Ten Strengths-Based Concepts/ Interventions for Domestic Violence Services

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Both offenders & victims of *Domestic Violence/ Intimate Partner Abuse (DV)* often enter services presenting with symptoms that can be BARRIERS to effective intervention including…

- *Interpersonal Mistrust and Defensiveness
- *Anxiety & Fear
- *Shame
- *Hopelessness
- *Denial about the DV incident(s)
- *Limited Insight & Motivation to engage in Services
- *Impaired Social-Emotional Skills

A STRENGTHS-BASED APPROACH helps create a PSYCHOLOGICALLY SAFE environment to address these symptoms/barriers and enhance ENGAGEMENT in DV services.

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What will be covered:

A) Defining a Strengths-Based Approach

B) Ten Strengths-Based Concepts/ Interventions for DV Providers

1) Be RELATIONSHIP-BASED
2) Promote HOPE/Optimism
3) Be SOLUTION-FOCUSED
4) Target PROTECTIVE FACTORS linked to RESILIENCY
5) Meet BASIC HUMAN NEEDS
6) Be COLLABORATIVE and Help Clients to be INFORMED CONSUMERs

7) Explore APPROACH GOALS

8) Target Risk Factors with STRENGTHS-BASED ALTERNATIVES

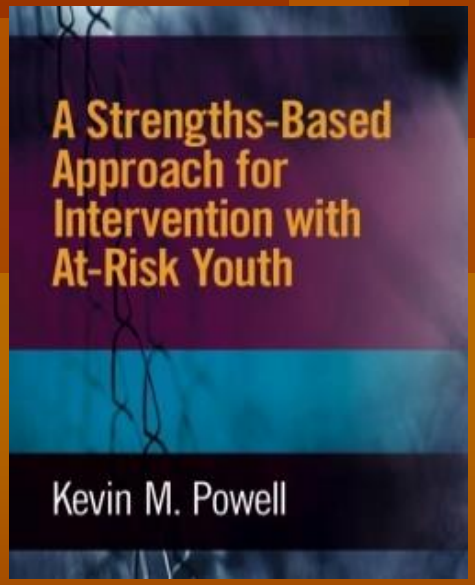
9) Be BALANCED, HOLISTIC, & INDIVIDUALIZED

10) Be PROACTIVE & PREVENTION-Oriented

C) Conclusion

A) Defining a Strengths-Based Approach

<u>Strengths-Based Approach (SBA)</u> 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 & RESILIENCY**

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

SBA consists of an eclectic mix of psychological theories, 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

Trauma-Informed Care

Cognitive-Behavioral

Resiliency Studies

Narrative Therapy

Positive Youth Development

Family Systems

Interpersonal Therapy

Good Lives Model

PBIS

RNR's Responsivity Principle

Social Learning Theory

Character Education

Ecological Model

Developmental Theory

Biopsychosocial Model

Positive Psychology

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A Strengths-Based Approach does NOT mean we are naïve to DV risk or ignore problems

We must always be…

Vigilant & Mindful of Risk Level, Risk Factors, Community Safety & the importance of Accountability & Repairing Harm

AND AT THE SAME TIME

Be Mindful of client's *Strengths & Protective Factors

****Be Optimistic* about client's capacity to make positive changes in life**

****Create a psychologically safe environment* where clients can openly address their problem behaviors and other issues.**

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B) 10 Strengths-Based Concepts/ Interventions for DV Providers

1) Be RELATIONSHIP-BASED

SBI #1 & #2 Chap 9

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

***In Treatment (Therapist)**

e.g., Karver, DeNadai, Monahan, & Shirk, 2018; Norcross, 2011; Norcross & Lambert, 2018; Marshall, 2005; Wampold & Imel, 2015

***In Schools (Teachers)**

e.g., Barile et al., 2012; Lei, Cui, & Chui, 2018; O'Conner & McCartney, 2007; Reyes et al., 2012

*In Homes (Parents)

e.g., Hillaker et al., 2008; Laursen & Birmingham, 2003; Smith & Kazak, 2017; Steinberg, 2001

*With Mentors

e.g., DeWit et al., 2016; DuBois et al., 2011; Keating et al., 2002

*With Probation & Parole Officers (Supervising Agents)

e.g., Blasko & Taxman, 2018; Paparozzi & Gendreau, 2005

*With Police Officers

e.g., Flexon, et al., 2009; McCluskey, 2003; Stoutland, 2001; Tyler, 2001

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a) Be cognizant of the power of our Non-verbal and Para-verbal behaviors

Non-Verbal

(e.g., eyebrows, crossing arms/ legs, head nods, other attending skills)

Para-Verbal

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

(Bedi, 2006)

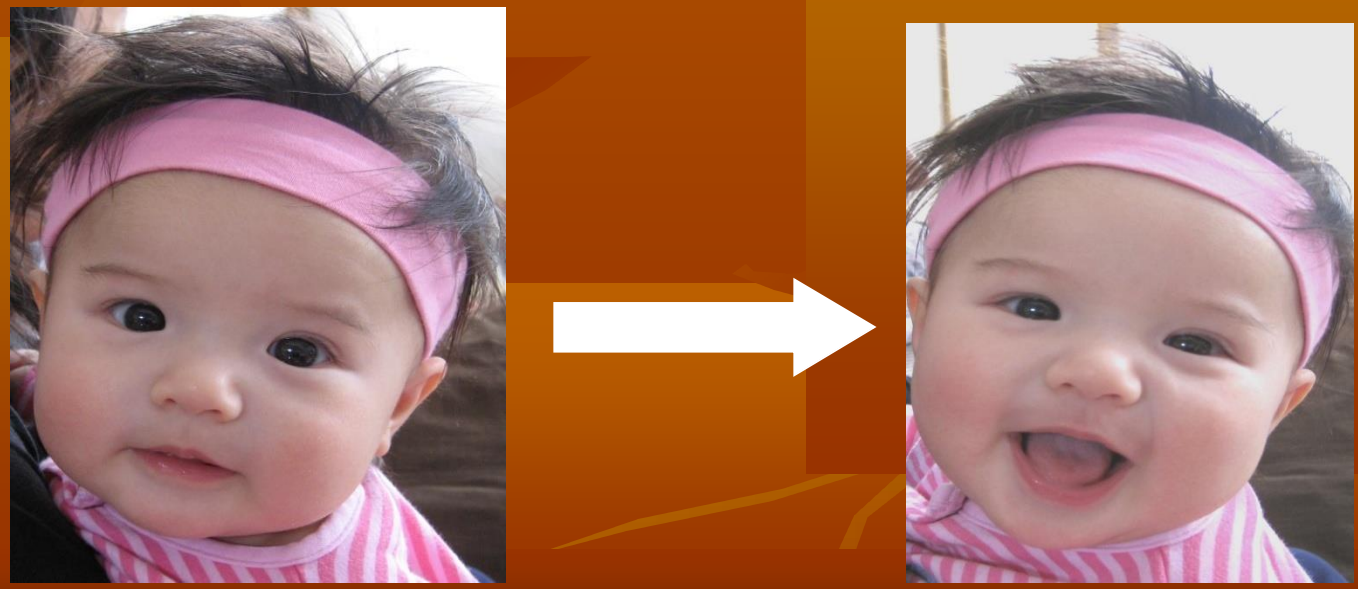
Actions Often Speak Louder Than Words!

"Emotional Contagion"

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; Prochazkova & Kret, 2017; Wild, Erb, & Bartels, 2001

Age: 4 months…



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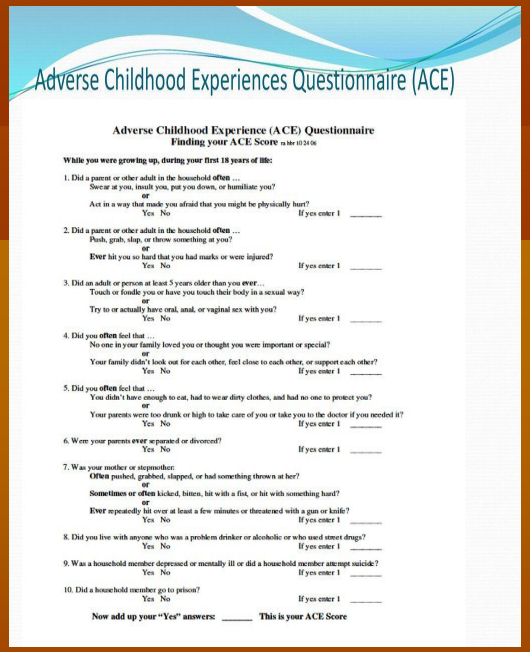
b) Be Cognizant of the Potential Impact of Adverse Childhood Experiences (ACEs)

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


Adverse Childhood Experiences Questionnaire (ACE)

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score revised 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever** …
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____
4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____
5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____
7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____
10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

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A client'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

A client's mistrust, defensiveness, social withdrawal, aggression and other presenting problems may have been an *'adaptive' response in the past* even though it is 'maladaptive' now (at least in some situations). SBI #27

Emotional Walls we put up to Cope with Life Stressors

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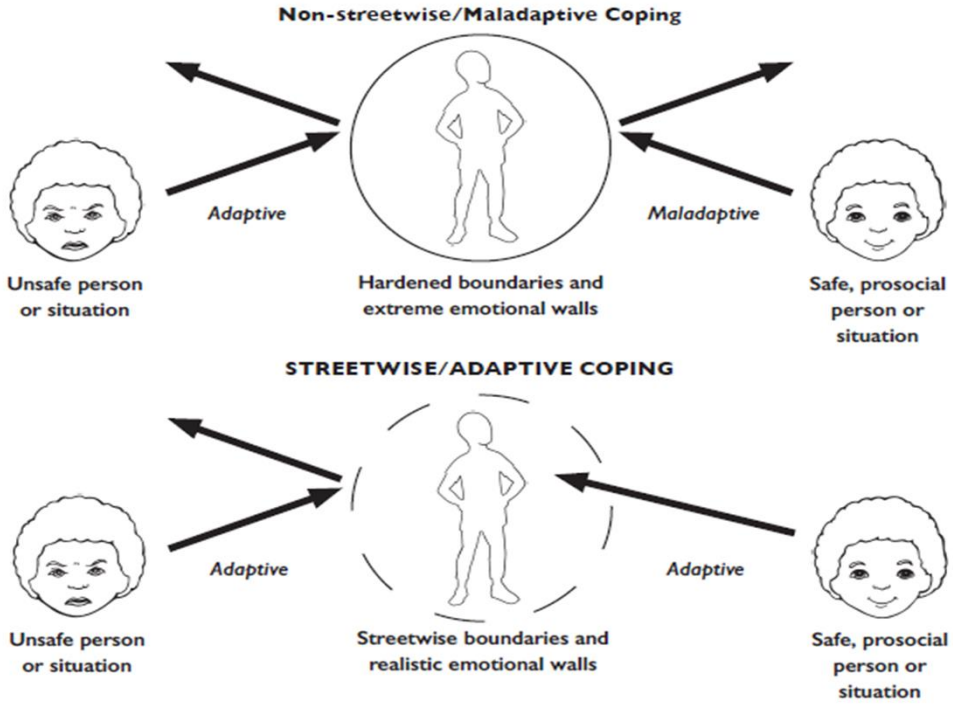
FIGURE 11 **Learning to Be Streetwise About Anger and Emotional Guardedness**



Help youth understand that completely insulating themselves from their core emotions (putting up an extreme emotional wall) can lead to many negative consequences. Encourage youth to become streetwise with their emotions by assessing situations and people and deciding when it is safe to let down their emotional wall and when it is not.

Educate Youth About Being Assertive as Opposed to Aggressive

Assertiveness involves the ability to express yourself and stand up for your views without being disrespectful of others. Encourage youth to identify incidents when they have witnessed assertiveness in themselves and others. Highlight the positive outcomes that occur when being assertive as opposed to aggressive in situations.

Help clients to be STREETWISE about the 'walls' they put up

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Be cautious NOT to slip into a Deficit-Based World View

My First Job Working With At-Risk (At-Promise) Clients

Lessons Learned…

* When working with at-risk clients, there is a risk of slipping into a negative, deficit-based focus if you are not careful

* Good self-awareness/ self-reflection is critical for preventing a negative, deficit-based focus

* It is critical that we do everything we can to create an environment for clients that is Prosocial, Safe, and Provides many success experiences

DV providers (and all human service providers) must Guard against the Risk of Becoming Harsh, Confrontational, & Deficit-Based (which can TRIGGER clients who view the world through an 'ACE lens' and IMPEDE the development of a Safe, Therapeutic Relationship)

We must Maintain a STRENGTHS-BASED ORIENTATION so clients feel safe to LET DOWN THEIR WALLS (in a Streetwise manner)

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c) Maintain Good Self-Care & Healthy Balance in Life

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

EXERCISE: Thinking about SELF CARE

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.)**

You can get a pdf handout of *"Thinking about Self-Care"* at www.kevinpowellphd.com (under the Resources tab)

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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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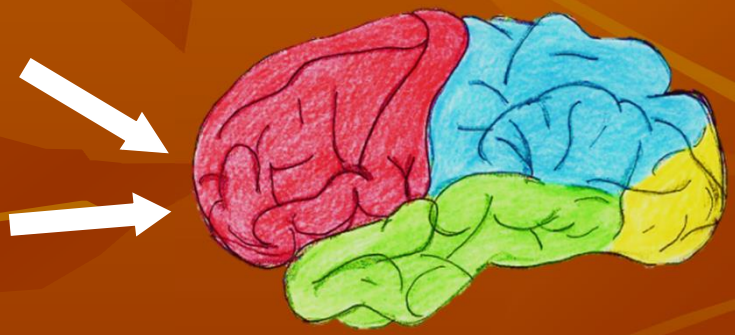
2) Promote HOPE in Clients, Families, & Providers

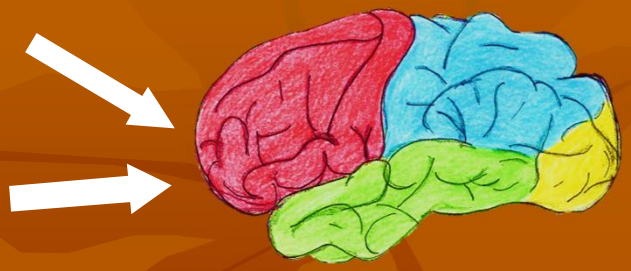
Chap 10

a) Reason for Hope: <u>The Brain's Prefrontal Cortex is still Maturing into early adulthood</u> (which strongly influences our EXECUTIVE FUNCTIONING)



Casey, Getz, & Galvan, 2008; Giedd, 2008; Giedd et al., 2012; Sowell et al., 2001; Spear, 2000; Steinberg, 2008, 2012; Yurgelun-Todd, 2007

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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b) Reason for Hope : The Developing Brain is very responsive to experience due to NEUROPLASTICITY

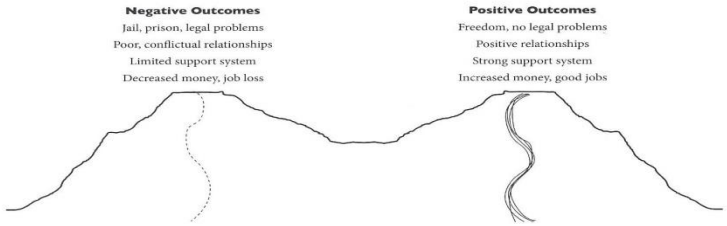
Repeatedly practicing "healthy alternatives" to problematic behaviors stimulates brain pathways, which can help wire the brain in positive ways.

Bryck & Fisher, 2012; Davidson & McEwen, 2012; Mackey, Whitaker, & Bunge, 2012; May, 2011; Tabibnia & Radecki, 2018; Winerman, 2012; Woollett & Maguire, 2011

"Mountain Path" Metaphor:

Understanding NEUROPLASTICITY

FIGURE 7 **Mountain Path Metaphor—Highlighting Positive and Negative Outcomes**



healthy coping pathway you wire your brain in healthy ways, which can lead to lots of good outcomes in life."

In order to help youth understand neuroplasticity, you can link the ideas to topics that are personally meaningful and applicable to youth. For a youth who likes playing basketball, for example, relate neuroplasticity to learning how to make a lay-up for the first time. Ask, "Do you remember the very first time you attempted to make a lay-up? How did you do?" Answer: Not good. Explain that when first learning to make a lay-up it is difficult to coordinate everything. You have to know when to pick up your dribble and what foot to lead with, make sure you only take two steps, be able to push off with the correct foot, hold the ball in the correct hand, and aim the ball so it goes in the hoop. Learning to make a lay-up for the first time can feel very awkward because these particular brain pathways are not well-established; however, as we observe others making lay-ups, get advice on how to make lay-ups, and repeatedly practice making lay-ups, these particular brain pathways become stronger. As a result, we are able to perform lay-ups in a more automatic, natural fashion. Having youth recall times when they have practiced repeatedly to master a new skill (e.g., making a lay-up, learning to read, play the guitar, skateboard, or navigate a computer) can help motivate *them to practice positive thoughts, feelings, and behaviors every day. They understand the value of repeatedly practicing prosocial, healthy alternatives to their problematic behaviors in order to wire the brain in positive ways.*

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

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c) Reason for HOPE: The POSITIVE OUTCOMES Linked to Past Adversity and/or Trauma

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

Collier, 2016; Frazier & Berman, 2008; Frazier, Conlon, Glaser, 2001, Joseph & Butler, 2010; Masten & Reed, 2002; Masten & Coatsworth, 1998; Tedeschi & Kilmer, 2005

Research on *"Moderate Life Adversity"*

Seery, 2011; Seery, Leo, Lupien, Kondrak, & Almonte, 2013

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

POSITIVE OUTCOMES= Growth & positive life changes

1) **Changes in One's Sense of Self**

(e.g., increased strength & maturity; new possibilities)

2) **Changes in Relationships**

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

3) **Changes in Spirituality and/or Life Philosophy**

(e.g., changes in life priorities; live their life in more fulfilling ways)

4) **Changes in Empathy**

(e.g., increased empathy & sensitivity towards others)

5) **Changes in Coping Skills/Personal Strengths**

(e.g., enhanced confidence and ability to cope with life stressors)

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Some youth (& adults) 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 clients 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

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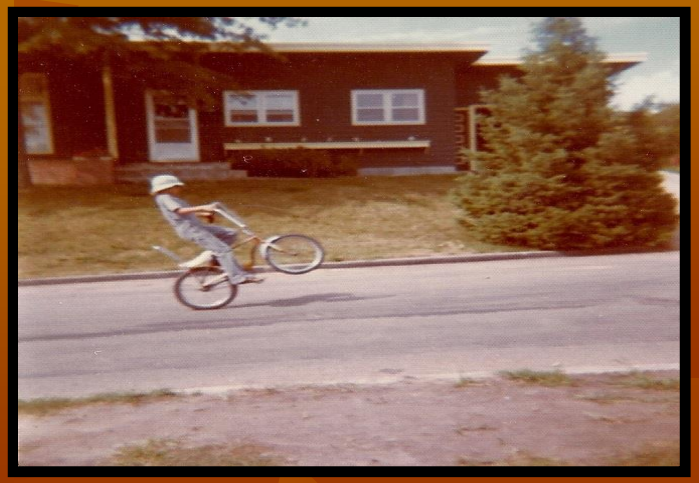
d) Reason for HOPE: <u>We gain Knowledge/ Wisdom through exploration & experience</u> (*Life-Span Wisdom Model*)

Romer, Reyna, & Satterthwaite 2017



We help Clients Gain Wisdom by…

Reinforcing **their Prosocial Actions**

&

Modeling **Prosocial Actions**

&

Providing *Feedback* and *Logical Consequences* for Problematic Actions

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e) Remain Hopeful/ Optimistic and Supportive when/if Clients Lapse or Relapse

SBI #4

Remind yourself that…

a) Change is a process, not a one-time event

b) No one is perfect and clients will relapse at times.

c) We all fail at times…the key is how we handle our failures

*Educate clients about a GROWTH MINDSET (Dweck, 2008)
(as opposed to a 'fixed mindset')

The belief that our qualities can be developed through effort…
the *love of challenge* and *resilience in the face of setbacks*

Mistakes = Learning

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- **Do NOT give-up or clients will give up too.**

- **Don't take relapses personally…*unless you screwed up*** ☺ **Screw-ups are great opportunities to learn!**

- **Utilize lapses/relapses as "<u>Teachable Moments</u>"**

  ***Help clients to learn from it (make a plan)**

  ***When/if you have a conflict with a client, go back later and work through it with them.**

3) Be SOLUTION-FOCUSED

SBI #5

Rather than too quickly delving into the details of a client's problems (harmful behaviors, disruptive. maladaptive symptoms), explore the EXCEPTIONS TO THE PROBLEMS (solutions to problems).

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

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

For Client with Aggression/ DV 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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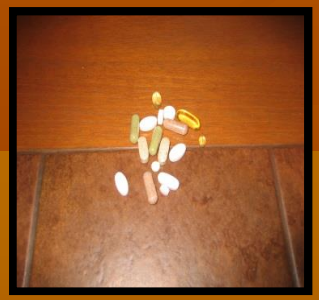
SOS Services

For Client with Sexually Harmful Behaviors:

"Tell me about times when you have interacted with others in a respectful way, good boundaries".

"Tell me about a situation when you felt like acting out sexually/ sexually offending but did not do it. How did you stop yourself?"



For Client 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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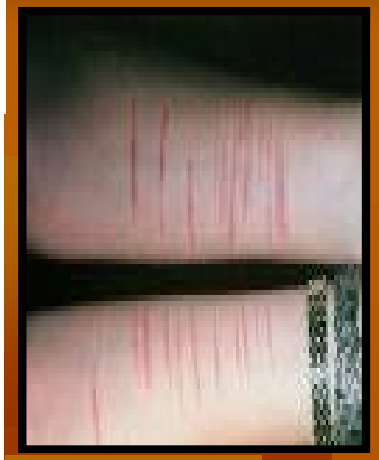

For Client with Self-Injurious Behavior Problems:

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

Explore Prosocial Behaviors, not just Problems

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

4) Promote PROTECTIVE FACTORS linked to RESILIENCY

SBI #20 & Chap 5

RESILIENCY: The capacity to overcome childhood adversity to lead successful, prosocial lives.

The ability to bounce back

Masten, Cutuli, Herbers, & Reed, 2009; Masten & Reed, 2002; Masten & Coatsworth, 1998

PROTECTIVE FACTORS: Strengths & resources found within clients, their families, and their community that increase the likelihood of positive outcomes/ healthy development in response to risk or adversity.

Factors that help buffer against life stressors.

Metaphor: Learning to ride a Bike or Skateboard

Protective Factors

Protective Factors

We need to help clients identify the Protective Factors (Pads, Helmets, & Backpack Harnesses) in their Life.

What will help buffer client's life stressors?

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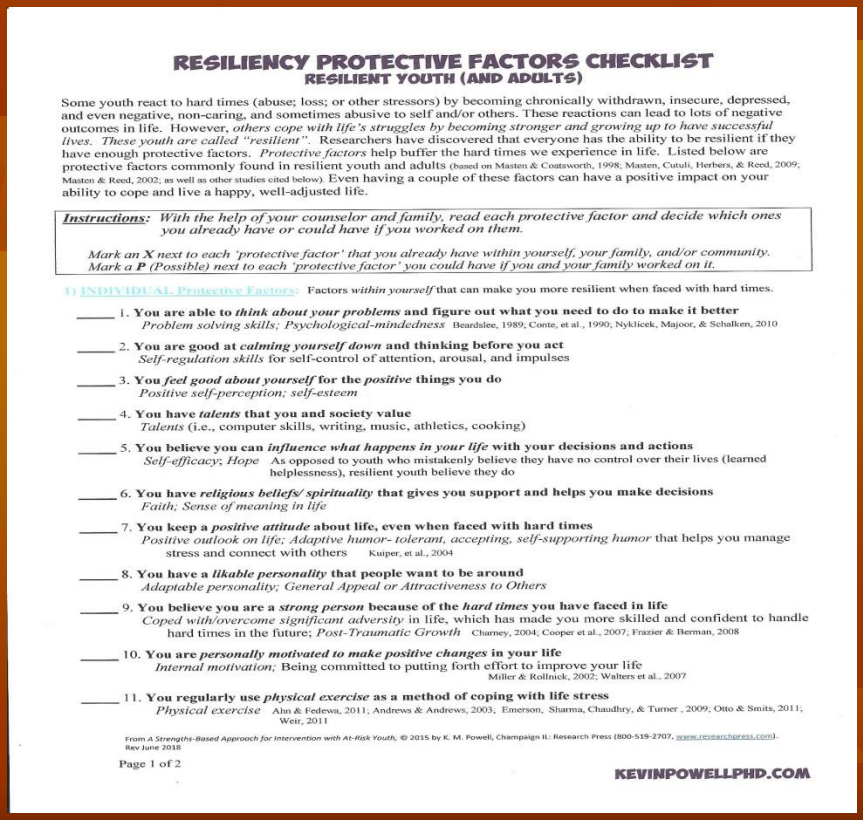
Characteristics (Protective Factors) commonly associated with Resilient Youth & Adults

(from Masten, Cutuli, Herbers, & Reed, 2009; Masten & Reed, 2002; Masten & Coatsworth, 1998; and other studies cited below)

Refer to HANDOUT:

Resiliency Protective Factors Checklist: Resilient Youth (and Adults)



RESILIENCY PROTECTIVE FACTORS CHECKLIST
RESILIENT YOUTH (AND ADULTS)

Some youth react to hard times (abuse; loss; or other stressors) by becoming chronically withdrawn, insecure, depressed, and even negative, non-caring, and sometimes abusive to self and/or others. These reactions can lead to lots of negative outcomes in life. However, *others cope with life's struggles by becoming stronger and growing up to have successful lives. These youth are called "resilient".* Researchers have discovered that everyone has the ability to be resilient if they have enough protective factors. *Protective factors* help buffer the hard times we experience in life. Listed below are protective factors commonly found in resilient youth and adults (based on Masten & Coatsworth, 1998; Masten, Cutuli, Herbers, & Reed, 2009; Masten & Reed, 2002; as well as other studies cited below). Even having a couple of these factors can have a positive impact on your ability to cope and live a happy, well-adjusted life.

Instructions: *With the help of your counselor and family, read each protective factor and decide which ones you already have or could have if you worked on them.*

Mark an ***X*** *next to each 'protective factor' that you already have within yourself, your family, and/or community.*
Mark a ***P*** *(Possible) next to each 'protective factor' you could have if you and your family worked on it.*

1) INDIVIDUAL Protective Factors: Factors *within yourself* that can make you more resilient when faced with hard times.

_____ 1. **You are able to *think about your problems* and figure out what you need to do to make it better**
Problem solving skills; Psychological-mindedness Beardslee, 1989; Conte, et al., 1990; Nyklicek, Majoor, & Schalken, 2010

_____ 2. **You are good at *calming yourself down* and thinking before you act**
Self-regulation skills for self-control of attention, arousal, and impulses

_____ 3. **You *feel good about yourself* for the *positive* things you do**
Positive self-perception; self-esteem

_____ 4. **You have *talents* that you and society value**
Talents (i.e., computer skills, writing, music, athletics, cooking)

_____ 5. **You believe you can *influence what happens in your life* with your decisions and actions**
Self-efficacy; Hope As opposed to youth who mistakenly believe they have no control over their lives (learned helplessness), resilient youth believe they do

_____ 6. **You have *religious beliefs/ spirituality* that gives you support and helps you make decisions**
Faith; Sense of meaning in life

_____ 7. **You keep a *positive attitude* about life, even when faced with hard times**
Positive outlook on life; Adaptive humor- tolerant, accepting, self-supporting humor that helps you manage stress and connect with others Kuiper, et al., 2004

_____ 8. **You have a *likable personality* that people want to be around**
Adaptable personality; General Appeal or Attractiveness to Others

_____ 9. **You believe you are a *strong person* because of the *hard times* you have faced in life**
Coped with/overcome significant adversity in life, which has made you more skilled and confident to handle hard times in the future; *Post-Traumatic Growth* Charney, 2004; Cooper et al., 2007; Frazier & Berman, 2008

_____ 10. **You are *personally motivated to make positive changes* in your life**
Internal motivation; Being committed to putting forth effort to improve your life
Miller & Rollnick, 2002; Walters et al., 2007

_____ 11. **You regularly use *physical exercise* as a method of coping with life stress**
Physical exercise Ahn & Fedewa, 2011; Andrews & Andrews, 2003, Emerson, Sharma, Chaudhry, & Turner , 2009; Otto & Smits, 2011; Weir, 2011

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1) INDIVIDUAL Protective Factors (within the client)

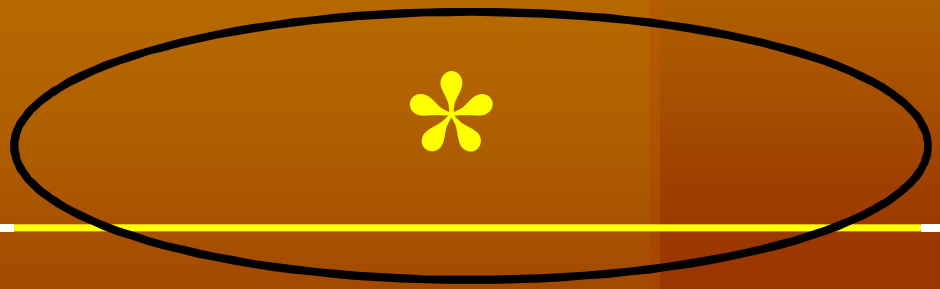
- Good Insight into Problems & Solutions (problem solving skills; self-understanding/ psychological-mindedness)
  Nyklicek, Majoor, & Schalken, 2010; Roxas & Glenwick, 2014
- Self Regulation Skills
- Positive Self-Perception
- Talents
- Self-Efficacy (believe you can effect your environment-HOPE)
- Faith & sense of Meaning in Life
- Positive outlook on life; Positive/adaptive humor
- Adaptable Personality; General appealingness & attractiveness to others
- Coped With/ Overcome Significant Life Adversity
  Collier, 2016; Meyerson, et al., 2011; Seery, et al., 2013
- Internal Motivation
  Karver, Handelsman, Fields, & Bickman, 2006; Miller & Rollnick, 2002; Walters, Clark, Gingerich & Meltzer, 2007
- Physical Exercise & Movement
  Ahn & Fedewa, 2011; Emerson, Sharma, Chaudhry, & Turner, 2009; Otto & Smits, 2011; Weir, 2011

2) FAMILY Protective Factors (within the family)

***CLOSE RELATIONSHIP WITH COMPETENT, PROSOCIAL, SUPPORTIVE PARENT(S) and/or EXTENDED FAMILY**

- **Organized & Positive Home Life with low discord between parents**
- **Parents involved in Child's Education**
- **Postsecondary Education for Parents**
- **Socioeconomic advantages**
- **Parents with Individual Protective Factors**
- **Democratic (Authoritative) Parenting Style…**

Continuum of Parenting Styles (based on Baumrind, 1978)



Permissive

Low structure/limits
Low expectations
High affection
Lax about rules

DEMOCRATIC (Authoritative)

High structure/limits
Mod/high expectations
High affection
Democratic about rules
Give a Rationale for limits

Authoritarian

High structure/limits
High expectations
Low affection
Dictatorial about rules

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

Rothrauff, Cooney, Shin An, 2009; Steinberg, 2001; Takeuchi & Takeuchi, 2008; Yeung et al, 2016

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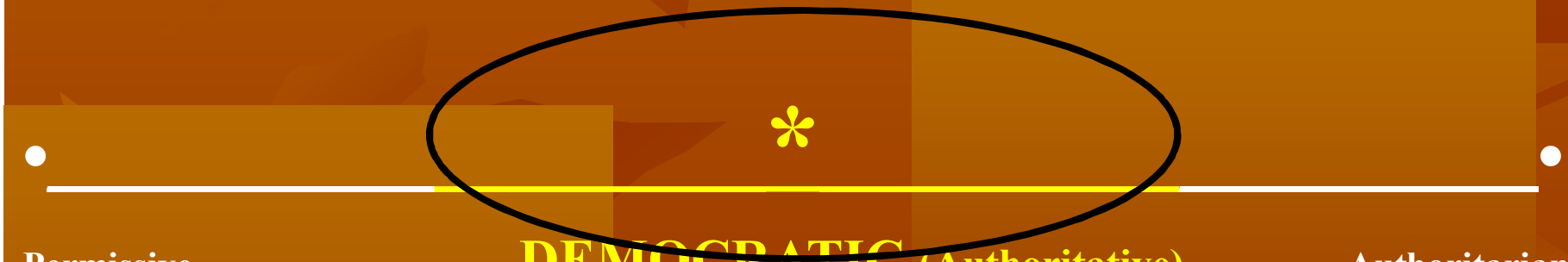
…And based on my professional observations over the years, the DEMOCRATIC/ AUTHORITATIVE APPROACH is the most effective for Teachers, MH Providers, Direct Care staff, Caseworkers, Probation/Parole Officers, Police Officers, Attorneys, and others working in human services.



Permissive	DEMOCRATIC (Authoritative)	Authoritarian
Low structure/limits	High structure/limits	High structure/limits
Low expectations	Mod/high expectations	High expectations
High affection	High affection	Low affection
Lax about rules	Democratic about rules	Dictatorial about rules
	Give a Rationale for limits	

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3) COMMUNITY Protective factors (within the Neighborhood, School, Peers, etc)

* CLOSE RELATIONSHIPS TO COMPETENT, PROSOCIAL, SUPPORTIVE ADULTS OUTSIDE THE FAMILY

- Connections to Prosocial, Rule-Abiding Peers
- Romantic Relationships with prosocial, well-adjusted partners
- Ties to Prosocial Organizations
- Attend an Effective School

- Live in a Neighborhood with High Collective Efficacy
- High Levels of Public Safety

Help clients acquire a RESILIENCY MINDSET

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

Higher risk of acquiring a
CHRONIC VICTIM-STANCE
and
Eliciting support through CRISIS

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We must *Regularly Attend* to *clients* 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!

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

When treating a client struggling with a CHRONIC VICTIM STANCE:

a) **First focus on *establishing a therapeutic relationship and Empathize* with their feelings and experiences**

b) ***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?"*

c) ***Distract Away from chronic victim-stance*** **(use Distraction, Ignoring, or Toned Down responses when appropriate). Selectively attend to and reinforce a 'Resiliency Mindset'.** **SBI #6**

Although *Reflective Listening* and *Validation* of a client's thoughts and feelings is often very important (especially for establishing a positive, therapeutic relationship), too much of this type of communication is contraindicated in some circumstances

5) Meet BASIC HUMAN NEEDS SBI #21

Meet Client's Basic Human Needs to promote motivation, prosocial actions, & human well-being

Biglan, Flay, Embry, & Sandler, 2012; Shiraki & Igarashi, 2018

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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.

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Meeting BASIC NEEDS = ↑ PROSOCIAL BEHAVIORS

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

When a persons Basic Needs are *NOT* met…

↓

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

↓

Which can significantly diminished their capacity to focus on others needs

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When clients 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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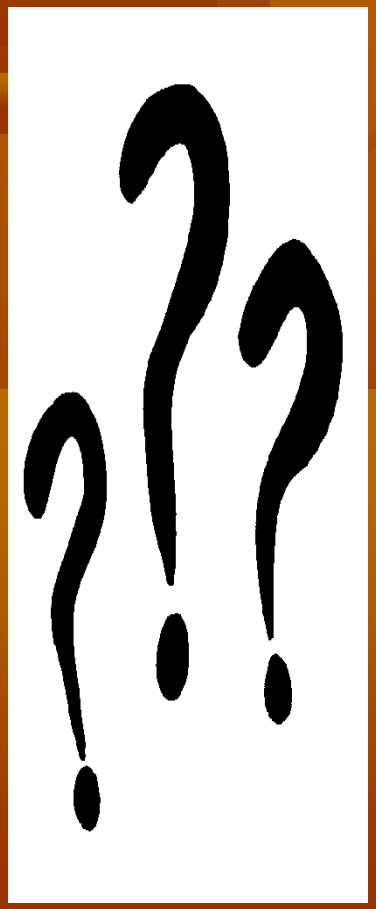
*Important Questions to regularly ask yourself when working with at-risk clients…



*What is motivating this client?

*What needs are unmet?

*How can I help meet these unmet needs?

6) Be COLLABORATIVE and Help Clients to be INFORMED CONSUMERS

SBI #32

Create a *Collaborative* atmosphere

*Present DV Services as a 'team effort'

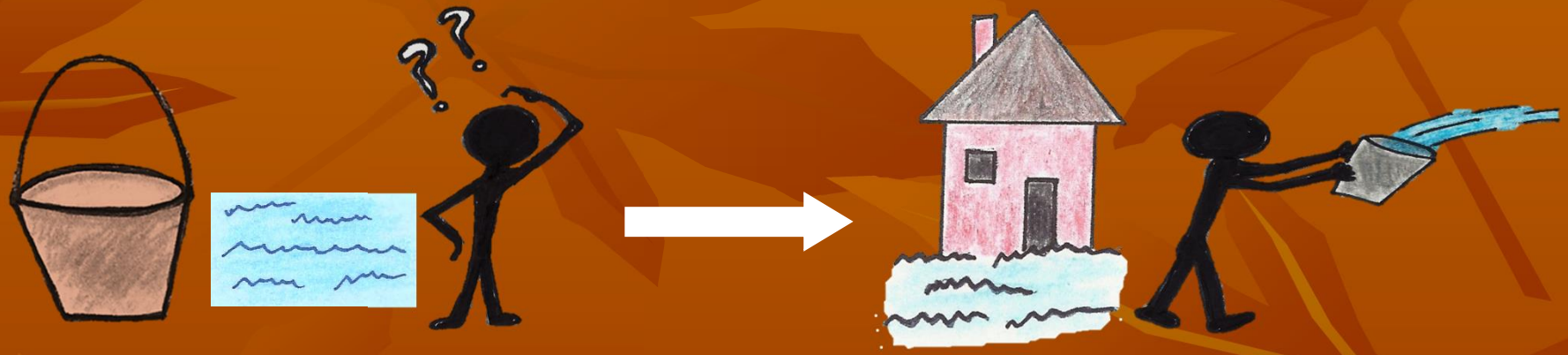
*Convey the message, *"We are in this together"*
Build a sense of togetherness by using words such as, "we", "us", and "let's"

*Help clients to set goals (Goal Consensus)

Collaborating with clients and providing them with a *Rationale*/ Explicit Framework (presenting info clearly & understandably) can enhance the effectiveness of services

Creed & Kendall, 2005; Karver, et al., 2006; Russell, et al., 2008; Shirk & Karver, 2011; Tyron & Winograd, 2011

Help clients and families to be "INFORMED CONSUMERS" rather than "passive recipients" in Youth 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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a) Explain how getting arrested and being mandated into Treatment/ DV Services **COULD BE ONE OF THE BEST THINGS THAT HAS HAPPENED TO THEM**. They were going down the wrong path, but now have an opportunity to choose a healthier path.

Outcomes
*Freedom
*Family support
*Friends
*Good job
*Good Life!

Outcomes
*Incarceration
*Limited support from family, friends
*Unemployed/Limited job options
*Hard Life

b) Talk about your "optimism" for youth overcoming their problems and past mistakes

Educate them about the Resiliency research; Recidivism research; Prefrontal cortex brain maturation; Neuroplasticity, etc.

Explaining the What, When, Where, How, and Why of DV 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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7) Explore APPROACH GOALS

SBI # 31

DV Services must emphasize more than just 'Avoidance Goals' (e.g., "*stop being violent*")

We must also emphasize 'APPROACH GOALS'- focusing attention on what clients want to achieve in life (e.g., *"I want to be a good father to my children", "I want to be a good partner to my significant other", "I want to have a good job that pays the bills"*)

When you Target client's Life Goals (Approach Goals)

Clients are more likely to be ENGAGED & Internally MOTIVATED in DV Services

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 DV services help you reach these goals?"

Good Lives Model identifies 'primary human goods' (Approach Goals)

1) Life (Optimal Physical Functioning-sleep, exercise, diet; Healthy sexuality)
2) Knowledge (Pursuing educational goals; Gaining Information & Insight)
3) Excellence in play (Hobbies & Leisure activities that are Fun)
4) Excellence in work (Developing Job Skills; Mastery)
5) Excellence in agency (Being Independent; Life skills)
6) Inner peace (Feeling Emotional Safe & Regulated)
7) Friendship (Having Friends, Romantic partner, Family)
8) Community (Connected to Social Groups)
9) Spirituality (Finding Meaning in Life; Positive values; Belief in higher power)
10) Creativity (Artistic pursuits & Seeking Novel experiences)
11) Happiness (Pursuing Activities that bring you Joy)

Collie, Ward, Ayland, & West, 2007 ; Ward & Marshall, 2004; Ward & Stewart, 2003

'Values/ Life Goals' Card Sort intervention SBI #30 (Powell, 2015 pp 146-148)

8) Target Risk Factors w/ STRENGTHS-BASED ALTERNATIVES

An effective way to target *Dynamic Risk Factors* (Factors that can be changed) is to target the *Healthy Strengths-Based Alternatives*…

Dynamic Risk Factors	Healthy Strengths-based Alternatives/ Solutions
Negative Procriminal Associates	Increase opportunities to interact with Prosocial Peers and Family
Substance Abuse	Assist Clients in acquiring strategies and activities that promote sobriety and/or manage substance use
Harsh and Abusive Parenting	Safe, Stable, Nurturing Relationships (SSNR) with caregivers

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9) Be BALANCED, HOLISTIC, & INDIVIDUALIZED

Human behavior is complex and multi-determined, which requires a Balanced & Holistic Human Services System that includes…

- *Reinforcement of Strengths and Prosocial Behaviors (Powell, 2015)
- *Development of Skills (social-emotional, educational, vocational skills)
- *Targeting Protective Factors
- *Targeting Risk Factors (with Strengths-Based Alternatives)
- *Accountability & Repairing Harm
- *Community Safety (both in and out of facilities)
- *Clear **Limits** and **Logical Consequences** for Abusive & Aggressive behaviors

Leversee & Powell, 2017

LOGICAL CONSEQUENCES and LIMITS are an essential part of life AND a critical part of effective human services and parenting!

Help clients learn how their behaviors directly influence the environment and can result in positive or negative consequences…depending on how they decide to act.

Providing structure, clear expectations & limits, and logical consequences is "Therapeutic" (Not punitive).

It is NOT "Punitive" to implement Logical Consequences for disruptive and abusive behaviors…that is one of the ways we learn.

Note: **However, it is critical that we (providers) implement Logical Consequences in a matter-of-fact manner, without malice.**

BE SPOCK-LIKE (more cerebral, less emotional)

And implement in a 'Fair and Consistent' manner

And give a 'Rationale' for consequences and limits

e.g., A client who threatens to stab others with a pencil

<u>Logical Consequence</u> = client is restricted to only using crayons until their behaviors stabilize.

e.g., A client physically assaults residents or staff

<u>Logical Consequence</u> = client is 'Temporarily Removed from the Community' (TRC) until they can be safe

On the severe, far end of the continuum of services (maximum-security), sometimes it requires the use of *Clinically-Informed Seclusion-Based Interventions* (TRC)

Powell, Feb 2018- Position Paper "The Importance of *'Clinically-Informed, Well-Regulated & Monitored, Seclusion-Based Interventions'*

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10) Be PROACTIVE and PREVENTION-Oriented

Stop the Intergenerational Transmission of Abuse
&
Promote a Prosocial Lifestyle!

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

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a) Enhance Parent-Child Communication

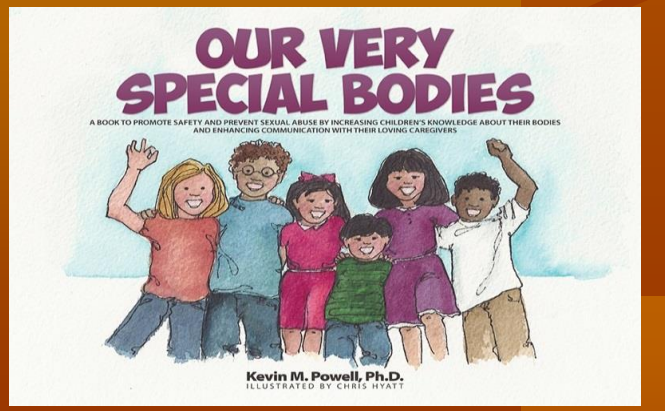
Increasing OPEN COMMUNICATION between children & their Loving Caregivers

and

Increasing Children's KNOWLEDGE about their very special bodies

Helps promote healthy development and reduce the risk of sexual victimization

Children's book for preschool and elementary age (Powell, 2014)

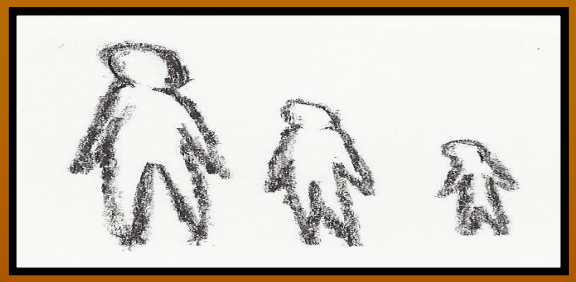


You can get a pdf handout of *"Information for Parents: Prevention & Intervention of Childhood Sexual Abuse"* at www.kevinpowellphd.com (under the Resources tab)

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

Journal of Adolescent Health (2013 v53); 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*

NURTURING (Caregivers & Providers are responsive to meeting children's basic needs) Not hostile & rejecting

*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 AND partners… and help them learn how to pick a healthy partner!

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c) <u>Educate clients about characteristics of HEALTHY RELATIONSHIPS</u> (e.g., listening; kindness, trust, mutual respect & support; etc.)

Encourage clients to explore what attributes are critical for being a *Prosocial, Healthy*…

- ***Friend**
- ***Boyfriend**
- ***Girlfriend**
- ***Partner**
- ***Husband**
- ***Wife**
- ***Father**
- ***Mother**
- ***etc.**

d) Educate clients about HEALTHY SEXUALITY

(i.e., Brown & Tavener, 2002)

Sexual attraction towards others, as well as sexual expression, is a normal and healthy part of the human condition (and animal condition)…

***Teach clients the distinction between Abusive/ Exploitative Behaviors VS. Prosocial Behaviors**

Educating them about the concepts of "EQUALITY", "CONSENT", & "COERCION (Ryan, 2010)

and

What RESPECTFUL PROSOCIAL ACTIONS look like and feel like

EQUALITY- Are there inequalities in the relationship?

e.g., age; physical size; cognitive ability; emotional development; passivity vs. assertiveness; position of authority; self-confidence vs. inferiority.

CONSENT- Do both parties have similar knowledge, understanding, and choice to give consent?

COERCION- Are there pressures that deny the person free choice?

e.g., threats; overt violence; bribes; fear of rejection or abandonment

*Teach clients about Healthy Boundaries (physical & social-emotional)

*Teach clients about Dating Skills

*Educate clients about Healthy Masturbation practices

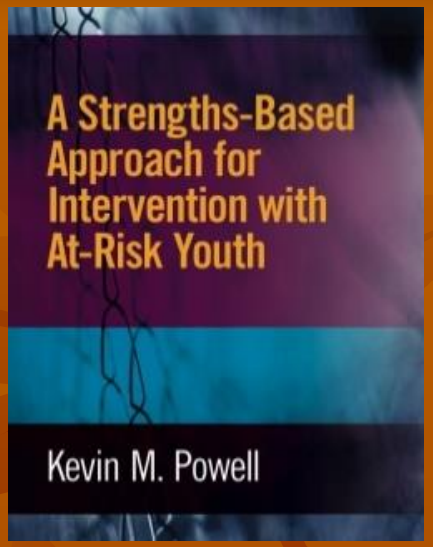
*Educate about Healthy Social Media

C) Conclusion

Kevin's Core Principles for Effective DV Services & Human Services

- Strengths-Based
- Relationship-Based
- Solution-Focused & Skills-Based
- Ecologically-Based
- Balanced, Holistic, & Individualized
- Adherence to EB *Principles*

Comments, Questions?



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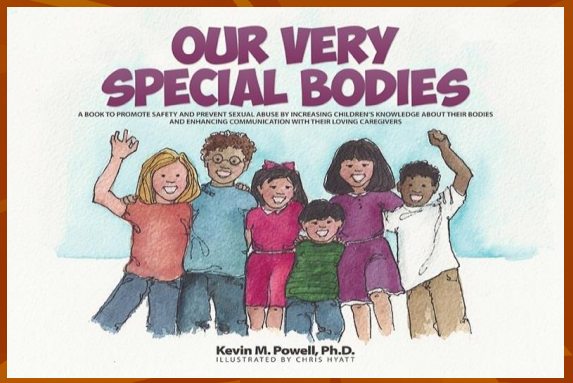

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