

ASSESSMENT OF STRENGTHS AMONG YOUTHS COURT-REFERRED TO RESIDENTIAL TREATMENT

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Purpose: Providers are increasingly required to take a strengths-based approach in their treatment planning for clients seeking alcohol and other drug (AOD) treatment. However, there is little data on the nature of client strengths. This study is the first to explore the types of client strengths identified at intake and whether strengths vary by age, gender, or race. **Method:** 195 youths with AOD-use disorders (52% female, ages 14–18, 32% minority), their legal guardians, and intake counselors responded to an open-ended prompt, “What do you consider your most important strengths as a person?” Strengths identified were coded by theme using Nvivo and quantified to produce a count of total number of strengths identified. Descriptive statistics and analysis of variance (ANOVA) tests were performed to examine rates of strengths categories and mean differences in total count of identified strengths by age, gender, and race groups. **Results**

Identified strengths ranged from 0–9 ($M = 3.3$, $SD=2.0$), and 9% had no identified strengths. All 7 of Gardner’s original multiple-intelligence categories were identified among youth with addiction: interpersonal (73%), bodily-kinesthetic (28%), linguistic (18%), spatial (16%), intrapersonal (13%), musical (5%), and logical-mathematical (5%). Several strengths fell outside of Gardner’s intelligence categories including generic intelligence (e.g., smart, 45%), grit (e.g., hardworking, 31%), and socio-cultural (e.g., supportive families, 15%). Age groups did not differ in count of strengths. However, African-American girls ($M = 2.1$) had significantly fewer identified strengths than European-American girls ($M = 3.7$) or African-American boys ($M = 3.8$, $F = 3.6$, $p < 0.05$). European-American boys were not significantly different from other groups ($M = 3.2$).

Conclusions: The most prevalent strength for this population was interpersonal (73%), although the low interpersonal (13%) rate suggests that emotional regulation, alexithymia, and self-reflection need attention. While few had music and math ability (5%), many were generically smart and hardworking, which should be reaffirmed and built into treatment planning. Those who were not able to identify any strengths and African-American girls may benefit from a structured questionnaire that helps them identify areas of strengths. The use of identified strengths in treatment planning and their impact on outcomes are future areas of research.