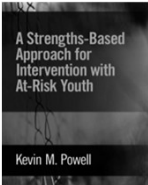


**STRENGTHS-BASED APPROACH:**  
**Working Effectively with At-Risk (At-Promise)**  
**Youth & Families**

Kevin M. Powell, Ph.D.  
 Licensed Psychologist/ Trainer/ Consultant  
 Adjunct Faculty, Colorado State University, Psychology Dept  
 Fort Collins, Colorado USA

kevinpowellphd@gmail.com  
 (970) 214-6413

Website: kevinpowellphd.com



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It is common for Court-Involved youth & adults to present with symptoms that can be BARRIERS to effective services, including...

- \*Interpersonal Mistrust and Defensiveness
- \*Anxiety & Fear
- \*Embarrassment
- \*Shame
- \*Hopelessness
- \*Denial about their offense(s)
- \*Anger
- \*Limited Insight & Motivation to engage in Services

A STRENGTHS-BASED APPROACH (SBA) helps create a PSYCHOLOGICALLY SAFE environment to address these problematic symptoms and enhances ENGAGEMENT & ATTENDANCE in Human Services...to help get them out of the Criminal Justice system

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**What will be covered:**

A) Defining a Strengths-Based Approach

B) Strengths-Based Concepts/ Interventions (organized into 6 categories)

**1- RELATIONSHIP DEVELOPMENT**


- 1) Be cognizant of ACEs
- 2) Be cognizant of the Power of NVB
- 3) Strengthen Connections with Caregivers/ Support System

**2- OPTIMISTIC ATTITUDE DEVELOPMENT (Promote Hope)**

- 1) Promote Hope & Self-efficacy with Developmental Research & Statistics
- 2) Promote Hope with Solution-Focused Questions

**3- ASSET DEVELOPMENT**

- 1) Identify Interests, Passions, Life goals (Approach Goals)
- 2) Target Protective Factors linked to Resilience



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**4- PROSOCIAL DEVELOPMENT**

- 1) Educate about the Reciprocal Nature of Relationships
- 2) Educate about Healthy Character Strengths

**5- INTELLECTUAL DEVELOPMENT**

\*Emphasis on learning acquisition (HOW we learn best)

- 1) Be 'Multi-Sensory' with Service Delivery
- 2) Help clients to be 'Informed-Consumers'

**6- PROVIDER DEVELOPMENT**

- 1) Promote Self-Care & Life Balance


C) Conclusion

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**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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**Strengths-Based Interventions** SBI #1-#41  
**targeting 6 areas of healthy development**  
 (Powell, 2015)

**91 STRENGTHS-BASED INTERVENTIONS**

- 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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**B) Strengths-Based Concepts/Interventions**

**1- RELATIONSHIP DEVELOPMENT** Chap 9  
 \*Interventions for: ...people who are *guarded* and/or *defensive*.  
 ...all youth & adults at the onset of services. SBI #1 & SBI #2

**Engaging Youth**  
**Mimesis**  
**BEING PRESENT IN THE HERE & NOW**  
**SHOWING INTEREST**

**Engaging Families**  
**Utilizing Nonverbal Behaviors**  
**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 & Scales, 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)**

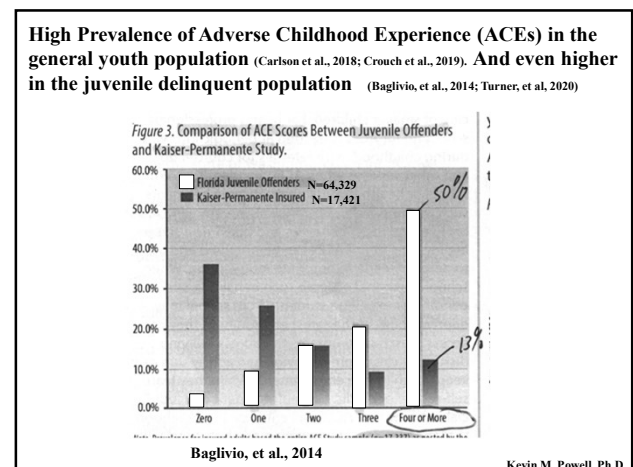
**ACEs Questionnaire**

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

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A youth'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

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A youth'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

### ADAPTIVE RESPONSE



### MALADAPTIVE RESPONSE



Emotional Walls we put up to Cope with Life Stressors

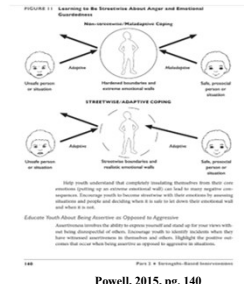
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Human Service Providers must Guard against the Risk of Becoming Harsh, Confrontational, & Deficit-Based... which can TRIGGER clients who view the world through an 'ACE lens' and IMPEDE the development of Safe, Positive Relationships

We must...

**MAINTAIN A STRENGTHS-BASED ORIENTATION** so youth and adults feel safe to **LET DOWN THEIR WALLS** (in a streetwise manner)



Powell, 2015, pg. 140

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As human service providers, we must be cognizant that a client's mistrust, lack of empathy, aggression, and emotionally callous symptoms may have been a *Learned Response* to their childhood adversity/ victimization (which can be *UNLEARNED*).



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



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2) Be cognizant of the power of Non-verbal and Para-verbal behaviors SBI #24



### Non-Verbal

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

### Para-Verbal

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

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

**Actions Often Speak Louder Than Words!**

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**Emotional Contagion** SBI #24

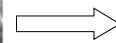
A process in which we influence the emotions & behaviors of each other by unconsciously & consciously imitating each others facial expressions, body language, & speech patterns/ vocal tones.

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

Emotional Contagion starts at a young age...



Age: 4 months



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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

Personal Control

Neuroplasticity

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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↑ **Hope & Self-Efficacy** ↓ **Learned Helplessness**

...Even for people with mandatory sentences, in maximum-security detention centers, there is HOPE!

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

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

Introducing youth to 'Reasons for Hope' can help them to acquire...

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

↑ Personal Control **SBI #7**

SELF-EFFICACY has been linked to '*Resilience*'

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### 1) Promote HOPE & SELF-EFFICACY with Developmental Research & Statistics **SBI #3**

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; Romer, Reyna, & Satterthwaite, 2017; Spear & Silveri, 2016; Steinberg, 2008, 2012; Stringer, 2017; 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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The Prefrontal Cortex is not fully mature until early adulthood—mid 20's).

As we mature during adolescence and young adulthood, we more efficiently utilize the 'thinking region' (prefrontal cortex) of the brain in coordination with the 'emotional region' (including the Amygdala)

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**1) Identify Interests, Passions, Life Goals (Approach Goals)**  
 Chap 6, p.44 SBI #9 & 30

Youth & Family Services must emphasize more than just 'Avoidance Goals' (e.g., "Stop being abusive/ delinquent")

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

When we target a person's Life Goals (Approach Goals)

⇒

They are more likely to be **ENGAGED & Internally MOTIVATED** to participate in Services

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**Questions that can assist people in identifying their 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 Youth Services help you reach these goals?"*

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**Examples of Strengths & Interests (goals & dreams)...**

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






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**2) 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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**What is the RPFC (Resilience Protective Factors Checklist)?**

\*A 36-item strengths-based oriented questionnaire

\*Helps in the identification of protective factors empirically linked to resilience and positive outcomes (organized into 3 main areas of protection-- Individual, Family, & Community)

\*Rather than focusing on what is 'wrong' with youth or their families, the RPFC provides opportunities to look at what is 'right' with them -- identifying, developing, and strengthening Protective Factors linked to Resilient positive outcomes.



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**Clinical Version**

**RESILIENCE PROTECTIVE FACTORS CHECKLIST (RPFC-CLIN)**  
Clinical Version for Resilient Youth, Family/Community, & Other

Some people react to hard times (stress) in ways that are helpful, while others react in ways that are not helpful. These reactions can lead to a range of outcomes in life. Resilience is the ability to bounce back from hard times and to grow from them. This checklist is designed to help you understand your own resilience and to help you build on your strengths to become more resilient.

**Handout:**  
**Resilience Protective Factors Checklist-Clinical Version (RPFC-CLIN)** at [kevinpowellphd.com](http://kevinpowellphd.com) under the Resource tab

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

Kevin M. Powell, Ph.D.,  
Ryan L. Rahm-Knigge, and  
Bradley T. Conner

Abstract  
While research tends to focus on understanding risk factors associated with adverse childhood and adulthood experiences, there is growing empirical support within the field of human services to also focus on strengths and protective factors that buffer resilience in life. This study investigated the psychometrics of the Resilience Protective Factors Checklist (RPFC), which is a questionnaire that assesses the identification of protective factors especially related to resilience and positive outcomes. In addition, associations between protective factors, childhood adversity and quality of life outcomes were examined. Participants were undergraduate college students (N=1,256). The results revealed good psychometric properties for the RPFC and the factor analysis supported the resilience structural model of three inter-related areas of protective factors: Individual, Family, and Community attributes. All three areas of protection were positively correlated with all four domains of positive life outcomes: physical health, psychological health, social relationships, and a healthy environment, and negatively correlated with adverse childhood experiences. The RPFC validated protective factors positively predicted physical health and psychological health outcomes, while the community protective factors positively predicted environmental health outcomes. In addition, the RPFC's family protective factors positively predicted physical health and psychological health outcomes.

Corresponding Author:  
Kevin M. Powell, University of Georgia, Research & Service Office 301, Box 301, Athens, GA 30602-3011, USA  
Email: [kevinpowell@uga.edu](mailto:kevinpowell@uga.edu)

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**Preliminary Research on the Resilience Protective Factors Checklist (RPFC)**  
Powell, Rahm-Knigge, Conner, 2021  
N= 1,256 College students

**Positive Correlations (significant at 0.01 level)**

↑ Resiliency Protective factors = ↑ Quality of Life domains

- Individual
- Family
- Community
- Physical Health
- Psychological Health
- Social Relationships
- Healthy Environment

**Negative Correlations (significant at 0.01 level)**

↑ Resiliency Protective factors = ↓ Adverse Childhood Experiences (ACE) total score

- Individual
- Family
- Community

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**RPFC Content Description- 36 items/ protective factors**  
Three Main Categories of Protection (& 11 sub-categories)

**1) INDIVIDUAL Protective Factors**

- a) Thoughts/ Values #1-3
- b) Emotions/ Affect #4-6
- c) Self-Concept #7-9
- d) Self-Efficacy #10-12
- e) Attitude/ Social Attributes #13-14

**2) FAMILY Protective Factors**

- a) Home Life #15-18
- b) Education Value #19-21
- c) Parenting Style #22-26

**3) COMMUNITY Protective Factors**

- a) Relationships #27-30
- b) Activities/ School #31-34
- c) Neighborhood Support/ Safety #35-36

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**1) INDIVIDUAL Protective Factors (within the person)**

**a) Thoughts & Values**

- 1) **Problem-solving skills; Psychological-mindedness** – Good insight into problems & solutions
- 2) **Self Regulation Skills (Cognitive Regulation)**- think before you act
- 3) **Faith, Religion, Spirituality, Sense of Meaning in Life**

**b) Emotions/ Affect**

- 4) **Self Regulation Skills (Emotional Regulation)**- calming self down
- 5) **Distress Tolerance**
- \*6) **Physical exercise/ movement**

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**c) Self-Concept**

- 7) **Positive self-perception; Self-esteem**
- 8) **Talents** (i.e., computer skills, writing, music, athletics, cooking)
- 9) **Posttraumatic growth; “Steeling effects”**; Life adversity that enhances skills and confidence to cope with hard times

**d) Self-Efficacy**

- 10) **Self-efficacy** (believe you can effect your environment- exert control over one's own motivation, behavior, and social environment); **Hope**; **Internal locus of control**
- 11) **Internal motivation** (Being committed to putting forth effort to improve your life)
- 12) **Perseverance** (not giving up even when things get difficult)

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**e) Attitude/ Social Attributes**

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

14) **Adaptable personality** (General appeal or Attractiveness to others)



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**2) FAMILY Protective Factors****a) Home Life**

15) **Relationship with stable, prosocial family member(s)**

16) **Safe, predictable home; Positive family climate with low conflict**

17) **Organized, predictable home**

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

**b) Education Value**

19) **Parent/Caregiver who values education**

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

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

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**c) Parenting Style**

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

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

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

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

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

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**Parenting Styles:**

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

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

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

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

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

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**BLOG:****Parenting Resilient Children: The Power of Protective Factors**

<https://www.kevinpowellphd.com/blog>

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**3) COMMUNITY Protective Factors****a) Relationships**

- 27. Relationship with stable, prosocial adult(s) outside the family  
(i.e., teacher, coach, minister, family friend, counselor)
- 28. Relationship with stable, prosocial adult(s) from similar cultural background
- 29. Connections to prosocial, rule-abiding peers
- \*30. Relationship with prosocial, well-adjusted partner, boyfriend, girlfriend, spouse

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**b) Activities/ School**

- 31) Ties to prosocial activities/ organizations
- 32) Attend a safe, prosocial, effective school- Feel Safe
- 33) Attend a safe, prosocial, effective school- Supportive Teachers
- 34) Attend a safe, prosocial, effective school- Enjoy school

**c) Neighborhood Support/ Safety**

- 35) Neighborhood with high 'collective efficacy'- Care and Support from Neighbors
- 36) High levels of public safety- Safe Neighborhood

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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*



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**1) Educate about the Reciprocal Nature of Relationships**

SBI #24

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

Respect towards others



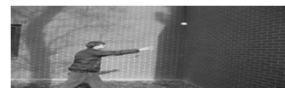
Respect back from others

Disrespect/ Aggression towards others



Disrespect/ Aggression back from others

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



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

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



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

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



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

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Many clients will be defensive, angry, and mistrustful when entering the court system & youth services (*throwing the ball hard*) due to their current legal circumstances 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'**

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## 2) Educate about Healthy Character Strengths

**SBI #30 pp.182-184**

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

**Character Checklist**

**Introduction**  
Our character helps determine how we behave in the world. The purpose of this checklist is to help you think about the character traits that will help you lead a positive, successful life. Listed below are several character traits and antitheses of each one. The purpose of each character trait is listed in parentheses and can help you identify positive areas you can improve on.

**Instructions**

- Complete this checklist with the help of your counselor and/or family members. Mark a 1 (one) next to each character quality that is already strong within you and that you regularly demonstrate in your day-to-day life. Mark a 2 (two) next to each character quality that you think you could get better at or you would like to.
- Look at the opposite of each character quality listed in parentheses to help identify positive areas that you can improve on with the corresponding character quality.
- Specific questions to explore: Which of these character qualities best describe you? Which of the opposite traits best describe you? What are the most positive influences on you, what character qualities best describe them? What are some examples in your life where you have demonstrated respect, kindness, gratitude, etc.?

**Character Checklist**

**Antithesis (Opposite) of each character quality**

**Character Checklist**

**Antithesis (Opposite) of each character quality**


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## Character Strengths (Superpowers) List

- #1 Being KIND**  
Kindness to OTHERS; to NATURE; to SELF
- #2 Having PATIENCE** (Delayed Gratification)
- #3 Having FUN AND LAUGHING**
- #4 Having EMPATHY** (Knowing How Others Are Feeling)
- #5 MANAGING YOUR FEELINGS**  
Emotional Regulation; Self-Regulation
- #6 WORKING HARD AND NOT GIVING UP**  
(Even When Things Get Tough)  
Perseverance; Goal-Oriented; Self-efficacy
- #7 Having POSITIVE PEOPLE IN YOUR LIFE WHO CARE ABOUT YOU**  
Family & Social connections

**JIMMY & INVO'S SUPERPOWERS**  
Developing Healthy Character Strengths



(Release date- late 2023)

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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**

**MULTI-SENSORY LEARNING**

**Emotional Intelligence**

**Learning Acquisition**

**Multiple Intelligence**

**Learning Differences**



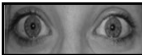




**Collaboration**

**Rationale for services**

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## 1) Be MULTI-SENSORY with Service Delivery SBI #35

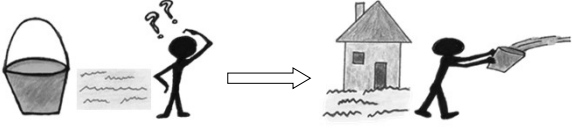
- \*Auditory (sound)**  

- \*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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## Assist youth & families in being INFORMED CONSUMERS about strengths-based concepts including...

- \*Hope**
- \*Basic Human Needs**
- \*Resilience Research**
- \*Protective Factors**
- \*Strengths** (individual, family, community strengths & resources)
- \*Solution-Focused** (Exceptions to Problems)
- \*Neuroplasticity**

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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

**SELF-CARE**

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

**HEALTHY BALANCE**

Be Strengths-based with Colleagues

Strengths-Based Teams & Supervision

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


**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

SBI #39

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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?**

**Contact Info:**

**Website-** kevinpowellphd.com

**Phone-** (970) 214-6413 (c)

 kevinpowellphd@gmail.com

 linkedin.com/in/kevinpowellphd/

 kpowellphd





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kevinpowellphd.com

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