Strength Based Assessment

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Don: Deficit-Based
- Suicidal ideation
- Major depression
- Personality disorder
- Soft neurological signs
- Auditory processing problems
- Dependency seeking level
- Fear of growing up
- Immature
- Fragmented and disorganized

Don: Strength-Based
- B student
- Works 25 hours a week
- Highest-rated employee
- Attends church
- Pastor is a team member
- Mother attends meetings

Karl: Deficit-Based
- Failed four classes
- Acting out in class
- Physically abusive
- Attention deficit disorder
- Truant
- Juvenile court involvement
- Illicit substance use
- Depressed affect
- Psychomotorically retarded

Karl: Strength-Based
- B+ student
- Perfect attendance
- Works 20 hours a week
- Auto mechanic classes
- Junior college plans
- Mother attends meetings
- Grandparents supportive
- Community sports league

"If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find them, and their view of the situation will be colored by this." (p. 32) Kral (1992)

Strength-based assessment is defined as the measurement of those emotional and behavioral skills, competencies and characteristics that create a sense of personal accomplishment, contribute to satisfying relationships with family members, peers, and adults, enhance one’s ability to deal with adversity and stress, and promote one’s personal, social and academic development.

Strength-Based Perspective: Beliefs
1. All children have strengths.
2. A child can be motivated by how teachers, parents, and others respond to them.
3. Failure of a child to demonstrate a strength does not mean a deficit on the part of the child.
4. Education, mental health, and social service treatment plans and services for children need to be based on strengths.
Advantages to Strength-Based Assessment

1. Leads to positively engaging children in receiving services.
2. Identifies what is going well in the life of the child.
3. Reminds us of the competencies that can establish positive expectations for the child.
4. Leads to a positive parent professional relationship which becomes an important asset.
5. Helps identify resources for an IEP or services plan.
6. Empowers the family and, in some cases, the child to take responsibility.
7.Documents the strengths or competencies that the child has mastered.

Purpose of Strength Based Assessment

1. CREATE A VISION FOR THE FAMILY
2. IDENTIFY SERVICE GOALS
3. WRITE SHORT AND LONG TERM OBJECTIVES
4. IDENTIFY SPECIFIC STRENGTHS FOR PLANNING PURPOSES
5. MEASURE CHILD AND FAMILY OUTCOMES

Types of Strength Based Assessment

1. INFORMAL (STRENGTH CHATS OR INTERVIEWS)
2. FORMAL
   a. Standardized
   b. Norm Referenced

Strengths, Culture and Informal Resources Discovery Strength “Chat”

The purpose of a strength chat is to get to know the child and family well enough so that strength oriented goals and plans can be developed.

Strength “Chat” For Children:
1. If you said one good thing about yourself, what would it be?
2. I like your (hair, clothes, make-up, etc.). Did you come up with that yourself?
3. What is your favorite color? Musician? Sport? Person?
4. What do you like most about your friends? Why?
5. Tell me about your classes? What is your favorite class?
6. Name two good things about your parents (or school).
7. What is your favorite hobby?
8. Name your favorite older person. Why do you like him/her?

Strength “Chat” for Adults:
1. What do you do for fun?
2. Who are your close friends? Why are they so special?
3. What is your life like when you feel most at peace with the world?
4. What was your life as a kid?
5. Who has been the biggest influence in your life?
6. What was the best vacation you ever took?
7. What do you do to “blow off steam”?
8. How do you picture your life five years from now?
9. What are the best things about yourself? Your family?
**Case Study: John**

Nine-year-old John, who has a history of hyperactivity, disruptiveness, and learning problems, has just been placed in a special class for children with disabilities. For as long as his parents can remember, John has been very active and difficult to manage. As a young child, he often climbed to get forbidden objects; switched activities frequently; turned special events into disasters; seldom remained seated through a meal; and otherwise was a discipline problem. Because John was not skilled at games, tried to be bossy, and often got into arguments and minor fights, few children would play with him and he had no friends.

John’s situation in school has not been much different. His teachers all noted how poor he was in remaining at his desk, persisting with a task until completion, waiting his turn in classroom or playground groups, and listening and looking appropriately. Academically, he was behind his peers in the first grade and has gradually fallen further behind. When responding in class to test problems or the teacher’s questions, John usually answers immediately and thoughtlessly. Other times he may have a tantrum, start an argument or fight with a classmate, and remain noncompliant and impolite to the teacher for the rest of the day. Periodically, John sometimes comes to class early to talk with his teacher, and is always respectful and friendly. Sometimes John talks about his social and academic problems, and is plainly concerned.

John’s parents have sought medical help. The family physician placed 4-year-old John on 10 milligrams of dextroamphetamine per day. Mother detected some decrease in John’s uncontrolled activity, but it disturbed her that he had trouble getting to sleep and often ate very little at meals, so this drug was discontinued after about 7 months. At age 8 John was seen by a psychiatrist, who placed him 50 milligrams of methylphenidate daily and provided his parents with weekly counseling and therapy for several months. The parents noticed some improvement in John’s behaviors at home and he remains on this drug therapy. Because of continuing educational maladjustment, however, a decision was reached to provide John with intensive school intervention within the special education class.
Demographic Characteristics of the Normative Sample (N=2,176)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage of Sample</th>
<th>Percentage of School-Age Population</th>
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<tr>
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Factors & Loadings of the Items of BERS by Subscale

**Interpersonal Strength**

<table>
<thead>
<tr>
<th>Item</th>
<th>Loading</th>
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<tbody>
<tr>
<td>1. Uses anger management skills</td>
<td>.83</td>
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<tr>
<td>2. Expresses remorse for behavior that hurts of upsets others</td>
<td>.79</td>
</tr>
<tr>
<td>3. Reacts to disappointment in a calm manner</td>
<td>.78</td>
</tr>
<tr>
<td>4. Considers consequences of own behavior</td>
<td>.84</td>
</tr>
<tr>
<td>5. Accepts criticism</td>
<td>.76</td>
</tr>
<tr>
<td>6. Accepts responsibility for own actions</td>
<td>.83</td>
</tr>
<tr>
<td>7. Loses a game gracefully</td>
<td>.75</td>
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<tr>
<td>8. Listens to others</td>
<td>.80</td>
</tr>
<tr>
<td>9. Admits mistakes</td>
<td>.80</td>
</tr>
<tr>
<td>10. Accepts &quot;no&quot; for an answer</td>
<td>.78</td>
</tr>
<tr>
<td>11. Respects the rights of others</td>
<td>.86</td>
</tr>
<tr>
<td>12. Shares with others</td>
<td>.74</td>
</tr>
<tr>
<td>13. Identifies personal strengths</td>
<td>.80</td>
</tr>
<tr>
<td>14. Is kind toward others</td>
<td>.81</td>
</tr>
<tr>
<td>15. Uses appropriate language</td>
<td>.81</td>
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</table>

Eigenvalues 2.15

**Family Involvement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Loading</th>
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</thead>
<tbody>
<tr>
<td>1. Demonstrates a sense of belonging to family</td>
<td>.79</td>
</tr>
<tr>
<td>2. Trusts a significant person with his or her life</td>
<td>.71</td>
</tr>
<tr>
<td>3. Participates in community activities</td>
<td>.66</td>
</tr>
<tr>
<td>4. Maintains positive family relationships</td>
<td>.86</td>
</tr>
<tr>
<td>5. Communicates with parents about behavior at home</td>
<td>.69</td>
</tr>
<tr>
<td>6. Interacts positively with parents</td>
<td>.86</td>
</tr>
<tr>
<td>7. Participates in church activities</td>
<td>.58</td>
</tr>
<tr>
<td>8. Interacts positively with siblings</td>
<td>.69</td>
</tr>
<tr>
<td>9. Participates in family activities</td>
<td>.82</td>
</tr>
<tr>
<td>10. Complies with rules at home</td>
<td>.70</td>
</tr>
</tbody>
</table>

Eigenvalues 2.43
Reliability of the BERS-2
Validity of the BERS-2

<table>
<thead>
<tr>
<th>Subscales</th>
<th>No Disability</th>
<th>Learning Disability</th>
<th>Behavioral Disability</th>
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<td>Interpersonal Strengths</td>
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<td>9</td>
<td>7</td>
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<tr>
<td>Family Involvement</td>
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<td>9</td>
<td>7</td>
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<tr>
<td>Intrapersonal Strengths</td>
<td>11</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>School Functioning</td>
<td>11</td>
<td>8</td>
<td>7</td>
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<tr>
<td>Affective Strength</td>
<td>11</td>
<td>9</td>
<td>9</td>
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</table>

Composite Strength Index  

107 92 82

Correlations Between the BERS-2 Parent Rating Scale and the Child Behavior Checklist (N=55)

<table>
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<tr>
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<tbody>
<tr>
<td>No Disability</td>
<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
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<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
<td>-0.57**</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>-0.38**</td>
<td>-0.38**</td>
<td>-0.38**</td>
<td>-0.38**</td>
<td>-0.38**</td>
<td>-0.38**</td>
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<td>-0.38**</td>
<td>-0.38**</td>
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<tr>
<td>Behavioral Disability</td>
<td>-0.64**</td>
<td>-0.64**</td>
<td>-0.64**</td>
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<td>-0.64**</td>
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<td>-0.64**</td>
<td>-0.64**</td>
<td>-0.64**</td>
<td>-0.64**</td>
</tr>
</tbody>
</table>

Characteristics of the BERS

- A total of 52 clearly stated items
- Eight open-ended questions so that respondents can note the child’s strengths.
- The scale includes five subscales: Interpersonal Strengths, Family Involvement, School Functioning, and Affective Strengths.
- Scale is designed for use by parents, youth and professionals.
- Norms based on national samples of children
- Validity and reliability clearly established.
- Designed for use with children 15-18
- Scale can be completed in less than ten minutes
- Standard scores are provided for comparing children.

USES FOR THE BERS

- To identify the emotional and behavioral strengths of children.
- To identify children with limited strengths.
- To target goals for an IEP or individual treatment plan.
- To document progress in a strength area as a consequence of specialized services.
- To measure strengths in research and evaluation projects.
Guidelines for Interpreting BERS Scores

<table>
<thead>
<tr>
<th>Normal Distribution</th>
<th>Probability</th>
<th>Subscale Standard Score</th>
<th>Strength Quotient</th>
<th>Student has EBD</th>
<th>EBD Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Superior</td>
<td>0.10</td>
<td>17-20</td>
<td>&gt;130</td>
<td>Very Superior</td>
<td>Very Superior</td>
</tr>
<tr>
<td>Superior</td>
<td>0.20</td>
<td>15-16</td>
<td>121-130</td>
<td>Superior</td>
<td>Superior</td>
</tr>
<tr>
<td>Above Average</td>
<td>0.30</td>
<td>13-14</td>
<td>111-120</td>
<td>Average</td>
<td>Above Average</td>
</tr>
<tr>
<td>Average</td>
<td>0.40</td>
<td>8-12</td>
<td>90-100</td>
<td>Low</td>
<td>Below Average</td>
</tr>
<tr>
<td>Poor</td>
<td>0.50</td>
<td>6-7</td>
<td>80-89</td>
<td>High</td>
<td>Poor</td>
</tr>
<tr>
<td>Very Poor</td>
<td>0.60</td>
<td>1-3</td>
<td>&lt;70</td>
<td>Very High</td>
<td>Very Poor</td>
</tr>
</tbody>
</table>

Behavioral and Emotional Strength

| Very Superior       | 17-20 | >130 | Very Superior |
| Superior            | 15-16 | 121-130 | Superior |
| Above Average       | 13-14 | 111-120 | Above Average |
| Average             | 8-12  | 90-100 | Average |
| Poor                | 6-7   | 80-89 | High |
| Very Poor           | 1-3   | <70   | Very High |

Normal Distribution

Behavioral and Emotional Strength

Extremely Low

Extremely High
INDIVIDUALIZED EDUCATION PROGRAM

NAME: Karl Washington
DATE OF BIRTH: 10/12/89

District: __

IEP Conference Date: 3/15/07

Reported by: Principal/Coordinator/Designee: Colleen Reardon
Speech Lang. Path Admin. Rep/Designee: 
Occupational Therapist: 
Parent/Guardian/Custodian/Surrogate/Foster: Ralph and Sandra Washington
Physical Therapist: 
Student: Karl Washington
Other: (Name/Title/Agency) Pastor Nedermeyer
Psychologist: Kimberley Keeney
Social Worker: Joseph Holland (neighbor)
Nurse: John Bernard (employer)
Teacher: Joe Pappas

Academic Functioning:
- Reading at grade level.
- Language skills appropriate for age.
- Math performance above grade level. Works independently in this area.
- Attends auto mechanics classes. Highly motivated in classes.
- Motor skills excellent. Plays sports in community league.
- Homework needs to be completed more consistently. Needs to be reminded about upcoming tests and major assignments.

ACADEMIC FUNCTIONING:
- Reading at grade level.
- Language skills appropriate for age.
- Math performance above grade level. Works independently in this area.
- Attends auto mechanics classes. Highly motivated in classes.
- Motor skills excellent. Plays sports in community league.
- Homework needs to be completed more consistently. Needs to be reminded about upcoming tests and major assignments.

Section 3: Teacher Rating Scale

Section 6: Profile of Standardized Scores

Section 9: Interpretation and Recommendations

Across the 5 respondents, Family Involvement and School Functioning were seen as major strengths. Karl's academic strengths are seen by Karl and his mother as a growing point as well. These areas need to be continued in his school treatment as major areas to build upon and reinforce.
INDIVIDUALIZED EDUCATION PROGRAM

BEHAVIORAL FUNCTIONING

• Needs to learn to control temper, accept criticism, and use anger management skills. Needs to accept responsibility of behavior.

• Has difficulty expressing feelings for others. Does not appear to trust many individuals. Rarely asks for assistance.

• Has a good, positive relationship with parents and family. Active in family and community activities. Relates well with co-workers and employer. Gets along with peers in school and in community.

INDIVIDUALIZED EDUCATION GOAL AND SHORT-TERM OBJECTIVE PLAN

Name of Student: Karl

Goal Statement:

To develop anger control skills.

INDIVIDUALIZED EDUCATION GOAL AND SHORT-TERM OBJECTIVE PLAN

Name of Student: Karl

Goal Statement:

To Complete Auto Mechanic Classes

Strength Based vs. Traditional Reports

Participants

Special Education Teachers
Mental Health Professionals
School Administrators

Findings

1. Respondents who read the strength based reports predicted better:
   a. short-term academic functioning
   b. short-term social functioning

2. But no differences in predicting long-term functioning


Research on Strengths Using the BERS -2
Impact of Strength-Based Assessment

Participants
84 youth receiving mental health service and their families

Treatment
Experimental group therapist received information on child and family’s strengths and resources, and encouraged to share results with participants

Findings
1. Overall no group differences
2. High versus low strength oriented therapists
   • Greater improvements in behavioral functioning (i.e., CBCL)
   • Higher parent satisfaction
   • Lower termination rates
   • Fewer missed appointments


Behavioral and Emotional Rating Scale: Published Research


Behavioral and Emotional Rating Scale: Published Research, cont.


Thank you!

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