

# **Strengths-Based Interventions for At-Risk (At-Promise) Clients: Promoting Prosocial Development**

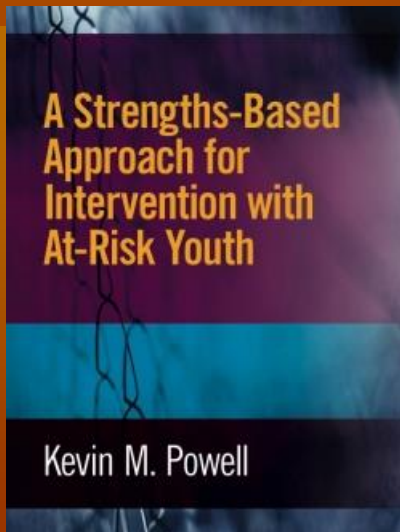
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# What Will Be Covered:

We will be highlighting Strengths-Based Interventions that target 6 Areas of Development

## 41 STRENGTHS-BASED INTERVENTIONS

### Category 1- Relationship Development

- #1 Establish Positive Relationships with Youths
- #2 Establish Positive Relationships with Youths' Significant Others

### Category 2- Optimistic Attitude Development

- #3 Promote Optimism and Tolerance by Providing Education about Developmental Research/ Statistics
- #4 Remain Optimistic and Supportive when/if Youth Lapse or Relapse
- #5 Promote Optimism by 'Asking Solution-Focused Questions'
- #6 'Distract Away' from Victim-Stance and Deficit-Focused Talk and 'Selectively Attend' to Strengths
- #7 Educate Disempowered/ Pessimistic Youth about 'Personal Control' vs. Learned Helplessness
- #8 Assist youth in Identifying 'People and Life Experiences for which they are Grateful'

### Category 3- Asset Development

- #9 Identify Youth's Interests, Talents, and Life Goals
- #10 Provide Opportunities for Success Experiences
- #11 Recognize 'Small Changes and Success Experiences' every day
- #12 'Reframe' Problems/Deficits as Strengths
- #13 Label 'Survival of Past Adversity' as a Strength
- #14 Reinforce 'Effort and Perseverance' NOT just final outcomes
- #15 Label the 'Ability to Delay Gratification and Tolerate Boredom' as a Strength
- #16 Label the 'Ability to Manage/ Cope with Emotional Stress' as a Strength (and Teach It)
- #17 Label the 'Ability to Be Honest and Take Responsibility for Mistakes' as a Strength (and Model It)
- #18 Label 'Diversity' as a Strength
- #19 Educate about and Promote 'Developmental Assets'
- #20 Educate about and Promote 'Protective Factors' associated with 'Resiliency'

### Category 4- Prosocial Development

- #21 Assess and Meet Youths' 'Basic Human Needs' (Physiological, Safety, Social, & Competency needs)
- #22 Facilitate Acceptance and Support from Prosocial Peers and Adults
- #23 Model, Teach, and Reinforce Prosocial Acts and Social Skills
- #24 Educate Youth about the Reciprocal Nature of Relationships
- #25 Provide Opportunities for Prosocial/ Philanthropic Acts of Kindness
- #26 Interact with Youth in a Trustworthy and Dependable Manner
- #27 Label the 'Expression of Hurt and Sadness' as a Strength
- #28 Facilitate Discussions on Topics that Increase Self-Reflection about Prosocial Behaviors
- #29 Emphasize 'Positive Reinforcement' and 'Bonus Response Cost' Interventions
- #30 Educate and Promote 'Good Character Qualities and Values/Life Goals'

### Category 5- Intellectual Development

- #31 Collaborate on Goal Development
- #32 Assist youth in being 'Informed Consumers' with use of 'Meta-Talk' and 'Rationale for Services'
- #33 Normalize Learning Differences (rather than focus on 'Disabilities')
- #34 Make Learning 'Fun'
- #35 Make Learning 'Novel and Multisensory'
- #36 Make Learning 'Meaningful and Applicable to Real Life'
- #37 Educate about and Promote 'Multiple Intelligence'
- #38 Educate about and Promote 'Emotional Intelligence'

### Category 6- Provider Development

- #39 Maintain a Healthy Balance in Life/ Good Self-Care
- #40 Be Strengths-Based with Colleagues
- #41 Self-Monitor to Prevent a Deficit-Based Approach

Powell, K. M. (2015). *A Strengths-Based Approach for Intervention with At-Risk Youth*. Champaign, IL: Research Press.

www.kevinpowellphd.com

1- Relationship Development (Chap 9)

2- Optimistic Attitude Development (Chap 10)

3- Asset Development (Chap 11)

4- Prosocial Development (Chap 12)

5- Intellectual Development (Chap 13)

6- Provider Development (Chap 14)

Refer to HANDOUT-

**“41 Strengths-Based Interventions” (actually 175+ interventions)**

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# 1- Relationship Development

**Engaging Youth**

**Engaging Families**

**Mimesis**



**Utilizing Nonverbal Behaviors**

**Placing Youth/Families  
in Expert Role**

**BEING PRESENT IN  
THE HERE & NOW**

**SHOWING INTEREST**

**Exploring Caregiver's  
Support & Self-Care**

# Strategies for ENGAGING clients & caregivers

HANDOUT: *“Engaging Caregivers in Youth Services”* at [kevinpowellphd.com](http://kevinpowellphd.com)  
under the Resource tab

## 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.

## **2) Ask about caregiver's (and client'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.)**

3) Utilize Mimic/ Matching (*Mimesis*) to JOIN with Caregivers (& Clients) (Minuchin, 1974)

Mimic the family/ client'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/ client's interpersonal style and/or affective range...



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

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

Let client/ 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)



**CONNECTING WITH CAREGIVERS (FAMILY) can help harness the power of Social Learning (Modeling)**

**Social Learning = Learning through observation**

## **THE POWER OF MODELING!**

**Caregiver Influence and the Power of Modeling starts at a very young age...**



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# Other Relationship Development Strategies

## 1) Initially Attend to Client's Experiences & Life Story (not problems)



**\*Show interest in clients. 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**

**Do NOT start off by talking about their offense(s), victimization, or other identified problems**

**2) Be aware of your personal triggers and keep them in-check**

**a BAD HAIR DAY may be a trigger for you...**



**...But we have a responsibility to NOT become emotionally reactive when a client ridicules our hairstyle. We must keep our emotions in-check.**

### 3) Be Dependable and follow-through with scheduled meetings and commitments

Some clients struggle with *interpersonal anxiety & abandonment issues*, which can be heightened when providers are unreliable

So Write It Down/ Put it in your Calendar when you promise a client something, so you don't forget

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

**4) Respond in a ‘Supportive’, ‘Neutral’, ‘Non-Judgmental’ manner when clients Disclose Past Abuse/ Victimization**

**a) Be Supportive and Understanding of client’s thoughts & feelings (even if you do not agree with everything they say)**



b) Be Neutral & Non-Judgmental: Do NOT assume that we know how a client thinks and feels about their victimization experiences or the offender(s).

Don't say... *“That must have been awful”*

or

*“He/She (the offender) is an evil person”*

...Because we don't know how they experienced/ perceived the sexual abuse experience or the offender.

**Response to past victimization is NOT the same for all clients.**

Clancy, 2009; Hindman, 1989

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## Client's Possible Thoughts/ Feelings about their VICTIMIZATION EXPERIENCE...

- \*Maybe the offender groomed them to feel responsible for the abuse.**
- \*Maybe they feel responsible, ashamed, and/or embarrassed about sexual abuse experiences because they were physiologically aroused and/or it felt physiologically good (e.g., sexual arousal; orgasm; erection)... even though these are *Normal and Natural responses* when our bodies are touched sexually.**
- \*Maybe they feel responsible because they sometimes sought out the sexual contact (which is understandable when sexual norms are skewed and if the abuse was pleasurable in some way— physiologically, emotionally, etc.).**

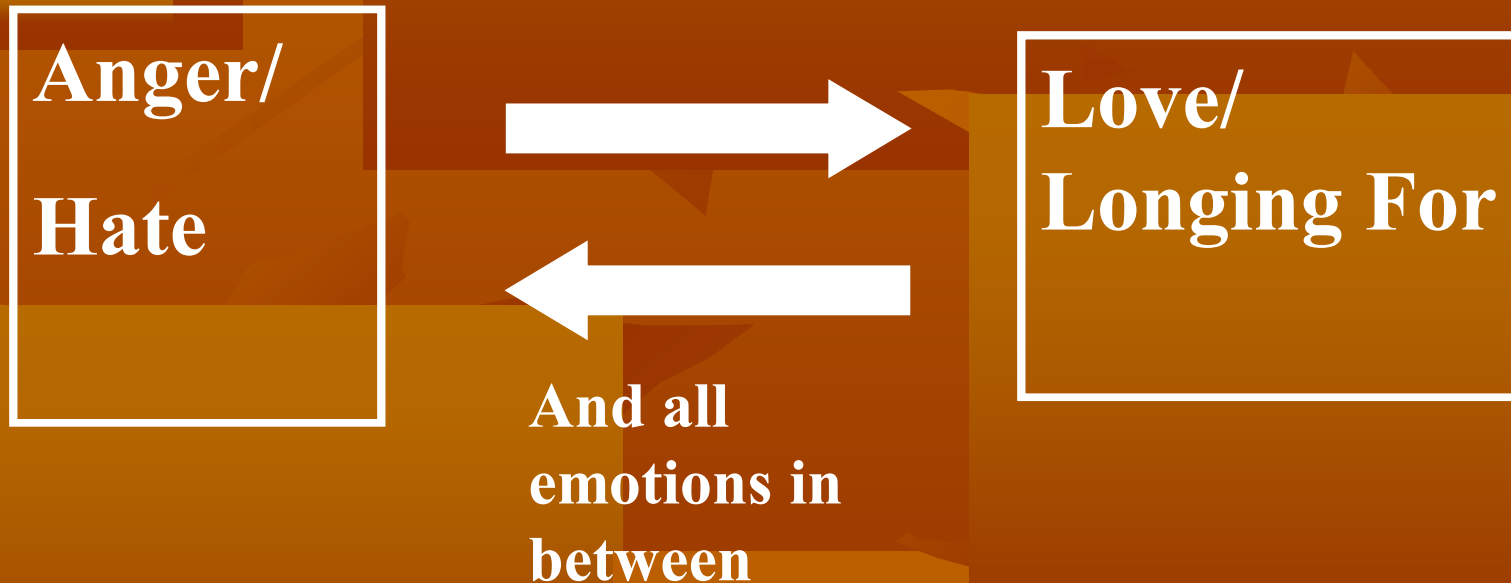
## Client's Possible Thoughts/Feelings about the OFFENDER...

**\*Maybe they have a strong allegiance with the offender. Maybe the offender is the only person they are close to, who made them feel special, who was kind to them; who treated them as their favorite**

**\*Maybe the only time the offender was gentle, and kind was when they sexually abused them.**



c) Be cognizant that a Victim's thoughts & feelings (about the offender and their victimization experiences) can fluctuate.



## When clients self-disclose their victimization history

Rather than say, *“I’m sorry”* or *“That must have been awful”*...

a) Respond with ‘Affirmative/ Supportive comments’

e.g., *“Thank you for sharing these experiences with me”*

b) Give clients ‘Control of what they Share’

e.g., *“If you are comfortable sharing,…”*

c) Use ‘Open-Ended Questions’ to explore clients’ subjective understanding of their past experiences

e.g., *“...what kind of thoughts & feelings does it bring up in you when you think about these experiences?”*

d) **‘Normalize’** all thoughts and feelings and how they can fluctuate and/or be mixed

e.g., *“...it is normal and understandable to have all sorts of thoughts & feelings, and to even have mixed and/or fluctuating thoughts and feelings about our experiences and relationships”*

e) Use **‘Reflective Listening’** to encourage youth (in a neutral, non-judgmental manner) to explore their thoughts & feelings.

**Listening & rephrasing the content & affect of what a youth is saying.**

It is natural for Providers/ Victim Advocates/  
Caregivers to feel **ANGER** about the  
victimization of children & others

**HOWEVER**, it is critical that we **KEEP OUR  
EMOTIONS IN-CHECK** and *meet clients where they  
are at with the victimization experience* **NOT** where  
we are at with it.

Explore the client's personal thoughts/ feelings/  
perceptions of their victimization experiences.

&

Be *Supportive, Neutral, Non-judgmental*

# Consider the Language We Use in order to be Neutral & Non-Judgmental

We can Not assume that everyone who has experienced Life Adversity/ ACEs is “traumatized” (Clancy, 2009)

## Kevin’s Worldview

So rather than use the term “*Trauma-Informed*” or “*Trauma-Responsive*” to describe services, why not use the term...

“*Adversity-Responsive & Resiliency-Enhancing*” Services

We need to emphasize *Resiliency too!*

## 2- Optimistic Attitude Development (HOPE)

**Maturation of the  
Brain's Prefrontal Cortex**

**Neuroplasticity**

**Personal  
Control**



**Promote HOPE**

**SOLUTION-  
FOCUSED**

**Gratefulness**

**Low Prevalence Rate for  
delinquent behaviors as  
youth age into adulthood**

**Low Sexual Offense  
Recidivism Rate**

**Reason for HOPE: The Recidivism Rate for Sexual Re-Offenses by clients (who participate in treatment) is low**

**YOUTH RESEARCH**

**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 recidivism rate*

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



## ADULT RESEARCH

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

**Treatment Offenders= 10.1 % (SO Recidivism rate)**

**Untreated Offenders= 13.7% (SO Recidivism rate)**

Hanson, Harris, Helmus & Thornton (2014) meta-analysis of 21 studies (N=7740; 20 year follow-up) comparing low & high risk offenders (as defined by Static-99R scores)...

**High Risk Group= 22% (SO Recidivism in first 5 yrs)**

**\*But decreases substantially the longer they are offense-free in the community (4.2% SO Recidivism after 10 yrs. offense-free)**

**Low Risk Group= 1-5% (SO Recidivism all time periods=1-20y)**

**The “*No Cure*” and “*Once an offender, Always an offender*” model/ belief system is not supported by research**

# 3-Asset Development

**Resiliency**

**Success Experiences**

**PERSONAL STRENGTHS**



**Talents**

**PROTECTIVE  
FACTORS**

**Interests & Life Goals**

## **EXERCISE: What are your Key Protective Factors?**

It is essential that DV Service Providers be resilient and possess protective factors that help them manage the stress of work & life in healthy ways.



What pads help buffer your falls & stressors?

Think about what are **YOUR** best/ strongest Protective Factors (individual, family, or community factors) and talk with your neighbor about it

# 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)

**HANDOUT: *Resiliency Protective Factors Checklist: Resilient Youth (and Adults)*** at [kevinpowellphd.com](http://kevinpowellphd.com) under the Resource tab

## **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.*

**I) 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* Beardelee, 1989; Conte, et al., 1990; Nyklicek, Major, & 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 & Felewa, 2011; Andrews & Andrews, 2003; Emerson, Sharma, Chaudhry, & Turner, 2009; Otto & Smits, 2011; Weir, 2011

From A Strengths-Based Approach for Intervention with At-Risk Youth, © 2015 by K. M. Powell, Campaign II: Research Press (800-519-2707, [www.researchpress.com](http://www.researchpress.com)). Rev. June 2015.

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# 4- Prosocial Development

**CHARACTER  
QUALITIES/ VALUES**

**Meeting Basic Human  
Needs**

**EXPRESSION OF  
HURT & SADNESS**

**ACTS OF  
KINDNESS**

**Reciprocal Nature of  
Relationships**

**Prosocial Peer Group**



# Utilize both Bottom-Up & Top-Down Interventions

## BOTTOM-UP Interventions (behavioral, affective interventions)

- \*Deep Breathing
- \*Progressive Muscle Relaxation
- \*Grounding Skills/ Mindfulness Skills
- \*Self-Timeouts



AND

## TOP-DOWN Interventions (cognitive, insight-oriented interventions)

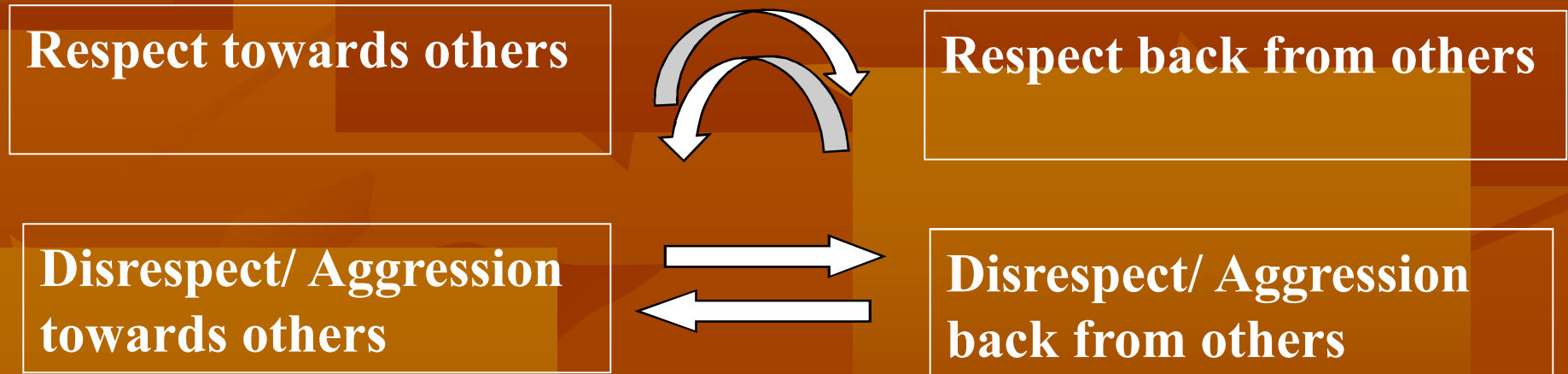
- \*Helping clients to be ‘Informed Consumers’
- \*Helping clients understand the ‘Rationale’ behind various interventions





# 1) Educate Clients about the Reciprocal Nature of Relationships      SBI #24

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

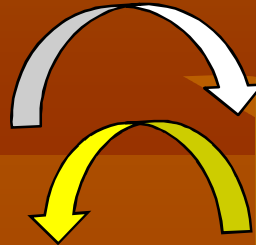


**Metaphor: Throwing a Ball against the Wall**



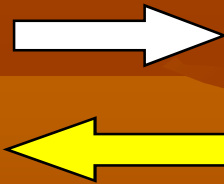
# This is an important concept for Human Service Providers to fully understand...

Positive, Optimistic  
**PROVIDERS**  
(Throw the ball *softly*)



More Positive, Open,  
Compliant **CLIENT**  
(The ball comes back *softly*)

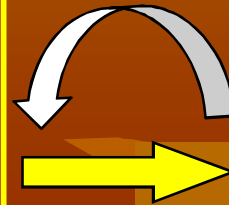
Negative, Pessimistic,  
Hardened,  
Confrontational  
**PROVIDERS**  
(Throw the ball *hard*)



Negative, Defensive,  
Oppositional **CLIENT**  
(The ball comes back *hard*)

Many clients will be defensive, angry, and mistrustful when entering DV Services (*throwing the ball hard*) due to their current legal consequences and because 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'**

## 2) Explore Underlying Feelings and Issues Associated with Anger

Anger often masks more core emotions & issues, such as...

Personal Insecurities/Anxiety; Sadness/ Depression; Loneliness, Grief & Loss; Shame, Traumatic Memories, etc.

### Iceberg Metaphor

**ANGER**

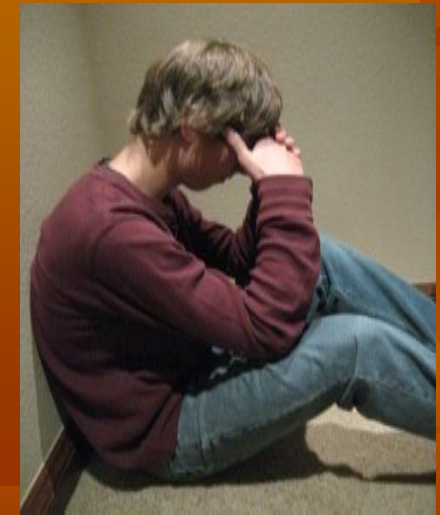
**Insecurities/Anxieties**

**Sadness**

**Loneliness**

**Grief & Loss**

**Shame**



### **3) Normalize & Label the Expression of Hurt/ Sadness as a Strength, Sign of Maturity** SBI # 27

Many clients with aggression problems believe that the expression of hurt, sadness, insecurity (our more core emotions) is a sign a weakness.

*Normalize* these feelings that we all experience at times

**AND**

*Label* the expression of core emotions (hurt, sadness, insecurity) as *Strength & Sign of Maturity*

Talk to clients about how *People are More Open and Receptive* to the expression of hurt & sadness (vs. Anger)

#### 4) Help youth learn the “Power” associated with NOT reacting with anger

**Reacting with Anger  
when Verbally Provoked**



**Giving up your “Power”,  
Showing Weakness**



**NOT Reacting  
when Verbally Provoked**



**“Power”, Maturity**

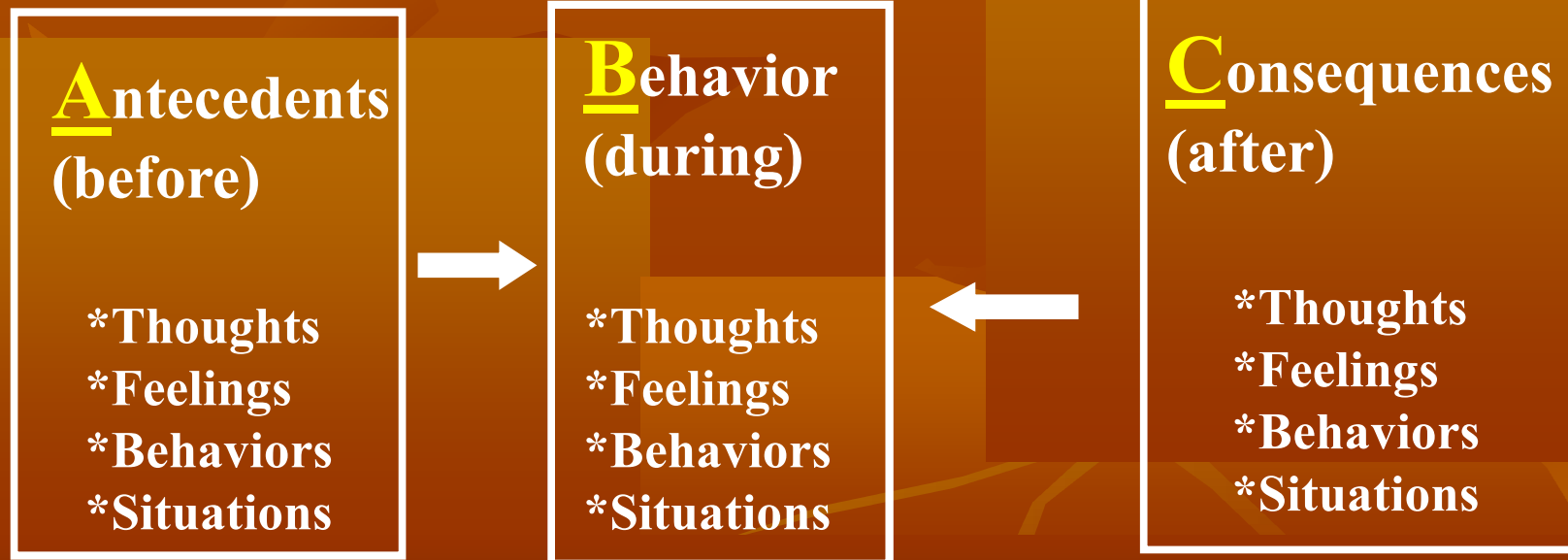
**Let it bounce off!**



5) Enhance client's Insight into their Aggression problems (Being 'Informed Consumers' about their aggression)

Explore client's past anger & aggression episodes...

a) Explore the ABCs (Antecedent, Behavior, & Consequences) of their aggression





**ANTECEDENTS**- Explore the specific thoughts, feelings, behaviors, and situations that precipitated (occurred before) the identified problematic/abusive behaviors.

**CASE EXAMPLE: “Jim” age 17**

Repeatedly acts out aggressively due to the following *antecedents*  
**--intrusive memories & nightmares related to past trauma**

Nightmares



**Antecedent**



**Aggressive acting out**

**b) Explore the Origin of their Aggression (when aggression first became a problem in their life**

**\*Discuss the factors that played a role in the development of their aggression problems.**

**\*What was ‘adaptive’ in the past but ‘maladaptive’ now?**

**This exploration can help reduce a client’s defensiveness**

**c) Encourage ‘Solution-Focused Reassessment’ of past Aggression**

***“If you could do it over, what could/would you have done differently?”***

**6) Enhance client's Insight into their PROSOCIAL ACTIONS (Being 'Informed Consumers' about their Prosocial actions)**

**Have Discussions on Topics that Increase Self-Reflection about Prosocial Behaviors (vs. Aggressive behaviors)**

**Possible Topics...**

- \*Talk about the good deeds (prosocial acts) they have performed or have been the recipient of**
- \*Explore the advantages of being prosocial rather than aggressive (Pros & Cons)**

**\*Explore reasons why some people are aggressive towards others while others are not. How do these two 'approaches to life' impact self and others?**

7) Help clients learn the difference between Aggressive vs. ASSERTIVE behavior

Continuum from “Passive” to “Aggressive”



## 8) Educate clients about the Influence of Non-Verbal Behaviors

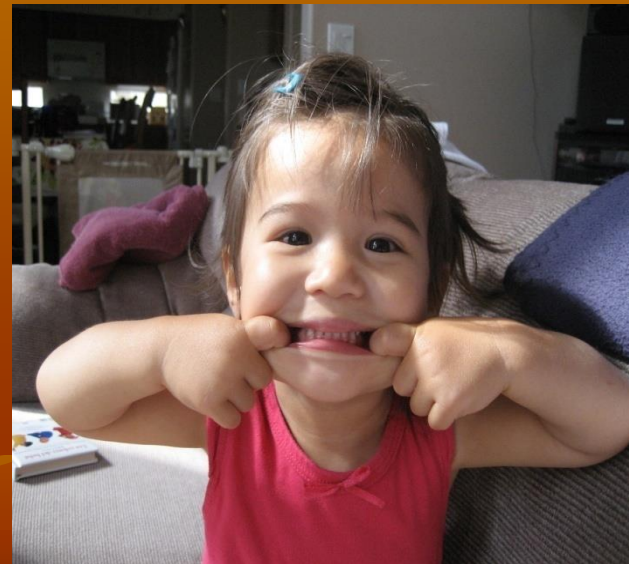
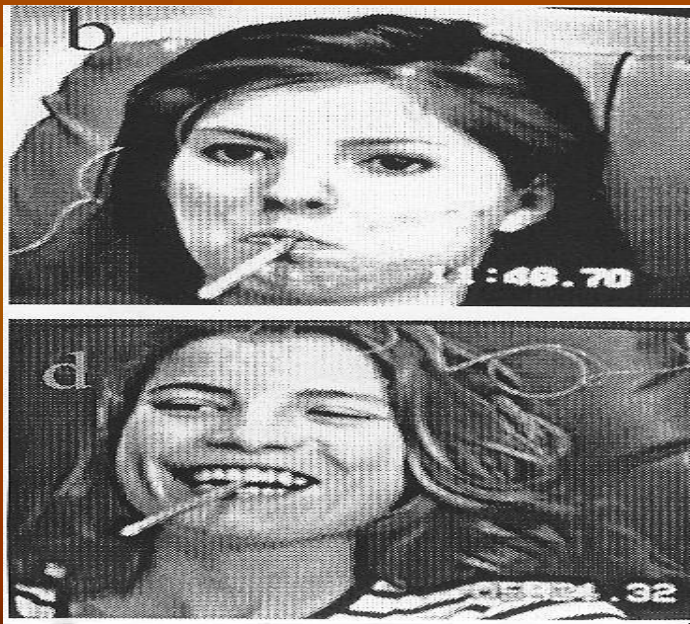
**Our Non-Verbal Behaviors impact US and OTHERS...**

SBI #24

### “Facial Feedback”

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

Duclos, et al., 1989; McIntosh, 1996; Soussignan, 2002; Strack, et al., 1988



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# “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.

Dimberg, et al., 2002; Fowler & Christakis, 2008; Hatfield, et al., 1994; Wild, Erb, & Bartels, 2001)

Age: 4 months...



# **CASE EXAMPLE: “Robin” (age 16) Improving Social Skills: The Eyebrow Experiment**

## **Robin’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**



## Interventions:

- \*Gave Robin interpersonal feedback about misinterpreting her non-verbal behaviors as angry/aggressive.
- \*Had Robin practice nonverbal behaviors in session---Raising her eyebrows and smiling while we talked



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

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

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

**Transition Specialist saw Robin nine months later... She successfully transitioned back into the community; doing well in school; still using the “eyebrow thing”**

9) Help youth learn the difference between the CONTENT vs. DELIVERY of their communication/ message

The “CONTENT” of what we say may be very relevant & accurate; **HOWEVER**, if we “DELIVER” the message in a verbally aggressive manner, the content of our message will often NOT be heard.



# 10) Explore Values/ Life Goals (Approach Goals) that promote a prosocial lifestyle

SBI #30

**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’*

- 1) Relationships (e.g., having positive connections with family & friends)
- 2) Being Respected by Others (e.g., being viewed in a positive light by family, friends, and co-workers)
- 3) Physical Health (e.g., healthy eating, sleeping, exercise)
- 4) Emotional Health (e.g., having a positive attitude; coping well with stress)
- 5) Stability (e.g., living in a predictable, safe home, neighborhood, etc.)

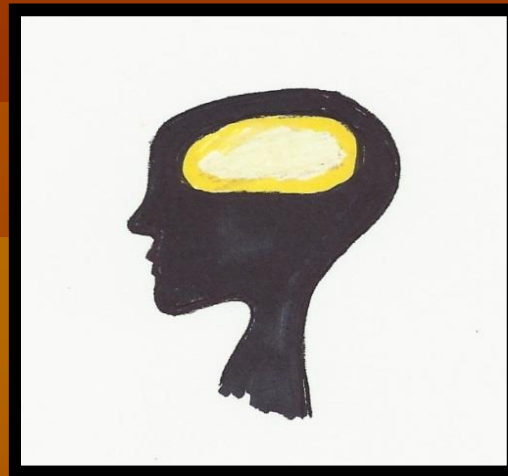
- 6) **Financial Stability** (e.g., earning enough money for self & others)
- 7) **Material Goods** (e.g., having a car; nice clothes, house)
- 8) **Knowledge** (e.g., getting an education; learning vocational skills)
- 9) **Excitement** (e.g., getting an adrenaline rush in legal ways; being active)
- 10) **Being Good to Others** (e.g., being supportive & dependable for family & friends)
- 11) **Independence** (e.g., learning life skills; able to live on your own)
- 12) **Productivity** (e.g., being active, organized & engaged in work, school, etc.)
- 13) **Spirituality** (e.g., doing activities consistent with your belief system )
- 14) **Overcoming Problems** (e.g., Getting help for personal problems with anger, drugs, anxiety, depression, etc. )

# 5-Intellectual Development

**INFORMED  
CONSUMERS**

**MULTI-SENSORY  
LEARNING**

**Emotional Intelligence  
Learning Acquisition**



**Multiple  
Intelligence**

**Rationale for services**

**Learning Differences**

**collaboration**

# Educate & Promote Emotional Intelligence (EI) SBI #38

Mayer & Salovey (1990, 1997); Goleman (1995a)

EI definition = an individual's capacity to know and handle his or her own emotions, as well as others' emotions, and to utilize this knowledge about emotions to guide future thoughts and actions...*in healthy, prosocial ways.*

É Self-Awareness: Awareness of your Own Emotions

É Self-Regulation: Ability to Regulate your Own Emotions

É Empathic Awareness: Awareness of Others' Emotions

É Social Skills: Regulation of Others' Emotions

É Self-Motivation: Motivation through Own Emotions

Drive to achieve/ Delaying gratification

## Strong EI linked to Positive Outcomes

(Powell, 2015 pp. 165)

- \*Better Relationships
- \*Better School Performance
- \*Reduction in High-Risk Behaviors
- \*Better Job Performance

## Low EI linked to Negative Outcomes

- \*More Social Conflicts
- \*More Aggression
- \*More Drug/ Alcohol Abuse

Abraham, 2005; Bracket, Mayer, & Warner, 2004; Carmelli, 2003; Engelberg & Sjoberg, 2005; Greenberg et al., 2003; Mayer, Perkins, Caruso, & Salovey, 2001; Mayer, Salovey, & Caruso, 2008; Rosete & Ciarrochi, 2005



## 6-Professional/ Provider Development

**SELF-CARE**

**Self-Monitor to Prevent  
Deficit-Based Orientation**



**Be Strengths-based  
with Colleagues**

**HEALTHY BALANCE**

## Be Strengths-Based with Colleagues

SBI #40

a) Set up a standard agenda item for staff meetings entitled “Positives” (or Snaps)

b) Train and Promote ‘Strengths-Based Supervisors’

**HANDOUT:** *Guidelines for Effective, Strengths-Based Supervisors*  
at [kevinpowellphd.com](http://kevinpowellphd.com) under the Resource tab

# Conclusion

## Kevin's Core Principles for Effective Human Services

ÉStrengths-Based

ÉRelationship-Based

ÉSolution-Focused & Skills-Based

ÉEcologically-Based

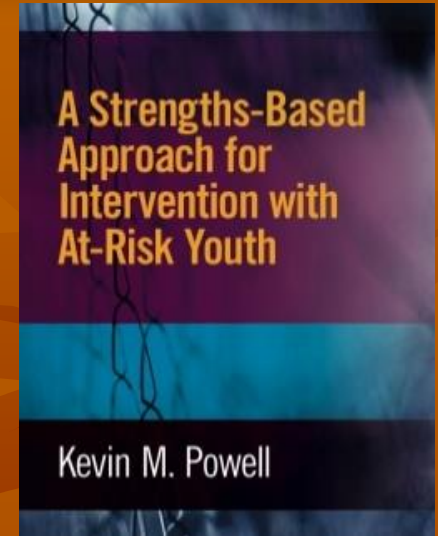
ÉBalanced, Holistic & Individualized

ÉAdherence to EB *Principles*





# Comments, Questions?



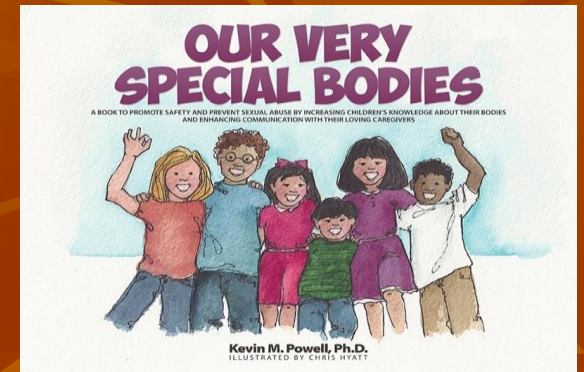
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