

Strength-Based Interviewing

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Bright Futures,¹ in its 2007 guidelines, called for an assessment of adolescent development and the use of strength-based approaches in the adolescent health supervision visit. The 7 developmental tasks of adolescence noted in the developmental surveillance at each yearly visit include:

- healthy behaviors;
- caring and supportive relationships;
- physical, cognitive, emotional, social, and moral competencies;
- self-confidence, hopefulness, and well-being;
- resiliency, when confronted with life stressors;
- responsible and independent decision-making; and
- positive engagement in the life of the community.²

Using strength-based approaches in the clinical setting requires that clinicians have the following skills and knowledge:

- understanding what constitutes strengths;
- knowing how to ask about and elicit strengths by using a framework;
- improving youth confidence by reflecting strengths back to youth and their parents;
- providing guidance about adding strengths in domains where they may be lacking; and
- using shared decision-making strategies when behavior change is needed.

The rationale for using a strength-based approach and building developmental assets has been reviewed by us previously.³ Risk assessment is still mandatory,

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especially for the health behaviors that contribute the most to adolescent and adult morbidity and mortality. These risk behaviors include inadequate physical activity and nutrition, sexual behavior that may lead to unintended pregnancy or infection, substance use and abuse, and behaviors that contribute to unintentional injuries and violence (ie, homicide/suicide).⁴ Much of our literature review focused on finding a lower number of these risky behaviors in youth who had a greater number of developmental assets.^{1,5–8}

A list of approaches that the medical home can use to support healthy adolescent development (eg, physical and psychological safety, supportive relationships, and opportunities for skill building) was provided in our previous article (see Table 3 in ref³). This list was adopted from a report on community approaches prepared by Eccles for the National Research Council and Institute of Medicine Committee on Community- Level Programs.⁹

The advocacy for strength-based approaches in the medical home is supported by the field of positive psychology, which builds on Bandura's social cognitive theory.¹⁰ Both emphasize self-efficacy. A list of strengths that enable human thriving¹¹ can also inform this work. In addition to facilitation of self-management and behavior change, strength-based approaches can also result in more positive engagement with youth and their parents.

The work described here, which has been developed over the past 8 years, was inspired by the work of Brendtro, Van Bockem, and Brokenleg,¹² Benson,¹³ and Pittman et al¹⁴ and initiatives of the Vermont Agency of Human Services and Vermont Regional Partnerships, which have focused on community and school-level interventions.

To participate in this strength-based model, health care practitioners needed clinically workable models for integrating these services into their busy practices. Design of the practice-level implementation involved input from adolescents, parents, and professionals from schools, community groups, and youth-serving agencies as well as health care and mental health professionals. Actual implementation relied on the expertise and suggestions of Vermont pediatricians, family physicians, nurse practitioners, physician assistants and nurses, in the settings of practices, clinics, and school-based health centers.

The Search Institute work identifies 40 assets arranged in the following categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.⁵ Pittman has focused on 5 C's (competence, connection, contribution, character, and confidence)¹⁴; Brendtro et al, in the Circle of Courage, identified the importance of generosity, independence, mastery, and belonging.¹² Our practices were given an opportunity to choose 1 of these frameworks, and almost all chose the Circle of Courage model. Many practices have implemented

strength-based approaches and have allowed chart audits to measure their use as part of a quality improvement effort.¹⁵ Many health care professionals, parents, and advocates in various settings outside Vermont have participated in workshops on strength-based approaches and have shared their ideas and experiences.

Several other pediatricians have devoted significant effort to similar issues, and their contributions have provided additional examples and tools for the incorporation of strengths into preventive services. Ginsberg has recommended the use of the SSHADESS (strengths, school, home, activities, drugs, emotions/depression, sexuality, safety) interview format¹⁶ and the 7 C's, adding coping and control to Pittman's 5 C's.¹⁷ Sege served as the project director and co-editor with Spivak, Flanigan, and Licenziato for the American Academy of Pediatrics *Connected Kids: Safe, Strong, Secure Clinical Guide* (2007).¹⁸ *Connected Kids*, which includes parent handouts and a practitioner guide, outlines a strength-based approach to violence prevention.

IDENTIFYING STRENGTHS: A PRACTICAL APPROACH

Most pediatricians are already asking a lot of questions about strengths, although not necessarily in a systematic way. We commonly ask questions related to mastery and belonging, but adolescents need to develop all the strengths to be successful adults. Incorporating strengths in your adolescent interviews is not an “add-on” to the clinical visit but, rather, a rethinking of the way you work with adolescents, a way to efficiently reorganize and prioritize the content of anticipatory guidance.¹⁹ The goals of a strength-based approach are to raise adolescents' awareness of their developing strengths and to motivate them to take responsibility for the role they can play in their own health and well-being. Discussing strengths orients youth toward actively seeking out and acquiring the personal, environmental, and social assets that are the “building blocks” of future success.

If you are already using a HEADSSS (home, education, activities, drugs, sexual activity/sexual identity, suicide/depression, and safety) type of interview strategy,²⁰ you would just need to add a few more questions (Table 1). Ginsburg has suggested using the SSHADESS format¹⁶ as a way to remember to ask about strengths. He comments that “we risk losing the opportunity to inspire (adolescents) when they quietly become defensive and close themselves off.”¹⁶ Respectful, reflective listening, rather than teaching or preaching, allows adolescents to reveal their strengths.

If you choose to use the Brendtro et al Circle of Courage as your framework, you will be asking about strengths in 4 essential areas (Table 2). You would not use all the questions, and you would probably want to ask slightly different questions on the basis of the age of the adolescent and what you already know about his or her strengths and challenges.

Table 1
Using HEEADSSS with a strength-based approach

HEEADSSS Risk Areas	Questions to Help Identify Strengths	Example Responses Indicating the Presence of Strengths	Strengths
Home	Who lives at home with you?	Close family relationships (as opposed to living alone)	Belonging
	What responsibilities do you have at home?	Care-taking responsibilities	Generosity
Education/employment	What's going well at school?	Working with a tutor	Independence
	Are you working?	Working for college money	Mastery
Eating	How do you stay healthy?	Choosing healthy foods	Independence
	What do you think about your diet?	Making healthy meals	Mastery
Peer-related activities	What do you do for fun?	Volunteer/civic activities	Generosity
	Do you have friends you socialize with?	Hanging out with friends	Belonging
Drugs	Do you have friends who use drugs? Do you?	Pledge to abstain	Independence
		Friendships with people who do not use drugs	Belonging
Sexuality	Have you ever had sex?	Consistently responsible behavior	Independence
	Has anyone ever made you do something you didn't want to?	Supportive or understanding relationships	Mastery; belonging
Suicide/depression	What do you do when you feel sad?	Access to a confidant	Belonging
	Do you have someone you talk to about your problems?	Successful coping skills	Mastery; independence
Safety from injury and violence	Do you wear a seatbelt?	Seatbelt and helmet use	Independence
	Do you wear a helmet when riding bikes?		
	Do you feel safe at home?	Feelings of safety or security at home and school	Belonging

Adapted from Goldenring JM, Rosen DS. Getting into adolescents heads: on essential update. *Contemporary Pediatrics*. 2007. Reprinted with permission from Duncan PM, Garcia AC, Frankowski BL, et al. Inspiring healthy adolescent choices: a rationale for and guide to strength promotion in primary care. *J Adolesc Health*. 2007;41(6):531

Some may want to use a different framework with older adolescents. The “READY for Life” framework²¹ can work well with older adolescents:

Am I READY for life as an adult²¹?

- Relationships with friends, other students, co-workers, and family

Table 2
Identifying Strengths

Belonging (connection)	<p>How do you get along with the different people in your household? What do you like to do together as a family? Do you eat meals together? Do you feel you have at least 1 friend or a group of friends with whom you are comfortable? What do you and your friends like to do together after school? On weekends? How do you feel you "fit in" at school? In your neighborhood? Do you feel like you matter in your community? Do you have at least 1 adult in your life who cares about you and to whom you can go if you need help? When you're stressed out, who do you go to?</p>
Mastery (competence)	<p>What do you do to stay healthy? What are you good at? How are you doing in school? What do you like to do after school with your free time? Do you feel you are particularly good at doing a certain thing like math, soccer, theater, cooking, hunting, or anything else? What are your responsibilities at home? At school?</p>
Independence (confidence)	<p>Do you feel that you have been allowed to become more independent or make more of your own decisions as you have become older? Do you feel you have a say in family rules and decisions? Are you able to take responsibility for your actions even when things don't work out perfectly or as you planned? Have you figured out a way to control your actions when you're angry or upset? Everyone has stress in their lives. Have you figured out how to handle stress?</p>
Generosity (contribution, character)	<p>How confident are you that you can make a needed change in your life? What makes your parents proud of you? What do your friends like about you the most? What do you like about yourself? What do you do to help others (at home, or by working with a group at school, church, or community)? What do you do to show your parents or siblings that you care about them? How do you support your friends when they are trying to do the right thing, like quitting smoking or avoiding alcohol and other substances?</p>

- Energy to give to the things you enjoy
- Awareness of the world around you, your place in the world, and your contribution
- Decision-maker (you know how to get things done and control your behavior)
- Yes—you should say yes to healthy behavior: eat well, play hard, work hard

This can be used to help adolescents take stock of what strengths they already have, on what strengths they need to work, and how they can use strengths to

make needed changes. The READY brochure, written for the parents of adolescents, outlines these concepts further.²¹

TEACHING STRENGTHS TO PARENTS

Pediatricians may find it helpful to explain strengths to parents of adolescents. Just as we use anticipatory guidance in early childhood to help parents watch for expected milestones, the strengths are expected and necessary milestones for adolescents. Parents can play a needed role in encouraging strengths in areas that are lagging. In addition, pediatricians should be committed to recognizing and reinforcing parents' strengths by using a similar framework. Pointing out a parent's strengths can be particularly helpful when he or she is going through a difficult time with an adolescent son or daughter.

Parents are often worried about the risks of adolescence and are sometimes so put off by their own child's behavior that they tend to worry about and focus on the negative aspects of adolescence rather than seeing it as a growth experience for them and their child. Adolescence takes many parents by surprise. By teaching them to "watch out" not only for risky behavior, we can help them see their own child's strengths and help them figure out ways to build strengths that may need boosting. All parents want their children to experience joy, success, love, and hope, and adolescents need to develop all the strengths to end up as happy, productive adults.

strengths = assets = protective factors = developmental milestones for adolescents

Using the Circle of Courage framework is 1 way to explain the strength-based approach to parents.

Mastery

"What am I good at?" Parents need to help their adolescent figure this out, especially if he or she is not a great student. Encourage your adolescent to try sports, clubs, a musical instrument, etc. Make him or her an expert on something in the family (research driving directions on-line before a family trip). Model problem-solving behaviors when something does not go well. Help the adolescent to be persistent when he or she does not succeed at something the first time around (or second). Make him or her feel competent in more than 1 area.

Belonging

"Who do I fit in with? Who do I feel connected to?" Parents are often disappointed as friends become more important, but peer relations are vital to adolescents. Keeping your adolescent attached to your family as he or she develops friendly and romantic relationships is tricky. Get to know your adolescent's

friends and make your home a welcome place for them. Encourage appropriate relationships with other adults you trust. Be sure your child knows to whom he or she can go if there is a problem that he or she does not feel can be shared with you (his or her doctor could be one of these people). Help your adolescent figure out how he or she “fits in” with your extended family (“Your little cousins sure look up to you and love to play soccer with you!”), your neighbors (“If I wasn’t home and you had a problem, you could get help from Mrs X or Y.” “Let’s help Mr Z shovel his driveway/mow his lawn.”), his or her school (“Who are the teachers/students you get along with the best?”), and his or her community (attend neighborhood events together, or encourage your adolescent to go with his or her friends), including faith-based organizations.

Independence

This is scary for parents of early adolescents, but we all want our children to grow up and be able to function independently (yet remain attached). For many adolescents, this means starting to make healthy independent decisions for themselves, especially decisions to avoid unhealthy risks. Guide your adolescent in healthy decision-making; let him or her work out the solution to a problem and then run it by you for final approval. Independence also means being responsible; as time goes by, this should happen more and more with less and less reminding from you. Some adolescents have a harder time gaining independent control of their behavior and showing self-discipline. Point out to your adolescent that every time he or she makes a healthy decision and controls his or her behavior without reminders from you, he or she is exercising independence. Encourage confidence in your adolescent by putting your trust in him or her when you assign a task to do. Good teachers will try to do the same thing. Let your adolescent take a leadership role in something he or she is good at.

Generosity

This can be the most difficult strength for some adolescents to develop, because most of them go through a stage when they are naturally self-centered as they try to figure out who they are. Point out and name qualities such as caring, sharing, loyalty, and empathy when you see your adolescent displaying them with his or her friends. Encourage the adolescent to practice these qualities when it is more difficult (eg, with a younger brother or an unpopular classmate). The broadest definition of this strength is the sense of giving back to one’s community. This can start with parents involving adolescents in volunteering in their neighborhood, school, or faith-based community. Many older adolescents who have not developed this strength feel like they do not “matter” in their family, school, or community. The ability to feel like what you do matters—that the world (or at least your family, school, or community) is a little better because you are there—is very empowering, gives adolescents confidence and hope, and keeps them engaged.

Armed with these strengths, adolescents can be encouraged to take “healthy” risks. As youth advocate Matt Morton has noted, “If you don’t give us healthy risks to take, we’ll take unhealthy ones.”²² Remember, it is the taking of risks and failing, then having the strength, confidence, and hope to try again, that helps adolescents become resilient adults.

GOING TO THE NEXT LEVEL: USING STRENGTHS

After eliciting strengths in an adolescent, there are several things a clinician can do with the information. First, you can identify or reflect back the adolescent’s strengths as a teaching tool about strengths and youth development (much as we encourage parents to identify or put into words a younger child’s emotions). Many talented youth do not recognize their own strengths until they are pointed out to them. Second, you can make suggestions to boost strength areas that may be lacking or deficient, because adolescents need strengths in all areas to become healthy, happy, productive adults. Third, you can use strengths as an engagement strategy to lead into a discussion about a needed behavior change. Fourth, you can bring strengths into a structured discussion about behavior change, such as shared decision-making or motivational interviewing.²³

Some examples of using the Circle of Courage as a teaching tool for adolescents are as follows:

- For a younger adolescent: “Some kids struggle in middle school or high school and get involved in unhealthy, risky behaviors. Others have an easier time becoming a healthy adult. Young people who develop strengths in these 4 areas seem to be ‘protected’ from a lot of these risks. I can’t help but notice that you have developed strengths in these areas [point out strengths that you have elicited]. Are there any areas you think you could work on getting better at?”
- For an adolescent with special health needs (eg, spina bifida): “Have you heard of the Circle of Courage? It represents strengths I look for in adolescents that can help them mature into healthy adults. I can’t help but notice how many strengths you have developed over the past 2 years. You struggled, especially with friendships and independence in middle school, but you’re doing well in those areas now. And you’ve really developed your talent for art, and you are thinking of becoming an art teacher. Generosity, making a contribution in your community, is also important. Have you ever done any volunteer work? Would you consider working with children at the homeless shelter? They have program called ‘Art From the Heart,’ and I think the kids would really enjoy working with you.”

Sometimes we notice that a particular strength is lacking in some adolescents. See Table 3 for some examples of how you and parents can boost needed strengths.

Table 3
Promoting strengths that are lacking

Generosity

Ask "What are you doing to help out at home?" "How can you contribute to your community?" Suggest a volunteering commitment that takes advantage of something the youth is good at or interested in. Parents can help steer towards a volunteer experience.

Independence

Ask "How do you make a decision about something important?" "How do you control your feelings when you are angry?" Suggest writing down pros and cons the next time they are struggling with a decision, or point out ways to alleviate stress with deep breathing, etc. Parents can help by discussing how they make decisions (about saving money for a needed item, for whom to vote in an election).

Mastery

Ask "What are you getting good at?" "What are you interested in outside of school?" Suggest joining a club or sport. Parents can help by providing transportation to or from after-school or weekend meetings or events.

Belonging

Ask "Who do you go to for help?" "Who are the adults you trust?" Suggest getting involved in a mentoring program. Parents can help by pointing out relatives or neighbors who can be trusted to go to for help and advice.

What if your patient has a particular problem or challenge? Here are some examples:

- Obesity (strengthen mastery): "Become an expert and take control of your exercise and eating."
- Attention-deficit/hyperactivity disorder (strengthen independence): "You and I have discussed how your attention problems have a biological basis, but you can learn to develop inner control and self-discipline. Learn a way to stop and think before you make an impulsive decision, and practice this skill. The goal is not to get off all your meds, but your appropriate decision-making will make you more independent and get your parents and teachers off your back!"
- Special health needs (developmentally delayed) (strengthen belonging): "Who are your friends, and what do you like to do with them? How are you a good friend? Who are the adults you can go to if you have a problem?"
- "Smart but selfish" (strengthen generosity): "Be aware of the world around you, and see how you can contribute to it. Think about how you could volunteer in the community; maybe you can help set up a Web site for the local teen center. Think about ways you can help out at home or in your extended family."

MAKING STRENGTHS WORK IN DIFFICULT SITUATIONS

Adolescents in difficult situations (eg, those living in foster care or who have dropped out of high school) often have trouble seeing their own strengths and can benefit greatly from having their strengths pointed out to them. For adolescents

who have many challenges, you can use strengths as an “engagement strategy” to enhance communication, help establish trust, promote self-efficacy, and increase patient satisfaction.¹⁶ You can use strengths to work on a needed behavior change by using an established model.

There are several models, from relatively straightforward (the “helping skill”²³) to more complex (motivational interviewing²⁴), that pediatricians can use with adolescents. The “helping skill” involves the following steps: identify the issue; explore the options; consider the consequences; make a plan; and follow-up. Motivational interviewing is a structured set of interviewing skills that help patients move along the stages of change from precontemplation to contemplation, to preparation, and to action. Strategies for motivational interviewing involve expressing empathy, developing discrepancy, avoiding argumentation, rolling with resistance, and supporting self-efficacy. Using strengths can enhance these techniques. The following cases provide a few examples.

Case 1

Tiffaney is a 16-year-old girl who is living in her fifth foster home and fourth school district and comes in for a health supervision visit. She has been in her current foster home for ~9 months and is able to keep the rules pretty well. She has her own room and feels safe. She does some chores but mostly is out of the house. She eats breakfast with both foster parents most mornings. She is a vegetarian and walks 2 or 3 miles per day “getting around” because none of her friends have a car.

She attends public school, is in the 10th grade, and is passing all her courses except one with mostly Cs and Ds. She is failing algebra at the moment, but she loves her art class and gets along well with her teacher. She thinks she may be able to graduate on time in 2 years if she really tries, but it is “a little iffy.” She is not sure what she wants to do after high school, but she would like to figure out a way to help kids who are like her.

She had a social worker in a different county whom she still calls and sees occasionally. She feels that this woman helped her a lot with encouragement and choices. She is not currently smoking or drinking, although she has in the past. She now hangs out with a “straight-edge” crowd that does not do drugs of any kind. She is artistic and can draw well. She is interested in body art and has 2 piercings. She keeps a journal and feels that she can express her emotions and thoughts pretty well.

She has had a boyfriend for 6 months, and she spends much of her time with him at his friend’s apartment. He works and plays music and enjoys spending time with her and their friends. He tries to support her in her decision to finish high school, although he did not. She has been sexually active with him (her third sexual partner in her life) for 5 months. They use a condom “sometimes,” but he

does not really like them. When she is in a car she wears her seatbelt. She describes her mood now as happy and positive. Although she has felt very depressed in the past, she never considered hurting herself.

Her examination is normal. She is in the 50th percentile for height and the 30th percentile for weight; her BMI is in the 25th to 50th percentile.

Tiffany's risk is unprotected sexual intercourse. Her strengths are:

- generosity (wants to help other kids in foster care);
- independence (expresses herself well, gets around town, makes healthy decisions about substance use, manages her health care);
- mastery (keeping on track at school, art, "survival skills"); and
- belonging (foster parents, art teacher, former social worker, friends, boyfriend).

Use the helping skill:

- Identify the issue: "I just met you and I can't help but notice how many strengths you have . . . But, I am concerned that you are having sex without using a condom. Can we talk about that?"
- Explore the options with Tiffany: "What could you do? What else could you do?"
- Consider the consequences of each option that Tiffany comes up with: "What could happen if you did that? How would that work with your life now?"
- Make a Plan: "It sounds like you are thinking about hormonal birth control, probably the patch. Can I give you a prescription for that today, along with some condoms?" (Tiffany indicates that she would like to talk it over with her boyfriend first.)
- Follow-up: "That's great! Why don't you make an appointment to come in next Tuesday with your boyfriend and we can talk about it together. Because your pregnancy test today is negative, do you think you two could abstain from sexual intercourse until then?"

Case 2

Carlos, a 17-year-old boy, comes in for a physical for his job.

He lives with his dad, who has a history of involvement with the law for driving while intoxicated. His dad used to hit him but does not really bother with him too much now. He loves his mom, but he thinks that she should take more responsibility for his 3 younger brothers.

He dropped out of school this year in his junior year. He was never good in school, but he did well in weightlifting, and he felt that the coach gave him

encouragement. Because his dad does not give him any financial support beyond a place to live, he decided to drop out of school and work. He thinks he will get a GED (general equivalency diploma) someday, but not right now. He works at a gas station 30 hours/week. Because he likes to talk about car engines, and he likes the money, he is pretty reliable at work. His boss thinks that he is basically a good kid and thinks of him as an apprentice. He is pretty good with his hands and works on 4-wheelers. His dad has one that he rides a lot.

His friends think he is reliable. They like having him around, and they describe him as funny. He always spends 1 evening and 1 weekend afternoon with his brothers, because he wants his brothers to have a guy to look up to because he never did. He is teaching them to shoot hoops and lift weights. He goes to church with them some Sundays.

He eats a lot of “fast food” for breakfast and lunch but often has dinner at his boss’ house. He binges on the weekend but usually does not drink more than 1 beer per day after work. He has been in trouble with the law for possession of malt beverage and was picked up for “doing doughnuts” with his car in the school parking lot. He does not use any other substances.

He is sexually active once a month with different partners, and he always uses a condom. He is not depressed or suicidal. He is basically content and deals with what his life has to offer. He wears a helmet whenever he rides his 4-wheeler.

He is proud to be self-reliant. He knows a few things in depth (engines, nature [hunting, fishing]) and almost nothing about many life skills (bank accounts, college applications). He says he would never expect help from outsiders or an “agency.”

Carlos’ risks are alcohol use and sexual activity with multiple partners. For the alcohol use, use the CRAFFT screening tool²⁵ with him:

- Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- Do you ever use alcohol/drugs while you are by yourself, alone?
- Do you ever forget things you did while using alcohol or drugs?
- Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into trouble while you were using alcohol or drugs?

Carlos has 2 positive responses on the screen (he has driven while using and has gotten in trouble).

Carlos' strengths are:

- generosity (really cares about his younger brothers);
- independence (has a job, earns his own money, makes some healthy decisions);
- mastery (has a job he is getting good at [but did not finish high school], likes outdoor sports [hunting, fishing] and weight lifting); and
- belonging (family [brothers], friends, boss, church).

Try motivational interviewing:

- “Carlos, I haven't seen you in a couple of years, and I'm impressed with your maturity and sense of independence, and there are so many things you are getting good at. Sounds like your job is going well, although it would be great for you to get your GED sometime soon. Your younger brothers really look up to you, and you are very generous with your time that you spend with them. However, I'm really concerned about how your drinking could affect your health and your plans for the future. Could we talk about that some more?” (Carlos might indicate that, sure, he can talk about it, but he does not see any problem with his drinking, because he is not an alcoholic like his dad. He only got in trouble once, and he will not let that happen again. He is in the precontemplative stage.)
- Develop discrepancy: “Carlos, what do you like about your drinking? What else?” Keep asking until there are no more “good things.” (Carlos may indicate that he likes how it makes him feel relaxed, he feels more like a part of the gang at work, he feels his sense of humor is better when he's had a few beers, etc.) “Carlos, what are the ‘not-so-good’ things about your drinking? What else?” (Keep asking until there are no more not-so-good things. Carlos may indicate that he does not like the way he feels the next morning after he has been drinking, he hates the way his dad tells him he is ‘just like him’ when he drinks, he disappointed his boss by not showing up for work a couple of times when he felt too ‘hung over,’ he was really ashamed that his mother and little brothers found out when he got in trouble with the police.)
- “So, it sounds like you enjoy drinking, but it may be starting to interfere with some things that are really important to you, like your job and your relationship with your brothers. What do you make of that?” (Carlos may indicate that he never really thought about it that way.)
- “Would you be willing to start cutting down on your drinking? When would be the easiest time of the week to not use? Could I meet with you next week during your lunch break at work to see how it went?”
- “You have many strengths in your life now, especially your generosity and your sense of independence. I know you can use that independence to help you make the healthiest decision for yourself right now.”

Case 3

Rochelle, who is 12½ years old, comes in with her mother for her checkup.

She continues to live at home with both parents and her younger brother. Rochelle gets along “fine” with everyone in the house, although her mother comments that they “clash” over things more than they have in the past. When asked what they disagree on, Rochelle shrugs, and her mother expresses concern about Rochelle’s weight. She does mention that Rochelle continues to get along with her younger brother, aged 10, and has a lot of patience with him and helps him with his math homework.

Rochelle just started the 6th grade 2 months ago; this is her first year in middle school. She expresses disappointment that most of her friends from last year are not in her classes, and she occasionally eats lunch by herself. She continues to do well in her classes and got all A’s in her first-quarter report card. She did not join the soccer team this year, because she wanted to focus on her schoolwork. In addition, her mother had been finding it difficult to drive Rochelle to practice with her new job. Rochelle now has to baby-sit her brother after school. She does not mind, because they watch television together. Her father has a demanding job in sales that requires him to work 10-hour days and travel a lot, but the family manages to eat dinner together 4 nights per week.

Her diet is “okay,” with fruits and vegetables, 2% milk, lots of cheese, and mostly chicken and fish. She usually buys soda at school; there is a new vending machine in the cafeteria. She admits to snacking a lot after school with her brother. She denies the use of tobacco, alcohol, marijuana, and other drugs. Her parents do not smoke, and neither do her friends. She is not interested in any “romantic relationships” at this time, although she does have some friends who are boys, mostly ones with whom she played soccer last year. She has never had sex. She always wears a seatbelt in the car and a helmet on her bike. She used to ride her bike more often but now stays home after school.

Rochelle says that things are “fine,” but she is disappointed that school is not as fun as it was in the 5th grade. Her mom has been “getting on her” about her weight, but she thinks it is not her fault, because both her parents are overweight. She says she feels “kind of down” a lot of days but not really bad, and she would never consider harming herself.

On physical examination, Rochelle has sexual maturation ratings (SMRs) of 4 (breasts) and 4 (pubic hair). She is 61 in tall (75th percentile) and 135 lb (95th percentile); her BMI is 25.5 (just below the 95th percentile). The rest of examination is unremarkable. She started her period ~6 months ago and has had it ~3 times; she has had no problems with heavy bleeding or cramps.

Rochelle's risks are:

- poor nutrition (more snacking, soda at school);
- inadequate physical activity (not playing soccer this year, more television time); and
- sadness or depressed mood (misses friends from soccer, school not as fun).

Her strengths are:

- generosity (takes care of her brother after school, helps him with his homework);
- independence (knows how to keep herself and brother safe when parents are not home);
- mastery (good at school, all A's); and
- belonging (family, but not as much with friends now).

Use a written change plan²⁶:

- “Rochelle, you are showing a lot of strengths in your life now. You've successfully transitioned to middle school and are keeping up your excellent grades. You are demonstrating independence and maturity by watching your brother after school, and you are very generous to be spending the time helping him with his homework. But, it seems that you are not as active and not eating as well as you were last year, and you seem not as happy with things. Can we talk about that today?” (Rochelle indicates that she really wanted to talk about her weight, because she does not like the way she is looking these days. She wants some help deciding what to do.)
- “Rochelle, on a scale of 1 to 10, with 1 being not ready and 10 being very ready, how ready are you to start making a change?” (Rochelle says 10!)
- “Some people find it helpful to write down their ideas about change. Would you like to fill out this change plan with me today while you are here?”

Fill out the change plan together (see Fig 1), and give her a copy to take home.

TOOLS

If you are just getting started with strengths, pick a framework or model that works well for you (Circle of Courage, 5 C's, READY, etc). Think about what questions you want to ask to identify strengths in each major developmental area. The following are some ideas that have helped other clinicians incorporate strengths in their practice:

- Consider a previsit questionnaire that asks about risks and strengths. Although most practitioners cannot extend the time they spend with patients, the use of tools can help optimize this precious time we do have

How important is it to make a change?	
How ready am I to make a change now?	
__1__2__3__4__5__6__7__8__9__10	
Nutrition	Physical Activity
Change:	Change:
How will I make this happen?	How will I make this happen?
Who or what can help me?	Who or what can help me?
My strengths:	My strengths:
My family's strengths:	My family's strengths:
What can get in the way?	What can get in the way?
How confident am I that I can make this change?	
__1__2__3__4__5__6__7__8__9__10	

Return visit: _____

 Patient Signature Parent Signature _____ Clinician Signature

Fig 1. Fit & healthy change plan. Data source: http://healthvermont.gov/family/fit/documents/Promoting-Healthier-Weight-pediatric_toolkit.pdf.

face-to-face with youth and parents. Instead of asking questions about strengths, this information can be collected by questionnaire, on paper or electronically on a computer or handheld device. Olsen et al²⁷ have piloted the use of a personal digital assistant (PDA) with an expanded GAPS (Guidelines for Adolescent Preventive Services) questionnaire for use by teenagers in the waiting room. The questionnaire does not substitute for the conversation to elicit strengths, but it gets the youth (and parents if they are going to be involved) thinking in this direction. You can use ones that have been developed or construct your own with your

Date of Screening _____ Check Indicates a Preventative Screening

HEEADSSS Assessment

<input type="checkbox"/> Home (connection/independent decision-making)	<input type="checkbox"/> Vision
<input type="checkbox"/> Education (competence)	<input type="checkbox"/> Hearing
<input type="checkbox"/> Eating	<input type="checkbox"/> Anemia
<input type="checkbox"/> Activities (physical activity, helping out)	<input type="checkbox"/> Cholesterol
<input type="checkbox"/> Drugs	<input type="checkbox"/> TB
<input type="checkbox"/> Sex (sexual activity/development)	<input type="checkbox"/> STI
<input type="checkbox"/> Safety (coping, resiliency, self confidence)	<input type="checkbox"/> PAP
	<input type="checkbox"/> Pregnancy
	<input type="checkbox"/> BMI
	<input type="checkbox"/> CRAFFT? Y/N +2

Office Intervention Y / N Referral Y / N
--

Check Indicates a Preventative Screening ©

Fig 2. Vermont Child Health Improvement Program (VCHIP) reminder sticker. The sticker is attached to patient charts to remind primary care practitioners to track a set of 6 risk behaviors and 4 wellness-promoting assets during patient screening visits.

favorite questions to elicit strengths. You could also choose questions suggested in Table 2. Consider asking different questions for different age groups. Consider asking parents to describe their adolescent's strengths.

- Use prompts: If you have paper records, you can add a sticker on your encounter form that cues you to ask questions about risks and strengths. The example in Fig 2 was developed by the Vermont Child Health Improvement Program and encourages practitioners to try new interviewing skills before they make changes to their encounter forms.
- You can use a Circle of Courage poster in your examination rooms as your prompt,²⁸ or the 5 C's or READY brochure. If you are not facile with motivational interviewing, consider using a worksheet such as SMART (Specific, Measurable, Achievable, Realistic, Time-framed)²⁹ or a Fit & Healthy change plan worksheet.²⁶
- Have educational materials or resources available for parents and/or patients. Some examples could include the READY pamphlet,²¹ Gins-

berg's book,¹⁷ *Connected Kids* brochures,¹⁸ parent books, and handouts from the Search Institute.¹³

CONCLUSIONS

In our experience, the implementation of strength-based approaches in the medical home setting requires only a modest restructuring of the visit. A conscious focus on protective factors and strengths does not take the place of the essential risks assessment but, rather, reinforces the commitment of our practitioners and their staff to wellness and health promotion in addition to disease prevention.

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