



A Strengths-Based Perspective

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Resiliency Initiatives

January 2012



**Resiliency
Initiatives**

"Their Potential - Our Passion"



Table of contents

Introduction

Chapter One: A Strength-Based Perspective

- The Problem is The Problem – Not the Youth
 - A Shift to a New Paradigm
 - Principles of the Strength-Based Approach
 - Implications of the Strength-Based Approach
 - Strength-Based Approach to Intervention Resources
 - Strength-Based: A Socially-Just Practice
-

Conclusion

- Figure 1: The Deficit Cycle
 - Figure 2: The Strength-Based Cycle
 - Figure 3: A Strength-Based Intervention Protocol
-

Appendixes

- Appendix A: Strength-Based and Deficit-Based Concepts: A Comparison
 - Appendix B: Glossary of Strength-Based Terminology
 - Appendix C: A Strength-Based Exploratory Process
 - Appendix D: Strength-Based Self-Survey
-

References



“The only real voyage of discovery exists, not in seeing new landscapes, but in having new eyes.”

Marcel Proust

The purpose of this paper is to explore the recent paradigm shift in mental health, social work, and other helping professions towards embracing a strength-based approach and its implications for the crucial role of care provision and educational practice with children and youth. Discouraged by the limited effectiveness of problem-focused interventions, interventions have moved increasingly toward creating a coordinated sequence of positive experiences and providing key developmental supports and opportunities. Rather than the traditional perspective of engaging a person with a problem orientation and risk focus, a strength-based approach seeks to understand and develop the strengths and capabilities that can transform the lives of people in positive ways. The idea of promoting strength-based practice often creates an unexpected dilemma. Intuitively, the idea of focusing on the strengths of a person is warmly embraced and considered

to be a respectful and meaningful starting point in supporting positive change. However, the actual practice of identifying, acknowledging and working with strengths as a starting point for change is rarely experienced by those receiving the service of the community care providers and educational system. Many will claim to be working from a strength-based perspective, but it is rare to see organizations seriously working from an underlying set of values, principles and philosophy of strength-based practice. In response to this challenge, the Alberta Mentoring Partnership engaged in the effort to provide a brief resource paper that would support those who wishing to explore more closely their desire to better understand what is a strength-based philosophy of practice and to align this philosophy of practice with their service delivery and educational practice.



The Problem is the Problem – Not the Youth

“If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find it, and their view of the situation will be colored by this.”

Kral (1989)

Traditionally, many of the human service agencies have focused on trying to better understand the biological/psychological or environmental risk factors that increase the likelihood of the development or maintenance of at risk behaviour and the potential implications for prevention. Interventions that are based on the deficit, problems, or pathologies of individuals tend to direct the attention of professionals to only one view of the person. This in turn has led to the conclusion that community or school intervention and prevention programs need to focus on risk reduction by helping those they serve to develop more effective coping strategies or alignment with prescribed support resources. However, policies and programs for youth that focus solely on preventing specific high-risk behaviour have showed little appreciable success (Scales & Leffert, 1999; Rapp & Goscha, 2006; McCaskey, 2008). They have remained focused on the negative behaviours of youth in high needs communities rather than on the potential resiliency and protective factors research clearly identifies as essential for navigating successfully the critical developmental challenges and milestones towards becoming healthy adults (Alvord & Grados, 2005).

Approaches may differ in the way the problem is defined, but most traditional change-focused interventions maintain the belief that a person needs help because they have a problem – a problem that in some way sets them apart from others who are thought not to have the problem. The terminology, “having a problem,” suggests that problems belong to or are inherent in a person and, in some way, express an important fact about who they are. The existence of the problem provides the rationale for the existence of trained helpers and a developed language by care providers to describe the problematic areas of concern (Benson, Leffert, Scales & Blyth, 1998). The emphasis on deficits or what a person is lacking leads to a cycle of focusing only on what needs to be repaired followed by a reliance on prescribed resources or assumed solutions. However, when care providers or organizations act as experts on resolving the problems of people, we deny and limit those particular individuals facing the problem the opportunity to explore what strengths and capacities they might have in the process of exploring, participating, taking control and learning (Herman-Stahl & Petersen, 1996).



The Problem is the Problem – Not the Youth

McCaskey (2008) outlines a deficit cycle (Figure 1) to explain the perspective that if we understand a problem, all we need to do is find an expert to analyze it then find a prescription that will fix it. This focus starts with a “needs assessment” as it is believed that if it can be determined as to what is wrong and work out what the needs are we will know what needs to be done. However, this often leads to simplistic and narrow solutions that rarely address the real issues in the long term.

Hence, the belief that “the problem is the problem; the person is not the problem” is an important point to understand from a strengths perspective. Rather than framing the person as the problem, one approaches individuals as being affected by or robbed of opportunities by the problem. Externalizing the problems as separate from the person frees them up to take responsibility and influences their lives in ways that labels tend to place limits on. In many ways, structural, cultural, social, political and economic forces affect us all. Consideration of these influences and exploring the wider context in which experiences take place enables a person to better understand the factors that contribute to the problems they face and helps to address debilitating blame (McCaskey, 2008).

It is important to understand the strengths-based approach is not about denying that people do experience problems and challenges and that these issues do need to be taken into consideration with a more holistic approach. But, when the problem becomes the starting point with an emphasis on what youth are lacking, a dependency is created on the helping profession with lowered positive expectations and blocked opportunities for change. A process of disempowerment occurs that often results in the following:

- Labeling and therefore, limiting of options
- Obscuring the recognition of a youth’s unique capabilities and strengths
- Focusing on the “can’ts” as opposed to the “cans”.
- Ignoring potential resulting from adversity
- Prescribed programming – as opposed to youth-centered approach
- Looking for patterns, such as broken homes, dysfunctional neighborhoods, and poverty, to explain difficulties
- Lacking credibility to clearly show cause versus effect



A Shift to a New Paradigm

There is nothing new about the observation that challenge is ever-present in the lives of youth and the communities they live in. What is new is the clear evidence that youth and families in complex communities cannot only be resilient, but thrive in the face of adversity and the labels placed upon them (Alvord & Grados, 2005). It is an invitation for community members and care providers to view individuals and their families as “having potential” as opposed to just being “at risk”. Those who embrace a strength-based perspective hold the belief those individuals and their families have strengths, resources and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits). A strength-based paradigm offers a different language (see appendix A and B) to describe a person’s difficulties and struggles. It allows one to see opportunities, hope and solutions rather than just problems and hopelessness.

The strengths-based cycle (Figure 2) begins with a more holistic focus that includes an emphasis on a person’s strengths and resources (internal and external) in the process of change. When challenges are experienced, problems and issues are acknowledged and validated, and strengths are identified and highlighted. This strengths exploration changes the story of the problem as it creates positive expectations that things can be different and opens the way for the development of competencies (McCaskey, 2008).

The new paradigm avoids labeling and assumes power in youth and their families to help themselves as well as casting service providers as partners rather than as experts, authorities, initiators and directors of the change process. This

fundamental shift means working with and facilitating rather than fixing, pointing to health rather than dysfunction, turning away from limiting labels and diagnosis to wholeness and well-being. It invites asking different questions (See Appendix C – adapted from McCaskey, 2008) that are more curious, exploratory and hopeful. Embracing a strength-based paradigm encourages seeing beyond the risk behaviours and characteristics of youth and families in high need communities to the potential of what can be. It offers a genuine basis for addressing the primary mandate of community and mental health services – people taking control of their own lives in healthy, meaningful and sustainable ways.

- Focus on trusting, meaningfulness, and relationships
- Empowering people to take a lead in their own care process
- Working in collaborative ways on mutually agreed upon goals
- Drawing upon the personal resources of motivation and hope
- Creating sustainable change through learning and experiential growth

A strengths approach is a specific method of working with and resolving challenges experienced by the engaged person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person’s resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems. The strengths of a person give one a sense of how things might be and ideas about how to



A Shift to a New Paradigm

bring about the desired changes. This emphasis on strengths is founded on the following beliefs (Rapp & Goscha, 2006; Alvord & Grados, 2005).

- All people have strengths and capacities
- People can change. Given the right conditions and resources, a person's capacity to learn and grow can be nurtured and realized
- People change and grow through their strengths and capacities
- People are experts of their own situation
- The problem is the problem, not the person
- Problems can blind people from noticing and appreciating their strengths and capacity to find their own meaningful solutions
- All people want good things for themselves and have good intentions
- People are doing the best they can in light of their experiences to date
- The ability to change is within us – it is our story



Principles of the Strength-Based Approach

The strengths approach as a philosophy of practice draws one away from an emphasis on procedures, techniques and knowledge as the keys to change. It reminds us that every person, family, group and community holds the key to their own transformation and meaningful change process. The real challenge is and always has been whether we are willing to fully embrace this way of approaching or working with people.

If we do, then the change needs to start with us, not with those we serve. Embracing a strength-based approach involves a different way of thinking about people and of interpreting their patterns of coping with life challenges. With a strength-based mindset, one asks different questions and communicates in ways that invites a curious exploration based upon a clear set of values and attitudes.

Researchers and practitioners have developed the following principles that serve as the foundation for guiding and implementing strength-based practice (Rapp & Goscha, 2006; Sharry, J. 2004).

1 An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations (not, I will believe when I see - rather, I believe and I will see).

2 What we focus on becomes one's reality - focus on strength, not labels - seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.

3 The language we use creates our reality - both for the care providers and the children, youth and their families.

4 Belief that change is inevitable - all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.

5 Positive change occurs in the context of authentic relationships - people need

to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building- not fixing.

6 Person's perspective of reality is primary (their story)- therefore, need to value and start the change process with what is important to the person - their story, not the expert.

7 People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.

8 Capacity building is a process and a goal - a life long journey that is dynamic as opposed to static.

9 It is important to value differences and the essential need to collaborate - effective change is a collaborative, inclusive and participatory process - "it takes a village to raise a child".

Implications of a Strength-Based Approach

A shift to the strength-based paradigm requires careful attention by community agencies and care providers to system change processes, evaluation, and appropriate research and best practices. Essential to success will be the collaboration between different community care providers embracing the same philosophy of a strength-based approach and development of staff skill sets that enable effective engagement, collaboration, facilitating and mentoring of complex youth and their families. Community agencies and care providers will require more of a person-centered and collaborative template that allows for targeting of interventions reflecting relationship and capacity building as well as strengthening key processes for resilience that are meaningful to the intended clients and the community they live in. There needs to be a commitment from community agencies to work as co-partners with local schools, parents and other significant community supports to develop informed and evolving effective practice models of nurturing resiliency for high risk youth and their families. In doing this, youth and their families become more resourceful in dealing with crises, weathering persistent stresses, and meeting future challenges as opposed to developing dependence on the system.

If the strengths approach is to be something that truly guides and influences our practice, it

should be evident in the language (See Appendix B) of interactions with the people we serve, the language of service, team and organizational interactions, and the written documentation of service provision activities – assessment, service delivery, training, etc. It lends to the following:

- Seeks to understand the crucial variables contributing to individual resilience and well-functioning families/communities
- Provides a common language and preventative philosophy
- Sees resiliency as a goal that provides a conceptual map to guide prevention and evaluation efforts
- Intervention strategies are client driven and relationship focused
- Engages distressed people with respect and compassion
- Perceives capacity building as a dynamic process that evolves over a life time
- Affirms the reparative potential in people and seeks to enhance strengths as opposed to deficits
- Promotes successful change through connecting a person's strengths and their aspirations



Strength-Based Approach To Intervention and Resources

People often need supports and resources that may include people, organizations, information, knowledge, material resources and decision-making resources. For many community agencies, their mandate and identity is often reflected in the type of services and resources they offer. This can be a challenge in that the service offered takes a central role in the delivery model practiced – this is what we offer and the client needs to accommodate. In a strengths approach, not only are the types of resources important, but how they are offered and mobilized to complement the intended youth’s strengths and goals is just as important. This is different from attempts to make up the difference of perceived deficits in a person. If external resources and supports are not offered in the context of what is meaningful and building upon the person’s existing strengths and resources, it can undermine the person’s ability to learn and be self-determining. It can send messages such as: “You have no strengths that are relevant” or “You cannot cope or change your life” or “You need our expertise”.

As opposed to “what is wrong” and this is what we think you need in order to be healthy or so-called-normal, it means asking questions about “what is right” and how can we support people in ways that will lead to sustainable success. The starting point is “what’s right with people” (Figure 3) and external resources are added when required and results in change occurring in ways that are purposeful and complementary to a person’s strengths and goals (McCasken, 2005).

Figure 3:
A Strength-Based Intervention Protocol

A person’s strengths and capabilities are supported as necessary by resources in their natural networks.



If necessary,



commonly used community resources are added and,



only if necessary,



specialized resources are introduced.



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Strength-Based Approach To Intervention and Resources

The strengths-based approach is not a model for practice. It is an approach to practice based upon a philosophy and depends on values and attitudes. It is the strength-based values and attitudes that are the primary drivers of the intervention process and outcomes - not skills and knowledge. Skills and knowledge are drawn upon as resources to serve the principles that enable individuals to better understand their strengths and capacities to determine their own potential and path towards success. Community care providers and their workers cannot be experts on the people they work with and ultimately know the answers and solutions to people's problems. But they can believe in people and become facilitators of change. They can use frameworks and

resources that can help create conditions which enable strength-based, self-determining plans and actions to initiate and complement people's gifts, strengths and capacities.

Madsen stated that " The stance we take in relation to others reflects choice. We can position ourselves in ways that invite respect, curiosity, and connection. We can also position ourselves in ways that invite judgment, disconnection, and disapproval. The stance we take has profound effects on relationship and is shaped by our values and conceptual assumptions (Madsen, 1999, p. 15)."



Strength-Based: A Socially-Just Practice

Although the strength-based approach does involve an emphasis on strengths and capacities, it also integrates the principles of social justice: inclusion, collaboration, self-determination, transparency, respect, the sharing of resources, and regard for human rights³. Just practice embraces the following:

1 The right of individuals to genuine ownership and participation in the process of change they are engaged in.

2 Enabling people to engage in strategies, relationships and reflection where they (and not others) identify and define their strengths, capacities, aspirations and goals.

3 To embrace the sharing of power and resources and to ensure that power imbalances between workers, agencies and those with whom they work, are acknowl-

edged and addressed fairly. All practice needs to be open, transparent consultative, inclusive and collaborative.

4 Recognizing and taking steps to address structural and cultural dimension's of a person's life that limits their ability to control their own lives. Recognizing and concerned with ways that dominate culture and beliefs potentially constrain growth, choice and change for individuals, groups, families, communities and organizations.

Principles of just practice invite community organizations to continually be aware of and address the structural, social, political and economic realities that marginalize and disempowered people. It also invites exploring and addressing the ideas and beliefs that define people and what is possible for them.

In summary, a fundamental change to community care and mental health practice needs to be based on a set of guiding principles. Guiding principles are not just theoretical. They are about the real attitudes and values that people hold, that shape and influence their way of caring for others a the deepest level of meaning. A true strengths-based approach is one that governs the way we think about youth and their families,

communities, schools and social networks and the way we go about our work on a daily basis for all actions and interactions. It draws one away from a primary emphasis on procedures, techniques and knowledge as the keys to change and highlights the fact that each and every individual, family, group and community holds the keys to their own transformation. Those who embrace the strength-based approach have the privilege of walking along side those they are working with in supporting the exploration, realization, and expression of "greatness". It is an acceptance that the solutions will not be the same for every youth since the strengths of the each person and their circumstances are different and that youth need to be fully involved in identifying their goals and building their strengths and resources.



Strength-Based: A Socially-Just Practice

The strengths approach has a contagious quality and it intuitively makes deep sense to those who reflect a “half cup full” attitude in life. It is a powerful and profound philosophy for practice that has the power to transform and build the lives of those being cared for and those facilitating the care process. For many, it is not only a philosophy of practice but also a philosophy for life, because it is based upon attitudes and values reflecting a deep respect for the worth and value of others – their intrinsic worth, potential and human rights. (To assess your personal perspective on being strength-based, complete the survey attached on Appendix D.)

For organizations that wish to develop it, the process requires purposeful training and professional development based upon the strengths approach. This includes on-the-ground practice, supervision, and management that develops and sustains the culture, and structure supportive of

it. When organizations impose strength-based practice, there is an innate contradiction and violation of its basic principals because it reflects the “power-over” perspective. Strength-based practice is encouraged and learned through strong leadership, through seeing it modeled internally and applied in the service delivery as well as through learning and professional development.

The strengths approach reminds us that it is not our role to change those in our care and that we do not need to be experts as to the answers or solutions to the problems of others. It provides a framework and tools that enable us to take up the challenge of learning in partnership with others. It invites us to become facilitators of change and reminds us that anything is possible. In many ways, it is as liberating to care providers as it is to those being served.



Appendix A: Strength-Based and Deficit-Based Concepts: A Comparison

Strength-Based Concepts	Deficit-Based Concepts
At-Potential	At-Risk
Strengths	Problems
Engage	Intervene
Persistent	Resistant
Understand	Diagnose
Opportunity	Crisis
Celebrate (i.e. successes)	Punish (i.e. non-compliance)
Time-in	Time-out
Adapt to	Reform
Empower	Control
Process-focused	Behaviour-focused
Dynamic	Static
Movement	Epidemic
Unique	Deviant
Avoids imposition	Dominant knowledge
Validates people's experience	Diagnoses based on norms
People's context is primary	Professional's context is primary
Identifies and builds on strengths	Minimizes people's strengths
Client-centred	Mandate-focused
Professionals adapt to clients	Clients expected to adapt
Meet clients in their environment	Clients always go to professionals
Flexible	Rigid
Focus on potential	Focus on problems
People are inherently social/good	People are inherently selfish/bad
People do the best they can	People do as little as possible
Support	Fix
Client-determined	Expert oriented
Inclusive	Exclusive



Appendix B: Glossary of Strength-Based Terminology

At-Potential:

The human potential for growth, development and/or change. Meant to counter the still popular focus on deficits and risk, this term re-orient's focus on the great potential of children and youth, including those viewed as "at-risk".

Collaborative:

A philosophy and practice of working together toward a common goal.

Community:

A group of people who share a common territory and/or characteristics (i.e. age, culture, religion, sexual orientation, language, interests).

Capacity-building:

An approach focused on the enhancement of individual and/or community capacity.

Core competencies:

Essential skills, abilities and knowledge that are central to health, well-being and success in life.

Developmental Strengths:

The 31 research validated child and youth developmental sub-factors related to resilience and protective factors.

Empathy:

The ability to accurately understand the experience and perspectives of others.

Empower:

To give power and/or authority to another through insight and opportunity.

Engagement:

The degree to which one bonds and builds rapport with another. Research supports this as the most important factor in developing relationships that influence positive growth and change. It also counters the traditional expert driven model of intervention.

Inclusiveness:

A philosophy and practice of being non-discriminatory – To include all.

Influence:

The degree to which one affects the thoughts and actions of another. A positive outcome of meaningful engagement and relationship.

Participatory-approach:

A philosophy and practice of inclusiveness and collaboration with individuals, families, groups other "community" stakeholders.

Persistent:

Diligence and determination toward the object or activity of focus. Countering the traditional deficit based perspective as seeing others as resistant, this is seen as a strength that can be engaged in constructive ways through meaningful relationship and activities.



Appendix B: Glossary of Strength-Based Terminology

Person-centred:

An evidence informed approach first developed by humanistic psychologists to engage people in positive development through authentic relationships and client-directed activities.

Process-focused:

An approach that honours human growth and development as a process that may not appear to be linear in nature.

Protective Factors:

The positive relationships, resources, activities and internal characteristics that enhance well-being and insulate individuals and/or communities from harm.

Relationship-based:

A research validated approach that holds the quality of relationship and engagement as central to positive growth, development and/or change.

Resilience:

Traditionally viewed as the ability to overcome adversity, research links the development of resilience with internal characteristics and the presence of important relationships, resources and activities.

Resiliency Factors:

The 10 research validated child and youth factors related to resilience and core competencies.

Strengths:

Inner characteristics, virtues and external relationships, activities and connections to resources that contribute to resilience and core competencies.

Strength-based approach:

Focus on individual and/or community strengths that place emphasis on meaningful relationships and activities.

Sustainability:

The ability to maintain the positive benefits, growth, development and capacity of an initiative when the temporary components of the project have expired/been removed.



Appendix C: A Strength-Based Exploratory Process

Stories and Challenges	Picture of the Future	Strengths and Exceptions	Other Resources	Plans and Next Steps
<p>Ask questions that invite people to share their stories and enable them to clarify the challenges.</p> <p>What's happening? How do you feel about this? How long has this been a concern for you?</p> <p>How is it affecting you and others?</p>	<p>Ask questions that help people explore their aspirations, dreams, interests, and goals.</p> <p>What do you want to be happening instead? What will it look like when this challenge is addressed?</p>	<p>Ask people that help people explore their strengths and the exception to the challenge.</p> <p>What strengths do you have that might be helpful? What do you do well?</p> <p>What is happening when the challenge is not present?</p>	<p>Ask questions that help the person identify resources that might help them reach their goals.</p> <p>Who else might be able to help? What other skills and resources might be helpful?</p>	<p>Ask questions that enable people to specify concrete steps towards their goals.</p> <p>What steps can be taken given your picture of the future, strengths and resources? Who will do what? When? How? By when?</p>



Appendix D: Strength-Based Self-Survey

The following questions were designed to self-assess the degree of engagement in strength-based practice. Please choose the most appropriate answer for each of the following questions:

1 I have an absolute belief that every person has the potential to be successful and do well.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

2 I believe that all people can change – given the right conditions and resources, a person’s capacity to learn and grow can be harnessed and mobilized.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

3 People’s unique strengths and capabilities help define who they are...not their limitations.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

4 I believe that what we focus on becomes our/other’s reality so I chose to focus on strengths, not labels.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

5 I also take the perspective that the language I use creates our/other’s experience of reality – so I choose to speak in ways that honours people’s strengths and potential.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

6 I believe that all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me

7 I work from the belief that positive change occurs in the context of authentic relationships and therefore make it a priority to engage the people I work with in respectful and meaningful ways.

Almost always like me

Somewhat like me

Rarely like me

Not at all like me



Appendix D: Strength-Based Self-Survey

8 I focus primarily on enhancing people’s existing and emerging strengths and capacities and view challenges as opportunities.

Almost always like me Somewhat like me Rarely like me Not at all like me

9 I believe that each person’s perspective of reality is primary. I therefore take the time to hear their story (perspective) and understand what is meaningful to them as the starting point of our collaboration.

Almost always like me Somewhat like me Rarely like me Not at all like me

10 People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know. As such, I always start with what is known and comfortable for people.

Almost always like me Somewhat like me Rarely like me Not at all like me

11 I work from the standpoint that building capacity is a process and a goal – and I see it as an honour to support others during part of their dynamic life journeys.

Almost always like me Somewhat like me Rarely like me Not at all like me

12 It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive and participatory process – “it takes a village to raise a child”.

Almost always like me Somewhat like me Rarely like me Not at all like me

13 I have a strong understanding of strength-based principles of practice and apply them on a regular basis in my professional practice.

Almost always like me Somewhat like me Rarely like me Not at all like me



References

Alvord, M. K. & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, Vol. 36 (3) 238-245.

Benson, P.L., Leffert, N., Scales, P.C., & Blyth, D.A. (1998). Beyond the "village" rhetoric: Creating healthy communities for children and adolescents. *Applied Developmental Science*, 2, 138-159.

Herman-Stahl, M. & Petersen, A.C. (1996). The protective role of coping and social resources for depressive symptoms among young adolescents. *Journal of Youth and Adolescence*, 25, 733-753.

Kral, R. (1989). *Strategies that work: Techniques for solutions in schools*. Milwaukee, WI: Brieg family Therapy Center. Available at: cecp.air.org/interact/expertonline/strength/transition/8.asp

Madsen, W. C. (1999). *Collaborative therapy with multi-stressed families: From old problems to new futures*. Guilford Press, USA.

McCaskey, W. (2008). *The Strengths Approach*. Victoria: St. Luke's Innovative Resources.

Rapp, C. & Goscha, R. J. (2006). *The Strengths Model: Case Management with People Suffering Severe and Persistent Mental Illness*. New York: Oxford Press.

Scales, P. C., & Leffert, N. (1999). *Developmental assets: A synthesis of the specific research on adolescent development*. Minneapolis, MN: Search Institute.

Sharry, J. (2004). *Counselling children, adolescents and families: A strength-based approach*. London: Sage Publications.

