



Strength-Based Treatment

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“ It is only with the heart that one can see rightly; what is essential is invisible to the eye. ”

Antoine de St. Exupery
from *The Little Prince*

Strength-Based Treatment

Traditionally, most treatment programs use a pathology-based approach to treatment, where there is considerable focus on the psychiatric diagnosis. While the youth's diagnosis is important, an overemphasis on pathology may cause the staff to view children as the problems they present rather than the people they are. A newer movement in mental health is person-centered care, where staff members are encouraged to respect and partner with youth and their families instead of focusing on limitations.

Treatment programs that use strength-based practices view each child as a unique individual with strengths, capacities, and challenges. Resiliency research studies have found that when children successfully overcome challenges and achieve positive outcomes, their accomplishments are usually a direct result of their strengths (Davis, 1999; Grotberg, 1995; Wolin, 1993; Bernard 2004).

In strength-based treatment, staff members teach children and families new skills to deal with problems rather than respond to disruptive or problematic behaviors with coercive interventions. This approach allows children and their family to be active participants in their treatment.

Moving towards strength-based care

Programs that want to move toward a strength-based treatment model must evaluate the attitudes and beliefs of their staff members and specific program practices to ensure they emphasize collaboration rather than control.

The following are examples of how strength-based practices can be incorporated:

- **Identify strengths from the start** – Staff members should identify the child's talents and strengths from the initial assessment. Three areas to look at are interpersonal characteristics (e.g., honest, funny), everyday living skills (e.g., grooming and cleanliness), and talents in specific areas (e.g., sports, academics, art, music) (Grotberg, 1995). Once the child's specific strengths are recognized, staff can create opportunities where the child can participate in activities that match his/her talents.
- **Look for opportunities for praise** – Staff should be committed to finding various ways throughout the day to give children praise for their accomplishments. It can be as simple as reminding them that they are special and using empathy statements that are specific and sincere. Staff should reward positive behavior and create opportunities to showcase the children's accomplishments (i.e., bulletin board of artwork).

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- **Encourage mutual appreciation** – Staff members should create an atmosphere where children acknowledge their own strengths and successes as well as the strengths of their peers and staff. Staff should establish an atmosphere where children are encouraged to express their feelings and negotiate with staff.
 - **Share strengths with family** – Staff members should share something positive about a child every time they speak with the child's family and point out the strengths the family possesses. Staff should also maintain a positive outlook about the future and share it with the child and their family.
 - **Staff Meetings** – Staff should actively observe children's behaviors and have an understanding of how the use of praise affects their behavior. They should provide feedback to their co-workers and work together on how to be more effective in incorporating strength-based care ideas in their program.

Please see the *Promising Practices* chapter for more information.

Positive outcomes resulting from the use of strength-based approaches

Programs in Massachusetts have experienced some or all of the following positive outcomes after implementing strength-based treatment approaches:

- Children view themselves in a more positive manner and feel more confident as a result of frequent and sincere praise by staff members. When a child's self-esteem improves, he/she may focus less on negative thoughts.
- The overall level of problematic behaviors decreases when staff members increase their use of praise with all of the children in the program (Furst et al., 1994).
- Children, families, and staff feel more hopeful about the future.
- Staff members find it more enjoyable and rewarding to work in a program where the focus is placed on enhancing strengths rather than controlling behavior.
- Length of stay is shorter in programs that use collaborative practices with children and families.

Strength-based treatment beliefs

SBT:

- Is collaborative
- Rewards positive behaviors
- Teaches new skills and provides opportunities to practice these skills
- Emphasizes discussion and negotiation
- Provides the child with choices
- Views the child as resilient
- Views the child's parents or adult supports as caring and competent
- Is committed to understanding the child on *multiple* dimensions

SBT does not:

- Rely on control
- Focus on reacting to negative behaviors
- Utilize confrontation and rigid limit setting
- Implement sanctions and punishments
- View the child through his/her limitations
- View parents or adult supports as obstacles to recovery
- Assess the child on a single dimension

References

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