

Developing Strengths Based Treatment Plans

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Treatment Plans have been used in both inpatient and outpatient treatment for decades. These plans typically reflect and enforce the prevailing philosophical or therapeutic approach of the agency, and are intended to provide a framework for the client's treatment. Historically, Treatment Plans have been a laundry list of all the things that are "wrong" with the client. Instead of being something to motivate the individual or family to change, the Treatment Plan can become a roadblock and further source of frustration and resistance. As more programs embrace a strengths based approach to treatment, the purpose and role of Treatment Plans is beginning to change. This article will examine some of the changes that are beginning to take place with regard to how Treatment Plans are developed and implemented within a strengths based framework. While the framework presented will be one that is currently in use at United Methodist Family Services' Residential Treatment Program for adolescents, the concepts can easily be adapted for use in other settings.

At the core of developing strengths based treatment plans are some of the assumptions that support the strength based and solution-focused philosophies. The first is that every client has strengths, which are defined as, "the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience" (McQuaide & Ehrenreich, 1997). The second is that strengths should be taken into account when developing the treatment plans that will guide the treatment process. Strengths based assessment creates the opportunity to establish positive

expectations for the student, and also empowers both the youth and his or her family to have some power in making decisions regarding their treatment (Rudolph & Epstein, 2000; Johnson & Friedman, 1991; Saleebey, 1992). While some attention has been given to interviewing and assessing clients from strengths based perspective, how does a strengths based practitioner use the information gathered from these assessments to develop a strengths based treatment plan? The following table compares some of the elements of both traditional treatment plans and strengths based Treatment Plans. This is a generalization, and is not meant to demean or lessen the viability of traditional treatment planning, but is rather intended to demonstrate some of the ways that the strengths based perspective takes a different view of treatment planning.

	“Traditional” or Problem-Focused Treatment Plan	Strengths-Based Treatment Plan
<i>Purpose of the Treatment Plan</i>	List of Problems that the Client must address. Inflexible	A framework designed to guide the Treatment Process. A living document that can be adapted to client’s needs.
<i>Role of the Client in developing the plan</i>	Little to no client involvement. Very little client input.	Client is directly involved in developing the plan. Plan is centered on client’s input—what it is they want to work on.
<i>Outside or community resources</i>	Underutilized or not utilized at all—may even be seen as a hindrance.	Resources that can be integrated into the treatment plan.
<i>Presenting Problems</i>	Form the foundation of the Treatment Plan. Problems are viewed in terms of pathology—often the plan is developed to address the problems alone.	Problems are still addressed in the plan; however, problems are seen as unsuccessful attempts to manage issues.
<i>Strengths</i>	Minimized or relegated to a back part of the plan. Assessments do not measure strengths. Viewed as opposite of weakness.	Placed in the beginning of the plan. Assessments measure strengths as well as problems. Contextual.
<i>Treatment Goals</i>	Focus mainly on the Presenting Problems. Often worded negatively: (i.e., “The client will stop doing [something negative]”). Language follows a clinical or medical model.	Integrate client’s strengths and problems. Wording positively: (i.e., “The client will do more of [something positive]”). Language is understood by all participants in the process including the client.

For the past three years, the clinical staff in the Residential Treatment Program at United Methodist Family Services in Richmond, Virginia, have utilized strengths based Treatment Plans in their work with children with severe emotional difficulties. Let's look at "Jack," a typical youth who has entered the program after serving two weeks in detention. Treatment planning actually begins in the interview. The interviewer asks Jack a number of questions in order to understand the resources that he brings to his placement (McQuaide & Ehrenreich, 1997). Some of the questions include:

- What are some of the things you like to do or feel that you do well?
- What are your friends like (ages, gender)? What are some of the things you all like to do together?
- What might your friend's say make you a good friend to them?
- How do you handle difficult situations? Give an example of the last difficult situation you faced and how you handled it?
- When you complete our program successfully, what will be different about you and those around you?
- On a scale of 1 to 10, how motivated are you in wanting to try our program out?

Many of these questions echo the differing types of solution-focused questions that De Jong and Miller (1995) identify as integral parts of a strengths based interview.

At the end of the interview, Jack is asked to help create three goals that he wants to work on while he is in treatment. Like many youth, Jack, says things like, “stop fighting,” “listen to my mom more,” and “get a better attitude.” Using the strengths-based approach, the interviewer helps Jack to reframe these questions: “increase positive interactions with peers,” “improve relationship with mother,” and “find more positive ways to occupy time and help others.” Jack is initially very skeptical about the wording, since it is very different from goals he has had before in other programs. He also notes, “this is the first time that I’ve been allowed to say what it is I want to work on.”

While Jack is talking with the interviewer, his mother is completing the Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998), a “standardized tool for assessing and evaluating strengths. The BERS is a 52-item scale designed to measure the emotional and behavioral strengths of children and adolescents” (Rudolph & Epstein, 2000). Following the interview, the completed BERS and answers to the interview questions are given to Jack’s Treatment Specialist, who serves as both therapist and case-manager for Jack and the other members of his group.

Within the first 14 days of placement, the Treatment Specialist creates an Initial Service Plan for Jack using the TheraScribe computer program (Jongsma, Peterson, McInnis, 1997). TheraScribe utilizes a library of information to provide the therapist with choices in selecting appropriate client strengths, areas of treatment focus, and diagnosis.

The psychological diagnosis is necessary because most funding sources want this information in order to justify continued funding, and TheraScribe does a nice job of balancing this information with the strengths based material. Two of the more attractive aspects of the program are that it places the client's strengths at the front of the Treatment Plan, and it provides measurable and realistic goals and objectives. The Initial Service Plan is used to guide treatment during the first month of treatment. It also forms the foundation of the main Treatment Plan. However, prior to the Treatment Plan being finalized, several other assessments are also completed, including a Recreational/Leisure Time assessment and a Spiritual Life assessment to determine Jack's interests in those areas.

Once the Treatment Specialist has gathered all of this information, work begins on the main Treatment Plan. Building on the TheraScribe-generated Initial Service Plan, the Treatment Specialist adds additional information using a word-processing program. The Treatment Specialist meets with Jack and asks Jack to identify the things he does well, and the areas that he wants to work on while in treatment. The process is repeated with Jack's group, with his Treatment Team (the adults working directly with him), and with his family. All of this information is placed into the Treatment Plan.

On the thirtieth day of placement, Jack's 30-Day Review is held. Included in this meeting are members from Jack's Treatment Team, his mother (and any other family members that wish to attend), his social worker and probation officer, and his group.

The Treatment Specialist starts the review by having people introduce themselves, and then informing everyone as to the purpose of the meeting—namely to support Jack and to reach consensus as to what he will work on while in the program. The meeting then begins with Jack reading what he earlier identified were his strengths and areas that he needs to work on. This is followed by a group member reading the group’s input, and a staff member reading the team’s input. After this, Jack’s family is invited to provide any input they have for their son, followed by additional peer and staff input. Many of the youth in Jack’s group take advantage of this time to elaborate on the information they provided earlier for the treatment plan. After everyone has had a chance to provide their input, Jack is able to respond to what everyone else has said. Thus Jack begins and ends the meeting, thereby giving him ownership of the process and of his Treatment Plan.

Jack’s Treatment Plan is reviewed quarterly, and his input and the group’s input is provided for each of the Quarterly reports. Rather than being viewed as a static document, Jack’s Treatment Plan is a dynamic tool that helps ensure that his treatment remains focused on the strengths and goals he initially helped to identify. Utilizing this approach has improved the overall success for adolescents like Jack, meaning that rather than continuing to be focused on his current problems, Jack can instead focus on his strengths and continue to find ways to use these strengths as he moves forward in life.

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