

Putting the Pieces Together: Increasing the Client's Social-Emotional Intelligence

Presenters

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Presented at the North American Society of Adlerian Psychology 64th Annual Conference Minneapolis, Minnesota 13 May 2016

Social-Emotional Intelligence

The renowned research scientist, Dr. Jonas Salk discovered a vaccine for the polio virus in 1955. On the 30th anniversary of that discovery, he was asked on what he would focus his research if he were an up and coming young scientist today. Dr. Salk replied, "*I would still do immunization*, but *I would do it psychologically rather than biologically*" (Buchanan & Seligman, 1995, p. 250). Social-Emotional Intelligence (SEI), a component of personal resilience, offers just such a psychological vaccine. Several studies have shown that SEI is the most accurate predictor of a one's future achievement (Elias, 1997). SEI has been shown to be a better predictor of success than IQ and technical skills combined (Elias, 1997; Goleman, 1995; Gottman, 1997; Mayer & Salovey, 1997).

The concept of Social-Emotional Intelligence (sometimes referred to as Emotional Intelligence, or EQ) is very similar to Adler's concept of Social Interest. Adler suggested that therapy should seek to increase mental health by guiding clients toward a useful, cooperative attitude toward life and humankind; an attitude based on a sense of equality and human interconnectedness (Ansbacher & Ansbacher, 1956). Adler's concept of Social Interest is consistent with the emerging paradigm shift toward positive psychology, social-emotional intelligence, EQ, and resilience. They each advocate for an optimistic, proactive approach to counseling and therapy.

The developmental process for healthy personal adjustment, Adler suggested, occurs by the developing child being taught the objective social-emotional skills associated with Social Interest (Ansbacher, 1968). The SEI and Resilience research now offer strong empirical support for Adler's concept of social interest and its development as the primary goal of therapy. Social competencies such as compassion, responsiveness to others, empathy, communication, caring, and altruism have been found to be particularly important indicators in overall positive adjustment and psychosocial wellness (Englander-Golden, et.al, 2002; Luthar & Burak, 2000; Masten & Coatworth, 1998; Rein, McCraty & Atkinson, 1995; Werner, 1992). Adler's call for focusing intervention on developing the client's social interest (mental health), is now echoed by the social-emotional intelligence and resilience research. Elias (1997) summarized the SEI and resilience research by stating that, at a time when so many adolescents are being lost and becoming school dropouts, teen parents, victims of violence, or turning to drug or alcohol abuse, effective programs that build social and emotional skills offer a promising model for positive interventions and turning their lives from risk to resilience (Elias, 1997). All individuals need social and emotional intelligence in order to succeed and thrive (Elias et al., 1997).

The Center for Academic, Social and Emotional Learning (CASEL) suggests that there are five core social-emotional intelligence competencies. Social-emotionally skilled children are found to be; (a) more self-aware, (b) more socially aware, (c) better able to regulate their own emotions, (d) more capable in their relationship skills, and (e) more engaged in responsible decision making. Self-awareness has been defined as the ability to recognize emotions both in oneself and others, to understand one's inner world, and to have conscious connection to one's personal interests, values, and goals. Dr. John Gottman's (1997) research found that understanding one's emotions, understanding emotions in others, and recognizing emotions, support the development of SEI.

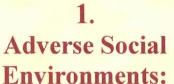
Development & Maintenance of Mental & Emotional, Disorders:

A Developmental, Holistic Paradigm



AKA: Mental, Emotional & Learning Disorders

Externalized or Internalized Emotional/Behavior Adjustment Problems in one's personal life: occupation, family & intimacy



Chronic or intensive Family, School, &/or Community failure to adequately meet the

5 Maintenance Tasks of supportive social environments



Bio-Neurological Adaptation:

Hypothalamic-Pituitary-Adrenal (HPA) over-responsiveness.
Allostatic Overload.

Inhibited Executive Functioning
Abilities



Cognitive Virus:

Unhealthy, mistaken assumptions regarding self, others & life which lead to the development of compensatory, adaptive socialemotional competencies & behaviors for survival in such adverse social environments

Alfred Adler & Resilience-Focused Therapy

Quotes from Adler:

Re: Symptoms and their Etiology: "We must always become suspect when the explanation for behavior is placed outside the individual".

"You must strive to debase the great significance which the neurotic attributes to his symptoms. This must be done in a friendly manner". (Ansbacher & Ansbacher, 1979; p. 192).

Re: Duration of Therapy: "You might say in the beginning, 'It will take 8 – 10 weeks'. In doubtful cases: 'I don't know. Let us begin. In a month I shall ask you whether you are convinced that we are on the right track. If not, we shall break off'. (Ansbacher & Ansbacher, 1979; p. 201).

"When Individual Psychology is properly carried out, the client should show perceptible success within three months and often sooner." A. Adler

Re: Role of Therapist: "[Therapy] requires trained sagacity and ingenuity; a jovial attitude... blessed with cheerfulness and good humor... also extreme patience and forbearance". (Ansbacher & Ansbacher, 1979; p. 201).

RE: Aligning with the Client: "It is important never to be perplexed, to accept everything in a friendly manner, and to establish the connection [with the life style]." (Ansbacher & Ansbacher, 1979; p. 201).

"The therapist must focus on whatever Social Interest there is in the patient and make contact with it, one must strengthen this Social Interest by giving the patient the experience of being a fellow man and of cooperation in the task of treatment... and must spread this newly awakened Social Interest beyond himself to others." (Ansbacher & Ansbacher, 1957, p.327)

RE: Goals in Therapy: "The [mentally healthy] person aims to arrive through his actions at a solution of the problem despite his deficiency". Whereas, the disturbing individual feels bankrupt in his/her ability to solve life problems and seeks to avoid failure via his/her self-protective symptoms."

"The patient must be guided away from himself, toward productivity for others; he must be educated toward social interest; he must be led from his seclusion from the world, back to existence; he must be brought to the only correct insight, that he is as important for the community as anyone else; he must get to feel at home on this earth" (Ansbacher & Ansbacher, 1979; p. 200).

"Part of the technique of treatment is... extension of the ability to cooperate. This is the core of Individual Psychology treatment."



Resilience-Focused Brief Counseling: Three Levels of Behavior

Symptomatic can only be understood if all THREE levels of the client's behavior: the "How?", the "What For?", and the "Why?" are addressed. When behavior is understood at all three levels, one can empathize & align with the client recognizing that, "given this individual's perspective re: self, others and life, I too would behave in much the same way". The error, or mistake, lies not in the behavior per se but at level three, the Rules of Interaction. Accordingly, interventions must focus on effecting change at level three and not remain merely "symptom focused" at level 1!

LEVEL 1:

HOW?

Problematic behaviors & emotions are described in behavioral terms.

Avoid labeling via use of verbs "to be" and "to have"...

Use action verbs only! "...ING"!



LEVEL 2:

WHAT FOR?

What purpose or function does this behavior serve for the client? Or what purpose is it intended to serve?



LEVEL 3:

WHY?

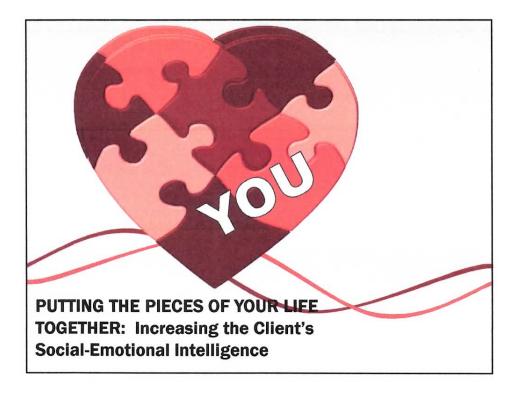
The client's idiosyncratic rationale or private logic system, aka: "Rules of Interaction", which support and maintain the behavioral patterns (aka presenting symptoms)

Resilience-Focused Case Conceptualization: Understanding the client and understanding all 3 levels. Client's Social-Emotional Intelligence is based in his/her self-understanding and cognitive & emotional self-regulation competencies. This includes understanding the developmental process which gave rise to his/her Rules of Interaction as well as the role social contexts contributed to, and may continue to, maintain the presenting (mal) adaptive emotional/behavioral patterns.

This resilience-focused conceptualization enables aligning with, not against, the client's symptoms and facilitating psychological growth (SEI) and personal adjustment.

Putting the Pieces Together:

Increasing the client's Social-Emotional Intelligence



OPERATIONALIZING YOUR SOCIAL-EMOTIONAL COMPETENCIES

Developing the social-emotional competencies one will need for success in the occupational, social and intimacy life tasks:

Self-& Other awareness – the ability to know one's emotions, strengths, weaknesses, values and goals and recognize their impact on others while using gut feelings and informed self-knowledge to guide decisions.

<u>Self-regulation</u> – involves controlling or redirecting one's disruptive emotions and impulses and adapting to changing circumstances. Using "reflection in action".

Social skill – managing relationships to move self and people in the desired direction, communication and cooperation. Making contributions for social interest

Empathy - considering other people's feelings especially when making decisions. Understanding your impact on others and their impact on you. Caring and compassion.

Resilience

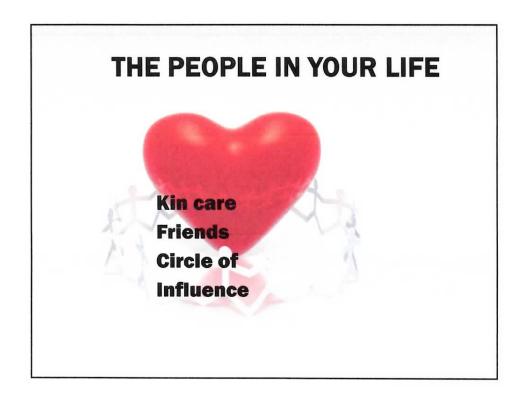
The ability to set a positive, productive, fulfilling and goal-oriented direction in life while also being equipped to handle adversity, stress, difficulties, rejection, failures and setbacks in stride. It is the ability to "bounce back" and continue moving forward in that same positive, socially useful, productive, and contributive direction in life

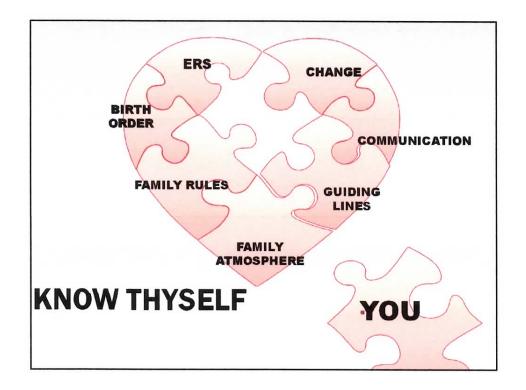
It is examining the event with the ability to encourage oneself to believe in and know that the adverse event does not define nor take away one's ability.

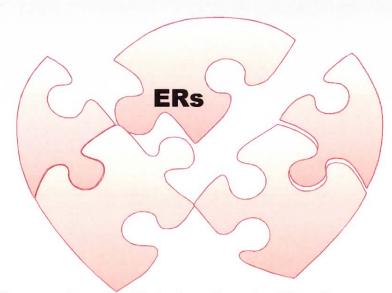
It is the notion of being "on the learning curve" and staying encouraged with one's abilities and self-belief.

Defining the competences within each construct of EI and Resilience. Emotional competencies are not innate talents, but rather learned capabilities that must be worked on and can be developed.

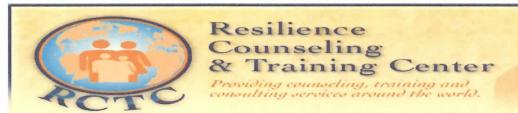
UNDERSTANDING THE DELICATE NOTIONS THAT YOU HAVE MADE A PART OF YOU Self and other awareness







- Janoe
- · A one time event preferably before the age of 8 or 9
- If reluctant ask for favorite story, fairy tale, song or tv show
- · What was the most vivid
- · How did you feel
- · What did you do
- Early Memory Reconstruction



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Resilience:

The ability to set a positive, productive and fulfilling course in one's life while also being equipped to handle adversity, stress, failures and setback in stride. Resilient people are able to "bounce back" and continue moving forward in a positive life direction. One's Resilience Quotient (RQ) serves as both a 'social vaccine' inoculating us from adverse life events, and as an 'antidote' fo life's problems and challenges.

The Resilience Counseling & Training Center

- Counseling & Therapy (individuals, couples, families)
- Parent Coaching
- Parent Education Programs & Workshops
- Couples Enrichment Workshops
- Consulting & Training services for Schools (teachers, counselors & Administrators)
- Consulting & Training for Mental Health organizations or agencies
- Professional Development workshops worldwide.

RCTC services can be provided by:

- Making an appointments at our North Conway, NH office,
- Arranging for a videoconference appointment or consultation sessions utilizing Skype internet connections
- Contracting for consulting or training services at your locale.
- Intensive 3 day counseling interventions for individuals, couples or families (2-3 X two-hour sessions daily with homework between)





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