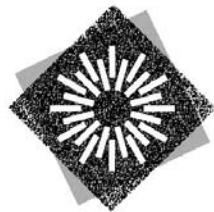


# Self-Efficacy Outcomes and PCM

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Prairie View  
*Process Solutions*

**Nate Regier, Ph.D.**

[www.pv-psg.org](http://www.pv-psg.org) 316-284-6446

# The Way It Is

---

There's a thread you follow. It goes among things that  
change. But it doesn't change.

People wonder about what you are pursuing.

You have to explain about the thread.

But it is hard for others to see.

While you hold it you can't get lost.

Tragedies happen; people get hurt  
or die; and you suffer and get old.

Nothing you do can stop time's unfolding.

You don't ever let go of the thread.

- William Stafford (Kansas poet)

# Who is Prairie View?

---

- ❑ Non-profit Community Mental Health Center
- ❑ Church-based, Mennonite heritage
- ❑ Opened in 1954 (inpatient & outpatient)
- ❑ Special purpose school
- ❑ Residential program
- ❑ Creativity coaching and art therapy
- ❑ 14 years of clinical outcomes research
- ❑ 13 years of adventure/experiential programming with inpatient, outpatient, and non-clinical populations of all ages
- ❑ Adventure ropes course
- ❑ Open enrollment site for Project Adventure, the world's premier adventure programming and training organization

# Who is Process Solutions?

---

- ❑ Prairie View's organizational consulting, training, and research division
- ❑ Vision statement: *Renewing Spirit, Discovering Strengths, Pursuing Excellence*
- ❑ Over 50 open-enrollment training events scheduled for 2007-08
- ❑ Three core components
  - Process Communication Model (PCM)
  - Adventure-based learning models (**Experiential**)
  - Self-Efficacy outcomes measurement

# Who we serve

---

- Public schools
- Special purpose schools
- Colleges
- Corporate/Business
- Government Agencies
- Churches
- Sports teams
- Adventure programs
- At-risk youth programs

# You might see our outcomes tools in use at..

---

- Project Adventure
- Mobile Team Challenge (NASA, Royal Air Force)
- Outward Bound Colorado
- HCA Wesley Medical System
- University of New Hampshire
- Louisiana State University Medical Center
- University of Michigan
- Georgia State College

# Why Measure Outcomes?

---

- ❑ Demonstrate effectiveness
- ❑ Guide performance improvement
- ❑ Enhance customer experience
- ❑ Stewardship of resources
- ❑ Extend market potential
- ❑ Enhance funding opportunities
- ❑ Facilitate “apples to apples” comparisons

# PCM is about outcomes and assessment

---

- ❑ Perception is king. Assessing and responding to perceptual frame of reference is a key to effectiveness.
- ❑ Training in perceptions/channels/parts enhances a person's ability to communicate effectively.
- ❑ In clinical work, simply providing therapist with feedback about client perceptions can reduce treatment time by 66%, i.e. *"don't tell me what to do, tell me how I'm doing"*.

# Process Solutions Outcomes Model

---

Apply what we know about how  
people change

Build on strengths

Develop capacities that  
predict resilient and  
productive functioning

*Hardiness*

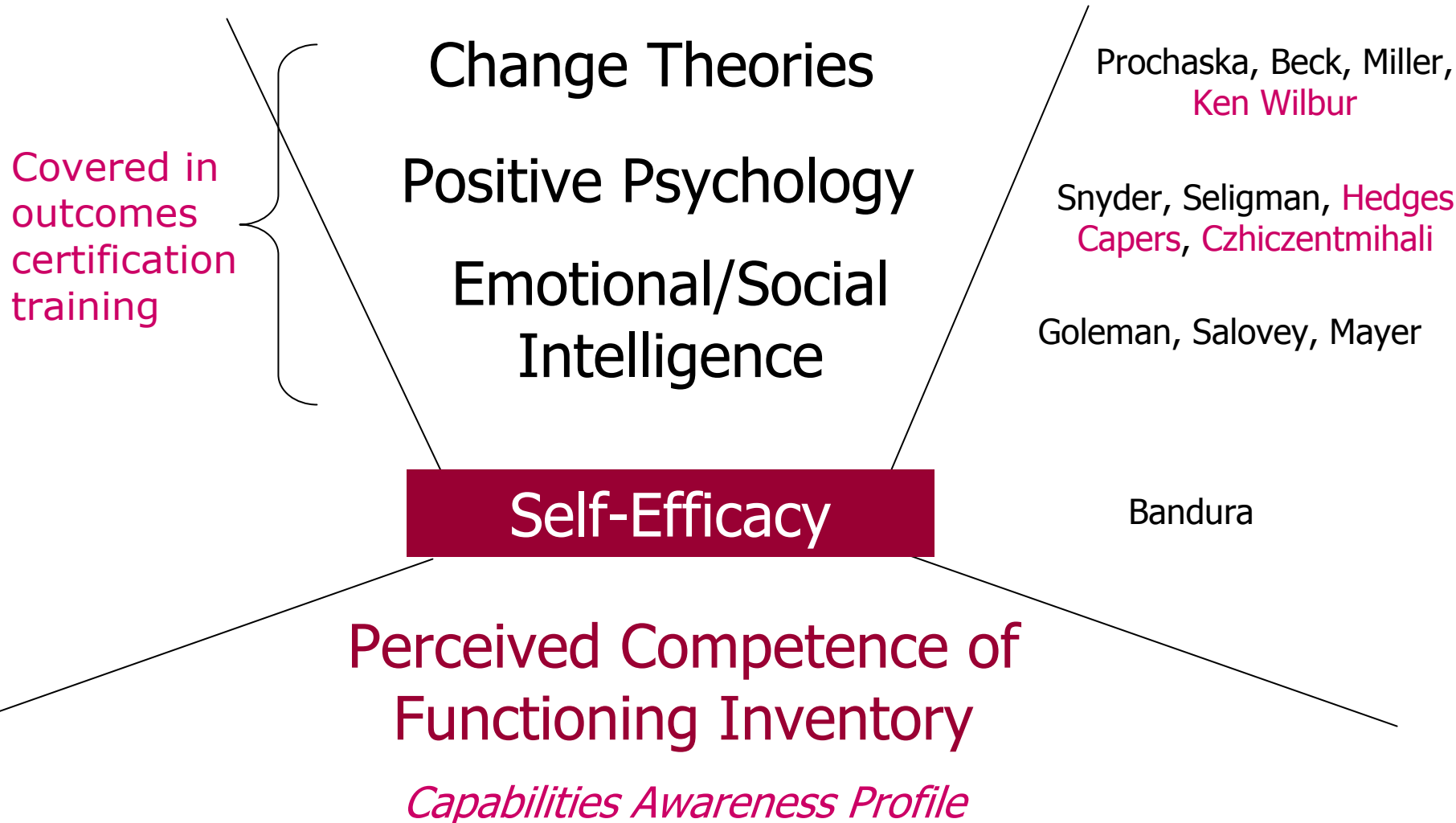
*Hope*

**Integrative Theory**

Measure in a way that is psychometrically  
strong, applicable, and practical

# Theoretical Framework

---



# Self-Efficacy

---

*"The belief in one's capability to organize and execute the courses of action required to manage prospective situations."*  
- Albert Bandura

*"Whether you think you can, or you think you can't, you're right"*  
- Henry Ford

I think I can, I think I can.

*"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it in the beginning"*  
- Mahatma Gandhi

# Self-Efficacy is about perceptions of competency

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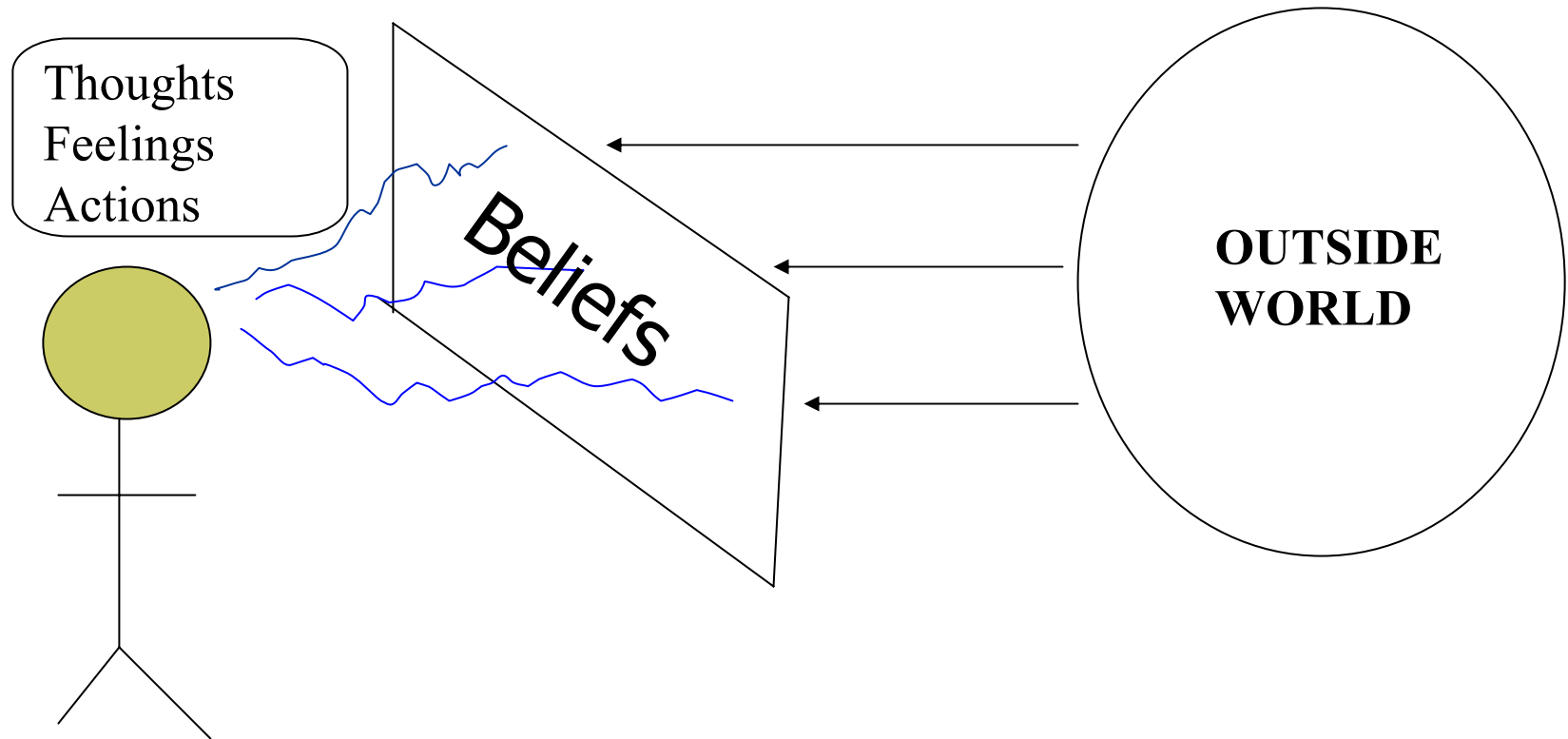
“People who regard themselves as highly efficacious act, think, and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it.”

“Self-belief does not necessarily ensure success, but self-disbelief assuredly spawns failure.”

-Albert Bandura

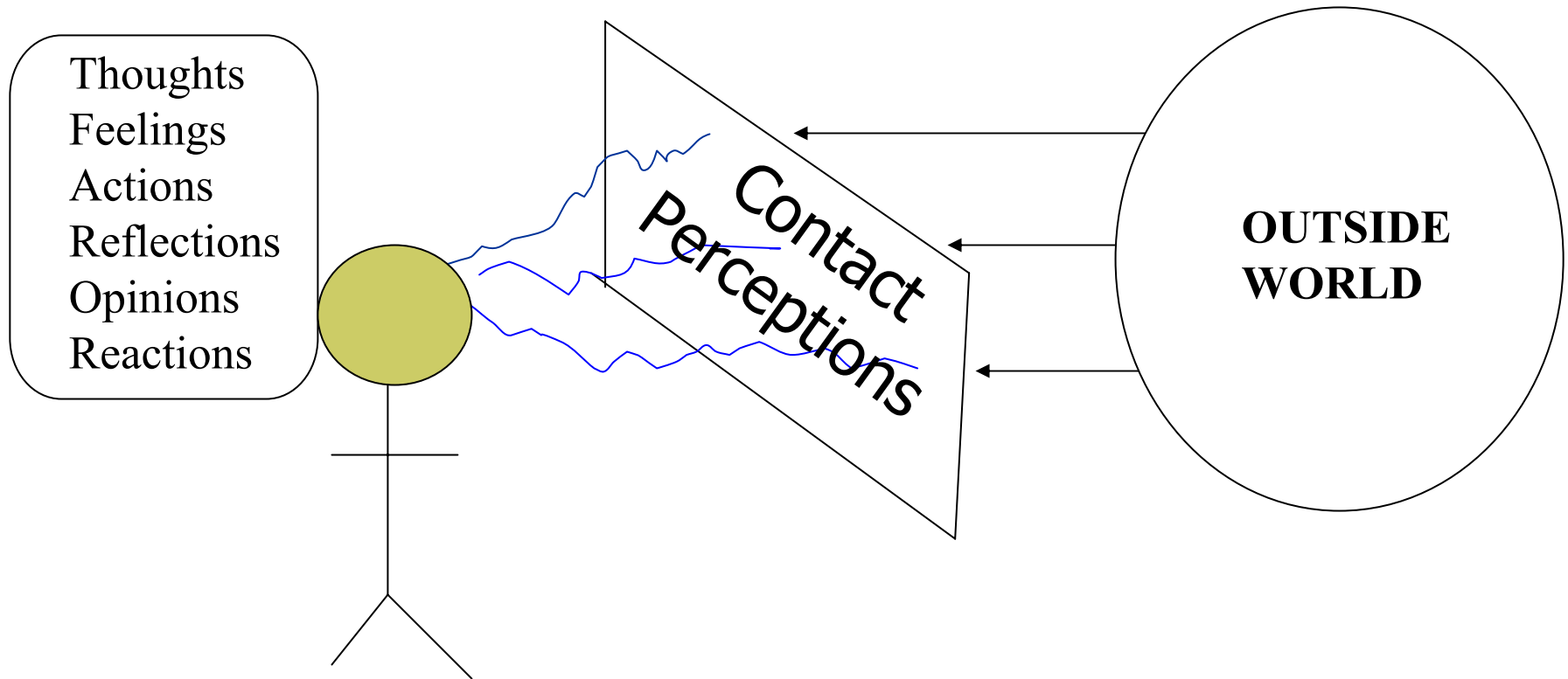
# Competency beliefs are perceptual filters

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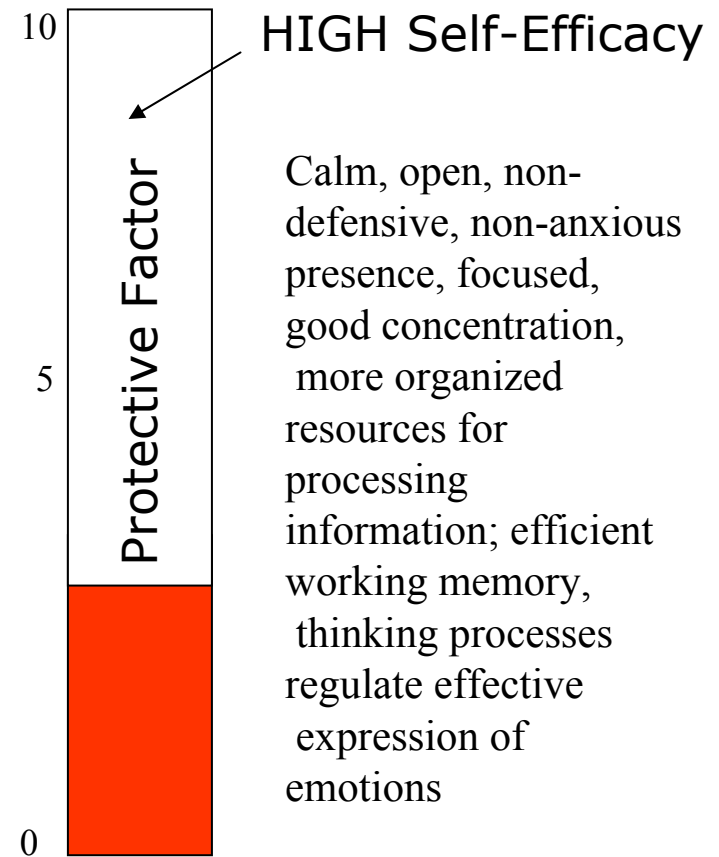
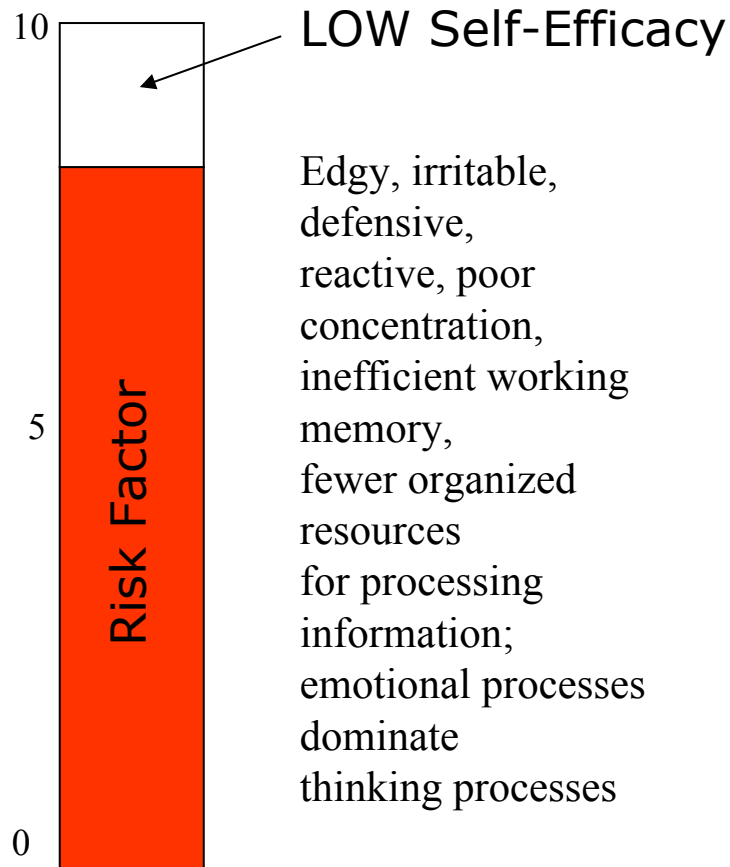


# Look familiar?

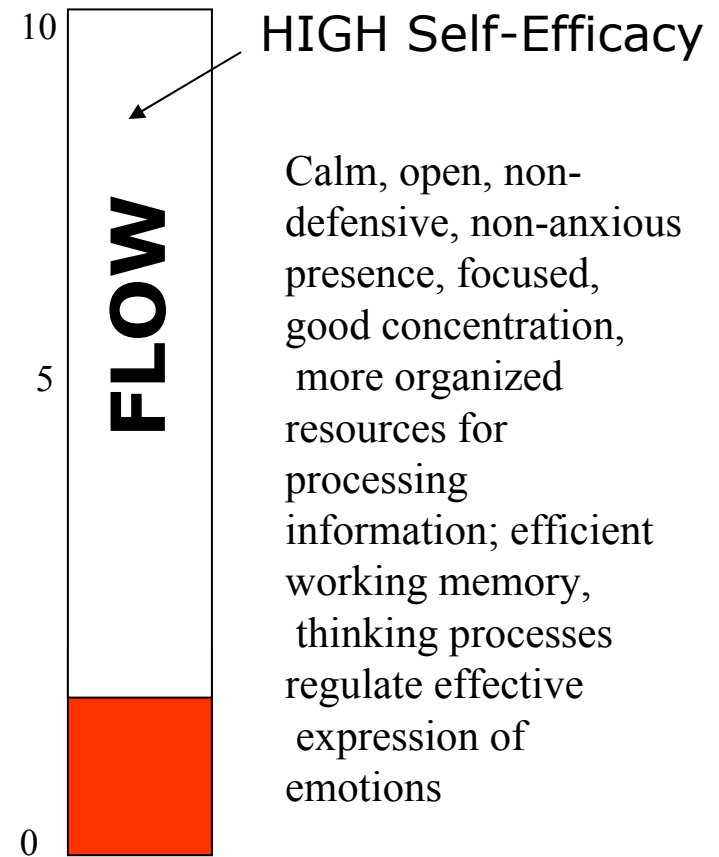
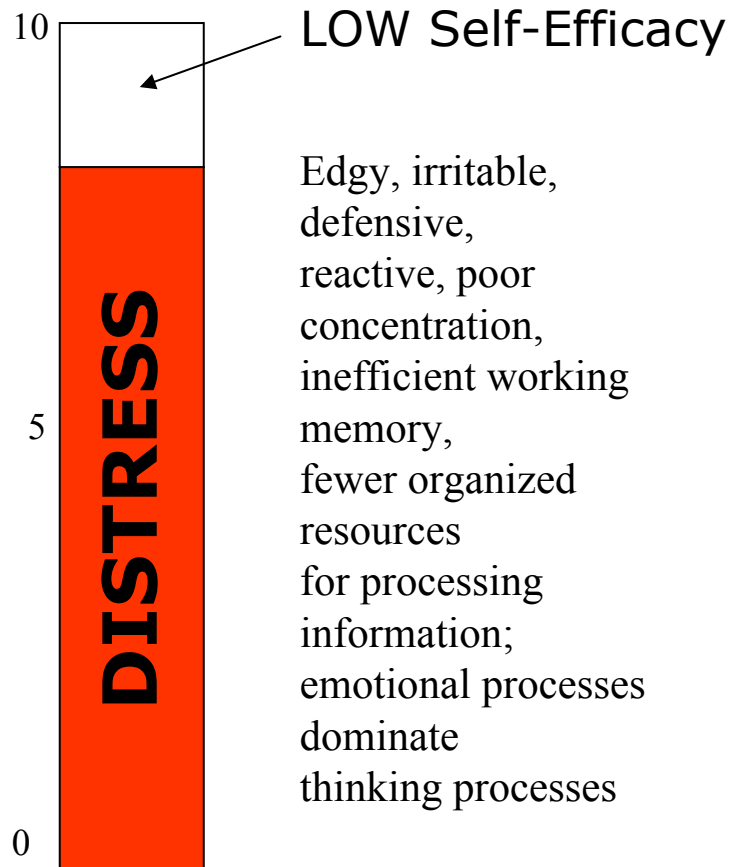
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# Perceived Competence and Stress Coping



# Perceived Competence and Stress Coping



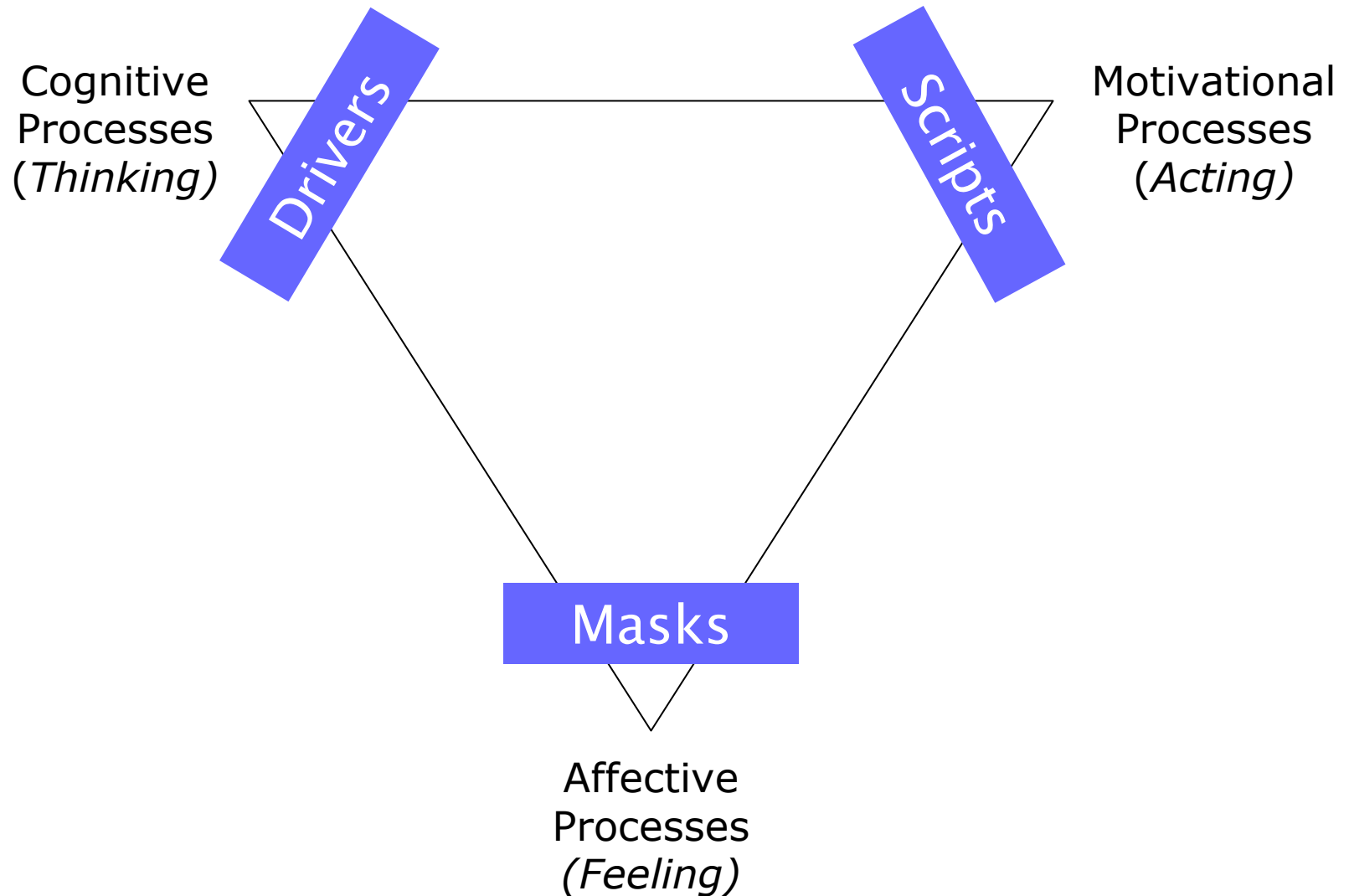
# Self-Efficacy Processes: how beliefs become reality

---

- **Cognitive Processes:** Our belief in our abilities shapes the types of realities we make up and replay over and over again in our minds.
  - + *imagining the perfect free throw*
  - *the worst-case scenario*
  
- **Motivational Processes:** Competency beliefs determine the goals we set, how much effort we expend, how long we persevere in the face of difficulties, and resilience in the face of failure.
  - + *stick-to-it-ive-ness*
  - *giving up*
  
- **Affective Processes:** Competency beliefs determine how much stress we experience and our ability to control anxiety and disturbing thoughts.
  - + *confidence and calm*
  - *worry and anxiety*

# Self-Efficacy Processes and PCM

---



# People with high perceived competence are more effective at

---

- ❑ Regulating their motivation
- ❑ Not creating catastrophic cognitions (Chicken Little Syndrome)
- ❑ Modulating affective arousal (Not emotionally reactive)
- ❑ Remaining task oriented in the face of threats
- ❑ Maintaining a strong commitment to goals
- ❑ Making an effort toward mastery in the face of challenges
- ❑ Being resilient in the face of failure
- ❑ Crediting their achievements to their own capabilities rather than to external factors

Than people with low perceived competence

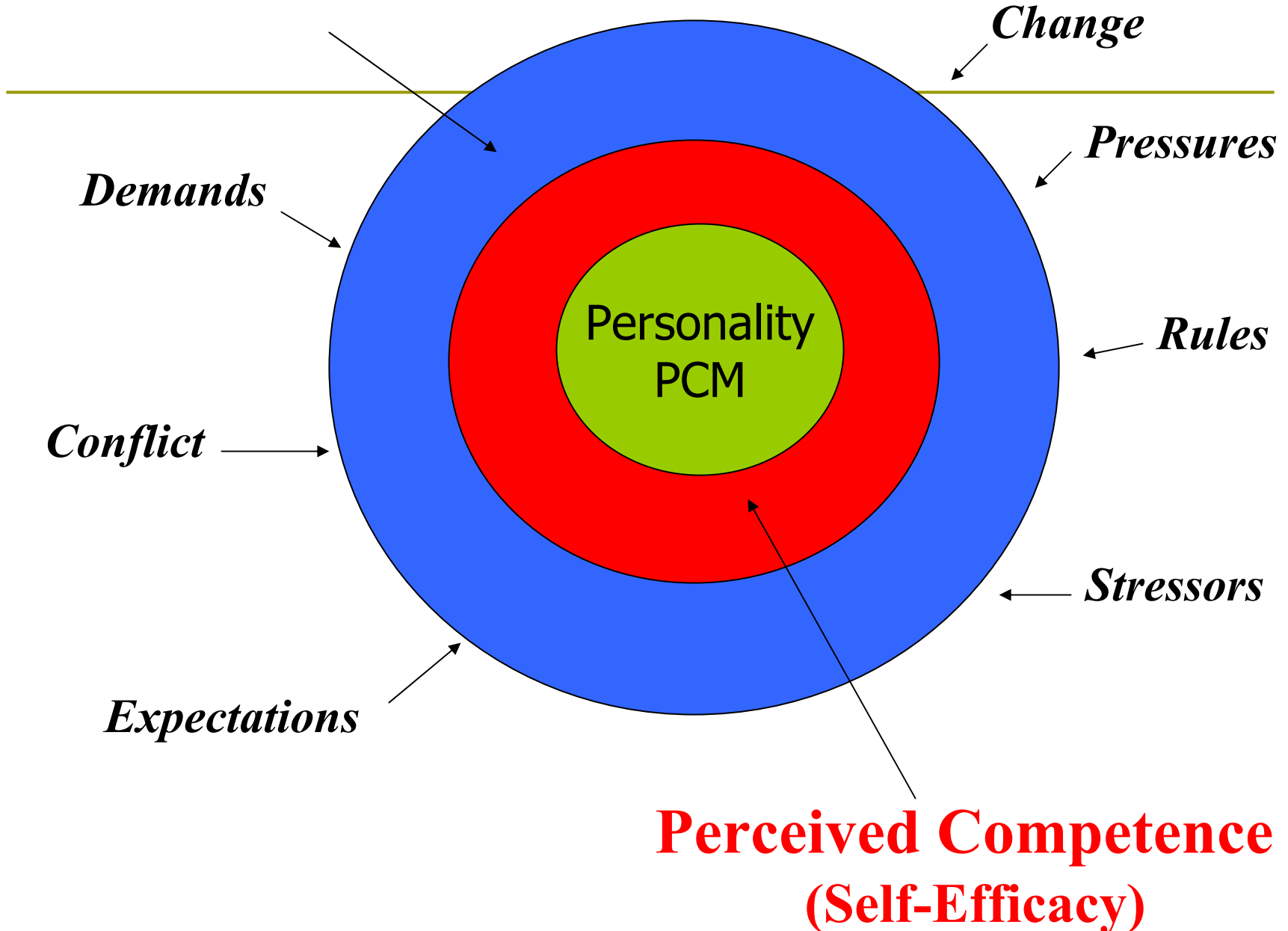
## So what?

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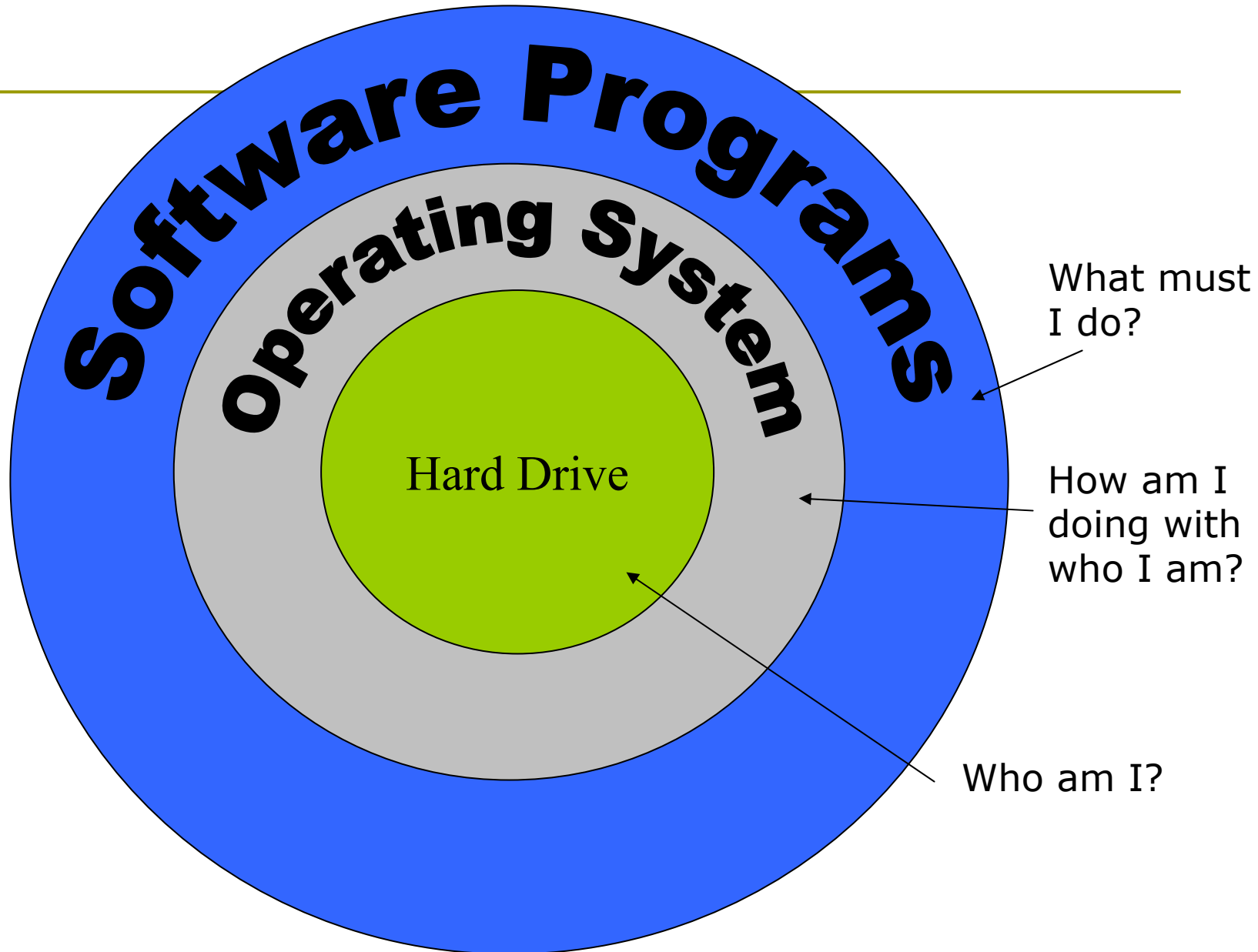
People's beliefs in their abilities are better predictors of their behavior and performance than their actual abilities.

Self-efficacy mediates how personality and technical competencies manifest in real-world life conditions.

# Activities of Daily Living



# Using a Computer Metaphor



# Personality

---

- How you're built
- Innate gifts & abilities
- Base/Phase
- Understanding is key to developing social/emotional intelligence (**knowing**)
- PCM, DISC, MBTI

# Self Efficacy

---

- Becoming who you are
- Stewardship of gifts & abilities
- **Elegant care of base/phase**
- Personality comes alive through various domains of efficacy (**believing & doing**)
- PCFI, CAP

## Self-Efficacy

- Involves **judgment of personal capabilities**
- Can vary across domains
- **Internal standards** and frames of reference

## Self-Esteem

- Involves **evaluation of self-worth**, which depends on how the culture values the attributes one possesses and how well one's behavior matches personal standards of **worthiness**.
- Is usually pervasive
- Involves **comparison with others**

# Developing Self-Efficacy:

---

*Upgrade the operating system... regaining Flow*

- ❑ Mastery experiences
  - Succeeding in realistic goals/tasks
- ❑ Vicarious experiences (modeling)
  - Mentoring, role-models, supervision
- ❑ Verbal persuasion
  - Support, affirmation, positive peer pressure
- ❑ Re-evaluating physiological states
  - Mind-body health, relaxation, meditation

# Measuring Self-Efficacy

---

Apply what we know about how  
people change

Build on strengths

Develop capacities that  
predict resilient and  
productive functioning

Integrative Theory

Measure in a way that is psychometrically strong,  
applicable, and practical

---

*Until lions have their  
historians, all tales of  
hunting will glorify the  
hunter*

*- African proverb*

# Measuring Self-Efficacy

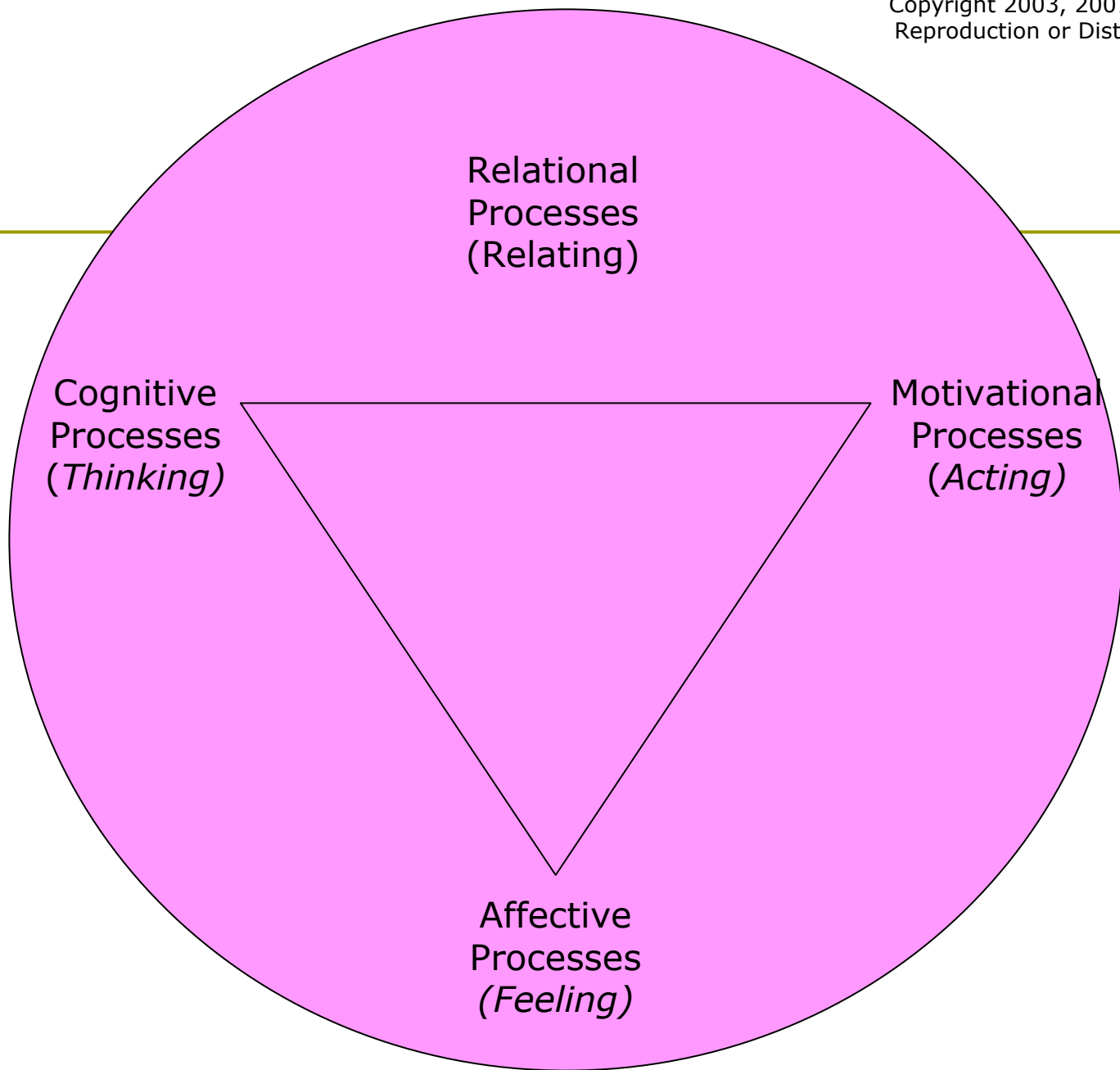
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- ❑ Many scales exist. Few are empirically validated.
- ❑ Some researchers assert that when measuring self-efficacy, the more task/domain specific the questions, the more useful it is (predictive validity, e.g. **Emotional Compass**).
- ❑ Others believe that efficacy is generalizable.
- ❑ The challenge is finding a balance that's workable across a wide range of applications.

# Perceived Competence of Functioning Inventory (PCFI)

---

- Designed to assess Bandura's three processes of change, and a relational domain.
- 16 questions, 4 subscales, 4 questions contributing to each scale
  - Cognitive
  - Motivational
  - Affective
  - Relational



# PCFI Questions by Scale

---

## **Cognitive**

- Believe in yourself to do things well
- Manage feelings of anxiety and depression
- Think positive thoughts
- Control anger

## **Motivational**

- Be assertive
- Work toward personal goals
- Perform activities of daily living
- Cope with problems without using alcohol/drugs

# PCFI Questions by Scale

---

## **Affective**

- Feel good about yourself
- Experience satisfaction with your daily life
- Experience life a meaningful
- Accept yourself

## **Relational**

- Feel secure with others
- Have satisfying relationships with family
- Trust others
- Feel close to others

**General Level of Functioning – GLF:** Aggregate scale

# PCFI Psychometrics

---

- ❑ Reliable (.88 - .90 internal consistency) [Comparisons](#)
- ❑ Validated against MCMI-III, Brief Symptom Inventory, OQ-45, Snyder Hope Scale [Details on Concurrent Validity](#)
- ❑ Sensitive to change
- ❑ Discriminates among inpatient, outpatient, and nonpatient populations
- ❑ Demonstrates unique change profiles across Kahler's personality types (more later)
- ❑ Floor and ceiling effects < 1%

# Reporting PCFI Data

---

- ❑ Raw scores range between 16-80.
- ❑ Pre, post, and follow-up administration when possible.
- ❑ Bar graphs used for visual representation only.
- ❑ Direction and magnitude of change expressed in **effect size** (change score/standard deviation) to allow comparisons between groups. Effect size is the standard metric in outcomes research.
- ❑ Effect sizes
  - .3 is **small** (educationally significant)
  - .5 is **medium** (clinically significant)
  - .8 is **large** (“wow” factor & loyalty)
- ❑ Norms are not necessary since within-subject change scores are used.

# Case Study: The impact of PCM

---

## **Group 1: Declined PCM training**

- ❑ Large cable communications company
- ❑ Executive leadership development program
- ❑ 47 Motivated managers
- ❑ 1 day on adventure/ropes course
- ❑ Generic goal of Teambuilding

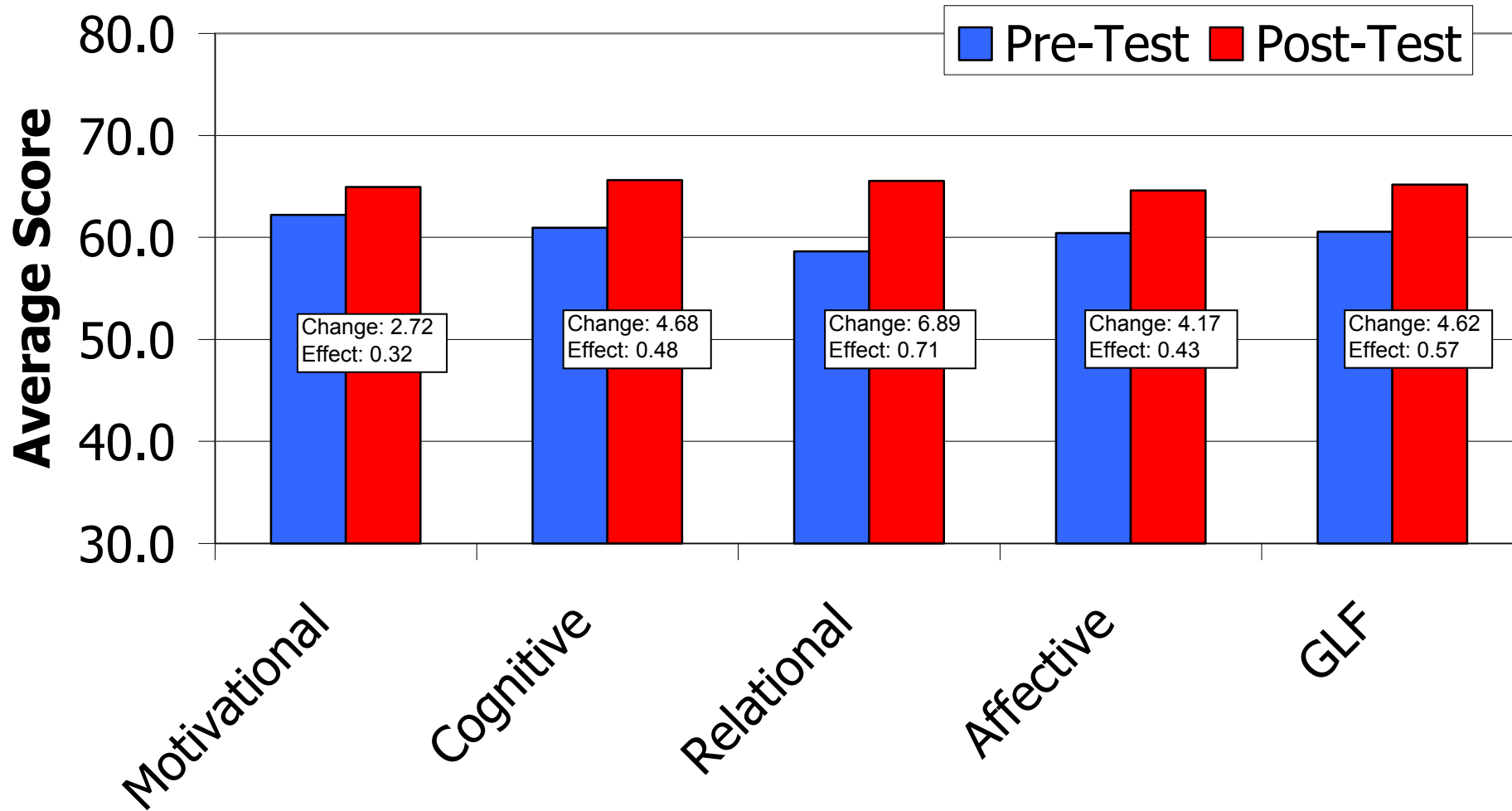
# Case Study: The impact of PCM

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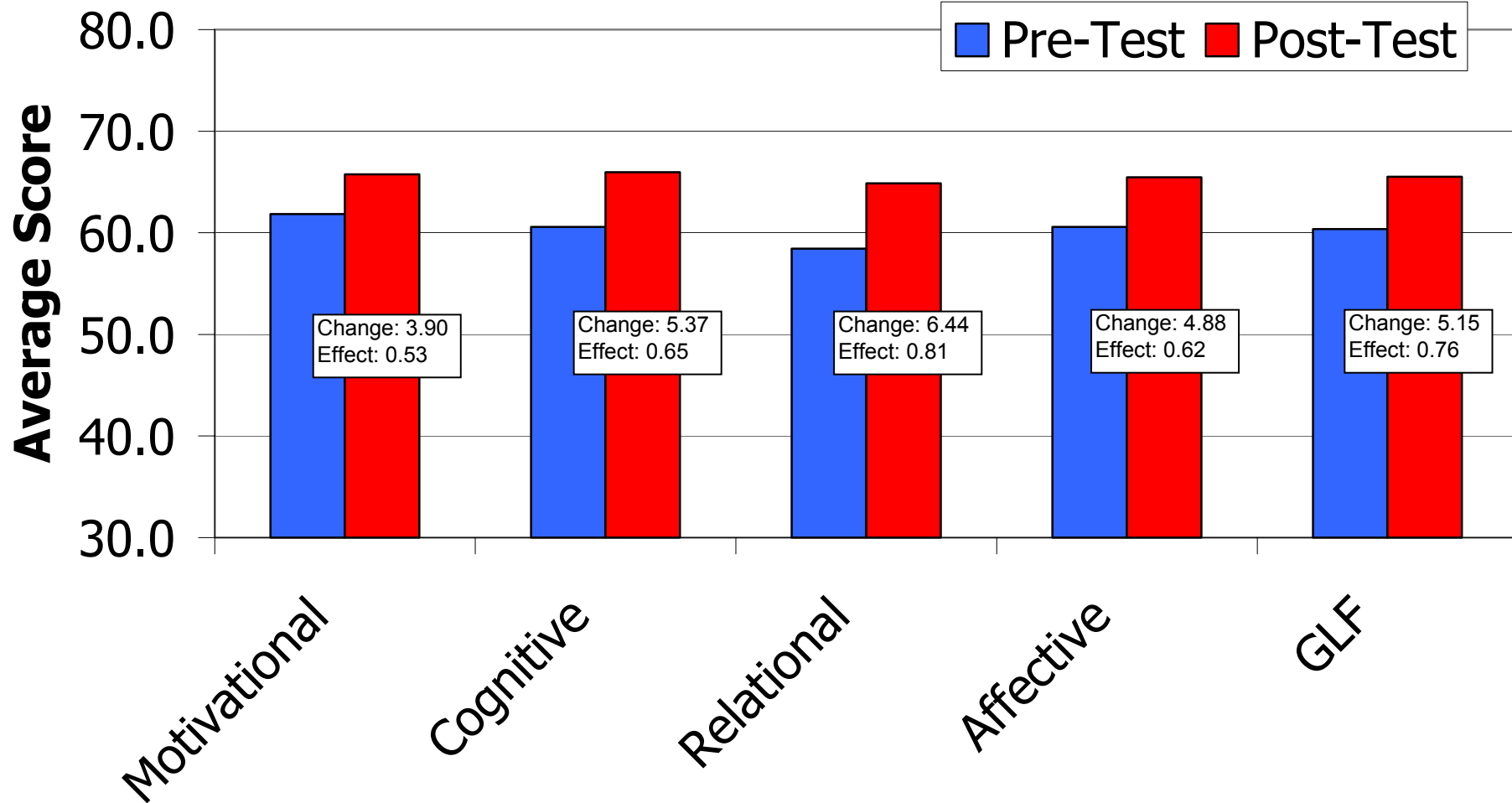
## **Group 2: Invested in PCM training**

- ❑ Large tax accounting company
- ❑ Executive leadership development program
- ❑ 41 Motivated managers
- ❑ Experiencing Excellence Seminar, followed by...
- ❑ 1 day on adventure/ropes course, same trainers & activities as Group 1
- ❑ Generic goal of Teambuilding

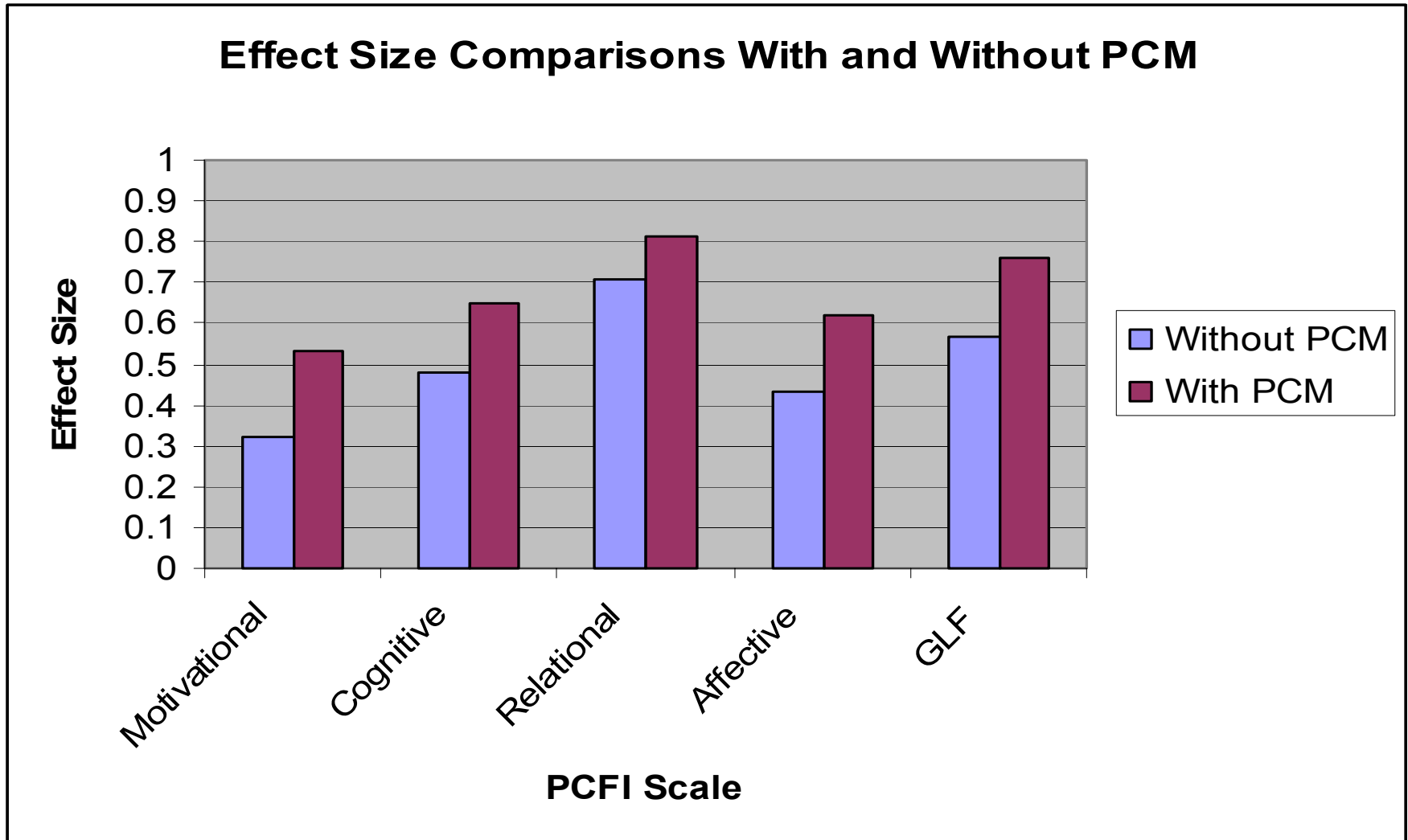
## Impact of 1 day on Adventure Course



## Impact of 1 day on Adventure Course



# Effect Size tells the story



Group 2 had slightly larger changes in self-efficacy. The key, however was the consistency of the change across participants (reducing Standard Deviation and increasing effect size)

# What did we learn from this?

---

- Outcomes gives us excellent metrics on the impact of our services.
- PCM may potentiate other interventions by
  - Providing tools for support, motivation, and connection between team participants
  - Providing a shared language to approach conflict
  - Speeding up the learning cycle

# I'm OK, You're OK...but the potential feels overwhelming

<b>Process Mentoring - Bethel College Student Life Staff</b>				
June 26-27, 2007				
<b>PCFI Scales</b>	<b>Pre</b>	<b>Post</b>	<b>Change Score</b>	<b>Effect Size</b>
N = 9				
Motivational*	61.78	61.33	-0.44	-0.06
Cognitive*	55.56	56.44	0.89	0.09
<b>Relational</b>	<b>51.56</b>	<b>54.22</b>	<b>2.67</b>	<b>0.32</b>
<b>Affective</b>	<b>51.56</b>	<b>56.44</b>	<b>4.89</b>	<b>0.52</b>
GLF	55.11	57.11	2.00	0.27

\* PCM seminar evaluations for this seminar were extremely positive (average rating of 9/10) Open-ended comments revealed feelings of uncertainty regarding implementation, overwhelmed about being able to do it effectively.

# Outcomes is helping us...

---

- ❑ Detect specific impact across the four domains of self-efficacy.
- ❑ Improve follow-up recommendations.
- ❑ Formulate hypotheses about deeper client experience that might not be captured in typical program evaluations or satisfaction surveys.

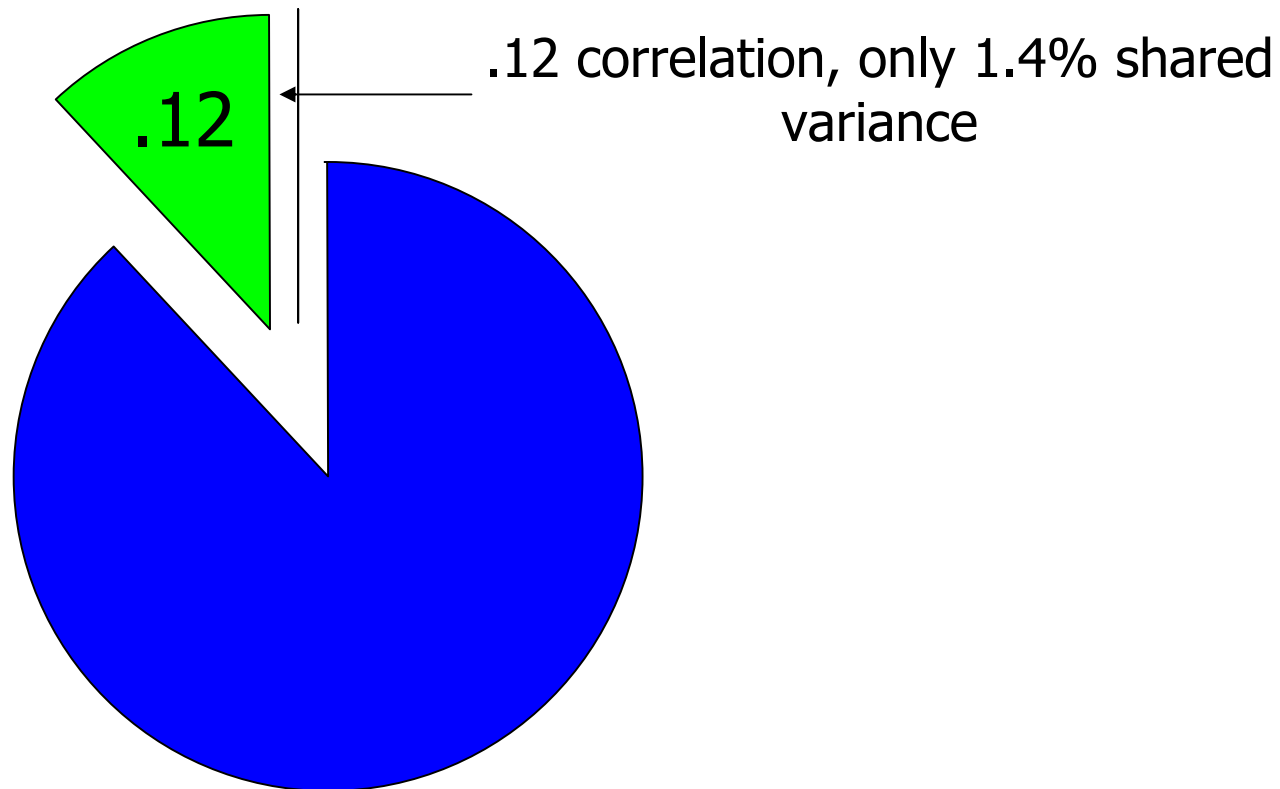
# Satisfaction vs. Outcomes

---

- ❑ Traditional standard for program evaluation
  - ❑ Enjoyment
  - ❑ Initial impact
  - ❑ Meeting expectations
  - ❑ Halo effect
- ❑ Emerging standard for effectiveness
  - ❑ Clinically relevant change
  - ❑ Change in attitudes, beliefs, behaviors
  - ❑ Generalizes to life
  - ❑ Relevant for funding, repeat business, reputation

# Relationship between outcomes and satisfaction in the clinical setting

---



Average correlation between patient satisfaction and GLF Scale of the PCFI for 822 inpatients. Satisfaction questions included ratings of access, way admission was handled, spiritual needs, quality of services, quality of staff and willingness to recommend Prairie View to others.

**Shared variance between satisfaction and outcomes is 1.4%**

# Relationship between PCM Seminar

## Evaluations and self-efficacy outcomes

---

- We track Kahler's seminar evaluations, Q. 9-12 (personal and professional significance, accuracy of the profile, and competence of the trainer)
  
- Q. 9-12 are completely intercorrelated (.997 - .999), i.e. have virtually 100% shared variance.
  - Caution: ceiling effects and lack of variability can artificially inflate correlations
  
- So we consolidated Kahler's 4 questions and correlated with PCFI change scores.
  - Motivational:  $r = .03$  nonsignificant
  - Cognitive:  $r = -.00$  nonsignificant
  - Relational:  $r = .02$  nonsignificant
  - **Affective:  $r = .36$  ( $p < .02$ )**
  - Overall GLF:  $r = .11$  nonsignificant

# So what?

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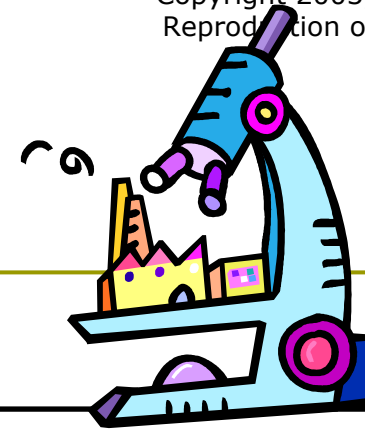
- This lends further support to the hypothesis that satisfaction (**initial impact**) and self-efficacy are important, but different constructs.

# Case Study: The Pressure's on

---

- ❑ Large aircraft manufacturer
- ❑ Changing product lines after 50 years of doing it the old way
- ❑ Needed to beef up process to prepare for dramatic culture shift
- ❑ Difficult context for positive change
  - Mandatory
  - Overseen/scrutinized by Six Sigma trainers
  - Low intrinsic motivation
- ❑ Services objectives:
  - Team alignment and cohesiveness (**Relational scale**)
  - Self-control, thinking clearly, maintaining creative problem-solving (**Cognitive scale**)
  - Staying motivated (**Motivational scale**).

# And the data said....



## Aircraft Manufacturer February 7-8, 2006 Experiencing Excellence and Adventures to Go

<b>PCFI Scales</b>	<b>Pre</b>	<b>Post</b>	<b>Change Score</b>	<b>Effect Size</b>
Aggregate (N=27)				
Motivational	61.3	65.9	4.6	0.56
Cognitive	58.8	65.3	6.5	0.88
Affective	60.9	64.6	3.7	0.36
Relational	57.2	63.0	5.8	0.62
GLF	59.6	64.7	5.1	0.70

# Outcomes is helping us...

---

- ❑ Demonstrate accountability for positive impact.
- ❑ Provide reliable metrics to support specific service objectives.
- ❑ Allow “apples to apples” comparisons between different seminars, client populations, modalities, trainers, and combinations thereof

...all of which are rare in the training/ consulting industry.

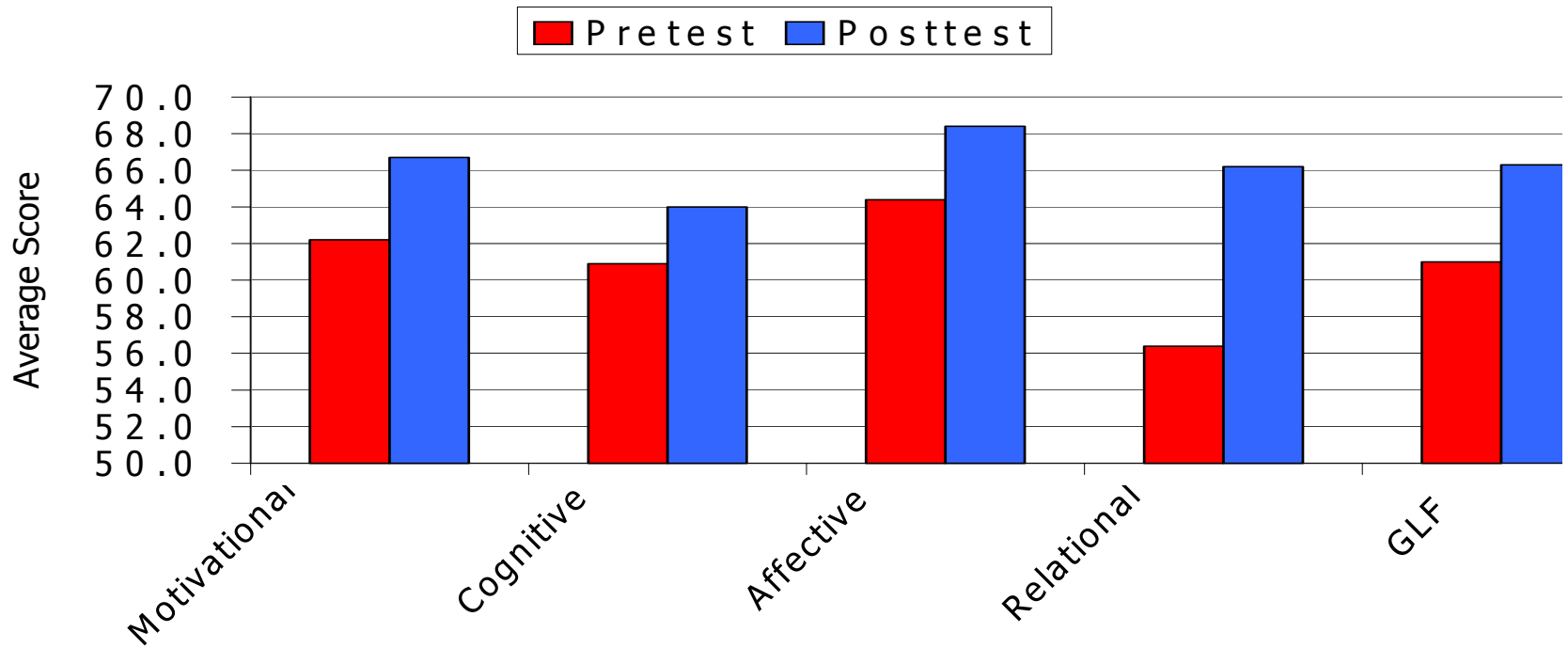
# Case Study:

## “Duh!”, “Exactly!”...or both

---

- Girl scouts spend a day doing teambuilding in a canoe.

# Lakeland Girl Scouts



Lakeland Girl Scouts (n = 9)	Pre-Test	Post-Test	Change Score	SD	Effect Size
Motivational	62.2	66.7	4.5	9.82	0.46
Cognitive	60.9	64.0	3.1	9.75	0.32
Affective	64.4	68.4	4.0	11.04	0.36
Relational	56.4	66.2	9.8	15.29	0.64
General Level of Functioning	61.0	66.3	5.3	8.46	0.63

# Outcomes is helping us...

---

- ❑ Explore developmental characteristics that impact learning and programming.
- ❑ Recognize specific areas of need and validate choice of interventions.
- ❑ Quantify “flow” as congruence among scales. This is even more evident with the Capabilities Awareness Profile, which has 12 sub-scales.

# Outcomes strengthens relationships

---

- ❑ Most relationships begin with consultation about needs, goals, desired outcomes, service objectives.
- ❑ PCFI is administered pre- and post-intervention, preferably also at a follow-up.
- ❑ Control groups obtained when possible.
- ❑ For therapy, administer at every session.
- ❑ Formal report to a group client, progress overview for individual client.
  - Goals/Objectives are linked to change in PCFI scale scores, inform recommendations, validate chosen interventions.

# Outcomes informs practice

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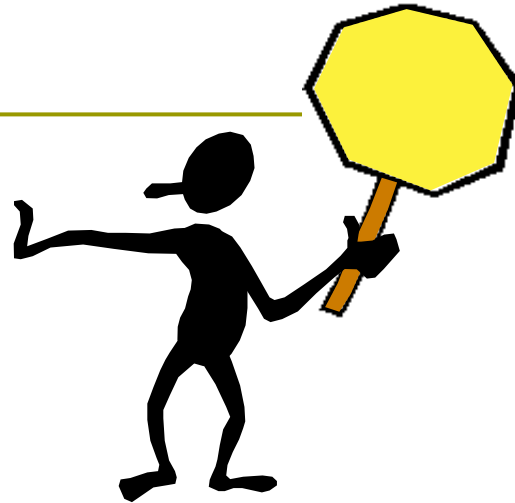
- ❑ We are shifting to more 2 and 3-day seminars to increase proficiency and competence (motivational and cognitive competencies).
- ❑ Outcomes data enhances the conversation with clients about choice of seminars and consultation/training packages.
- ❑ Follow-up is more focused.

*And now...for a sneak  
peek of what's next.*

# Process Solutions Integrated Outcomes Database

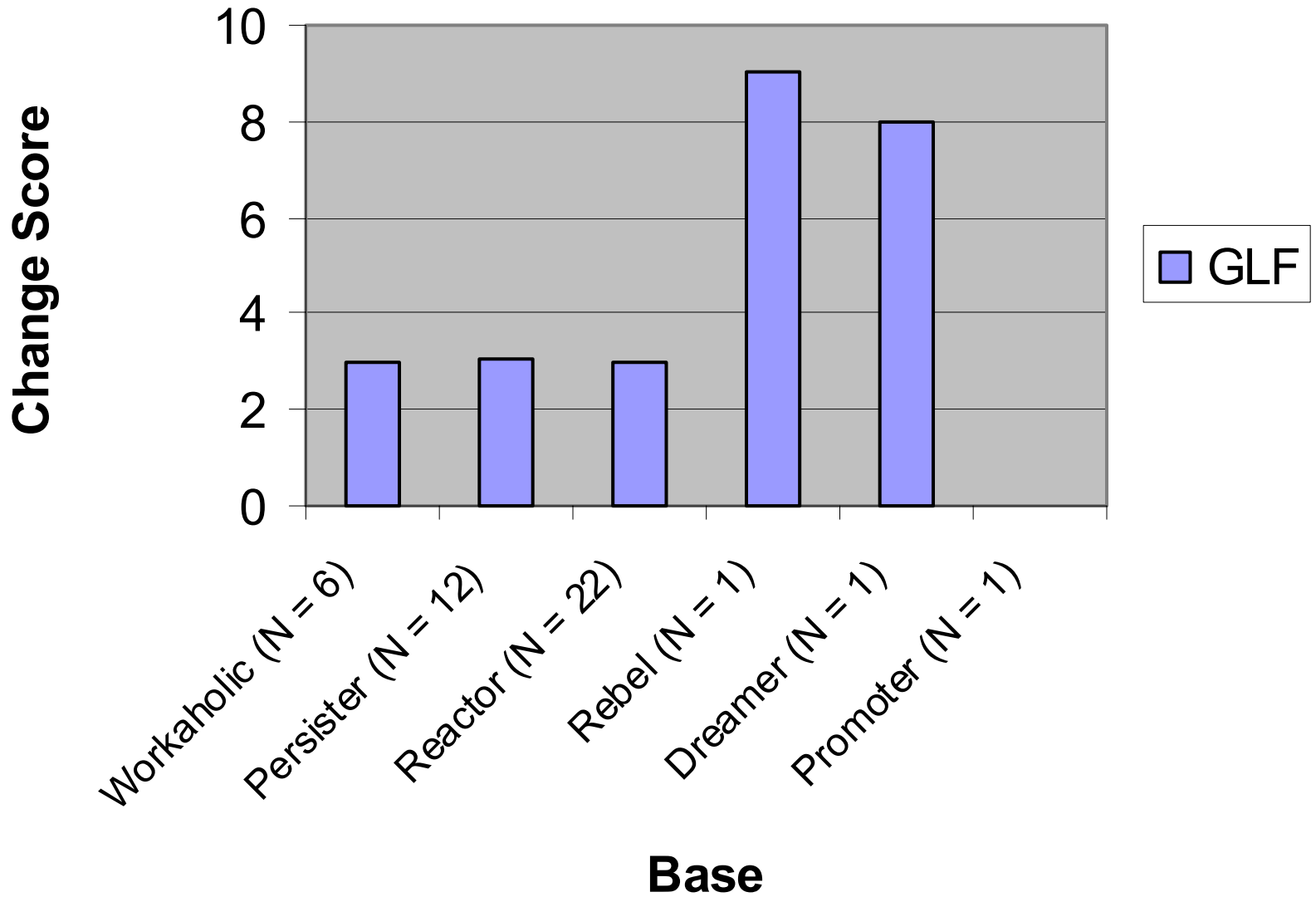
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- Participant Base/Phase
- Trainer name, base/phase
- Seminar type
- Duration
- Kahler seminar evaluation q. 9-12
- PCFI pre, post, follow-up
- PCFI Scale change scores and effect sizes
- CAP scale scores if available
- 90 day PCM Impact Survey

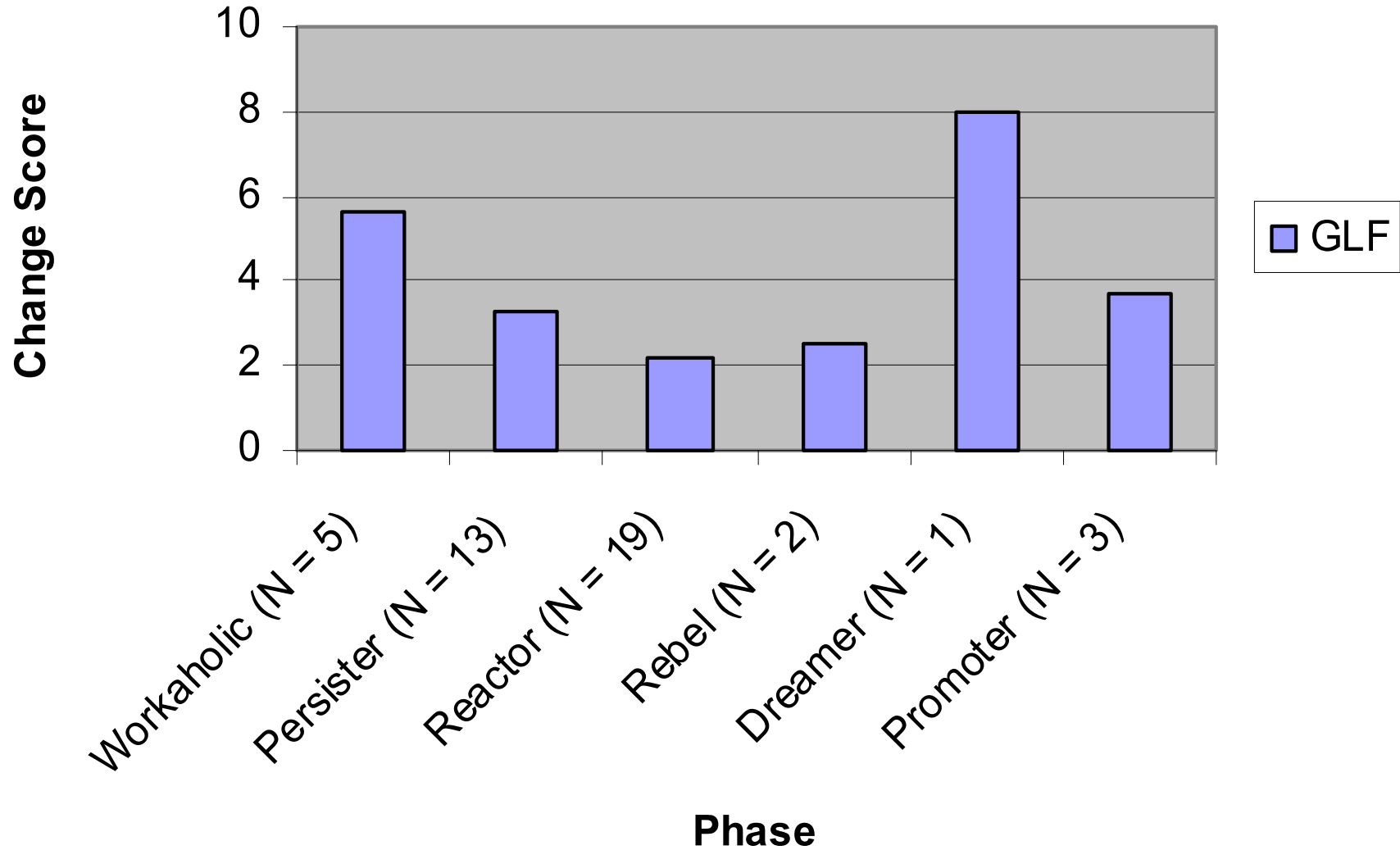


The following graphs contain very small sample sizes.  
No statistical conclusions are warranted. These are  
provided simply for conversation and illustration  
purposes.

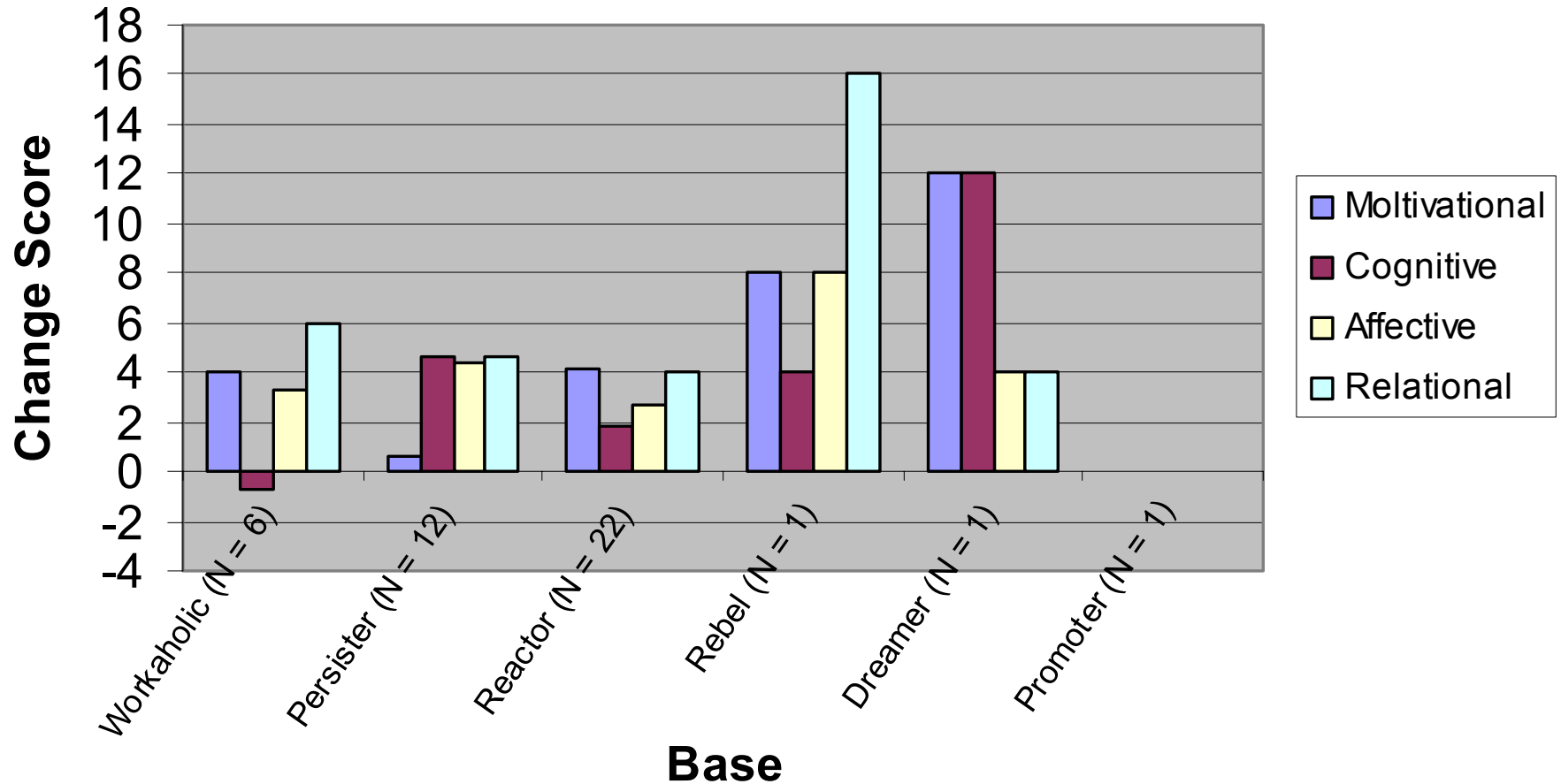
# Change in Self-Efficacy by PCM Base



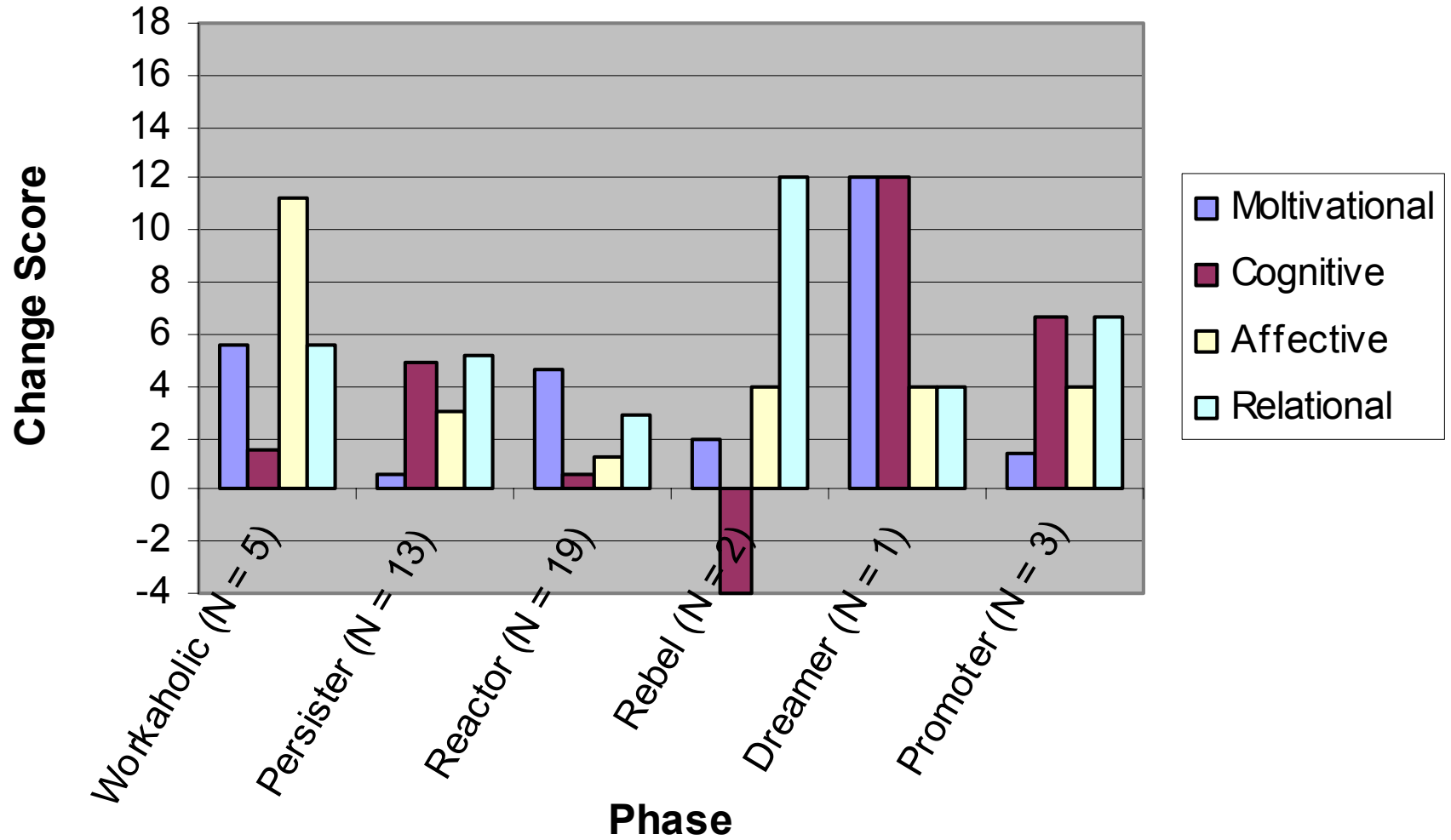
## Change in Self-Efficacy by PCM Phase



## PCFI Change Score by PCM Base



## PCFI Change by PCM Phase



# Our goal is to...

---

- ❑ Explore detailed relationships between personality structure, self-efficacy, and change
- ❑ Answer questions about
  - impact of trainer base/phase
  - trainer competency/effectiveness with various personality types
  - whether participant base/phase predicts areas of growth.
  - desired or typical change profiles for a specific base/phase.
  - relevance/impact of phase issue.
  - ideal seminar/consultation packages.

# Capabilities Awareness Profile (CAP)

---

- ❑ A self-efficacy storyboard for enhancing the coaching / therapy relationship
- ❑ 124 item self-report, on-line, instant feedback
- ❑ Built around theories of self-efficacy, positive psychology, social-emotional intelligence, hope
- ❑ Measures Self, Relational, Role competencies
- ❑ Includes 12 efficacy subscales
- ❑ Validated alongside the PCFI
- ❑ PCFI questions embedded within the CAP
- ❑ Narrative Validity
- ❑ Backed by 12 year history in clinical outcomes research

# Which one to choose?

## PCFI

## CAP

- ❑ 16 items
- ❑ 2 minutes to complete
- ❑ Paper/pencil and on-line
- ❑ 4 scales and GLF
- ❑ No validity index needed
- ❑ No norms needed
- ❑ Use with groups, occasionally with individuals
- ❑ Efficient
- ❑ Psychometric validity
- ❑ A snapshot
- ❑ Best for program outcomes
- ❑ Measures change

- ❑ 124 items
- ❑ 20-30 minutes to complete
- ❑ On-line only
- ❑ 3 general scales, 12 subscales
- ❑ Validity index
- ❑ Gender norms
- ❑ Use with individuals and with groups
- ❑ Detailed
- ❑ Psychometric and Narrative validity
- ❑ A storyboard
- ❑ Best for coaching/therapy relationships
- ❑ Measures change

# CAP Case Studies

---

- Integral Wellness Coaching
- Research Application

# Where from here?

---

- ❑ Engage more PCM trainers in outcomes assessment, enhance competitive position of PCM, build database.
- ❑ Research comparing impact of competing models (DISC, MBTI, etc.).
- ❑ Research on PCM/Self-efficacy in psychiatric diagnoses (LSU, Dr. Ware).
- ❑ Explore combinations of PCM and other modalities (adventure learning, creativity coaching, on-line self-help interventions)
- ❑ Build database on PCFI outcomes and TASP data for clinical patients.
- ❑ **What else?**

---

**Thoughts?**

**Opinions?**

**Reactions?**

**Reflections?**

**Feelings?**

**Action steps?**

# Reliability

---

- PCFI Internal consistency - .88
- By comparison to current gold standards in clinical settings..
  - Brief Symptom Inventory (Derogatis, 1993) – .71 - .85
  - Outcomes Questionnaire – 45 (Lambert et al, 1996) - .93

[PCFI Psychometrics](#)

# Discriminant Validity

---

- ▣ PCFI scores effectively differentiate between inpatient, outpatient, and non-patient populations.

# Concurrent Validity

---

- Millon Clinical Multiaxial Inventory (MCMI-III)
  - Negative correlations with all 12 MCMI-III scales
  - Suggests positive relationship between perceived competence and mental health adjustment.
  
- Brief Symptom Inventory (BSI)
  - Negative correlations with all BSI scales
  - Suggests people with high levels of perceived competence tend not to report symptoms of psychiatric distress

# Concurrent Validity (cont.)

---

- Outcomes Questionnaire-45
  - Strong negative correlations with PCFI.
  - Indicates that people with high levels of perceived competence tend to report fewer psychiatric symptoms, relationships difficulties, and role impairments.
  
- Snyder's Hope Scale
  - Positive correlations with all scales of the PCFI.
  - Suggests that higher PCFI scores are associated with increased agency ("willpower") and pathways ("waypower")

# Sensitivity to Change

---

- Positive effect sizes during course of interventions.
- Different rates of change observed for different functional levels and intensity of interventions.

# Integral Wellness Coaching



## A Case Study in a Clinical/Coaching Application of the CAP

# Presenting Situation

---

- 51 y-o, married, once-divorced, Caucasian male
- 25 years as a teacher
- Last 4 years as an administrator
- Presenting symptoms have never occurred until 3 yrs. ago, and have steadily increased since then

# Presenting Complaints

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- Anxiety: BAI = 37 (severe)
  - Stomach discomfort, nervousness, fear of losing control, panic episodes, chest pains
- Depression: BDI = 10 (moderate)
  - Insomnia, weepiness, social isolation, withdrawal, anhedonia, amotivation, loss of self-confidence/self-esteem
  - Gain 15# in 2 yrs.

# Medical History

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## □ Medical Complaints

- 2002 – heart catheterization, 40% blockage
- Recurrent chest pains without findings, Niaspan, Folic Acid, Norvasc, Aspirin
- Elevated cholesterol – on medication
- 2003 - TMJ, seen by Dr. Baker, appliance
- 2003 – ED, Viagra
- 2004 – insomnia – Ambien
- 2004 – depression, Effexor

# Diagnosis?

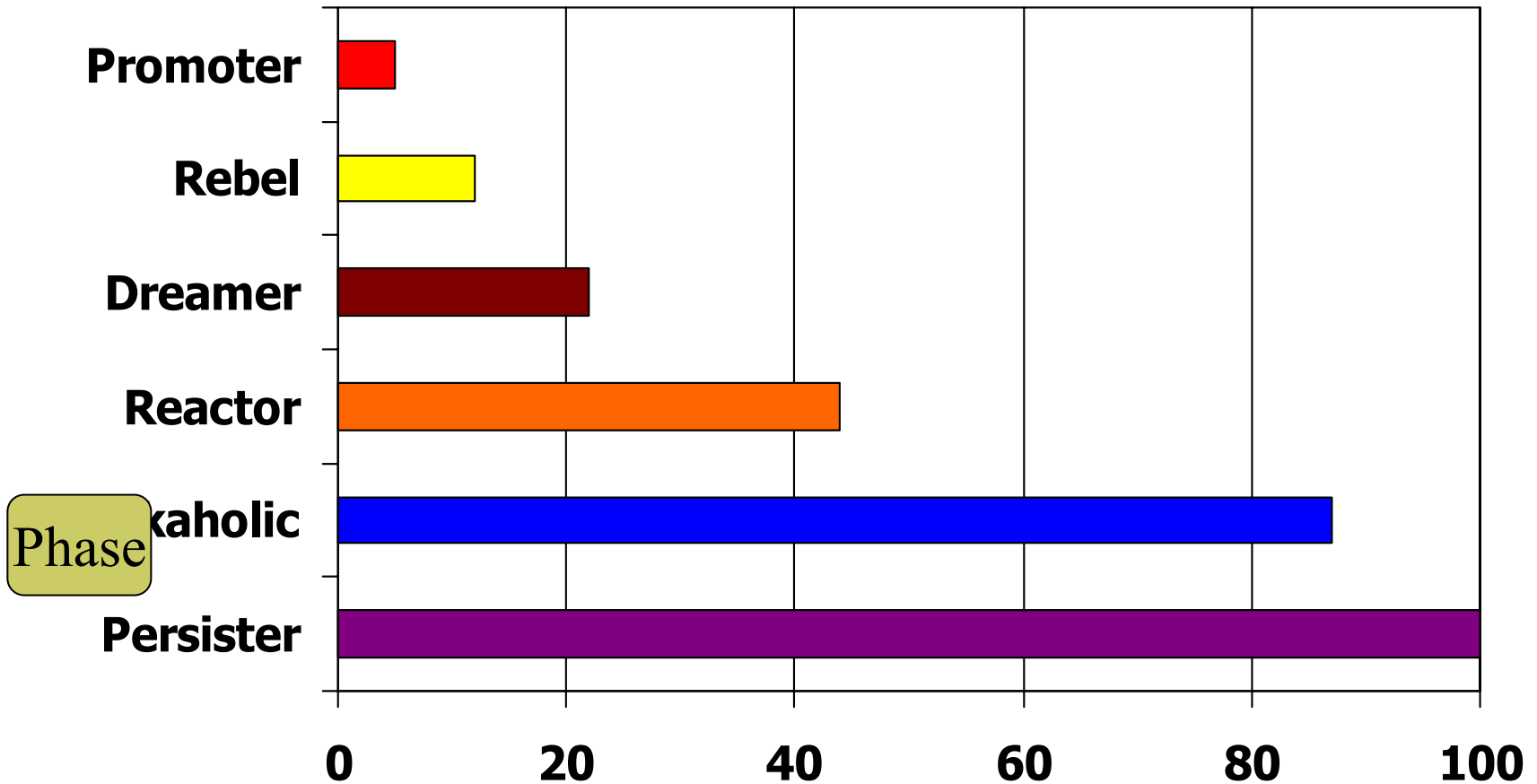
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300.02 – Generalized Anxiety Disorder

296.23 – MDD, single episode, severe

# PCM at Admission (4/12/04)

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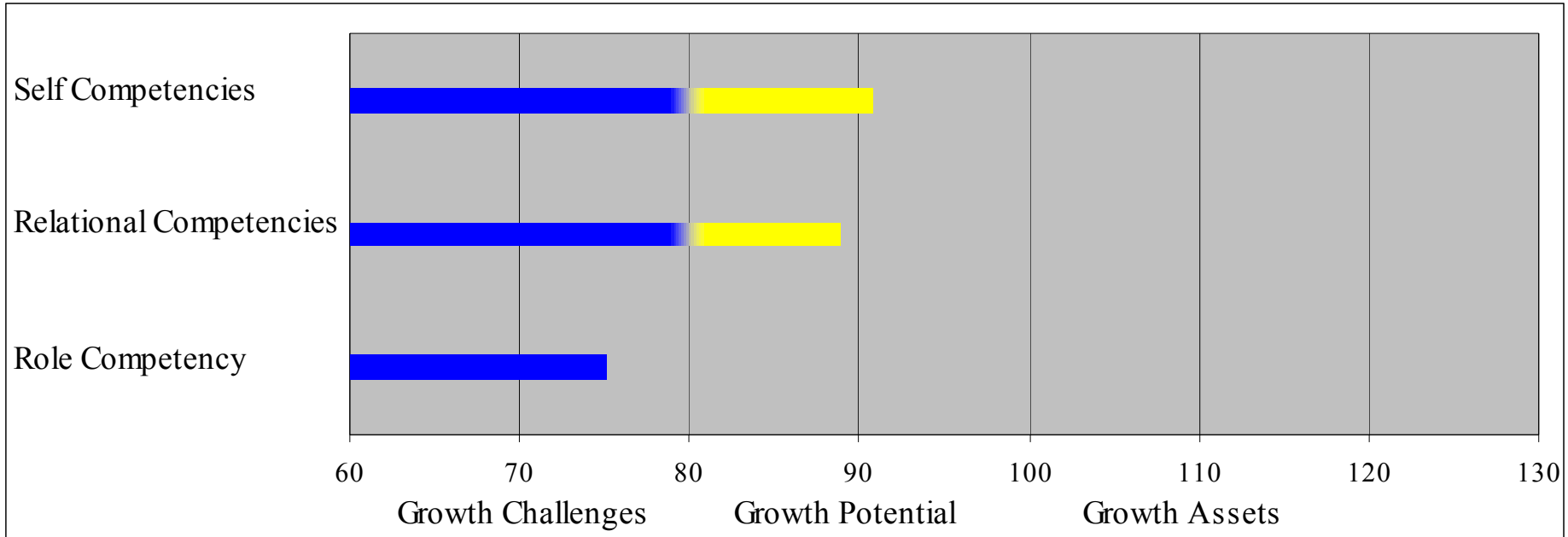


# PCM Diagnosis

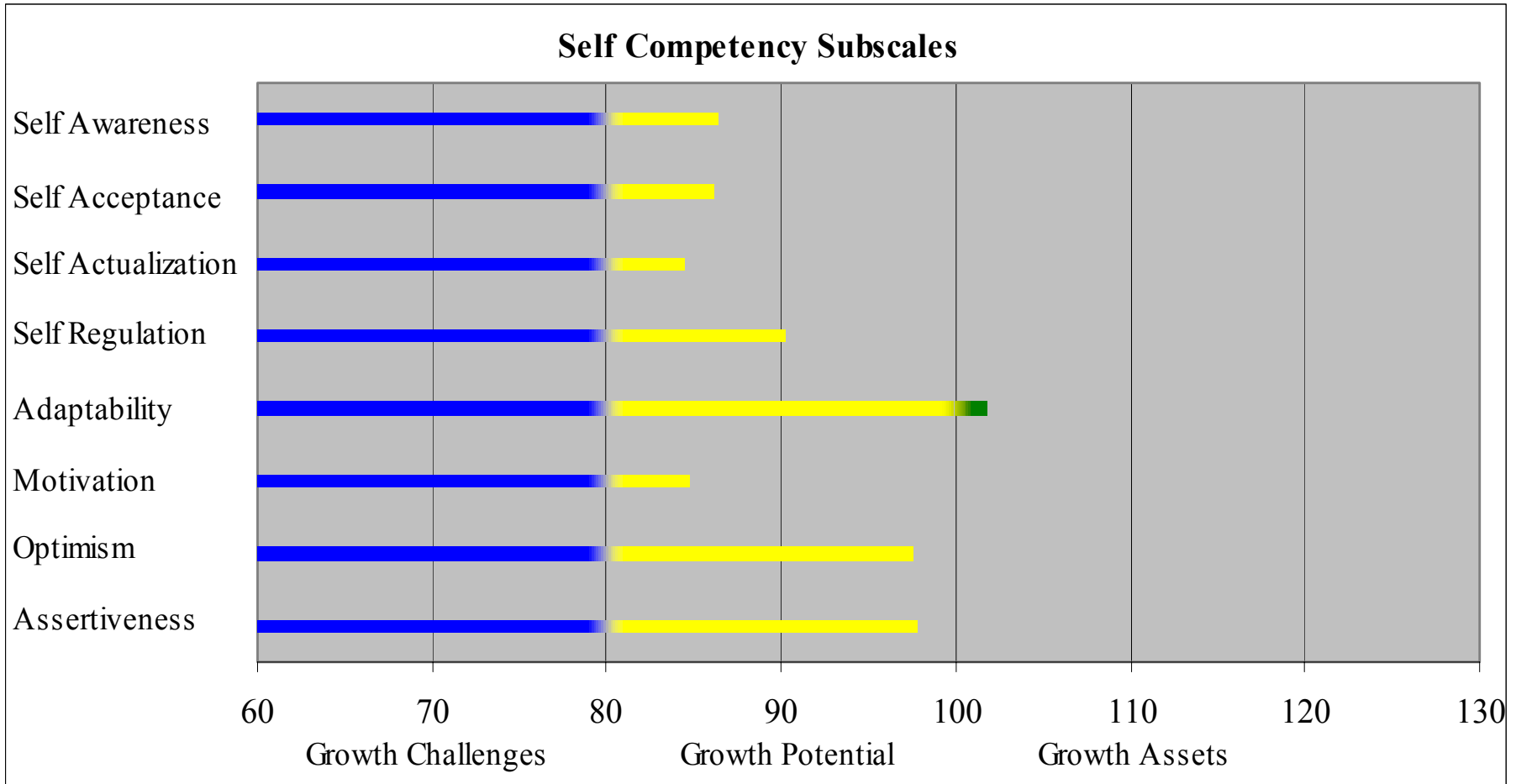
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- ❑ “Until” failure scripts for workaholic/persister
- ❑ Chronic second-degree workaholic distress – i.e. “be perfect,” over-functioning
- ❑ Failing to communicate in channel even though offers (i.e. recognition of his work and time) were there
- ❑ Attempts to connect at Reactor floor (with wife co-workers, students) becoming strained and mechanical

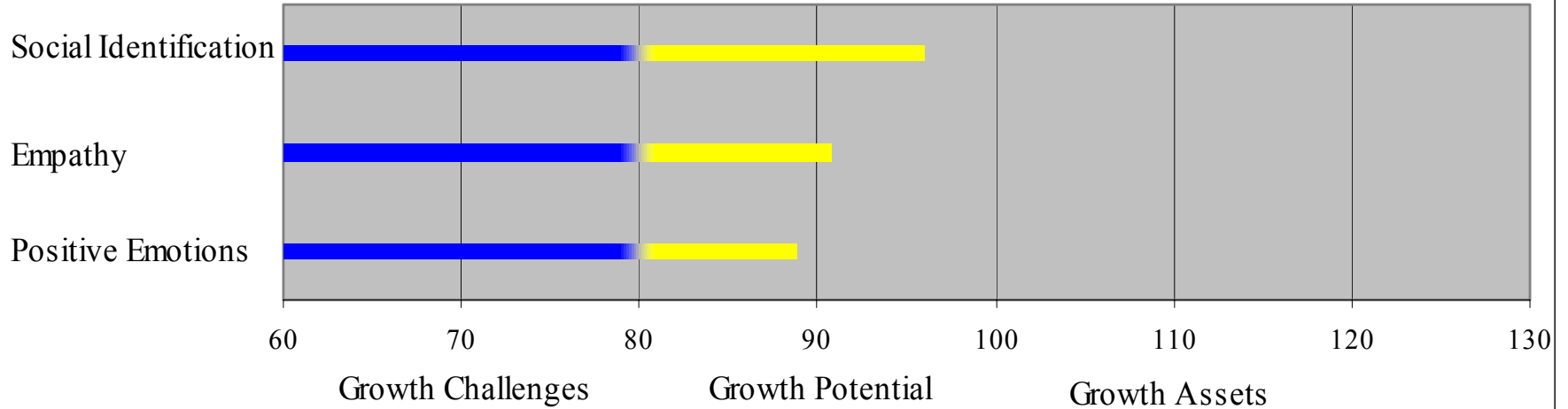
# Capabilities Awareness Profile



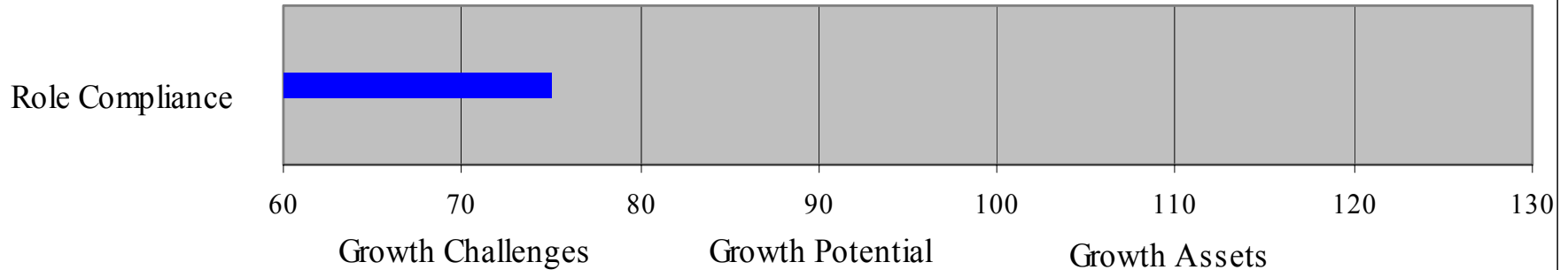
April 12, 2004



### Relational Competency Subscales



### Role Competency Subscales



# CAP Diagnosis

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- ❑ Incongruence
- ❑ Overadaptability without the buffers of purpose/self-awareness/actualization
- ❑ Positive emotions and empathy - therefore ability to positively connect with co-workers and students – is suffering
- ❑ Role competency (and identity) suffering
- ❑ Low self-efficacy
- ❑ Lacking sense of place and purpose

# Integral Diagnosis

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- ❑ Gamma Trap
- ❑ Life conditions (administrator) increasingly out of synch with life-skills that worked as a teacher
- ❑ Simply getting out of administration or “toughing it out until retirement” are not adequate options....need a third way, a more sophisticated way of holding all things in the balance
- ❑ Fairly Green meme, but with unresolved orange (attention to self) and blue (delegating) issues.

# Treatment Plan

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- Session 1:
  - Coordinate care with PCP, stay on Effexor
  - Teach abdominal breathing/relaxation exercises
  - Work out plan for personal time-outs at work
  - Gave “Why Zebras don’t get ulcers” to read
- Session 2:
  - Entertain options outside of current vocation
  - Review relaxation exercises, mindfulness
  - Worked with PCP to d.c. Ambien, start Seroquel

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- Session 3:
    - Seroquel working
    - Intro to self-efficacy and CAP
  - Session 4:
    - CAP analysis

- 
- Session 5:
    - PCM review
  - Session 6:
    - PCM and distress sequences
    - Homework to accept credit for his time management, ideas, and work ethic – communicate in channel
    - Cognitive restructuring around humility as it relates to self-efficacy and Persister values
    - Client predicted CAP congruence and improvement

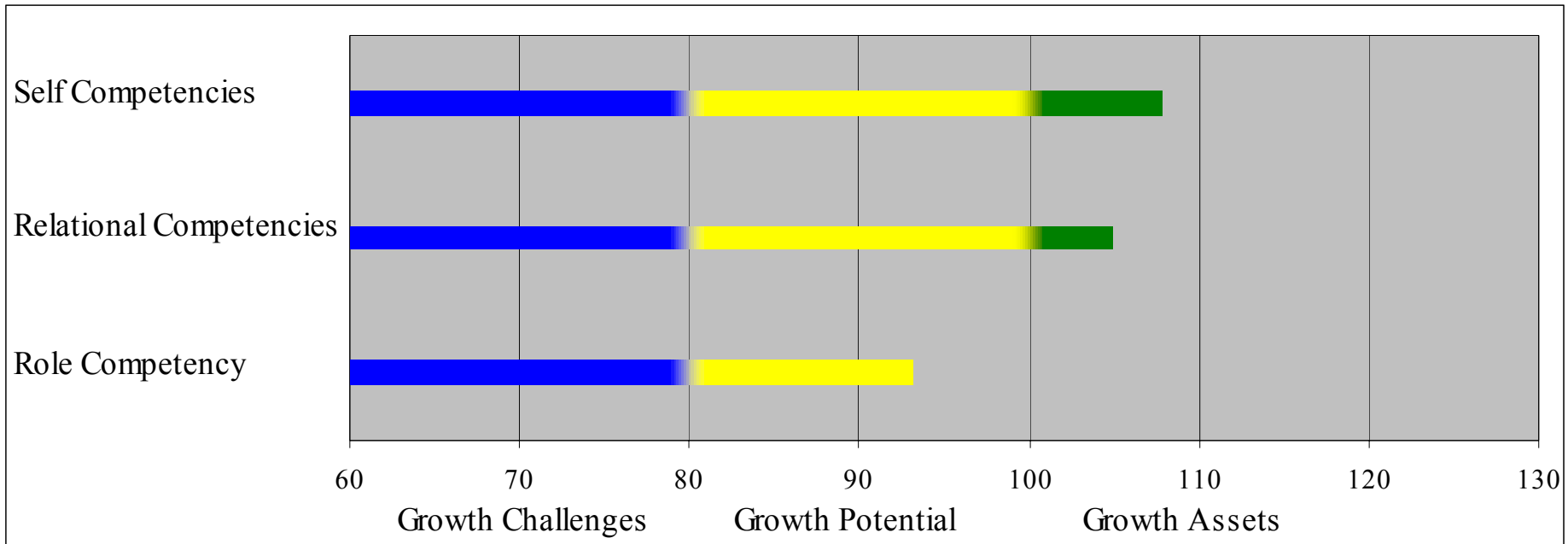
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- Session 7:
    - Wrap-up
    - Goals achieved
    - Worked on relapse-prevention plan

# Outcomes

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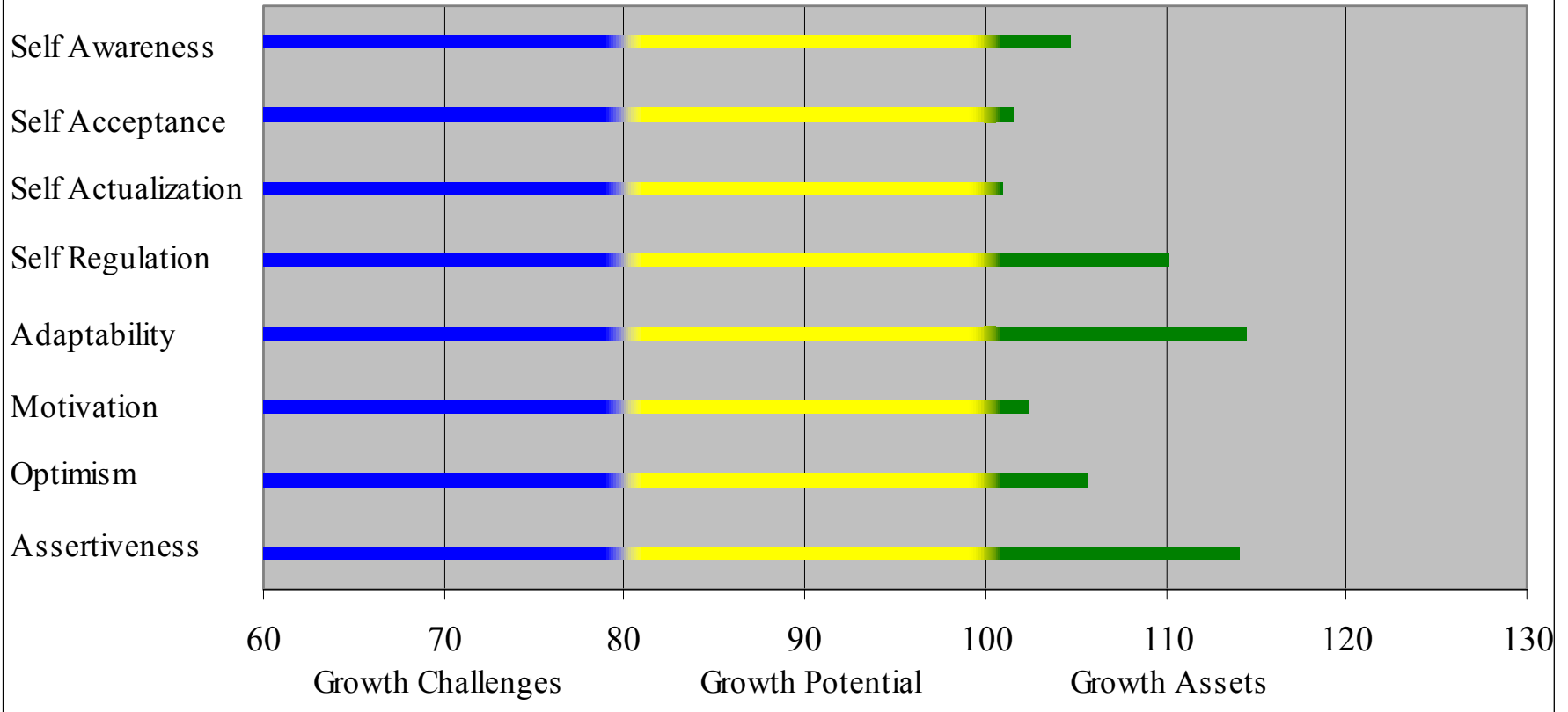
- ❑ BDI = 0 (non-depressed)
- ❑ BAI = 7 (mild-minimal anxiety)
- ❑ B.P. 115/70 consistently, so d.c. B.P. meds
- ❑ Begin titration off Seroquel
- ❑ Excited about job, already working on some projects for next year
- ❑ Had some examples of innovative approaches to student discipline
- ❑ Gave examples of delegating more effectively
- ❑ Has always made effort to connect with “reactor” support staff, but now it seems more natural and needs less recognition for it.

# Capabilities Awareness Profile

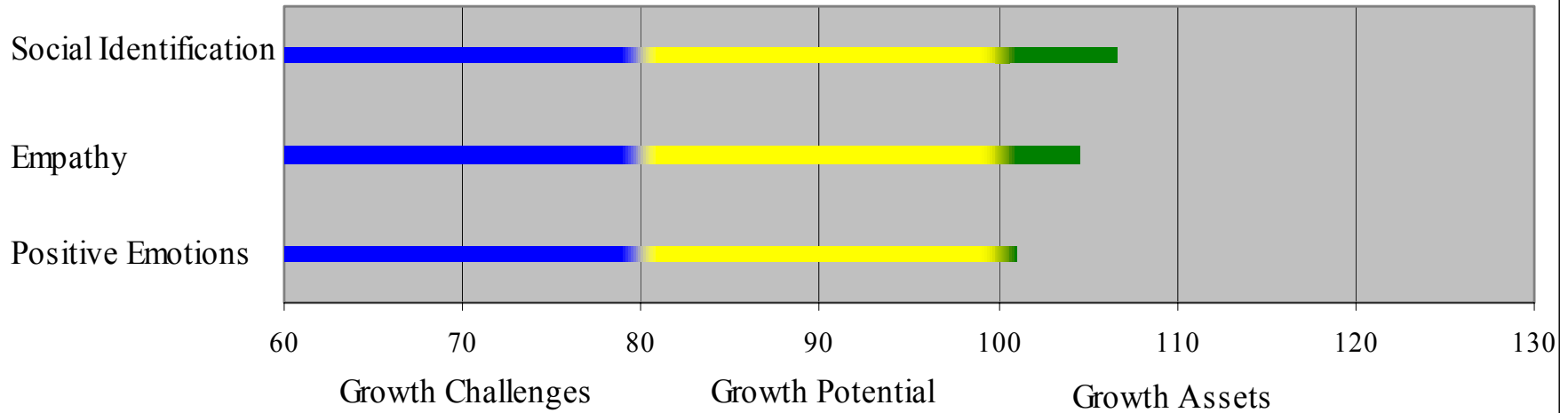


June 8, 2004

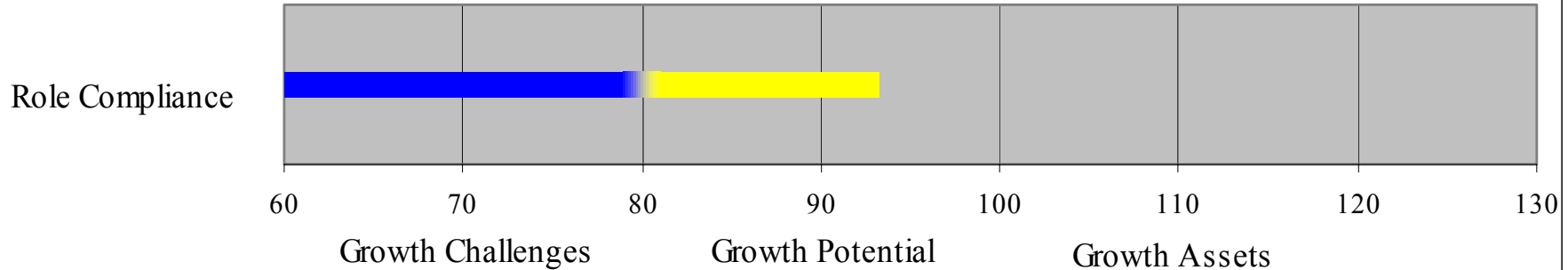
### Self Competency Subscales



### Relational Competency Subscales



### Role Competency Subscales



# Discussion/Implications

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- ❑ Technical skills adequate for new job, self and relational competencies needed attention
- ❑ Knowing PCM profile helped zone in on skills to get workaholic needs met
- ❑ CAP painted picture of workaholic 1<sup>st</sup>/2<sup>nd</sup> degree distress with clear direction of what to do (accept the affirmation that was already there)
- ❑ CAP at follow-up provided metrics to validate positive change

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- ❑ Of the four ways to raise self-efficacy, treatment targeted re-evaluation of physiological states (mind-body education, breathing, relaxation, mindfulness), and persuasion (linking to his persister/workaholic value for logic, dedication, and effectiveness).
  - ❑ Working on Blue (delegating), and orange (giving self credit for job well-done and for own initiative and innovation) opened up spiral for healthy green and a delta surge
  - ❑ [Back to Case Studies](#)

# Research Application



CAP as a tool to assess impact  
of a self-efficacy enhancement  
program

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Beckman, Regier & Young (2007). Effect of workplace laughter groups on personal efficacy beliefs. Journal of Primary Prevention, Vol. 28(2), 167-181



[www.laughterlinks.com](http://www.laughterlinks.com)



Prairie View  
Process Solutions

*A collaboration between Prairie View's Process  
Solutions and Laughter Links*

# Study Details

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Duration: 3-weeks, 15 min/day

Location: 3 different Prairie View sites

Number of participants: 30

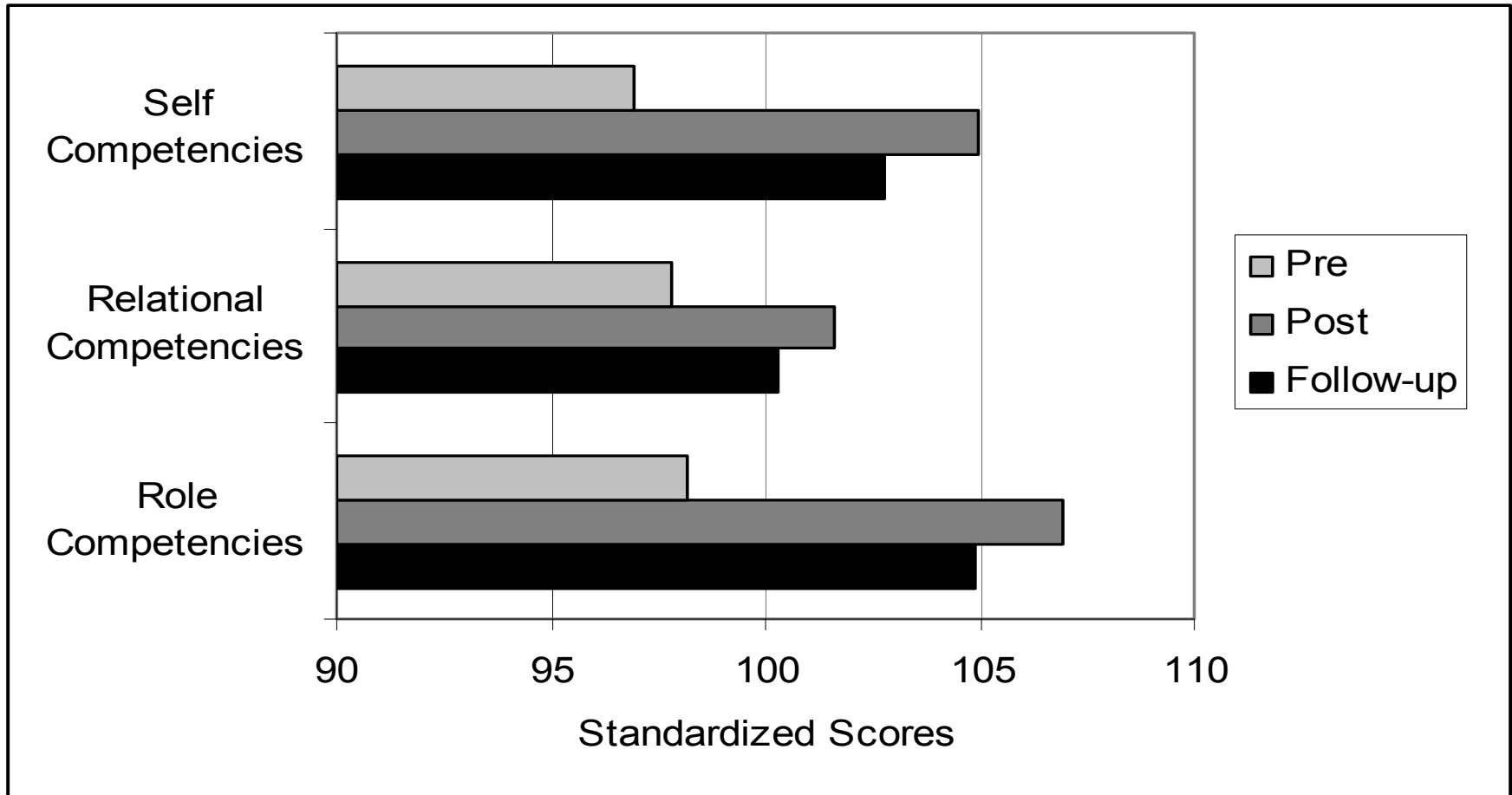
# Hypotheses

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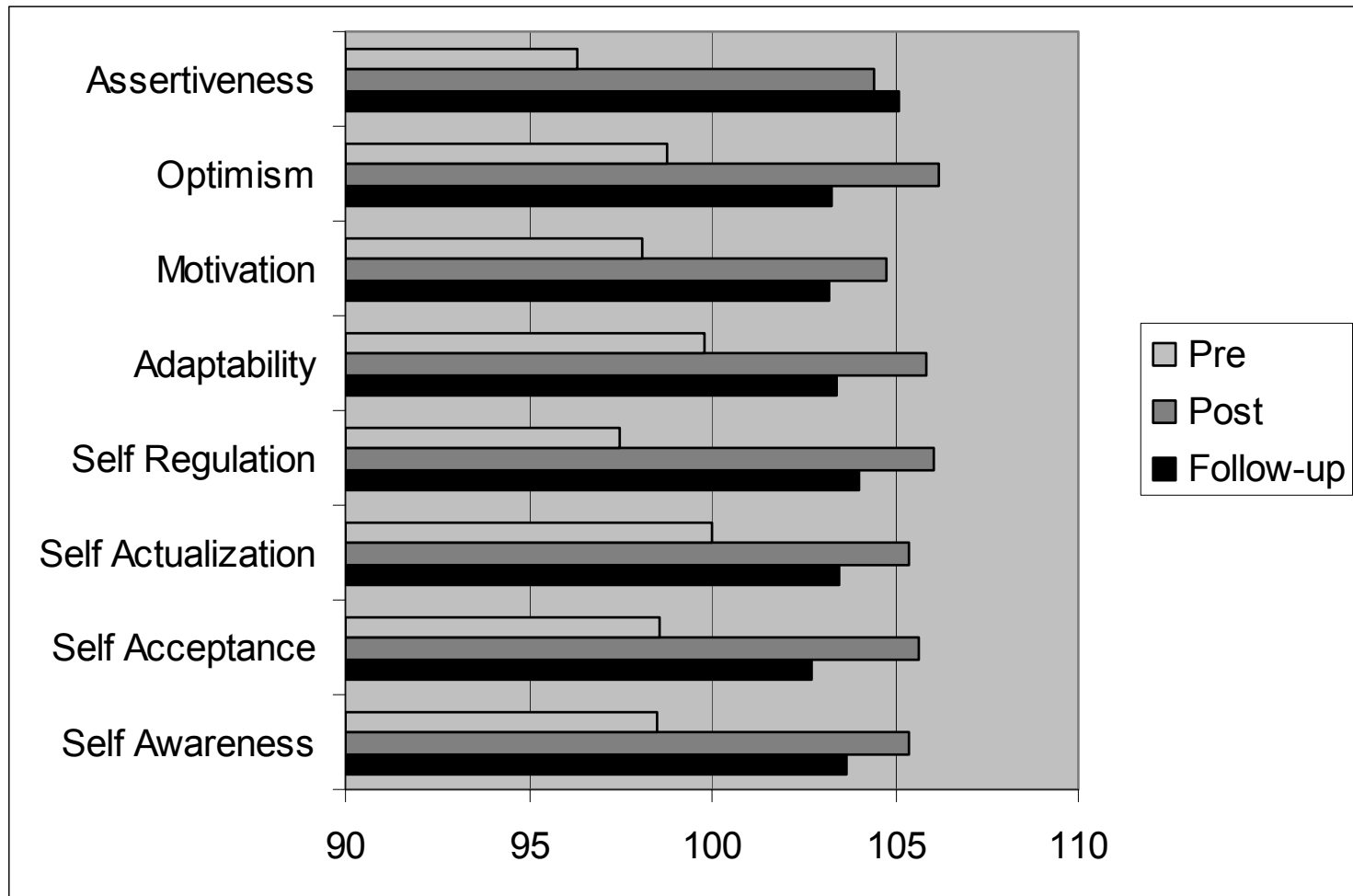
## Significant Increases in...

- Self-Regulation
- Optimism
- Positive Emotions
- Social Identification

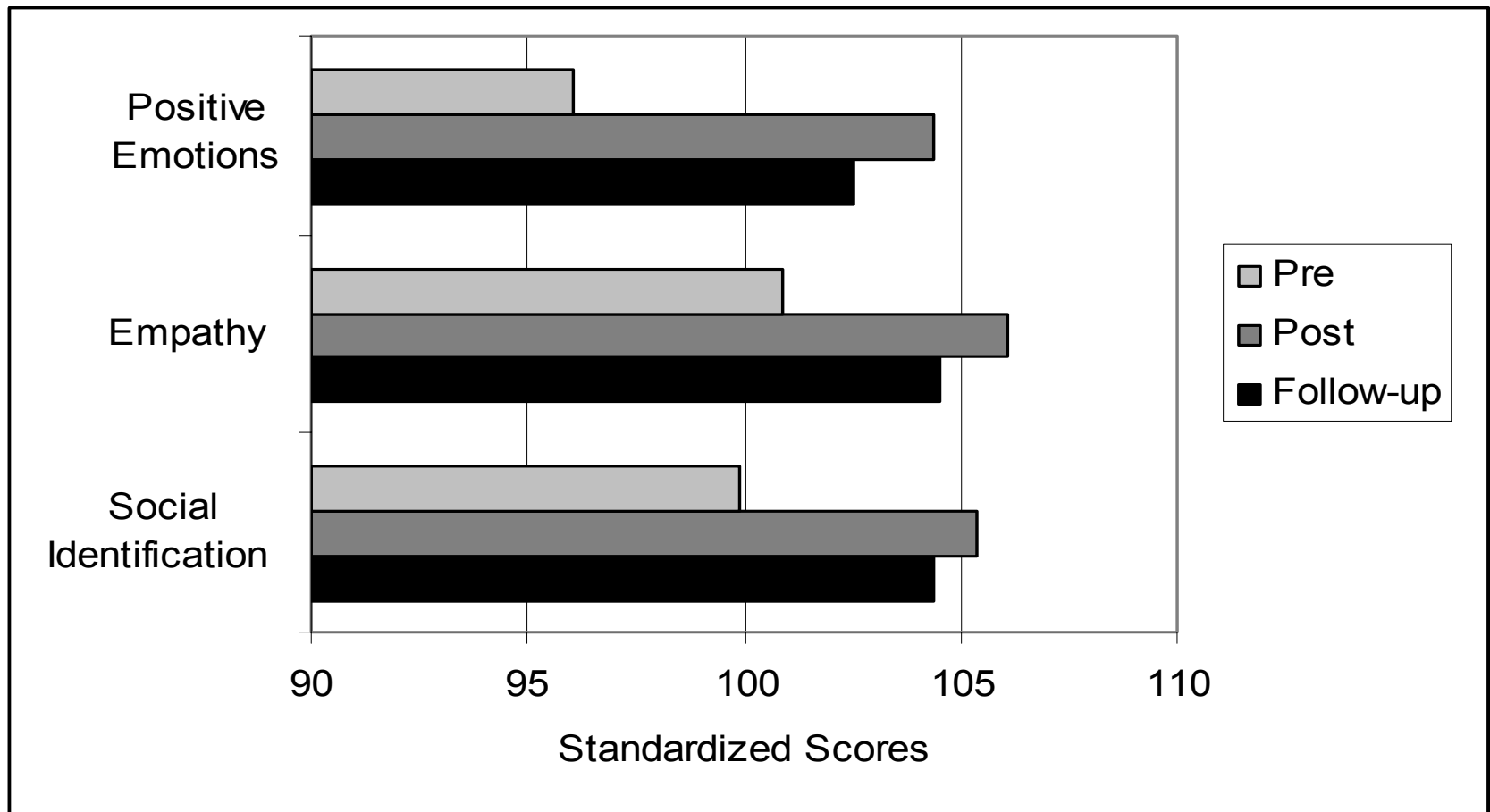
# Self, Relational, and Role-Competencies before and after Laughter Links



# Self-Competency sub-scales before and after Laughter Links



# Relational Competency Sub-Scales before and after Laughter Links



# Implications/Discussion

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- ❑ The CAP can assist organizations in developing targeted training and education curriculums and the PCFI can follow up to measure outcomes.
- ❑ The CAP provides a powerful “storyboard” or map of individual and group competencies, which has implications for supervision, training, facilitation, and professional development.
- ❑ [Back to Case Studies](#)