Strengths Matter: How to embrace the assets of the children and families you serve
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Lorraine All: Newsweek, September 17, 2007: You and your Quirky Kid
Everyone is odd in some ways

LISTEN TO THOSE WE SERVE

Michael John Carley: The Comic/Tragic Politics of the Autism/Asperger World — Columbia University, April 12, 2011. The event was for Columbia University Center for Bioethics’ 9th Anniversary Herbert G. Cohen, MD, DOS Memorial Lecture in Neuroscience.
http://www.youtube.com/watch?feature=player_embedded&v=23atXRFGMOW

Aimee Mullins: http://www.aimeemullins.com
http://www.ted.com/talks/aimee_mullins_the_opportunnity_of_adversity.html

Stephen Hawking: Forward to the World Report on Disability 2011:
“...In fact we have a moral duty to remove the barriers to participation, and to invest sufficient funding and expertise to unlock the vast potential of people with disabilities. Governments throughout the world can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment, and never get the chance to shine...”

People with autism have their own vision of the world, and it is valuable.
We need to provide roles in the community for people with autism
Autism is a variation of human existence
We spend too much time on what they cannot do: we need to make their talents visible
The Corylus tree is beautiful because it is not like the other trees
The sensitivities did not go away: they lost their grip on her.
Good things emerge even from what we thought was undesirable

The DSM criteria are written as if all my traits are bad things... What if they are good things? What if ‘marked impairments’ were ‘creative use of...’
What if ‘restrictive, repetitive, preoccupations’ were ‘highly focused, involvement, concentrate, passionate?’
What if ‘inflexibility’ were adaptive behaviors to create ‘predictability’?

Many of our traits can be, in the proper contexts, strengths or at least neutral attributes.
‘Cures’ and normalization denies essential aspects of our identity.
To pursue normalization instead of quality of life forces us into a struggle against ourselves.

“There’s a...good enough reason that each autistic person has embraced a particular interest. Find that reason and you will find them, hiding in there, and maybe get a glimpse of their underlying capacities. In our experience, we found that showing authentic interest will help them feel dignity and impel them to show you more, complete with maps and navigational tools that may help to guide their development, their growth. REVEALED CAPABILITY in turn may lead to a better understanding of what’s possible in the lives of many people who are challenged...”

Ellen Pope, OTD, OTR/L, FIT Annual Meeting, 2017
WHAT IS THE EVIDENCE?


Using coaching practices, strengths approaches and authentic environments / activities: Parents increased competence, decreased stress & children increased participation


STRENGTHS BASED MODELS

Positive Psychology

- Study of strengths and virtues that enable people & communities to thrive – Positive emotions – Positive individual traits – Positive institutions.
- Build knowledge to support families, work, communities, therapy practices, and education programs.

Strengths Based Social Work Practice

- People possess assets that enable them to survive or thrive even in challenging contexts
  - People have innate strengths.
  - Motivation is based on self-defined strengths.
  - Professionals guide people to self-discovery of their own strengths.
  - A strengths focus counteracts the urge to blame the victim.
  - All environments contain resources to support the person.
- Solution-focused interviews
  - Well-formed small, authentic goals; appreciate own strengths to manage own life.
  - Development of solutions
    - What are the exceptions to current problem?
    - ask ‘when was a time this student was successful during seatwork?’

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<thead>
<tr>
<th>Deficit Based</th>
<th>Strengths Based</th>
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<tbody>
<tr>
<td>Trained to view the family primarily in terms of their problems or deficits</td>
<td>Focus on the client’s or family’s capacities, competencies and resources</td>
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<tr>
<td>Families may become labeled or stigmatized</td>
<td>Focus on what the individual or family know and what they can do</td>
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<tr>
<td>Families are perceived as lacking the ability to solve problems and cope</td>
<td>Practitioner seeks to identify the strengths that exist within and around the individual, family or community</td>
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<td>Families are perceived as lacking the ability to achieve their goals without the help of the professional</td>
<td>Relationship between the practitioner and the client is one of partnership</td>
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<td>Practitioner attempts to solve the family’s problems rather than work with the family to support their competence</td>
<td>Role of practitioner is to help the family use the strengths of the individual family members and of the family unit</td>
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<tr>
<td>The practitioner is viewed as the expert who possesses the solutions and the resources that the family lacks</td>
<td>Help the families use the resources external to the family system</td>
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**Strengths Based Documentation Example:**

Statements from the present level of performance:

- Josie is a 2 ½ yr. old who has a severe seizure disorder and recently underwent brain surgery to reduce her seizures.
- Josie has very limited movement because of her spasticity.
- She has global developmental delays.
- Josie has limited use of her arms and legs.
- She only belly crawls using only her right arm and leg to pull her forward.

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>STRENGTHS approach</th>
<th>Illustrating that...</th>
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<tbody>
<tr>
<td>severe seizure disorder and recently underwent brain surgery to reduce her seizures.</td>
<td>Josie no longer has seizures because of a recent successful surgery and now has begun vocalizing and interacting with family.</td>
<td>Josie is HEALTHY</td>
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<td>Josie has very limited movement because of spasticity</td>
<td>Josie can activate a touch switch that is positioned near her chest.</td>
<td>Josie is CAPABLE</td>
</tr>
<tr>
<td>global developmental delays.</td>
<td>Josie uses vocal play and imitation, manipulates toys, moves across room, sits independently, and assists with dressing.</td>
<td>Josie is ENGAGED</td>
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<tr>
<td>Josie has limited use of her left arm and leg.</td>
<td>Josie uses her right arm and leg to belly crawl and pull herself forward</td>
<td>Josie has SKILLS</td>
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