

Strength-Based Intervention Plan

| # of pages double-spaced | Points |
|--------------------------|----------|
| 2-4 | 1 point |
| 5+ | 2 points |

Strength-based Intervention Plans can be used in both clinical and non-clinical settings. In a clinical setting, the Intervention Plan may be called a Treatment Plan.

Intervention Plans have been used in most human service programs 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, Intervention 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 Intervention Plan can become a roadblock and further source of frustration and resistance. Today, Intervention Plans embrace a strength-based approach.

At the core of developing strength-based Intervention Plans are some of the assumptions that support the strength-based philosophy. 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 Intervention Plans that will guide the treatment process. Strength-based assessments create the opportunity to establish positive expectations for the client, and also empowers both the client 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 a strength-based perspective, how does a strength-based practitioner use the information gathered from these assessments to develop a strength-based Intervention Plan?

The following table compares some of the elements of both traditional Intervention Plans and strength-based Intervention Plans. This is a generalization, and is not meant to demean or lessen the viability of traditional Intervention Planning. Rather, it is intended to demonstrate some of the ways that the strength-based perspective has a different view of Intervention Planning.

| | “Traditional” or Problem-Focused Intervention Plan Strengths-Based Intervention Plan | Strengths-Based Intervention Plan |
|---|--|---|
| <i>Purpose of the Treatment Plan</i> | -List of problems that the client must address. -Inflexible and not adaptable to client needs | -List of strengths to build upon -Flexible & adaptable to client needs |
| <i>Role of the client in developing the plan</i> | -Little to no direct client involvement in developing the plan. -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. | -Need to be utilized and integrated into the Intervention Plan. |
| <i>Presenting Problems</i> | -Problems are viewed in terms of pathology—often the plan is centered around the problems. | -Problems are still addressed in the plan; however, from a strength-based perspective. |
| <i>Strengths</i> | -Not emphasized | -Emphasized |
| <i>Treatment Goals</i> | -Focused mainly on overcoming problems -Language follows a clinical or medical model. | -Focused on enhancing and utilizing the client’s strengths -Language follows a strength-based model |

In a strength-based perspective some questions you may ask include:

- What are some of the things you like to do or feel that you do well?
- 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?

At the end of the interview, ask your client to help create three goals that they want to work on while in treatment. Reframe questions to make them positive. Instead of “get a better attitude”, say things like “increase positive interactions with peers,” “improve relationship with mother,” or “find more positive ways to occupy time and help others.”

Use SMART Goals. SMART is an acronym for making the objectives:

S – Specific

M – Measurable

A – Achievable

R – Realistic

T – Time Specific

For additional information about formulating SMART goals, go to:

<http://www.smart-goals-guide.com/smart-goal.html>