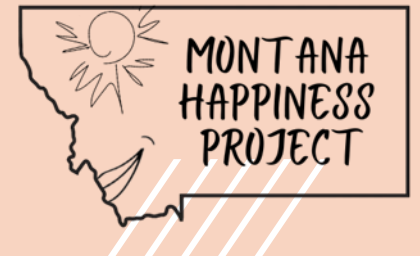
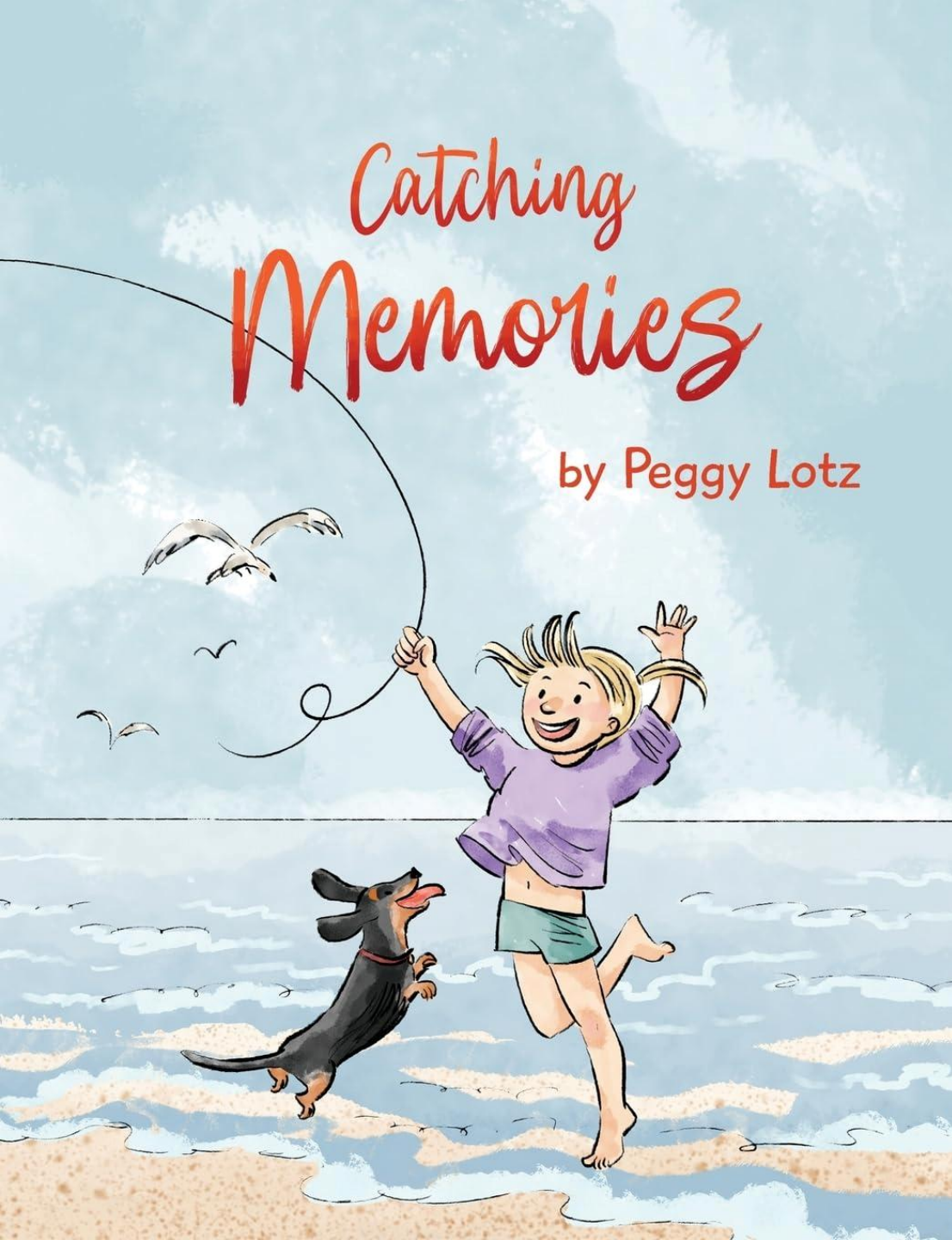


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Free Resources:
<https://johnsommersflanagan.com/>

Evidence-Based Strategies for Integrating Strengths- Based Approaches into Healthcare





Remember . . .

- Trigger warnings **are suggestions** about what you might not be able to handle
- **Strength warnings** are suggestions about how learning new knowledge and gaining experiences **can make you STRONGER**



Also Remember

Big **Psych Truths** From This Morning

1. We overfocus on **what's wrong** [21 negative:1 positive]
2. We **find** what we look for
3. What we pay attention to **grows**
4. Social **messaging** about happiness is unhelpful
5. Our brains are often **contrary-spoilers**

Bad Moods

A Story about Bad Moods
1990-2014



Bad Moods – 2



Anyone here
ever had someone tell you to
“Cheer Up?!”
Or
“Smile!”



Bad Moods – 3

Ever feel **stuck** in a
bad mood?

What if YOU could be
THE CAPTAIN
of your own
emotional ship



The Three- Step Emotional Change Trick

Step One
Honor YOUR
Emotion

The Three-Step Emotional Change Trick

Step Two



**Think a New Thought . . . or
Do Something Different**

The Three-Step Emotional Change Trick

Step Three
Share the Good
Mood

The Three-Step Emotional Change Trick

Step Four
Teach Someone
the 3 Steps



Evidence Based Happiness in Montana?

MHP and CAPE Projects at
U of M

With the Arthur M. Blank Family Foundation's Support

Happiness for Educators Online Async Course

- Pilot – Winter 2023 = 19 (Browning only)
- Cohort 1 – Summer 2023 = 44
- Cohort 2 – Spring 2024 = 54
- Cohort 3 – Summer 2024 = 71
- Cohort 4 – Fall 2024 = 27
- Cohort 5 – Spring 2025 = 89 [267 completed]
- Cohort 6 – Summer 2025 = 150



Our Outcomes




COUN 591

267 educators

Before the 3-credit course about 32% of educators scored as clinically depressed

After the Course

- **60% reduction in depression scores [about 12%]**
- **Educators reported:**
 - More hope, positive emotions, mindfulness, and social support
 - Better sleep, fewer headaches and sick days
 - Reduced gastrointestinal and respiratory distress



Why a Strengths-Based Positive Psychology Approach?

Engage in meaningful activities

Generate positive affect

Other people matter: Interpersonal connection

Cultural convergence



Cultural Convergence

Indigenous Resilience



Lakota elder, James Clairmont:

- The closest translation of “**resilience**” is a sacred word that means “resistance” . . . resisting bad thoughts, bad behaviors. We accept what life gives us, good and bad, as gifts from the Creator. We try to get through hard times, stressful times, with a good heart. The gift [of adversity] is the lesson we learn from overcoming it.

Leveraging Cultural Strengths [Firekeeper Alliance in Browning]

Our mission is to cultivate resources, attention, and awareness to ultimately transform perspectives regarding suicidal distress in Indian Country and to help reduce suicide rates in our communities. We believe that mainstream and current approaches of suicide assessment and intervention struggle to meet the unique needs of Tribal populations. The Firekeeper Alliance promotes a different set of strengths-based, decolonized ideals around suicidal behavior. We believe that systemic and cultural shifts in the clinical community are necessary to truly make a positive change.

We, the Firekeeper board of Directors, collectively envision a future where every Native American community in Montana has access to sustainable mental health resources and support. Our aim is to accomplish this through the lens of six major areas of focus:



Indigenize clinical constructs regarding suicidal distress.

Traditional healing practices.

Strengths based counseling interventions.*

Creative outlets and protective factors.

Clinical support and professional development.

Culturally inclusive postvention initiatives.



+

+

+

+

Why a **Strengths-Based** Approach to Suicide?

People who feel suicidal need to **be seen, accepted, respected, and valued** – not dismissed or reduced to a stereotype or told they should or shouldn't feel particular ways.

This is **especially true** for people with identities that have been historically and are currently marginalized.



A Glimpse Outside the Box

Strengths-Based Principles and Suicide





Strengths-Based Principles – I

Embrace Shneidman's position: suicidal thoughts and behaviors are **neither an illness nor a sin**. [not always easy]

De-pathologize:

View suicide disclosures as a **natural communication of pain**, often from **life situations** and unmatched opportunity to offer compassionate help.



Strengths-Based Principles – 2

Recognize the limits of risk/protective factor assessment (because **mostly it doesn't work**; 50-year meta-analysis; cutting; cultural variability).

We are **transparent** (e.g., hosp), **build trust** and **collaborate** to develop **individualized safety plans** and **decrease personal distress**. [This is our focus]

.

Strengths-Based Principles – 3



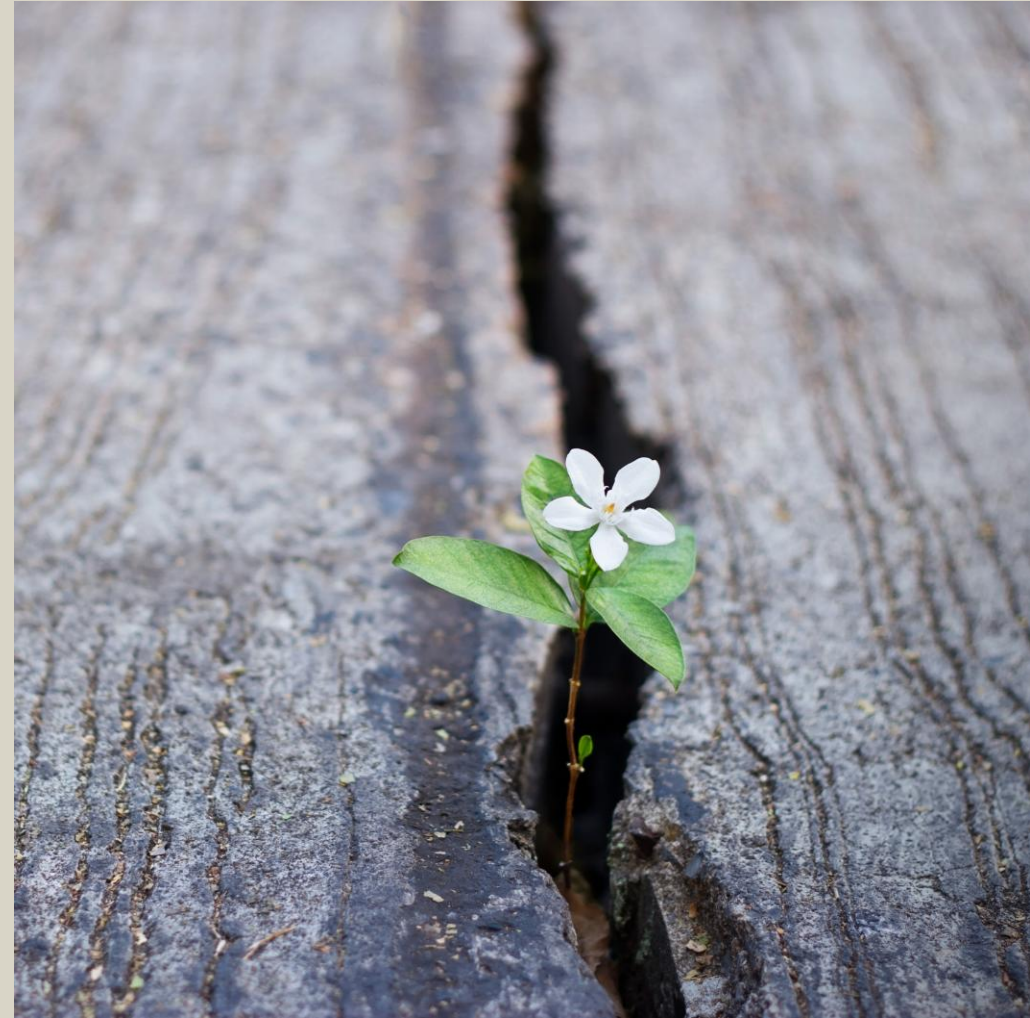
Use collaborative and therapeutic assessment:

- Start with empathy and compassion, **NORMALIZE**, and recognize that the problem may not be “in” the person [We acknowledge our legacy of pathologizing diversity]
- Balance your questioning: Don’t just go through the PHQ-9. **Question #9** is not REALLY a suicide question.

Strengths-Based Principles – 4

Implement specific intervention strategies that **target distress and suicidality** – not diagnosis.

Remember – **Interventions can stimulate HOPE**



Do you recall? Intervention Three Good Things

- Survey
- Rumination is **all-natural**, but not helpful



Three Good Things



- ▶ Seligman's signature technique
 - ▶ Before you go to sleep (or right now)
 - ▶ Write down (or think about) three good things that happened during the day (or last 24 hours)
 - ▶ Then track down in your mind **“Why” those things happened**
 - ▶ Seligman: After a week, you'll want to keep doing it (JSF: Maybe)
 - ▶ **Volunteer?**

Why Three Good Things Works

- ▶ When you go to bed, you **NATURALLY** embark on a negative (depressive) **review** or anticipatory (anxiety) **preview**
- ▶ Three good things **shifts your focus**
- ▶ Identifying “Why” those things happened activates **a brain search** toward positive attributions



Intervention

Savoring

- ▶ What is savoring?
- ▶ Deliberate effort to extend positive experiences [**improves mood; increases satisfaction**]
 - ▶ Track/review fun
 - ▶ Track/review meaning



The Opposite of Savoring

- ▶ We **dampen or spoil** good experiences, while chewing on our mistakes
- ▶ Anybody ever get stuck **chewing on the negative** or spoiling the positives?

CRITICISM



zweik



Intervention

Gratitude



- Do you want to increase optimism, improve life satisfaction, be healthier, and **exercise more?**
- Weave intentional gratitude into your life



Gratitude PRACTICE

- Take a moment to think of one thing you're thankful for.
- Examples include a person, an event, something you're good at, goals you have achieved, where you live, or opportunities.



Gratitude – Homework

- Toward whom do you want to express gratitude?
- Write a postcard or letter or email or text or IM of gratitude to a person you value
- Or . . . Tell the person directly
- Results?? Not about the response.



Bonus 1: Positive Distractions

- ▶ Life is hard; we all experience unhappiness and wonder about ourselves
- ▶ We need distractions
 - ▶ **What songs help you feel your feelings or boost your mood?** [JSF]
 - ▶ What places? What cat videos? What dances?





Final Review

1. Four big psychological ideas
2. 3-step emotional change trick
3. EB happiness in Montana
4. Cultural convergence:
Resilience
5. Strengths-based suicide
strategies
6. Three Good Things
7. Savoring
8. Gratitude
9. Positive distractions



In Closing

- What do you want to **remember**?
- What can you **implement** soon?
- **Thanks for being you . . .**
- Monitor and **take care of yourself** and your colleagues

Free Resources

<https://montanahappinessproject.com/>

<https://johnsommersflanagan.com/>

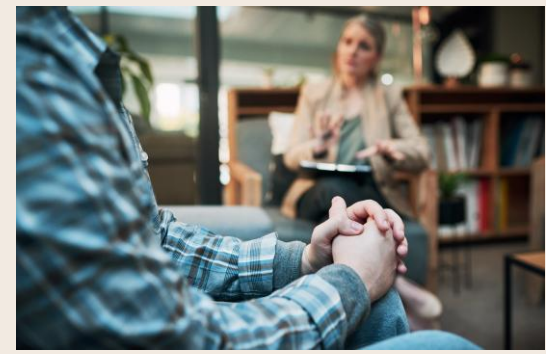


Bonus Slides



Strengths-Based Tools for Suicide Assessment

#1 Assessment Skill: Evaluate Ideation



Ask directly and then **evaluate ideation**

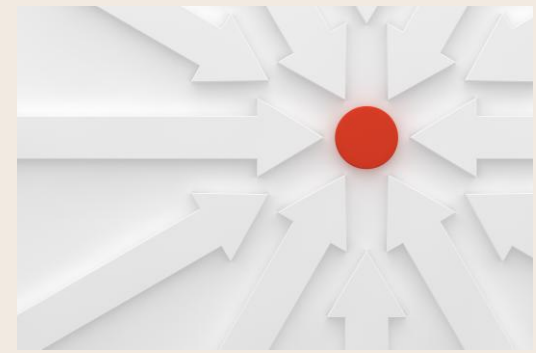
Disclosure is good news (it's a sign of trust)!

- Trigger – What triggers your SI?
- Frequency – How often?
- Intensity – All you can think? Or background?
- Duration – How long usually?
- **Termination – What's going on when no SI?**

Exploring Ideation Therapeutically

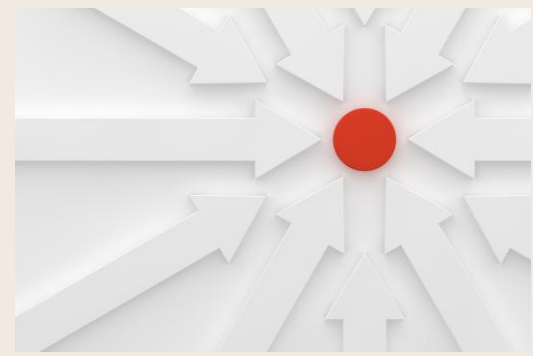
- Tommie: Singing and poetry [**self-expression**]
- Other examples:
 - Sean – “Biking and playing basketball”
 - Chase – “Being with someone who validates who I am”
 - Cory – “Doing something meaningful with my niece or for my tribe”

#2 That One Thing (1/2)



- “If we could somehow **magically change** just one thing in your life that would eliminate your suicidal risk all together, what would that be?” (Jobes, 2023, p. 63)
- This question **points you** and the patient toward a treatment focus
- It also may **reveal** irrational expectations

#2 Assessment Skill: That One Thing (2/2)



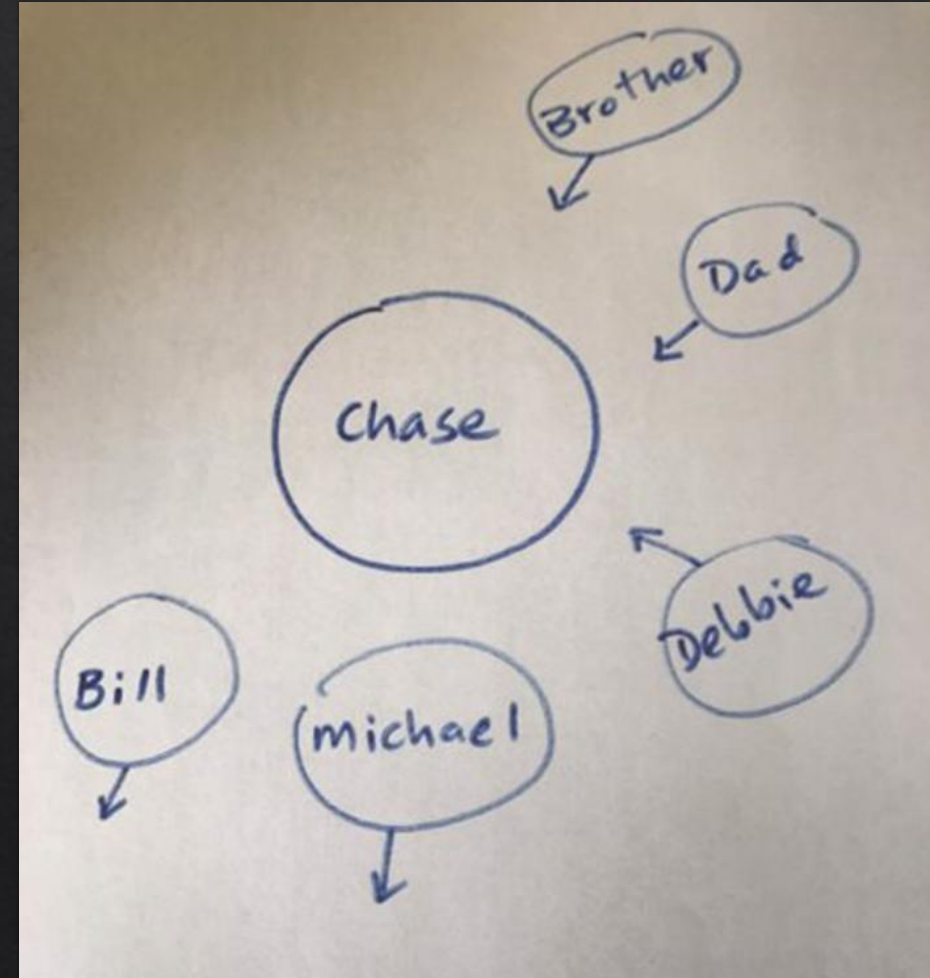
Possible “irrational” responses:

- “My mother would be alive”
- “I wouldn’t have been sexually abused as a child”
- “There would be no more hate”

What treatment targets are linked to these responses?

Hope From the Bottom Up

- ◆ Who gives you validation?
- ◆ “No one gives me validation.”
- ◆ Who is the most toxic person in your life?
- ◆ “Bill”
- ◆ Who’s the next most toxic?
- ◆ Michael
- ◆ Who’s neutral?
- ◆ Debbie





One Volunteer Needed

This will be so much fun



Automatic Thoughts

Internalizing

They don't like me. . .
Something wrong with me. . . I'm stupid, ugly, awkward, yada, yada

Externalizing

That jerk!
What an _____. I'll get them back one way or another.



How to Deal with ATs

Mindful Acceptance – Notice them. Accept them. Recognize “My thoughts aren’t facts.” Let them go. . .

Rational Countering – What’s the evidence? Can I find a middle-ground explanation/thought? Replace it!



Why Positive Psychology?

Less judgmental and pathologizing and three main goals:

Improve social connection

Facilitate meaning

Generate intermittent positive affect

For oppressed and marginalized populations, a positive, strengths-based approach feels accepting



WHAT IS IRT?



Imagery rehearsal therapy (IRT) is a cognitive-behavioral treatment for reducing number and intensity of nightmares

Empirically supported treatment

Commonly used in persons with PTSD who experience chronic nightmares

Relatively simple and short-term

Does not require clients to relive trauma event



FOUR STEP APPROACH

DEMO?

1. **RECALL** NARRATIVE OR CENTRAL ELEMENTS OF THE NIGHTMARE.
2. **REWRITE** THE NIGHTMARE. “CHANGE IT ANYWAY YOU WISH.”
3. **REHEARSE** THE NEW DREAM FOR AT LEAST 5-20 MINUTES EACH DAY AT TIME OF CLIENT CHOOSING AND BEFORE FALLING ASLEEP INVOKE INTENTION.
4. **REPEAT** AND CONTINUE TO PRACTICE WITH 1 TO 2 NEW DREAMS A WEEK.