

# Developmental Disabilities

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## Harnessing Strengths: Daring to Celebrate EVERYONE'S Unique Contributions, Part I

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Many of us acquired our professional skills at a time when identifying what was wrong with a person and then attempting to fix what was wrong was the focus of intervention. A deficit-focused approach assumed that challenges reside within the person, so interventions were focused primarily on changing the person's capacity or skills.

In this article, we invite you to consider a strengths-based perspective to structure your professional decision making. A strengths-based approach invites us to consider each person's unique strengths and abilities, that everyone has knowledge about their individual circumstances to inform solutions, that people are resilient, that the environment is critical, and finally that services be client and family centered. After a few contemporary examples, we will review several strengths-based models from the interdisciplinary literature illustrating how, as occupational therapy practitioners, we can apply these models to our practice. Embracing a strengths-based approach requires listening, reviewing evidence, changing our minds, and changing our practices.

### Listening To Those We Serve

In our current technological age, individuals can voice their thoughts and feelings more than ever before on matters that concern them; people who have health conditions are no exception. Therefore, professionals have the opportunity to seek out and hear what clients and families have to say about their experiences. Their perspectives enlighten us about what our roles might be going forward to support people's abilities to have satisfying lives based on their own definitions. Let's consider what athlete Aimee Mullins had to say in a TED talk titled "The Opportunity of Adversity."

I'd like to share with you a discovery that I made a few months ago while writing an article for *Italian Wired*. I always keep my thesaurus handy whenever I'm writing anything, but I'd already finished editing the piece, and I realized that I had never once in my life looked up the word "disabled" to see what I'd find. Let me read you the entry: 'Disabled,' adjective: 'crippled, helpless, useless, wrecked, stalled, maimed, wounded, mangled, lame, mutilated, rundown,

worn-out, weakened, impotent, castrated, paralyzed, handicapped, senile, decrepit, laid-up, done-up, done-for, done-in, cracked-up, counted-out; see also hurt, useless and weak.' I was reading this list out loud to a friend and at first was laughing, it was so ludicrous, but I'd just gotten past mangled, and my voice broke, and I had to stop and collect myself from the emotional shock and impact that the assault from these words unleashed.

So, it's not just about the words. It's what we believe about people when we name them with these words. It's about the values behind the words, and how we construct those values. Our language affects our thinking and how we view the world and how we view other people. So, what reality do we want to call into existence—a person who is limited, or a person who's empowered? By casually doing something as simple as naming a person, or a child, we might be putting lids and casting shadows on their power. Wouldn't we want to open doors for them instead? (Mullins, 2009)

Mullins' words are powerful; she is asking us to reconsider what we mean by a word we all use frequently in our work. She is inviting us to change our minds and change our practices. So you might wonder, who is Aimee Mullins? She was the 1996 NCAA world record holder of the 100 meter, 200 meters, and long jump, as a member of Georgetown University's Division I Track team. She received a full academic scholarship from the Department of Defense and held top security clearance as an intelligence analyst while attending college. She was also born without fibulae, so both of her legs were amputated below the knee when she was a year old, and she was the first to use the now famous "cheetah" leg prostheses for running. She has received countless honors as a leader; innovative thinker; and activist, including "Greatest American Women of the 20th Century" from the Women's Museum; and she is a member of the NCAA Hall of Fame (see [www.aimeemullins.com/about.php](http://www.aimeemullins.com/about.php) for more information). Aimee Mullins invites us to think about the impact of our words on others.

Another powerful voice in our community is Ari Ne'eman, founder of the Autistic Self Advocacy Network, and a member of the President's National Council on Disability. In a 2010 article in the *Disability Studies Quarterly*, he wrote

The autism spectrum is inclusive of more than a series of impairments; many of the traits we possess can be, in the proper contexts, strengths or at least neutral attributes. For many of us, the prospect of cure and normalization denies essential aspects of our identity. The autism spectrum is defined as "pervasive" for a reason; while it does not represent the totality of what makes us who we are, it is indeed a significant part of us, and to pursue normalization instead of quality of life forces us into a struggle against ourselves.

Ne'eman points out the importance of respecting a person's natural state, and perhaps finding the usefulness of characteristics that have been considered deficits in the past. Laurent Mottron (2011), a psychiatrist, psycholinguist, and professor at the University of Montreal who conducts research on information processing in autism, agrees. He describes the advantages that people with autism have for doing research, including the ability to process large amounts of information quickly and effectively, detect patterns that others fail to notice, focus on facts, and disregard politics.

These are just a few examples of the contemporary voices that invite us to think bigger and more positively about those we serve. What possibilities have we looked past in our attempts to fix characteristics that are fundamental to a person's identity? How can we recast our thinking to demonstrate that we have a new paradigm for our professional work? We can use evidence from other disciplines to light our path.

### Interdisciplinary Evidence

Interdisciplinary colleagues provide evidence to support a strengths-based approach. Let's consider the main points of each.

The first example is Positive Deviance (PD), which emphasizes how people harness resources from their own settings; it evolved from Nutrition Science and Policy (Walker, Sterling, Hoke, & Dearden, 2007). In this approach, researchers consider those who are thriving in a situation in which many others are not. Then they examine the life routines of those who are thriving to form theories that might be applied to the entire community. PD relies on using current environmental resources instead of introducing new resources. In other words, with a PD approach we draw from the cleverness of the thriving members of a community to point the way to a more successful way of living for the entire community. Because the solutions already exist within the community, better outcomes seem attainable for all and strategies can be implemented immediately. Professionals reframe their roles to become those who notice and foster more useful strategies, rather than those who introduce new strategies.

Positive psychology, the second example, also concerns itself with individual and community strengths (Seligman, 2002). Like traditional occupational therapy, traditional psychology has focused on people's problems or deficits and has often ignored people's strengths, even when they are facing difficult life circumstances. Positive psychology recognizes the importance of optimism. Research in this area suggests that people who are optimistic in general have fewer health problems, live longer, are more resilient and have better relationships (Positive Psychology Center, 2007). Researchers have found that after navigating through illnesses,

many people have more strength of character and life satisfaction (Peterson, Park & Seligman, 2006). You may be familiar with Csikszentmihalyi's work (1990); he studied the flow experience (i.e., the just right challenge based on one's skills), and found that when people feel gratified doing something, they will persist in doing that activity for the gratifying feeling itself. In this model, professionals foster inner drive to support engagement (Positive Psychology Center, 2007).

The research is clear that students who have a better understanding of their strengths and can advocate for themselves have better postsecondary outcomes (Field, Martin, Miller, Ward, & Wehmeyer, 1998; Field, Sarver, & Shaw, 2003), yet strengths-based programs are lacking. As Field et al. (1998) stated, "an understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination" (p. 2). When occupational therapy practitioners primarily focus on remediating weaknesses, they miss an opportunity to capitalize on the inherent strengths of individuals, yet focusing on these strengths fosters self-determination.

The third example, the strengths-based (SB) perspective comes from social welfare and emphasizes the assets that enable people to survive and thrive even when circumstances are challenging (Saleebey, 1992). SB emphasizes collaboration; the person is at the center of his or her own problem solving, with guidance from professionals. The guiding questions focus on revealing the strengths that might be harnessed to support the person's life. Sometimes collaboration focuses on considering past successes and how the person facilitated them. In other cases the professional points out current strengths the person might be neglecting while focusing on the problem situation. Professionals reframe their roles to be collaborators who foster the person's strengths (Saleebey, 1992).

All of these models resonate with core concepts of occupational therapy, and yet they also invite us to take a broader view. "Person factors" are integral to occupational therapy theory, yet we often emphasize the "deficit" or what is wrong with the person instead of how person factors contribute to successful performance. For example, reliance on social skills training for adolescents who have autism works on inherent weaknesses to improve social deficits. Interest-based groups focused on an adolescent's interests provide a strengths-based entry point for social development. We all socialize around our preferred interests because they are meaningful occupations, yet we can miss the opportunity to harness the strengths of a person's interests when engaging in the therapeutic process if we focus only on deficits.

These models remind us that people have strengths that enable them to thrive, solve problems, and cope with difficult circumstances. They also point out that contexts that might be considered challenging also contain resources to support people's participation. For example, in a traditional approach we might focus on the family's impoverished living situation as an impairment to supporting a child with a significant disability. In a strengths-based approach, we might explore all the strategies the family employs to accomplish everyday living, (e.g., getting children to school, or keeping the children clothed) because the family's strategies reflect their resourcefulness.

There are other examples that illustrate the importance of exploring specific character strengths in individuals with developmental disabilities (Bazyk, 2010). Although most intellectual and developmental disabilities are diagnosed based on negative traits or limitations (e.g., low IQ, behavioral differences), Dykens (2006) argues that it may be time to consider unusual areas of strength such as special talents, positive affective states, or intense interests. For example, persons with Down syndrome are identified as having a natural tendency to exhibit positive affect (Dykens, 2006).

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Individuals with Prader-Willi have been found to demonstrate a strong desire to nurture babies, children, and animals, with some putting this core strength to use by working in day care centers, nursing homes, or animal shelters (Dykens & Rosner, 1999). Additionally, those with one of the genetic subtypes of Prader-Willi syndrome (the paternal deletion of 15q11-q13), tend to be strong in visual-spatial tasks, demonstrating outstanding abilities in completing jigsaw and word-search puzzles (Dykens, 2002). Such innate strengths may lead to puzzle making as an intense and enjoyable interest. Finally, individuals with Williams syndrome are typically friendly and outgoing and may have a high interest in music, which has spurred the development of special camps and programs designed to nurture playing an instrument or singing (Tager-Flusberg, Boshart, & Baron-Cohen, 1998).

Our professional roles need to change if we are to embrace these models; we will spend more time guiding people to their own solutions rather than telling them our ideas of solutions. It can be challenging to trust that the best solution will emerge from a substantive discussion with those we serve, especially for those of us who were trained to be the experts. With growing evidence indicating that guiding people toward solutions is effective (Baron & Morin, 2009; Dunn, Cox, Foster, Mische-Lawson, & Tanquary, 2012; Foster, Dunn, & Mische-Lawson, 2012; Graham, Rodger, & Ziviani, 2010; Kientz & Dunn, 2012; Knight, 2009; Kotler & Koenig, 2012; Peterson, Taylor, & Burnham, 2009; Rush & Shelden, 2011), we need to consider the possibility that an important aspect of the intervention is the problem solving process itself (Graham et al., 2010). Perhaps providing a "solution" too quickly reduces the active problem solving (Dunn et al., 2012) and ultimately reduces the long-term outcomes. In a strengths-based approach, sharing ideas comes in the form of wondering what might happen if we try something, asking whether the person is willing to try something, or reminding the person of a past success that might be applied in a new situation.

In this article, we make a case for adopting a strength-based approach in practice by listening to consumer voices and reviewing supporting evidence. In Part II through the use of examples, we will elaborate on how we as occupational therapy practitioners can change our minds and practices to reflect strength-based approaches. ■

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