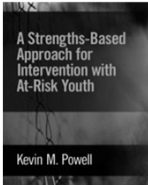


STRENGTHS-BASED APPROACH:
Working Effectively with At-Risk (At-Promise)
Youth & Families

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1

A) Defining a Strengths-Based Approach

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, 2018, 2016, 2015, 2011, 2010a
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A Strengths-Based Approach does **NOT** mean we are naïve to 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) 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

Refer to HANDOUT-
"41 Strengths-Based Interventions"
(actually 175+ interventions)




4

1- RELATIONSHIP DEVELOPMENT Chap 9

*Interventions for: ...people who are *guarded* and/or *defensive*. SBI #1 & SBI #2
...all youth & adults *at the onset of services*.

Engaging Youth
Engaging Families
Mimesis
Utilizing Nonverbal Behaviors
BEING PRESENT IN THE HERE & NOW
SHOWING INTEREST
Placing Youth/Families In Expert Role
Exploring Caregiver's Support & Self-Care





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Research has found SOCIAL CONNECTIONS & POSITIVE RELATIONSHIPS to be a powerful variable linked to good outcomes ...

- ***In Treatment (Therapist)**
e.g., Karver, DeNadai, Monahan, & Shirk, 2018; Marshall, 2005
Norcross, 2011; Norcross & Lambert, 2018; Wampold & Imel, 2015
- ***In Schools (Teachers)**
e.g., Barile et al., 2012; Lei, Cui, & Chui, 2018; Reyes et al., 2012;
Sethi & Scates, 2020

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***In Homes (Parents)**
e.g., Hillaker et al., 2008; Laursen & Birmingham, 2003; Smith & Kazak, 2017

***With Mentors**
e.g., DeWit et al., 2016; DuBois et al., 2011

***With Probation & Parole Officers (Supervising Agents)**
e.g., Blasko & Taxman, 2018; Epperson et al., 2017; Kennealy et al., 2012

***With Police Officers**
e.g., Flexon, et al., 2009; McCluskey, 2003; Stoutland, 2001; Tyler, 2001

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1) Be Cognizant of Adverse Childhood Experiences (ACEs)

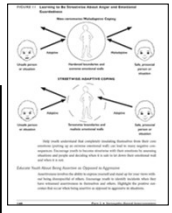
A youth's (and caregiver's) perception of *current* relationships & situations can be altered by their *past* negative relationships/ experiences (ACEs)... it can alter the lens through which they view the world.

Tinted Sunglasses Metaphor

View the world through a lens that is...



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



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

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Human service providers must Guard against the Risk of Becoming Harsh, Confrontational, & Deficit-Based (which can TRIGGER people 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 youth and adults feel safe to **LET DOWN THEIR WALLS**.

Providers who approach their work in a **DEFICIT-BASED** manner are Ineffective and at High Risk of Occupational Burnout

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2) Strengthen CONNECTIONS with Caregivers/ Support System SBI #2



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

ENGAGING CAREGIVERS IN YOUTH SERVICES


- 1) ESTABLISH A "PROTECTIVE" Relationship with caregivers. Protective relationships are characterized by a caregiver's consistent demonstration of caring, respect, and support for the youth's well-being, and the youth's consistent demonstration of respect, support, and care for the caregiver.
- 2) PLACE CAREGIVERS IN AN "EXPERT ROLE" (e.g., caregiver as the expert regarding their child's development and needs). This often involves information and rights to share. Questions that can be asked include:
 - What are your child's strengths?
 - What are your child's needs?
 - What are your child's interests?
- 3) EXPLORE CAREGIVER'S "SELF CARE" (e.g., caregiver: "How are you doing?"). Acknowledge that a caregiver's mental health is critical to their ability to provide care for their child. Encourage the caregiver to seek support for their own mental health.
- 4) FOSTER COMMUNITY (e.g., caregiver as the expert regarding their child's needs). Support the caregiver's role in the community.
- 5) BE UNDERSTANDING, PATIENT, AND EMPATHETIC towards caregivers who are under stress. Acknowledge that the caregiver's role is often a source of stress. Encourage the caregiver to seek support for their own mental health.
- 6) REFRAME CAREGIVER'S INITIAL MISTRUST AND DEPENDENCY AS GENUINE CARE for the child. Encourage the caregiver to share their concerns and needs for the child's well-being.
- 7) MATCH THE INTERPERSONAL STYLE OF CAREGIVER'S FAMILY to the youth's style. Encourage the caregiver to share their concerns and needs for the child's well-being.
- 8) FOSTER COMMUNITY (e.g., caregiver as the expert regarding their child's needs). Support the caregiver's role in the community.
- 9) PROMOTE HOPE IN CAREGIVERS BY SHARING INFORMATION about strengths & needs. Encourage the caregiver to share their concerns and needs for the child's well-being.
- 10) HELP CAREGIVERS TO BE "INFORMED CONSUMERS" about their child's treatment. Encourage the caregiver to share their concerns and needs for the child's well-being.

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a) Make connections with Families from the very beginning... From the very first phone call!




BUILD RAPPORT before setting up family therapy sessions

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b) Place caregivers/ clients 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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c) Ask about caregiver's/ 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.)

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2- OPTIMISTIC ATTITUDE DEVELOPMENT
 Chap 10

*Interventions for... people who are feeling *hopeless, depressed, unmotivated,* and having a *non-caring attitude*

Maturation of the Brain's Prefrontal Cortex

Neuroplasticity

Personal Control

Solution-focused

Gratefulness

Low Sexual Offense Recidivism Rate

Low Prevalence Rate for delinquent behaviors as youth age into adulthood

Promote HOPE

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1) Promote HOPE & SELF EFFICACY by Educating about Developmental Research/ Statistics SBI #3

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

↑
 Personal Control SBI #7

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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...

- *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)

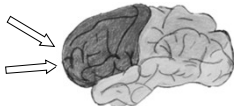
Arango et al., 2023; Burnette et al., 2022; Dweck, 2008; Lachman & Weaver, 1998; Tangney et al., 2004; Yeager & Dweck, 2020; Uzun & Kelleci, 2018; Valois et al., 2015

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Promote HOPE/ SELF-EFFICACY by Educating about Developmental Research/ Statistics...

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

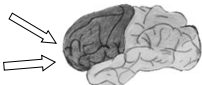


Blakemore, 2012; Casey, Getz, & Galvan, 2008; Casey, Jones, & Somerville, 2011; Giedd, 2008, 2015; Giedd et al., 2012; Sowell et al., 2001; Spear & Silveri, 2016; Steinberg, 2008, 2012; Yurgelun-Todd, 2007

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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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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.


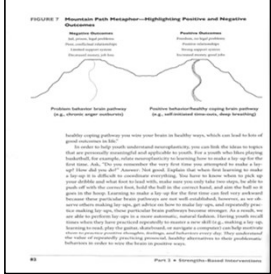
Bryck & Fisher, 2012; Davidson & McEwen, 2012; Mackey, Whitaker, & Bunge, 2012; Tabibnia & Radecki, 2018; Winerman, 2012; Woollett & Maguire, 2011



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“Mountain Path” Metaphor: Understanding NEUROPLASTICITY SBI #3, pg. 79-83

Powell, 2015, pg. 79-83

“Use it or lose it” & “Use it and improve it”

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2) Promote Hope with SOLUTION-FOCUSED Questions SBI #5

Rather than too quickly delving into the details of a person’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 person’s prosocial/ adaptive/ non-abusive actions

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For a person 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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3-ASSET DEVELOPMENT Chap 11

*Interventions for... people struggling with *low self-esteem and social identity issues*.
...anybody who could benefit from heightened awareness about their *personal strengths, interests, resilience, and protective factors*

Orth & Robins, 2022; Brummelman, 2022

Interests, Passions, & Life Goals (Approach Goals)


Success Experiences

Protective Factors

Resilience

Talents

PERSONAL STRENGTHS



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

RESILIENCE: *The process of effectively managing, adapting, and ‘bouncing back’ from significant sources of adversity, as it relates to life stressors including traumatic experiences.*

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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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.

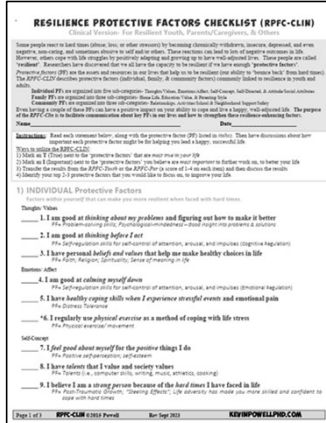
What will help buffer client's life stressors?

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Clinical Version

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



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4- PROSOCIAL DEVELOPMENT Chap 12

*Interventions for... people who are struggling with *aggressive, abusive, and/or criminal behaviors*

...people struggling with *psychosocial deficits*

CHARACTER QUALITIES/VALUES
Expression of Hurt & Sadness
Reciprocal Nature of Relationships

Meeting Basic Human Needs
ACTS OF KINDNESS
Prosocial Peer Group



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1) Meet BASIC HUMAN NEEDS SBI #21

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

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 = ↑ PROSOCIAL BEHAVIORS

Meeting Basic Human Needs increases clients' 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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***Important Questions to regularly ask yourself when working with at-risk (at-promise) youth and families...**



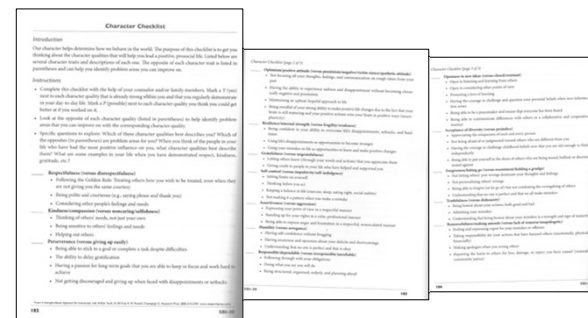
- *What is motivating this person?
- *What needs are unmet?
- *How can I help meet these unmet needs?

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2) Educate and Promote CHARACTER STRENGTHS SBI #30 pp. 146 & 182-184

Character Trait Checklist (with the antitheses of each character trait listed in parentheses)



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Enhance Parent-Child Communication about CHARACTER STRENGTHS

CHARACTER STRENGTHS can...

- Increase positive life outcomes
- AND
- Decreases the risk of negative outcomes (including abusive behaviors)

JIMMY & INVO'S SUPERPOWERS
Developing Children's Character Strengths



Release date- 2024

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- #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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5-INTELLECTUAL DEVELOPMENT Chap 13

***Interventions for...people with *learning differences* and/or learn best in *multisensory* ways.**

- ...people who *lack insight* into their treatment needs and life goals
- ...people who have *impaired social-emotional skills*

Informed Consumers
Emotional Intelligence
Learning Acquisition
Multiple Intelligence
Learning Differences
Collaboration

MULTI-SENSORY LEARNING



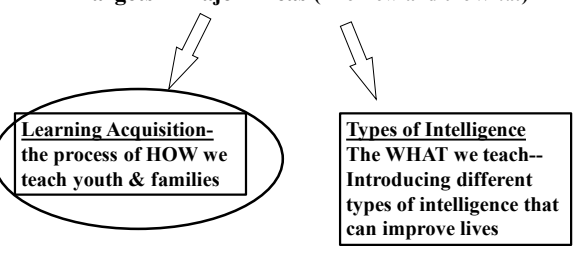
Rationale for services

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5-INTELLECTUAL DEVELOPMENT








Targets 2 Major Areas (The *How* and the *What*)



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1) Be MULTI-SENSORY with Service Delivery 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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2) Help clients to be INFORMED CONSUMERS... rather than "passive recipients" in Human Services

SBI #32

"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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6-PROVIDER DEVELOPMENT Chap 14

*Interventions for... Providers, to ensure that we are at our best when providing serves to youth & adults

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1) Promote Self-Care & Life Balance (which is critical for Healthy Relationship Development)

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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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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C) Conclusion

Kevin's Core Principles for Effective Human Services

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

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? Comments, Questions?

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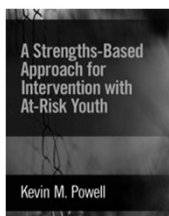
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<https://www.researchpress.com/product/strengths-based-approach-intervention-risk-youth/>



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