



BUILDING ON STRENGTHS IN COMMUNITY SETTINGS



Ashley (right), Tasha (second from left), and two other participants from Friends of the Children. See Articles pages 5-7.

Strengths-based practice is not just about supporting consumers as they identify and use their own positive capacities and assets. It is also about finding community assets which help link the consumer to these potential informal and community supports. For many people—consumers and providers alike—there is a great appeal to the idea of building an individual's strengths while drawing on the community to build a supportive, individualized network of relationships and involvements. Yet when it comes down to planning and providing services and supports for children with emotional and behavioral disorders and their families, it is often difficult to see whether the desire to use a strengths-based approach has actually led to anything different from services as usual.

As part of a current research project, staff at the RTC have been examining a particular type of strengths-based practice—individualized services planning (ISP) teams, also often known as wraparound teams. Ideally, and where feasible, these teams include youth consumers, caregivers, professionals, and key members of the family's informal and community networks. Teams are given the specific task of using a strengths-based approach to build the positive capacities of the child or youth and the family, using strategies which increase their integration with informal networks and community supports. Yet despite having this explicit goal, ISP teams are only very rarely successful in facilitating community based, asset-enhancing supports for children and youth or for their families. Team members clearly recognize this shortcoming. Over and over, family members and professionals point out that, in failing to help the child

and family develop community and natural supports, the teams were failing in a central aspect of their mission. Team members offer a number of reasons for why this challenge is such a difficult one. Among these reasons, three in particular stand out:

1. **Doubts**—ranging from hardcore skepticism to subtle insecurity—about how, or even whether, strengths-based practice can actually lead to good outcomes for children and families.
2. A **mindset** regarding services which is conditioned by traditional training and practice.
3. **Difficulty** envisioning, creating, and sustaining appropriate, community-based opportunities which nurture the strengths of children and youth with challenging behaviors.

Doubts regarding the efficacy of strengths-based approaches in this population are not completely unfounded. The field indeed lacks evidence that strongly supports the effectiveness of strengths-based practices per se. On the other hand, there is research evidence linking the presence of assets and asset-building strategies to positive outcomes. For example, research on family and individual resilience over the last 20 years has clearly demonstrated that children and families with particular sorts of assets are better able than those without such assets not just to cope with crises and stress, but also to adapt and to continue to develop despite ongoing challenges. Researchers have found a variety of assets and capacities that are characteristic of resilient individuals and families. While the specifics of

various lists of assets differ, they generally all agree that resilience is enhanced when people are able to do the following:

- Seek out and maintain supportive relationships.
- Participate and engage positively in activities that provide a sense of competence.
- Take an active stance towards obstacles and difficulties.
- Find a sense of meaning, purpose or mission in life.

It is not difficult to see how this meshes neatly with the central themes of strengths-based approaches. Similarly, there are ways in which evidence from allied fields—positive psychology, prevention, youth development, and so on—can also be enlisted in support of strengths-based practice. There is also a small amount of research literature which directly addresses the effectiveness of strengths-based practice with adult populations. This information, however, does not appear to be readily available to the youth, family members, or professionals who participate in strengths-based planning.

Even when people are strongly committed to strengths-based approaches, subtle doubts still seem to linger. For example, RTC researchers have observed ISP teams where needs are sorted into various domains. There is a tendency for the more community-based strategies to appear under the domains of culture, recreation, and socialization. On numerous occasions, these domains were put on hold by team consensus, while the needs of the mental health domain, perceived as more urgent, were addressed. For family members, as well as for the professionals on the team, it seems that thinking about “mental health” is often tied with the idea of treatment and the provision of traditional services.

Enacting strengths-based plans is also constrained by systems for financing mental health services. Traditional, office-based services are more easily paid for than nontraditional and completely individualized or tailored services and supports. Funds for nontraditional services and supports are critically reviewed and often denied. In this way, finance strategies reinforce the perception of community services and supports as risky or even frivolous.

Finally, there is the important issue of a lack of highly visible models of successful, community-based programs or strategies for supporting the strengths of children and youth with emotional and behavioral disorders and their families. What do well designed, community-based, asset-building programs, strategies, and supports actually look like? Finding appropriate community-based opportunities to express strengths and nurture resilience can be particularly difficult for this population, given that these disorders are characterized by difficulties in forming relationships and participating in groups. What is more, many of these children and youth have been ejected from a variety of community programs and settings because of their challenging behavior.

This issue of *Focal Point* is an effort to help allay some doubts and stimulate some creativity around the issue of providing opportunities for children and youth with emotional and behavioral disorders to participate in asset-enhancing, community-based, and community-building activities. This issue features research on successful programs and strategies which are consistent with this ideal: efforts which appear to be successful at helping young people to develop supportive relationships in the community, to engage in activities that challenge and extend their capabilities, and to find larger life goals and meaning.

It seems that the time is right to take the discussion of strengths-based approaches to a new level of advocacy. While there is mounting evidence that asset-enhancing approaches can be *more* effective than skeptics believe, there is also evidence that traditional mental health services for children—particularly psychotherapy, which is also relatively expensive—may well be *less* effective than previously assumed. As a result, well-designed, community based, asset-enhancing options need no longer seem risky, expendable, or of secondary importance in comparison to traditional services. Putting services on a more equal footing expands the opportunities for creativity and effectiveness in acquiring the services and supports that best mesh with a particular child and family’s strengths, needs, and aspirations.

Janet Walker, Ph.D., is director of training and dissemination for the Research and Training Center and is editor of *Focal Point*.