this together*" mentality…Help them to be their OWN BEST THERAPIST, probation/parole officer, caseworker, teacher, etc.

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***COLLABORATING* with client & families and providing a *Rationale* for services (e.g., what to expect, benefits of participation, goal consensus) can enhance *ENGAGEMENT* and effectiveness of services.** Ahmed & Westra, 2009; Becker et al., 2015; Lindsey et al., 2014, Powell, 2017; Shick-Tryon, Birch, & Verkuilen, 2018

***Present therapy as a 'team effort'**

Convey the message, *"We are in this together"
Build a sense of togetherness by using words such as, "*we*", "*us*", and "*let's*"

***Helping clients to set goals (GOAL CONSENSUS)** SBI #31

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Assist client (& families) in being INFORMED CONSUMERS/ being their OWN BEST THERAPIST about strengths-based concepts including… SBI #32

- **Resilience Research**
- **Protective Factors**
- **Solution-Focused Emphasis (looking at exception to problems)**
- **Reasons for Hope**
- **Strengths (individual, family, community strengths & resources)**
- **Basic Human Needs**
- **Neuroplasticity**
- **Etc.**

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D) Be Cognizant of LEARNING DIFFERENCES SBI #33 **and MULTIPLE INTELLIGENCE of youth** SBI #37

Learning Styles and types of Intelligence can be quite variable.

HANDOUT: *Multiple Intelligence* at kevinpowellphd.com under the Resource tab

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Verbal/Linguistic Intelligence

The ability to communicate and make sense of the world through language, in spoken and/or written forms.

Occupations include: **Authors, Journalists, Poets Public Speakers, Lawyers, & Newscasters.**

Lester Holt

Ruth Bader Ginsburg

Stan Lee

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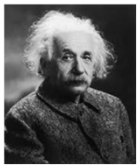
Logical/Mathematical Intelligence

The ability calculate; quantify; consider hypotheses; analyze abstract relationships; and carry out complex mathematical operations.

Occupations include: **Mathematicians, Scientists, Accountants, Engineers, & Computer Programmers.**



Einstein

NASA (Hidden Figures movie)
Mary Jackson
Katherine Johnson
Dorothy Vaughan

Bill Gates

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Musical/Rhythmic Intelligence

A sensitivity and creativity in hearing & manipulating tones, pitch, musical patterns, melody, and rhythm. It includes the ability to compose music, play an instrument, and/or an appreciation for various forms of musical expression.

Occupations include: **Musicians, Composers, Conductors, Music Producers, Critics, Instrument Makers, & Acoustic Engineers.**

Jennifer Lopez

Earth, Wind & Fire

Jerry Garcia

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Bodily/Kinesthetic Intelligence

The ability to control your body movements and the ability to handle objects skillfully.

Occupations include: **Athletes, Dancers, Surgeons, Rock Climbers, & Carpenters.**

Steph Curry

Simone Biles

Surgeons

Carpenters

Travolta

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Visual/ Spatial Intelligence

The ability to think in three-dimensional ways. To visually navigate oneself & objects through space and to recreate, transform, or modify images.

Occupations include: **Artists (i.e., sculptors, painters) Architects, Designers, Sailors, Pilots, & Movie Directors.**

van Gogh

Steven Spielberg

Popeye-
the sailor man

Kevin M. Powell, Ph.D.

Interpersonal Intelligence

The ability to sense the moods, feelings, and motivations of other people and respond appropriately/ interact effectively.

Occupations include: ***Skilled*** **Teachers, Parents, Mental Health Clinicians, Salespeople, & Political Leaders.**

Carl Rogers

Michelle & Barack Obama

Oprah

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Intrapersonal Intelligence

The ability to recognize and understand your own feelings/ thoughts, construct an accurate perception of yourself (self-reflection), and use this knowledge in directing one's life.

Occupations include: **Poets, Philosophers, & Clergy**

Mother Teresa

Amanda Gorman

Naturalist Intelligence

The ability to identify and classify objects and patterns in nature, which can help solve real-world problems.

Occupations include: **Farmers, Botanists, Hunters, Ecologists, Archeologists, Anthropologist, Forest/Park Rangers, & Landscapers**

Jane Goodall

Greta Thunberg

Elmer Fudd

C) Promoting a RESILIENT MINDSET and Stabilizing High-Needs Youth

Youth who have been exposed to Neglectful, Abusive, and Unstable childhood environments
(inconsistent caregivers and/or multiple out-of-home placements)

Higher risk of learning to elicit support from others through their BEHAVIORAL INSTABILITY and CRISES

Help youth acquire a RESILIENCE MINDSET

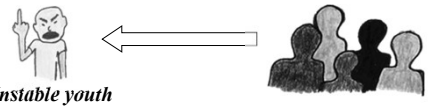
We must *Regularly Attend* to *youth* when they are *Stable/ Positive/ Prosocial/ Resilient*

If providers & caregivers only attend to clients when they are out-of-control & in crisis, we can unintentionally reinforce their instability

Be careful not to promote the "Squeaky Wheel" phenomenon!

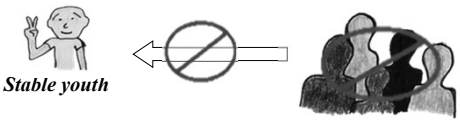
Disruptive Behavior Example:

e.g., A youth who repeatedly acts out with AGGRESSION or SELF HARM, which requires multiple staff to intervene & focus on them…



Unstable youth

…WHILE the youth receives much less one-on-one attention when they are stable.



Stable youth

****Programs can unintentionally reinforce the youth's disruptive behaviors, if not careful**

We need to help youth embrace their **resilience** and learn to elicit support **without crisis**

When working with youth who are chronically in-crisis and/or who chronically focus on a victimhood worldview SBI #6

1) First, *ESTABLISH A POSITIVE RELATIONSHIP and Empathize* with their feelings and experiences

2) *PRIME THE CONVERSATION with a positive, resilient focus*
Start conversations by sharing a positive observation or giving a compliment.

Do NOT start conversations with *"How are you doing?"*

3) ***DISTRACT AWAY from chronic Victimhood focus*** **(use Distraction, Ignoring, or Toned Down responses when appropriate). Selectively attend to and reinforce a 'Resiliency Mindset'.**

SBI #6

******SELECTIVELY ATTEND* **to any content of the communication that is positive**

******REDIRECT* **conversations to positive topics in which the youth has a personal interest**

******SHORTEN CONVERSATIONS* **when communication reflects a victim-stance, deficit-based focus**

Kevin M. Powell, Ph.D.

4) ***Schedule Set Days for Check-ins*** **(in order to reassure your dependability/ reliability). This will help reduce client's anxiety about abandonment/ rejection issues.**

SBI #26

Note: **Be sure to write down and follow through with these check-ins**

DEPENDABILITY / RELIABILITY IS CRITICAL !!

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CASE EXAMPLE: "Barb" (age 15)- Stabilizing a Chronically Disruptive Youth

SBI #26

Barb's Background:

***Abandoned by parents, lived in multiple out-of-home placements since the age of 6**

***Chronic conflicts with peers & staff**

***Past Victimization & Abandonment issues**

Kevin M. Powell, Ph.D.

Presenting Problem:

***Barb would constantly ask to meet with counselors and she would get verbally hostile when counselors met with other kids instead of her.**

***Barb would often report being in CRISIS in order to get staff support.**

Kevin M. Powell, Ph.D.

Interventions:

***Scheduled set days that we would FOR SURE meet.**

I did this to reduce Barb's anxiety/fear of rejection & abandonment.

It is critical that Providers be dependable and follow-through with these meetings

Note: **In many youth service settings it is best *not* to set up *specific times* to meet, only specific days, due to the sometimes unpredictability of the workday**

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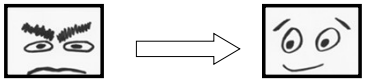
*** Gave Barb interpersonal feedback explaining that I always enjoy meeting with her; however, when she gets angry & rude each time we pass each other on the unit or in the hallway, it really bums me out.**

*** Role-Played greeting each other in a positive way- Raising her eyebrows, smiling, and making a positive greeting.**



"What the hell, Kevin!! **"Hi Kevin, how are you?"**

***Set up a plan for Barb to practice (in vivo) her "positive greeting" every time she saw me.**

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*<u>When Barb would ask to meet with me immediately due to a "crisis", I would give her a choice</u>…

CHOICE #1: Meet right now but for a brief amount of time, on the unit ***(in order to decrease reinforcement for Barb's attempts to elicit support through crisis).***

OR

CHOICE #2: Wait until our scheduled meeting time when we can meet for a longer amount of time, in my office, eating animal crackers ***(in order to increase reinforcement for Barb's stability).***

Kevin M. Powell, Ph.D.

If Barb's "crisis" involved suicidal or homicidal statements, then I made the choice for her…Choice #1

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<u>**Results/Outcome**</u>**:**

Barb's interactions towards me and treatment team members became much more positive.

She stopped using a "Crisis" as a method of eliciting support

Her positive interactions generalized to her peer relationships, which resulted in making friends on the unit

Kevin M. Powell, Ph.D.

D) Create a STRENGTHS-BASED TEAM SBI #40

1) <u>Be Strengths-Based with Colleagues</u>

***Regularly Check-in with each other**

***Recognize each others' Strengths. Have a set AGENDA ITEM at team meetings titled, "POSITIVES" (*"Snaps"; What is going well?*)**

***Help each Other to Get Better as Staff (e.g., 10-minute toolbox)**

We are all better as a TEAM!!

Kevin M. Powell, Ph.D.

2) <u>Hire Smart: Hire Staff</u> (at all levels of the organization) <u>who possess Strengths-Based Character Qualities</u>

***Positive, Optimistic attitude**	***Strong Work Ethic**
***Relationship-Based orientation**	***Humble**
***Kind**	***Open to learning from others**
***Honesty and Integrity**	***Team player**
***Good Boundaries**	***Good Emotional Regulation**

Note: **Job experience and education are NOT worth a lot if a staff member lacks the Character Attributes described above.**

While we can teach and develop job skills, modifying a staff member's 'character' is NOT so easy.

Kevin M. Powell, Ph.D.

3) <u>Hire and Promote 'Strengths-Based Supervisors</u>

Competent, Strengths-Based Supervision for all staff is essential for a healthy team.


GUIDELINES FOR STRENGTHS-BASED SUPERVISORS

KEVINPOWELLPHD.COM

HANDOUT: ***Guidelines for Strengths-Based Supervisors*** **at kevinpowellphd.com under the Resource tab**

'Strengths-Based Supervisors' influence their Team through their Actions (The POWER OF MODELING/ SOCIAL LEARNING)

WALK YOUR TALK**!**

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a) Manageable ratio of Supervisor to Supervisee caseload

When the *Quantity* (of supervisees per supervisor) goes too high

⇩

the *Quality* of supervision goes down

b) High-Quality Supervision includes…

***Strengths-Based Emphasis: Regularly highlight and promote Supervisee's strengths**

***Skill Development : Teaching, In vivo modeling, shadowing, coaching and supporting**

***Professional/ career exploration and development: Ask about supervisee's career goals (approach goals)**

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*** Clear, consistent expectations for supervisees**

*** When a supervisee is not performing well it must be addressed (e.g., Direct feedback; Good Documentation, & Progressive Discipline)**

When problematic staff members are not held accountable, it can be psychologically TOXIC to the work environment.

4) Empower your 'Best Staff' to Champion Key Strengths-Based Oriented processes

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5) Provide High Quality TRAININGS

Make trainings…

a) Relevant & Applied (How will staff be able to use this information in their day-to-day work?)

b) Concise (Readers Digest versions)

c) Multi-Sensory & Engaging

d) Training Content regularly reminds staff about Strengths-Based concepts

Incorporate Strengths-Based content into All Annual Trainings (e.g., suicide prevention trainings)

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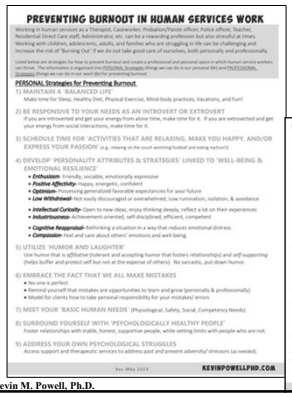
6) Emphasize Employee SELF-CARE & Burnout Prevention


PREVENTING BURNOUT IN HUMAN SERVICES WORK

PERSONAL Strategies for Preventing Burnout

KEVINPOWELLPHD.COM

HANDOUT: *Preventing Burnout in Human Services Work* at kevinpowellphd.com under the Resource tab

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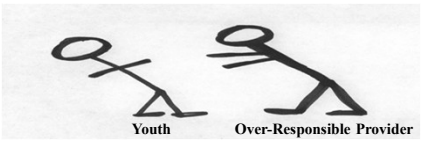
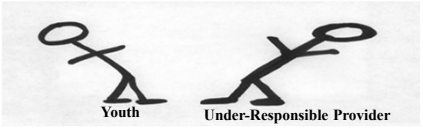
a) Have an awareness of the '*Over & Under Responsibility Dynamic*', which can help Prevent Burnout





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b) Have Awareness of Burnout Risk Indicators

Risk of Burnout is high for Mental Health Professionals

Three Indicators of BURNOUT

40% **1) Emotional Exhaustion- Feeling fatigued & overextended, depleted of emotional & physical resources (Over-worked)**

22% **2) Depersonalization- A negative and cynical attitude towards people (colleagues & clients)**

19% **3) Diminished Sense of Personal Accomplishment- Negative self-evaluation & minimization of work accomplishments**

2018 Meta-Analysis of Burnout in MH Professionals (including studies from 33 different countries; N= 9409) found…

O'Connor, Muller Neff, & Pitman, 2018

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c) Promote PROTECTIVE FACTORS that help reduce risk of Burnout in MH Professionals

O'Connor, Muller Neff, & Pitman, 2018

1) Role Clarity

2) Sense of Professional Autonomy (perceived capacity to influence decisions at work)

3) Sense of Being Treated Fairly

4) Manageable Caseloads

5) Development of Good Team Functioning

6) Providing Quality Clinical Supervision

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Five Psychologically Healthy Workplace Practices

Grawitch et al., 2014

1) Health & Safety *Psychological Health- EAP Services
*Physical Health
*Safe Workplace

2) Employee Involvement
*Greater autonomy & control over work demands
*Increased ownership for Services (Assign "Champions")

3) Work-Life Balance
*Greater control of work & non-work life
*Greater resources available (vacation time; childcare benefits)

4) Employee Growth & Development
*Improved stress management skills
*Improved job skills and adaptability (career resilience)

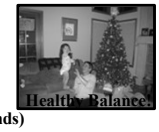
5) Employee Recognition *Positive Recognition & Promotions

d) SELF-CARE Strategies (5 categories) Collins & Cassill, 2021; Rupert & Dorociak, 2019

1) Professional Support (supportive relationships with colleagues)
*Treated fairly & receive fair recognition & compensation for your work

2) Professional Development (opportunities for professional growth)
*Receive regular clinical supervision
*Involvement in professional organizations/events
*Sense of autonomy
*Perceived capacity to influence decisions at work

3) Life Balance (allowing time for relationships/ activities outside of work)
*Time with family & friends
*Alone time
*Physical exercise and healthy eating
*Adequate sleep
*Leisure activities/ hobbies


Healthy Balance

4) Daily Balance (managing daily workplace demands)
*Taking breaks (time for yourself) between sessions & meetings
*Delegating/ empowering others

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5) Cognitive Awareness (monitoring workplace stress & reactions)
*Reflecting on positive experiences
*Monitoring your stress level (identifying when you need a MH day)
*Being 'Streetwise' about work/ personal life demands
*Maintaining a sense of humor
*Healthy Compartmentalization- Taking a break from the stressors of work, not only *physically* but also *mentally & emotionally.*

Keep In Mind…

Self-Care is DIVERSE (Not the Same for Everyone)
It includes many different practices and will vary from person-to-person based on their personal preferences and life situations.

Self-Care should be practiced PROACTIVELY:
Self-Care works most effective when practiced on an ongoing basis…so don't wait until you are already Burning Out!

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KEY COMPONENTS FOR HEALTHY, EFFECTIVE YOUTH SERVICES

Described below are suggestions for how to create and maintain Healthy, Effective Youth Services/ Juvenile Justice services in residential and detention settings, as well as in community-based agencies.

Eighteen key components are broken down into three major areas:
A) Organizational components
B) Milieu Stability components
C) Program Service components

A) ORGANIZATIONAL Components
1) Evidence-Based Principles include Strengths-Based and Relationship-Based emphasis
2) Collaborative, Knowledgeable Leadership Team that understands the importance of both Clinical/ Humanistic processes AND Safety/ Security
3) Hire Smart- Emphasize Positive Character Qualities
4) High-Quality Supervision, Training, and Support for Staff
5) Empower your 'Best Staff' - Identify 'Best Staff' at all levels of the organization and assign them to Positions of Influence
6) Promote a Healthy TEAM Atmosphere

B) MILIEU STABILITY Components
7) Small, Manageable Numbers of Youth
8) Manageable Ratio of Direct Care Staff to Youth Caseload
9) Direct Care Staff actively involved with Forming Positive Relationships with Youth
10) Consistency and Predictability on Living Units
11) Manageable Ratio of Counselor to Youth Caseload
12) Strong Emphasis on Positively Reinforcing youth's Stable, Prosocial Behaviors
13) Clear Protocol for How to Stabilize and Work Effectively with 'High-Needs' Youth

C) PROGRAM SERVICE Components
14) Ecological Model- Emphasis on Family and Community Supports
15) Safe Treatment/ Work Environment
16) Program Integrity
17) Holistic, Individualized Services
18) Safe, Effective School Program that Closely Simulates Schools in the Community

1 Rev. May 2021 KEVINPOWELLPHD.COM

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E) Strategies for enhancing OPENNESS & HONESTY

1) WHEN to Address Sensitive Issues?

It is critical to regularly assess a client's "Ego- Strength", "Relationship Connection", and "Social Support" to help determine WHEN they will be most open & ready to address their offense history, ACE history, or other sensitive issues

"Ego-Strength"= a client's internal sense of security, and personal confidence to tolerate stress & frustration

"Relationship Connection"= a client's sense of trust, openness, and closeness with a particular person

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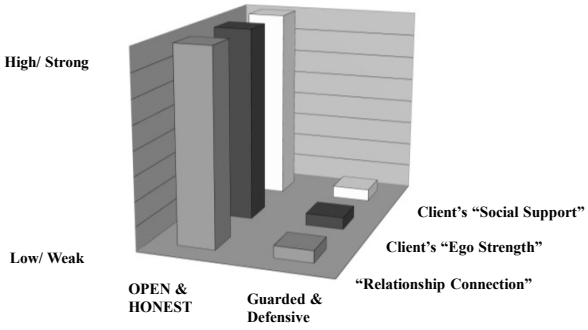
WHEN are clients most likely to be Open to talking about their abusive behaviors; ACEs; etc.?



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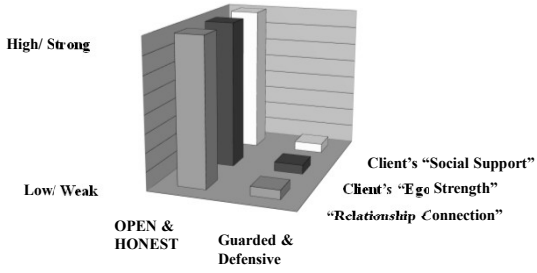
"Strengths-based" interventions are excellent for...

- -Establishing a Strong "Relationship Connection"
- -Increasing "Ego-Strength"
- -Enhancing "Social Support" (Ecological Model)



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2) Utilize META-TALK to help clients to be *Informed Consumers* SBI #32

It is common for clients to enter Services feeling scared, self-conscious, guarded, oppositional, etc…

'*Meta-Talk*' and '*Rationale for Services*' helps clients resolve these emotions and enhance their openness and honesty in treatment and other services

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Defining 'META-TALK' SBI #32

***Talking about talking**

***Having discussions with youth regarding the 'about' & 'how' of a particular topic or potential experience in treatment BEFORE actually doing it.**

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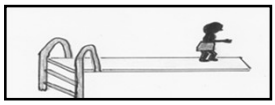
Meta-Talk/ Rationale Example #1: Provide a RATIONALE for Trauma-Focused Exposure Therapy

"Jumping off the Diving Board" Metaphor SBI #32 p. 153



Talk about the body & minds capacity to habituate/ desensitize to stimuli including traumatic experiences (and change their narrative). Explain how "gradual exposure" works and the potential benefits of talking & writing about our past trauma (Pennebaker, 1997; Sloan, 2004)

***CAVEAT*: Not all clients will need exposure therapy**

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Meta-Talk Example #2: Discourage youth from lying (during interviews/ assessments) by giving them another way to respond to difficult topics

Meta-talk { ***"I am going to be asking you about some topics that may be a little difficult to talk about. If I happen to ask you something that you are not quite ready to talk about yet. Please don't feel pressure to lie about it, because that won't help you overcome your struggles. Instead, just say…***

"I'm not ready to talk about that yet, can we talk about it later?"

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Meta-Talk Example #3: When asking questions about Sexual Orientation (Let client know you are a safe person to talk to)

Only Attracted to Same Gender (Gay, Lesbian)	Attracted to all Genders (Bisexual)	Only Attracted to Different Gender (Heterosexual)

"Research has found that it is normal for people to be anywhere on this continuum of sexual attraction. If you feel comfortable sharing, where do you see yourself on this continuum?"

"Also, sometimes past sexual victimization can skew where you would naturally be along this continuum"

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F) Be PROACTIVE & PREVENTION-ORIENTED

We don't have to wait until there is problem!

Promote a Prosocial Lifestyle & Stop the Intergenerational Transmission of Abuse

Help Caregivers/ Parents to be Proactive & Prevention-Oriented with their children

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LEVELS OF PREVENTION

Tertiary Prevention: Interventions that *target people who are already struggling with significant problems*

Focus on rehabilitation AND stopping the Intergenerational Transmission of various problems

Secondary Prevention: Interventions that *target people who have been identified as 'at-risk'* for problems

Primary Prevention: Interventions that can help *prevent the onset of problems* before they occur

"Up-Stream Interventions"

FOR EXAMPLE, Sexual Abuse 'Primary Prevention'…

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1) Enhance CAREGIVERS KNOWLEDGE about Childhood Sexuality (Healthy; Problematic; Harmful)

2) Prevent VICTIMIZATION: Enhance Parent-Child Communication and Supervision

Kenny & Wurtele, 2012; Wurtele & Kenny, 2011, 2010

Young children are especially vulnerable to becoming victims of sexual abuse due to…

***Children's complete dependence on adults regarding what is normal and acceptable behavior**

***The large majority of child sexual abuse incidents are perpetrated by people the child knows and trusts**

Therefore, loving Caregivers must…

Be vigilant about who, when, and where you allow your child to be under the care of others

AND

Enhance Parent-Child Communication (& Active Involvement)

Kenny & Wurtele, 2012; Wurtele & Kenny, 2011, 2010

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Increasing OPEN COMMUNICATION between children & their Loving Caregivers

&

Increasing Children's KNOWLEDGE about their very special bodies

⇨ **Helps promote healthy development and reduce the risk of being sexually victimized**

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Encourage loving parents/ caregivers to…

Talk with their children about the *names of body parts including their very special private parts

Content analysis of child sexual abuse prevention books found that 91% of them did NOT include anatomically correct names for genitals, even though it is a critical component to child abuse prevention

Craig, 2021

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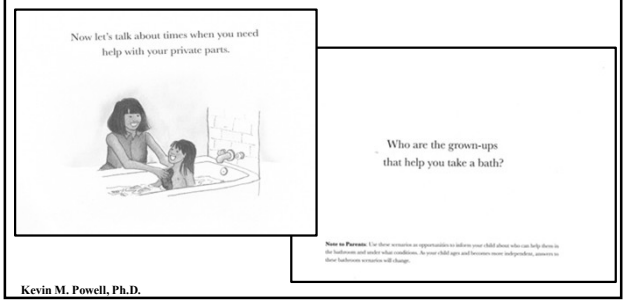
Talk with their children about *'when' private parts touching is okay* and *'by whom'

***Who* are the grown-ups that can help them *when* taking a bath…*when* using the toilet… *when* getting a check-up at the doctor's office?**



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***Talk with their children about *'who' and 'how' to tell* if they are ever confused or uncomfortable about private parts touching.**

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HANDOUT:
Information for Parents: Prevention & Intervention of Childhood Sexual Abuse
at kevinpowellphd.com under the Resource tab

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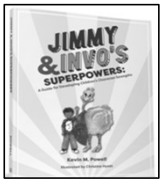
3) Prevent HARMFUL BEHAVIORS (and Increase Prosocial Actions): Develop Character Strengths



#1 Being KIND
Kind to OTHERS; to NATURE; to SELF

#2 Having PATIENCE
Delayed Gratification

#3 Having FUN AND LAUGHING

#4 Having EMPATHY (Knowing How Others Are Thinking & Feeling)

#5 MANAGING YOUR FEELINGS
Emotional Regulation; Self-Regulation

#6 WORKING HARD (Even When Something is Difficult)
Perseverance; Self-efficacy

#7 Having POSITIVE PEOPLE IN YOUR LIFE Who Care About You
Family & Social connections

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4) Educate youth about HEALTHY RELATIONSHIPS

Explore what attributes are critical for being a *Prosocial, Healthy… Friend, Romantic Partner, Father, Mother, etc.*

Anderson, 2020; Davila et al., 2017; Kothari et al., 2020; Kulkarni et al., 2020

Characteristics of HEALTHY RELATIONSHIPS:

- ***Listening**
- ***Mutual Respect & Kindness**
- ***Trust & Honesty**
- ***Acceptance**
- ***Autonomy (Separate Identities & Freedom of Choice)**
- ***Fairness**
- ***Conflict Management**
- ***Emotional Regulation**
- ***Supportive/ Responsive**
- ***Regular, Positive Communication**
- ***Playfulness/ Fun**

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5) Enhance Parents'/ Clients' Knowledge & Skills Regarding *Safe, Stable, Nurturing Relationships (SSNR)*

Journal of Adolescent Health (2013 v53); Biglan, Flay, Embry, & Sandler (2012); https://www.cdc.gov/violenceprevention/pdf/ssnrs-for-parents.pdf

SSNRs between Parents-Children AND Parents-Other Adults can help BREAK THE INTERGENERATIONAL CYCLE of ABUSE ("Cycle-Breakers", Not "Cycle-Maintainers")

Establish & Maintain SSNRs…

***between Parents & Children**
***between Parents & Other Adults (partners)**
***in all settings- Homes, Schools, Residential facilities, etc.**

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SAFE (Relationships/ Environments are free of physical & psychological harm) Not neglectful & violent

****Communicate in a Respectful, Emotionally Regulated manner with children & with partners***

****Providing Good Supervision & Making Informed Decisions about children's unsupervised exposure to others***

****Ensure a Hazard-Free environment***

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STABLE (Relationships/ Environments are predictable & consistent) Not chaotic & unpredictable

****Reliable, Supportive caregivers***

****Family Structure & Routines* (i.e., mealtime & bedtime routines; clean clothes; clean house)**

****Provide Consistent Limits and Communicate a Rationale for limits***

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NURTURING (RESPONSIVE to meeting children's basic needs)…

****Meet Physical needs* (i.e., food, shelter, hygiene, medical care)**

****Meet Emotional needs* (i.e., affection, acceptance, empathy, affirmation)**

****Meet Developmental needs* (i.e., positive learning environment, promote self-worth, confidence, perseverance, kindness, morality)**

Assist clients in gaining knowledge about SSNRs that help them to be HEALTHY, COMPETENT PARENTS & PARTNERS… and help them learn how to pick a healthy partner!

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G) Incorporating Evidence-Based PRINCIPLES into Treatment Services

Human behavior is WAY too complicated to assume that every client (with their multitude of strengths, problems, & treatment needs) can effectively be treated by one tightly controlled treatment technique/ curriculum.

Which is why incorporating evidence-based PRINCIPLES into programs that allow for *individualized treatment* and *clinical flexibility* is so important!

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NINE EVIDENCE-BASED PRINCIPLES IN YOUTH SERVICES

Evidence-Based Practices have been defined as "The integration of the *BEST AVAILABLE RESEARCH* with *CLINICAL EXPERTISE* in the context of *PATIENT CHARACTERISTICS, CULTURE, AND PREFERENCES*" (APA, 2005). This holistic definition highlights the importance of youth and family services being guided by evidence-based *PRINCIPLES* that assist providers in delivering best practices that are NOT overly manualized, or a one-size-fits-all approach. Nine principles (general guidelines) are described below, which can assist youth programs in developing effective, adaptable services, that are informed by 'research', 'clinical expertise', and meeting the 'individualized needs' of the diverse population we serve.

Principle #1: ESTABLISH AND MAINTAIN POSITIVE, THERAPEUTIC RELATIONSHIPS
Focusing on strategies that will help establish and maintain positive, therapeutic relationships, which can engage youth/families in services and lead to positive outcomes.

Principle #2: MAINTAIN A STRENGTHS-BASED EMPHASIS
Emphasizing the identification, creation, and reinforcement of strengths and resources within youth, their family, and community. Resilience protective factors, positive reinforcement, and solution-focused interventions (exceptions to problems) are all emphasized.

Principle #3: HOLISTIC, INDIVIDUALIZED, ONGOING ASSESSMENT
Emphasizing the importance of assessing the whole person (psychological, developmental, biological, social, cultural, etc.). Evidence-based assessment tools are utilized along with clinical judgment. A functional behavior assessment of problem behaviors AND prosocial behaviors is conducted, and situational/contextual factors are considered. Assessment recommendations target youth's individualized strengths and protective factors, as well as limitations and risk factors. Assessment is viewed as an ongoing process due to the dramatic changes (i.e., physiological, neurological, psychological, social, etc.) that occur during adolescence.

Principle #4: ENHANCEMENT OF INTRINSIC MOTIVATION & HOPE
This principle highlights strategies that enhance intrinsic motivation and optimism within youth and families, which includes: Meeting basic human needs; Educating youth/families about brain's prefrontal maturation & neuroplasticity; Educating about resilience, posttraumatic growth, and other positive changes that can occur during adolescence & adulthood; Utilizing motivational interviewing strategies; Collaborating on 'approach goals'; and Giving a rationale for services to help clients to be their own best therapist.

Principle #5: UTILIZATION OF EMPIRICALLY-SUPPORTED INTERVENTIONS/ PROCEDURES
This principle highlights interventions that research has identified as being effective for certain diagnoses. It also includes the use of evidence-based curricula; however, when full fidelity is not feasible and/or would adversely affect external validity (which is often the case within agencies serving a diverse and fluctuating client population), adherence to the underlying components is the focus. These components include maintaining Small Caseloads; Having an Ecological Focus on youth's family and community supports; Utilizing Cognitive-Behavioral interventions including Skills Training with direct practice; Targeting Dynamic Risk Factors, Protective Factors, and Strengths/ Resources.

Principle #6: DELIVERY OF SERVICES IN A MANNER THAT ENHANCES ENGAGEMENT/ RESPONSIVITY
This principle emphasizes the importance of tailoring interventions to the youth's individualized learning style, motivation, abilities, strengths, and interests, in order to maximize their capacity to learn from the services provided. Specific delivery strategies include: multi-sensory interventions; 'Least Restrictive' environments that closely approximate Real-Life Experiences; and Active, Participatory interventions (while remaining sensitive to socially introverted and socially anxious youth).

Principle #7: MAINTAIN AN ECOLOGICAL EMPHASIS (SUPPORT IN NATURAL COMMUNITIES)
This principle focuses on the importance of increasing prosocial supports and resources within the youth's life/community (e.g., contact with Psychologically Healthy, Prosocial people; Educational services; Vocational/ Employment training and opportunities; Family therapy; Home-based services; Transition services; and Restorative Justice opportunities).

Principle #8: COMMITMENT TO PROGRAM INTEGRITY
This principle focuses on the overall organization and structure of the program to ensure it includes the internal components necessary for effective services (e.g., Well-organized and structured program- "doing what you say you are doing"; Ongoing training and supervision/coaching of staff; Quality Assurance checks-internal & external audits; Hiring of Qualified Staff; Use of Multidisciplinary Teams-MDTs). This principle also emphasizes the importance of 'Do No Harm' regarding the interventions utilized.

Principle #9: MEASURE AND PROVIDE FEEDBACK ON RELEVANT PROCESSES/ PRACTICES
This principle focuses on the utilization of pre- and post-outcome measures to help determine if youth services are effective. The results of outcome measures are shared with treatment providers and direct care staff. Feedback from youth and families is also sought during the course of treatment.

rev. Jan 2021 KEVINPOWELLPHD.COM

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EB Principle #8: Commitment to PROGRAM INTEGRITY

- *Well organized & structured program
- *Regular, Ongoing Supervision/Coaching for staff
- *Regular, Ongoing Training for staff
- *Quality Assurance Checks (internal & external audits) to ensure the program is doing what it says it is doing
- *Hire Qualified, Competent staff
- *Utilize MDTs (Multi-disciplinary teams)
- *Ensure services "Do No Harm"

Understanding "Program Integrity"…
"Costa Rican" Ants vs. "Colorado" Ants

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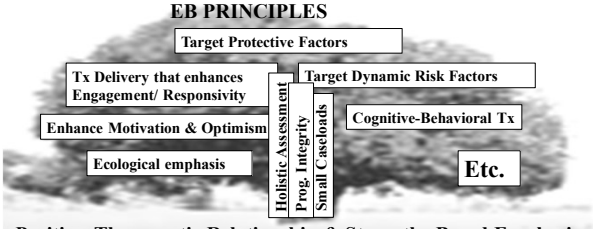
Kevin's Visual Metaphor for Effective Services:
"The* EB PRINCIPLES *Treatment Tree"

Effective Youth Services (tree growth) requires a Positive, Therapeutic Relationship (healthy roots) & Strengths-Based emphasis (healthy soil)…and other EBP Principles based on a youth's individualized needs.

Healthy, Prosocial Growth/ Life

EB PRINCIPLES



Positive, Therapeutic Relationship & Strengths-Based Emphasis

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APA's definition of Evidence-based Practice in Psychology (2005)…

Cool Definition!

"The integration of the
BEST AVAILABLE RESEARCH
with
CLINICAL EXPERTISE
in the context of
PATIENT (Client) CHARACTERISTICS, CULTURE, AND PREFERENCES"

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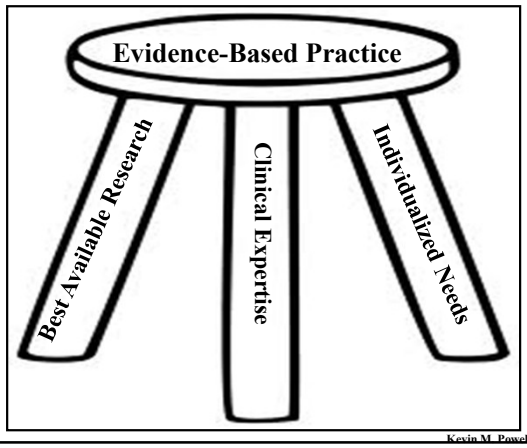

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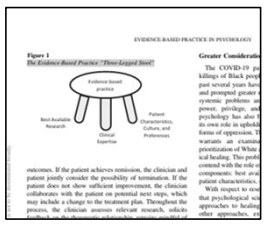
Evidence-Based Practice in Psychology: Context, Guidelines, and Action



EVIDENCE-BASED PRACTICE IN PSYCHOLOGY

Figure 1
The Evidence-Based Practice "Three-Legged Stool"

Greater Considerati

outcomes. If the patient achieves remission, the clinician and patient jointly consider the possibility of termination. If the patient does not show sufficient improvement, the clinician collaborates with the patient on potential next steps, which may include a change to the treatment plan. Throughout the process, the clinician assesses relevant research, solicits

H) Conclusion

Kevin's Core Principles for Effective Human Services

- **Strengths-Based**
- **Relationship-Based**
- **Solution-Focused & Skills-Based**
- **Proactive & Prevention-oriented**
- **Ecologically-Based**
- **Holistic, Individualized, Balanced**
- **Adherence To Evidence-based *Principles***

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