A STRENGTH-BASED MANUAL FOR COUNSELLING AT-RISK YOUTH

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ABSTRACT

The current failure to provide adequate services for behaviourally challenged youth has prompted a growing interest in strength-based practice. The strength-based approach represents a fundamental shift toward understanding and enhancing strengths that enable youth to survive and thrive. Research examining common factors of change in psychotherapy suggests that extratherapeutic factors and therapeutic relationship factors have the greatest effects upon treatment outcomes. In particular, the positive effects of the therapeutic relationship indicate an area of future development in strength-based practice with relationship resistant youth. This final project provides a review and synthesis of the foundational theoretical elements of strength-based practice for counselling at-risk youth. The applied product is a guidebook for counsellors outlining strength-based strategies for working with at-risk youth.
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CHAPTER I

Introduction

Strength and resiliency are enduring traits in response to life challenges and overcoming adversity. Often, the greatest strengths are forged in those individuals who have endured the greatest hardships (Laursen, 2003). Youth who have survived and persevered through adverse physical, psychological, and emotional events demonstrate a wealth of strength and resiliency (Laursen, 2003). However, these same youth are commonly identified as being “at-risk” for negative outcomes such as mental illness, drug and alcohol abuse, and criminal activity during adolescence and adulthood (Smith, 2006). Despite concerted efforts by health care practitioners to improve outcomes for at-risk youth, current social service systems are failing to adequately meet the needs of those youth experiencing emotional and behavioral challenges (Nickerson, Salamone, Brooks, & Colby, 2004).

The traditional problem-focused deficit approach defines at-risk youth in terms of that which is “wrong with them” (Elkins, 2009). Counselling practitioners commonly reference language found in The Diagnostic and Statistical Manual of Mental Disorders, fourth edition such as “oppositional”, “defiant”, and “attention-deficit”, to describe problematic behaviour (American Psychiatric Association [DSM-IV-TR], 2000). Although this method is useful for the identification and diagnosis of mental disorders, diagnostic labeling can also inform negative assumptions about the client’s functioning and ability (Elkins, 2009). Making clinical assumptions about youth based on a history of “deviant” behaviour limits the scope of treatment to an examination of past failures causing youth to feel alienated from a positive sense of self and personal belonging in the community (Saleebey, 2006). By comparison, concepts of membership and belonging are central to the strengths approach, which recognizes client
strengths and resources embedded within a community of optimism, interest, and involvement (Saleebey, 2006). Shifting the practitioner’s focus from client deficit and failure, toward supporting, nurturing, and guiding existing competencies could provide insight into the current failure to provide adequate services for at-risk youth and indicate more promising directions for future practice (Tallman & Bohart, 2001).

Childhood and adolescence are sensitive periods of development where feeling competent, important, and accepted are critical achievements toward establishing trust, autonomy, and a sense of personal identity (Broderick & Blewitt, 2010). Positive appraisals from others exert a strong influence upon establishing a stable and enduring sense of self. Problem-focused diagnostic labeling and negative assumptions about client treatment and etiology can lead to negative expectations about youth’s behaviour, create identity diffusion, and foster feelings of hopelessness and inadequacy (Engler & Wiemann, 2010). Directing clinical attention and resources toward the negative aspects of behaviour minimizes youth’s inherent strengths and resilience and diminishes their sense of self-worth (Tate, 2010). Examining character strengths and resiliency within the context of the youth’s lived experience could help practitioners gain insight into how youth develop a sense of competence, importance, and acceptance that are integral to their self-identity and self-worth (Tate, 2010).

Over the past few decades, research and practice in counselling psychology has reflected an increasing interest toward an integrated strength-based approach (Tallman & Bohart, 2001). Although this interest has emerged largely out of a discontent with the deficit paradigm, it is an ongoing task to articulate in theory and practice what strength-based counselling practice really means (Nuttgens, 2006). For example, there are disagreements in the research literature between social work and counselling psychology upon how constructs of strength and resiliency are
defined and measured within different contexts (Saleebey, 2006). Saleebey (2006) suggests that strength-based treatment and intervention “encompasses and utilizes the ingenuity, creativity, courage, and resourcefulness of both the client and practitioner and honors the client’s innate wisdom and inherent capacity for transformation” (p. 1). One main task of this project is to refine a more comprehensive working definition of strength-based practice specific to counsellors working with at-risk youth.

Research literature investigating common factors of change in psychotherapy over the past 40 years suggests that there is an inherent goodness of fit between the conceptual elements of strength-based practice and the core elements of building a strong working alliance that predict positive client outcomes in counselling (Tallman & Bohart, 2001). According to Asay and Lambert (2001) therapeutic relationship factors account for approximately 30% of client improvement through counselling. The counsellor’s belief in the client’s ability to improve through treatment and client expectations for change account for 15% of the total variance. Additionally as much as 40% of client improvement can be attributed to client variables and extratherapeutic influences. This includes the unique strengths and capacities that the client brings to counselling as well as life events and supports within the context of the client’s living environment such as family, social, and community supports. By comparison, therapeutic techniques alone account for an estimated 15% of client change (Asay & Lambert, 2001). These findings challenge the common assumption that it is the counsellor’s expertise in selecting and delivering the appropriate intervention that is responsible for client change, when in fact, it is the client more so than the counsellor or technique that makes therapy a success (Tallman & Bohart, 2001).
Problem-focused language used to describe problem behaviours and an emphasis upon therapeutic techniques over therapeutic relationship and client factors present unique challenges for counselling practitioners working with at-risk youth. One key challenge has been identified as a problem of engagement (Ungar, 2006). The Canadian Youth Mental Health and Illness Survey reported that 63% of youth indicated fear, peer pressure, embarrassment, and/or stigma as major barriers to seeking help for mental health problems (Manion, 2010). In light of the research examining common factors of client change in psychotherapy, it is the quality of the client’s participation in counselling that is considered the greatest determining factor of outcome in psychotherapy (Asay & Lambert, 2001). The implications of this research suggest that the best predictors of successful change include two factors: 1) engagement in meaningful relationships and 2) engagement in meaningful activities. This represents a critical conceptual shift for approaching counselling work with at-risk youth from a deficit-based focus on changing behaviours toward a strength-based focus on nurturing the client’s capacity to navigate challenging life circumstances and meet personal needs in constructive and meaningful ways (Saleebey, 2006).

The Current Project

The goal of this project is to a) provide a refined understanding of strength-based practice for counsellors working with at-risk youth based on a comprehensive review of the research literature, and b) provide counselling practitioners with practical tools and strategies for engaging at-risk youth in meaningful change. First, I will briefly discuss current changes in attitudes and assumptions toward working with at-risk youth. Next, I will examine the concept of youth resilience including its emergence within the social ecology and its social construction as resistance to marginalization and oppression. Next, I will examine the impact of the deficit
paradigm and diagnostic labeling upon at-risk youth. Next, I will explore the current shift toward positive psychology and strength-based practices including youth strength classification, 40 developmental assets for adolescents, and the VIA youth inventory. Then I will discuss current challenges in operationalizing and measuring strengths including the atypicality of youth resilience across time and place. This is followed by an examination strength-based assessment, including strength chats, the Behavioral and Emotional Rating Scale (BERS), the Strengths Assessment Inventory-Youth Self-Report (SAI-Y), Youth Resiliency: Assessing Developmental Strengths Questionnaire (YR: ADS) and the Child and Youth Resilience Measure-28 (CYRM-28). Next, I will discuss developmental influences of strengths in childhood and adolescence including separation-individuation, attachment, socialization, emotion regulation, and a brief discussion on the value of the therapeutic relationship. This is followed by an examination of the therapeutic relationship including therapeutic engagement, core facilitative conditions of change, and the importance of alliance building with caregivers. Next, I will discuss the topic of client-centered change, followed by a discussion of strength-based therapeutic techniques including solution-focused therapy (SFT) and narrative therapy (NT). This is followed by a brief discussion of client hope and expectancy for change through counselling, and a final summary. Finally, based on a synthesis of this literature review, I will combine the most salient elements of strength-based practice in making my recommendations for counselling at-risk youth. This includes a working document outlining recommendations, practical tools and strategies for counsellor use.
CHAPTER II: THEORETICAL FOUNDATIONS OF STRENGTH-BASED PRACTICE

At-Risk Youth: Shifting Attitudes and Assumptions

At-risk youth are commonly described as having personal characteristics, or being exposed to environmental conditions, that predict the onset, continuity, or escalation of problematic behaviour (Smith, 2006). For example, research findings suggest that youth raised in lower-socioeconomic communities, or who are exposed to abuse and neglect, experience higher rates of school dropout, substance use, and criminal activity (Smith, 2006). However, the study of resilience in childhood development has disconfirmed many negative assumptions about youth living under such threats of disadvantage and adversity (Masten, 2001). A consistent finding over the past two decades of resilience research is that 70% to 75% of youth who were sexually abused, raised in poverty, had substance-abusing or mentally ill family members overcame these adversities and achieved positive developmental outcomes during their adult lives (Smith, 2006). A current challenge for researchers and practitioners working to improve developmental outcomes for at-risk youth is to understand why some youth are resilient while others remain vulnerable to adversity (Keyes, 2009).

Defining Youth Resilience

Resilience is a naturally occurring, adaptive developmental process, which enables individuals to survive and thrive in response to adversity (Masten, 2001). Traditional theories of resilience primarily focus on protective factors that mitigate the risk of adverse individual, social, and environmental effects (Bottrell, 2007). Over the past 30 years, resilience research has identified several key protective factors that moderate the relationship between risk factors and undesirable outcomes. At the individual level, resilience has been attributed to academic achievement, problem-solving competence, high self-efficacy, adaptive social skills, and
optimism (Keyes, 2009). At the familial level, researchers have identified such factors as high family cohesion, social support, and authoritative parenting styles as enablers of resilience (Keyes, 2009). Fostering youth resilience at the community level includes exposure to counselling, education programs, and behavioural support programs etc. (Keyes, 2009). While the research literature commonly refers to resilient youth the theoretical emphasis has shifted from resilience solely defined by individual traits to notions that are more socially facilitated (Bottrell, 2007).

**The Social Ecology of Youth Resilience**

Contemporary research emphasizes the emergence of resilience as an interaction between the individual, social, and cultural contextual environment. It is a dual process of navigating healthy resources that sustain well-being and the capacities that youth, their families, and their communities possess to negotiate culturally meaningful ways for these resources to be shared and utilized (Ungar et al., 2008). Understanding that positive youth development occurs within the context of the family and the community positions the counselling practitioner toward an examination of the developmental and situational influences that stimulate resilience (Ungar, 2008). It is well documented that a supportive relationship with one caring adult at home, at school, or in the community is a strong predictor of improved developmental outcomes for youth otherwise exposed to adverse living conditions (Jain, Buka, Subramanian, & Molnar 2012).

Kliwer et al. (2004) conducted a longitudinal interview with 101 female caregiver participants and their children. The researchers explored protective factors within the child, the caregiver, the caregiver-child relationship, and the community that moderated the effects between community violence exposure and subsequent internalizing and externalizing adjustment problems for these youth. The researchers found that a child’s emotional regulation
skills, observed quality of the caregiver-child interaction, and acceptance from the caregiver, were significant factors that protected against the negative effects of exposure to community violence.

Counselling practitioners encounter recurring challenges in applying the study of resilience toward developing prevention strategies to remediate known risk factors for youth. The problem for practitioners is that often the only factors being measured consistently are problem or deficit oriented (Roehlkepartain, 2012). Deficit models of assessment and intervention make definitive claims about norms for youth behaviour and family interaction (Madsen, 1999). Whatever deviates from these norms is assumed to be defective. Therefore, interventions that focus on fixing problems inadvertently reinforce a focus on dysfunction (Madsen, 1999).

Taking a social ecological approach toward understanding youth resilience involves a shift in perspective from viewing distressed families as damaged toward viewing them as challenged, and affirming their potential for learning and growth (Ungar, 2010). A wealth of strengths and resources can be found embedded within the families and communities who raise youth (Laursen, 2003). Within the context of this lived experience youth develop the strengths and capacities to survive and thrive (Saleebey, 2006).

**The Social Construction of Resilience as Resistance to Marginalization and Oppression**

Resilience research provides insight into understanding the motivation behind youth problem behaviours. Behaviour that is often classified as dysfunctional may be viewed as the only solution to youth when life at home is abusive and resources are scarce (Ungar et al., 2008). One study examining 70 homeless youth living in Toronto found that one-third of these individuals had histories of being sexually abused and two-thirds experienced some form of
physical abuse (McCay et al., 2010). Child labour, leaving home, and even prostitution, can become unfortunate “choices” for youth trapped in abusive and neglectful living environments with no other options available to them (Ungar et al., 2008).

Attaining a sense of competency, power, and acceptance is a critical achievement toward developing a sense of self-worth and personal identity in childhood and adolescence (Tate, 2010). When youth are excluded from the social discourse that enables them to meet these developmental needs they are limited from participation in activities that create health-enhancing identities (Ungar, 2000). In a study examining how the construction of health-enhancing identities form a base for resilience in at-risk youth, adolescent participants chose to adopt the most powerful identity available to them, even when that identity had limited social acceptance (Ungar & Teram, 2000). For example, in response to a newspaper article describing 14-year old Sophie and her friends as “street kids”, Sophie states; “They called us slang and trash and they think we were no good...We just picked up the label of delinquent and decided if they’re going to call us that, why not just show them” (Ungar & Teram, 2000, p. 240).

Disadvantaged youth are often excluded from the construction of the language used to describe these oppressive and marginalizing experiences (Ungar & Teram, 2000). Using terms such as “street youth” and “delinquents” to describe youth living on the street diminishes their sense of self-worth, and alienates them from a sense of personal belonging in the community (Laursen, 2003). Resilience often emerges out of resistance from accepting a subordinate social status associated with low family income, family violence, substance abuse, and other known risk factors (Bottrell, 2007). In refusing to identify with a culture that does not engage with or value their marginal life experiences, these youth often find membership within counterculture
groups where joining street gangs, illicit drug use, and sexual activity provide substitutes for gaining a sense of competency, power, and acceptance (Tate, 2010).

The challenges facing at-risk youth are not limited to the selection of an identity but also in asserting some measure of personal agency in the construction of their identity from the resources available to them (Ungar & Teram, 2000). Studies examining resilience in homeless youth find that youth living on the street have little control over the social institutions shaping their lives and few opportunities to express their talents in ways that others will recognize as positive (Ungar & Teram, 2000). Embracing a strength-based counselling perspective involves taking a position of interest and respect for youth’s ability to assert some sense of personal agency in facing adversity (Saleebey, 2006). For example, a youth that steals from others to survive may also be described as daring, adventurous, and creative (Ungar, 2006). Gang members break laws, but are also loyal to their peers. While anti-social behaviours are rightly discouraged, practitioners’ first instincts are often to eliminate or suppress such skills (Tate, 2010).

Deviant behaviour can be redefined as health enhancing when youth’s voices are privileged (Ungar, 2001). For example, narrative therapists working with children diagnosed with attention-deficit/hyperactivity disorder (ADHD) focused on the uniqueness of these children’s behaviour and the benefits they derive from their actions (Ungar, 2001). David Nylund and Victor Corsiglia (1996 as cited in Ungar, 2001) explain this therapeutic process as follows:

We encourage the child to “reclaim” the gifts and talents that have been “hijacked” by the problem, and use them for his or her advantage. At this point, many children begin to view their so-called “deficits” (distractibility, short-attention span, hyperactivity,
impulsivity) as special abilities, such as flexibility, being able to monitor their environment, being independent, and/or being tireless. (p. 169)

Listening for stories of strength within the youth’s problem-saturated narrative creates a space for understanding how they have resisted adversity in their lives in ways that have made them more resilient (Ungar, 2001). In this manner, reframing youth resistance as resilience validates and empowers disadvantaged youth to challenge those social and cultural norms that stigmatize, oppress, and marginalize their sense of identity and self-worth. Affirming this resistance in counselling encourages youth to differentiate themselves from the labels and stigmatism that are often perpetuated within the dominant culture thereby fostering hope, optimism, and self-efficacy (Bottrell, 2007). Critics of diagnostic classification and social labeling are shifting attention away from an individual level of resilience analysis toward a social ecological understanding that is not bound by social and cultural norms and definitions (Ungar, 2011). This entails engaging the youth’s perspective to determine which individual, relational, and environmental processes foster or inhibit resilience (Ungar, 2011).

Shifting Fundamental Frames of Practice

The Deficit Paradigm

The strengths approach in counselling research and practice is relatively recent compared to conventional practice commonly denoted as the problem or “deficits” approach (Staudt, Howard, & Drake, 2001). Prior to World War II, psychology had three distinct missions: curing mental illness, improving quality of life, and identifying and nurturing talent (Seligman & Csikszentmihalyi, 2000). In 1947, the National Institute of Mental Health was founded and academics within psychology obtained research grants to investigate post-war symptoms for World War II veterans (Lopez et al., 2006). This promoted the classification of symptoms for
the purpose of generating treatments to relieve distress. Subsequently, various aspects of psychology research and practice have become situated as a subdiscipline within the medical model and its assessment and treatment of dysfunction and pathology (Lopez et al., 2006).

The medical model assumes a biological basis of behaviour where negative thoughts, emotions, and behaviour are adaptive capacities for navigating and negotiating environmental demands (Seligman, Rashid, & Parks, 2006). From this perspective, negative thoughts and emotions are strong survival tools. Human beings are naturally biased toward remembering what is negative and negative emotion is most proximally driven by negative memory, attention, and expectation (Seligman et al., 2006). Although this perspective has been helpful in understanding the etiology and treatment of deficits, it has also shifted attention away from the agency of the individual and neglects the adaptive value of positive traits such as self-efficacy and optimism that enable human beings to survive and thrive (Seligman & Csikszentmihalyi, 2000).

The medical model of etiology and treatment positions the individual within a normative developmental scheme where problems are operationally defined as deviations from prescribed norms (Bottrell, 2009). Youth are thus situated within a problem-focused lens of assessment and intervention, where problems are located within the child and non-normative behaviour is often classified as ‘at-risk’ behaviour (Bottrell, 2009). The basis of developmental theory is predominately founded upon research studies incorporating culturally dominant (typically white, middle-class) notions of childhood, childrearing education, life stages, and values (Bottrell, 2009). What constitutes as risk in one cultural context, may not apply to another context with different social conditions, cultural values, and norms.

The medical (or deficit) model’s legacy of disease and dysfunction informs current treatment perspectives that are concerned with repairing damage: damaged habits, damaged
drives, damaged childhoods, and damaged brains (Seligman & Csikszentmihalyi, 2000). As psychology research and practice has become increasingly preoccupied with attending to disease, dysfunction, and damage, its two remaining missions of improving the quality of people’s lives and nurturing talent, are overlooked more often (Seligman & Csikszentmihalyi, 2000). There is a current tendency for counselling practitioners to default to diagnostic language in describing youth behaviour, without accounting for the environmental context and social relationships that facilitate strength and resilience (Ungar, 2011).

**Diagnostic Labeling.**

Traditional models of treatment and intervention for at-risk youth use deficit-based classification systems to categorize and label purported symptoms of pathology (Sattler, 2008). One diagnostic classification system of illness that has attained world-wide acceptance is the DSM-IV-TR (Snyder & Lopez, 2007). Prevailing labels for troubled youth are found within the DSM-IV-TR. The DSM-IV-TR assumes that every diagnosis has a clear underlying cause, similar to an infection or disease of the nervous system (Sattler, 2008). Diagnostic labeling has provided benefits for many individuals in terms of validating their suffering. For example, many survivors of childhood sexual abuse have expressed relief from feelings of self-blame in finding that their symptoms are common to many different causes of post-traumatic stress disorder (PTSD), including car accidents and natural disasters (Dolan, 1991). In addition, knowing that many PTSD reactions are common and even predictable can provide clients with a sense of hope in gaining greater control over symptoms (Dolan, 1991).

Since the development of the DSM-I in 1952, increased clinical attention toward managing problems and deficits has coincided with the broadening of diagnostic categories (Sattler, 2008). The DSM has increased from 66 categories of mental disorder in its first edition
to 286 in its fourth edition (Hubble, Duncan, and Miller, 2001). With the expansion of diagnostic categories, mental health diagnoses have increased to the point that mental disorders have become the most prevalent illness affecting youth today (Manion, 2010). Epidemiological research with representative Canadian samples suggests that 14-25% of children and youth in Canada would meet diagnostic criteria for at least one mental disorder (Manion, 2010). Youth today are commonly saddled with multiple DSM-IV TR diagnoses such as ADHD and comorbid mood disorders (Saleebey, 2008). With the increase in diagnoses, the use of psychotropic medications has concurrently increased to suppress problematic emotional and behavioural symptoms. For example, 11 million antidepressant prescriptions were written for children and adolescents in the United States for the year 2002 (Foltz, 2010).

Although the DSM-IV-TR is a useful system for identifying and diagnosing mental disorders, conceptualizing client concerns on the basis of disease and dysfunction has become an entrenched paradigm that informs the counselling practitioner’s understanding of the client’s problems and the process of psychotherapy (Elkins, 2009). The use of diagnostic language in working with youth can impact their ability to achieve their potential. Youth often aspire to the labels that are placed upon them. When these labels emphasize only deficits, they become self-limiting (Donnon & Hammond, 2007b).

**Moving Toward a Positive Psychology**

The broadening of diagnostic categories, rising trends in mental health diagnoses, and an increase in prescribed medications illustrate mounting concerns about continued use of the deficit paradigm to inform mental health research and practice. These concerns have contributed to a growing interest in an alternative approach to health and wellness (Seligman, Steen, Park, & Peterson, 2005). The positive psychology movement represents a paradigm shift from the
traditional deficit model of disease and disorder toward a study of the character strengths and virtues that enable individuals to thrive (Lopez et al., 2006). A foundational tenet of positive psychology asserts that client treatment is “not just fixing what is broken; it is nurturing what is best” (Seligman & Csikszentmihalyi, 2000, p. 7). By delineating character strengths, positive psychology seeks to enhance our understanding of happiness, well-being, and optimal functioning in childhood, adolescence, and adulthood to mitigate conditions that diminish health and wellness (Toner, Haslam, Robison, & Williams, 2012).

**Youth Strength Classification**

A primary task of positive psychology research has been the development of a system for the classification of human strengths. One reason that the deficit-based classification system currently dominates the field of child and adult psychopathology is that it provides a common vocabulary for communication between professional groups and the general public (Dahlsgaard, Peterson, & Seligman, 2005). Compared with the sophisticated taxonomy of psychopathology, a categorical classification of human strengths is in its early stages of development (Dahlsgaard et al., 2005). Whereas four editions of the DSM have been published to date, the first comprehensive classification of strengths, the *Classification of Character Strengths and Virtues* (CCSV) was published in 2004 (Seligman et al., 2005). The CCSV identifies and classifies six virtues and twenty-four character strengths that are consistent across cultures around the world (Seligman et al., 2005). Although no classification of human strengths has currently achieved worldwide use or acceptance, several strength classification systems and measures have been created, refined, and broadly disseminated within the last decade (Snyder & Lopez, 2007). Two prominent strength classification systems adapted from the CCSV for youth include; the Search
Institute's 40 Developmental Assets for Adolescents and the Values in Action Classification of Strengths for Youth (VIA-Youth).

**40 Developmental Assets for Adolescents.** The Search Institute's 40 Developmental Assets was designed to identify developmental assets considered to be the building blocks for healthy identity development in youth (Smith, 2006). The Developmental Assets framework categorizes individual assets according to external and internal groups of 20 assets each. The 20 external assets are composed of positive experiences that youth gain through social interaction with other people and institutions; the 20 internal assets include personal characteristics and behaviors that stimulate the positive development of youth (Snyder & Lopez, 2007).

A study by Jain et al. (2012) applied the Developmental Assets framework to examine the effectiveness of supportive relationships and high expectations, upon building emotional resilience among ethnically diverse samples of at-risk youth. The researchers found supportive relationships with adults and peers to be particularly strong predictors of emotional resilience for all youth in the sample.

**The Values in Action Classification of Strengths for Youth (VIA-Youth).** The VIA-Youth identifies 24 widely valued character strengths organized under six overarching virtues (wisdom and knowledge, courage, humanity, justice, temperance, and transcendence) that are thought to emerge across cultures throughout history (Snyder & Lopez, 2007). At no cost, youth ages 10-17 can log onto the “Authentic Happiness” website and download a 198 item self-report survey designed to identify their “signature strengths”. Examples of signature strengths include bravery, gratitude, humor, and leadership (Park, 2009). Because signature strengths are strengths that youth already possess, it is believed that they are easier to work with and can help youth to build confidence in facing the daily challenges of living (Park, 2009).
A study by Toner et al. (2012) examined the strength dimensions underpinning the VIA-Youth, and assessed their associations with measures of subjective well-being. The researchers found evidence to suggest that adolescents with higher levels of *temperance*, *vitality*, and *transcendence*-related strengths tended to demonstrate greater levels of subjective well-being. In addition, *hope* was the one strength that emerged as a strong predictor on both measures of life satisfaction and happiness.

**Current Challenges in Operationalizing and Measuring Strengths**

Despite the progress made toward developing a universal strengths classification, the current difficulties in operationalizing and measuring youth strengths are largely due to a lack of consistent definitions for the construct of *strength*. Currently, there is little evidence to describe the nature of strengths rather; they are described by their defining characteristics (Oko, 2006). Strengths are often broadly defined as positive characteristics, forged in adversity and buried within the client’s troubles (Oko, 2006). Although a few strength-based constructs (self-efficacy, optimism, self-mastery) have been validated within specific treatment contexts, most lack a sufficient base of empirical support (Harris et al., 2007).

Staudt, Howard, and Drake, (2001) conducted a review of interventions and outcomes for 9 empirical strength-based studies. Each of the studies was examined to ascertain: 1) how the strengths perspective was operationalized and implemented, and 2) empirical support for its effectiveness. Based on the results of this review, the researchers were unable to determine if outcomes were due to applied strengths or the delivery of additional services. The researchers concluded that these results provided further support for the position that “the strength perspective is more of a value stance than a unique practice model” (p. 19).
Strength-based practice assumes a value position that appeals to the integrity of the practitioner (Oko, 2006). As such, case conceptualization is contextually derived and client strengths are evaluated on a case-to-case basis. Accordingly, client strengths may vary considerably across time, between client, and between circumstances (Ungar, 2011).

**Youth Resilience is Atypical Across Time and Place.**

Efforts to develop a framework for the construct of youth resilience are hindered by the heterogeneity of resilient functioning across different conditions and settings (Donnon & Hammond, 2007b). The protective processes associated with youth resilience extend beyond a set of dichotomous outcomes (one behaviour is good and another is bad) as the context determines the usefulness of a particular set of resilience-related qualities (Ungar, 2011). When understood in context of such complex processes, personal traits such as confidence are unstable and demonstrate capacity only to the extent that the environment sustains them (Ungar, 2011).

Longitudinal studies of child development demonstrate that the classification of youth as either uniquely resilient or uniquely vulnerable to risk is not reliable over time (Ungar, 2011). A youth that is more resilient at one point in their life may become vulnerable to risk within a new context. Accordingly, youth demonstrate strengths in some situations but not others. For example, a child or adolescent may have interpersonal strengths in the context of peer relationships, yet this may not extend to interactions with parents and teachers (Brazeau, Teatero, Rawana, Brownlee, & Blanchette, 2012). As youth grow and adapt to changing contexts, such as new schools and relationships, those that are found to be more resilient are better resourced to their environments (Brazeau et al., 2012).
Foundations of Strength-Based Practice: Strengths-Assessment

Strength-based assessment is the cornerstone of strength-based counselling practice (Cox, 2006). Identification and intervention of problems in early childhood can reduce negative outcomes in adolescence and adulthood (Trout, Rayan, Vigne, & Epstein, 2003). Identifying existing strengths provides practitioners with a more comprehensive understanding of the skills and abilities that contribute toward social and academic success. This focus on strength development has drawn attention to a need for psychometrically sound and empirically supported strength-based assessment instruments (Trout et al., 2003).

**Strength-Seeking Conversations**

It is often challenging to engage youth in discussing their strengths because they usually arrive at counselling during troubled times when they are preoccupied by their problems. The use of open-ended conversations is one strategy for exploring various factors contributing to the development of the child’s positive assets (Epstein, Mooney, Ryser, & Pierce, 2004). For example, questions such as “*what was your life like when you were feeling good about yourself?*” and “*what are your hopes for the future?*” can facilitate the emergence of youth’s strengths out of the problem-laden contexts of their lived experience (Laursen, 2003). Strength-seeking conversations can help practitioners to identify and utilize youth and family strengths in designing an individualized intervention plan that is both relevant and useful for the client (Epstein et al., 2004).

**The Behavioral and Emotional Rating Scale (BERS)**

Standardized strength-based assessments were developed to attend to the differences in administration and content that can occur from one practitioner to another (Epstein et al., 2004). The BERS is a norm-referenced, standardized instrument designed to assist in the process of
strength-based assessment (Epstein et al., 2004). Two primary applications for the BERS include: 1) discussing students emotional and behavior strengths and developing objective goals, and 2) providing an outcome indicator to document the progress of a client receiving special education services (Epstein et al., 2001). The BERS includes 52 Likert-type items and subscales that represent significant areas of youth’s functioning (Epstein et al., 2004). Epstein et al. (2001) applied the BERS to 123 students who were evaluated on subscales of interpersonal strengths, intrapersonal strengths, family involvement, school functioning, and affective strengths. Results found that the BERS demonstrated adequate test/re-test reliability in each of these domains.

Cox (2006) investigated outcome-based service delivery for at-risk youth using the BERS assessment instrument. Results indicated that counsellors who held favorable perceptions of the strength-based approach to assessment and intervention reported greater client satisfaction and treatment retention compared to counsellors who held less favorable attitudes toward strength-based assessment. Unless practitioners are willing to make a more fundamental shift in their approach to assessment, they are likely to remain hesitant to adopt the strength-based model.

The Strengths Assessment Inventory-Youth Self-Report (SAI-Y)

One major shortcoming in the assessment and treatment of problem behaviours is the emphasis on individual characteristics at the exclusion of the environmental context (Wright & Lopez, 2002). In response to these concerns, the SAI-Y was developed to measure the strengths of youth from age 10 to 18 years across multiple domains of day-to-day functioning (Brazeau et al., 2012). The SAI-Y is a 120-item questionnaire that evaluates youth “personal agency” as a measure of the quality of self-reported social interactions as they occur within their natural environment (Brazeau et al., 2012). For example, youth are asked to indicate the frequency with which they experience personal strengths across various domains including peer connectedness,
commitment to family values, and community engagement etc. (Brazeau et al., 2012). The SAI-Y demonstrated an intermediate to high level of internal consistency and adequate to good levels of reliability when re-administered following an interval of 1-2 weeks (Brazeau et al., 2012).

**Youth Resiliency: Assessing Developmental Strengths Questionnaire (YR: ADS)**

Youth development resilience research has identified intrinsic and extrinsic factors that appear to influence youth engagement in both proactive and risk taking behaviours (Donnon & Hammond, 2007b). The YR: ADS is a 10-factor model that organizes youth resilience into two broad sets of intrinsic and extrinsic strengths found to encourage and support youth coping skills. These include: parental support/expectations, peer relationships, community cohesiveness, commitment to learning, school culture, cultural sensitivity, self-control, empowerment, self-concept, and social sensitivity.

Donnon and Hammond (2007a) administered the YR: ADS among 2,291 students attending junior high schools in Calgary, Alberta to assess potential youth-related issues and concerns. The results supported other Canadian findings that bullying is prevalent among youth in schools and communities. Approximately 31% of the students sampled reported being bullied at least once per month. However, the majority of students indicated that they possessed a relatively large number of resilience factors with the average student having 21 out of a possible 31 developmental strengths. For example, 67% had “positive peer relationships”, 81% reported having a “caring family”, and 88% reported high “self-efficacy”. In general, students were found to be in a more favorable position to develop stronger resiliency profiles if they were provided with opportunities to develop a greater number of strengths.
The Child and Youth Resilience Measure-28 (CYRM-28)

Current limitations in the development of resilience research are evident in the apparent lack of valid youth measures that account for the heterogeneity of youth culture (Liebenberg, Ungar, & Van de Vijver 2012). Given the multiple processes associated with resilience, there are multiple pathways to resilience, embedded in varying contexts that require attention and understanding. Resilience related patterns of functioning and expression are contextually distinct and impacted by sex, race, ethnicity, and culture (Liebenberg et al., 2012).

The CYRM-28 is a 28-item measure designed to provide a more inclusive understanding of resilience across cultures and contexts (Liebenberg et al., 2012). The CYRM-28 was initially developed using a mixed methods (quantitative and qualitative) design sampling 1,451 youth aged 13-23 across 11 different countries (Ungar & Liebenberg, 2011). The measure’s composition of 28 questions includes eight indicators of three resilience components (individual, caregiver, context) providing a brief, yet detailed review of the resilience components that youth tend to access, and those that are lacking in their lives (Liebenberg et al., 2012). The developers identified seven qualitative aspects (or tensions) of resilience that co-occur and are mutually dependent (Ungar & Liebenberg, 2011). For example, a youth’s expression of self-efficacy will depend on cultural norms, the nature of the youth’s relationships with others, and even aspects of social justice (Ungar & Liebenberg, 2011).

Liebenberg, Ungar, and Van de Vijver (2012) conducted a study to validate CYRM-28 using a sample 497 at-risk youth living in Atlantic Canada. A confirmatory factor analysis demonstrated that context and individual components were more closely correlated than individual and caregiver or caregiver and context. The caregiver’s ability to manage caregiving tasks was impacted by available resources in addition to life stressors. Where capacities for
caregiving were restricted, youth found alternate sources of care in the community. For example, positive relationships with peers compensated for a lack of secure attachment with caregivers. While this study provides additional support for the CYRM-28 as a valid resilience measure, future replications with study samples of youth internationally are needed to maintain the instrument’s distinction as a cross culturally relevant measure of resilience.

**Developmental Tasks**

Developmental progress through childhood and adolescence is marked by key tasks and challenges that predict outcome trajectories into adulthood (Trentacosta & Shaw, 2009). Research evidence suggests a strong relationship between negative developmental outcomes and risk factors present in early development such as poor emotion regulation, poverty, insecure child-caregiver attachments, and coercive patterns of family interaction (Broderick & Blewitt, 2010). As vulnerability to risk is heightened during childhood and adolescence, resilience improves through navigating developmental tasks and challenges (Engler & Wiemann, 2010).

**Separation-Individuation**

Identity development in adolescence involves the consolidation of a stable and enduring sense of self (Engler & Wiemann, 2010). Many counselling-related concerns expressed by adolescents are attributed to this developmental task. The process of separation-individuation describes the conflict between independence and separateness within the context of family relationships as adolescents strive for greater autonomy and independence (Lopez, Watkins Jr., Manus, & Hunton-Shoup, 1992). This is a period of enhanced role confusion and shifting identity as adolescents integrate new experiences in order to develop a sense of self around which they are able to organize beliefs, values, and future goals (Engler & Wiemann, 2010).
Adolescent identity formation is best facilitated by family relationships that promote both separateness and connectedness (Engler & Wiemann, 2010). Adolescents that experience a family context that is free from guilt, retribution, or threats of abandonment, are more likely to have better emotion regulation, equipped to cope with threats to self-esteem, and a develop a greater sense of personal agency (Lopez et al. 1992). Where caregiver-child relationships become strained these processes can become compromised leaving youth to resolve the task of separation-individuation in maladaptive ways (Engler & Wiemann, 2010).

Engler & Wiemann (2010) examined the relationship between separation-individuation and identity development for a sample of runaway/homeless adolescents. The researchers suggested that these adolescents were unable to successfully negotiate the balance between their needs for closeness and separateness due to significant disruptions between parent-child relationships. This led to a break down of the separation-individuation process. One significant finding indicated that counsellors providing homeless youth with validation and positive feedback enhanced hopefulness and personal commitment to values and beliefs. In this sense, counsellors functioned as mentors enabling these youth to explore more empowering self-evaluations and greater commitment to positive identity domains.

**Attachment, Socialization, and Emotion Regulation**

The ability to emotionally self-regulate is a primary developmental task. Caregiver attachment mediates the developing capacity for infants to tolerate frustration and maintain a regulated emotional state. Securely attached infants receive predictable, soothing care when they experience emotional upset related to physiological needs, fear, excitement, or anxiety. As children, they learn that expressing positive emotions as well as negative feelings, such as anxiety and anger are both acceptable and manageable (Broderick & Blewitt, 2010).
When the support of the caregiver is absent or interrupted, problems can occur (Zegers, Schuengel, IJzendoorn, & Janssens, 2006). In the absence of caring and attentive caregivers, infants exposed to abuse and neglect may develop dismissing, preoccupied, or fearful attachments (Bartholomew & Horowitz, 1991). These disruptions can lead to emotional disintegration, avoidance of intimacy, or strong dependency in their relationships with others (Bartholomew & Horowitz, 1991).

Successful emotional regulation in early childhood provides a foundation for social development in later adolescence and adulthood. During adolescence a shift occurs in the nature and functioning of the attachment system. As adolescents strive for greater emotional self-sufficiency and autonomy, peer relationships are used to gauge social-emotional functioning (Allen & Miga, 2010).

Peer relationships provide youth with opportunities to build friendships, solve problems, enhance perspective taking, and develop empathy (Broderick & Blewitt, 2010). Youth who use more adaptive emotional self-regulation strategies when encountering stressful situations, are more likely to master the social skills necessary for effective social relationships (Trentacosta & Shaw, 2009). Feeling validated by others in the same age group that share similar ideas, feelings, and experiences contributes to a youth’s sense of self-worth, relatedness, and security (Broderick & Blewitt, 2010).

Emotional self-regulation and peer rejection have been studied extensively as precursors to early adolescent antisocial behaviour (Trentacosta & Shaw, 2009). Although peers can influence the development and course of antisocial behaviour, many youth who have regular contact with behaviourally challenged peers do not express an increase in problem behaviours (Gardner et al., 2007). Developmental research supports the assumption that building strong
therapeutic relationships with relationship-reluctant youth can counter the effects of negative peer influences and assist in overcoming insecure attachments (Breندtro, Brokenleg, & Bockern, 2002). Zegers et al. (2006) examined the effects of professional caregiver relationships upon attachment restructuring for adolescents living in residential care. The researchers found that adolescents with insecure caregiver attachments who developed therapeutic relationships with staff mentors, demonstrated signs of secure attachment restructuring including a decrease in problem behaviours and an improved quality of social interaction with others.

**The Value of the Therapeutic Relationship**

Developmental processes of separation-individuation, attachment, emotion regulation, and socialization influence the quality and character of youth strength and resilience. The therapeutic relationship can guide and support this process in positive ways (Breندtro et al., 2002). The therapeutic relationship provides the strong emotional support and secure base from which youth can explore different ways of handling stressful experiences and experiment with new behaviours and interpretive schemes (Zegers et al., 2006). A counsellor’s warm, consistent, and accepting presence provides the context for youth to experience different modes of relating to others (Bachelor & Horvath, 2001). Within the context of the therapeutic relationship, youth can safely express feelings of anger, ambivalence, and vulnerability without fear of punishment or reprisal and in the process learn to self-regulate their emotions and develop more fulfilling relationships with others (Bachelor & Horvath, 2001).

**The Therapeutic Relationship**

The therapist-client relationship is among the most robust predictors of treatment outcomes in psychotherapy (Bachelor & Horvath, 2001). Research examining common factors of change in psychotherapy suggests that therapeutic relationship factors account for 30% of the
variance in adult treatment outcomes (Asay & Lambert, 2001). McLeod (2011) conducted a meta-analytic review of the alliance-outcome relation in youth psychotherapy across 31 independent research studies. The quality of the client-therapist alliance constituted a significant effect for client outcome across all studies examined.

Youth development research suggests that therapeutic relationship variables are particularly critical to outcome success for youth and family therapy (Karver Handlesman, & Bickman, 2006). With the rise of behaviorism in the 1960’s and 1970’s, a focus on relationship building with clients in counselling declined in favor of behaviour management interventions and strategies (Zack, Castonguay, & Boswell, 2007). A growing base of empirical research accompanied this movement, while little attention was directed toward the therapeutic alliance (Zack, 2007). For example, since 1995, there has been an increasing emphasis upon identifying and disseminating empirically supported treatments (ESTs) – therapeutic interventions that demonstrate the greatest efficacy and/or effectiveness in treatment of specific psychological disorders (Karver et al., 2006). The most notable publications in facilitating this movement were produced by Division 12 of the American Psychological Association. However, Division 12’s omission of research from the youth treatment field represents a major limitation of their work (Karver et al., 2006). Developing strong therapeutic relationships with young clients and their family members has shown to facilitate treatment by providing a stable, accepting, and supportive context for counselling to occur (Karver et al., 2006). The lack of research from the youth treatment field in developing EST’s draws critical attention to the importance of therapeutic relationship variables and the current difficulty of engaging at-risk youth in treatment services.
The Problem of Engagement

Difficulty engaging at-risk youth in counselling services is well documented. For example, the Australian Institute of Health and Welfare reported that for those youth identified at-risk for negative outcomes, a rate of only 2% seek help and between 30% and 60% will not complete treatment (French, Reardon, & Smith, 2003). French et al., (2003) conducted a study at Youth Link, a mental health service for at-risk youth aged 13 to 25, to examine what factors affect the engagement of at risk youth with mental health services. Individual beliefs, attitudes, and expectations about counselling were identified as important factors that influenced youth decisions to engage in counselling services. The researchers found that the youth’s desire to “feel understood” (p. 545), was a central narrative for all participants. A significant predictor of participant’s engagement was the degree to which youth regarded their counsellor as being judgmental toward them. If youth did not feel understood upon initial engagement with their counsellor, they did not proceed with counselling.

Counsellors often misattribute their difficulty engaging youth as some form of resistance within the youth’s nature (Clark, 1998). However, this difficulty is more likely a consequence of the practitioner’s problem-focused approach toward working with youth (Clark, 1998). For example, counsellors commonly apply behaviour checklists as a means of assessing the characteristics of challenging youth (Brendtro et al., 2002). By design, these instruments list only negative traits, thus shifting attention away from the youth’s strengths. Re-framing a youth’s problem behaviour as an effort to meet personal growth needs can re-orient the practitioner’s position from making assumptions about that behaviour toward approaching youth from a position of respect, empathy, and curiosity (Brendtro et al., 2002).
Youth alliance research suggests that practitioners ought to remain particularly attentive to the early relational climate in working with at-risk youth. A number of studies investigating the impact of the therapeutic alliance upon treatment outcome suggest that 56% to 71% of the variance related to total outcome can be accounted for during the first 3 to 4 weeks of treatment (Snyder, Michael, & Cheavens 2001). During this period, a *window of opportunity* for client engagement occurs.

**The Core Facilitative Conditions of Change**

Bordin's (1979) definition of the working alliance includes three related but distinct dimensions of bonds, tasks, and goals (McLeod, 2011). Notably, however, several studies of therapist-youth relationship development have failed to support Bordin’s model of the alliance, particularly with respect to the collaboration of counselling goals (Zack et al., 2007). Because youth are often referred to treatment by caregivers or other professionals, they often arrive with a different level of awareness, agency, and motivation than an adult might (Zack et al., 2007). They may have different goals than the counsellor and caregiver, or show no interest in goals or therapy at all.

Whereas, client and therapist collaborate to develop the treatment goals and tasks that constitute agreement and participation in adult counselling activities, alliance building with youth emphasizes the affective aspects of the client-therapist bond (McLeod, 2011). These affective aspects including empathy, warmth, and genuineness have been positively associated with the strength and quality of the youth working alliance (Zack et al., 2007). Karver et al., (2006) conducted a meta-analysis examining associations between therapeutic relationship variables and their accountability for outcomes in 49 youth treatment studies. The researchers
found strong positive relationships between therapist interpersonal skills of empathy, positive regard, warmth, and youth progress in psychotherapy.

Emotional bonding appears to be a core component of alliance building with youth (Shirk, Karver & Brown, 2011). Youth who form insecure attachments with caregivers, and/or authority figures are more likely to experience conflict with peers and tend to experience difficulties maintaining positive relationships which can foster hostile attitudes, mistrust of others, and resistance toward building new relationships (Zegers et al., 2006). Maintaining an attitude toward the client that is supportive, attuned, and non-judgmental is a critical prerequisite for therapeutic change in working with relationship resistant youth (Shirk et al., 2011).

Counsellors that build positive relationships with youth assume certain functions of parenting. By demonstrating empathy, positive regard, commitment, being forthright, honest, and establishing structure and accountability, counsellors function as a good parent would. A therapeutic stance of this character can help relationship resistant youth to build a sense of belonging, connectedness, and trust in others (Manso et al., 2008).

**The Importance of Alliance Building with Caregivers**

Unlike traditional adult psychotherapy, in which the alliance is based on a dyadic relationship between client and counsellor, treatment of youth typically necessitates a relationship between multiple parties (Zack et al., 2007). Because children and adolescents rarely refer themselves for counselling, the parent often identifies their child’s treatment goals (Kazdin, Marciano & Whitley, 2005). Kazdin et al., (2005) examined parent-therapist alliances for 185 youth referred to counselling for oppositional, aggressive, and antisocial behaviour. The researchers found that positive parent-therapist alliances developed in concert with their child’s
treatment predicted greater parent acceptance of treatment techniques, and the child’s continued involvement in counselling.

In general, a strong parent alliance is found to be particularly important for the continuation of counselling for youth (Shirk et al., 2011). Parents who are not invested in the treatment of their children may be less likely to provide instrumental support. For example, less involved parents are less likely to provide consent for counselling, payment for services, or securing their child’s transportation resulting in treatment dropout (Zack et al., 2007).

**Client-Centered Change**

The quality of the client’s participation in counselling is regarded as the greatest determining factor of outcome in psychotherapy (Asay & Lambert, 2001). Client participation in therapy is largely influenced by their attitudes, beliefs, and values (Hubble et al., 2001). Clients may enter into counselling with ideas about their problems, how they developed, and how they might be solved. Their own perception about causes and how counselling may best address goals and expectations, describes the client’s “theory of change” (Hubble et al., 2001, p. 425).

Empowering the client’s *theory of change* is integral to their participation in treatment and in developing a strong working alliance (Hubble et al., 2001). To develop a client-change focus, the practitioner listens for and validates change for the better, whenever and for whatever reason it occurs (Hubble et al., 2001). Of particular interest is what the client has done, or is doing to bring about or take advantage of change (Saleebey, 2006).

Strengths-based practice values youth as *experts* of their own lives and experiences, capable of finding solutions to life challenges (Saleebey, 2006). There are a number of strength-based therapeutic techniques that share this client-centered theory of change. For example, SFT
and NT both elicit the client’s perspective and focus on drawing out strengths that the client has used in the past, or is currently using to guide goals and tasks of counselling.

**Strength-Based Techniques**

**Solution-Focused Therapy**

Behaviour problems are the most common concern for which youth are referred into treatment (Corcoran, 2006). By the time a parent brings their child to counselling for treatment of a behaviour problem, a negative pattern is usually already established where the child may “act out”, prompting the parent to view their child negatively and communicating this view to the child who then acts in a manner consistent with this view and the pattern continues (Corcoran, 2006). However, focusing attention toward the child’s deficits can build resistance to treatment by reinforcing feelings of inadequacy, frustration, and hostility that sustain negative relational patterns (Corcoran, 2006). SFT is well-suited for working with behaviourally challenged youth as minimal attention is given to diagnosis or an exploration of problems (Gerstein, 2006). Instead, the focus of treatment becomes an examination of existing strengths and resources within the client and in the client’s social environments (Gerstein, 2006).

SFT is not a problem-solving approach, but rather a solution-constructing approach. The primary task of the solution-focused therapist is to help clients develop a clear vision of how they want their life to be different as a result of therapy (de Shazer & Isebaert, 2003). Asking clients about their hopes, interests, and goals for the future also affirms the practitioner’s belief that youth has the capacity to improve the quality of their own life. For example, solution-focused *exception questions* elicit information from times in the client’s life when the problem was less evident (de Shazer & Isebaert, 2003). Rather than assessing strengths that the professional deems important, asking about those times when the problem was less evident highlights
strengths, abilities, and resources specifically relevant to the client’s goals and interests (Saleebey, 2006).

The solution-focused counsellor adopts a stance of “unknowing” where the client is the expert of their own life (Sharry, Darmody, & Madden 2002). From this position of respectful curiosity, the counsellor asks questions that facilitate the client in generating their own solutions to the problems that brought them to counselling (Sharry et al., 2002). Rather than focusing on behavioural symptoms of problematic behaviors, the solution-focused counsellor may consider the child’s maladaptive response as an act of frustration in failing to negotiate a balance between personal needs and environmental expectations (Milne, Edwards, & Murchie 2001). If the social environment values competition and aggression, then the child’s troublesome behavior could be examined as a learned response for gaining attention and acceptance from others (Milne et al., 2001). In this case, the solution-focused counsellor might explore more functional strategies for gaining attention and making friends. For example, in the surveillance game, clients are asked to secretly do something positive for someone. In the following session, the counsellor tries to guess what it was. The objective of the game is to begin building on positive behaviors and identify personal strengths that the client elicits to engage in more functional problem solving strategies (Milne et al., 2001).

**Narrative Therapy**

Counselling practitioners often describe youth problem behaviours using diagnostic language that is pathology-laden, self-limiting, and oppressive (Ungar, 2001). Without attending to the context of marginalization and oppression, interventions aimed at managing problem behaviours may have limited success (Bottrell, 2007). Narrative therapy (NT) is suited to counselling at-risk youth, as it provides an opportunity for youth to re-author their experiences of
marginalization and oppression as stories of strength and resilience (Ungar, 2001). NT techniques are useful for externalizing and deconstructing the negative labels that youth have adopted.

When a youth identifies himself or herself with a problem, they may develop a habit of thinking and behaving in terms of that problem (Ungar, 2001). Over time, the problem can become a dominant theme in their life story that dictates their actions and limits their potential (White, 2002). The notion of personal agency is central to the practice of NT. Narrative techniques enhance personal agency as youth are invited to reconstruct their problems using language that is less oppressive and more empowering (White, 2002).

Ungar (2001) interviewed disadvantaged youth living in Atlantic Canada using a model for building narratives of resilience. This model includes three phases of questions and exercises woven together into therapeutic conversations designed to enhance the power of personal narrative for working with youth at-risk. These phases include reflecting, challenging, and defining. Reflecting involves the collaborative deconstruction of the youth’s past experience and contextualizing past events in a manner that risk factors are drawn out (Ungar, 2001). For example, poverty, abuse, and family discord can become dominant themes that define youth and their relationships. Externalizing language is used here to distance youth from these problem-laden identities. Challenging involves constructing a new story by identifying moments in the youth’s life when they were resilient against the problem. This becomes an empowering experience as strengths such as courage are identified at times in the youth’s history when they had overcome the labels that oppress them such as being “depressed” or “delinquent”. Defining involves encouraging the youth to share their new health-enhancing story of strength and
resilience with others. For example, asking youth which people in their lives are supportive of their new story, which are not and why?

**Hope and Expectation**

According to research examining common factors of change in psychotherapy, the client’s positive or negative expectations about counselling account for 15% of the client’s therapeutic outcome (Asay & Lambert, 2001). Youth entering into therapy are often demoralized due to unsuccessful efforts to resolve their problems in the past (Engler & Wiemann, 2010). When youth have failed to meet their own expectations or those of others, they can feel powerless to change the situation or themselves (Engler & Wiemann, 2010). Future expectations are associated with several important outcomes for youth, particularly with regard to risk-taking, impulsivity-control, and sensation seeking behaviours (Thompson et al., 2012). Youth with negative expectations about the future are especially likely to behave in ways that put their future and/or well-being at risk by engaging in illicit drug use, early sexual behaviour, violence, and so on. (Thompson et al., 2012).

Counselling practitioners can have a positive influence upon youth expectations of change in counselling by fostering a sense of hope that they have ability to exercise personal agency in meeting their own goals (Snyder, 2002). This may include helping youth to increase flexibility in their thinking and increasing their ability to apply existing strengths and resources in more adaptive ways. Positive youth expectancies can also be enhanced through practitioner enthusiasm, and provision of a credible rationale for treatment.

**Summary**

The current failure to provide adequate treatment services for at-risk youth corresponds with the current adherence to a deficit-based, problem-focused model of research and practice.
Shifting attitudes and assumptions about youth problem behaviours have lead to a growing interest in the positive aspects of functioning that enable youth to survive and thrive. It is well documented that counselling intervention during childhood and adolescence has the potential to de-stabilize negative outcome trajectories for at-risk youth. Adolescence is a critical period of growth where navigating and negotiating social relationships, regulating emotions, and making identity commitments define the quality and character of youth strength and resilience. In light of the emerging social ecological approach to understanding youth resilience as a dual process of navigating healthy relationships between youth, their families, and their communities, the quality of the therapeutic relationship appears more significant than it was previously thought.

Common factors research has identified a strong positive relationship between therapeutic relationship variables and youth outcomes. There is also a strong relationship between resistance to engagement in counselling services for at-risk youth and negative outcomes. At-risk youth are typically admitted into counselling for treatment of behaviour problems. Often these problems are an extension of poor socialization, low self-esteem, insecure attachments, difficulty self-regulating emotions, and exposure to other known risk factors. For these youth, a lack of trust and ambivalence toward developing new relationships is often a response of self-preservation. Unfortunately, when practitioners position themselves in the role of managing or correcting youth problem behaviours they regard the youth in terms of a deficit which further marginalizes them and reinforces their resistance to building a working alliance. Interestingly, the affective aspects of the youth alliance including empathy, warmth, unconditional positive regard, and acceptance are strongly associated with youth alliance building and positive outcomes. The early stages of alliance building provide a pivotal
opportunity for exploring healthier identity pathways developing more secure attachments in relationships with others and otherwise mitigating the negative effects of known risk factors.

Progress has been made in recent years toward strength-based practice with at-risk youth. Youth strength classification systems and strength-based assessments are becoming more refined and gaining greater acceptance among practitioners today. For example, the character strengths and developmental assets identified by the Search Institute and the VIA-Youth provide practitioners with a vocabulary for meaningful engagement with at-risk youth. Ecology-based, culturally sensitive measures, such as the SAI-Y, YR: ADS and CYRM-28 are shifting the focus of assessment toward a process-oriented model that is consistent with the emergent social-ecological understanding of youth resilience. In addition, therapeutic techniques, including SFT and NT, are demonstrating positive results in application with at-risk youth. SFT takes an optimistic view of youth as capable of change and possessing the strengths and resources they need to overcome challenge and adversity. NT deconstructs the language of marginalization and oppression, which limits youth potential, and explores opportunities toward more empowering identity pathways. Where at-risk youth often identify themselves in terms of problems and deficits, counsellors can now assist youth in fostering identities of strength and resilience.
A Counsellor’s Guidebook to Strength-Based Practice with At-Risk Youth

By: Michael Williams
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Introduction

Research has shown that youth intervention programs, which focus on preventing specific behaviour problems such as violence and drug abuse, generally fail to provide long-term benefits (Donnon & Hammond, 2007a). One explanation for this poor outcome is that there is a tendency to focus on fixing problem behaviours and subsequently resources are directed toward managing problems rather than recognizing and working with the youth’s existing strengths and resources (Tate, 2010). As a result, youth report feeling unaccepted, judged, and misunderstood as primary reasons for not accessing and/or participating in counselling services (French, Reardon, & Smith, 2003).

As counselling practitioners we approach work with clients informed by our own values, attitudes, and beliefs. We ought to be mindful of how these personal preferences can influence our assumptions and treatment decisions. In working with youth, a more implicit assumption often manifests in terms of what we think youth should do (Donnon & Hammond, 2007a). The language used to inform our assumptions can significantly impact how we approach work with youth, and the messages that we communicate to them in doing so. For example, at-risk youth are often described in terms of their problem behaviours using deficit-based language such as “oppositional”, “defiant”, and “attention-deficit” (American Psychiatric Association [DSM-IV-TR], 2000). The message that youth receive either implicitly or explicitly using this type of language is that they are somehow damaged, inadequate, or unacceptable. This undermines fundamental needs of gaining acceptance and understanding from others that developmental researchers have identified as critical to social and emotional growth during childhood and adolescence (Tate, 2010).

Very often, we encounter resistance because our expectations for counselling are incongruent with youth needs. The key is to take time to really listen to youth and understand their story, rather than imposing our own assumptions about what we think they should do.

Strength-based practice does not ignore problems and deficits, but rather advocates for a more holistic approach to assessment and intervention. When we shift our focus toward understanding and appreciating how youth are navigating and negotiating current challenges in their own lives, we begin to cultivate an attitude that is interested, accepting, and respectful of youth and their interests. By identifying and promoting strengths, we can support youth in their efforts to manage life’s challenges, to find more adaptive ways for meeting their needs, and facilitate success in identifying and achieving their goals.

This guidebook is presented as a practical resource to facilitate engagement with at-risk youth and promote therapeutic relationship building. In pursuit of these goals, the guidebook focuses on building practitioner awareness and an understanding of the unique challenges involved with engaging at-risk youth and offers strategies and suggestions to overcome them. This focus upon relationship-as-intervention is meant to assist practitioners working with at-risk youth in a variety of locations including, but not limited, to residential care settings, youth treatment centers, school settings, and private practice clinics.
Part I: Nurturing Youth Resilience

Youth grow and adapt to their living environment within multiple and interrelated spheres of social-ecological influence. Strength and resilience develop as youth navigate and negotiate life challenges within each of these spheres.

The constellation of social-ecological influences is varied and unique for each youth. What may be considered an environmental asset for one youth might be a risk factor for another youth living in the same environment. For example, a youth exposed to a high risk of violence in his or her community may have positive connections with family members that buffer against those negative effects. Another youth without positive connections to family members may be identified at a higher risk under the same exposure to community violence (Jain, Buka, Subramanian, & Molnar, 2012).

A comprehensive understanding of resilience is emerging as a process that involves youth’s capacity to navigate the psychological, social, cultural, and physical resources that sustain well-being, and the capacity of youth, their families, and their communities to negotiate culturally meaningful ways for resources to be utilized (Ungar et al., 2008). Youth identified as “at-risk” for negative outcomes often possess deep reserves of strength and resilience though navigating challenge and adversity in their daily lives (Saleebey, 2006). Rather than focusing exclusively upon reducing risk factors, strength-based counselling acknowledges youth engagement with adversity in ways that empower his or her capacity to survive and thrive.
Youth-Environment Tensions that Enhance Resilience

A youth’s ability to access resources that enhance resilience can be described as a negotiation between seven tensions (Ungar et al., 2008). Table 1 explains these seven tensions and provides a reference to identify how these might occur within the context of youth relationships, internal strengths, and external resources.

<table>
<thead>
<tr>
<th>Tension</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>1. Access to material resources</td>
<td>Availability of financial, educational, medical, and employment assistance, as well as access to food, clothing, and shelter</td>
</tr>
<tr>
<td>2. Access to supportive relationships</td>
<td>Relationships with significant others, peers, and adults within one’s family and community</td>
</tr>
<tr>
<td>3. Development of a desirable personal identity</td>
<td>Desirable sense of oneself as having a personal and collective sense of purpose, ability for self-appraisal of strengths and weaknesses, aspirations, beliefs, and values, including spiritual and religious identification</td>
</tr>
<tr>
<td>4. Experiences of power and control</td>
<td>Experiences of caring for one’s self and others, the ability to affect change in one’s social and physical environment in order to access health resources</td>
</tr>
<tr>
<td>5. Adherence to cultural traditions</td>
<td>Adherence to, or knowledge of, one’s local and/or global cultural practices, values, and beliefs</td>
</tr>
<tr>
<td>6. Experiences of social justice</td>
<td>Experiences related to finding a meaningful role in one’s community that brings with it acceptance and social equality</td>
</tr>
<tr>
<td>7. Experiences of a sense of cohesion with others</td>
<td>Balancing one’s personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one’s self socially and spiritually</td>
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(Ungar et al., 2008).

The Child and Youth Resilience Measure-28 (CYRM-28) is a 28-item questionnaire that measures these seven tensions as unique pathways to youth resilience across cultures (see Appendix C).
An Engagement Model of Youth-Environment Interaction

A youth’s ability to negotiate tensions in his or her life and become resilient largely depends on successful engagement with social, cultural, and physical resources (Ungar et al., 2008). Neufeld et al., (2006) propose a model of understanding how a person-environment interaction positions client engagement as a mediating process between the client’s strengths, environmental resources, and stressors that determine outcomes. In this model, engagement is comprised of three components: 1) negotiation 2) participation and 3) evaluation that are thought to stimulate positive outcomes for any client-environment interaction.

The engagement model enhances resilience by focusing on intervention as a process of connecting the client with adaptive environmental resources (Neufeld et al., 2006). As youth become increasingly flexible and adapt to environmental demands, capacity for engagement increases. For example:

- **Negotiation** is an ongoing process between youth and the environment to accommodate one and other. For example, counselling practitioners can assess a child’s disruptive behaviour in the family environment as a negotiation by determining how household rules are established, the degree of flexibility in that process, and the extent to which the child has an age-appropriate role in modifying those rules (Neufeld et al., 2006).

- **Participation** acknowledges the child’s emotional connection to the environment. Positive emotional constructs that tap into emotional participation include love, compassion, and connectedness (Snyder & Lopez, 2002). Providing the child with opportunities to voice their feelings, validating those feelings, and creating opportunities to participate in negotiating how the rules will affect them, can improve their sense of self-efficacy, ability to tolerate frustration, and improve the quality of their engagement with others.
• **Evaluation** represents an appraisal of the degree to which the child has achieved environmental fit (negotiation) as well as the quality of participation within that interaction (Neufeld et al., 2006). Providing youth with positive feedback and encouragement can also assist the child in constructing a more positive self-evaluation.

**Part II: Treatment Considerations Prior to Counselling**

Youth who are labeled “at-risk” are often referred for counselling due to parental concerns about problem behaviours. These youth typically hold a negative view of entering into a counsellor-client relationship, which can create challenges for engagement and retention in counselling (Everall & Paulson, 2006). At-risk youth may hold a negative view about entering into counselling for variety of reasons:

• Eligibility and referral for treatment is often made using diagnostic criteria that focuses on youth deficits and problem behaviours. This can reinforce feelings of inadequacy, lack of acceptance, and opposition to engage in treatment (Everall & Paulson, 2006).

• In contrast to adults, goals for youth are generally predetermined by the referral source. As a result youth often feel that they have little decision making power over their own treatment. Conflict between parental or caregiver’s goals and the youth’s interests can hinder client engagement, goal setting, and task development (Zack, Castonguay, & Boswell, 2007).

• At-risk youth often come to counselling with well-established patterns of conflict in their relationships with others. This can present challenges in building new relationships, particularly with adults who are perceived in a position of authority (Corcoran, 2006).

• Behaviorally challenged youth often believe that their negative behaviour contributes to their sense of well-being. These youth are often resistant to intervention and behaviour change, in part due to gained acceptance within a subculture that encourages problem behaviours (Ungar & Teram, 2000).

• A pervasive distrust of adults derived from an effort to gain independence and autonomy, or as a conditioned response due to past experiences of abuse and neglect (Everall & Paulson, 2006).
Building Alliance with Caregivers

Youth and their caregivers are identified as the single most potent contributor to therapeutic outcome. Take time to listen carefully, and help them to feel heard. Resources that caregivers and youth bring into the therapy room might include factors such as hope, optimism, persistence, faith, or a supportive friend or relative (Duncan, Miller, & Sparks, 2007). Keep in mind that parents bringing their children to counselling are likely also doing their best to manage issues in their own life. For example, an unemployed single parent may struggle with feelings of hopelessness. They might also have had negative experiences with counsellors in the past that may contribute to their reluctance to engage their child in treatment. It can be difficult for parents to reach out for help if they believe they have failed to manage their child’s problems, which could provoke feelings of anger, frustration, shame, and inadequacy (Zack et al., 2007).

- It is important to approach caregivers with the same attitude of interest, acceptance, and respect that we extend to youth. Research suggests that an early therapeutic stance of collaboration with parents predicts greater engagement in their child’s treatment (Shirk, Karver, & Brown, 2011).

- Ask parents what information they would like to share about their child prior to starting counselling. It is helpful to meet with the youth’s caregivers to gain insight into existing family strengths, the youth’s history, and relationship dynamics between family members (Everall & Paulson, 2006).

- Praise parents for their efforts and acknowledge any success they have in building positive relationships with their children.

- Gain an understanding of the parent’s life circumstances and how these might affect their children (positively or negatively).

- Ask parents to comment on their views about what motivates their child to engage in positive behaviour vs. negative behaviour.

- How do the parents evaluate their child’s level of risk and their child’s role in taking responsibility for their own behaviours?

- Explore safe and appropriate substitutes for the child’s problem behaviours.

- Explore each parent’s values, beliefs, and views on caregiving and discipline.

- Invite parents to reflect on their own childhood experiences, and how they could draw on these experiences to gain a better understanding of their child’s current behaviour (Ungar, 2006).
Working with Resistance

The quality of the client’s participation in counselling is considered the greatest determining factor of outcome in psychotherapy (Asay & Lambert, 2001).

A common assumption among counsellors working with at-risk youth is that they are difficult to engage or resistant to treatment (Clark, 1998). One way that practitioners can begin to change their approach to working with such relationship-resistant clients is to re-evaluate their own language that they are using with youth.

Begin collaborating with youth by entering into their frame of reference, using their language and metaphors whenever possible to ensure that goals are best suited to an understanding that best fits within the context of their lives. Working within the youth’s own descriptions facilitates greater motivation and involvement by providing a context for change that is grounded in the client’s existing strengths (Sharry & Owens, 2000).

Building a strengths-vocabulary can assist counsellors in shifting their attitudes and assumptions about youth problem behaviours toward focusing on strengths as opposed to deficits. Table 2 provides a comparison of some traditional deficit-based terminology that is often referenced in working with problem-youth vs. strength-based alternatives for these terms.

<table>
<thead>
<tr>
<th>Deficit-Based Language</th>
<th>Strength-Based Language</th>
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<tbody>
<tr>
<td>Problems</td>
<td>Strengths</td>
</tr>
<tr>
<td>Intervene</td>
<td>Engage</td>
</tr>
<tr>
<td>Exclusive</td>
<td>Inclusive</td>
</tr>
<tr>
<td>Diagnose</td>
<td>Understand</td>
</tr>
<tr>
<td>Crisis</td>
<td>Opportunity</td>
</tr>
<tr>
<td>Control</td>
<td>Empower</td>
</tr>
<tr>
<td>Deviant</td>
<td>Unique</td>
</tr>
<tr>
<td>Rigid</td>
<td>Flexible</td>
</tr>
<tr>
<td>Diagnoses Based on Norms</td>
<td>Validates Client’s Experience</td>
</tr>
<tr>
<td>Behaviour-Focused</td>
<td>Process-Focused</td>
</tr>
<tr>
<td>Resistant</td>
<td>Persistent</td>
</tr>
</tbody>
</table>

(Resiliency Initiatives, 2011)

Rather than approaching resistance as something to be avoided or challenged, approaching youth with an attitude of curiosity about why they engage in problem behaviours can yield greater insight into understanding how their behaviour helps them to meet their own needs. The benefits of change may be more apparent from the practitioner’s perspective however, youth will likely have a better understanding of the potential risks associated with change (Ungar, 2006). Clients attending counselling are confronted with the possibility of making changes in the way they think, feel, and behave. There are potential benefits in making change, but it also implies some measure of risk. At-risk youth living under conditions that already present risks may be particularly averse to change. For example, a youth who has experienced abuse or neglect in
past relationships will likely express ambivalence toward building new relationships in counselling.

**Explore the Youth’s Perspective**

Counsellors can begin to cast youth in the role of primary agents of change by first listening and becoming curious about their competencies – the heroic stories that reflect their part in overcoming adversity (Duncan et al., 2007). The key here is the attitude the practitioner assumes with regard to identifying and enhancing the youth’s existing strengths and abilities (Duncan, et al., 2007).

Resist the urge to “fix” the youth’s problems. The research literature emphasizes the importance of moving slowly in the early stages of alliance building (Zack, et al., 2007). Too often practitioners are inclined to move toward task and goal setting without thoroughly appreciating the youth’s motivation to engage in problem behaviours (Everall & Paulson, 2006).

One of the early challenges of engaging youth is helping them to reflect upon their own experience and to consider the benefits of change. Join in sharing the youth’s perspective. Seek to understand why their behaviour makes sense to him or her. This is an avenue for gaining insight into understanding the purpose of problem behaviours (Brendtro, Brokenleg, & Bockern, 2002).

Prior to making assumptions about a youth’s “problem behaviour”, explore how this behaviour might serve to meet his or her needs. For example, a youth may present with opposition and hostility to test the counsellor’s commitment to building a relationship and assess how the counsellor will respond (e.g., judgment and disapproval or understanding and acceptance) (Brendtro et al., 2002).

Recognize youth problems and problem behaviours as opportunities for teaching and relationship building. Youth stories are narratives about their lives and experiences. From these narratives, youth construct their identities and infuse their lives with meaning and purpose. Explore how the youth’s problem behaviour helps them to gain a more powerful identity (Ungar, 2006).

**Evaluating Youth Motivation and Readiness for Change**

A common mistake for counsellors working with youth who are resistant to engage in goals and tasks is to disregard the youth’s cultural uniqueness and pressure them to adopt what the counsellor sees fit for making positive change (Cormier et al., 2006). Research suggest that youth perceive this as a judgment toward them personally and a lack of understanding for their actions and motivations, which often leads to greater resistance and a higher rate of drop-out (French, Reardon, & Smith, 2003).

Recognizing the youth’s level of motivation and/or readiness for change has been found to predict improved engagement in treatment (Sharry & Owens, 2000). In assessing readiness for change, it is the counsellor’s task to pay attention to what the youth is willing and able to do. Counsellors can attend to a youth’s motivational level at any given time throughout the
therapeutic process by identifying them as customers, complainants, or visitors (Sharry & Owens, 2000). The goal of the counsellor is to create conditions that allow the client to move toward a customer level of motivation.

- A customer is motivated and willing to change, they see how the problem affects them, possibly their role in sustaining the problem and want to do something about it. At this level of motivation, the youth may recognize strengths and resources that they can utilize and apply independently (Sharry & Owens, 2000).

- A complainant acknowledges that there is a problem, may be motivated to change, but views this as something beyond their control, and likely believes that others have a greater role in creating and sustaining their problems (Sharry & Owens, 2000).

- A visitor comes to counselling because she or he was sent or cajoled by a parent or external professional. They may not see a problem or that anything needs to change (Sharry & Owens, 2000).

Customers characteristically demonstrate a positive attitude toward counselling and a willingness to engage in goals and tasks (Sharry & Owens, 2000). Counsellors can provide customers with guidance and support toward lasting and meaningful change. Although a customer often has a good awareness of his or her own strengths a counsellor can help these youth to identify strengths that are most prominent and apply them more effectively. For example, the VIA-Youth Survey of Character Strengths is an empirically validated measurement instrument designed to identify prominent strengths for youth (see Appendix A.). The Search Institute's 40 Developmental Assets is another resource that can assist with identifying youth assets considered as building blocks for healthy identity development (see Appendix B).

The complainant does not identify as wanting to change. The counsellor’s focus at this stage of motivation is upon noticing, reflecting, and observing. The goal is to help the client to recognize times when they were influential in solving or reducing problems in their lives. Help complainants reformulate goals and tasks into one’s that are more manageable and achievable (Sharry & Owens, 2000).

Visitors come to counselling with no particular goals of their own. When working with visitors, take time to explore goals with youth that are important for them, distinct from those who sent them for counselling. Visitors should be encouraged for the small changes they are currently making or that they have already made. This could include even thinking about their problem(s) or coming to counselling at all (Sharry & Owens, 2000). It may be helpful to engage visitors in discussing and/or writing out what the costs vs. benefits of change might be for them personally. This is one method for helping youth to approach the idea of change in a manner that is less confrontational, more collaborative, and encourages them to gain a greater sense of agency over their decision-making (Cormier et al., 2009).
Part III: Building Therapeutic Relationships with At-Risk Youth

*The quality of the counselling relationship is the foundation for all other therapeutic activities (Asay & Lambert, 2001).*

Carl Rogers was instrumental in developing an approach to counselling that enhances positive development and self-actualization (Bachelor & Horvath, 2001). To this end, Rogers identified affective therapist qualities of empathy, genuineness, and unconditional positive regard as the facilitative conditions that make the healing relationship possible (Bachelor & Horvath, 2001). The therapeutic relationship has been identified as a particularly critical healing process with at-risk youth. A youth’s early emotional bonding experiences with caregivers (or early attachment experiences), in part determine the degree of comfort and trust that they experience in building therapeutic relationships (Bartholomew & Horowitz, 1991). At-risk youth often experience disruptions in the attachment process, resulting in emotional disregulation, an avoidance of intimacy, or strong dependency in their relationships with others (Bartholomew & Horowitz, 1991). Within the therapeutic relationship, youth can directly experience a different mode of relating with others by safely exploring their feelings without fear of rejection or reprisal (Trentacosta & Shaw, 2009). This could help explain why emotional bonding is such a strong predictor of success for counselling with youth. Feeling validated, understood, and accepted by others contributes to a youth’s sense of self-worth, relatedness, and security (Broderick & Blewitt, 2010).

**Empathy:**

Empathy communicates an accurate understanding and validation of the youth’s experience from their frame of reference. Reflecting upon his or her problem behaviour and its function as a coping strategy communicates an understanding of how they experience the world in a way that says; *I hear your truth* (Ungar, 2006).

When childhood needs for acceptance, warmth, and safety are not met, it can result in emotional dysregulation and problem behaviours. Unfortunately, when caregivers, peers, and others respond to the youth’s problem behaviours with resistance, a negative relational pattern is often reinforced and sustained, while underlying emotional needs are neglected (Corocan, 2006). For example, if a child acts out to gain attention from the caregiver, the caregiver may respond by withdrawing or becoming critical of the child. If the child’s feelings are not acknowledged or validated, over time the child may learn to deny or avoid their feelings. Empathy provides attention to these neglected parts of the self by communicating validation and acceptance for negative emotions (Cormier et al., 2009).

What is often observed as negative *attention-seeking* behaviour is now better understood as *attachment behaviour*, or a persistent effort to reach out and establish relationships with others (Brendtro et al., 2002). Cultivating empathy provides a safe and supportive environment for youth to express their feelings without judgment or criticism.
Providing empathy communicates that we care about what the youth has to say, and that we are interested in starting a dialogue rather than giving advice or telling youth what they should do (Ungar, 2006). For example:

Counsellor says: “It sounds like it has not been easy for you, but you were still able to find what you need. If there is anything you are having difficulty finding let me know and I’ll try to help.”

Youth may hear: “I know you are competent and can do things for yourself, but if you need me I’m here. Tell me how I can help”.

**Positive Regard**

Positive regard communicates a non-judgmental attitude by warmly accepting the expression and motivation for the youth’s behaviour without disapproval or criticism (Cormier et al., 2009). Practitioners often fear that appreciating the youth’s motivation to engage in a given problem behaviour is equivalent to condoning the youth’s problem behaviour (Everall & Paulson, 2006).

- Express your confidence in the youth’s ability to make positive choices and decisions that will promote personal well-being (Ungar, 2006).
- Maintain a positive attitude toward the youth that is accepting of them as a person, even if the youth’s behaviour is a problem (Ungar, 2006).
- Provide youth with opportunities to rebel and express themselves in ways that present less risk to themselves and others. Show some tolerance for risk taking behaviours if it is safe to do so, but offer structure and support to help keep them safe (Brendtro et al., 2002).
- Don’t lecture youth. They want to be heard in ways that offer compassion and an understanding of why they do what they do (Brendtro et al., 2002).
- Become an active listener and hear what youth have to say. Listen for what is most important to them.

Counsellor says: “What interests or activities make you feel good about yourself? How do you go about making this happen? What things are currently working well for you in your own life?”

Youth may hear: “I want to understand your world and how it works. I want to avoid judgment. I don’t really know much about your life. Could you tell me how it works?”

**Genuineness**

Genuineness contributes to building an effective therapeutic relationship with youth by reducing the emotional distance between the client and counsellor, and by helping the client to identify with the counsellor as someone similar to their self (Cormier et al., 2009).
• Counsellors who do not overemphasize their role, authority, or status, are likely to be perceived as more genuine by youth. Too much emphasis upon one’s role and position can create excessive and unnecessary emotional distance in the relationship (Everall & Paulson, 2006).

• Be consistent in your thoughts and actions including non-verbal communication. For example, maintaining a relaxed posture and using eye contact communicates that you are interested. Be sensitive to the client’s comfort level with this including any cultural differences and/or preferences (Cormier et al., 2009).

• Use of appropriate humor can provide comfort and connection with youth. Engage in appropriate self-disclosure to share who you are and express curiosity in his or her interests and activities. This is a good way to show youth that you are interested in building a relationship. Finding things in common to talk about can also help to reduce the power differential (Everall & Paulson, 2006).

Research suggests that adolescents are sensitive toward building relationships that involve a power differential, and are more receptive to a non-directive approach (Everall & Paulson, 2006). Use open-ended questions in the early stages of alliance building to explore her or his interests, values, and perspectives. For example:

Counsellor says: “I have found that going to school has been important in finding a career that is meaningful. Do you have an idea of how going to school or not going to school might make a difference in your life?”

Youth may hear: “Your decisions can have long-term consequences, as they did for me. I hope you give consideration to continuing your education, but I also want to understand what education means to you. Is it relevant? How could it make a difference in your life?”

**Part IV: Strength-Based Techniques**

Strength-based practice can be adapted to various theoretical orientations. Solution-focused therapy and narrative therapy are frequently cited as effective models for working with at-risk youth (Smith, 2006). These approaches to intervention involve a stance toward the client that is curious, collaborative, non-directive, and sensitive to power and language.

**Solution-Focused Therapy**

Solution Focused Therapy (SFT) is a strength-based therapeutic approach that facilitates change by focusing on solutions and preferred futures rather than problems. It is a flexible and respectful approach, well-suited for adapting to the needs of youth. The solution-focused counsellor maintains an interest and curiosity in the youth as a person, in his or her concerns and preferences, in his or her strengths and resources, and in their potential for growth and change (Sharry & Owens, 2000).
SFT considers client resistance as a shared responsibility between the client and counsellor, rather than a problem located within the client’s pathology (Sharry & Owens, 2000). The SFT practitioner might explain causes of resistance due to:

- The counsellor’s lack of understanding the client’s views
- A failure to attend to issues that are important to the client
- An over-adherence to one therapeutic model or technique

**Exploring preferred futures.**

Explore the youth’s unique perspectives on the problem, and any possible solutions that the youth has found in the past. This can create a discrepancy between the youth’s problem behaviour and thoughts, feelings, or behaviours that challenge his or her identity with the problem (Cormier et al., 2009). For example:

“*Sounds like you have been through some difficult times and somehow managed to keep self-control. What were you doing at those times to make it happen?*”

**Building upon exceptions.**

Exception seeking questions emphasize the ongoing growth and development of the individual and that problems need not be pervasive or permanent in one’s life (Cormier et al., 2009). Exploring times in the youth’s life when the problem was less evident or not present for them challenges these expectations by shifting the focus away from a discussion of deficits toward exploring strengths. Exception-seeking questions for youth could include:

“*Are there times when the problem was not present? When did this occur? What was different at these times? How did you make that happen?*”

Highlighting times when the problem had less power can be very motivating for youth that often feel powerless or overwhelmed by their problems. The process of solution-construction often begins as early as the first session, as clients begin to identify times when they did overcome their problems and create desired changes in their own lives (de Shazer & Isebaert, 2003).

The counsellor’s presence can provide a safe and supportive space for youth to begin exploring these changes. The counsellor can build the youth’s confidence in taking these first steps toward change by reinforcing their positive decisions, and providing them with feedback that is honest and authentic (Cormier et al., 2009).

**Scaling questions.**

Encouraging youth to quantify feelings and aspirations on a numerical scale can support his or her expression of difficult feelings, clarify desired steps for change, and aid in assessing
progress. For example, a progress scale is usually constructed in the first session where a score of “1” indicates how the client would imagine life if the problem were not present, and a “10” representing the worst the client has experienced the problem to be (de Shazer & Isebaert, 2003).

“On a scale from one to ten, how angry did you feel if ten represents the angriest you have ever felt, and one represents that you are not angry at all?”

Coping questions.

Implicit in these questions are commendations of youth strength, skill, and progress already at work in their life. Youth are asked about past or current successes and in doing so complimented on being able to manage these difficult tasks (Cormier et al., 2009). For example:

“Given your current struggle, how were you able to accomplish that?”

“Sounds like you knew what to do at the time. You have been through some difficult times and somehow managed to keep self-control”.

- This conveys that problems have not gotten the best of the client and that they have the ability to access and utilize resources to overcome difficulties.

Narrative Therapy

Strengths and resiliency are contextually embedded within a youth’s lived experience, in relationships with family, peers, and the community. Narrative therapy (NT) honors the youth’s experiential knowledge, informed by a language of strength and resilience rather than appealing to “expert” knowledge informed by a language of damage and pathology. NT encourages and enables youth to explore an alternate view of their self that engages personal agency to enhance growth and potential (Payne, 2006).

Listening for the dominant problem narrative.

Youth are often brought into counselling due to some problem behaviour that causes difficulty. For example, a youth may describe him or her self as always getting into trouble and acting out in the classroom. At home the parent may describe the child as argumentative. These problem behaviours tend to form a dominant theme or narrative around which others use to describe the youth and that he or she tends to use to describe and identify as his or her self (Payne, 2006).

Counsellors are in a better position to offer youth powerful identity choices when it is recognized:

- Which strengths youth already have that can be built upon

- Where they might be lacking, and need support and encouragement in order to experience themselves as powerful, healthy, and resilient.
• How they use their strengths to maintain a resilient identity (though youth expressions of strengths may not always meet our approval) (Ungar, 2006).

**Invite youth to name their problem.**

Clients often feel disempowered by problems, which they have unsuccessfully tried to address. Failure to manage these problems successfully can lead to a sense of being a failure. Inviting youth to name the problem is an early step toward helping them to regain a sense of control over the problem (Payne, 2006). For example:

“I wonder what we could name the problem...the Anger Monster?”

**Externalizing and deconstructing the problem.**

Externalizing as a method of managing client problems maintains the assumption that clients are responding to problematic life circumstances, not embodying problems (White, 2007). Thus, the problem becomes something that youth can begin excluding from their life. Collaborate with youth to take a position against the problem (Payne, 2006):

• **Define** the problem as something affecting the youth, rather than the problem reflecting some innate defect or characteristic.

• **Describe** the problem as something external that interferes with the youth’s life, and something that they can work toward gaining control over, or excluding from their life. Have them describe the problem as something independent and external to their self.

• **Deconstruct** the problem by examining the meaning it holds for the youth, and how it influences their ability to function in life.

Externalizing and deconstructing questions for youth could include:

“What does the problem look like? Where does it show up in your life? How does it prevent you from living the life you want to live?”

**Encouraging a broader perspective.**

Listen for clues in the client’s story that could lead to more empowering, alternative story lines. Help the youth to identify strengths that could challenge the problem. Encourage them to explore other parts of their self that are not limited by the problem.

**Discovering unique outcomes and re-authoring.**

Encourage youth to identify times when their problem does not exist. These unique outcomes provide a foundation for re-authoring the client’s story that emphasizes the client’s strengths and agency in gaining control over the problem.
Thickening the plot: re-enforcing the alternate story.

One way to strengthen the new empowering narrative is to encourage youth to share their new story with others that will support their strengths, positive attitudes, and behaviours. Letter writing is one technique for consolidating the gains made by youth in counselling. A letter co-operatively written in session can have an empowering effect during therapy, and provide lasting encouragement as a document for youth to refer to in times of need (White, 2007). For a further description of therapeutic letter writing, including examples see Narrative Therapy by Payne, (2006).

Building Narratives of Youth Resilience

Research has shown that at-risk youth commonly engage in high risk behaviours such as drug use and gang affiliation as a way to maintain a powerful identity (Ungar, 2001). For example, gang involvement becomes a substitute for safety, and sexual activity becomes a substitute for intimacy. However, such socially constructed narratives often provide power to one group at the expense of another (Ungar, 2001).

It is important to address the real consequences of the actions of high-risk activities such as violence, drug use, and sexual exploitation (Ungar, 2001). Counsellors can deconstruct the meaning of youth problem behaviours by attending closely to the construction of these problem narratives. The more engaged youth become in the process of personal empowerment, the less they seem to want power over others and the more likely they are to share their positive self-definition with others (Ungar & Teram, 2001).

A Three-Phase Approach to Building Narratives of Resilience


Phase One: Reflecting
Conversations that:
- Contextualize past events
- Deconstruct memories
- Externalize problems
- Highlight exceptions to narratives of resilience

Phase Two: Challenging
Conversations that:
- Thicken description of narratives of resilience
- Invite ‘audience’ participation
- Explore talents

Phase Three: Defining
Conversations that:
- Explore ways to demonstrate resilience
- Locate support for a new identity
- Review progress
- Anticipate future growth
Case example:

John is 14 years old. He lives at home with his father (Brian), brother, and grandmother. Brian states that his wife (John’s mother) has struggled with addictions for many years and she is currently attending a detox program of which Brian is supportive. Brian works as a truck driver and is often away from home. He states that John and his brother have received little discipline over the past several years under their mother’s care, and that he can be short tempered with the boys when he returns home, and admits he can be too strict at times in order to compensate for being away. In speaking with Bryan, it is apparent that he is doing his best to manage John’s behaviour within his own means and that each of the family members have maintained strong bonds to one and other despite their difficulties. Brian brought John to counselling due to concerns about his recent behaviour. According to his father, John has been skipping school more frequently, getting in fights with peers more often, and that was caught smoking marijuana in the garage with his friends.

Reflecting

In meeting with John for the first time, it is helpful to contextualize these events by expressing curiosity, rather than judgment about his behaviour.

Counsellor: “I am curious John, about what you think is going on here. What is making it difficult for you to go to school?”

To gain a greater sense of context and understanding of events it is worth exploring everyone’s perspective on the problem. Youth are often very aware of what caregiver’s concerns are. However, they often have a very different perspective to share about how they see their world (Ungar, 2006).

Counsellor: “So when you are with your friends, your dad thinks you are getting into trouble and doing drugs. Is that his fear?”

Collaborate with John in deconstructing his experiences and externalizing problem narratives that emerge from this discussion. This includes clarifying how his behaviour makes sense to him. Clarify the good things that youth derive from bad behaviour (Ungar, 2006).

Counsellor: “You say that you are more similar to your dad than your brother, that you and your dad both have the same temper...describe this temper. In what ways does your temper help you? In what ways does it cause you grief?”

Challenging

Another way to consider challenging youth is to help them to look more critically at their own behaviour. We can support youth to understand the benefits of their behaviour when we show them tolerance and engage in open and honest dialogue about how their behaviour might provide them with powerful self-definitions (Ungar, 2006).
Counsellor: “So you say that you are often getting in trouble with teachers at school for acting out and that you struggle keeping up with schoolwork more than other kids in your class. You also state that your ‘temper’ has helped you to make you more popular with your peers and gain their respect…”

Help youth to identify unique strengths or qualities that distinguish them from other kids, particularly other youth labeled with problems (Ungar, 2006).

Counsellor: “It sounds like you are loyal to your younger brother, and always there to protect him at school when he needs help...That seems like an admirable quality in a brother. What would other kids say about this? What might your teachers say? What might your parents say?”

Defining

Counsellors often have little to offer youth that will bring them as much power and status as they already find through their problem behaviours. Youth choose an identity from the options available to them. Dangerous, deviant, and delinquent, may carry a great deal of power for youth whose choices are limited. Offering well-considered alternatives or substitutes for problem behaviour is a key to successful intervention (Ungar, 2006).

Counsellor: “Although you have identified that you have you dad’s temper, you have also identified that you are able to decide how you want to use it to your advantage most of the time. It sounds like there are also times when your temper causes trouble for you....What if we explore some ways that you could use your status as a protector to help other kids at school? If we talk with your teacher about this, maybe she could have a better understanding of your temper, the good and the bad, and help you to find ways to express yourself in ways that won’t lead to consequences”.

When we understand what needs youth are trying to achieve through their problem behaviour, and we recognize how they have created stories about themselves as powerful, we are in a better position to offer them what they need in ways that are less destructive to themselves and others (Ungar, 2006).

It would also be helpful to talk with John’s father about ways that he could manage his own temper and help him gain a better understanding of how John’s behaviour may be out of frustration in trying to communicate with him. This could include making a plan with John and his father that could help them to talk and understand one and other at home without tempers escalating.

Counsellor: “Would it be helpful to talk with your dad together so that you can express how you are feeling worried about making him angry or losing your own temper?”
Ecomapping

Ecomaps can assist counsellors in conducting qualitative assessments with youth. An ecomap is a visual description of the youth’s social networks including family relationships, significant peer relationships, connections with community resources, and so on (Cormier et al., 2009). Within each of these systems, assess the extent to which relationships contribute to the youth’s concerns, as well as the availability of resources within each system that could help the client resolve those concerns (Rempel, Neufeld, & Kushner, 2007).

- Place youth in the central circle
- Include important others / activities / supports in surrounding circles
- Draw lines between circles to represent youth’s connection to each
- Choose appropriate lines to represent the nature of the youth’s relationship to each

——— = Strong

------ = Weak

……. = Stressful
Life Space Mapping

Every individual has a unique view of life and what is considered personally significant (Rodgers, 2006). One method for exploring a youth’s perspective of change involves having a discussion about how she or he defines their living environment and perceives her or his self within that environment (Rodgers, 2006).

In the *Life Space Mapping* (LSM) activity, youth are provided with a variety of materials including pencils, crayons, paper, magazines, scissors, glue or other materials to create a map of their relationships with family members, friends, interests, activities and so on. The youth is provided with limited instructions about how to create their map or what to include. This is meant to encourage the youth to explore the meaning of this “map” from their perspective (Rodgers, 2006).

Once the client has completed their map, the counsellor can engage in a discussion with the client. For example:

“*Why did you choose to include who you did? Tell me about your relationships with the people you have included in your map. Why did you use the pictures you did to represent each of these individuals?*”

These questions can facilitate a discussion with the youth about how she or he perceives conflict in relationships with others. For example:

“*How do you represent yourself? Where is tension/conflict the greatest in your relationships with others? What do your boundaries with others look like?*”

Youth arriving at counselling tend to focus on problems in their lives that can limit how they view themselves and limit their perceived ability to gain control in their lives. Using other modes of communication through writing, drawing, making a collage, facilitates a broader perspective, exploring strengths and connections that the youth may not have considered (Rodgers, 2006).

Participants engaging in LSM have self-reported positive benefits of this activity in the following areas (Rodgers, 2006):

- Gaining a more positive view of their self and their relationships with others.
- Recognizing life events and relationships more clearly
- Engaging in a new perspective with less focus on problems and limitations
- Becoming more tolerant of other’s views
- Gaining a greater sense of having personal choice and control in their life
Appendix A: 
Values In Action-Youth (VIA-Youth) Strengths Survey

The VIA-Youth Survey of Character Strengths is an empirically validated measurement instrument designed to identify youth’s most prominent strengths. This measure is taken from the publication *Character Strengths and Virtues: A Handbook and Classification* by Peterson and Seligman (2004) where the authors have identified 24 specific strengths under six broad virtues consistently found throughout history and across culture including: *wisdom, courage, humanity, justice, temperance, and transcendence* (Seligman, Steen, Park, & Peterson, 2005).

The VIA-Youth is a self-report scale that consists of 198 questions that assess individual character strengths. Responses are recorded using a 5-point Likert scale that ranges as follows: *very much like me – mostly like me – somewhat like me – a little like me – not like me*. Based on the youth’s responses to each of these questions, signature strengths are ranked in order from 1 to 24.

Growing evidence suggests that certain character strengths can buffer against the effects of stress and trauma (Park, 2009). The VIA-Youth is a useful tool for helping counsellors to identify and engage youth strengths that contribute to optimal development. Because these signature strengths are ones that youth already possess they are often easier and more enjoyable for youth to work with. Starting discussions and developing interventions around signature strengths improves motivation and encourages greater youth engagement in treatment (Park, 2009).

To take the VIA-Youth online:

1) Go to the web address: http://www.authentichappiness.sas.upenn.edu

2) Register on the website (registration is free). Click on the register bar and fill in the necessary information. Then click on the register button to submit your information.

3) Once registered, the site will transfer you to the *Authentic Happiness Testing Centre*. Scroll down to the VIA-Strengths Survey for Children on the Engagement Questionnaire Table, and click in the register a child to take this test button to begin the test.

4) Once the test is finished, you will have the option to print out a copy of your results.
### Classification of 6 Virtues and 24 Character Strengths

<table>
<thead>
<tr>
<th>Virtue / Strength</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Wisdom and Knowledge</strong></td>
<td>Cognitive strengths that entail the acquisition and use of knowledge</td>
</tr>
<tr>
<td>Creativity</td>
<td>Thinking of novel and productive ways to do things</td>
</tr>
<tr>
<td>Curiosity</td>
<td>Taking interest in all of ongoing experience</td>
</tr>
<tr>
<td>Open-Mindedness</td>
<td>Thinking things through and examining them from all sides</td>
</tr>
<tr>
<td>Love of Learning</td>
<td>Mastering new skills, topics, and bodies of knowledge</td>
</tr>
<tr>
<td>Perspective</td>
<td>Being able to provide wise counsel to others</td>
</tr>
<tr>
<td><strong>2. Courage</strong></td>
<td>Emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Speaking the truth and presenting oneself in a genuine way</td>
</tr>
<tr>
<td>Bravery</td>
<td>Not shrinking from threat, challenge, difficulty, or pain</td>
</tr>
<tr>
<td>Perseverance</td>
<td>Finishing what one starts</td>
</tr>
<tr>
<td>Zest</td>
<td>Approaching life with excitement and energy</td>
</tr>
<tr>
<td><strong>3. Humanity</strong></td>
<td>Interpersonal strengths that involve “tending and befriending others”</td>
</tr>
<tr>
<td>Kindness</td>
<td>Doing favors and good deeds for others</td>
</tr>
<tr>
<td>Love</td>
<td>Valuing close relations with others</td>
</tr>
<tr>
<td>Social Intelligence</td>
<td>Being aware of the motives and feelings of self and others</td>
</tr>
</tbody>
</table>
### 4. Justice
Civic strengths that underlie healthy community life

| **Fairness** | Treating all people the same according to notions of fairness and justice |
| **Leadership** | Organizing group activities and seeing that they happen |
| **Teamwork** | Working well as the member of a group or team |

### 5. Temperance
Strengths that protect against excess

| **Forgiveness** | Forgiving those who have done wrong |
| **Modesty** | Letting ones accomplishments speak for themselves |
| **Prudence** | Being careful about ones choices; not saying or doing things that might later be regretted |
| **Self-Regulation** | Regulating what one feels and does |

### 6. Transcendence
Strengths that forge connections to the larger universe and provide meaning

| **Appreciation of Beauty** | Noticing and appreciating beauty, excellence, and/or skilled performance in all domains of life |
| **Gratitude** | Being aware and thankful for the good things that happen |
| **Hope** | Expecting the best and working to achieve it |
| **Humor** | Liking to laugh and tease; bringing smiles to others |
| **Spirituality and Religiousness** | Having coherent beliefs about the higher meaning and purpose of life |

Appendix B:
40 Developmental Assets for Adolescents (ages 12-18)

Search Institute has identified the following building blocks of healthy development known as Developmental Assets that help youth to grow in a manner that is healthy, caring, and responsible.

Support
1. Family support—Family life provides high levels of love and support.
2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. Other adult relationships—Young person receives support from three or more nonparent adults.
4. Caring neighborhood—Young person experiences caring neighbors.
5. Caring school climate—School provides a caring, encouraging environment.
6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.

Empowerment
7. Community values youth—Young person perceives that adults in the community value youth.
8. Youth as resources—Young people are given useful roles in the community.
9. Service to others—Young person serves in the community one hour or more per week.
10. Safety—Young person feels safe at home, school, and in the neighborhood.

Boundaries & Expectations
11. Family boundaries—Family has clear rules and consequences and monitors the young person’s whereabouts.
12. School Boundaries—School provides clear rules and consequences.
13. Neighborhood boundaries—Neighbors take responsibility for monitoring young person’s behavior.
14. Adult role models—Parent(s) and other adult models model positive, responsible behavior.
15. Positive peer influence—Young person’s best friends model responsible behavior.
16. High expectations—Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time
17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. Religious community—Young person spends one or more hours per week in activities in a religious institution.
20. Time at home—Young person is out with friends “with nothing special to do” two or fewer nights per week.

Commitment to Learning
21. Achievement Motivation—Young person is motivated to do well in school.
22. School Engagement—Young person is actively engaged in learning.
23. Homework—Young person reports doing at least one hour of homework every school day.
24. Bonding to school—Young person cares about her or his school.
25. Reading for Pleasure—Young person reads for pleasure three or more hours per week.

Positive Values
26. Caring—Young person places high value on helping other people.
27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.
28. Integrity—Young person acts on convictions and stands up for her or his beliefs.
29. Honesty—Young person “tells the truth even when it is not easy.”
30. Responsibility—Young person accepts and takes personal responsibility.
31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.

Social Competencies
32. Planning and decision making—Young person knows how to plan ahead and make choices.
33. Interpersonal Competence—Young person has empathy, sensitivity, and friendship skills.
34. Cultural Competence—Young person has knowledge of and comfort with people of different cultural/ethnic backgrounds.
35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.
36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.

Positive Identity
37. Personal power—Young person feels he or she has control over “things that happen to me.”
38. Self-esteem—Young person reports having a high self-esteem.
39. Sense of purpose—Young person reports that “my life has a purpose.”
40. Positive view of personal future—Young person is optimistic about her or his personal future.

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Appendix C: 
The Child and Youth Resilience Measure-28 (CYRM-28)

The CYRM-28 is a 28-item questionnaire designed to measure both common and unique aspects of youth resilience across cultures in countries around the world. Each item is rated on a 5-point Likert-type rating scale from 1 = *does not describe me at all* to 5 = *describes me a lot*, where higher scores indicate a greater presence of resilience processes. The CYRM-28 was initially developed using a mixed methods (qualitative and quantitative) design in 11 countries sampling 1,451 youth aged 13-23. Sites and youth were selected that represent risks youth face within diverse social contexts. The CYRM-28 accounts for individual, peer, family, and community resources implicated in resilience processes (Liebenberg, Ungar, & Van de Vijver, 2012).

The CYRM-28 can be found at the Resilience Research Centre website: [http://resilienceproject.org/research-and-evaluation/research-tools/134](http://resilienceproject.org/research-and-evaluation/research-tools/134) where contact information is provided for researchers to obtain a copy free of cost. The website also contains publications describing the measure’s emerging validity and reliability.
References


CHAPTER IV

Synthesis and Implications

The purpose of this final project was to: 1) review and synthesize the theory and research that informs strength-based practice in counselling at-risk youth; and 2) use this review to develop a strength-based guidebook for counselling practitioners working with at-risk youth. Conclusions from the literature review support two main findings: 1) emerging evidence indicates a goodness of fit between the conceptual elements of strength-based practice and a focus on building therapeutic relationships that predict positive outcomes for at-risk youth; and 2) the greatest challenge for achieving positive outcomes in counselling at-risk youth is achieving therapeutic engagement.

Over the past 30 years, resilience research has furthered our understanding of the protective processes that enable youth to survive and thrive (Salebeey, 2006). There has been a definite shift from identifying and measuring youth resilience in terms of individual strengths, toward understanding resilience as a dynamic exchange between the individual and the social-ecological context (Ungar, 2011). A growing body of research evidence is challenging the common assumption that exposure to known risk factors predicts pathology, “deviant” behaviour, or otherwise negative outcomes for youth.

The prevailing deficit paradigm and its focus on damage and pathology has traditionally informed the practitioner’s orientation toward youth assessment and intervention (Elkins, 2009). Subsequently, resistance has been regarded as something to be challenged and eliminated for progress to occur in the same manner that eliminating problem behaviours is expected to “fix” maladaptive youth. The problem with this approach is key to understanding why treatment initiatives focused on managing youth problem behaviours are often unsuccessful. For many
years, resilience researchers were puzzled by contradictory outcomes for youth labeled “at-risk”. Longitudinal research studies support the finding that youth identified at increased exposure to known risk factors, who predicted negative outcomes overcame these adversities and achieved positive outcomes during their adult lives (Smith, 2006). It has since been realized that rather than evaluating strength and resilience in terms of weighing protective factors against risk factors, youth strength and resilience are born out of a resistance against adversity and the youth’s ability to effectively utilize resources in their social-ecological environment (Ungar, 2011). This is an important distinction as it places youth not in a position of passively responding to environmental risks, but as active agents who are resilient, thriving, and adapting to life’s challenges.

This draws attention to the first main implication of this project, and a focus of the guidebook: Encouraging counsellors facing resistance in working with at-risk youth to work with the youth’s resistance. Successful engagement with at-risk youth is not a fixed method of treatment intervention, but rather a focus on building therapeutic relationships, listening to youth, and understanding the strengths and resources that they bring into the therapy room. This includes joining in the youth’s perspective to understand and appreciate how their “problem behaviours” have enabled them to survive and become resilient. It involves taking a non-judgmental approach and listening for stories of strength and success with youth who are often otherwise regarded as problems that need to be fixed.

A second implication of this project is to help counselling practitioners to gain greater conceptual clarity of strengths terminology. Practitioners, caregivers, and youth alike often hold different interpretations for the meaning of a given strength based on their own perceptions and the context of their own experience (Oko, 2006). This problem has been related to the current
lack of evidence in describing the nature of strengths (Oko, 2006). As a result, many practitioners may default to using a deficit-based language of symptomatology as a common reference for understanding the client’s problems (Elkins, 2009).

In order to address these conceptual concerns, the guidebook has provided access to validated strengths-assessment tools and instruments such as the VIA-Youth and the CYRM-28 to enable practitioners to identify the unique strengths of youth and work with them more objectively. Gaining a greater conceptual clarity of strengths can also help caregivers to recognize potential strengths that are embedded within their child’s “problem behaviour”. For example, a parent might begin to understand the potential for strength underlying their child’s tendency to fight with peers at school as an act of bravery in protecting more defenseless peers. A practitioner working with this youth’s strength in counselling might collaborate with the youth to explore more adaptive ways to protect his friends without causing others harm in the process.

A third implication of the project is that it could promote greater awareness and support for a strength-based approach to counselling practice. In conducting the literature review for this project, it is apparent that there are many practitioners working within different aspects of counselling psychology who share a discontent for the prevailing deficit paradigm. For example, researchers examining common factors of change in psychotherapy, youth resilience, and positive psychology are each finding consensus in the conclusion that the deficit paradigm with its focus on disease and damage is not a sufficient treatment model for youth. A focus toward building relationships and enhancing strength and resilience represents a paradigm shift in values and interests toward health and wellness.
**Project Limitations**

There are a couple noteworthy limitations when considering the utility of the project. Perhaps the most inherent challenge in creating a guidebook for strength-based practice is that the strengths perspective itself is recognized as “more of a value stance than a unique practice model” (Staudt et al., 2001, p. 19). Due to the challenges in operationalizing and measuring strengths, empirical support for strengths-based practice is still quite limited, (Staudt et al., 2001). Consequently, the application of strength-based strategies and interventions is not currently supported as evidence-based practice.

Another limitation of this project is the western European bias that is evident in the content of the literature review and the guidebook. Many assumptions about psychological well-being and normal development are primarily framed within a Western perspective. For example, Western beliefs about the importance of individuation and separation from the family unit in adolescent identity development could lead to potentially harmful biases against clients who may value their traditional cultural duties and values within the family to define who they are.

**Future Directions**

Strength-based practice is a burgeoning area of growth for counselling psychology. This is evident in the progress made toward developing a strengths classification manual, and the array of emerging strengths-assessment tools (Seligman et al., 2005). Continued research development in these areas will contribute to enhancing the quality of strength-based practice and help it to mature into a more esteemed position among evidence based-practices.

Increased attention for the importance of the therapeutic alliance and client factors upon youth treatment outcomes, largely to the credit of common factors research, has prompted a more thorough examination of these processes. It has been noted that the therapeutic alliance-process
outcome literature has historically been written from the therapist’s perspective (Bachelor & Horvath, 2001). Gaining more feedback and input from youth about their experience with the therapeutic process is one future direction for gaining a more thorough understanding of the youth’s perspective.

Conclusion

In recent years, substantial health care resources have been directed at managing problem behaviours for at-risk youth, however, treatment outcomes continue to suggest that we are failing to engage and provide adequate support to these most vulnerable members of our communities. Childhood and adolescence are critical periods of development and optimal periods for intervention. As youth explore their roles and relationships with others, gaining a sense of power, competency, and acceptance can shape the character and quality of their choices and commitments in their adult life. For youth who have experienced a lack of acceptance, or understanding from others, counsellors are in a unique position to better attend and support these very formative processes. By listening to youth, recognizing their strengths and providing them with support and encouragement, we can revise their expectations about their selves and how they relate to others in a manner that honors their strength and resilience and fosters a more hopeful future. It is hoped that this project will increase awareness among counselling practitioners to the benefits of strength-based practice in working with at-risk youth, resulting in more effective outcomes.
References


doi:10.1016/j.chc.2006.11.007

resiliency: assessing developmental strengths questionnaire. *Psychological Reports* 
100(3), 963-978. doi:10.2466/PRO.100.3.963-978.

Humanistic Psychology*, 49(1), 66-84. doi:10.1177/0022167807307901

doi:10.1080/17450128.2010.507802

behavioral and emotional rating scale (2nd edition): Youth rating scale. *Research on 


French, R., Reardon, M., & Smith, P. (2003). Engaging with a mental health service: 
doi:10.1023/B:CASW.0000003142.13457.0a

resilience: Resistance to antisocial behavior within the deviant peer context. *Journal of 

Gerstein, L. H. (2006). Counseling psychology’s commitment to strengths: Rhetoric or reality?  


McCay, E., Langley, J., Beanlands, H., Cooper, L., Mudachi N. & Miner, S. (2010). Mental


doi:10.1080/10888691.2012.642775


Trentacosta, C. J., & Shaw, D. S. (2009). Emotional self-regulation, peer rejection, and


