

A Strength-Based Approach to Working with Youth and Families: A Review of Research

The field of mental health and social services has a long history of focusing on children's deficits, problem behaviors, and pathologies. Within the last decade researchers and practitioners within the fields of education, mental health, psychology, social work, and child welfare have begun to question the deficit-based approach and move toward a more holistic model of development (Trout, Ryan, La Vigne, & Epstein, 2003). Rather than focusing on individual and family weaknesses or deficits, strength-based practitioners collaborate with families and children to discover individual and family functioning and strengths (Laursen, 2000). At the foundation of the strength-based approach is the belief that children and families have unique talents, skills, and life events, in addition to specific unmet needs (Olson, Whitebeck, & Robinson, 1991 as cited in Epstein, 1999).

While there are a variety of programs that utilize a strength-based approach, there is relatively little empirical research on the effects of "strength-based" programs on youth and family development (Cosden, Panteleakos, Guitierrez, and Barazani, 2004). The relative lack of research on strength-based programs is due in part to the wide variation of programs that operate within a "strength-based" framework. Since few standardized "strength-based" interventions for youth and families exist, determining the effectiveness of strength-based practice proves difficult.

Specifically, programs that utilize a strength-based approach often combine this framework with other approaches such as wraparound service models, family systems frameworks, and various types of cognitive-behavioral therapies including solution-focused therapy (Johnson, 2003; McDonald, Boyd, Clark, & Stewart, 1995). Thus, rather than viewing the strength-based approach as one method of working with children and families, the strength-based approach can be seen as a conceptual framework within which many practitioners work. While implementation of the strength-based approach may vary, practitioners using a strength-based approach tend to emphasize individual and family functioning and strengths.

Given the wide array of programs that operate within a strength-based framework, evaluating programs that use a strength-based approach becomes a challenge. Until recently there were few assessment tools designed to measure the effects of strength-based programs on youth and family outcomes. Past assessment tools equipped to measure problem behaviors are

not applicable to measuring the effects of strength-based programs on youth and family development. While there is still no single accepted strength-based intervention strategy, recent advances in the reliability and validity of strength-based assessment tools provide researchers with a standardized method of evaluating programs operating within a strength-based framework.

Strength-Based Assessment

Practitioners working within a strength-based framework emphasize strength-based assessment as a critical first step in the movement toward seeing the strengths and competencies of children and families. Strength-based assessment serves two purposes: 1) It offers practitioners a reliable tool to assess the skills, competencies, and characteristics of individuals and families 2) It provides researchers a reliable and valid way to assess change in individuals following participation in strength-based programs.

A reliable tool to assess individual and family strengths and competencies, strength-based assessment provides practitioners with a positive way to approach intervention with youth and families. “Over time we have learned that asking the right question often has more impact on the client than having the correct answer” (Miller, 1994, as cited in Clark, 1997, p.98). Practitioners working from a strength-based approach emphasize the importance of asking youth and families the ‘right questions.’

The majority of validated assessments for youth have relied on a deficit-oriented assessment model. For example, validated assessment tools, such as the Revised Behavior Problem Checklist (Quay & Peterson, 1987), the Child Behavior Checklist (Achenbach, 1991), and the Child and Adolescent Functional Assessment Scale (Hodges, 1989) document children’s pathologies, deficits, and problems. While these tools have proven useful for understanding what is wrong with children, they provide little insight to the strengths children may have in overcoming some of their problem behaviors. Researchers working from a strength-based approach suggest that using assessments that focus on strengths allows practitioners to develop partnerships with families and children that may contribute to the child’s enhanced performance and motivation. According to Epstein and Sharma (1998):

Strength-based assessment is defined as the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members,

peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development" (p.3).

Epstein and Sharma's (1998) definition of strength-based assessment has provided researchers with the foundation necessary to develop instruments designed to assess skills and competencies of youth. Both informal and formal strength-based assessments have been utilized by practitioners to better develop individual education plans and intervention plans for youth and families. Working from a strength-based model of development, researchers consider strength-based assessment to be founded on the following principles:

1. All children have strengths.
2. Focusing on children's strengths instead of weaknesses may result in enhanced motivation and improved performance.
3. Failure to demonstrate a skill should first be viewed as an opportunity to learn the skill as opposed to a problem.
4. Service plans that begin with a focus on strengths are more likely to involve families and children in treatment. (Epstein et al., 2003)

Traditionally, informal approaches such as "strength-chats" with the child or family have been used to identify goals and establish treatment plans. A "strength chat" might include questions like: "If you were in trouble who would you ask for help?" "What do you see yourself doing in three years?" "What are your favorite hobbies or activities?" (Epstein et al., 2003). The purpose of a "strength chat" is to help practitioners identify an individual or family's strengths and utilize them in designing an appropriate intervention plan. Given that informal assessments such as "strength chats" may vary in content and administration from practitioner to practitioner, other tools have been developed in an attempt to standardize strength-based assessments.

Formal assessment tools used by researchers in attempt to standardize strength-based measures include but are not limited to the Strength and Difficulties Questionnaire (SDQ, Goodman, 1997), the Child and Adolescent Strengths Assessment Scale (CASA, Lyons et al., 1997), the Profiles of Student Life: Attitudes and Behaviors (PSL-AB, Benson et al, 1998; Leffert et al., 1998), the Scales for Predicting Successful Inclusion (SPSI, Gilliam & McConnell, 1997), and the Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998).

Perhaps the most well researched and widely documented strength-based assessment tool is the Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998). The BERS was

developed to provide professionals with a reliable, valid, standardized assessment tool to measure strengths of youth and gradations of improvements over time. In 2001-2002, the BERS was renormed on a large, nationally representative sample of parents/caregivers and children and adolescents. The original items were rewritten to develop the BERS-2: Parent Rating Scale (Epstein, 2004), BERS-2: Youth Rating Scale (Epstein, 2004), and the BERS-2: Teacher Rating Scale (Epstein, 2004). The measures were adjusted to reflect separate parent, youth, and teacher perspectives and designed to be used with youth ages 11-18.

The BERS-2 scales were modeled after the original BERS scales which included 52-items divided into 5 subscales. An overall Strength Index provides a summary strength score of the five subscales. The five subscales include: Interpersonal Strength (identifies the child's ability to interact with others in social situations), Family Involvement, (assesses child's relationship with her family), Intrapersonal Strength (identifies child's perception of her competence and accomplishments), School Functioning (addresses child's competence/performance in the classroom), and Affective Strength (assesses child's ability to give and receive affection from others) (Buckley, J. & Epstein, M., 2004). The BERS-2 is a psychometrically sound instrument with adequate content validity, convergent validity, criterion validity, discriminant validity, interrater reliability, and test-retest reliability. The BERS-2 was designed to be completed by parents, teachers, and youth within 10 minutes, rating the child on items from 0 (Not at all like the child) to 3 (Very much like the child).

According to Epstein et al. (2003), the BERS-2 can be used as a way to document children's emotional and behavioral strengths, identify children with limited emotional and behavioral strengths, set goals for individual education programs (IEPs), and document progress in strength areas following intervention. The multi-faceted, reliable, and valid nature of the BERS-2 makes it a valuable tool when working with youth and families.

Strength-Based Assessment in Practice

While there are a wide variety of ways to implement a strength-based approach to working with children and families, many programs that follow a strength-based approach often emphasize wraparound services, multi-level approaches, and comprehensive mental health models. The following examples illustrate three programs operating from a "strength-based"

approach that the use the Behavioral and Emotional Rating Scale (Epstein et al., 2003) and placement outcomes to assess the effectiveness of the programs.

For example, “Building Bridges of Support” was a project designed to provide school-based wrap-around services focused on prevention, early intervention, and intensive intervention models (Epstein et al., 2003). The BERS was used to assess 47 children at baseline and 6-months after the implementation of the intensive school-based wraparound services delivered as a part of the Bridges Project. Results from the project indicate that average youth strength scores increased following treatment for all five BERS subscales. Paired sample t-tests indicated that there were statistically significant increases in 3 of the 5 subscales across time in the desired direction. These subscales included Interpersonal Strength, Intrapersonal Strength, and Affective Strength. While “Building Bridges of Support” operated within a “strength-based” framework and proved successful in helping to increase youth strength scores, given the lack of a control group, it is impossible to know whether these gains would have looked similar in a program that offered similar services but did not work from a “strength-based” perspective.

Another program that used the BERS as an assessment tool was the Families and Schools Together (FAST). FAST is a 2-year program designed to reduce factors related to alcohol and drug abuse, violence and delinquency, and school dropout by strengthening the family unit. The program is geared toward children ages 4-9 who display behavior problems, short-attention span, low-self-esteem, or hyperactivity. Weekly family meetings with a community-based mental health partner, parent-partner, school partner, and community-based substance abuse partner support families in their effort to achieve program goals. Along with a myriad of alternative assessment tools, FAST used the BERS to evaluate their pretest-posttest design. While parents (N=959) reported statistically significant increases in youth scores on each of the five subscales, teachers reported statistically significant positive changes in youth scores of interpersonal strength, intrapersonal strength, and increase in school functioning. It is notable that there were statistically significant gains from pre- to post-test among children’s strengths as reported by parents and teachers. However, the absence of a control group warrants that we interpret these results with caution.

Given that the BERS offers a reliable and valid way to assess programs using strength-based approaches, it is imperative that future studies strive to define specific features that qualify a program operating from a “strength-based” approach. Further, it is necessary that researchers

employ randomized controlled designs to be able to determine whether strength-based approaches prove to be superior to traditional deficit-based approaches in serving youth and families.

In addition to using an instrument such as BERS to assess changes in individual and families following a strength-based program, other researchers working with youth in the foster care system have looked at placement outcomes as a way to assess program effectiveness. One of the few studies to employ a randomized controlled design, Clark et al. (1996) assessed the effectiveness of the Fostering Individualized Assistance Program (FIAP). FIAP is a program using wraparound intervention strategies, specifically employing strength-based assessment, life domain planning, clinical case management, and follow-along supports and services (Clark et al., 1996). The FIAP study used a repeated-measures between-groups design with at-risk foster children ($N=132$) randomly assigned to 1) continue standardized foster care (SP group) or 2) participate in the Fostering Individualized Assistance Program (FIAP group). Results of this study, using a one-way ANOVA, suggest that the FIAP group differed significantly from the SP group on the number of annualized post placement changes $F(1,130) = 4.42, p = .04$. The FIAP group decreased in the mean rate of placement change per year, whereas the SP group increased in the mean rate of placement change per year. While these findings suggest that FIAP may hold promise for improving placement outcomes with children with emotional and behavioral disturbances in the foster care system, the mechanism of change is unclear. Given that FIAP utilized strength-based assessment in addition to life domain planning, clinical case management, and follow-up supports and services it is difficult to discern which element of the program was the most effective.

While many programs serving youth and families across a wide array of settings use a strength-based approach, the lack of one consistent intervention strategy limits researchers' ability to accurately assess the effectiveness of this model. For example, it is common for programs employing a strength-based approach to engage in additional practices that may positively influence youth and family outcomes. While evaluating the effectiveness of the strength-based approach in general seems an impractical task, evaluating the application of specific techniques and strategies that indicate a strength-based approach may offer researchers insight into the process of a strength based approach in relation to the promotion of optimal outcomes for youth and families.

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