

Treating Harmful Sexual Behaviors from a STRENGTHS-BASED Approach: CASE STUDY

Kevin M. Powell, Ph.D.

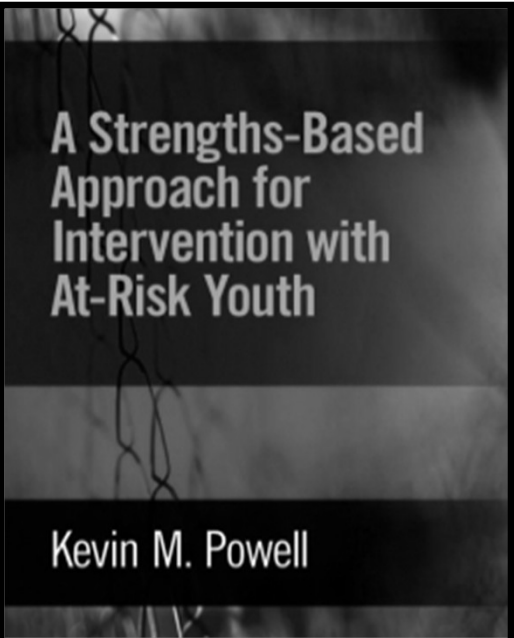
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**A Strengths-Based
Approach for
Intervention with
At-Risk Youth**

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What will be covered:



A) Defining a STRENGTHS-BASED Approach

B) CASE DESCRIPTION- “Jim”

***Demographic/ Background Info**

***Initial Assessment- (Presenting problems, Strengths, Case conceptualization)**

C) INTERVENTIONS

1) Formed Positive, Trusting RELATIONSHIP with Jim

2) Focused on meeting Jim’s BASIC HUMAN NEEDS

3) Strengthened CONNECTIONS with Support System

4) Positively Reinforced Jim’s STABILITY (not Crisis)

**5) Remained Sensitive to the Potential Impact of Jim’s ACEs
(Adverse Childhood Experiences)**

- 6) Focused on Increasing Jim's HOPE & SELF-EFFICACY**
- 7) Utilized SOLUTION-FOCUSED questions**
- 8) Helped Jim to feel PSYCHOLOGICALLY SAFE in treatment**
- 9) Explore Jim's APPROACH GOALS/ Life Goals**
- 10) META-TALK to address Sensitive Topics**
- 11) Helped Jim to be an INFORMED CONSUMER**
- 12) Targeted Jim's Sexual Victimization & other ACEs
(helped Jim be an 'Informed Consumer')**
- 13) Addressed Jim's Impulsivity/ Hypersexuality Issues**

14) Addressed Jim's Anger Issues- RECIPROCAL RELATIONSHIPS

**15) Helped Jim to Develop Prosocial INTERPERSONAL SKILLS
(reduce Jim's 'psychosocial deficit' risks)**

16) Conducted CLARIFICATION WORK- Repairing Harm

**17) Educated Jim about PROTECTIVE FACTORS linked to
RESILIENCE**

**18) Conducted an *updated* PSYCHOLOGICAL/ SEX OFFENSE-
SPECIFIC EVALUATION (with a Strengths-Based emphasis)**

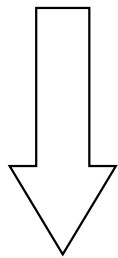
19) Provided TRANSITION SERVICES

D) CASE STUDY OUTCOME- 20 Year Follow-up

E) Conclusion

**If we want to STOP problematic & harmful behaviors
and
Help youth DEVELOP into prosocial human beings,**

**We need to do more than focus
on ‘What NOT To Do’.**



**We need to FOCUS on ‘WHAT TO DO’
(Helping youth acquire the Knowledge and Skills for
leading a prosocial, resilient life)**



Be STRENGTHS-BASED!

A) Defining a Strengths-Based Approach (SBA)

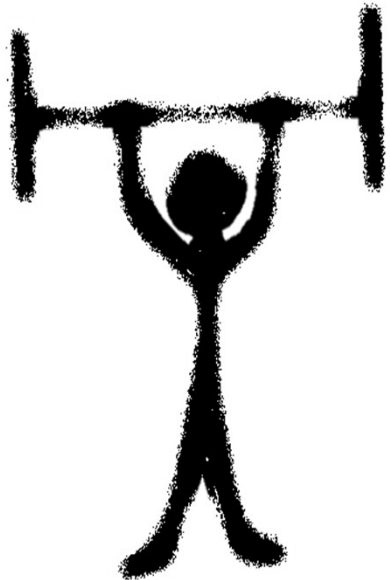
Strengths-Based Approach (SBA) focuses on the identification, creation, & reinforcement of clients' individual, family, and community strengths & resources

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

***Emphasis on Positive RELATIONSHIPS**

***Emphasis on Promoting HOPE & RESILIENCE**

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



(Powell, 2010, 2015, 2016, 2018, 2025)

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

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

There is growing RESEARCH SUPPORT for utilizing a Strengths-Based Approach in Human Services

(Edwards et al., 2017; Flückiger et al., 2023; Fu et al., 2025; Moisan et al., 2019; Onyeka et al., 2021; Powell, 2025; Toros & Falch- Eriksen, 2021)

AND the empirical support comes from lots of *COOL* (Fett 😊) Areas of Psychological Research including...

*Power of Relationships/ Social Connections

*Resilience & Protective Factors

*Hope & Self-Efficacy

*Neuroplasticity

*Solution-Focused Therapy

*Healthy Relationship Attributes

*Self-Care & Burnout Prevention

*etc.

Reference List

STRENGTHS-BASED TOPICS Kevin M. Powell, Ph.D.

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 - Relationships with Supervising Agents (Probation Officers, Parole Officers, Caseworkers)
 - Relationships with Police
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- 4) Adolescent Development
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- 9) Meeting Basic Human Needs
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- 44) Personal Control/ Personal Agency Beliefs (Hope & Self-Efficacy; Growth Mindset; Internal Locus of Control; Optimism; Positive Expectancy)
- 45) Humor & Laughter

1) Strengths-Based Info- by Kevin M. Powell, Ph.D.

[Journal Article](#)
Powell, K. M. (2025). Strengths-based, resilience-enhancing services: Key components for treating youth impacted by adverse childhood experiences. *Journal of Aggression, Maltreatment & Trauma*, 34(7), 1011-1029. <https://doi.org/10.1080/10926771.2024.2478182>

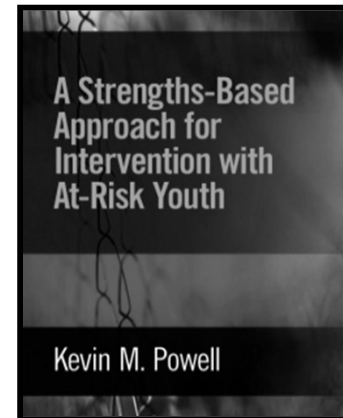
Arkfeld, P., Powell, K. M., Sturgess, B. S., & Conner, B. T. (2025). Resilience protective factor checklist- Second edition (RPF2-2): A review and revision of individual, family, and community protections. *Psychological Reports*, 1-22. DOI: 10.1177/00332941251394983.

STRENGTHS-BASED INTERVENTIONS

SBI #1- #41 actually 175+ interventions

-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**

B) CASE DESCRIPTION: 'Jim'

Demographic/ Background Info

NOTE: Identifying info & case description details have been modified to ensure anonymity

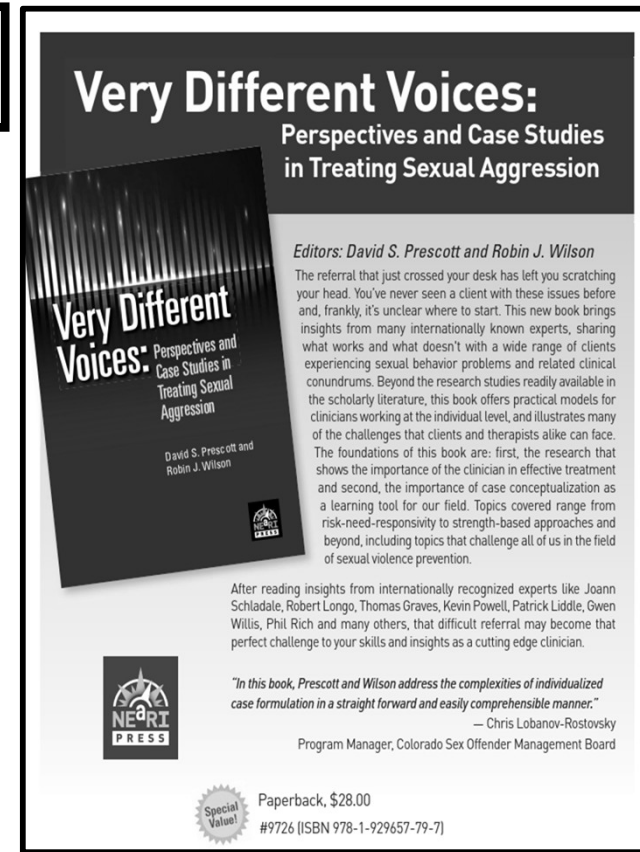
***13-year-old White Male**

***Age 2-5: Jim was repeatedly sexually abused by his uncle**

***Jim was sexually reactive in school**

***Age 8: Jim was caught sexually acting out on his younger brother (age 6)**

***Placed in a residential home for approx. a 1 year with limited contact with his family**



- *Returned Home: Exhibited aggressive and disruptive behaviors**
- *Age 12- He was caught sexually acting out on his younger brother again**
- *Jim was placed out of the home again (foster home)**
- *Due to his defiant and hypersexual behaviors, Jim was moved from the foster home, to a group home, and then at age 13, he was mandated into treatment in a maximum-secure detention center**

INITIAL ASSESSMENT

Presenting Problems

- *Jim was angry, oppositional, and very resistant to any treatment.**
- *Jim had a very limited Support System**
- *He struggled with parental abandonment issues and self-injurious behaviors (cutting on arms; choking self with clothing)**

Jim was desperate for contact with his parents, but unfortunately his parents would not answer their phone, they never visited the facility, and within 2 months they moved out of town without giving a forwarding address

- *Jim struggled with sexually reactive/impulsive behaviors**

Strengths & Interests

- *Jim's desire for social connections with staff**
- *Jim's intelligence & academic skills (reading and writing were at or above grade level) ...which helped with journaling and reading assignments**
- *When I asked Jim about his interests (*what he likes to do*), he identified Basketball and Listening to Classic Rock Music as two of his favorite activities**

Case Conceptualization

- *Jim's early childhood sexual victimization= Resulted in hypersexual behaviors and skewed norms**
- *Jim's Harmful Sexual Behaviors and other disruptive/problematic behaviors were clearly influenced by his Adverse Childhood Experiences (ACEs) including...**
 - *sexual victimization, *multiple out of home placements, *family hx of mental health problems, and *abandonment by parents**
- *Jim's ACE hx resulted in unmet basic needs and feelings of hopelessness, which needed to be targeted in strengths-based treatment.**

C) INTERVENTIONS

1) Formed Positive, Trusting RELATIONSHIP with Jim

We did **NOT** initially talk about details Jim's sexual offense or sexual victimization history (due to his low ego strength) and limited social support.

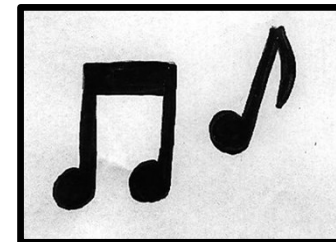
Focused on Jim's **STRENGTHS & INTERESTS...**

***Shooting baskets**

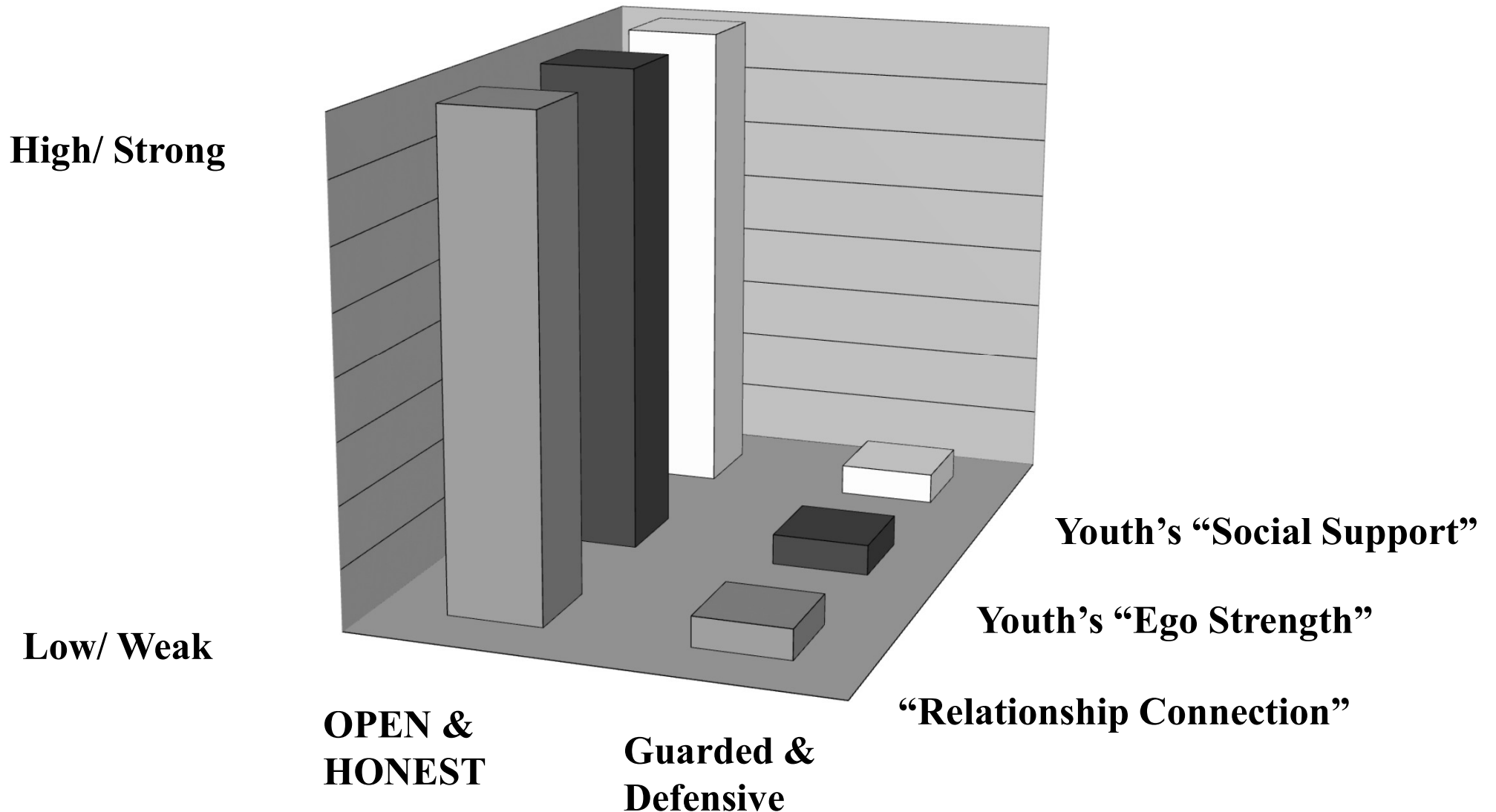


***Listening to Classic Rock**

Eagles- Hotel California



WHEN is a youth most likely to be Open to talking about their abusive behaviors; ACEs; etc.?

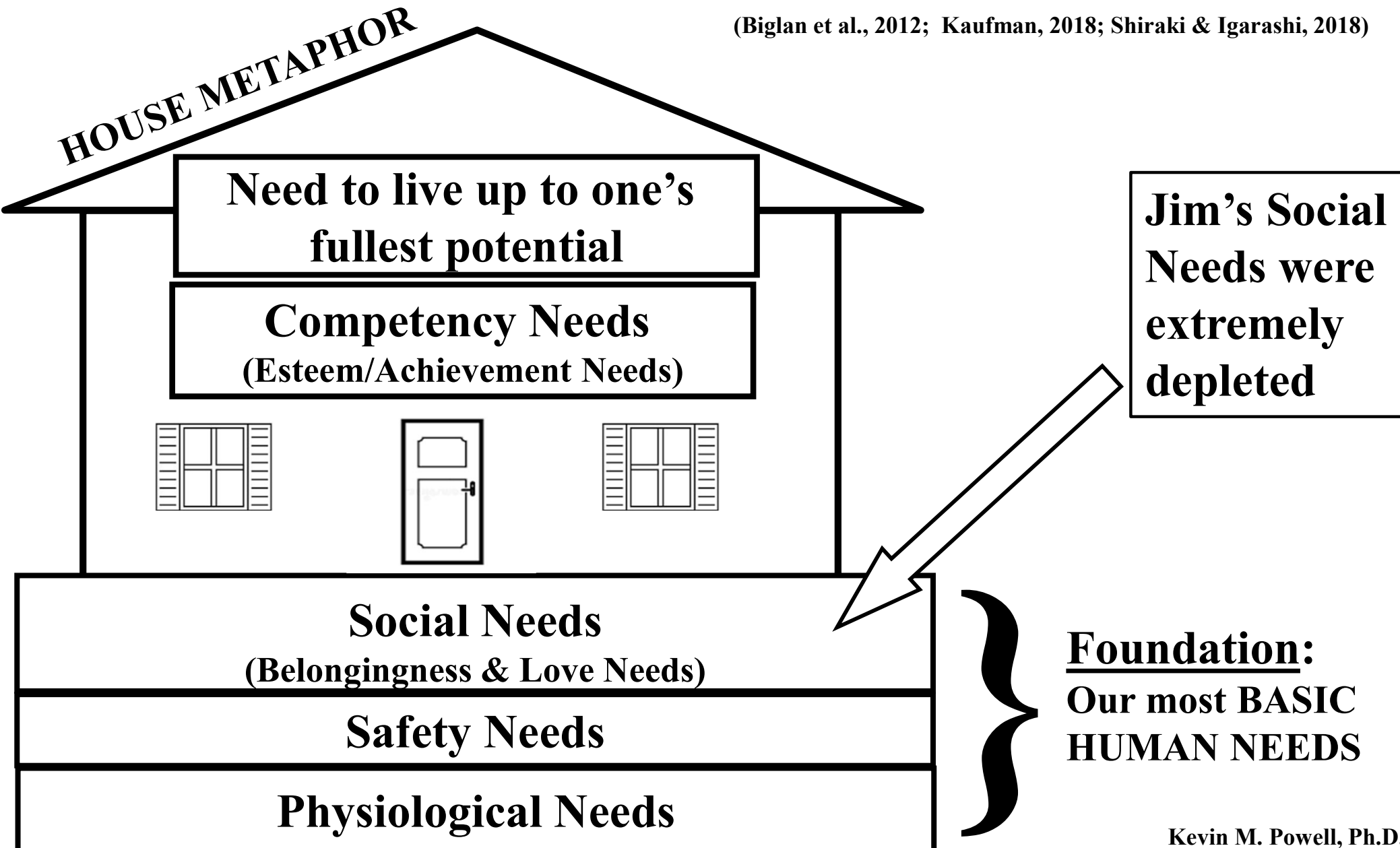


2) Focused on Meeting Jim's BASIC HUMAN NEEDS

SBI #21

Hierarchy of Needs Theory- Maslow (1970) believed that humans are motivated to fulfill their unmet needs beginning with the most basic needs

(Biglan et al., 2012; Kaufman, 2018; Shiraki & Igarashi, 2018)



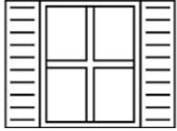
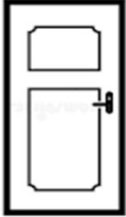
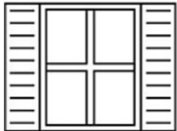
Meeting BASIC NEEDS =  **Motivation**

Treatment & Schooling often target *Competency Needs*

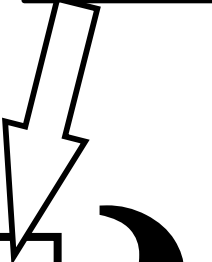
HOUSE METAPHOR

Need to live up to one's fullest potential

Competency Needs
(Esteem/Achievement Needs)



HOWEVER, if a youth's most foundational *BASIC HUMAN NEEDS* are not met, they will **NOT** be motivated at the higher level.



Foundation:
Basic Human Needs



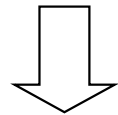
Physiological Needs

Meeting BASIC NEEDS = ↑ **Prosocial Behaviors**

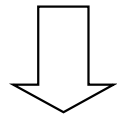
Meeting Basic Human Needs increases youths' capacity for Prosocial Behaviors



When a youth's Basic Needs are *NOT* met...

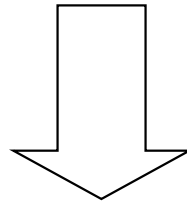


They are more likely to be in “survival mode” (survival of the fittest)...

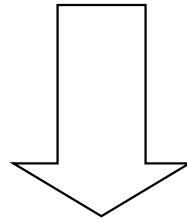


Which can significantly diminish their capacity to focus on others needs

When a youth's Basic Needs are **NOT** being met they often acquire...



a “Non-Caring Attitude & Feelings of Hopelessness” which results in...



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

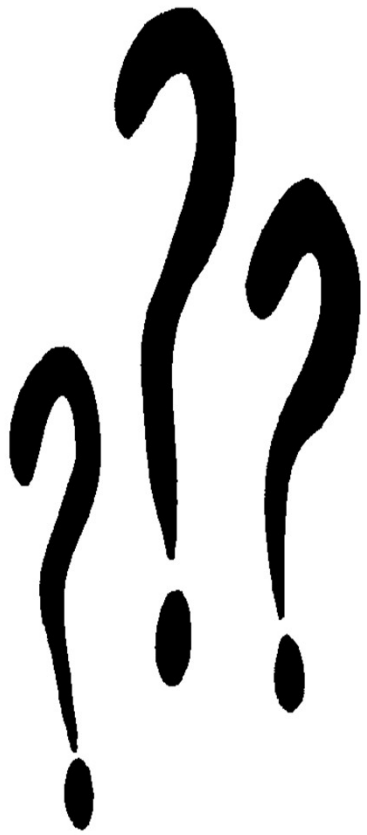


and/or

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



***Important Questions I regularly asked myself when working with Jim...**



***What is motivating Jim?**

***What needs are unmet?**

***How can I help meet Jim's unmet needs?**

3) Strengthened CONNECTIONS with Support System

SBI #2



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

Attempted to make a positive connection with Jim's parents to help enhance Jim's social support/needs

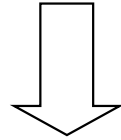


Unfortunately, I was unable to make a connection with Jim's parents

Instead, we increased social support from others (e.g., former foster parents; former DSS Caseworker; current client manager; and our treatment team)

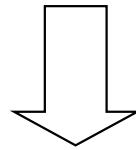


SOCIAL CONNECTEDNESS to stable caregivers, positive peers, teachers, schools, human service providers, romantic partners etc.



Reduces the Risk of Suicide

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



Enhances Physical & Mental Health

(Smith & Kazak , 2017; Weir, 2018)

Loneliness & Social Isolation linked to:

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

(Novotney, 2019)

Strategies for ENGAGING Caregivers (& youth)

SBI #2

ENGAGING CAREGIVERS IN YOUTH SERVICES

An essential component to effective youth services is the active involvement of positive, prosocial 'caregivers' (parents and other significant adults in a youth's life).

Described below are *strategies* for engaging with these very important people in youth services.

1) ESTABLISH A 'POSITIVE, TRUSTING RELATIONSHIP' WITH CAREGIVERS.

Initial contact should focus on joining with caregivers (utilizing the suggestions below) prior to requesting their commitment to participate in family therapy or other youth services. Do not 'cold-call' to set up family therapy, without first establishing a positive, trusting relationship with caregivers.

2) PLACE CAREGIVERS IN AN 'EXPERT ROLE'. Caregivers are the true experts regarding their child's development and needs. They often have valuable information and insights to share. Questions that can tap into a caregivers' expert role include:

- What are your thoughts/ suggestions regarding how we can best help your son/daughter/grandchild?
- What has worked well in the past?
- What has not worked well?

3) EXPLORE CAREGIVER'S 'SELF-CARE'. Ask caregivers, "How are you doing?" Acknowledge that it can be stressful having a child who is struggling. Emphasize the importance of caregivers taking good care of him or herself in order to be 'at their best' when caring and supporting their child and family.

4) GIVE 'COMPLIMENTS' to caregivers about their parenting and children. Highlight the positives you observe.

5) BE 'UNDERSTANDING, PATIENT, AND EMPATHETIC' towards caregivers who are initially mistrustful and defensive. Acknowledge that the "system" is not perfect and makes mistakes. If a caregiver is initially defensiveness or disrespectful, let it 'bounce off' and maintain a respectful, professional demeanor. Explore the circumstances of caregiver's past negative experiences in youth services, to help reduce the risk of future problems.

6) 'REFRAME' CAREGIVERS' INITIAL MISTRUST AND DEFENSIVENESS AS GENUINE CARE for their child. Caregivers are understandably protective of their family and want to ensure that services are actually helpful and not harmful to their child and family.

7) 'MATCH THE INTERPERSONAL STYLE & AFFECTIVE RANGE' OF CAREGIVER/ FAMILY in order to join with them (also referred to as mimicking or "mimesis", Minuchin, 1974). For example, a caregiver/family who interacts in an upbeat, jovial manner will typically connect better with a youth service provider who communicates in a similar upbeat, positive tempo, while a more interpersonally reserved caregiver/family will more likely respond best to a provider who communicates in a similar low-key manner.

8) BE 'COLLABORATIVE' with caregivers. Remind caregivers that we are all on the SAME TEAM and have the SAME GOAL, which is to help their child learn to cope in healthy ways and develop into productive, prosocial adults. Use words like "we", "us", and "let's" to help convey a sense of togetherness.

9) PROMOTE 'HOPE' IN CAREGIVERS BY SHARING INFORMATION about developmental & statistical reasons to be optimistic about youth (& adults) capacity to make positive life changes. Reasons for hope include the maturation of the prefrontal cortex & corresponding enhanced executive functioning, the power of Neuroplasticity, low lifetime prevalence rate for delinquent behaviors, power of Resilience, & Post-Traumatic Growth outcomes.

10) HELP CAREGIVERS TO BE 'INFORMED CONSUMERS' about their child's treatment. Provide caregivers with a *Rationale* for Services being provided and how it can benefit their child and family. Also have *Regular Discussions/ Updates* about their child's progress (especially positive changes).

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

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POWER of CAREGIVER MODELING



4) Positively Reinforced Jim's STABILITY (not Crisis)

We Regularly Attended to and Positively Reinforced Jim's Stable & Prosocial Behaviors

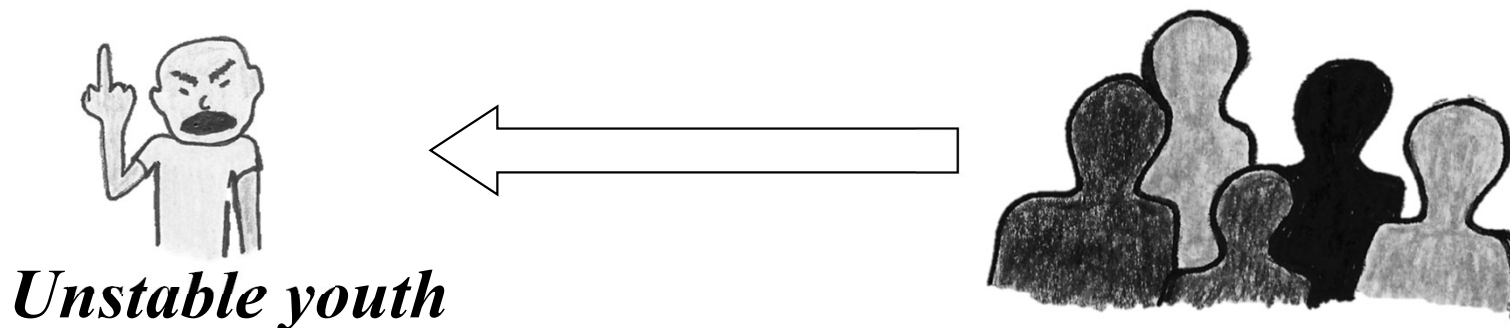
Be careful not to promote the "Squeaky Wheel" phenomenon!



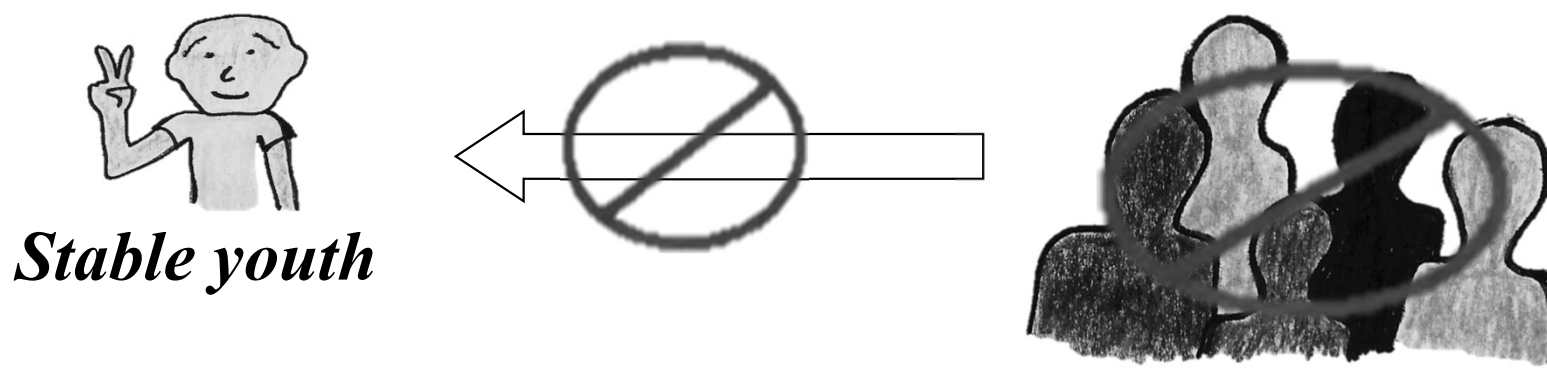
If you only attend to youth when they are out-of-control & in crisis, you can unintentionally reinforce their instability

a) We focused on finding opportunities to have 'Positive' contact with Jim (avoid the squeaky wheel effect!) SBI #6

e.g., A youth who is repeatedly disruptive requires multiple staff to intervene & focus on them...



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



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

b) Utilized both “Positive Reinforcement” and “Bonus Response Cost” interventions

SBI #29

	Unpleasant Stimuli	Pleasant Stimuli
Add	<p>Punishment</p> <p>Decreases Behaviors</p>	<p>POSITIVE REINFORCEMENT</p> <p>Increases Behaviors</p>
Remove	<p>Negative Reinforcement</p> <p>Increases Behaviors</p>	<p>BONUS RESPONSE COST</p> <p>Decreases Behaviors</p>

BONUS RESPONSE COST

Definition:

Involves the removal of a specified amount of an *Added (Bonus) Pleasant Reinforcer* whenever the youth exhibits a specified problem behavior (Cooper et al., 2020)

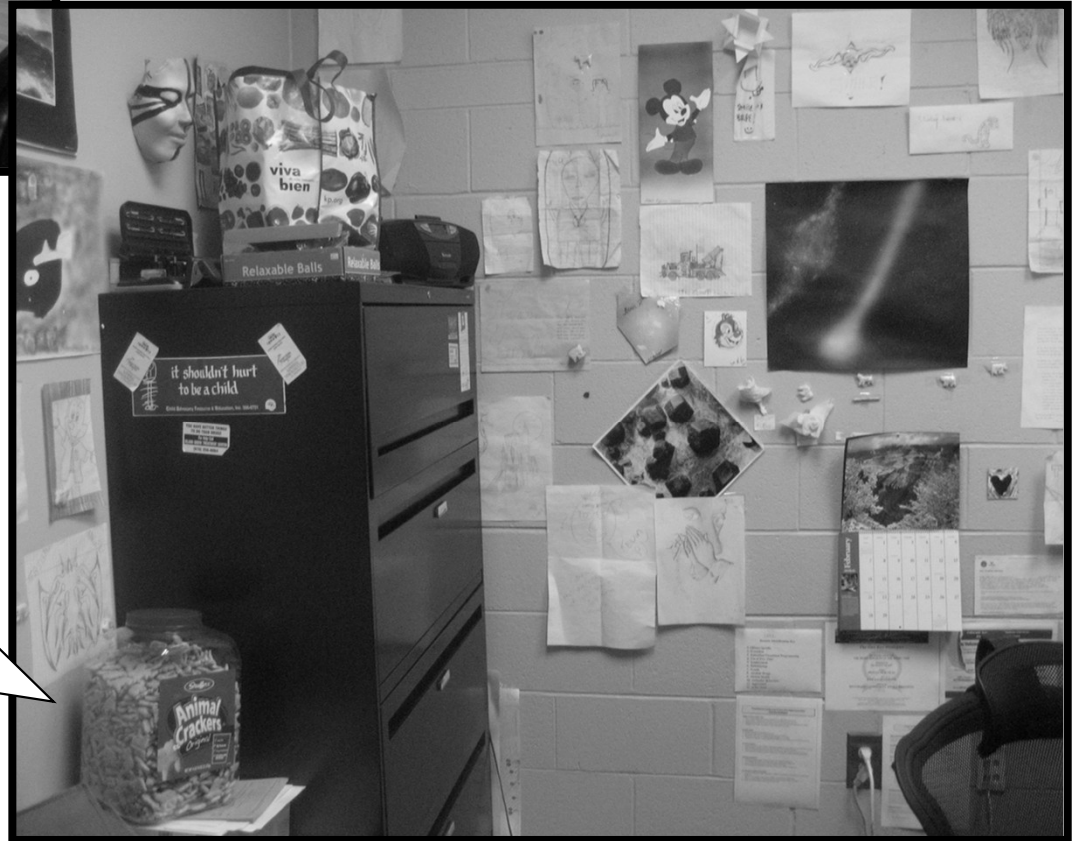
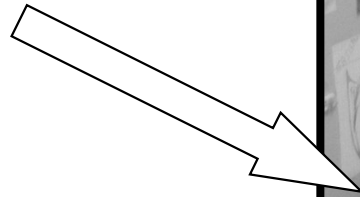
Jim was motivated to **NOT** be “sexually act out and be disruptive” in order to KEEP (rather than earn) his pre-scheduled reinforcer (shooting baskets or listening to classic rock music... and eating animal crackers).



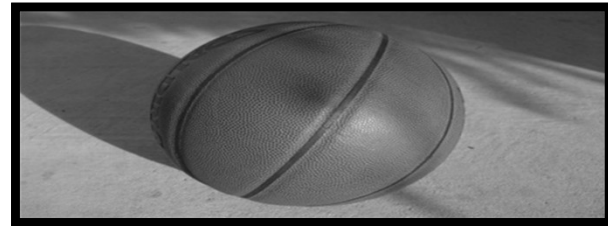
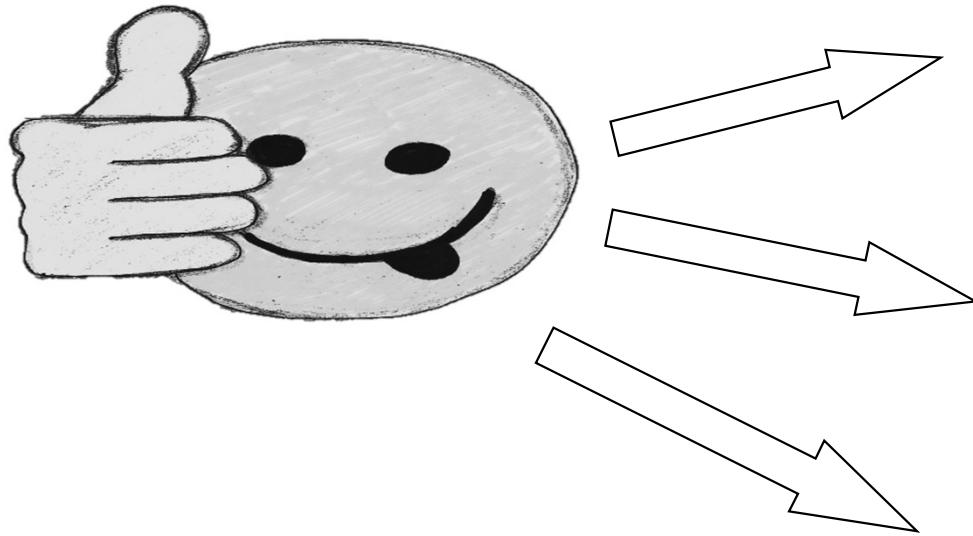
Note: This intervention was NOT used in an ALL OR NONE fashion. When Jim “acted out” I still maintained regular contact with him but without the prescheduled pleasant reinforcer.



Animal Crackers



c) It was important to utilize Reinforcers that were Personally Meaningful to Jim



For a youth who likes computers = set up computer time

***For a youth who likes basketball = set up time to shoot baskets**

***For a youth who likes music = set up time to listen/play music**

d) **Be Dependable and follow-through with scheduled meetings and commitments**

SBI #26

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

Write It Down/ Put it in your Calendar when you promise a youth/ family 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 workday

e) Attend to your own Self-Care & Life Balance

SBI #39

(Prevent Burnout!)

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

HANDOUT: **SBI #39**

Thinking about Self-Care

Pg. 169-170 & 193-195 and at kevinpowellphd.com under Resources tab



THINKING ABOUT SELF-CARE

Good self-care is very important and can lead to a more positive, healthy, and productive life. Listed below are three exercises to get you thinking about your own self-care.

Relaxation, Happiness, & Health

This exercise asks you to think about activities and situations in which you feel most relaxed, happy, and healthy.

List Activities/Situations when you feel most **RELAXED AND STRESS-FREE** (when you feel most calm within your body and mind).

List Activities/Situations when you feel most **HAPPY** (when you laugh, have fun, feel energized, feel satisfied).

List Activities/Situations when you feel most **HEALTHY** (in various ways- physically, emotionally, socially, intellectually, spiritually, etc.). *Note: Being healthy means different things to different people. 'Physical health' might represent having the capacity to walk around the block for one person versus run a 10K for someone else. 'Intellectual health' may involve pursuing a college education versus reading novels or writing poetry. 'Spiritual health' might involve attending church, meditating, allowing time for prayer, hiking in nature, volunteering, or exhibiting other prosocial acts. What represents 'healthy' within these domains depends on the individual person.*

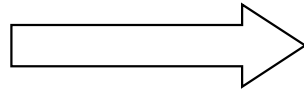
From A Strengths-Based Approach for Intervention with At-Risk Youth, © 2015 by K. M. Powell, Champaign IL: Research Press (800-519-2707, www.researchpress.com), pp.169-170

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.)

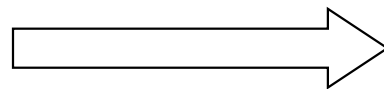


Good SELF CARE



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”

PREVENTING BURNOUT IN HUMAN SERVICES WORK

Working in human services as a Therapist, Caseworker, Probation/Parole officer, Police officer, Teacher, Residential Direct Care staff, Administrator, etc. can be a rewarding profession but also stressful at times. Working with children, adolescents, adults, and families who are struggling in life can be challenging and increase the risk of 'Burning Out' if we do not take good care of ourselves, both personally and professionally.

Listed below are strategies for how to prevent burnout and create a professional and personal space in which human service workers can thrive. The information is organized into PERSONAL Strategies (things we can do in our *personal life*) and PROFESSIONAL Strategies (things we can do in our *work life*) for preventing burnout.

PERSONAL Strategies for Preventing Burnout

1) MAINTAIN A 'BALANCED LIFE'

Make time for Sleep, Healthy Diet, Physical Exercise, Mind-body practices, Vacations, and Fun!

2) BE RESPONSIVE TO YOUR NEEDS AS AN INTROVERT OR EXTROVERT

If you are introverted and get your energy from alone time, make time for it. If you are extroverted and get your energy from social interactions, make time for it.

3) SCHEDULE TIME FOR 'ACTIVITIES THAT ARE RELAXING, MAKE YOU HAPPY, AND/OR EXPRESS YOUR PASSION' (e.g., relaxing on the couch watching football and eating nachos!!)

4) DEVELOP 'PERSONALITY ATTRIBUTES & STRATEGIES' LINKED TO 'WELL-BEING & EMOTIONAL RESILIENCE'

- **Enthusiasm**- Friendly, sociable, emotionally expressive
- **Positive Affectivity**- Happy, energetic, confident
- **Optimism**- Possessing generalized favorable expectancies for your future
- **Low Withdrawal**- Not easily discouraged or overwhelmed; Low rumination, isolation, & avoidance
- **Intellectual Curiosity**- Open to new ideas, enjoy thinking deeply, reflect a lot on their experiences
- **Industriousness**- Achievement-oriented, self-disciplined, efficient, competent
- **Cognitive Reappraisal**- Rethinking a situation in a way that reduces emotional distress
- **Compassion**- Feel and care about others' emotions and well-being

5) UTILIZE 'HUMOR AND LAUGHTER'

Use humor that is *affiliative* (tolerant and accepting humor that fosters relationships) and *self-supporting* (helps buffer and protect self but not at the expense of others). No sarcastic, put-down humor.

6) EMBRACE THE FACT THAT WE ALL MAKE MISTAKES

- No one is perfect
- Remind yourself that mistakes are opportunities to learn and grow (personally & professionally)
- Model for clients how to take personal responsibility for your mistakes/ errors

7) MEET YOUR 'BASIC HUMAN NEEDS' (Physiological, Safety, Social, Competency Needs)

8) SURROUND YOURSELF WITH 'PSYCHOLOGICALLY HEALTHY PEOPLE'

Foster relationships with stable, honest, supportive people, while setting limits with people who are not.

9) ADDRESS YOUR OWN PSYCHOLOGICAL STRUGGLES

Access support and therapeutic services to address past and present adversity/ stressors (as needed).

Rev May 2023

KEVINPOWELLPHD.COM

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

PROFESSIONAL Strategies for Preventing Burnout

10) UTILIZE 'HEALTHY COMPARTMENTALIZATION'

Maintain a clear boundary between Work Life & Home Life. Allow yourself to take breaks from work... physically, mentally, & emotionally. Maintain a present-moment focus when doing leisure activities.

11) IDENTIFY AND LEARN FROM 'POSITIVE, COMPETENT COWORKERS'

Be a sponge and learn as much as you can from competent co-workers who freely share their knowledge.

12) PARTICIPATE IN 'COMPETENT, STRENGTHS-BASED SUPERVISION'

HANDOUT: Guidelines for Strengths-Based Supervisors

13) CREATE A 'SUPPORTIVE, COLLABORATIVE, NON-COMPETITIVE WORK ENVIRONMENT' (HEALTHY TEAM)

HANDOUT: Key Components for Healthy, Effective Youth Services

- Hire and Promote Smart: Emphasis on good character strengths- Positive; Team Player; Work Ethic; Humble (*keep Ego in-check*)
- Be Strengths-Based with Colleagues (e.g., celebrate co-workers' successes; talk about positives, not just problems; Share your knowledge with each other)

14) MAINTAIN A 'STRENGTHS-BASED, SOLUTION-FOCUSED APPROACH'

Focus on strengths, solutions, and exceptions to problems in your interactions with clients and co-workers. Chronic negativity and deficit-based thinking is toxic to self and others.

15) BE COGNIZANT OF 'PROTECTIVE FACTORS' LINKED TO HEALTHY WORK LIFE

(e.g., Role clarity; Sense of professional autonomy & being treated fairly; Manageable caseloads; Healthy team; Quality clinical supervision)

16) MAINTAIN 'HOPE' ABOUT CLIENT'S CAPACITY TO MAKE POSITIVE CHANGES

Remind yourself about the many areas of research that provide reasons for optimism (e.g., developmental/ neurological maturation, neuroplasticity, resilience, posttraumatic growth, etc.).

17) MAINTAIN 'PERSONAL INTEGRITY'

Always make Decisions and Advocate for what is in the Best Interest of Clients, Coworkers, and Self. Having a voice can help counteract Hopelessness.

18) BE A 'LIFE-LONG LEARNER'

Human behavior is complex, and no one has all the answers, so keep pursuing new information & ideas

19) MAINTAIN 'REALISTIC EXPECTATIONS AND GOALS' FOR CLIENTS

Permanent change does not happen overnight. Do not give up when clients are slow to make changes.

20) RECOGNIZE AND APPRECIATE EVEN 'SMALL POSITIVE CHANGES' IN CLIENTS

Pay attention to the small and transitory changes that occur gradually over time.

21) AVOID BECOMING OVER OR UNDER RESPONSIBLE for a client's treatment progress.

22) DO NOT PERSONALIZE A CLIENT'S PROBLEMATIC BEHAVIORS

Remind yourself that a client's problem behaviors are influenced by social history, adverse childhood experiences (ACEs), developmental stage, and/or psychological struggles. Let it bounce off.

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5) Remained Sensitive to the Potential Impact of Jim's ACEs (Adverse Childhood Experiences)

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 as of 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

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

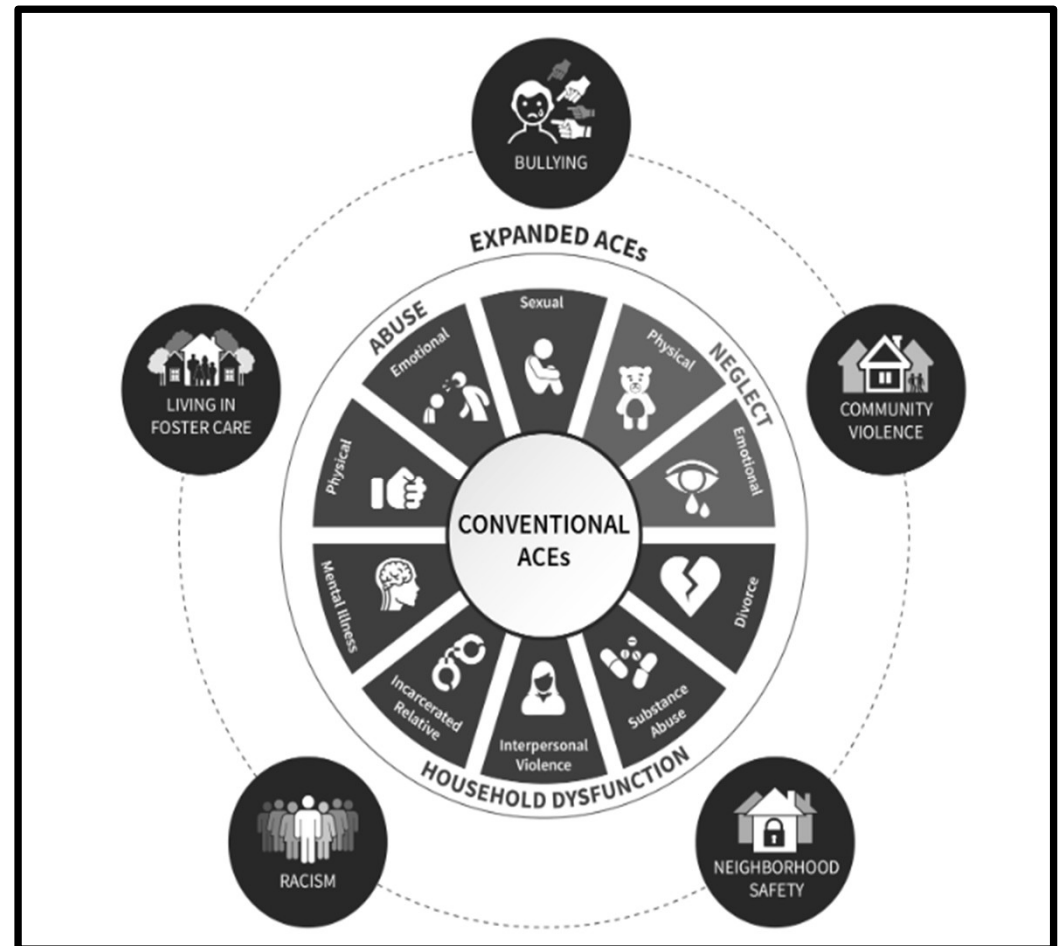
11) Felt Discrimination

12) Witnessing Violence

13) Experienced Bullying

14) Unsafe Neighborhood

15) Lived in Foster Care



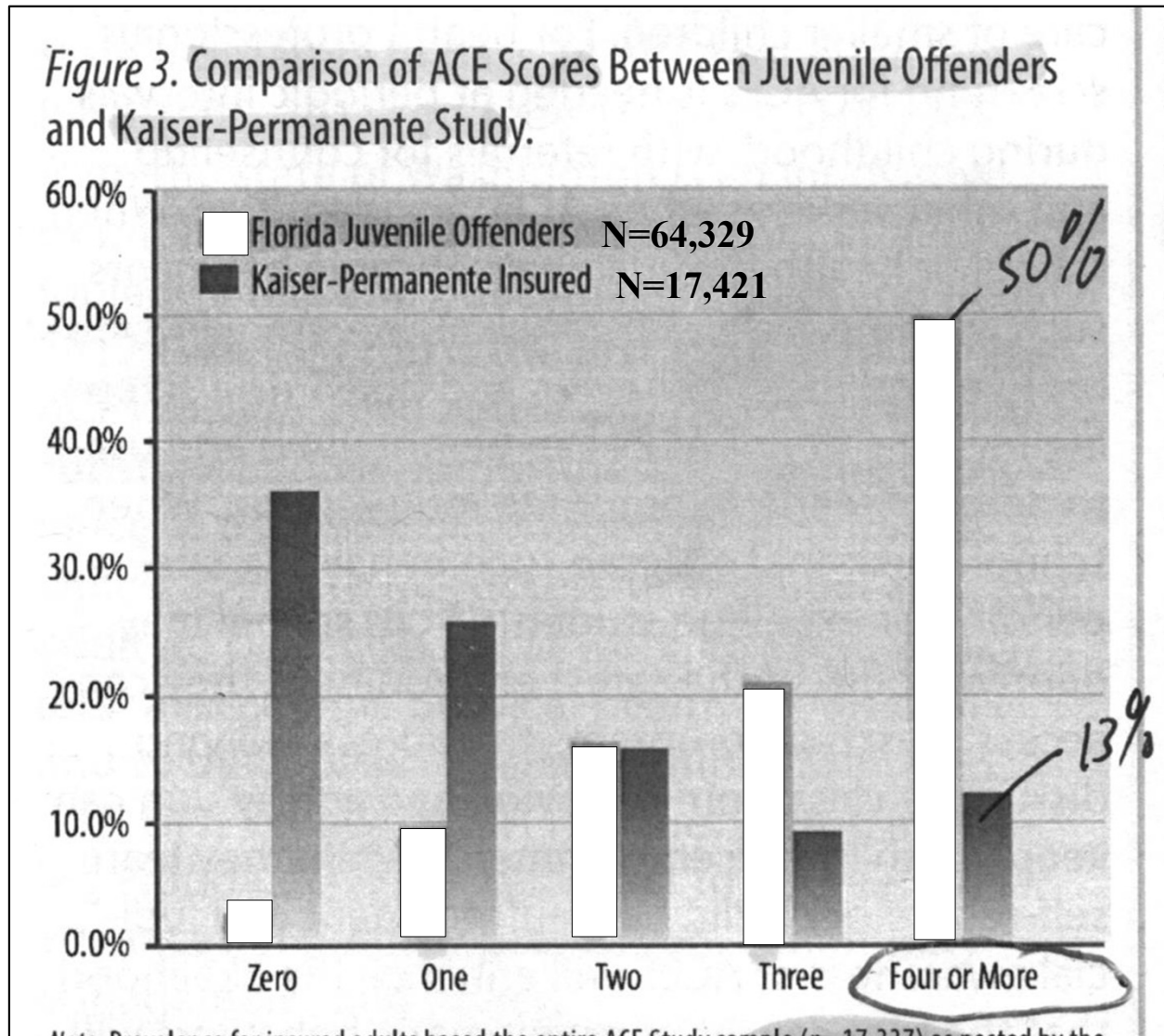
(Cronholm et al., 2015; Finklehor et al., 2015)

Adverse Childhood Experience (ACEs) are prevalent in the SOS population (Levenson et al., 2016)

	Adult Males who have Sexually Offended N=679	Adult Males in General Population
Verbal Abuse	53%	8%
Physical abuse	42%	30%
Sexual Abuse	38%	16%
Emotional neglect	38%	12%
Physical neglect	16%	11%
Substance Abuse in home	47%	24%
Domestic Violence in home	24%	12%

ACEs also more prevalent in females who have sexually offended
(Levenson et al., 2015)

High Prevalence of Adverse Childhood Experience (ACEs) in the general youth population (Carlson et al., 2018; Crouch et al., 2019). **And even higher in the juvenile delinquent population** (Baglivio et al., 2014; Turner et al, 2020)



(Baglivio et al., 2014)

Kevin M. Powell, Ph.D.

A client's (and parent's) perception of *current* relationships & situations can be altered by their *past/present* 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...

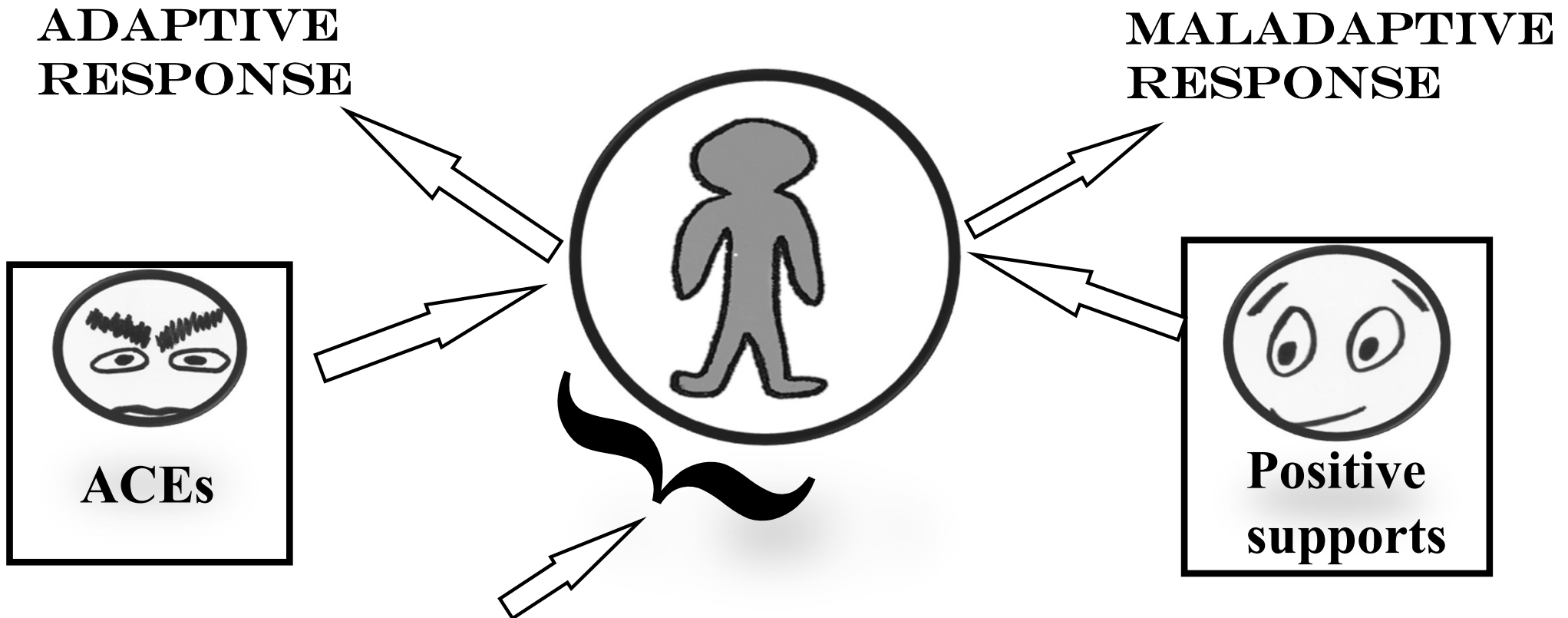


Mistrustful, Vigilant to Threat, & Misinterprets and Over-React to others' actions



Be cognizant that a youth's disruptive/problematic behaviors may be an *'adaptive' coping response* to ACEs (from an evolutionary theory perspective), even though it can be maladaptive in other situations.

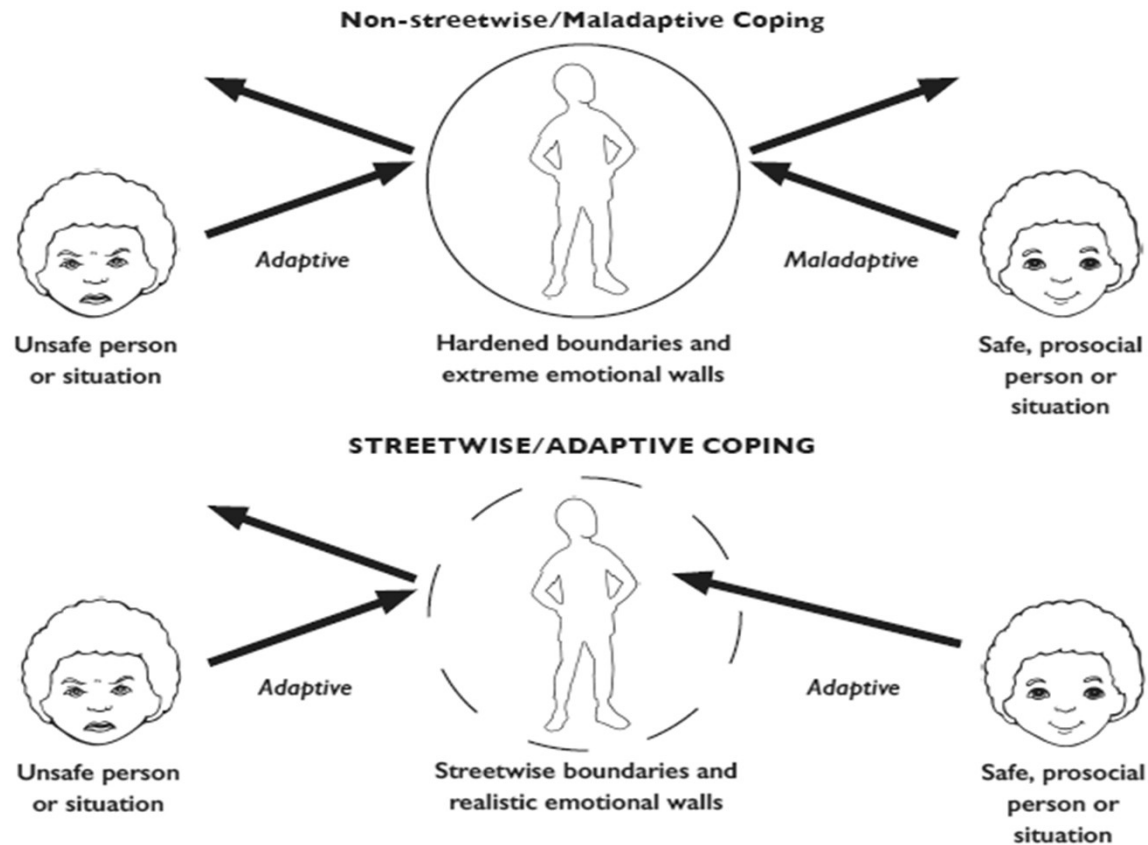
SBI #27



The “Walls” youth put up to Cope with ACEs...

- *Social Withdrawal**
- *Mistrust**
- *Oppositional behaviors**
- *Aggression**
- *Substance abuse**
- *Self-cutting**
- *Poor hygiene**

FIGURE 11 Learning to Be Streetwise About Anger and Emotional Guardedness



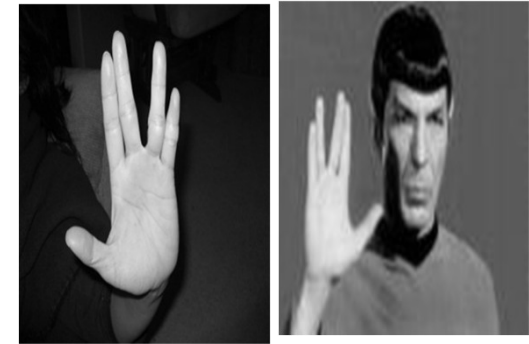
Help youth understand that completely insulating themselves from their core emotions (putting up an extreme emotional wall) can lead to many negative consequences. Encourage youth to become streetwise with their emotions by assessing situations and people and deciding when it is safe to let down their 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.

b) Maintain a STRENGTHS-BASED ORIENTATION **with youth**

Even when a Jim was escalated and/or disruptive, I remained calm, respectful, and SPOCK-LIKE (more cerebral, less emotional)



Being Strengths-Based helped Jim to gradually let down his “Walls”



Being Harsh and Impatient can TRIGGER youth... would have caused Jim to “Wall up” even more (become more anxious, defiant, and/or aggressive)

6) Focused on Increasing Jim's HOPE & SELF-EFFICACY

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 Jim to 'Reasons for Hope' can help them to acquire...

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

Why HOPE & SELF-EFFICACY is Important

SBI #3-#8

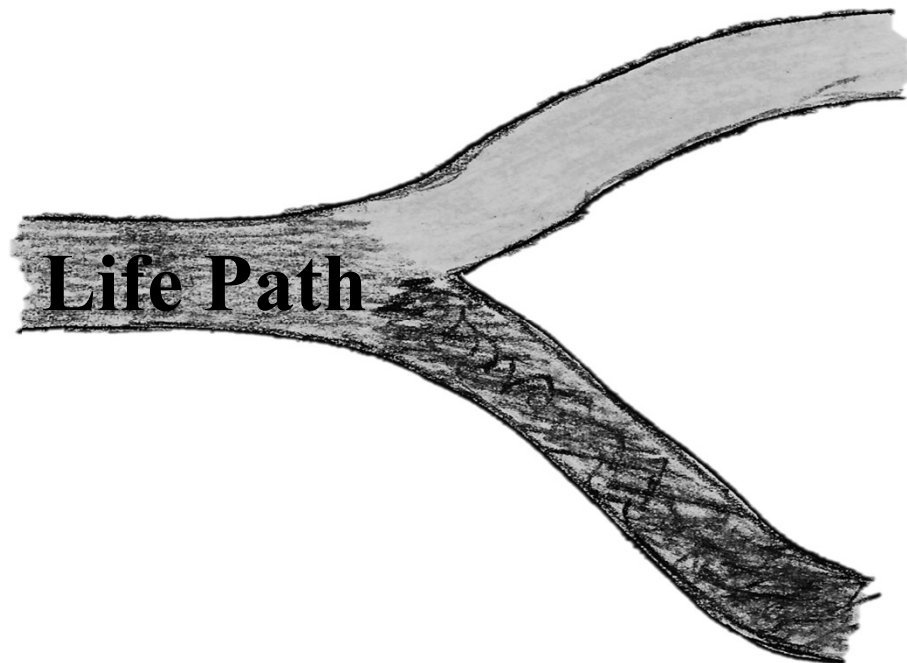
Believing you have some PERSONAL CONTROL/ PERSONAL AGENCY in your life (*Hope; Self-Efficacy; Internal Locus of Control; Growth Mindset*) can lead to Positive Outcomes including...

- *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; Sagone et al., 2020; Sparks et al., 2021; Tyler et al., 2020; Uzun & Kelleci, 2018; Valois et al., 2015; Yeager & Dweck, 2020)

a) Reason for HOPE: REFRAME Mandated Services as Opportunity for a Better Life

I explained to Jim that getting arrested and being mandated into SOS Services **MIGHT END UP BEING ONE OF THE BEST THINGS THAT COULD HAPPEN TO HIM.** He was going down the wrong path, but now have an opportunity to choose a healthier path with positive life outcomes.



Outcomes

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

Outcomes

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

b) Reason for HOPE: The Recidivism Rate for Sexual Re-Offenses is low

YOUTH RESEARCH

**Lussier et al. (2024) meta-analysis of 158 studies 1940-2019
(N=30,396 ; approx. 5.3 yr follow-up) = 8% SO recidivism rate**

2000-2009 studies (N= 5,559) = 5% SO recidivism rate

Note: 42% nonsexual general recidivism rate

**Caldwell (2016) meta-analysis of 106 studies 1938-2014
(N=33,783; approx. 5 yr. follow-up) = 4.92% SO recidivism rate**

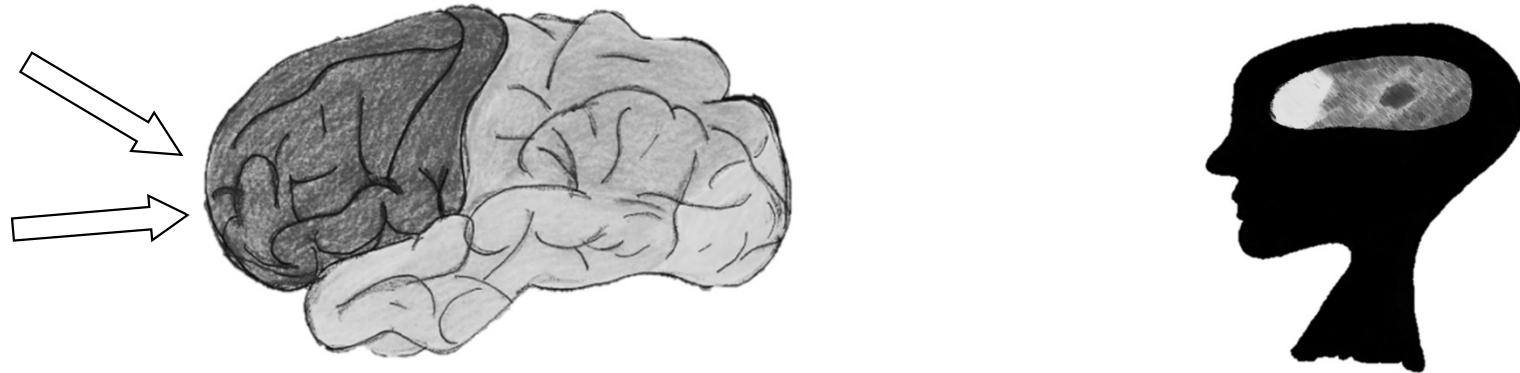
2000-2015 studies (N= 20,008) = 2.75% SO recidivism rate

Note: 30% nonsexual general recidivism rate

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

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

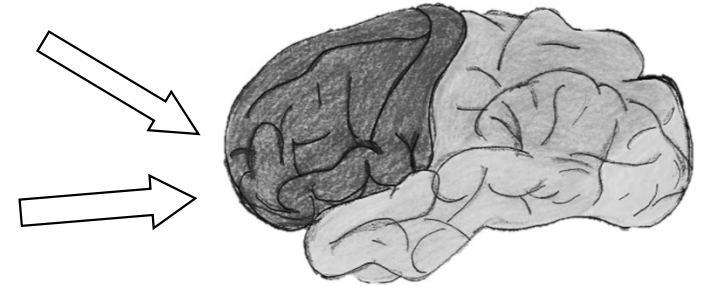
(Blakemore, 2012; Eng et al., 2025; Shaw et al., 2020; Spear & Silveri, 2016; Tervo-Clemmens, 2023; Yalom & Leszcz, 2020)



The prefrontal cortex and its neural circuitry to the limbic subcortical region of the brain matures during adolescence and young adulthood, which help the brain work more efficiently and enhances executive functioning.

(Casey et al., 2019)

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**

Be cognizant that the TEEN BRAIN HAS BENEFITS

(Cavanagh, 2022; Galván, 2021)

It assists in...

EXPLORING

ADAPTING

LEARNING

TAKING RISKS

BEING CREATIVE

DEVELOPING YOUR IDENTITY
(Intrapersonal and Interpersonal Identity)

d) 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; Tabibnia & Radecki, 2018; Wu et al., 2020)



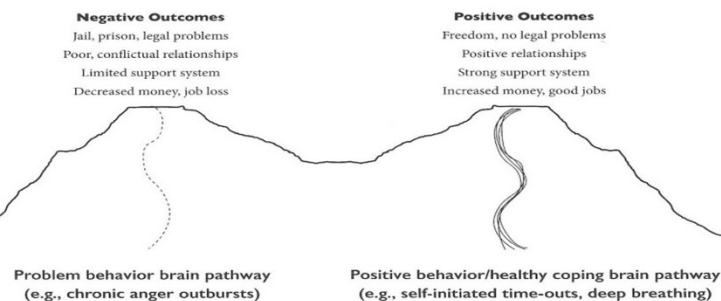
“Mountain Path” Metaphor:

Understanding NEUROPLASTICITY

SBI #3, pg. 79-83



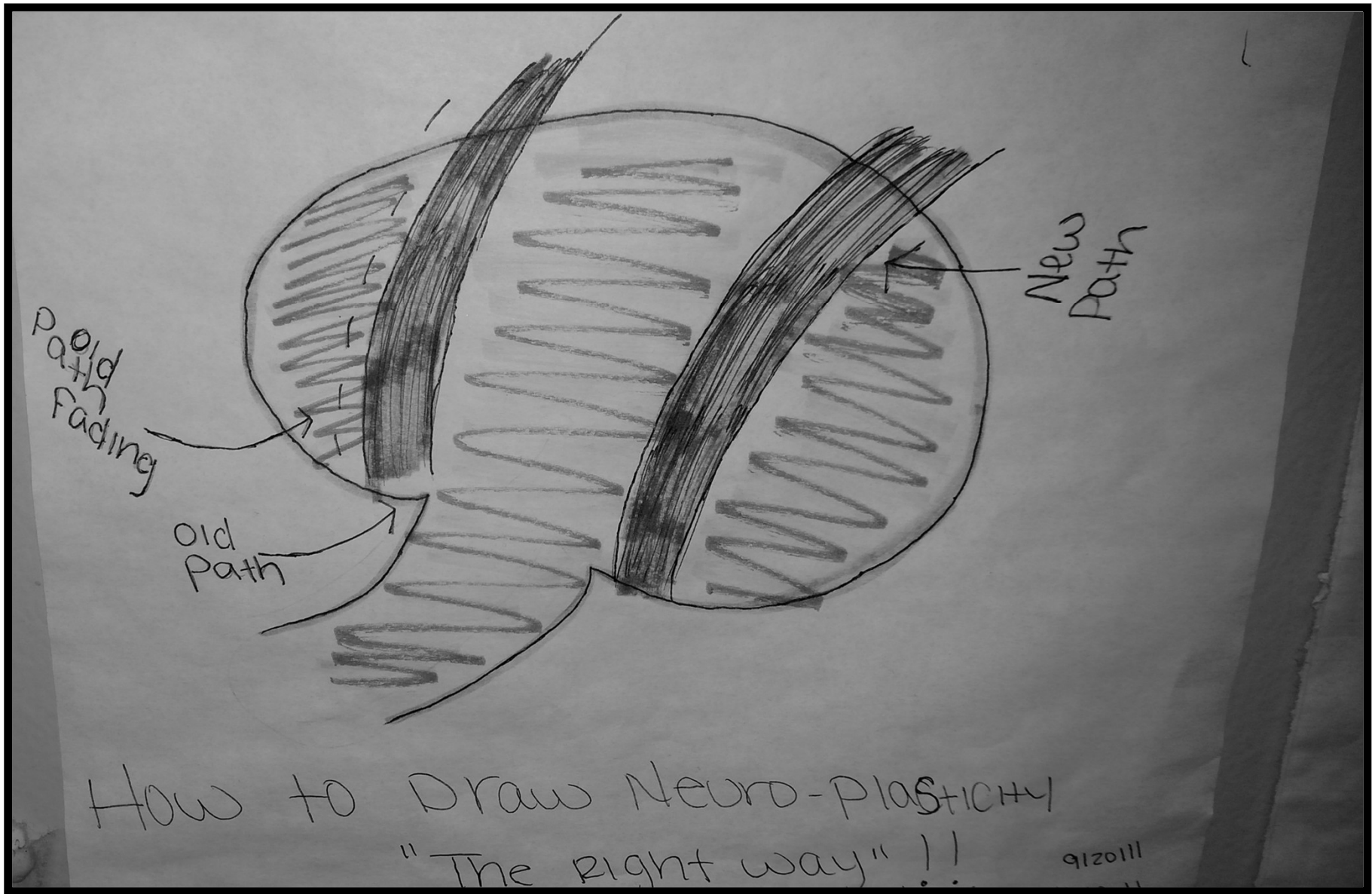
FIGURE 7 Mountain Path Metaphor—Highlighting Positive and Negative Outcomes



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

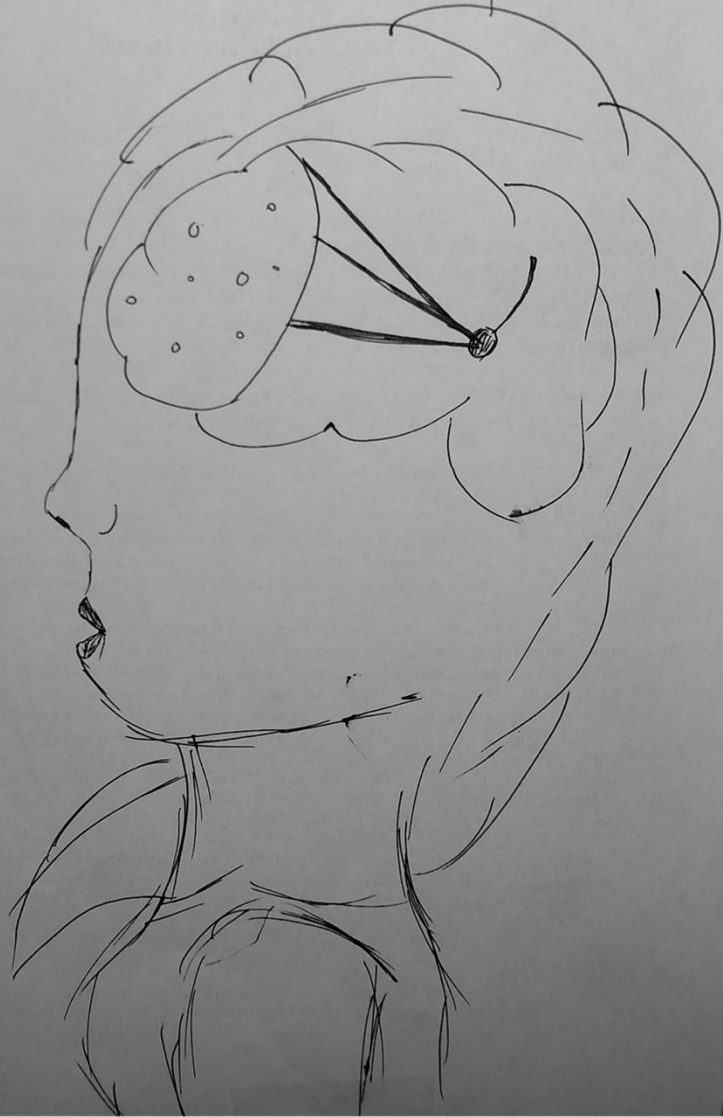
In order to help youth understand neuroplasticity, you can link the ideas to topics that are personally meaningful and applicable to youth. For a youth who likes playing basketball, for example, relate neuroplasticity to learning how to make a lay-up for the first time. Ask, “Do you remember the very 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”

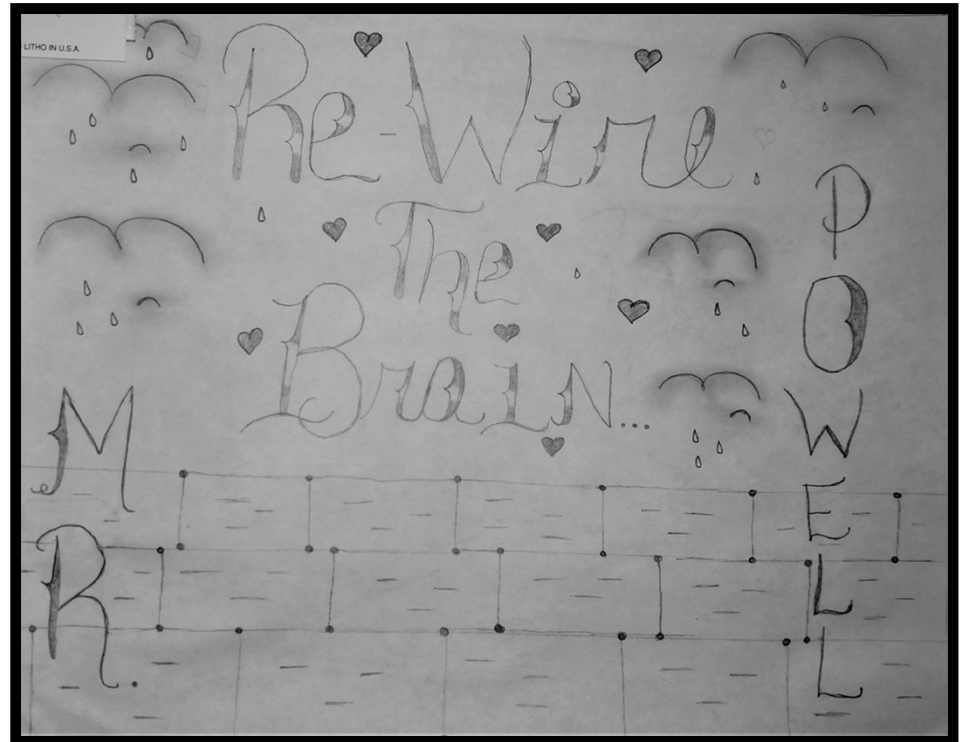


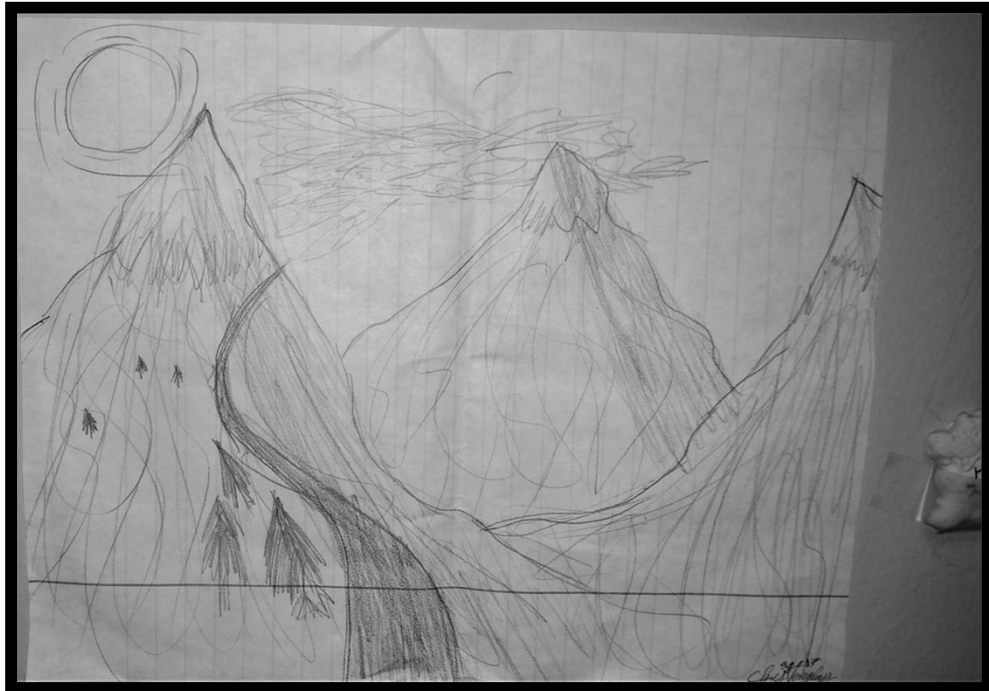
Neuroplasticity

NeuroPlastisity

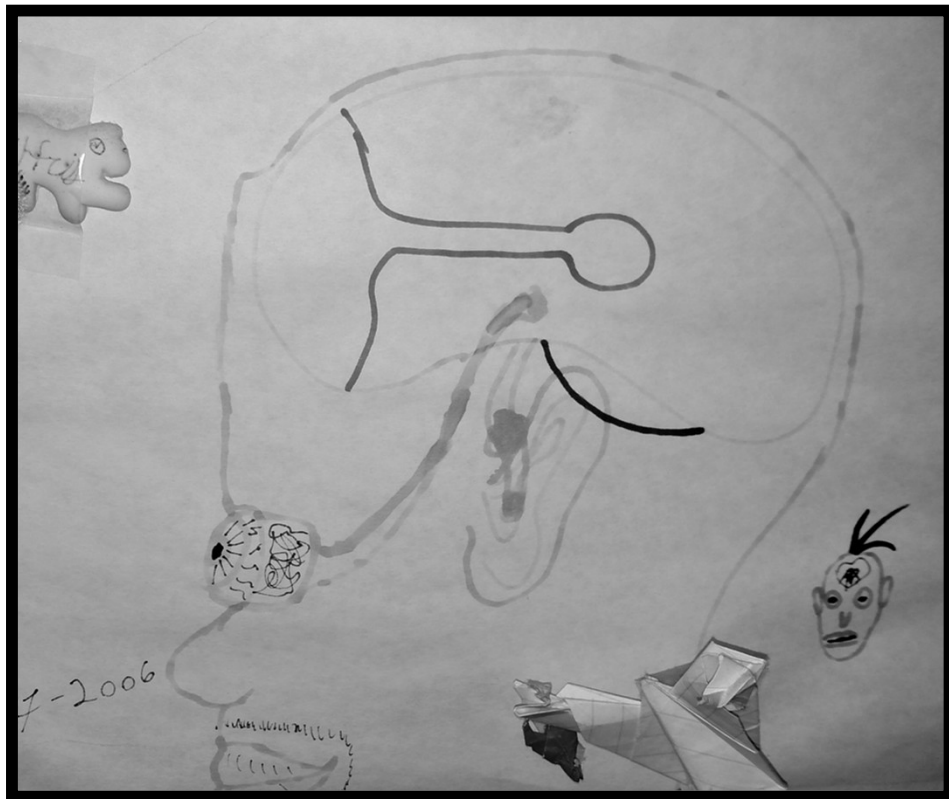


Neuroplasticity





Neuroplasticity



7) Utilized SOLUTION-FOCUSED questions

SBI #5

Rather than too quickly delving into the details of a youth's (or parent's) problems and struggles...

explore the **EXCEPTIONS TO PROBLEMS**

(solutions to problems). Another way to promote

HOPE.

(de Shazer et al., 1986; Franklin et al., 2016; Hsu et al., 2021; Kim et al., 2019; Neipp et al., 2015; Žak & Pękala, 2024)

Solution-Focused

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



For Jim's 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?”

For Jim's Harmful Sexual Behavior Problems

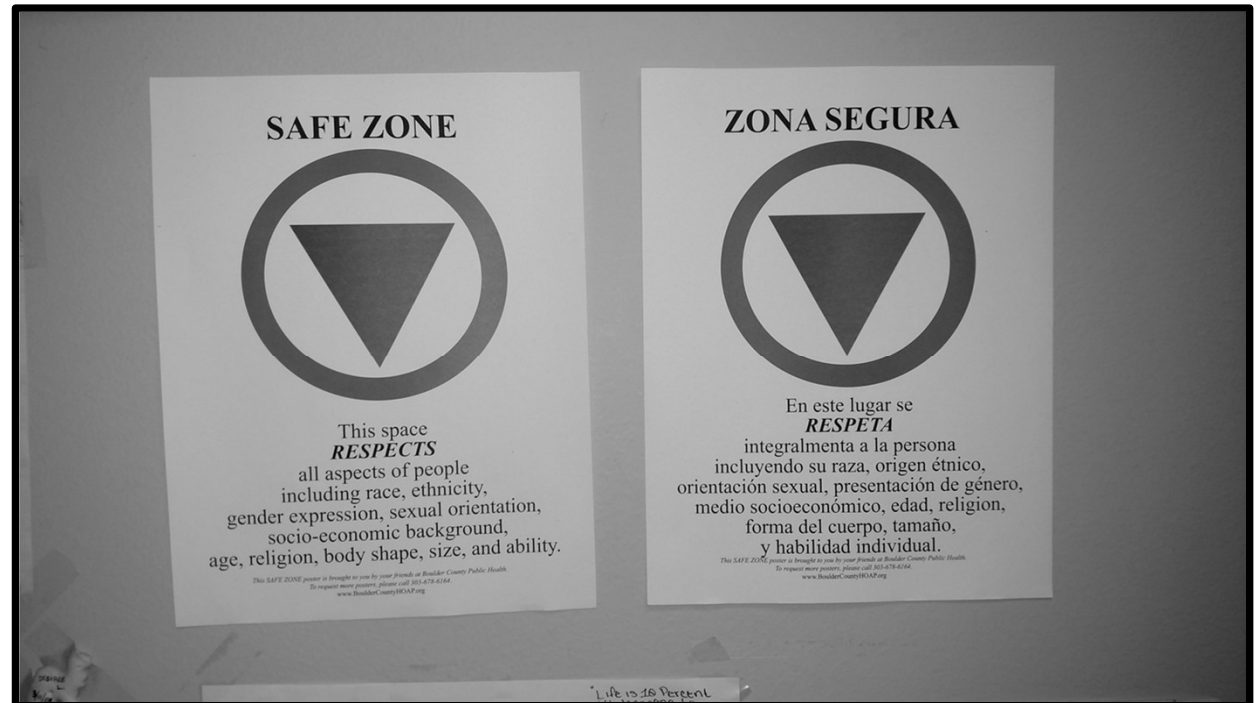
“Tell me about times when you have interacted with your brother in a respectful way, good boundaries”.

“Tell me about a situation when you felt like acting out sexually/ sexually offending but did not do it. How did you stop yourself?” ...What thoughts, feelings, behaviors, and situations helped you to not sexually offend?”

“Tell me about times when you have managed your sexual arousal well. How did you do it?”

8) Helped Jim to feel Psychologically Safe in treatment

- a) Let Jim know that I am a SAFE person to talk openly with about sensitive issues/ all types of diversity



b) Normalize & Advocate for Diversity. We are all different which is what makes each of us unique and special

SBI #18

- *Ethnicity**
- *Culture**
- *Religious/spiritual beliefs**
- *Body type and other physical characteristics**
- *Personality styles**
- *Life experiences/ childhood background**
- **Sexual orientation**
- *Gender identity**
- *Learning differences**
- *School experiences**
- *Socioeconomic status**
- *etc.**

c) Was cognizant of WHEN (and when not) to talk with Jim about Sensitive topics

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

“Ego-Strength”= a youth’s internal sense of security, and personal confidence to tolerate stress & frustration

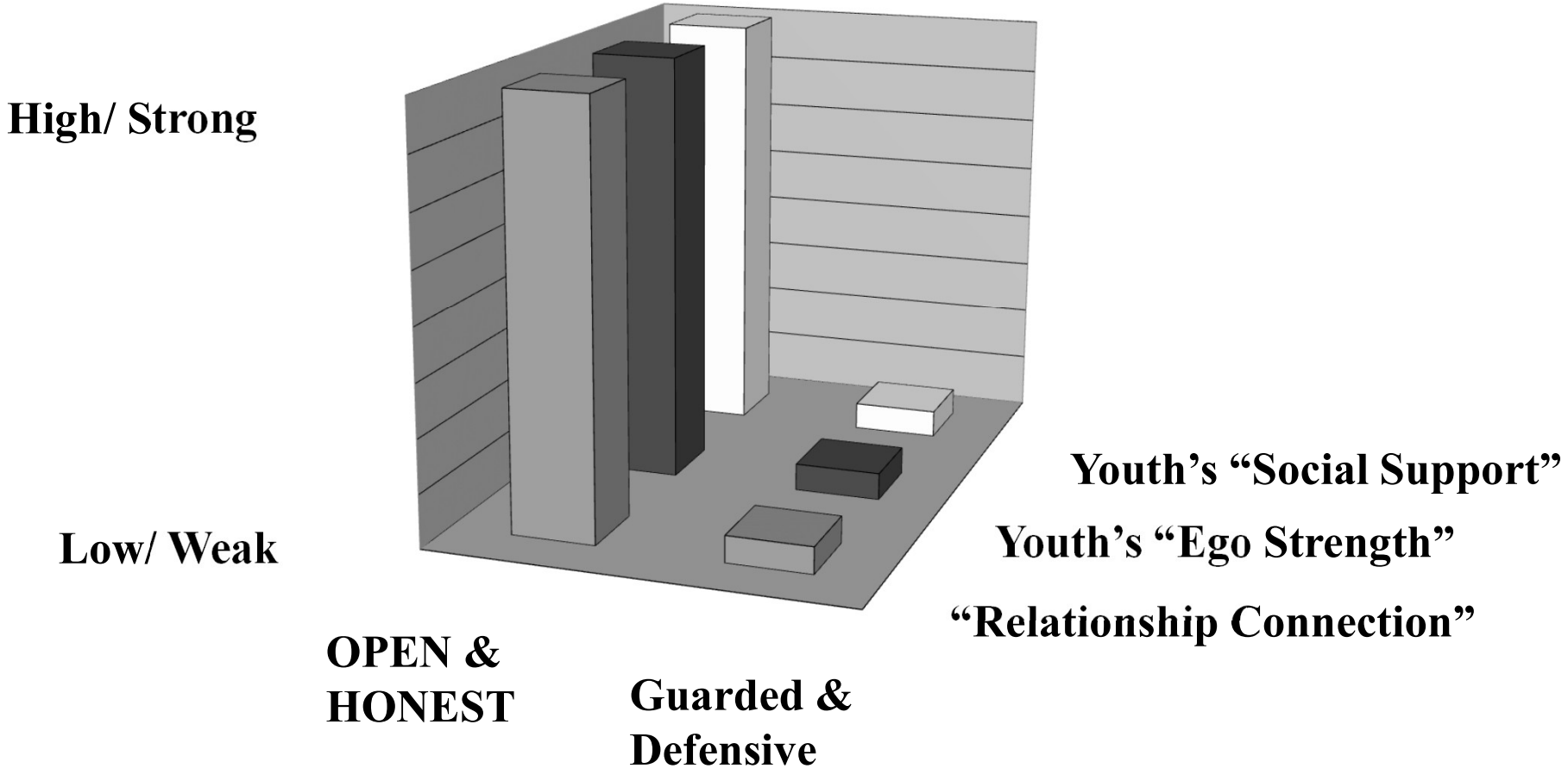


“Relationship Connection”= a youth’s sense of trust, openness, and closeness with a particular person



“Strengths-Based” interventions are excellent for..

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



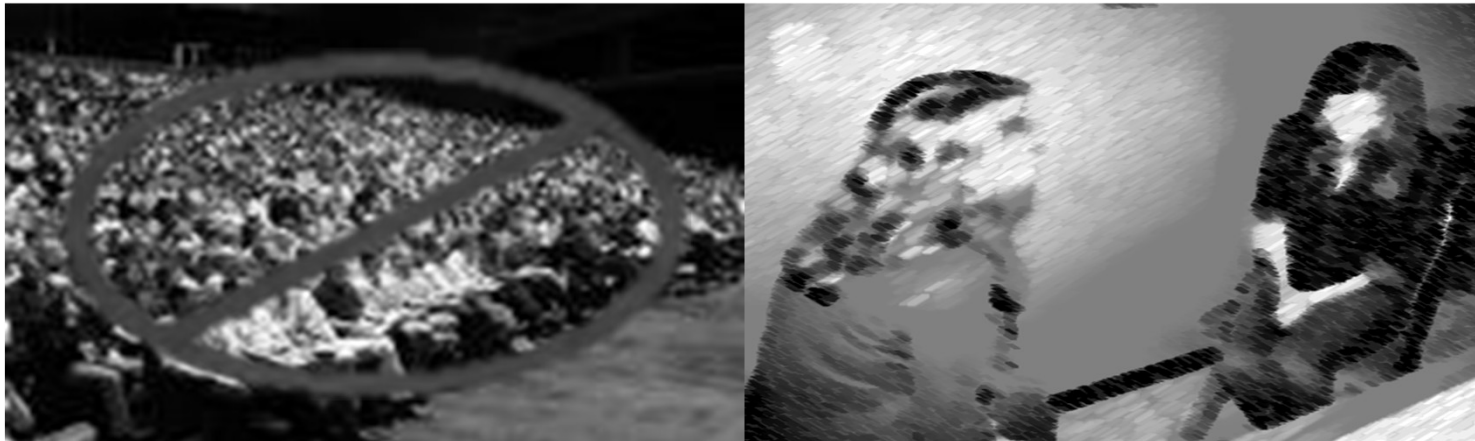
Other factors to consider regarding WHEN to address sensitive issues include Timing, Location, & Tx Modality...

a) TIMING:

Communicate with clients when they are de-escalated and therefore more receptive to feedback.

b) LOCATION:

When possible, communicate with clients when there is no audience



c) TREATMENT MODALITY:

We emphasized Individual & Family Therapy (not Group Tx) for Jim's Offense & Victimization Hx

When making decisions about Treatment Modalities (Individual; Family; and/or Group services)...



Consider the individualized needs of the client and their sense of psychological safety

While many benefits of group therapy have been identified (Yalom & Leszcz, 2008), there are also many *REASONS FOR CAUTION...*

Reasons to Use Caution When Utilizing Group-Oriented Services

(Powell, 2017; 2018)

- a) At-risk clients often have *Psychosocial Deficits* which can impair their ability to respond to other group members in a prosocial, empathetic manner

- b) At-risk clients have a high rate of Adverse Childhood Experiences (ACEs), which can lead to a *Lower Tolerance for hearing about other group members abusive & traumatic experiences.* It can trigger their past traumas.

c) Risk of *Trust and Confidentiality Violations*

d) In some situations, congregating delinquent youth can increase the risk of delinquent behaviors, a phenomenon referred to as *Deviancy Training*

(Allen et al., 2019; Dishion et al., 2016; Gottfredson, 2010)

e) Risk of hindering the *Responsivity Principle*

The individualized needs & abilities of some clients can impede their capacity to benefit from group-oriented services including clients with...

*Low Cognitive Functioning

*Slow Auditory Processing

*Delays in Receptive and/or Expressive language

*High Social Anxiety/ Phobias

*High degree of Interpersonal Mistrust

Note: It is important to be intentional about group membership decisions to ensure you have included enough positive, prosocial participants. Utilizing a “**Draft Process**” can be helpful.

At the Youth Services detention center (where I worked for over 2 decades) we emphasized INDIVIDUAL and FAMILY SERVICES (rather than groups) for *addressing sensitive topics* including sexual offending and sexual victimization issues



Individual Treatment



Family Treatment

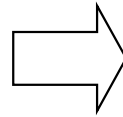
All ‘Group Treatment’ utilized a Psychoeducational, Skills-Based orientation.



9) Explore Jim's APPROACH GOALS/ Life Goals

SBI #31 & Chap 6

**When we Target
Youth's Life Goals
(Approach Goals)**



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

Questions that helped to identifying Jim's Approach
Goals/ life 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?

Jim wanted to become a carpenter and wanted to have a girlfriend or wife

How can Youth Services help you reach these goals?

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

Card Sort Exercise (86 cards)

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

CARD-SORT EXERCISE: 86 Values/Life Goal Cards sorted into 3 categories...

‘Very Important in My Life’

‘Important in My Life’

‘Not Important in My Life’

14 Approach Goal Categories

- 1) Emotional Health (EH)** (e.g., having a positive attitude; coping well with stress)
- 2) Excitement (EX)** (e.g., getting an adrenaline rush in legal ways; being active)
- 3) Financial Stability (FS)** (e.g., earning enough money for self & others)
- 4) Being Good to Others (G)** (e.g., being supportive & dependable for family & friends)
- 5) Independence (I)** (e.g., learning life skills; able to live on your own)

- 6) Knowledge (K)** (e.g., getting an education; learning vocational skills)
- 7) Material Goods (M)** (e.g., having a car; nice clothes, house)
- 8) Overcoming Problems (OP)** (e.g., Getting help for personal problems with anger, drugs, anxiety, depression, etc.)
- 9) Physical Health (PH)** (e.g., healthy eating, sleeping, exercise)
- 10) Productivity (PR)** (e.g., being active, organized & engaged in work, school, etc.)
- 11) Relationships (R)** (e.g., having positive connections with family & friends)
- 12) Being Respected by Others (RO)** (e.g., being viewed in a positive light by family, friends, and co-workers)
- 13) Spirituality (SP)** (e.g., doing activities consistent with your belief system)
- 14) Stability (ST)** (e.g., living in a predictable, safe home, neighborhood, etc.)

Values/ Life Goals Card Sort Exercise

SBI #30 pp.185-190

Values/Life Goals Cards

Emotional Health

1. Coping well with stress in my life (EH)	4. Being able to talk openly about my stress and personal insecurities (EH)
2. Having a positive attitude (EH)	5. Having people I can talk to for support (EH)
3. Having self-confidence, feeling good about myself (EH)	6. Being able to express my emotions in healthy ways (EH)

Excitement

7. Getting an adrenaline rush on a regular basis (EX)	9. Finding excitement in legal ways (EX)
8. Taking risks (EX)	10. Keeping busy (EX)

Financial Stability

11. Having enough money to support myself (FS)	14. Being responsible with my money (keeping a budget) (FS)
12. Having enough money to support my family (FS)	15. Getting a job that pays well (FS)
13. Paying bills on time (FS)	16. Being rich/wealthy (FS)

From A Strengths-Based Approach for Intervention with At-Risk Youth, © 2015 by K.M. Powell, Champaign IL: Research Press (800-519-2707, www.researchpress.com).

SBI-30 **185**

Values/Life Goals Sorting Board

Very Important in My Life

Important in My Life

Not Important in My Life

From A Strengths-Based Approach for Intervention with At-Risk Youth, © 2015 by K. M. Powell, Champaign IL: Research Press (800-519-2707, www.researchpress.com).

190 **SBI-30**

(Powell, 2015, pp. 185-190)

Kevin M. Powell, Ph.D.

10) Utilized Meta-Talk to Address Sensitive Topics

SBI #32

Defining 'META-TALK'

***Talking about talking**

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



Meta-Talk Example #1: When asking questions about a Jim's Masturbatory Practices

Do NOT ask, “*Do you masturbate?*”

Prior to asking about a Jim's Masturbatory practices use a META-TALK statement

Meta-talk

“Hey, I would like to talk to you about a topic that might feel a little uncomfortable at first, but it is a very normal and healthy practice (under the right conditions) ... I would like to talk about Masturbation. Research has found that Masturbation can be a healthy method of sexual expression and the majority of people do or have masturbated” (Herbenick et al., 2023; Richters et al., 2014)

Then ask, “*So if you don't mind me asking, how many times a week do you masturbate?*”

Meta-Talk Example #2: When asking questions about a Jim's Sexual Orientation (Let Jim know I am a safe person to talk to)

●

 Only Attracted to
Same Gender
(Gay, Lesbian)

Attracted to all
Genders (Bisexual)

● Only Attracted to
Different Gender
(Heterosexual)

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

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

(Rutherford et al., 2019)

11) Helped Jim to be an **INFORMED CONSUMER** SBI #32

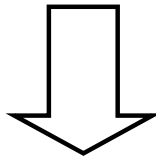
Explaining the What, When, Where, How, and Why of Treatment Services helps to enhance Clients'...



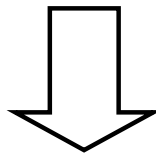
Knowledge about the process

AND

Feelings of Self Control (know what to expect)

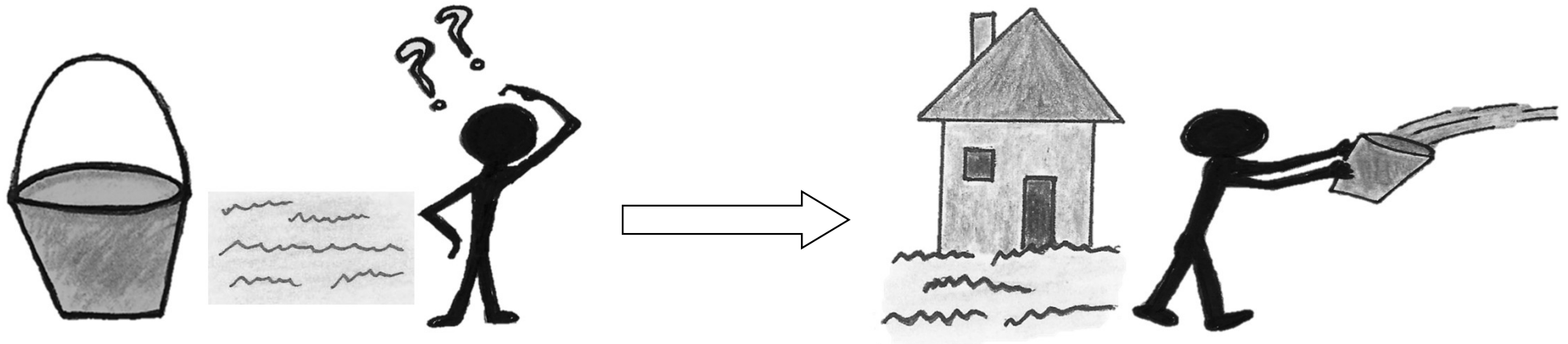


Which can significantly **REDUCE ANXIETY**



Promote **INTERNAL MOTIVATION & ENGAGEMENT in Services**

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



“Passive Recipient” =
Apathetic Client

“Informed Consumer” =
Engaged/ Motivated Client

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

**Assist client (& families) in being
INFORMED CONSUMERS/ being their
OWN BEST THERAPIST about strengths-
based concepts including...**

SBI #32



Resilience Research

Protective Factors

Solution-Focused Emphasis (looking at exception to problems)

Reasons for Hope

Strengths (individual, family, community strengths & resources)

Basic Human Needs

Neuroplasticity

Etc.

12) Targeted Jim's Sexual Victimization & other ACEs (helped Jim be an 'Informed Consumer')

Talked about how Jim's sexual victimization at a young age resulted in SKEWED NORMS and HYPERSEXUAL BEHAVIORS (e.g., poor sexual boundaries; sexually impulsive; chronic masturbation)

Talked about how Jim can rewire his brain in healthy/adaptive ways (Neuroplasticity)

Explored the potential impact on his brother (due to being sexual abused by Jim)

13) Addressed Jim's Impulsivity/ Hypersexuality Issues

Targeted Jim's chronic, compulsive masturbation and sexual acting out:

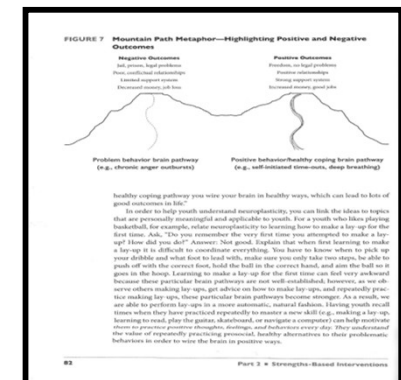
Educated Jim about...

1) *Delayed Gratification* and positive outcomes

2) Managing compulsions with *Exposure & Response Prevention*

3) Linked interventions to *Neuroplasticity*
(wiring his brain in healthy ways)

4) *Thought & Behavior Substitution* strategies



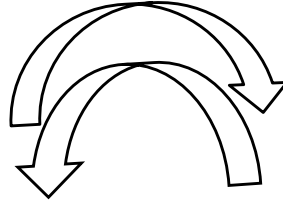
14) Addressed Jim's Anger Issues- RECIPROCAL RELATIONSHIPS

a) Educated Jim about the RECIPROCAL NATURE OF RELATIONSHIPS

SBI #24

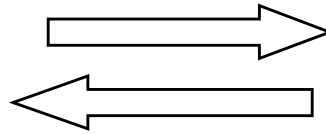
NOTE: This is often an effective method for addressing client's Aggression Problems

Respect towards others



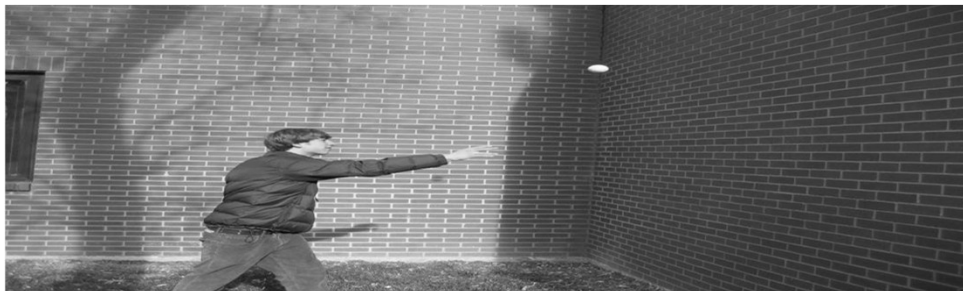
Respect back from others

Disrespect/ Aggression towards others



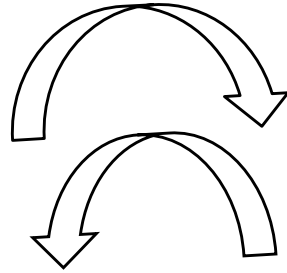
Disrespect/ Aggression back from others

Metaphor: Throwing a Ball against the Wall



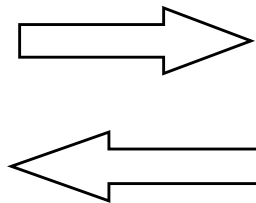
This is an important concept for Human Service Providers to fully understand...

**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*)

15) Helped Jim to Develop Prosocial Interpersonal Skills (reduce Jim's 'psychosocial deficit' risks)

a) Educated Jim about attributes for HEALTHY RELATIONSHIPS

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

Characteristics of HEALTHY RELATIONSHIPS:

SBI #23 & #30

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

b) Educated Jim about HEALTHY SEXUALITY

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



It is normal to...

***Want to make friends**

***To have a “crush” on someone**

***To “flirt” with someone you are attracted to
and want to get to know**

***To want to have a romantic partner**



Be careful not to erroneously label a client's prosocial and/or developmentally appropriate behaviors as "Grooming" (behaviors used to set up future sexual offenses)

Not all behaviors are "Grooming"

If we automatically label every action as "Grooming", without first assessing the situational/ contextual and developmental circumstances associated with the behavior, we will be setting up a scenario in which clients are never allowed opportunities to practice prosocial behaviors.

HEALTHY SEXUALITY topics...

***Educate about *Healthy Boundaries* (physical & social-emotional)**

Educate about *Dating Skills

Educate about *Healthy Social/ Digital Media

***Educate about *Healthy Masturbation* practices...**

Rules of Healthy Masturbation

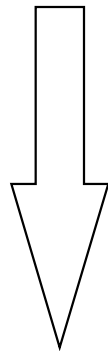
- *When in a private place**
- *When feeling good about yourself**
- *When having caring thoughts about self & others (not angry)**
- *Use prosocial, non-abusive fantasies**
- *Use good hygiene practices**
- *Not Excessive, where it interferes with daily activities
(school, work, etc.)**
- *Not Excessive, where it causes physical self-injury**

c) **Educate about the distinction between...**

Abusive/ Harmful/ Exploitative Behaviors

VS.

Prosocial, Developmentally Normal Behaviors



**Educating them about the concepts of “EQUALITY”,
“CONSENT”, & “No 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

16) Clarification Work- Repairing Harm

**Jim wrote a “clarification letter” to his brother...
but he never had the opportunity to share it**

Emphasis on REPAIRING HARM

**17) Educate about PROTECTIVE FACTORS linked to
RESILIENCE**

Chap 5 &

SBI #20

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

(Lyda Hill Institute for Human Resilience, 2024; Powell, 2025)

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 et al., 2021; Powell et al., 2021; Windle, 2011)

Kevin M. Powell, Ph.D.

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

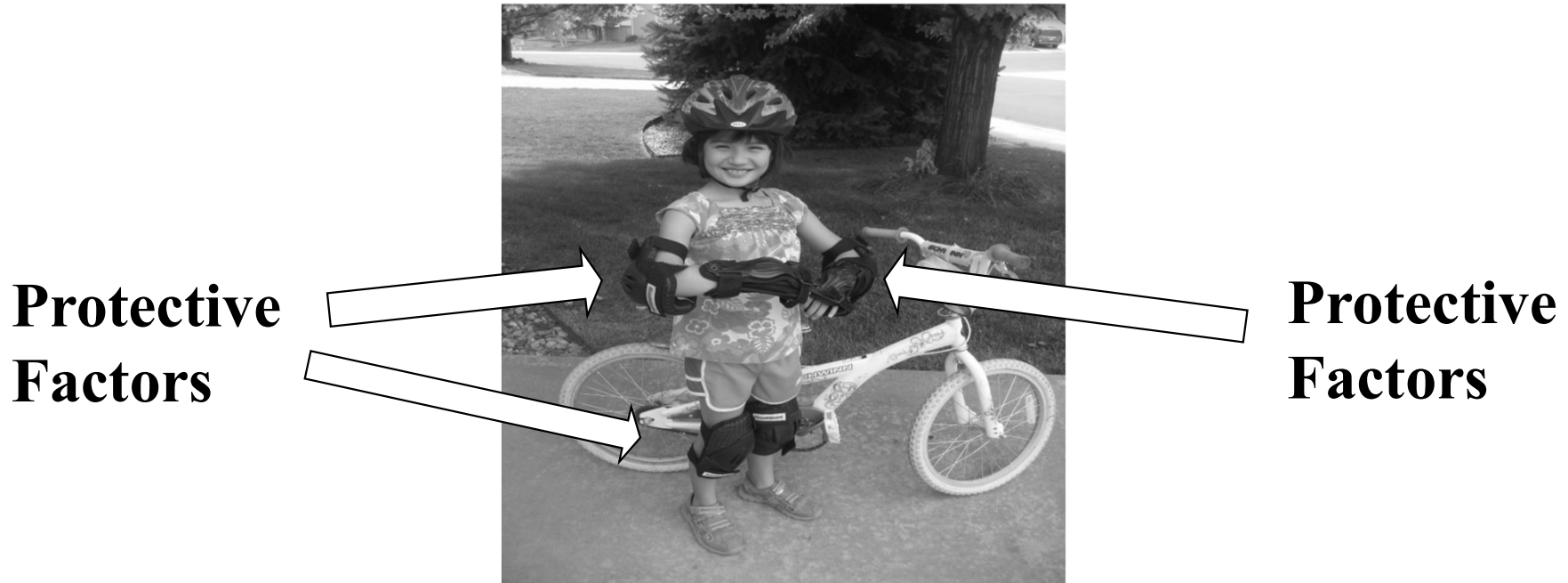
***Hey I want to talk to you about some “cool research”...**

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

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

**They started calling them ‘RESILIENT’...
and began exploring the factors (protective factors)
that helped them to be resilient!**

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



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

What will help buffer students' life stressors?

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

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

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Abstract

While research tends to focus on understanding risk in childhood and adolescent experiences, there is growing field of human services to also focus on strengths and resilience in life. This study investigated the Resilience Protective Factors Checklist (RPFC), which is a measure of identification of protective factors empirically linked to positive quality of life outcomes. In addition, associations between protective factors and quality of life outcomes were examined. Participants were college students (n = 1,256). The results revealed good fit for the RPFC and the factor analysis supported the resiliency of interrelated areas of protective factors - Individual, Family, and Community. All three areas of protection were positively correlated with positive life outcomes (physical health, psychological health, and a healthy environment) and negatively correlated with negative life outcomes. RPFC's individual protective factors positively predicted psychological health outcomes, while the community protective factors predicted environmental health outcomes. In addition,

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

- *RPFC-2: CLIN -CLINICAL VERSION
- *RPFC-2: YOUTH -YOUTH VERSION
- *RPFC-2: PAR -PARENT/CAREGIVER VERSION
- *RPFC-2: COLLEGE RSCH -COLLEGE RESEARCH VERSION

USER MANUAL

Resilience Protective Factors Checklist – Second Edition (RPFC-2): A Review and Revision of Individual, Family, and Community Protections

Patrice A. Arkfeld¹, Kevin M. Powell¹, Kira L. Sturgess¹, and Bradley T. Conner¹

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DOI: 10.1177/00332941251394983
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Abstract

The Resilience Protective Factors Checklist (RPFC) is a strengths-based oriented clinical questionnaire that assists in the identification of protective factors that have been empirically linked to resilience and positive outcomes. This study utilized a Confirmatory Factor Analysis to assist in the identification of additional protective factors linked to resilience, which informed the creation of the Resilience Protective Factors Checklist – Second Edition (RPFC-2). CFA results validated the structure of the RPFC-2 (CFI = .83, RMSEA = .07, SRMR = .06), with small discrepancies between the hypothesized model and the model from our sample data. Participants were undergraduate college students (n = 652). The results revealed a total of 34 protective factors that represent three interrelated areas of protection—Individual, Family, and Community strengths and resources. The results are further broken down into eleven areas of protection that can be targeted in human services. An important goal of the present study was to identify and strengthen the factors that assist people in leading resilient, well-adjusted lives.

Keywords

resilience, protective factors, strengths-based, assessment

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Data Availability Statement included at the end of the article

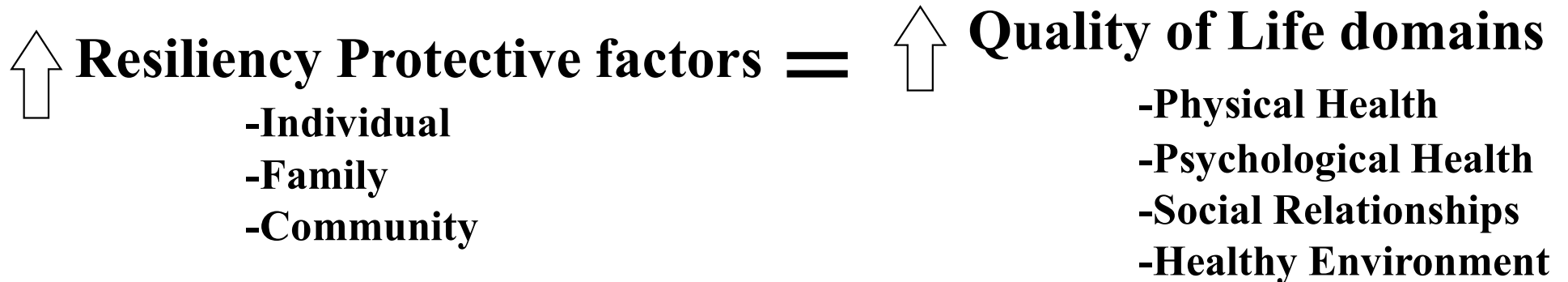
Preliminary Research on the *Resilience Protective Factors*

Checklist (RPFC)

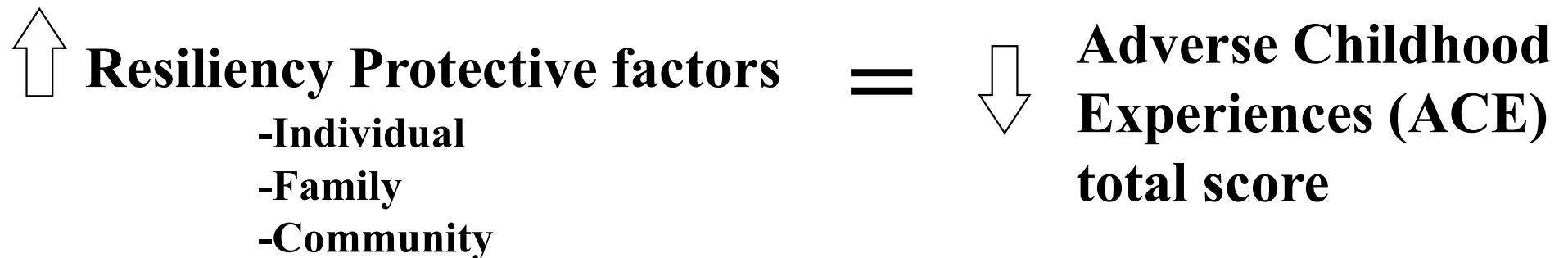
(Powell et al., 2021)

N= 1,256 College students

Positive Correlations (significant at 0.01 level)



Negative Correlations (significant at 0.01 level)



RPFC-2 Content Description- 34 items

(Arkfeld et al., 2025; Powell et al., 2021)

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

1) INDIVIDUAL Protective Factors

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

2) FAMILY Protective Factors

- a) Home Life #14-17**
- b) Education Value #18-20**
- c) Parenting Style #21-25**

3) COMMUNITY Protective Factors

- a) Relationships #26-28**
- b) Activities/ School #29-32**
- c) Neighborhood Support/ Safety #33-34**

Clinical Version (for Youth & Adults)

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

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

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

Some people 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 struggles over time in adaptive ways that help them to lead well-adjusted lives. These people are called 'resilient'. Researchers have discovered that we all have the capacity to be resilient if we have enough 'protective factors'.

Protective factors (PF) are the assets and resources in our lives that help us to be resilient (our ability to respond adaptively to life adversity over time). The *RPFC-2: CLIN* describes protective factors (individual, family, & community factors) commonly linked to resilience in youth and adults.

Individual PFs are organized into five sub-categories- Thoughts/Values, Emotions/Affect, Self-Concept, Self-Directed, & Attitude/Social Attributes

Family PFs are organized into three sub-categories- Home Life, Education/Value, & Parenting Style

Community PFs are organized into three sub-categories- Relationships, Activities/School & Neighborhood Support/Safety

Even having a couple of these PFs can have a positive impact on your ability to cope and live a fulfilling, well-adjusted life. The purpose of the *RPFC-CLIN* is to facilitate communication about key PFs in our lives and how to strengthen these resilience-enhancing factors.

Name _____

Date _____

Instructions: Read each statement below, along with the protective factor (PF) listed in *italics*. Then have discussions about how important each protective factor might be for helping you lead a happy, resilient life.

Various ways to utilize the RPFC-2: CLIN

- 1) Mark a T (True) next to the 'protective factors' that are *most true in your life*
- 2) Mark an I (Important) next to the 'protective factors' you believe are *most important* to further work on, to better your life
- 3) Transfer the results from the *RPFC-2: Youth* or the *RPFC-2: Par* (a score of 1-4 on each item) and then discuss the results
- 4) Identify your top 2-3 protective factors that you would like to focus on, to improve your life.

1) INDIVIDUAL Protective Factors

Factors *within yourself* that can make you more resilient when faced with hard times.

Thoughts/ Values

_____ 1. I am good at *thinking about my problems* and figuring out how to make it better
PF= *Problem-solving skills; Psychological-mindedness – Good insight into problems & solutions*

_____ 2. I am good at *thinking before I act*
PF= *Self-regulation skills for self-control of attention, arousal, and impulses (Cognitive Regulation)*

_____ 3. I have *personal beliefs and values* that help me make healthy choices in life
PF= *Faith; Religion; Spirituality; Sense of meaning in life*

Emotions/ Affect

_____ 4. I am good at *calming myself down*
PF= *Self-regulation skills for self-control of attention, arousal, and impulses (Emotional Regulation)*

_____ 5. I have *healthy coping skills* when I experience stressful events and emotional pain
PF= *Distress Tolerance*

_____ ** I use *physical exercise* as a method of coping with life stress
PF= *Physical exercise/ movement*

Self-Concept

_____ 6. I feel good about myself for the *positive things I do*
PF= *Positive self-perception; self-esteem*

_____ 7. I have *talents* that I value and society values
PF= *Talents (i.e., computer skills, writing, music, athletics, cooking)*

_____ 8. I believe I am a *strong person* because of the *hard times* I have faced in life
PF= *Post-Traumatic Growth; "Steeling Effects"; Life adversity has made you more skilled and confident to cope with hard times*

Youth Version

RPFC-2: Youth

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

Name _____ Date _____

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

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

I: _____

Parent/ Caregiver Version

RPFC-2: PAR

PARENT/ CAREGIVER version

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

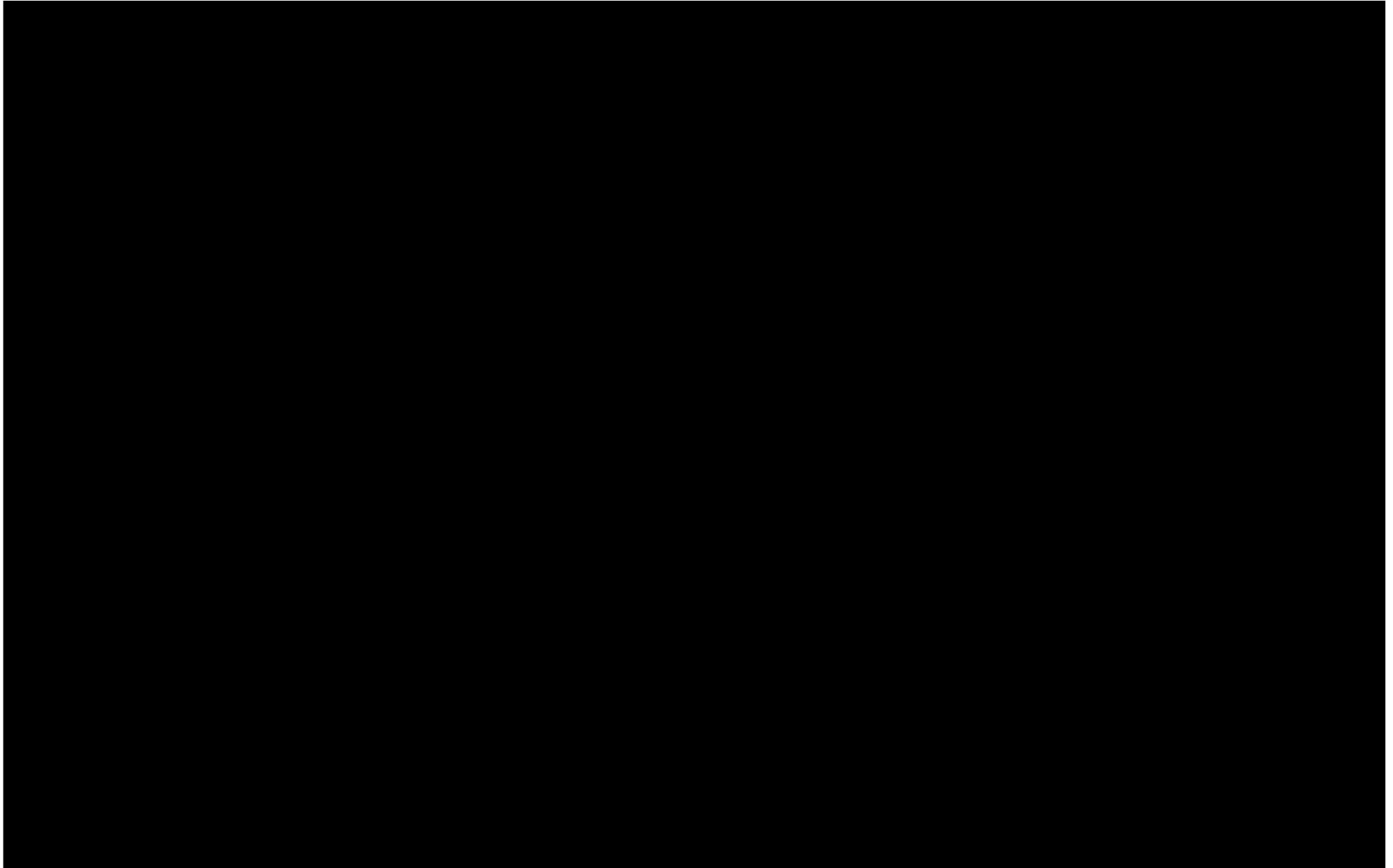
Name _____ Date _____

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

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

I: _____

Science of Resilience



Protective Effects (Buffer the impact of *current adversity* and enhance resilient responses)

- *Caregivers provide a Close, Supportive Relationship
- *Provide Opportunities to talk about adversity and coping

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

- *Caregivers help youth to gain confidence and skills for coping with future adversity

Promotive Effects (Gain knowledge & skills for creating a *stable & psychologically healthy future*)

- *Caregivers provide a Secure Attachment
- *Caregivers Model & Reinforce good Social Skills & Self-Regulation

PF=
Stable,
Prosocial
Caregiver

Preventive Effects (*Lower the risk of future adverse events. Create a norm of stability & healthy relationships*)

- *Caregivers provide Good Supervision & a Positive Home Life...which can reduce the risk of youth gravitating towards negative peers, and instead surrounding self with positive, stable people.

1) INDIVIDUAL Protective Factors (within the person)

a) Thoughts & Values

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

b) Emotions/ Affect

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

5) Distress Tolerance

*****Physical exercise/ movement**



c) Self-Concept

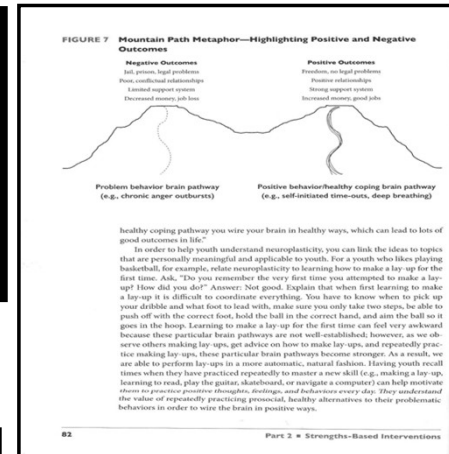
6) Positive self-perception; Self-esteem

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

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

d) Self-Directed

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



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

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

e) Attitude/ Social Attributes

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



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

2) FAMILY Protective Factors

a) Home Life



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

15) Safe home; Positive family climate with low conflict

16) Organized, predictable home

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

b) Education Value



18) Parent/Caregiver who values education

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

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

c) Parenting Style



- 21) Authoritative (Democratic) parenting- *Provide structure & supervision*
- 22) Authoritative (Democratic) parenting- *Regular communication/ check-ins*
- 23) Authoritative (Democratic) parenting- *Provide fair rules/limits; age-appropriate autonomy*
- 24) Authoritative (Democratic) parenting- *Provide rationale for limits*
- 25) Authoritative (Democratic) parenting- *Moderate to high positive expectations*

Parenting Styles:



Diana Baumrind, PhD

*

<u>Disengaged</u>	<u>Permissive</u>	<u>DEMOCRATIC (Authoritative)</u>	<u>Authoritarian</u>
*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 et al., 2013; Piquart & Kauser, 2018; Sanders, 2019; Wong et al., 2021; Yeung et al., 2016)

...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

- *Low structure/limits
- *Low expectations
- *Low warmth/responsiveness
- *Lax about rules

Permissive

- *Low structure/limits
- *Low expectations
- *High warmth/responsiveness
- *Lax about rules

DEMOCRATIC (Authoritative)

- *Mod/high structure & limits
- *Mod/high expectations
- *High warmth/responsiveness
- *Democratic about rules
- *Give a Rationale for limits
- *Supportive of child's Needs for Psychological Autonomy

Authoritarian

- *High structure/limits
- *High expectations
- *Low warmth/responsiveness
- *Dictatorial about rules

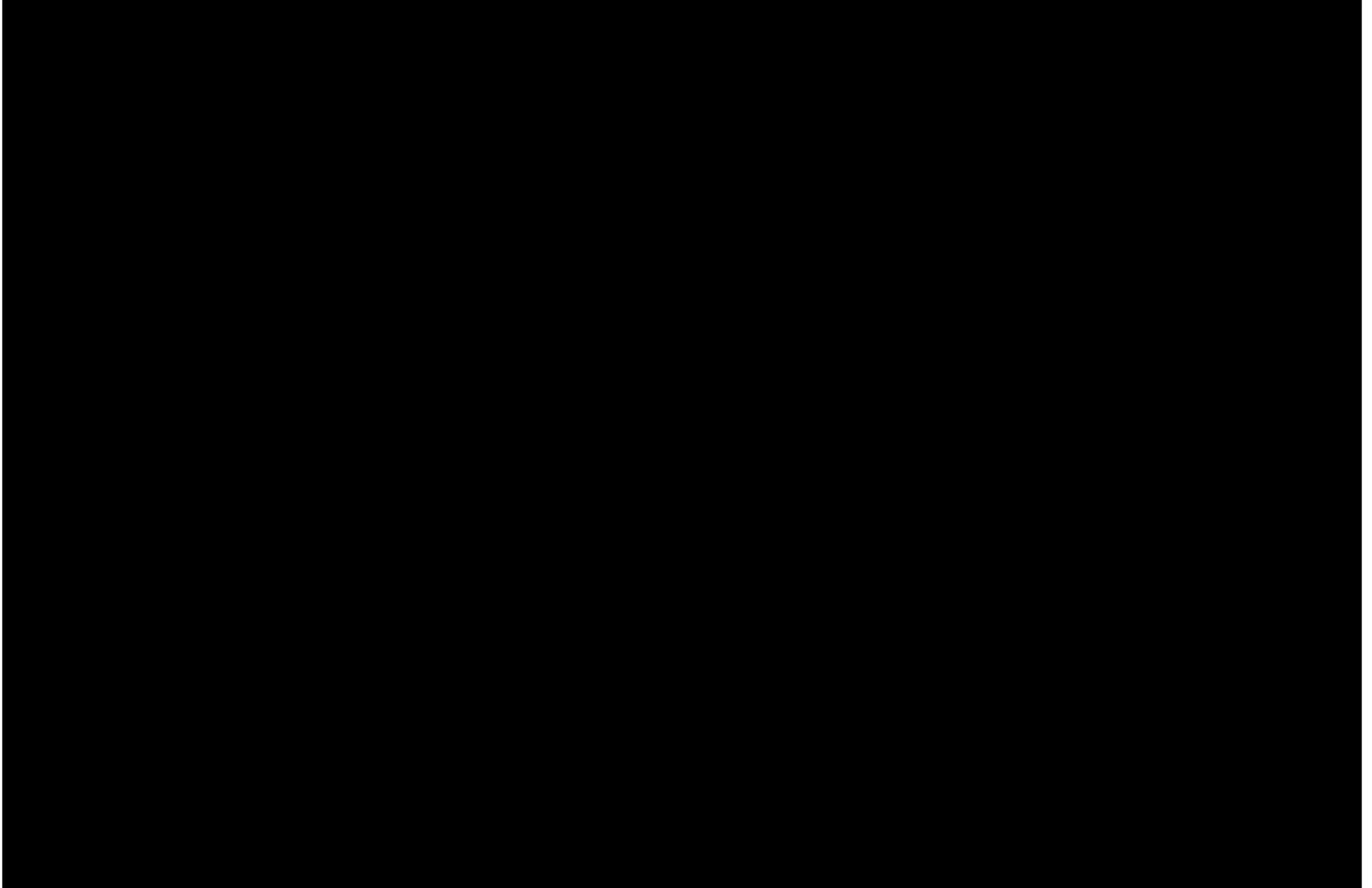
BLOG:

Parenting Resilient Children: The Power of Protective Factors



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

RESILIENCE and the power of Relationships



3) COMMUNITY Protective Factors



a) Relationships

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

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

28. Connections to prosocial, rule-abiding peers

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

b) Activities/ School

29) Ties to prosocial activities/ organizations



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

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

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

SAFE, PROSOCIAL, EFFECTIVE SCHOOLS are...

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

c) Neighborhood Support/ Safety

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

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

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

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<https://doi.org/10.1080/10926771.2024.2428182>



Check for updates

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

Kevin M. Powell

Department of Psychology, Colorado State University, Fort Collins, CO, USA

ABSTRACT

There is growing awareness and empirical support for targeting strengths and resilience when providing services to youth and families who have been impacted by adverse childhood experiences (ACE) and trauma. The purpose of this article is to highlight strengths-based, resilience-enhancing (SBRE) clinical applications that can be incorporated into ACE-informed therapeutic services. Twenty treatment components are described and organized into six main categories that chronicle the course of therapy: Relationship Development, Stabilization, Engagement, Assessment, Intervention, and Prevention. SBRE services assist youth in adaptively coping with life adversity, and acquiring the knowledge, skills, and strengths for leading psychologically healthy, resilient lives. It is hoped this article will stimulate interest from both clinicians and researchers regarding the SBRE model, which is being introduced here for the first time.

ARTICLE HISTORY

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KEYWORDS

ACE-informed; adverse childhood experiences (ACE); adversity; protective factors; resilience; strengths-based; trauma-informed

Ever since Adverse Childhood Experiences (ACEs) was first identified as having a deleterious impact on human development (Felitti et al., 1998), research has revealed a high prevalence of adverse childhood experiences (ACEs) in the general youth population (Carlson et al., 2018) and even higher prevalence in youth services and the juvenile justice system (Baglivio et al., 2014). These adverse incidents include verbal abuse, physical abuse, sexual abuse, neglect, parental separated or divorced, domestic/intimate partner violence, out-of-home placements, felt discrimination, living in an unsafe neighborhood, witnessing violence, and being bullied (Finklehor et al., 2015). ACEs can have harmful effects on major domains of human functioning, including emotional, cognitive, behavioral, neurobiological, and social processes (Bellis et al., 2019). Mitigating the negative effects of ACEs is the primary goal of trauma-informed (ACE-informed) services and there is growing interest in targeting strengths and resilience (e.g., Hamby et al., 2018; Hays-Grudo et al., 2021).

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Scott Barry Kaufman
Beautiful Minds

ADVERSE CHILDHOOD EXPERIENCES

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

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

Posted December 4, 2024 | Reviewed by Kaja Perina



KEY POINTS

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

Kevin M. Powell, Ph.D.

EXERCISE: What are your Key Protective Factors?

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



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

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

18) Conducted an updated Psychological/ Sex Offense-Specific Evaluation (with a Strengths-Based emphasis)

a) Highlighted the many reasons for HOPE (Being Cautious NOT TO OVERPATHOLOGIZE Symptoms & Legal Charges)...

SBI #3

***Low Recidivism Rate for sexual reoffending**

***Maturation of the brain's prefrontal cortex and improved executive functioning (as we age into later adolescence and early adulthood)**

***Neuroplasticity**

***Resilience Research**

***Post-traumatic/adversity growth**

CREATING STRENGTHS-BASED ASSESSMENT REPORTS & CASE MANAGEMENT PLANS

A key to creating strengths-based assessment reports is to place an emphasis on clients' strengths, resources, and exceptions to problems. And to ensure that the summary and recommendation sections include solution-focused content. Listed below are suggestions for how to create strengths-based assessment reports & case management/ treatment plans (Powell, 2025, 2018, 2016, 2015, 2011, 2010a, 2010b).

1) Emphasize the importance of establishing **POSITIVE, TRUSTING RELATIONSHIPS** with Clients & Families

Remind readers about extensive research on the positive influence of Positive, Trusting Relationships, especially when working with clients who are guarded and mistrustful due to life adversity.

2) Recommend Services that **MEET BASIC HUMAN NEEDS**

Identify services/ interventions that meet clients' Physiological Needs; Safety Needs; Social Needs; & Competency Needs

3) Target **PROTECTIVE FACTORS** linked to **RESILIENCE** (refer to *RPFC-2: Resilience Protective Factors Checklist*)

Highlight individual, family, and community protective factors (PF) that help buffer life's stressors and enhance resilience (Arkfeld et al., 2025; Powell et al., 2021). Enhance clients' knowledge and insight into PFs that they possess or could possess if they work on it.

4) Recommend Services with an **ECOLOGICAL EMPHASIS**

Services should include interventions directed towards the client, their family, and their community/ supports

5) Target **STRENGTHS-BASED ALTERNATIVES** to Dynamic Risk Factors

<u>Risk Factors</u>	<u>Strengths-Based Alternatives</u>
Problematic Peers/Associates.....	Enhance Social Skills & Facilitate Contacts with Prosocial Peers
Problematic Attitudes/Beliefs.....	Promote Prosocial Attitudes/ Beliefs
Problematic Personality Pattern (aggressive, impulsive)...	Promote a Prosocial Personality (emotionally regulated, kindness, etc.)
History of Problematic Behavior.....	Insight/Narrative change. Learn to get Needs Met in Prosocial ways
Problematic Family Relationships.....	Promote Positive Family Relationships (Safe, Stable, Nurturing)
Poor School/Work Performance.....	Promote Good School/ Work Performance and Satisfaction
Substance Abuse Problems.....	Promote a Substance Abuse-Free Lifestyle
Lack of Leisure/ Recreational Activities.....	Promote Prosocial Leisure/ Recreational Activities

6) Highlight **SOLUTIONS & EXCEPTIONS TO PROBLEMS**

Maintain a 'solution-focused' emphasis by highlighting the circumstances (thoughts, feelings, behaviors, and situations) in which a client has been stable and prosocial, as opposed to disruptive or abusive.

7) Highlight **INTERESTS AND PROSOCIAL LIFE GOALS (APPROACH GOALS)**

Highlight a client's interests, hopes, dreams, and goals. What do they hope to be doing in 1, 3, 5, 10 years from now?

8) Recommend **MULTI-SENSORY COMMUNICATION & INTERVENTIONS**

Consider clients' learning style and recommend a multisensory delivery style as needed. "Multi-sensory" can include...Auditory stimuli (sound); Visual stimuli (sight); Tactile stimuli (touch); Kinesthetic stimuli (movement); Gustatory stimuli (taste); Olfactory stimuli (smell); and Connecting Treatment Concepts to "Real Life Scenarios" in which clients can relate.

9) Recommend Strategies for helping clients be **INFORMED CONSUMERS** about Treatment Services

When clients understand the rationale and benefits of treatment services, their engagement and motivation can significantly increase. Help clients to be their own best Therapist, Caseworker, Probation/Parole officer, etc.

**b) Highlighted the importance of being CAUTIOUS
about the utilization of SO Registration &
Notification Policies & Practices**

There is growing evidence that far-reaching SO registration and public notification laws do NOT improve community safety and can negatively impact reintegration back into the community.

(Alexander et al., 2023; Fix et al., 2021; Human Rights Watch, 2013; Letourneau et al., 2018)

We must always take into account the individualized risk and needs of youth

I made a recommendation that a court hearing be scheduled one year post release from our detention center, and if Jim has NOT committed any sexual offenses... I recommended removing Jim from the SO Registry

Educate readers about the importance of being cautious about SO Registration & Notification Practices...

CAUTIONARY NOTE: SO Registration & Notification Practices for Adolescents Should Be Used with Extreme Caution

There is growing evidence that ‘sex offender registration and notification’ practices that indiscriminately place youth on the registry (without considering individualized risk, needs, strengths, protective factors, etc.), do NOT improve community safety and can significantly impair a person’s ability to successfully reintegrate back into the community due to many factors including:

- *Residency restrictions
- *Barriers to education and employment
- *Psychological stigma
- *Social isolation and limited social support
- *Increase risk of mental health struggles, including depression and suicidal ideation & attempts
- *Increase risk of harassment, violence, or threat of violence from others

(Alexander et al., 2023; IJJ Report, 2020; Fix et al., 2021; Human Rights Watch, 2013; Justice Policy Institute, 2008; Letourneau & Caldwell, 2013; Letourneau et al., 2018)

In addition, research has revealed that the **large majority of youth who have committed a harmful sexual act do not sexually reoffend, less than 5%** (Caldwell, 2016; Lussier et al., 2024; Worling et al., 2010).

The **prefrontal cortex region of the brain is still maturing**, which enhances our capacity to anticipate consequences and regulate our emotions/ impulses (Blakemore, 2012; Casey et al., 2011; Giedd, 2015; Romer et al., 2017; Spear & Silveri, 2016; Steinberg, 2008, 2012; Stringer, 2017)

The **neuroplasticity of the brain** can wire itself in very positive ways as youth repeatedly practice healthy alternatives to problematic behaviors (Bryck & Fisher, 2012; Davidson & McEwen, 2012; Mackey et al., 2012; Tabibnia & Radecki, 2018; Winerman, 2012; Wu et al., 2020)

People have the capacity to overcome adversity to lead successful, prosocial lives, according to studies on resilience (De Vries Robbe et al., 2015; Langton & Worling (eds.), 2015; Masten, 2014; Olver & Riemer, 2021; Powell, 2024; Powell, Rahm-Knigge, & Conner, 2021).

Kevin M. Powell, Ph.D.

19) Provided Transition Services

After spending 18 months in our youth detention center, it was critical that we utilized *GRADUAL EXPOSURE* and the *FORMATION OF RELATIONSHIPS* as we transitioned Jim into the community...

- *Made a pre-release visit to the group home. Provided Jim an opportunity to meet staff and some of the kids.**
- *Educated staff about strengths-based strategies for working effectively with Jim**
- *Jim's 'Team' made visits to the group home to provide support (since Jim had no family support)**

Jim transitioned to a group home and then a foster home

D) Case Study OUTCOME- 20 Year Follow-up

***Talked to Jim (age 32) on the phone**

***Lives in a different State with his long-term girlfriend (age 28)**

***Jim has a career in Construction**

***Reports no legal problems**

***Jim still has not had any contact with his family of origin... he was continuing to seek out support from others (his girlfriend's family and his former treatment team).**

Very Different Voices:

Perspectives and Case Studies in Treating Sexual Aggression

Editors: David S. Prescott and Robin J. Wilson

The referral that just crossed your desk has left you scratching your head. You've never seen a client with these issues before and, frankly, it's unclear where to start. This new book brings insights from many internationally known experts, sharing what works and what doesn't with a wide range of clients experiencing sexual behavior problems and related clinical conundrums. Beyond the research studies readily available in the scholarly literature, this book offers practical models for clinicians working at the individual level, and illustrates many of the challenges that clients and therapists alike can face. The foundations of this book are: first, the research that shows the importance of the clinician in effective treatment and second, the importance of case conceptualization as a learning tool for our field. Topics covered range from risk-need-responsivity to strength-based approaches and beyond, including topics that challenge all of us in the field of sexual violence prevention.

After reading insights from internationally recognized experts like Joann Schladale, Robert Longo, Thomas Graves, Kevin Powell, Patrick Liddle, Gwen Willis, Phil Rich and many others, that difficult referral may become that perfect challenge to your skills and insights as a cutting edge clinician.

"In this book, Prescott and Wilson address the complexities of individualized case formulation in a straight forward and easily comprehensible manner."

— Chris Lobanov-Rostovsky

Program Manager, Colorado Sex Offender Management Board

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**Very Different
Voices:** Perspectives and
Case Studies in
Treating Sexual
Aggression

David S. Prescott and
Robin J. Wilson



From Prescott, D.S., & Wilson, R.J (2016). *Very Different Voices: Perspectives and case studies in treating sexual aggression*. Holyoke, MA: NEARI Press.

CASE STUDY: A STRENGTHS-BASED APPROACH

Kevin M. Powell, Ph.D.

Given the option, most of us avoid being around people who focus on our mistakes and problem behaviors. The same holds true for youth who have sexually offended. Youth are more open, honest, and engaged in assessment and treatment when there is an emphasis on strengths and exceptions to problems. A strengths-based approach (SBA) focuses on the identification, creation, and reinforcement of strengths and resources within individuals, their family, and their community (Powell, 2010a, 2011, in press). SBA emphasizes the importance of forming positive relationships and creating an environment in which youth feel safe and supported. It is an eclectic mix of psychological theories and interventions, which includes components that focus on "What to do" as opposed to "What not to do." Any intervention that emphasizes strengths and healthy development can be classified as "strengths-based." SBA also emphasizes accountability and repairing harm for sexual offenses but in a non-antagonistic manner.

The purpose of this chapter is to highlight the importance of a strengths-based approach to working with at-risk youth, including those who have sexually offended. I will describe a variety of SBA components in an actual clinical case with an adolescent male named "Jim," with the identifying information modified to ensure anonymity.

Case Description

I am the clinical director and a licensed psychologist at a maximum security youth services facility. Jim (age 13) was mandated to receive treatment for sexually offending against his younger brother and for multiple probation violations. I was Jim's primary clinician during his stay.

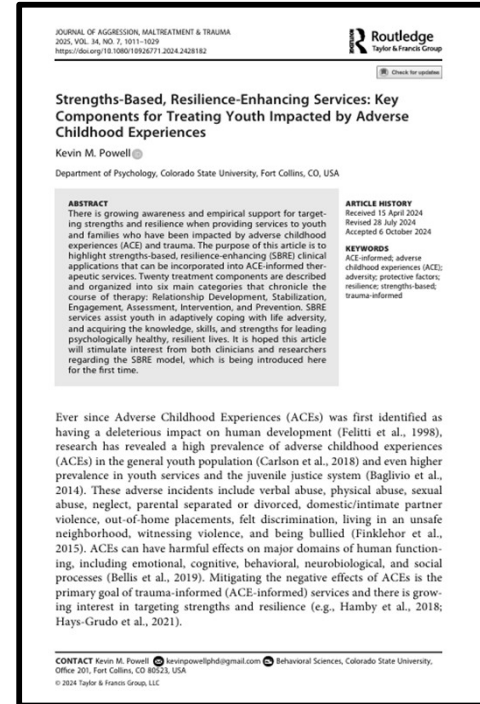
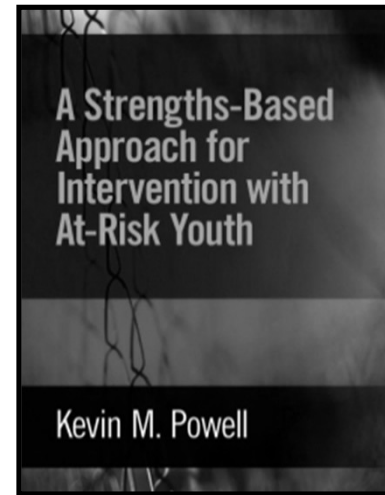
Jim had had a very difficult childhood. His uncle sexually abused him repeatedly between the ages of two to five. In response to this early victimization, Jim began exhibiting disruptive behaviors at home and school. He was defiant towards authority figures, and there were incidents of poor boundaries in which he would touch or attempt to touch his classmates (both boys and girls) in sexual ways. At age eight, Jim was caught sexually acting out on his younger brother (age 6), which resulted in Jim being placed in a residential home. Jim had limited contact with his parents while in placement due to their own mental health issues. When Jim returned home approximately one year later, his disruptive behaviors continued. At age 12, Jim once again sexually acted out on his younger brother. His sexual offending occurred multiple times over a two-month period. He would bribe his brother to participate and to not tell, by giving him toys and other valued objects. Jim was placed out of the home again, first in a foster home and then in a residential group home. His defiant and hypersexual behaviors eventually led to his mandated treatment in our facility.

E) Conclusion

Kevin's Core Principles for Effective Human Services

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





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