



**What is strong over what is wrong:
An exploration of Irish Educational Psychologists' perceptions and use of Strengths
Based Practice.**

A Thesis Submitted to
the Department of Educational Psychology, Inclusive and Special Education,
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In Partial Fulfilment of the Requirements
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Abstract

The present research aims to explore how Educational Psychologists (EPs) employ strengths based practice (SBP) and to elicit their thoughts and experiences of working from a strengths-based lens. Research in the area of SBP suggests a lack of clarity and understanding around its implementation and suggests that attention to strengths is not carried out in the same systematic way that deficits are reported. The role of the EP is developing considerably, alongside a national and international policy shift away from the deficit model. Despite the growing evidence supporting strengths based approaches, there is a lack of research in relation to SBP and its role in EP practice specifically. A scoping review was conducted exploring how SBP is carried out in areas relevant to the work of an EP. Following this, a gap in the research was identified and empirical research was carried out. The study adopted a qualitative design, where semi-structured interviews were carried out with EPs from different service backgrounds in Ireland. Thematic analysis was used to analyse the interview data. Second Generation Activity Theory (Engeström, 1999a) was employed as a conceptual framework to map the strengths based practices of EPs. Hypothetical case vignettes were included as part of the interview schedule to explore EP's actions in context and to complement interview data. Results are discussed in relation to implications for Educational Psychology policy and practice. A critical review and impact statement provides a reflection on the research process and outlines the distinctive contribution of the research.

Declaration of Originality

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An exploration of Irish Educational Psychologists' perceptions and use of Strengths Based Practice.

Declaration: I hereby declare that this thesis is the result of my own original research and does not contain the work of any other individual. All sources that have been consulted have been identified and acknowledged in the appropriate way.

Signature of Candidate:  5/09/2023

Kate O Neill

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List of Abbreviations

Acronym	Definition
ADHD	Attention Deficit Hyperactivity Disorder
AON	Assessment of Need
APA	American Psychological Association
AI	Appreciative Inquiry
ASD	Autism Spectrum Disorder
AT	Activity Theory
BERS	Behavioural and Emotional Rating Scale
BPS	British Psychological Society
CAQDAS	Computer Assisted Qualitative Data Analysis Software
CAMHS	Child and Adolescent Mental Health Service
CASA	Child and Adolescent Strengths Assessment
CDNT	Children's Disability Network Team
COS	Continuum of support
CPD	Continual Professional Development
CPS	Collaborative and Proactive Solutions
CSF	Context Strengths Finder
CYP	Child and Young Person
DAP	Developmental Assets Profile
DCA	Domiciliary Care Allowance
EP	Educational Psychologist
EPSEN	Education for Persons with Special Education Needs
EST	Ecological Systems model
FCP	Family Centred Practice
HSE	Health Service Executive
ICP	Individual Care Plan
IFSP	Individual Family Service Plan
KPI	Key Performance Indicator
LeStAIM	Leveraging strengths assessment and intervention model
MDT	Multi-disciplinary Team
MIREC	Mary Immaculate Research Ethics Committee

MSLSS	Multidimensional Student Life Satisfaction Survey
NCCA	National Council for Curriculum and Assessment
NHS	National Health Service
PBS	Positive Behaviour Support
PCP	Person centred Practice
PDS	Progressing Disability Services
PPI	Positive Psychology Intervention
PSI	Psychological Society of Ireland
RTI	Response to intervention
SATM	Strengths Assessment and Treatment Model
SBA	Strengths based assessment
SBI	Strengths based intervention
SBP	Strengths Based Practice
SFBT	Solution Focused Brief Therapy
SM-Y	Strengths Model for Youth
SNA	Special Needs Assistant
SSP	Student Support Plan
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
VIA	Values in Action
VIA-Y	Values in Action Inventory Youth
VOC	Voice of the Child

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Chapter One: Introduction and Overview

“I suppose the strength based approach to me would be looking for those hidden gems that are being lost in the rubble, finding them, polishing them, expanding them, exploring them, and then bringing them on shore” - Participant11

This chapter will provide an introduction to the research area, including the researcher’s interest in the topic and a definition of key terms. Finally, an overview of the thesis structure is provided.

1.1 Research Area

Research in the area of Strengths Based Practice (SBP) suggests a lack of clarity and understanding regarding how this approach is implemented. While some Educational Psychologists (EPs) identify patterns of strengths and weaknesses during assessment and suggest strengths to support the areas of deficit, this approach is not applied consistently. For example, strengths are occasionally referenced in Student Support Plans (SSP) but not considered as a way to improve understanding or support (Laija-Rodriguez et al., 2013). Despite the growing evidence supporting strengths based approaches, there has been a delay in its use in EP practice (Climie & Henley, 2016). A deficit approach, diagnosing and pathologizing people is more systematically carried out (Brown-Chidsey & Steege, 2005). The difficulty with the deficit approach is that it can reduce individuals to “cases”, masking their strengths, uniqueness, hopes and dreams (Staudt, Howard and Drake, 2001).

The delay in using SBP may be due to the lack of a universal definition and framework in which to work (Hewitt, 2015; McCammon, 2012; Rawana & Brownlee, 2009), in combination with the difficulty EPs face in incorporating strengths-based results into a deficit focused referral (Climie & Henley, 2016; Laija-Rodriguez et al., 2013; Nickerson & Fishman, 2013). The role of the EP is developing considerably, alongside a national and

international policy shift away from the deficit model. SBP aims to support this shift as it moves the focus to strengths, resources and empowerment.

Recent research in the area of SBP has explored its application with a variety of populations, such as children and families in the Child Welfare system (Day et al., 2022; Fusco, 2019; Toros & Falch-Eriksen, 2021), indigenous populations (Askew et al., 2020; Sánchez et al., 2019), the Elderly (Rajeev & Jeena, 2020), CYP experiencing homelessness (Quinton et al., 2021) and immigrants in direct service provision (Brubaker, 2019). Research has explored SBP's application to supporting the mental health of Autistic adults (Murthi et al., 2023), drug use management and treatment (Ezell et al., 2023), adult social care (Caiels et al., 2021a; Price et al., 2020), juvenile reoffending prevention (Barnes-Lee, 2020), strengths assessment in mental health services (Chen et al., 2022) and teacher consultations (Harkness et al., 2022).

In an Irish context, recent research has explored the application of SBP to CYP and families at risk within the service delivery model of the Youth Advocacy Programme (Devaney et al., 2023). This is a non-profit advocacy service which delivers wraparound and needs based support through focusing on strengths within a family and community (Devaney et al., 2023). This study explored key stakeholders' perceptions of the model including CYP, parents or guardians, staff members and referrers in ten cases across various geographical locations in Ireland. The results highlighted the role of SBP in fostering positive relationships between CYP and practitioners, which then serves as a strong foundation for building positive and supportive interventions (Devaney et al., 2023). This research demonstrates the potential value SBP has had in other Irish contexts with CYP and its important role in positive relationship building.

1.2 Researcher Positionality

With regard to researcher positionality, this research was highly influenced by my academic and professional experience prior to entering the doctorate programme. During my undergraduate degree, I was drawn to humanistic and person centred approaches to psychological therapy, which views the individual as the expert of their own experience, offers unconditional positive regard and views the individual as having vast resources which can be tapped into (Rogers, 1980). I was also drawn to the field of Positive Psychology, offering a different solution to the traditional deficit approach to practice with its focus on the scientific study of positive emotions and strengths. Following my academic studies in Psychology, I began to gain practical experience through working as a Social Care Worker in several organisations for individuals with a disability and those experiencing homelessness. Such organisations placed a strong emphasis on person centred practice, which continued to mould my own approach to practice to be naturally guided by an individual's strengths and wishes. When it came to developing my proposed research I was naturally interested and motivated to explore SBP.

1.3 Overview of Thesis Structure

This thesis is presented in three parts outlined in table 1.0. The empirical research question was identified following the completion of the review paper, which outlined a gap in the research and informed the research structure. The research questions addressed by the empirical paper are;

1. What does current practice in SBP look like?
2. What are the barriers to implementing SBP in Educational Psychology?
3. How can SBP be improved across all services in which EPs work?

To address these research questions, a qualitative design was adopted where thematic

analysis (Braun & Clarke, 2022) was employed to analyse the results both deductively and inductively. 18 EPs from several different service backgrounds in Ireland completed semi structured interviews, recruited using purposive sampling. These interviews also included a case vignette component where the EP was provided with a typical case referral to their service and was asked how they would typically respond to that case. The research adopted a social constructivist design, guided by the notion that reality is socially constructed, and rejects the presence of a single objective reality (Gray, 2011; Strong, 2005). The research was also guided by Second Generation Activity Theory (Engeström, 1999) as a conceptual framework, influencing the structure and analysis of the deductive component of the research. Findings indicated that EPs employ SBP in many different subtle and daily ways and highlight key structural and ideological difficulties that pose a barrier to SBP which still endorse a deficit model as well as ongoing time constraints. Ideas for improving SBP centre around removing many of these barriers to EP's ability to employ SBP effectively through implementing more SBP aligned organisational structures.

Table 1.0

Overview of thesis

1.	The Review paper involves a scoping review exploring the use of SBP with children, young people and their families, as it relates to the work of an EP, which provides a rationale for the current research.
2.	The Empirical Paper follows the traditional structure of a research article, including an introduction, methodology, results and discussion, which outlines the research carried out by the researcher.
3.	The Critical Review paper outlines the researcher's critical reflection on the research design, results and their application to research, policy and EP practice. The Impact Statement considers the significance of the current research within the field of educational psychology.

Chapter Two: Literature Review

2.1 Introduction

A scoping review, exploring the use of SBP with children and young people (CYP) and their families was conducted to examine the literature and to identify a gap in the research. The research questions underpinning this scoping review were as follows;

1. What are the key characteristics of SBP?
2. How can SBP be employed with CYP and their families in areas applicable to EP practice?

This research study was guided by a social constructivist paradigm, influenced by its understanding of the existence of multiple realities and the researcher's active role in the construction of meaning (Lee, 2012). This paradigm aligns well with a scoping review methodology as the aim is to seek concepts to provide enlightenment through new ways of understanding (Gough et al., 2012) as opposed to seeking the objective truth of seeking evidence to inform decisions in line with a systematic review. The scoping review followed the Colquhoun et al., (2014) framework. The scoping review analysed 21 studies that met the inclusion criteria identified through a documented search strategy. The studies reflect the implementation of SBP with CYP from both Social Work and EP contexts.

The methodology was iterative in nature following the progression and revisiting of several phases. Each paper was read in full and a summary of each was created for overview of focus and themes. The second phase involved creating descriptive categories to make it possible to relate the selected studies to each other. The third phase involved qualitative interpretation and development of analytical themes that went beyond the context of the studies by looking at patterns transcending the individual studies. After the final themes from the data were identified, each paper was re-read in full with those themes in mind to review if those themes were reflective of the content.

Findings suggest that SBP is a broad overarching mindset, encompassing a number of principles that can be operationalised in practice through different methods and applicable across EP functions. The literature review also identified the lack of research exploring SBP as it relates to an EP across the different settings in which they work. While policy and practice implications of the findings are discussed, the quality of the studies reviewed is questionable and therefore the most important findings are those relating to research implications. These results gave rise to the empirical research outlined in Chapter three, interested in exploring further how SBP might translate to EP practice specifically and in an Irish context.

2.2 Strengths Based Practice

SBP is an approach that has been adopted by several different disciplines but has a significant origin in social work (Saleebey, 1992). This approach marks a departure from the deficit model of practice, based on the concept of disease process and a deficit based understanding of human behaviour (Graybeal, 2001). SBP offers a different language to describe difficulties which allows practitioners to also see opportunities, hope and solutions (Laursen, 2000). This aligns with the social model, which recognises the social construction of disability and the influence of access barriers and oppression (Kapp, 2019). SBP believes that all CYP, regardless of the severity of their difficulties possess inherent positive behaviours, qualities, talents and interests. It is easier to promote positive factors than reduce negative ones (Carr, 2015). SBP encourages psychologists to give adequate focus to strengths as well as deficits. Otherwise, there is a concern that the process can initiate a self-fulfilling prophecy where the CYP begins to think and behave in accord with their diagnostic label, and practitioners respond to them in a way that also confirms the label (Snyder et al., 2006). SBP encourages practice that builds on existing strengths and helps to develop competencies,

promoting the formation of a positive identity (McCammon, 2012). Multiple theoretical frameworks exist which contribute to the development of SBP. Namely, positive psychology, resiliency theory, ecological system and person centred psychology, all of which will now be discussed in turn.

2.3 Theoretical Underpinnings of Strengths-Based Practice

2.3.1 Positive Psychology

SBP was promoted within the discipline of Psychology, particularly during the positive psychology movement advocated by past American Psychological Society (APA) president, Martin Seligman in 1988 (Csikszentmihalyi & Seligman, 2000). Positive psychologists believe that the deficit model's focus on problems, within-person hypotheses and pathology has caused the field of psychology to neglect the promotion of positive qualities (Seligman et al., 2005). This has "created a world of description that understands only through what is wrong, broken, absent or insufficient" (Khan & Francis, 2015, p. 12), while positive psychology is concerned with the scientific study of human strengths and flourishing (Carr, 2011) and aims to promote optimal functioning (Kim et al., 2018; Seligman et al., 2009).

2.3.2 Resiliency Theory

Resiliency theory explores the positive contextual, social and individual variables that buffer or interfere with the impact of negative factors on development (Zimmerman, 2013). Schoon (2021) suggests that risk factors and protective factors combine additively and stress can be counteracted by personal qualities or sources of support in the environment. Toland and Carrigan (2011) state that resilience theory has the potential to enhance EP service delivery, where EPs would be focused on recognising and strengthening existing skills and assets and promoting competence. Toland and Carrigan (2011) also argue that resiliency theory places a strong emphasis on examining the wider context and systems around the

child, as reflected in Bronfenbrenner's Ecological Systems theory (Bronfenbrenner & Morris, 1998). In particular, Positive Psychology has been influential in exploring the role of character strengths, prompting the creation of character strength assessment tools (Values in Action Inventory) and research linking the identification and use of character strengths to different positive outcomes which continues to be explored in the literature and with different populations (Ebrahimi & Esmaeili, 2023; Niemiec & Pearce, 2021)

2.3.3 Ecological Systems Theory

The ecological model of child development, proposed by Bronfenbrenner (Bronfenbrenner & Morris, 1998; Burns et al., 2015; Crawford, 2020), views the CYP in the context of their wider social systems, where child development is influenced by an individual's interaction with each of these systems. This theory is influential in SBP as it helps move understanding away from within-person hypotheses and look for strengths within the wider environment. As stated by Sheridan and Gutkin (2000), EPs cannot decontextualise children's problems as internal pathologies, and need to understand how difficulties relate to the larger systems and find ways to intervene with them. A movement away from the deficit model through an ecological systems lens will help fulfil the objective of EP work, in building ecological systems that can support CYP (Sheridan & Gutkin, 2000).

2.3.4 Person-centred Psychology

Person centred psychology (PCP) has its origins from person centred therapy developed by Carl Rogers (Rogers, 1995). This approach postulates that the individual is the expert on their own experience, and that they should be facilitated to improve their own development through drawing from their strengths and resources (Leplege et al., 2007). A belief in individual's capacity for self-actualisation forms the basis of Rogers approach. Rogers emphasises the importance of unconditional positive regard and an individual's ability to deal

with difficulties within the context of a safe and nurturing and empowering relationship (Gray, 2011).

2.4 Possible benefits of SBP

SBP is a valuable approach, as an over focus on difficulties can lead the clinician to become stuck in a negative view, as well as prompting negative labelling, poor self-concept and asymmetries in the balance of power between clinician and individual (Rashid & Ostermann, 2009). Some of the potential benefits of SBP are outlined in Table 2.0, highlighting its potential value in the work of an EP to facilitate positive outcomes. However, it is important to note that these conclusions are mostly derived from anecdotal clinical experience of the authors.

Table 2.0

Positive outcomes of SBP

Author	Positive outcome of SBP
Climie and Henley (2016)	Creates a more holistic picture of a child
Tedeschi and Kilmer (2005)	Improves engagement and empowerment
Tedeschi and Kilmer (2005)	Fosters positive caregiver-practitioner relationships
Tedeschi and Kilmer (2005)	Identifies competencies and resources that can inform interventions
Tedeschi and Kilmer (2005)	Addresses power imbalance
Whitley et al., (2010)	Supports teachers to differentiate the curriculum
Walker (2004)	Helps teachers feel more optimistic, hopeful and motivated for change
Constantine et al., (1999)	Allows for a focus on solutions and strengths over
Jimerson (2004)	feeling overwhelmed by problems
Climie and Mastoras(2015)	Mitigates the risk of co-morbidities in ADHD
Donovan and Nickerson (2007)	Helps reframe teachers' and other professionals' concept
Wellborn et al.,(2012)	of a struggling student in a more positive light

Morrison et al., (2006). Encourages teachers to create environments that capitalise on CYP strengths

It is also worth considering the research on school based strength interventions which demonstrate the positive gains that can be experienced through structured programmes focusing on identifying and utilising strengths. Results range from higher life satisfaction (Proctor et al., 2011), perseverance and optimism (Oppenheimer et al., 2014), well-being (Ruit et al., 2019), positive affect, relatedness, autonomy need satisfaction, engagement and class cohesion (Quinlan et al., 2015), hope (Madden et al., 2010), enhanced academic effort (Gillum, 2005) and reduced suspensions (Day-Vines & Terriquez, 2008).

As evidenced, SBP has the potential to yield promising outcomes ranging from the CYP to their wider systems. SBP allows EPs to enhance the developmental pathway of SBP through an integrated focus on building on strengths as opposed to focusing only on reducing or eliminating difficulties (Wilding & Griffey, 2015). While there is evidence of potential value of this approach in EP practice, SBP is not without its perceived limitations, which will be discussed.

2.5 Critique of the Strengths Based Approach

Lazarus (2003) believes that SBP places an inadequate emphasis on the difficulties individuals encounter, through an over focus on strengths. Furthermore, while empirical evidence supports the claim that the identification and practice of one's strengths leads to improved wellbeing in children and adults (Ghielen et al., 2018), most intervention studies rely on convenience sampling and self-report, with a lack of control group measurement (Ciarrochi et al., 2016; Ghielen et al., 2018). It is also difficult to empirically link outcomes to SBP in general due to the lack of empirical research (Lietz, 2009). Eloff (2007) notes the issue of causality, where due to the complexities, many layers of engagement and the nuances

of cumulative effects, difficulties arise in establishing cause and effect with regard to SBP. The literature discussing SBP is often anecdotal which makes claims of its effectiveness difficult to justify (Fenton et al., 2015). Other authors argue that SBP lacks conceptual clarity or evidence to suggest that it is a discrete approach (Staudt et al., 2001). This is because many of the claims of SBP such as empowerment and respect are evident in other approaches (Fenton et al., 2015). Taylor (2005) cautions that just because SBP reflects humanistic values, that does provide an adequate reason to universalise the model for all client groups and problems, and that SBP also undermines the decades of cross-disciplinary mental health knowledge acquired. In light of the potential benefits and criticisms discussed, further exploration of SBP within EP practice is warranted.

2.6 Relevance to Educational Psychology Practice

2.6.1 Ethical Relevance to EP practice

With regard to EPs' code of ethics, SBP supports the implementation of ethical code "Respect for the Rights and Dignity of the Person" (Psychological Society of Ireland, 2019). This is achieved through placing value in each individual's worth, right to self-determination and respect for cultural and moral values. In line with this, Hammond and Zimmerman (2012) argue that SBP integrates the principles of social justice; inclusion, collaboration, self-determination, transparency, respect and regard for human rights. Saleebey (2002) also believes that SBP is an ethical imperative in a just society as it recognises power imbalance, positioning the psychologist as a collaborator who supports others to identify strengths, overcome obstacles and encourage action in line with their goals.

2.6.2 Developing Role of the EP.

When considering the relevance of SBP to EP practice, it is important to acknowledge the context of the EPs' developing role. The role of the EP has undergone much change,

including the movement away from the deficit model, viewing problems as within child and requiring assessment, diagnosis and treatment, towards a more social model which views problems as arising from interactions between the child and their wider environment (Scottish Executive, 2002). In line with a strengths based language approach, the term ‘diagnosis’ will be replaced with ‘identification’ from this point forward in the thesis. EPs now work in a holistic and child centred way, where the voice of the CYP is central and involves working in partnership with their wider systems in order to support their development (Association of Educational Psychologists, 2016).

This considerable change has resulted in a lack of role clarity for EPs (Ashton & Roberts, 2006; Cameron, 2006; Fallon et al., 2010; Farrell et al., 2006; Gaskell & Leadbetter, 2009; Rumble & Thomas, 2017), highlighting the need for further research that explores aspects of EP practice, such as SBP. EPs have been identified as the professionals who could help “reveal the greatest talents in people” (Chatzinikolaou, 2015, p. 14). EPs are in a position to support SBP with CYP through assessment, intervention and consultation, each of which will now be discussed in turn.

2.6.2.1 Assessment. The EP role in the past placed a strong emphasis on psychometric assessment, which has received criticism for being culturally biased, having limited utility in informing intervention or educational needs, and have shown to disadvantage those coming from a lower socioeconomic level (Gillham, 1999; Lebeer et al., 2013). Tensions can exist between psychometric testing and SBP, as psychometric testing can perpetuate a deficit based view on functioning which is a departure from the model of disability underpinned by the UN Convention of the Rights of People with Disability, the World Health Organisation (WHO) and the inclusive education movement (Lebeer et al., 2013; Lokke et al., 1997). Psychometric tests that give low scorers a diagnostic label can promote an assumption of low potential which can snowball into a self-fulfilling prophecy (Dumas et al., 2020; Lebeer et al., 2013).

The EP role is moving away from a sole association with psychometric testing. EPs are now “uniquely placed, by virtue of their skills and overall psychological perspective, to provide a holistic, strengths-based picture of the CYP and their performance within their educational context” (Joint Professional Liaison Group, 2020, p. 10). Despite progress, in many regards, educational practice and policy continues to rely on resource-intensive assessments that fail to properly account for the effects of context, and likely underestimate student capacity to learn (Dumas et al., 2020).

2.6.2.2 Intervention. Since the movement to doctoral training in the UK and Ireland, EPs are also trained in therapeutic support to address mental health needs (Atkinson et al., 2014; Hoyne & Cunningham, 2019; Rothi et al., 2008; Squires & Dunsmuir, 2011), and more recently in Ireland, EPs are able to work in CAMHS and Primary Care Mental Health Services. This role in therapeutic intervention has recently emerged (Atkinson et al., 2014; MacKay, 2007) and offers an avenue for EPs to implement SBP at an individual level. It is becoming increasingly acknowledged that EPs have the widest training in child and adolescent psychology (MacKay, 2007) and therefore are well placed to deliver strength based interventions (SBI). Furthermore, EPs are highly influenced by ecological theory and also intervene at the wider systems around a child (Farrell et al., 2006; Toland & Carrigan, 2011), offering an opportunity for SBI through harnessing environmental strengths and moving away from within-person interventions.

2.6.2.3 Consultation. Instead of a sole focus on statutory assessment and placement of children with additional needs, more recently, EP practice has evolved to working in a consultative, systemic and collaborative model which acknowledges the dynamic interaction between an individual’s biopsychosocial system (O’Farrell & Kinsella, 2018). This change is in response to a lessening need for individual assessment work (O’Farrell & Kinsella, 2018). Eliciting the voice of the child has also become important within the EP role (Harding &

Atkinson, 2009; Vingerhoets & Wagner, 2016), indicating the importance of including CYP in the consultation process to assess their views, preferences and hopes. Consultation is a capacity building and empowering approach as it supports teachers, parents and other stakeholders to develop the skills and tools to address problems that they would otherwise seek professional help for, and values all individuals as having expertise (Dennis, 2004). Some research suggests that schools may still place more value in EP work with regard to individual assessment and dispensing of advice, rather than appreciating the value of consultation (Ashton & Roberts, 2006; Lee & Woods, 2017). This indicates that the deficit model still prevails within the context in which EPs work. The national and international context of SBP and EP practice will be discussed in turn to further explore the systems which support or constrain SBP.

2.7 International Context

In the UK, the Every Child Matters policy framework (Department for Education and Skills, 2003) outlines that every child should be supported to; be healthy, stay safe, to enjoy and achieve, to make a positive contribution and to achieve economic wellbeing . Research undertaken indicates that the work of EPs contributes to meeting each of these outcomes for children (Farrell et al., 2006).

In the US, the National Association of School Psychologists model, as well as different government initiatives require that EPs incorporate the use of both strengths and needs in the assessment and intervention process, and involve the active participation of the student, parents, school staff and community in order to promote better developmental outcomes (Laija-Rodriguez et al., 2013).

2.8 National Context

In an Irish context, several developments are relevant to the application of SBP, each of which will be discussed in turn.

2.8.1 Progressing Disability Services

The Progressing Disability Services for Children and Young People (PDS), is a national initiative to change the way individuals access services and to address the gaps that existed in the previous model of service delivery (Progressing Disability Services for Children and Young People, 2022). The initiative adopts a needs-based, family centred approach and aims to achieve equity and collaboration between families, health services and schools to help a CYP lead a high quality of life (Access Policy Working Group, 2019). The model believes that disability services should deliver a service where families achieve the following; an understanding of the needs and strengths of the CYP, an awareness of their rights and to ensure those rights are respected, support in taking part in community supports and finally, a feeling of being supported by their wider social circle (Progressing Disability Services for Children and Young People, 2022). In line with a strengths based approach, individual goals are collaboratively identified which are based the wishes and needs of the family and are reviewed regularly (Progressing Disability Services for Children and Young People, 2017). Clinicians are required within the PDS framework to adopt some of the principles of SBP, as they align with Family Centred Practice (FCP).

2.8.2 Needs based resource allocation

Legislative changes within an Educational context in Ireland also make a shift to a needs based approach, moving away from a focus on identification. The New Allocation Model negates the need for a professionally named identification to access resources (Department of Education, 2017). Similarly, the Irish Exemption (Department of Education and Skills, 2022), and the educational component of Assessment of Need (AON) process (Department of Education, 2023), put the responsibility of resource allocation or evidence of disability on the school that are evidenced by key educational documents. This reduces the need for EPs to

engage in assessments to form the basis of resource allocation in the school setting, which is positive, allowing time for other frameworks and models of practice.

2.8.3 Continuum of Support model

The Continuum of Support Model (COS) involves looking at concerns at a school level by progressing through four levels of questioning; “What is the concern?”, “Why is it happening?”, “How can we help?” and “Did it work?” (Department of Education and Skills, 2007). This process does not explicitly require those involved to consider questions as part of this process around what is going well or what are the strengths. Furthermore, the COS model involves three levels of support, where children at the top level, with severe and persistent needs are eligible for EP intervention (Department of Education and Skills, 2007), increasing the likelihood of EPs working reactively to concerns (Wilding & Griffey, 2015). While several positive changes have been implemented that move away from the deficit model in education through supporting inclusive education and needs based resource allocation, the staged COS model still requires evidence of deficits for allocation of EP time with minimal elicitation of student’s strengths as they process through the continuum. Once the CYP has reached the EPs’ caseload, SBP might not be appreciated by teachers who have implemented various strategies at the individual and classroom level to respond to the concern. Some researchers suggest that this system requires students to fail before they access the services of EPs, and limit opportunities for preventative work (Bozic, 2013; D’Amato et al., 2005; Noble & McGrath, 2008).

In schools, SSPs are implemented for children with additional needs which include information around strengths and goals and follow the guidelines laid out by the EPSEN act (Government of Ireland, 2004) where the psychologist’s role is in assessment, advising, and in gathering information around skills and abilities in planning a programme of support (National Council for Special Education, 2006). However, it is notable that there is little

expectation that strengths are considered outside of specifying “the nature and degree of the child’s abilities, skills and talents” within the document with the view to provide insight into what the teacher can capitalise on and incorporate into teaching strategies (National Council for Special Education, 2006, p. 8).

2.8.4 Focus on Well-being Promotion

Furthermore, promotion of well-being is a key component of educational policy in Ireland, which aims to support all CYP to achieve their potential. This is in line with SBP. This encourages a focus on mental health promotion in school settings and a responsibility to develop well-being in students, as well as academic learning (Department of Education and Skills, 2019). This is in line with the World Health Organisation’s (WHO) definition of health as being “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2020, p. 1). Individual strengths are noted to be a protective factor for wellbeing, including “personal skills and competencies, the affectional ties they have with family, the existence of supportive relationships, safe communities and support systems” (Department of Education and Skills, 2019, p. 10). Despite evidence that practicing and developing ones strengths can positively impact well-being, the framework does not incorporate extending student strengths as part of its approach to well-being promotion.

2.8.5 Child Psychology Services

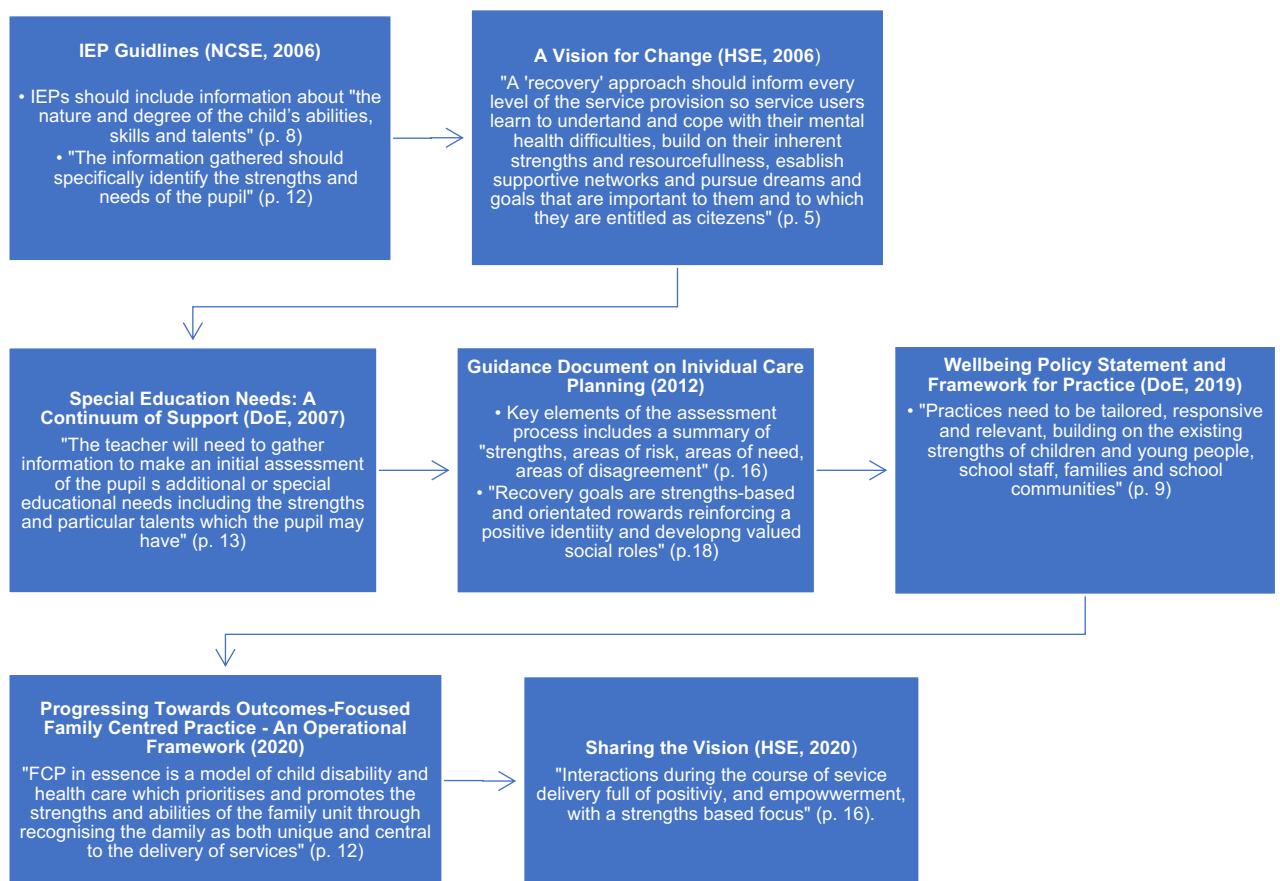
With regard to Child Psychology Services, several practices adopt a SBP approach. Services adopt a Recovery Model, which is a person centred and goal orientated framework that identifies the following essential processes for recovery; connectedness, hope, identity, meaningful roles and empowerment (Services, 2018). Furthermore, each individual child accessing CAMHS receives an individual care plan (ICP) which aims to identify strengths and promote collaboration and goal setting. “Sharing the Vision” (Government of Ireland,

2020) outlines the national mental health policy’s core values of respect, compassion, equity and hope. With regard to the value of hope, the policy states that interactions during the course of service delivery will be underpinned by “positivity and empowerment with a strengths based focus” (Government of Ireland, 2020, p. 16). However, concrete guidance on how to implement a strengths based focus is lacking, and the language in many CAMHS documents is still rooted in the deficit model, using terms such as “treatment” with regard to individual intervention for young people.

The references to SBP within the above mention policies are synthesised in Figure 1;

Figure 1

Irish Policy references to SBP



Considering this, it is argued that a stand-alone policy is warranted at this time due to the lack of explicit and concrete guidance around SBP, as well as reference to strengths in

existing documents. Interestingly, there is no reference to strengths or SBP within the Policy Framework for Service Delivery of Children's Disability Network Teams (CDNT, 2022). For most of the documents, the above quotations are the only references to strengths or SBP within the entire policy which is not sufficient and potentially diluting the potential and value of SBP principles. However, the Progressing Towards Outcomes Focused Family Centred Practice Operational Framework (Bradley et al., 2020) demonstrates the largest reference to strengths of all documents above, and also explicitly notes the importance of identifying them, developing them using strengths based goal setting and logging them in IFSP's which is positive.

In summary, while it is evident that this research is happening during a climate shift towards a SBP, the policy documents noted across services appear to give lip-service to SBP, without any guidance around how to implement or measure SBP. Furthermore, a tension exists between some of these positive movements such as FCP, a consultative service delivery model, needs based resource allocation, and overall emphasis on well-being and empowerment, and the limitations in policy which still emphasise a deficit model approach.

2.9 Rationale for Scoping Review

While the value, limitations and applications of SBP have been discussed, SBP is applied inconsistently. Other than the occasional reference to strengths on a SSP, strengths are not typically considered as a way to improve understanding or support (Laija-Rodriguez et al., 2013). Research suggests that SBP is employed insincerely, where including information about a student's strengths is a report component often given lip service but not necessarily done in the systematic way that student deficits are reported (Brown-Chidsey & Steege, 2005, p. 270). Terjesen et al., (2004) argue that strengths are simply used as a buffer to "soften the blow" of potentially negative information.

The problem with implementation may be due to the lack of a universal definition and framework in which to work (Hewitt, 2015; McCammon, 2012; Rawana & Brownlee, 2009), in combination with the difficulty EPs face in incorporating strengths-based results into a deficit focused referral or system (Climie & Henley, 2016; Lajja-Rodriguez et al., 2013; Nickerson & Fishman, 2013).

Considering the timeliness of exploring SBP in light of the national and international developments discussed, the potential value of SBP, and the lack of research considering SBP in relation to EP practice, a scoping review was conducted.

2.10 Purpose of Scoping Review

A scoping review is a “form of knowledge synthesis, which incorporate a range of study designs to comprehensively summarize and synthesize evidence with the aim of informing practice, programs, and policy and providing direction to future research priorities” (Colquhoun et al., 2014, p. 1291) Scoping reviews can be utilised to “examine emerging evidence when it is still unclear what other, more specific question can be posed and valuably addressed by a more precise systematic review” (Munn et al., 2018, p. 2). A scoping review is an appropriate choice when the aim of the review is to identify, map and report certain concepts or characteristics in order to provide evidence to inform practice (Munn et al., 2018). “Mapping” involves summarizing a range of evidence to illustrate the breadth and depth of a research area (Levac et al., 2010). Scoping and systematic reviews are similar in their approach of adopting transparent and rigorous methods to identify and analyse relevant literature to answer a research question (Pham et al., 2014, p. 372). A scoping review attempts to present an overview of a large and diverse body of literature. However, a systematic review employs a more specific research question (such as empirical evidence of

intervention effectiveness) with a smaller amount of studies and includes a critical appraisal of methodologies (Pham et al., 2014).

The scoping review synthesizes and analyses the findings of empirical studies that discusses SBP within the practice of Educational Psychology. The study aims to clarify the concepts, characteristics, theories, and sources (Tricco et al., 2018) of SBP in an effort to inform a framework for working with CYP as it can relate to EP practice. Furthermore, the scoping review aimed to outline a gap in the literature (Arksey & O'Malley, 2005). As SBP has emerged as an approach from overlapping fields such as social work (Saleebey, 1996), organisational psychology (Costantini et al., 2019), counselling psychology (Smith, 2006) and more, a scoping review can help to “clarify working definitions and conceptual boundaries of a topic or field” when a body of literature “exhibits a large, complex or heterogeneous nature not amenable to a more precise systematic review” (Peters et al., 2015, p. 141). Scoping reviews have been misinterpreted as a less robust systematic review, when they should be considered a different entity entirely (Brien et al., 2010; Pham et al., 2014).

The scoping review framework used is outlined in Colquhoun (2014). This framework involves an iterative process including; identifying the research question, identifying relevant studies, study selection, charting the data and collating, summarising and reporting the results (Arksey & O'Malley, 2005). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist was applied to ensure the quality of the review and can be found in Appendix A.

2.11 Research question

The present scoping review aims to address a broad research question, beyond that related to investigating the clinical utility or effectiveness of SBP, that might be more suited to a systematic review (Levac et al., 2010). The research questions were developed to align

specifically with aims of the review mentioned above (Peters, 2016). The research questions were defined using the prompts, “Population”, “Concept” and “Context” (Lockwood et al., 2019). The scoping review questions are as follows;

3. What are the key characteristics of SBP?
4. How can SBP be employed with CYP and their families in areas applicable to EP practice?

A detailed outline of the methodological process will be provided in order to increase the reliability of the findings, ensure replication is possible and to ensure a standard of methodological rigour (Arksey & O'Malley, 2005).

2.12 Inclusion Criteria

Inclusion and exclusion criteria for the scoping review were defined through considering the participants, concept and context as they relate to the identified research questions, as outlined by Peters et al., (2015). The inclusion criteria were developed to capture the range of studies that reflect the research question, and were informed by the researchers prior experience of navigating the literature on this topic (Table 2.1). In Ireland, EPs are eligible to work in Primary Care, CAMHS, School Psychology and Child Disability services. The nature of the role may differ across countries, and the role may employ other titles such as “school psychologist”, particularly in the US (Farrell et al., 2007). Considering this, the inclusion criteria were not confined to research specific to EPs, and were developed to include results that capture research relevant to the other services in which Irish EPs are employed.

Therefore, results that included application of SBP in mental health or disability specific settings without an EP were screened and considered. It was envisaged that a specific focus on EP in the literature search would disproportionately yield results focused on EP work in school settings and would not inform the range and breadth of activities of an EP working in

Ireland. For example, results may have reflected EP functions in school settings such as assessment of learning needs.

Table 2.1

Exclusion and Inclusion Criteria

Criteria	Inclusion Criteria	Exclusion Criteria	Rationale
Population	Children and/or families	Adults	To inform Educational Psychology practice as they work primarily with children and their families
Language	Studies published in English	Studies not published in English	Required for the researcher to analyse the studies, cost and time of translating is not within the scope of this review
Concept	Studies with a primary focus of employing or exploring strengths-based practice such as intervention studies, case studies, reviews and theoretical papers.	Studies that do not have a primary focus on SBP or include only as an element of a wider focus.	Required to map and identify the characteristics and range of applications of SBP
Context	Studies with a focus on clinical use of SBP across	Studies with a focus on non-clinical use of SBP e.g.	To inform professional applications of SBP

	psychological settings where EPs typically work (Child Disability, CAMHS, Primary Care, School assessment and consultation). Studies that include a theoretical framework for SBP or outline applications of use across functions of EP	organisational, third level education contexts, school-based character strength interventions. Studies that involve application of SBP in settings that are not generally relevant to EP practice (hospital/nursing settings, child protection).	for Educational Psychologists in direct or indirect casework
Source Type	Academic journals	Books, dissertations	It is not within the scope of this review to identify all grey literature

2.13 Search Strategy

In order to comprehensively scope the literature, different sources were included such as electronic databases, hand-searching of key journals and ancestral searches of reference lists. Key terms were inputted into the various sources and screened against the inclusion and exclusion criteria. Results of each search were systematically examined using the following process outlined in Table 2.2 An outline of the search terms inputted to each source and the number of results can be found in Table 2.3

Table 2.2*Search strategy*

1. Study titles were read and those that were irrelevant were disregarded.
2. The abstract of remaining studies were screened against inclusion and exclusion criteria. Duplicates were removed. A list of studies that were not included initially can be found in Appendix B including a rationale.
3. The remaining studies were screened through a more thorough exploration of the content. Studies that were removed at this point in the process can also be found in Appendix B along with the rationale for their removal.
4. The remaining studies were read in full to identify if they warranted inclusion in the present review and removed if necessary.
5. An ancestral search was carried out on the remaining articles through looking at reference lists and identifying if studies were suitable for review.
6. Further studies were identified and screened through consulting the researchers database of studies on SBP that had been a live document throughout the researchers time navigating the literature on the area.

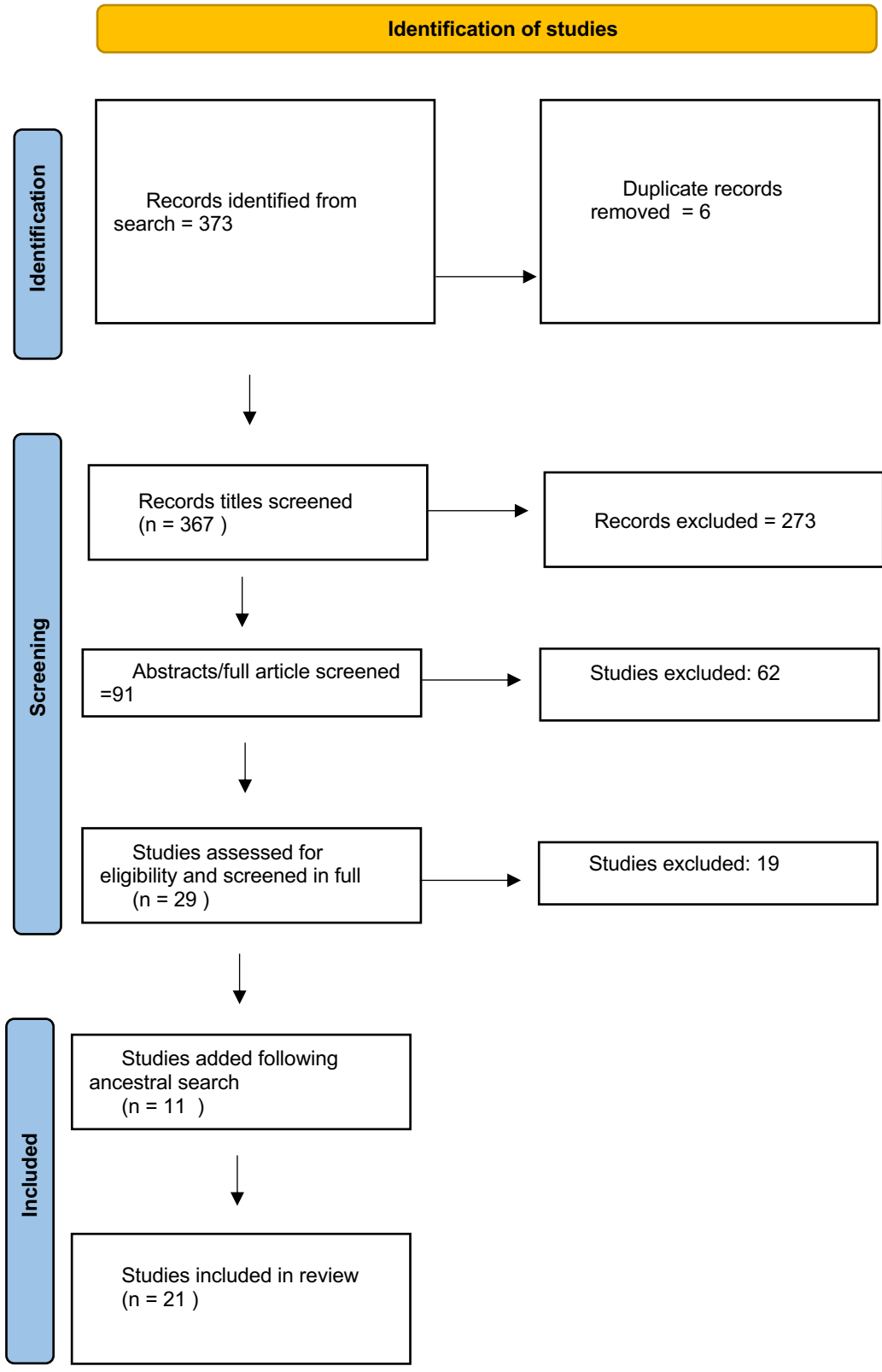
Steps 1-4 were followed when searching each database or journal. The excluded studies proved ineligible for the current study due to several reasons, with a large amount being irrelevant or for adult populations. Other common reasons included a lack of a focus on SBP, or where the application of SBP was within settings not directly applicable to EP practice such as strengths based parenting, child protection agencies, nursing and teacher delivered classroom settings. Some studies included a strengths based approach, but the primary focus of the articles were other topics such as suicide prevention or FCP in a broader sense, which also resulted in removal. Other studies removed included those investigating the reliability and validity of SBA tools, or explored whether the presence of strengths were significantly related to other positive outcomes. Both research types do not inform the application of SBP in the routine work of EP practice. This process is depicted in a flow chart in Figure 2.

Table 2.3*Search Terms and corresponding results*

Source	Search Terms	Number of Results
Psycinfo	TI ("strengths based approach" OR "SBP") strength* AND (psycholog*) AND (child* OR student* OR adolescent*)	31 (4 duplicates)
Academic Search Complete	TI ("strengths based approach" OR "SBP") OR strength AND (psycholog*) AND (child* OR student* OR adolescent*) famil*	303
Educational and Child Psychology Journal	“strengths-based practice” OR “strengths-based approach” AND child psychology	39 (2 duplicates)

Figure 2

Charting the results using PRISMA flow diagram



2.14 Collating, Summarizing and Reporting the Results

The present scoping review yielded a total of 21 studies, outlined in Table 2.4. The fourth stage of the framework involves charting the data. A summarised depiction of the included studies can be found in Table 2.5, based on the research questions. The ‘study design’ column within this table outlines the sources of evidence that are included the review. In line with criticisms noted earlier of the research on SBP, the majority of the included studies are discussion based in nature, reflecting anecdotal evidence for the use of SBP, often including only case examples. Only 2 of the 21 studies adopted a multiple case study design (Bozic, 2013; Bozic et al., 2018). This highlights the lack of empirical research observed in the studies yielded by the search strategy and therefore, results must be interpreted with caution. The results show the ‘general panorama’ of SBP to address the research questions within the identified studies, rather than providing conclusions (Verdejo et al., 2021).

The fifth stage of the scoping review is to summarise and report the results which are outlined in the following sections. The studies are based in the following countries; UK, Australia, USA and Canada. Much of the research originates from a social work perspective but is applicable to EP practice. Coulter (2014, p. 51) note that while there may be important conceptual differences between the different academic and disciplinary streams of SBP, “it may be possible to adopt standards for strength-based practice that can provide a useful yardstick for diverse practices claiming to be strengths based”. As per the research questions, the characteristics of SBP and applications to EP practice are reported.

Table 2.4

Studies included in the review

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|---|---|
| 1 | Bozic, N. (2013). Developing a strength-based approach to educational psychology practice: A multiple case study. <i>Educational & Child Psychology</i> , 30(4), 18–29. |
|---|---|
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- 2 Bozic, N., Lawthom, R., & Murray, J. (2018). Exploring the context of strengths—a new approach to strength-based assessment. *Educational Psychology in Practice, 34*(1), 26-40 (ancestral)
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- 3 Chatzinikolaou, R. (2015). How can strength-based interventions be useful for educational psychologists working with children and young people?. *Educational Psychology Research and Practice, 1*(1), 10-16. (ancestral)
-
- 4 Climie, E., & Henley, L. (2016). A renewed focus on strengths-based assessment in schools. *British Journal of Special Education, 43*(2), 108-121. (ancestral)
-
- 5 Colville, T. (2013). Strengths-based approaches in multi-agency meetings: The development of theory and practice. *Educational & Child Psychology, 30*(4), 100–123.
-
- 6 Cosden, M., Koegel, L. K., Koegel, R. L., Greenwell, A., & Klein, E. (2006). Strength-based assessment for children with autism spectrum disorders. *Research and Practice for Persons with Severe Disabilities, 31*(2), 134-143. (ancestral)
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- 7 Coulter, S. (2014). The Applicability of Two Strengths-based Systemic Psychotherapy Models for Young People Following Type 1 Trauma. *Child Care in Practice, 20*(1), 48–63.
-
- 8 Gleason, E. T. (2007). A strengths-based approach to the social developmental study. *Children & Schools, 29*(1), 51-59.
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- 9 Jimerson, S. R., Sharkey, J. D., Nyborg, V., & Furlong, M. J. (2004). Strength-based assessment and school psychology: A summary and synthesis. *The California School Psychologist, 9*(1), 9-19. (ancestral)
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- 10 Khan, A., & Francis, A. (2015). SBP with children with a mental health condition. *International Journal of Social Work and Human Services Practice, 3*, 9-19. (ancestral)
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- 11 Laija-Rodriguez, W., Grites, K., Bouman, D., Pohlman, C., & Goldman, R. L. (2013). Leveraging strengths assessment and intervention model (LeStAIM): A theoretical strength-based assessment framework. *Contemporary School Psychology: Formerly "The California School Psychologist", 17*(1), 81-91. (ancestral)
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- 12 Laursen, E. K. (2000). Strength-based practice with children in trouble. (Undetermined). *Reclaiming Children & Youth*, 9(2), 70–75.
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- 13 Laursen, E. K. (2003). Frontiers in strength-based treatment. *Reclaiming Children and Youth*, 12(1), 12.
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- 14 McCammon, S. L. (2012). Systems of care as asset-building communities: Implementing strengths-based planning and positive youth development. *American Journal of Community Psychology*, 49(3), 556-565.
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- 15 Mendenhall, A., & Grube, W. (2017). Developing a New Approach to Case Management in Youth Mental Health: Strengths Model for Youth Case Management. *Child & Adolescent Social Work Journal*, 34(4), 369–379.
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- 16 Nickerson, A. B., & Fishman, C. E. (2013). Promoting mental health and resilience through strength-based assessment in US schools. *Educational & Child Psychology*, 30(4), 7–17.
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- 17 Rawana, E., & Brownlee, K. (2009). Making the Possible Probable: A Strength-Based Assessment and Intervention Framework for Clinical Work With Parents, Children, and Adolescents. *Families in Society: Journal of Contemporary Social Services*, 90(3), 255–260.
-
- 18 Rhee, S., Furlong, M. J., Turner, J. A., & Harari, I. (2001). Integrating strength-based perspectives in psychoeducational evaluations. *The California School Psychologist*, 6(1), 5-17. (ancestral)
-
- 19 Rudolph, & Epstein, M. H. (2000). Empowering children and families through strength-based assessment. *Reclaiming Children and Youth: Journal of Emotional and Behavioural Problems*, 8(4).
-
- 20 Saleebey, D. (2008). Commentary on the strengths perspective and potential applications in school counselling. *Professional School Counselling*, 12(2).
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- 21 Wilding, L., & Griffey, S. (2015). The strength-based approach to educational psychology practice: A critique from social constructionist and systemic perspectives. *Educational Psychology in Practice*, 31(1), 43-55.
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Table 2.5*Descriptive summary of characteristics of included studies*

Authors	Sample	Concept	Context	Location	Application to EP practice	Study Design	Findings
1. Bozic (2013)	Students (6) Age range 10.7- 14.9	Investigates how strengths based assessments can be integrated into school based EP work which draw on strengths at multiple levels of the child's ecology.	Educational Psychology	UK	Informs application of SBP to assessment and intervention planning	Multiple case study	Strengths based assessment provided information around strengths at a range of ecological levels, influencing intervention plans which were associated with positive outcomes.
2. Bozic, Lawthom, & Murray (2018)	Students (8) Age range 6.9 – 19.2	A form of contextualised strengths based assessment was incorporated into the routine practice of an EP.	Educational Psychologists	UK	Informs application of strengths based assessment	Multiple Case Study Qualitative analysis using a story board method	The assessment process uncovered helpful information that may have been overlooked through traditional EP

							assessment methods
3. Chatzinikolaou (2015)	No sample involved (discussion article)	Discusses EP practice and SBIs	Educational Psychologists	UK	Informs application of SBI in schools	Review/discussion paper, no empirical research carried out or systematic approach to review.	Findings result in recommendations for practice.
4. Climie & Henley (2016)	No sample involved (discussion article)	Discusses value of strengths based assessment in schools and proposes application at whole school, targeted and individual level	Educational Psychologists	Canada	Informs application of strengths based assessment across the continuum of support in schools	Review/discussion paper, no empirical research carried out or systematic approach to review.	Conclusions provide applications for practice.
5. Colville (2013)	Focus on children and families	Describes development and evaluation of strength based approaches to multi-agency meetings in a local authority in the UK	Educational Psychology school-based multi-agency meetings	UK	Informs a strengths based approach to strengths based multi-agency meetings	Description paper, no empirical research carried out or systematic approach to review.	Conclusions provide implications for practice.
6. Cosden et al., (2006)	No sample involved	Describes the ways in which strengths based assessment can be added to typical assessment	Clinicians working with children with	USA	Informs application of strengths based assessment	No empirical research carried out. Discussion	Findings provide applications of SBP when

	(discussion article)	protocols for children with ASD	ASD and their families, school based		to practice with children with ASD	article examining application of strengths based assessment with children with ASD	working with children with ASD and their families.
7. Coulter (2014)	Young people with type 1 trauma	Summarises the theoretical concepts relating to SBP and its benefits in relation to psychotherapeutic work with children who have experienced trauma	Strengths-based psychotherapy	UK	Discusses two strengths based models for working with young people, applicable to EP work with CYP.	No empirical research carried out. Discussion article considering the relationship between different theoretical concepts which relate to SBP and its application to trauma and provides a case example.	Benefits of a strengths based approach when applied to trauma are outlined.
8. Gleason (2007)	No sample involved (discussion article)	Describes how the strengths based approach can be applied to documents which helps MDTs determine whether a student has a disability and is eligible for special education	School social workers	USA	Informs strengths based approach to assessment and report writing	Descriptive illustration of how SBP could be incorporated to the Social Development Study. No	Examples outlined illustrate how strengths can be used in problem solving.

						empirical research carried out.	
9. Jimerson et al., (2004)	No sample involved (discussion article)	Discussion of strengths based assessment and its application to EP practice in schools	Educational Psychologists	USA	Informs practice in strengths based assessment	No empirical research carried out. Discussion article which reviews existing research to understand applications of SBP to EP practice.	Findings suggests some suggestions for the incorporation of strengths based assessment in EP practice.
10. Khan & Francis (2015)	Children with a mental health condition	Discusses use of SBP to help children in resolving their emotional and social difficulties	Clinicians working with children in CAMHS	Australia	Informs application of SBP in CAMHS settings	No empirical research carried out. Discussion article considering application of SBP with children with mental health difficulties. Case study is used to illustrate the use of SBP.	Conclusions drawn encourage use of SBP.
11. Laija-Rodriguez et al., (2013)	Students	Proposes a framework for strengths based assessment and intervention in schools	Educational Psychologists	USA	Informs a framework for practice	No empirical research carried out. Presents a	Conclusions drawn advocate for the use of the

						theoretical SBP framework with a case example.	LeStAIM framework.
12. Laursen (2000)	No sample involved (discussion article)	Describes SBP and outlines practices that have been effective with children presenting with behaviour that challenges.	Applicable to all family and child practitioner	USA	Informs application of SBP	No empirical research carried out. A discussion article advocating for the use of SBP with children.	Conclusions drawn from the article encourage the use of SBP and adherence to the principles of SBP laid out in the article.
13. Laursen (2003)	No sample involved (discussion article)	Explores the strengths approach for working with young people and families as part of an introduction to a special issue on promising practices employing strengths based approach to education and treatment	Applicable to all helping professionals but is presented from a social work lens	USA	Discusses principles and practices in relation to the strengths based assessment and intervention	No empirical research carried out. A discussion article advocating for the use of SBP with children.	Findings suggest methods that EPs can consider in order to carry out strengths based assessment.
14. McCammon (2012)	No sample involved (discussion article)	Application of strengths based planning within the System of Care initiative, a comprehensive network of community-based services and supports organized to meet the needs of families who are	Primary Care Psychology	USA	Presents theoretical models for strengths based planning and positive youth development, in a context similar to Meitheal meetings in Irish practice	No empirical research carried out. Research in the area of SBP is summarised and the promotion of SBP is discussed.	Conclusions outline implications for policy and practice in relation to employing

		involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care.					strengths in Systems of care.
15. Mendenhall & Grube (2017)	No sample involved (discussion article)	Presents an adapted version of the Strengths Model of case management for youth	Youth mental health services	USA	Presents a strengths based framework for working with young people	No empirical research carried out. Offers an adapted version for youth of the strengths model for adults.	The process of applying the model and its potential is discussed.
16. Nickerson & Fishman (2013)	No sample involved (discussion article)	Use of strengths based assessment to promote mental health for youth	Educational Psychologists	USA	Informs the application of SBP across a continuum of support model in schools	No empirical research carried out. Offers a descriptive account of strengths based assessment and suggestions and a process for use.	Strengths based assessment is possible across the continuum of support model
17. Rawana & Brownlee (2009)	No sample involved (discussion article)	Discussion of a framework that can be used to approach clinical work with children and their families	Arises from a social work perspective but is applicable to all Clinicians	Canada	Presents a strengths based framework that can be utilised by EPs	No empirical research carried out. Presents a strengths based framework,	Conclusions drawn suggest the utility of the framework in practice.

			working with children and families			illustrated through a case example.	
18. Rhee et al., (2001)	No sample involved (discussion article)	Focus on strengths based assessment and application of its principles in psychoeducational evaluations	Educational Psychologists	USA	Informs implementation of strengths based assessment.	No empirical research carried out. Discussion article.	Findings indicate the utility of two strengths based assessment in EP practice.
19. Rudolph & Epstein (2000)	No sample involved (discussion article)	Provides a rationale for strengths based assessment	Practitioners working with young people and families	USA	Informs application of strengths based assessment	While a case example is presented, no empirical evidence is carried out. Discussion article advocating for the incorporation of SBP into practice.	Case example illustrates utility in incorporating the BERS-2 into assessment.
20. Saleeby (2008)	No sample involved (discussion article)	Provides an overview of the strengths perspective in relation to social work and its application to work with students and teachers	School counselling	USA	Comments on application of strengths based approach to school counselling in the US, applicable to work of EPs.	No empirical research carried out. Commentary on SBP	Conclusions drawn present applications for practice.

21. Wilding & Griffey (2015)	No sample involved (critique paper)	Explores the claims of SBP from social constructionist and systemic perspectives	Educational Psychologists	UK	Informs how to improve the application of SBP in EP practice from a systemic perspective	No empirical research carried out. Critique paper.	Findings reveal important considerations for progressing SBP within EP practice.
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2.15 Research Question 1. What are the key characteristics of SBP?

In order to identify the characteristics of SBP, results will be organised based on the definitions of SBP employed by each study and theoretical background named.

2.15.1. Definition.

Definitions of strengths, as well as SBP were provided by some articles, which will be noted in turn.

2.15.1.1. Definitions of Strengths. Several articles reviewed included a definition on what is considered a “strength”, which are outlined in Table 2.6. Out of the 21 studies, there were 5 commonly reported definitions of strengths.

Table 2.6

Definitions of strengths identified by review

Article that defines strengths	Definition
Rawana and Brownlee (2009, p. 256)	“a set of developed competencies and characteristics that is valued both by the individual and society and is embedded in culture”
Laursen (2003, p. 12)	“what youth have learned about themselves, others and their world, where strengths are personal qualities, traits and virtues that kids possess and often are forged from trauma and loss”, including: “a sense of humour; creativity; insight; independence; spirituality; playing an instrument; caring for young children or the elderly; cooking; writing; a passion for the environment; a knack for numbers, cultural stories, myth, or folklore; accounts of origins and migrations; or trauma and survival”
Nickerson and Fishman’s (2013, p. 7), Rhee et al., (2001), Jimerson (2004), Rudolph and Epstein (2000), Cosden (2006)	“emotional and behavioural skills and characteristics that create a sense of accomplishment, contribute to satisfying relationships with family members, peers

(original definition by Epstein and Sharma (1998))	and adults, enhance the ability to cope with stress and promote social and academic development”.
McCammon (2012, p. 557) (original definition by Miles et al., (2006))	“the assets, skills, capacities, actions, talents, potential and gifts in each family member, each team member, the family as a whole, and the community”
McCammon (2012, p. 557) (original definition by Rotto et al., (2008, p. 404))	“qualities that contribute to the family’s life in a functional way and are descriptors that reveal the family’s distinctive attributes”, including strategies that have been useful in the past, cultural practices important to the family, values, customs, traditions, preferences, motivations, dreams, sources of support, hobbies, talents and things they enjoy doing as strengths.

2.15.1.2. Definitions of Strengths Based Practice. The definitions of SBP provided by the authors are outlined in Table 2.7. Out of the 21 studies, there were 6 commonly reported definitions of SBP.

Table 2.7

Definitions of SBP identified by the review

Article that defines SBP	Definition
Gleason (2007, p. 52) (original definition by Cowger et al., (2006))	“rather than focusing on deficits, disease, labels and problems, social workers acting from the strengths perspective are concerned with resources, connections, skills and gifts”
Wilding and Griffey (2015, p. 46)	An approach which “aims to enhance the positive developmental pathways of pupils through augmenting their strength as opposed to focusing solely on reducing or eliminating the stated issue of concern”

Climie and Henley (2016, p. 110)	“a paradigm which is guided by the notion that all students, regardless of their current state of functioning, have inherent strengths and skills that may be drawn upon to allow for a more comprehensive understanding of the student”
Coulter (2014, p. 50)	“method of intervention with the potential to increase service users resilience, leading to an increased sense of well-being” where “strengths based approaches concentrate on the inherent strengths of individuals, families, groups and organisations, deploying personal strengths to aid recovery and empowerment”.
Mendenhall and Grube (2017) (original definition by Saleebey (1996, p. 296))	The process of viewing all “in light of their capacities, talents, competencies, possibilities, visions, values and hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma”, where the purpose is to help individuals recover and reclaim their lives by mobilizing resources and achieve self-identified goals.
Bozic (2013, p. 19)	Focusing on the “interests, capacities, motivations, resources and motions of clients and utilises these to develop plans”.

2.15.1.3. Principles of Strengths Based Practice. Several authors outlined principles of SBP, each of which will be noted in turn. Saleebey (2008) and Laursen (2000) outline their principles of SBP, outlined in Table 2.8 and 2.9 respectively. The most commonly cited are

the Epstein (1998) principles (Laija-Rodriguez et al., 2013; Climie & Henley, 2016) and Rapp et al., (2006) principles (Mendenhall & Grube, 2017; Coulter, 2014) outlined in Table 2.10 and 2.11 respectively.

Table 2.8

Saleebey (2008) principles of SBP

1.	Adopting the belief that every child, community, teacher and school, without exception has assets, resources and capacities “even in the most downtrodden, or most angry or most defeated of us, there are strengths to be found and nurtured” (Saleebey, 2008, p. 69).
2.	The belief that all individuals including children, know at some level what is right for them but this may be obscured by others definitions and labels or by oppressive environments.
3.	C = capacity, competence and courage P = potential, possibility, promise and purpose R= reserves, resilience, resources and resourcefulness Using this acronym, similar to cardiopulmonary resuscitation, SBP involves professionals believing in others until they can believe in themselves (Saleebey, 2008).
4.	You cannot know the upper limits of an individual’s ability to grow and change (Saleebey, 2008).

Table 2.9

Laursen (2000) principles of SBP

Focus on strengths rather than weaknesses	<ul style="list-style-type: none"> • Detect the smallest of strengths through genuine interest in personal narratives and exceptions where problems do not occur. • View children not only as resourceful but as resources • Talk about strengths to help rediscover potentials and express and explore capabilities at a child and family level.
Build authentic relationships	<ul style="list-style-type: none"> • Promote sense of belonging and connectedness

with children and families	<ul style="list-style-type: none"> • Let children know that someone is there for them • Authentic relationships between children and adults are more important than the specific techniques or treatment modalities used.
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Facilitates children's service to others and to their communities	<ul style="list-style-type: none"> • Encourage service to others and their community to promote empowerment, self-worth and dignity.
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Respect children's and family's right to self-determination	<ul style="list-style-type: none"> • Encourage the voice of the child and family and right to participate in decision making • View and understand the world through the eyes of the young person • Use the child's own language to describe problems as solving problems that children recognise, understand, acknowledge and want to resolve is more meaningful for them. • Develop interventions based on the children and family's strengths.
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Believe that change is inevitable	<ul style="list-style-type: none"> • Believe that all children have an "urge to succeed, explore the world around them, to learn new things, to have friends, to be taken seriously and to make themselves useful to others and their communities" (p. 73) • Do not accept deterministic over-generalising language that does not acknowledge exceptions to problems e.g. say that "this child is showing antisocial behaviours" instead of saying "this child is antisocial" to promote the view that behaviours are temporary and changeable • Develop a heightened sense to perceiving when the problem and behaviours do not occur and use this to elicit more nonproblem times.
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Believe that all people and all	<ul style="list-style-type: none"> • Suspend beliefs about pathology and dysfunction in order to help children and families identify formal and informal resources within the community
--	--

communities
have resources

**Commit to
cultural
competence**

- Strengths are unique and depend on beliefs, cultural background, ethnicity, socioeconomic status, gender, religious affiliation, sexual orientation, race and other factors.
- The predominant values, approaches and beliefs of mainstream white helping professionals and organisations often are not congruent with those that help people of colour and individuals living in poverty.
- Strengths based practitioners needs to work effectively in cross-cultural situations through; acceptance and respect of cultural difference, continued self-assessment, careful attention to the dynamics of cultural differences, expanding cultural knowledge and resource and adopting culturally relevant service models.

**Embrace
Empowerment
as a process and
a goal**

- Engage in activities with the goal of reducing the powerlessness created by their problem situations and the labels that have been assigned.
- Develop a sense of power and control over choices.
- Belief that people empower themselves, strengths based practitioners assist
- Maintain a view of each person as a victor not a victim.

**Team with
children,
families, and
other
professionals in
the Reclaiming
Process**

- There is no single helping discipline that can meet all the needs of children and families.
- Encourage teamwork amongst other professionals and adults in the young person's life to develop sustainable solutions and draw on the expertise of others.

Table 2.10

Epstein (1998) Principles of Strengths Based Assessment extracted from Climie and Henley (2016, p.)

1. All students have strengths and skills that, if identified will lead to heightened motivation
2. All students have the capacity to learn and demonstrate strengths; failure to demonstrate a particular skill does not indicate a deficit rather it suggests that they require further experience, instruction or opportunity for mastery
3. Focusing on students strengths and resources will probably lead them to use these skills, thus Student Support Plans should be based upon the strengths or resources of the child

Table 2.11

Rapp et al., (2006) Principles of SBP and Rapp et al., (2012) Principles of the Strengths Model of Mental Health Case Management

Rapp et al., (2006)	Rapp et al., (2011)
It is goal orientated	The focus is on individual strengths rather than pathology
Carries out a systematic assessment of strengths	The community is viewed as an oasis of resources
The environment is seen as rich in resources	Interventions are based on client self-determination
Explicit methods are used for using client and environmental strengths for goal attainment	The case-manager-client relationship is primary and essential
The relationship is hope-inducing	Aggressive outreach is the preferred mode of intervention
The provision of meaningful choice is central and clients have the authority to choose	People can learn, grow and change

2.15.2. Theoretical Background

Resiliency theory and positive psychology were the most commonly cited theoretical frameworks. Other theoretical frameworks noted were ecological systems theory (Laija-Rodriguez et al., 2013), person centred approach, psychodynamic approach and the systemic perspective (Khan & Francis, 2015).

2.15.2.1 Resiliency Theory. Four of the twenty one articles reviewed made explicit reference to resiliency theory in their conceptualisation of SBP, which is the “successful adaptation in the face of adversity” (Jimerson et al., 2004, p. 10). Resiliency theory provides a rationale for SBP through the understanding that strengths act as a buffer to negative experiences, or through reframing challenges as opportunities for growth (Bozic, 2018). Rhee et al., (2001) also adopt a resiliency perspective, with the view that when children encounter challenges and survive, that they will exceed previous levels of functioning, grow and flourish and thus, student problems can be reframed as opportunities for adaptation and improvement. Laija-Rodriguez et al., (2013) state that resiliency theory involves addressing risks, protective factors, strengths and assets, which has shown to optimise outcomes.

2.15.2.2 Positive Psychology. Five of the twenty one studies reviewed viewed SBP through the lens of positive psychology. Positive psychology appears to encourage practitioners to consider the positive in situations and develop these to improve wellbeing. For example, Wilding and Griffey (2015) identifies how positive psychology helps complement knowledge of difficulties, encourage positive language, promote positive expectations and self-concept and focus EP practice on facilitation of well-being. SBP has been influenced by the study of positive individual traits and the understanding that individuals are able to expand on these traits in order to improve well-being (Wilding & Griffey, 2015).

Chatzinikolaou (2015) recognises that clinicians should spend time and interest to both the positive and negative that are present in life to more effectively promote prevention and intervention through focusing on those positives. Cosden et al., (2006) also note positive psychology and its importance in relation to SBA of children with ASD. McCammon (2012) notes that SBP facilitates positive outcomes through the Broaden and Build model (Fredrickson & Joiner, 2002), where discussing strengths, engaging in enjoyable activities or executing skills or competencies increases positive emotions which in turn promote novel thinking or acting. This broadened mindset triggers upward spirals to greater well-being (McCammon, 2012).

Some authors referenced both resiliency and positive psychology, with Laija-Rodriguez et al., (2013) stating they both provide a framework for conceptualising what promotes positive development in CYP through an emphasis on promoting developmental assets across multiple contexts to result in optimal outcomes.

2.16 Research Question 2. How can SBP be employed with CYP and their families in areas applicable to EP practice?

In order to structure the synthesis of the results in relation to the application of SBP to EP practice, results were grouped into each function of EP practice. These functions were drawn from the following definition of EP practice provided by Fallon, Woods and Rooney (2010, p. 14); EPs are “fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training, at organisational, group or individual level across educational, community and care settings”. The functions of Assessment, Intervention and Consultation are of primary focus in this review as the studies yielded generally focus on individual case work and do not report research and training

functions. The review yielded four practice frameworks which are illustrated in Figures 3 through 6, each of which will be discussed in more detail in relation to their contribution to the EP functions.

Figure 3

Strengths Assessment and Treatment Model (SATM) (Rawana & Brownlee, 2009)



Note: The SATM aims to provide a model for assessing and drawing upon identified strengths to energise and motivate CYP to view strengths as tools for self-development and problem resolution.

Figure 4

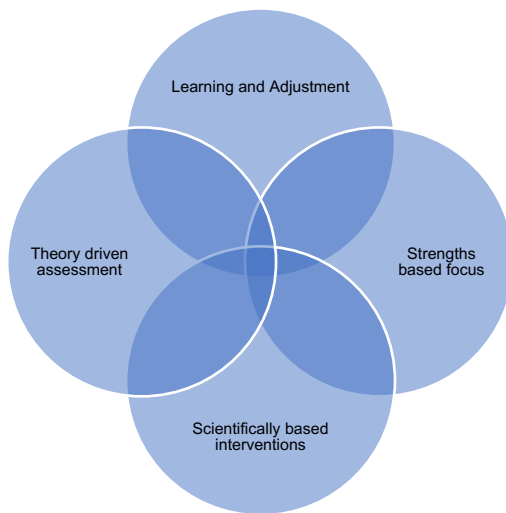
The Strengths Model for Youth (SM-Y) (Mendenhall & Grube, 2017)



Note: Mendenhall and Grube (2017) adapted the adult strengths model of case management for CYP with mental illness. The SM-Y aims to allow the CYP to drive goal development and attainment through identification and use of strengths. Includes supervisory tools to help clinicians employ the model.

Figure 5

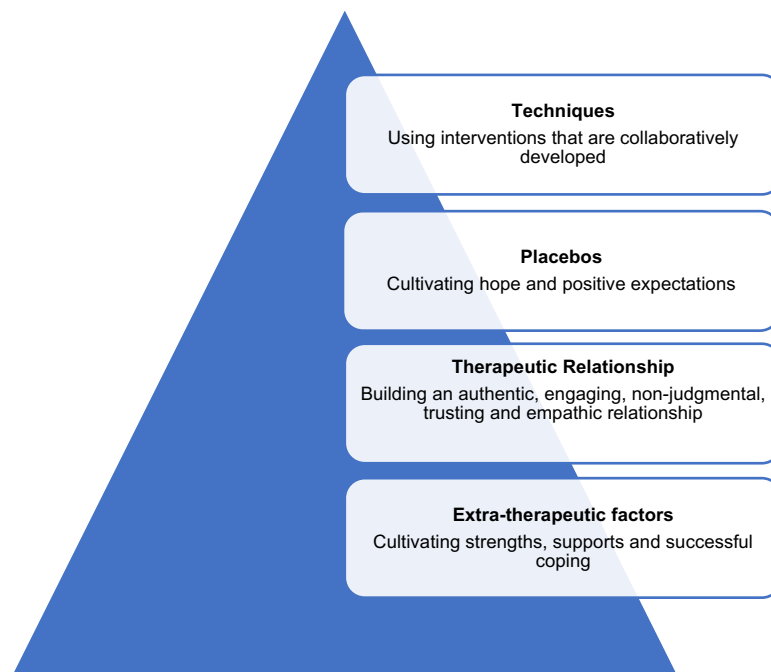
LeStAIM Model (Laija-Rodriguez et al., (2013)



Note: The LeStAIM framework was developed by school psychologists and emphasises strengths to leverage weaknesses in cognitive, academic and social-emotional functioning.

Figure 6

Common Factors Theory approach to Strengths Based Intervention (Laursen, 2003)



Note: Laursen (2003) utilise the four principles of the common factors theory to convey the most important aspects of effective strengths based intervention. The common factors theory outlines the four factors that influence therapeutic change from most important to least; extra therapeutic, relationships, placebos and techniques employed (Laursen, 2003).

2.16.1 Assessment

The applications of SBP in relation to assessment will be discussed.

2.16.1.1. Contextual approach to SBA. Several authors argue for a contextual approach to SBA. This means that psychologists are considering the CYPs context with regard to the value placed on strengths, for example by cultural norms or their own personal understanding. Furthermore, that the role of strengths in different contexts is considered, for example that certain strengths can be helpful or unhelpful depending on the situation. Finally, the contexts which allow for strengths expression are considered, with the aim of intervening at an environmental level to support this further, instead of focusing intervention efforts on individuals to develop strengths.

For example, Bozic et al., (2018) developed an assessment called the Context of Strength Finder (CSF) which gathers information about the contexts which support strengths expression. Bozic et al., (2018) believes that strengths develop out of supportive contexts. Contextual SBA therefore, can yield more important information for intervention that aims to change the context and not the individual. Overlooking contextual influences make SBP fall back on to the deficit approach, where the main goal becomes helping the CYP to change through developing their strengths or acquiring new ones (Bozic et al., 2018). Bozic et al., (2018, p.37) found that the CSF was helpful in gathering information and in stimulating interesting hypotheses about the kinds of social arrangement and pedagogic strategies that could be put in place, and concludes that “if there is a concern that negative labels may be internalised, locating contexts in which CYP can occupy more positive identities would seem to be a priority”. Bozic et al., (2018) note several other SBAs that attempt to identify strengths at the various levels of the child’s ecology, such as the Child and Adolescent Strengths Assessment (CASA) (Lyons et al., 2000) and The Assets Interview (Morrison et al., 2006).

Also interested in a contextual approach, the SATM categorise strengths across contextual and developmental domains, outlined in Table 2.12 (Rawana & Brownlee, 2009). This helps identify which areas of daily functioning are going well and those where there are difficulties, helping to begin a conversation around why strengths are revealed in some areas but not in others. An examination of the possible changes that can be made to enhance the visibility of a strength in each context is carried out (Rawana & Brownlee, 2009).

Wilding and Griffey (2015) stress the importance of understanding the meaning of a strength for a CYP. They suggest the strategy of “creative labelling” (Wong, 2006), in order to ensure that the strengths identified are personally relevant and meaningful to the student. EPs are also encouraged to seek the views of significant others in order to understand the impact of interpersonal relationships on the meaning and significance of an individual’s strengths. Furthermore, the authors advocate for a social constructivist approach to SBA to remind EPs that traits that they might construe negatively could promote the well-being of a student at certain times or in certain contexts (Wilding & Griffey, 2015).

Finally, Laursen (2001) outline the importance of strengths based practitioners committing to cultural competence, understanding that strengths depend on beliefs, cultural background, ethnicity, socioeconomic status, gender, religious affiliation and other factors. Laursen (2001) makes the important point that the “predominant values, approaches and beliefs of mainstream, White helping professionals and organisations often are not congruent with those that help people of colour and individuals living in poverty” (Laursen, 2000, p. 73).

2.16.1.2 Use of multiple sources for SBA. Several researchers outline the importance of using multiple sources of information and using of a combination of both standardised and non-standardised tools in SBA (McCammon, 2012). Gleason (2009) presents a strengths based approach to student observation, interviews, standardised measures and the review of academic and special education files, as an adaptation to the Social Development Study

which are US school based assessments of a student's functioning. For example, with regard to student observation, the EP could allocate time to noticing what a child can do rather than what they cannot and studying the contexts where "the best times" occur, or use quantitative strengths based measures such as percentage of time on task as opposed to percentage of time off task. Furthermore, the author encourages using adaptive behaviour scales in order to identify strengths, where the information gleaned can be used to plan effective ways to address challenges using identified strengths.

Laursen (2003) outlines several procedures for assessing strengths including; strength seeking conversations, observation of strengths and formal assessment of strengths. Laursen (2003) encourages professionals to take on a detective role when searching for strengths, looking for clues about positive qualities and potentials. The LeStAIM framework also adopts a multi-method approach to assessment including standardised measures, informal assessment and dynamic assessment (Laija-Rodriguez et al., 2013). Furthermore, the "exploration" phase within the SATM (Rawana & Brownlee, 2009) involves a multi-site and multi-source assessment of strengths through interviewing the child and significant others, and supplementing this information with established structured questionnaires such as the BERS-2 (Buckley & Epstein, 2004).

Several standardised SBA tools were repeatedly suggested across articles and are included in Table 2.13. Rudolph and Epstein (2000) advocate for the use of the BERS-2 and provide a case study, using this tool to identify strengths and inform an intervention plan. Within the case example, the BERS-2 helped stimulate conversations and ideas around solution planning. Rudolph and Epstein (2000) also suggest the use of the BERS-2 following the implementation of an intervention plan to monitor change. Chatzinikolaou (2015) suggest the use of the Clifton Strengths Finder (Asplund et al., 2007) and the Strengths Quest (Clifton et al., 2002), which identify personal strengths and provide ideas for how to use them. However,

Cosden (2006) caution that SBAs were not normed on children with ASD, they might not capture their strengths.

With regard to non-standardised SBA tools, The SM-Y (Mendenhall & Grube, 2017), outlines an assessment tool which covers strengths across the domains of; home/daily living, personal belongings, school, family/friends, wellness/health, hobbies, sports, personal/family beliefs and traditions that aims to capture current, past and hopeful future strengths. This tool offers a user-friendly method of documenting and thinking about strengths. Laursen (2003) suggests ‘Eco-mapping’ which is an activity to visually represent the strengths based information in relation to family, friends, school and community. Other non-standardised approaches include organising assessments of a youths personal and social resources using resilience models such as Doll and Lyon’s (1998) or MacDonald and Valdivieso (2001), which are outlined in Table 2.14, as suggested by Rhee et al., (2001) and Jimerson et al., (2004). In order to identify strengths, McCammon (2012) reference the research findings of Davis et al., which categorises different child and family strengths, which are outlined in Table 2.15.

Jimerson et al., (2004) suggest that EPs begin to incorporate at least one SBA tool in their practice, regardless of the nature of the referral concern, in order to support a more balanced assessment. However, the authors acknowledge the lack of evidence supporting the use of such measures and, state that EPs must base practice on more than ideological preferences, where further research is required to clearly describe the value of assessing strengths and the models, paradigms, or theories behind them (Jimerson et al., 2004).

2.16.1.3 Use of SBA across COS. Two papers outlined the use of SBA across a tiered school support system. Nickerson and Fishman (2013) outline several ways in which EPs can implement SBA across a whole school, targeted and individual level as part of wellbeing promotion. At the “support for all” level, SBA could be employed to identify school wide

social-emotional needs, inform strategies or for programme evaluation efforts. At the “support for some” level, EPs could identify at risk students that may benefit from targeted intervention following the school wide assessment. At the “support for a few” level, EPs can use SBA to evaluate strengths for students for whom a more comprehensive assessment and individualised behavioural, or educational intervention plan is required that can incorporate those strengths. The authors outline a sequential process for practitioners to implement SBA at a multi-tiered level in schools involving advocating for the selected tool, planning and communicating with staff and other stakeholders, sharing results and re-evaluating after execution (Nickerson & Fishman, 2013). Jimerson et al., (2004) also suggest the use of SBA in school wide well-being promotion, through assessing positive states using SBA tools.

Table 2.12

The strength, assessment and treatment model domains of strengths (Rawana & Brownlee, 2009)

Contextual Domains	Developmental Domains
Peers	Personality
Family/Home	Personal and Physical care
School	Spiritual and Cultural
Employment	Leisure and Recreation
Community	

Table 2.13

Strengths Assessment tools identified in review

Assessment Title and Author	Review article that mentions each measure
Behavioural and Emotional Rating Scale-2 (BERS-2) (Buckley & Epstein, 2004)	<ul style="list-style-type: none"> • Bozic et al., (2018) • Gleason (2007) • Nickerson and Fishman (2013)

	<ul style="list-style-type: none"> • Rhee et al., (2001) • Jimerson (2004) • Cosden (2006) • Rawana and Brownlee (2009) • McCammon (2012) • Rudolph and Epstein (2000) • Climie and Henley (2016)
Developmental Assets Profile (DAP) (Scales, 2011)	<ul style="list-style-type: none"> • Bozic et al., (2018) • Nickerson and Fishman (2013) • Jimerson (2004)
Devereux Student Strengths Assessment (DESSA) (LeBuffe et al., 2018)	<ul style="list-style-type: none"> • Nickerson and Fishman (2013) • Climie and Henley (2016)
California Healthy Kids Survey (CHKS) (Constantine & Bernard, 2001)	<ul style="list-style-type: none"> • Rhee et al., (2001) • Jimerson (2004)
Strengths and Difficulties Questionnaire (Goodman & Goodman, 2009)	<ul style="list-style-type: none"> • Cosden (2006) • Climie and Henley (2016)
Behaviour Assessment Scale (Kamphaus et al., 1999)	<ul style="list-style-type: none"> • Jimerson (2004) • Cosden (2006)
Child and Adolescent Strength Assessment (CASA) (Lyons et al., 1999)	<ul style="list-style-type: none"> • Bozic et al., (2018)
Assets Interview (Morrison et al., 2006)	<ul style="list-style-type: none"> • Bozic et al., (2018)
School Success Profile (Bowen et al., 2001)	<ul style="list-style-type: none"> • Gleason (2007)
Individual Protective Factors index (IPFIO) (Springer & Phillips, 1997)	<ul style="list-style-type: none"> • Nickerson and Fishman (2013)
Multidimensional Student Life Satisfaction Survey (MSLS) (Huebner & Gilman, 2002)	<ul style="list-style-type: none"> • Jimerson (2004)
School Social Behaviour Scale (SSBS-2) (Merrell, 2011)	<ul style="list-style-type: none"> • Jimerson (2004)
Social Skills Rating System (SSRS) (Gresham & Elliott, 2007)	<ul style="list-style-type: none"> • Jimerson (2004)
How I Feel Scale (Walden et al., 2003)	<ul style="list-style-type: none"> • Jimerson (2004)

Clinical Assessment Package for Client Risks and Strengths (CASPARS) (Gilgun, 1999)	• Rawana and Brownlee (2009)
McQuaide and Ehrenreich Self Report Strengths Questionnaire (McQuaide & Ehrenreich, 1997)	• Rawana and Brownlee (2009)
Strengths and Needs Based Assessment tool (Rotto et al., 2008)	• McCammon (2012)
Child and Adolescent Needs and Strengths (CANS) (Lyons et al., 1999)	• McCammon (2012)
Values in Action Framework – Youth (VIA-Youth) (Park & Peterson, 2006)	• McCammon (2012)
Resiliency Scales for Children and Adolescents (RCSA)(Prince-Embury, 2008)	• Climie and Henley (2016)
Social and Emotional Assets and Resilience Scales (SEARS) (Merrell, 2011)	• Climie and Henley (2016)
Strengths Assessment Inventory (SAI) (Brazeau et al., 2012)	• Climie and Henley (2016)
Clifton Strengths Finder (Asplund et al., 2007)	• Chatzinikolaou (2015)
Strengths Quest (Clifton et al., 2002)	• Chatzinikolaou (2015)

Table 2.14*Resilience models to categorise student strengths*

Doll and Lyon (1998)	MacDonald and Valdivieso (2001)
Individual	Aspects of identity
Good intellectual ability	Self-confidence, connection, commitment to others, self-worth, mastery, future orientation, belonging, membership, responsibility, spirituality, self-awareness
Language competence	
Positive temperament or easy-going disposition	Areas of ability
Positive social orientation including close peer friendships	Physical health, mental health, intellectual, employment, civic as well as social and cultural abilities
Self-efficacy and self-esteem	Developmental opportunities

<p>Achievement orientation with high expectations Flexible coping style Engagement and initiative in productive activities Family Close affectionate relationship with at least one parent or caregiver Effective parenting (characterised by warmth, structure and high expectations) School and Community Access to and relationships with positive adult role models Connections with at least one pro-social organisation Access to responsive schools</p>	<p>For exploration, expression and creativity, roles and responsibilities such as group membership, contribution and service and employment Emotional, motivational, strategic supports Nurturance and friendship, high expectations, standards and boundaries, and access to resources</p>
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Table 2.15

Davis et al., (2007) categorisation of strengths extracted from McCammon (2012, p. 557)

1.	Child and Family talents or competencies, such as musical or sports talents.
2.	Resilience strengths, such as personality traits or behaviours that have helped a child or family survive in spite of challenging circumstances, such as a sense of humour, a parents persistence in securing help for the family or having a strong religious faith.
3.	Possibility strengths, such as goals or aspirations for the future.
4.	Available resources, such as knowledge, environmental, financial, recreational, emotional, social and cultural resources.
5.	Borrowed strengths, such as use of knowledge or experiences of others, from an example of another person, or borrowed from a mentor, teacher or service providers experience.
6.	Past or historical strengths, such as strengths from the family's own history and past accomplishments.
7.	Hidden strengths such as those identified from behaviours or situations that on the surface are undesirable, but contain hidden positive elements.

2.16.2 Intervention.

2.16.2.1 Importance of therapeutic relationship. The importance of the relationship with the psychologist as an intervention, was noted within several studies. The relationship can help to cultivate hope, belief and positive expectations and can be a key agent of change (Saleebey, 2008). With regard to hope, Saleebey (2008) references Rapp and Goscha's (2006) distinction between "spirit breaking" and "hope-inducing behaviours". Chatzinikolaou (2015) also add that the relationship can affirm that life has a purpose and meaning and can model empathy, trust and respect. Chatzinikolaou (2015) notes the importance of paying attention to small positive change via the relationship, and attempt to see a struggle for self-righting in potentially maladaptive behaviours. Laursen (2000) and Laursen (2003, p. 12) also notes the importance of an authentic relationship as a primary source of change, stating that a focus on strengths communicates to CYP that they are "special, a one-of-a-kind person who is worth knowing, worth understanding, and worth caring about". Finally, the first step of the SATM is "engagement", which involves introducing an energising and motivating quality to the relationship through promoting the understanding that the clinician is working with the child and family on their behalf from a position of strengths (Rawana & Brownlee, 2009). Khan and Francis (2015) also note how they create a safe therapeutic relationship through a person centred approach.

2.16.2.2 Linking SBA to intervention. Several studies noted how they connect the SBA information to intervention plans. Linking SBA to intervention requires creativity. Gleason (2009) outlines the need to use creativity to link strengths to intervention and provides examples of the same, such as expanding the conditions that contribute to student success, pairing aversive activities with reinforcing activities to encourage growth, establishing social support, or to form the basis of referrals to special programs, resources or extracurricular activities. Bozic (2013) outlines several potential ways, which are outlined in Table 2.16.

McCammon (2012) also offers some ideas of how strengths could be used in intervention plans, including; to use identified strengths to build competencies, talents, assets and increase pro-social behaviours and use activities and objects related to interests and strengths as rewards and reinforcers. Cosden (2006) also discusses several uses of SBA information that contribute towards intervention planning, outlined in Table 2.17.

The LeStAIM framework also indicates how to link assessment to intervention. One of the goals of the framework is to help parents and teacher to harness strengths as part of the development and implementation of both individual and multi-systemic interventions (Laija-Rodriguez et al., 2013). The framework uses learning theories, neurodevelopmental constructs, positive psychology, resiliency and ecological theory to develop a clear hypothesis and inform a defined intervention. With regard to the neurodevelopmental constructs mentioned, the authors reference the framework devised by Levine (2001), which describes learners in terms of profiles of strengths and weaknesses in relation to academic and social functioning as opposed to using diagnoses (Levine, 2001; Laija-Rodriguez et al., 2013). This is based on the assumption that there is a mismatch between the strengths and weaknesses of a learner and the school demands. An understanding of this mismatch, while focusing on strengths will result in more optimal targeted interventions, which the authors call a “strength-to-strategy” approach (Laija-Rodriguez et al., 2013). Strengths are then used to motivate students and assist them to develop weaknesses or bypass them where a case illustration is provided to depict this process within the article (Laija-Rodriguez et al., 2013). The strength-to-strategy plan involves categorising strengths and assets, adequacies and weaknesses in terms of “works great!”, “works” and “working on” in order to leverage strengths to support elements in the “working on” section using a collaborative problem solving approach. With the view to linking strengths to intervention, this assessment process provides a useful framework through visually presenting strengths, adequacies and

weaknesses where the EP and others involved can collaboratively identify ways to leverage strengths.

The “evolution” phase within the SATM also outline ways of linking strengths to intervention. This is done through a collaborative and prioritizing process, through exploring the domains of strength that were identified in the assessment stage. If a challenge exists in the same domain as multiple strengths exist, than those strengths can be used to address the issue. Similarly, if little strengths exist in the domain of difficulty then the professional can explore whether strengths can be transferred across domains. The framework encourages creative thinking if it appears difficult to connect strengths to difficulties, and the authors provide examples in their paper (Rawana & Brownlee, 2009)

2.16.2.3 Developing existing strengths. A focus of SBI can also be to develop existing strengths further, and not only address weaknesses (Laursen, 2003). Gleason (2007) also highlight that clinicians should provide suggestions to parents and teachers of how CYP elicited strengths should be nurtured.

Chatzinikolou (2015) state that interventions should support CYP to develop and practice their elicited strengths. Chatzinikolaou (2015) note the Strengths Gym school-based intervention (Proctor et al., 2011) can be used at an individual, targeted or whole-class level to help students recognise, develop and use their strengths. EPs can select an intervention when trying to tailor a particular approach to the needs for a school, depending on whether it is an individual, targeted or whole school intervention, through providing sessions themselves or training other staff to do so. Research indicates that these interventions are effective for particular groups such as those from ethnic minority backgrounds, underperforming students, disengaged students, and therefore such groups can be targeted for SBIs (Chatzinikolaou, 2015).

2.16.2.4 Involving the community. The importance of drawing on the community within intervention was noted within the review. For example, McCammon (2012, p. 556) suggests that strengths based planning should occur at the child, family and community level in order to help CYP reach their potential. McCammon (2012) notes that SBP aligns well with positive youth development, which is a pro-social approach that attempts to engage youth within their communities, schools, organisations, peer groups and families. This is done in a manner that is productive and constructive, drawing on strengths and promoting positive outcomes by providing opportunities and fostering positive relationships (McCammon, 2012). Similarly, Laursen (2000) also note the importance of community involvement, where CYP should be encouraged to engage in acts of services to others and their communities, which will promote empowerment, connection and validation. Laursen (2000) also notes that clinicians should help CYP and families identify resources in the community as part of their intervention plan.

2.16.2.5 Using different models that align with SBP. Different approaches can be employed in intervention which are strengths based in nature. For example, Coulter (2014) suggests the use of Narrative therapy and Solution Focused Brief Therapy (SFBT) in intervention with young people following Type 1 trauma. With regard to SFBT, the author includes some examples of questions that can be asked to elicit optimism and shift the role of the CYP to an active “survivor” role. With regard to Narrative therapy, the role of the therapist is to facilitate a conversation that will bring forth the story of strength and resilience behind problem narratives. The approach believes that individual are “labouring under socially constructed stories of failure, pathology or inadequacy” (Coulter, 2014). Coulter (2014) stresses the importance of externalizing as a strategy to help the individual separate the problem from their character and present examples of questions that can be used. Coulter (2014) also suggests the use of the “re-authoring map” (Beaudoin, 2005) to support therapists

to implement narrative therapy in the context of trauma and provide a case example of its application with a young person. This process helps promote feelings of competency through helping CYP notice all of their positive behaviours and attributes and how they are congruent with their values, despite their challenges (Coulter, 2014).

Furthermore, as part of a narrative approach, CYP should be encouraged to share their own narratives (Saleebey, 2008; Laursen, 2003). Saleebey (2008) refers to the importance of explicitly letting students know that you are interested in their capacities, talents, hopes and dreams and encouraging them to share their narratives of the concerns. During this, the psychologist should listen for examples of times they met challenges, avoided destructive or maladaptive behaviour or overcame adversities, mirror this back to them, and give them “a language with which to begin to affirm, appreciate and act on those strengths” (Saleebey, 2008, p. 73).

One article offered guidance on the use of SBP with CYP with ASD. Cosden et al., (2006) suggests the following models within intervention; positive behavioural support (PBS), goodness of fit and person-centred planning, as they are based on treating individuals with respect and dignity, personal choice and participation in community life. PBS helps shift the view of a student’s behaviour as being communicative and also rests on the assumption that children have appropriate strengths that can be used to replace inappropriate behaviours (Cosden et al., 2006). Secondly, goodness of fit refers to the compatibility between an intervention plan, the individual and the environmental context, meaning that plans are individualised for the child (Cosden, 2006). Thirdly, person centred planning focuses on broader issues important to a meaningful life and self-determination focuses on providing individuals with the opportunity to engage in personal choice and decision making (Cosden et al., 2006).

2.16.2.6 Promoting self-determination. Several authors note the importance of ensuring the intervention plan encourages self-determination, achieved through collaboration, empowerment and goal setting. CYP should be involved in all aspects of the assessment and intervention process (Laija-Rodriguez et al., 2013; Laursen, 2000). The SATM encourages working with CYP in line with the notions of empowerment and personal agency, while basing change on the individuals own self-directed pathways. Furthermore, Chatzinikolaou (2015) argue that a SBI should provide CYP with challenging activities that promote problem solving skills, opportunities to make decisions and empowerment. Laursen (2000) also note that clinicians should use the child's own language, so that they understand and accept the construction of the problem, and feel in control and invested in the problem solutions. Similarly, Khan and Francis (2015) discuss how they focus on empowerment through helping CYP gain insight into their difficulties in a way that they can understand.

Personal plans can form the basis of collaborative goal setting for SBIs. For example, Mendenhall and Grube (2017) use a Personal Plan, where the young person decides on a goal arising from their strengths assessment. With the help of the professional, the CYP can utilise strengths and resources in combination with other naturally occurring resources to develop a plan broken into small attainable steps, monitor progress and reevaluate where necessary. Mendenhall and Grube (2017) found that the personal plan is a tool which empowers youth to have a voice in services and to have control in making decisions and developing and meeting goals in their own lives. The personal plan is available within the appendices of the original article and offers a user friendly way to encourage practitioners to use strengths in IFSPs or ICPs.

Table 2.16

Bozic (2013, p. 20) strategies for incorporating strengths into intervention plans

1. By using elicited strengths to directly address an area of difficulty (Rashid & Ostermann, 2009)
2. By developing those latent strengths (both personal and environmental) which theory suggest extend an individual's capacity to cope with a challenge (Jimerson et al., 2004; Lyons et al., 2000) or improve a sense of well-being (Noble & McGrath, 2015)
3. More broadly by recognising and developing an individual's unique strengths to encourage a positive sense of identity development (Rawana & Brownlee, 2009)
4. Or more radically by re-constructing "problems" as revealing of potential strength which challenge systems to evolve in new ways (Rashid & Ostermann, 2009)

Table 2.17

Linking SBA to intervention with Children with Disabilities (Cosden, 2006, p. 135-136)

1. Using positive personal or family characteristics in development and implementation of intervention plans, e.g. using a child's preferences to motivate them to engage with less preferred activities or increase desirable behaviours.
2. Address systematically contextual as well as individual assets, such as family interests and involvement, school strengths and community resources.
3. The outcomes of the assessment can itself change the attitudes of the child and their family as well as the assessor by increasing hope and facilitating the development of relationships.
4. To encourage educators and other interventionists to establish goals that go beyond addressing a child's deficits to those of helping the child and family develop a higher quality of life.

2.16.3 Consultation.

Applications of SBP to consultation, identified within the review, are discussed in turn.

2.16.3.1 Strengths based questioning strategies. Several studies outlined the incorporation of strengths based questioning within consultation and specific questions can be found in the respective studies. An example of strengths based questions identified can be found in Appendix C. Laursen (2003; 2001) notes the importance of strength seeking conversations, where it is important to listen and probe carefully for small steps towards progress, where professionals should take a non-expert stance and help others feel respected, heard and welcome. Gleason (2009, p. 52) discusses the importance of using exception questions, survival questions, support questions and esteem questions in order to identify “what works and how it works” in a possibility focused, hopeful, appreciative and positive way. Saleebey (2008) also outlines the importance of these question types in strengths consultations but also add possibility questions and change questions. Furthermore, Rawana and Brownlee (2009) outline several helpful questions that can be incorporated into consultations in order to elicit helpful information and to prompt a collaborative problem solving process, or help CYP to recognise how their strengths can be expanded into a capacity that can be used to address challenges (Rawana & Brownlee, 2009).

2.16.3.2 Positive reframing through narrative approaches. This approach can be utilised within consultation to change perspectives and cultivate hope. For example, Gleason (2009) provides guidance for consultation involving assessment feedback, through telling the students story in a way that provides adequate context as to how and why events happened, portrays the student’s resiliency and provides personable and memorable examples of strengths. Gleason (2009) argue that adopting this approach to consultation allows the reframing of stories in a strengths based manner, where such stories end up becoming the dominant understanding.

Furthermore, Colville (2013) outline the use of narrative and solution focused approaches within Strengths Based Multi-Agency Meetings in schools, in an attempt to move from

deficit and problem-based thinking that allows collaborative problem solving via assessment, planning and intervention. This approach leads to “a group of people, as an appreciative audience, helping a child to write a new story about their situation” with a focus on the voice of the child and an understanding that all children have skills, competencies and values that provide resilience to cope with temporary difficulties (Colville, 2013, p. 102). This approach also allows for the re-balance of power, as in the re-telling of a story one can better understand how the present problem was constructed and by whom, while then imagining the future along a more positive and optimistic pathway (Colville, 2013).

2.16.3.3 Allowing time to discuss challenges. Laursen (2003) noted the importance of giving time to discuss challenges at first, should that be what the young person or family need before engaging in a strengths conversation. Coulter (2014) also mentions the importance of being sensitive to the difficulties, stating that an overly optimistic disposition can come across as minimising others experiences.

2.17 Discussion

The present scoping review aimed to provide a comprehensive summary of SBP with CYP and its potential application to EP practice. A summary of the findings in relation to each research question will be discussed in turn, as well as their implications for practice. Implications for policy will be also be discussed. It is important to note that due to the quality of the research studies, results must be interpreted with caution and reflect implications arising from a limited evidence base. The most pertinent implications are those in relation to future research in light of these findings.

2.17.1 Research Question 1: What are the characteristics of SBP?

This question was addressed through examining definitions, principles and theories relating to SBP within the literature. The following are the key implications for practice;

2.17.1.1. The definition of what constitutes a strength can be broad. With regard to defining strengths, a range of possibilities of what could constitute a strength were identified. It is not uncommon knowledge that strengths include individual skills, characteristics, talents and hobbies. However, the findings also demonstrate that strengths can include cultural belongingness, strengths within the family and community, dreams, potential and more. Furthermore, the argument for a contextual approach to SBP outlines how strengths can be dynamic, linked to context, culture and personal meaning (Wilding & Griffey, 2015). Other recent research has explored the role culture plays on what SBP looks like in mental health practice (Tsoi et al., 2022). Gardner and Toope (2011, p. 98) also argue that CYP strengths are “complex and shifting, are neither neutral nor simplistic” and that practitioners actions should extend beyond existing boundaries of strengths. Considering the results of the scoping review, it is argued that strengths are multi-dimensional, covering any positive or potentially positive functional or enjoyable aspect within and outside a CYP, including their family, school, community and culture. Such positive aspects include interests, hobbies, skills, personality traits, dreams, coping abilities, aptitudes and more which are meaningful to the individual or context.

2.17.1.2. SBP is a broad approach. Exploration of the definitions and principles of SBP within the literature indicate several overlapping characteristics. These characteristics provide useful indicators for maximising and guiding the implementation of SBP. These findings are synthesised in Figure 7, reflecting the most often cited and overlapping elements. The elements not included in the figure are; adhering to cultural competence, empowerment, professional teamwork, goal orientation, systematic assessment of strengths and encouraging acts of service. Each were only noted once, however are still elements of SBP. This figure is not intended to represent a definite hierarchy of the values of SBP, but offers a helpful visual

of the most overlapped elements within this review, and could be used to inform a potential framework for practice.

SBP has been criticised as poorly defined (Staudt, Howard & Drake, 2001) and practitioners can believe implementing SBP can mean “being nice to people” or having a small section at the bottom of an assessment form calling for a listing of strengths or by attributing a client’s problems to environmental causes (Tice & Perkins, 2002). Some practitioners can feel that the identification of strengths alone is regarded as being SBP (Hopps-Wallis et al., 2016; Blundo, 2001). Such over simplifications of SBP could reflect a limited understanding of the approach or poor specifications by the SBP model developers (Rapp et al., 2006), indicating the importance of accurately defining the characteristics of SBP. This scoping review can help EPs understand the significance SBP might bring to practice and support them to work from the underlying values, principles and philosophy of SBP (Blundo, 2001; Hammond, 2012). These findings have expanded the understanding of SBP, in particular with regard to the need to explicitly link strengths to intervention, balancing strengths and difficulties in the assessment process, and viewing strengths as a dynamic construct that are context dependent. Considering the results of the scoping review, SBP is an overarching mindset concerning the inherent belief in others strengths and the value in focusing on them, which can be operationalised in practice through different approaches or methods. This information could support EPs to think beyond their current understanding of SBP or examine their current understanding in light of this information.

Throughout the process of the scoping review, it was important to reflect on the difference between SBP and other person-centred or humanistic approaches such as PCP and FCP due to the overlap in principles. Considering the results of the present research, it is evident that all approaches share similar inherent principles and approaches to practice (i.e. goal setting, empowerment, individual viewed as expert etc.). However, SBP might be viewed as an

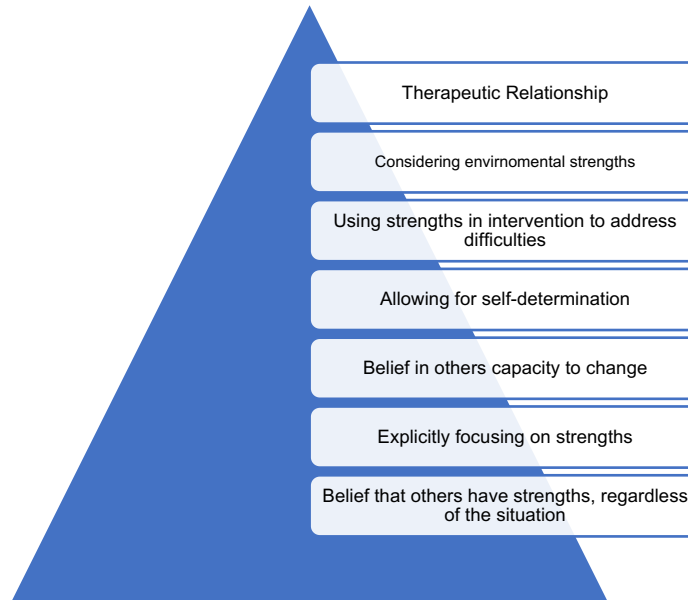
overarching belief or mindset that effectively captures all positive humanistic values (Taylor, 2005), that is applicable to a range of disciplines, and that can be maximised by using certain frameworks or methods. For example, with regard to FCP, Epley et al., (2010) explored conceptualisations of FCP and found that only half of the studies noted taking a strengths based perspective. Epley et al., (2010) concluded that strengths within FCP are a tool within the context of effective family-professional relationships rather than as a component of SBP. It has been argued that SBP is both an ideological position and a practice approach, that is based upon a philosophy, values and attitudes which will drive change (Hammond, 2012; Saleebey, 2002). As SBP reflects a mindset that is operationalised through combining various practices instead of a neatly defined intervention, this is likely why empirical evidence is lacking (Price et al., 2020)

The adoption of positive psychology and resiliency theory can help provide EPs with a theoretical framework and rationale to guide practice. However, an observation from the review is that resiliency theory may provide a more limited lens to view SBP. Resiliency theory conceptualises strengths as developing from negative experiences, however a broader focus of SBP within positive psychology does not require strengths to develop from such extraordinary circumstances. Rawana and Brownlee (2009) also highlight that resiliency theory offers a limited picture of a child's strengths profile, stating that this focuses the attention on strengths that are connected with previous problems that have been overcome, as opposed to looking at strengths from all domains of functioning. This focus can also risk minimising the negative effects that follow an adversity, even should strengths have emerged as a result (Rawana & Brownlee, 2009). However, the notion of strengths operating as protective factors is a helpful contribution of resiliency theory to SBP as helps to focus energy on building protective factors, which is central to SBP. It is argued that both lenses of

resiliency theory and positive psychology offer helpful insight into the “why” behind the use of SBP.

Figure 7

Most commonly cited SBP principles



2.17.1.3 Importance of core belief in other’s strengths. A consistent theme within the results is the need for the EP to believe in the inherent strengths within each individual, family, school or community. It is evident this is a core component of the SBP mindset. Research carried out by Cox (2006) demonstrated that SBP, when implemented by a practitioner who is committed to SBP, led to more positive results on child functioning and symptomology scales for students experiencing emotional and behavioural difficulties. This research informs that SBP is effective only insofar as the practitioner subscribes to the underlying principles of SBP. It is evident that SBP is a mindset, as well as a practice, requiring the EP to believe in the presence of strengths in every child, family, school and community and also in an individual’s ability to change.

2.17.2 Research Question 2: How can SBP be employed with CYP in areas applicable to EP practice?

The findings of the review indicate that SBP can represent a number of practices across the EP functions of assessment, intervention and consultation, and provides insight into how SBP can be translated into practice for EPs hoping to endorse SBP. As previously noted, due to the quality of the studies, these implications may offer an opportunity for EPs to reflect on the role of SBP in their practice while understanding that claims of their effectiveness are difficult to justify.

2.17.2.1 Assessment. With regard to assessment, the present findings encourage EPs to adopt a contextual approach, gather information from multiple sources and also offers suggestions for its use across the COS. Considering these results at a glance, it is the researcher's observation that while EPs routinely gather information from multiple sources, use a combination of measures and adopt a contextual approach in response to difficulties within a referral concern, this same approach is likely not carried out for strengths.

An interesting observation within the results around assessment is the potential contradiction between some authors conceptualisations of SBA. For example, Nickerson and Fishman (2013), Climie and Henley (2016) and Jimerson (2003) note that low standardised scores are not intended to reflect a weakness, but an opportunity for intervention. While on the surface this appears to be a positive way of observing deficits, when the contextual arguments of Bozic (2013) and Wilding and Griffey (2015) are considered it prompts further reflection. This application of SBP is not dissimilar to the deficit model as it looks to identify a "lack" of strength to identify intervention efforts.

Furthermore, the contextual approach prompts important caution around the use of standardised SBA tools. Some SBA tools can encourage a "one size fits all" approach to SBP or place the burden on the individual to change (Ciarrochi et al., 2016; Wilding & Griffey,

2015). While some tools within the review adopt a contextual approach (e.g. CSF), others do not include a contextual component, which can result in a less individualised approach. For example, prioritising strengths identified from structured checklists such as the VIA, over an individual's perspective on their strengths. This is important as depending on one's culture, certain strengths are more valued or functional (Wilding & Griffey, 2015). Furthermore, the context can have an important impact on strengths, for example, while pessimism might not be considered a strength to many, it can offer a positive function in some situations (Ciarrochi et al., 2016; Wilding & Griffey, 2015). It is more valuable to consider strengths contextually, through taking into account the variables which support or hinder their expression, in order to resolve the criticisms of the deficit model in practice and inform intervention (Wilding & Griffey, 2015). It is suggested that EPs consider the limits of SBA tools in individualising results, and use them to complement existing strengths information that has been gleaned in a more individualised and contextualised manner.

2.17.2.2 Intervention. With regard to intervention, the present findings outline a number of applications including; strategies for directly linking SBA to interventions, focusing on the relationship, promoting self-determination, expanding elicited strengths, involving the community, and using specific SBP aligned models.

The guidance identified in linking SBA to intervention may be helpful, as linking assessment to intervention has been described as the next goal for school psychology (Merrell, 2010; VanDerHeyden & Burns, 2018). In particular, the findings remind EPs of the importance of the relationship with the CYP within intervention. Laursen (2003, p. 16) states that the core of SBP is the "recognition that human relationships offer our most powerful tools in prevention, assessment and treatment". SBP might involve returning to, and focusing on the basic elements of practice, such as relationship building, and spending more time doing this well. This is in line with research indicating the importance of "one good adult"

(Dooley et al., 2019), noting that viewing a child from a strengths based lens can be an intervention in itself. Laursen (2003, p. 12) states, “the strengths perspective has a very human appeal insofar as it can serve as a prototype for the kind of civility, regard and caring that nurse all meaningful relationships”, indicating that such positive relationships can model important concepts. However, it is likely that in current practice, due to the demands of the systems in which EPs work, this element of practice is compromised due to a lack of time to build meaningful relationships. Recent research has demonstrated that SBP can foster a strong rapport with families (Toris & Falch-Eriksen, 2021) and that it is the type of relationship between the service provider and those in receipt of this that supports change, facilitated through the use of SBP in routine interactions (Devaney et al., 2022).

With regard to specific therapy models, an important finding reflects the use of SFBT and Narrative therapy as a tool for SBP. Other research corroborates this finding. The alignment of SFBT and SBP is due to its focus on exploring resources and past successes and identify personal goals and future hopes and solutions (Franklin, 2015), while also reflecting a fit with the underlying philosophy and practice of SBP (De Jong & Miller, 1995). Systematic reviews exploring SFBT evidence the effectiveness of SFBT in supporting a wide variety of behaviour and psychological difficulties (Bond et al., 2013; Gingerich & Peterson, 2013). Narrative therapy aligns well with SBP as it focuses on helping individuals to see themselves as empowered and views difficulties as being manufactured or maintained in social, cultural or political contexts (Ingamells & Epston, 2012; Lock, 2016; Rice, 2015). For example, Ingamells and Epston (2012) outline an interview guide for narrative therapy following the completion of the StrengthsFinder (Asplund et al., 2007), which demonstrates an interesting engagement of both approaches. EPs could consider embracing SFBT and Narrative therapy more in practice or seeking CPD where necessary.

The results also emphasise specifically drawing on strengths and resources. This may represent a departure from practice that acknowledges and celebrates strengths but does not harness them in intervention. As stated by Lopez et al., (2003, p. 3), practitioners are well versed in identifying and resolving problems, but less versed about optimal functioning and the enhancement of strengths. Lopez et al., (2003) argue for a balanced approach to assessment, equally considering strengths and weaknesses, where such a balanced assessment is still unhelpful if it does not offer meaningful suggestions for change and growth. The results of the present scoping review offer an important consideration for EPs around their current and potential role in not just naming strengths, but harnessing and developing them further within the individuals and families they work with. Offering suggestions on how CYP and families could develop their existing strengths would likely complement intervention plans and demonstrate to families that their strengths are important. While the positive outcomes of strengths identification and use were outlined earlier within this review, more research is required in exploring the positive outcomes of these strategies and the results yielded offer a loose guide for practice, with little evidence backed research data, especially with children with disabilities (Raley et al., 2021).

Other key elements of SBI were identified which can support the EP to tailor intervention plans from a range of avenues including encouraging self-determination. Self-determination offers a theory which capitalises on individual's potential within naturally occurring supports of their environments and supports the implementation of positive change within SBP (Heyne & Anderson, 2012). With regard to self-determination, research indicates the positive outcomes that can result from fostering autonomy, competence and relatedness in motivation and well-being (Hui & Tsang, 2012; Niemiec & Ryan, 2009), and therefore is a critical element of SBP. SBP promotes autonomy through individual goal setting, encouraging VOC and viewing the individual or family as the expert. SBP promotes feelings of competence

through the identification and focus on development of strengths. Finally, SBP promotes relatedness through the focus on the therapeutic relationship and in fostering positive relationships within the community, which leads into the next point. SBP could offer a practice model which reminds EPs to incorporate self-determination in their work with CYP.

One of the findings indicated the importance of community involvement in SBP, which could be viewed within the “relatedness” element of self-determination. Other research confirms this value in this approach, indicating that informal networks of support and community engagement demonstrate significance in promoting the well-being of CYP (McGrath et al., 2009; Scales et al., 2006). Identifying community resources and creating positive partnerships with communities empowers CYP and creates strengths and assets in their wider network (Bryan & Henry, 2008).

As intervention plans and the recommendations within a report are a key mechanism for change for EPs (Rahill, 2018; Snyder et al., 2006), the findings of the present research could encourage EPs to recommend the positive development of CYP from a range of approaches through SBP within their intervention and recommendation plans. Such approaches include ensuring to accommodate self-determination, community involvement and strengths development

2.17.2.3 Consultation. With regard to consultation, the findings outlined the following applications; using narrative approaches with parents and other adults to positively reframe challenges, using strengths based questioning strategies and also allowing time to discuss the challenges. Such findings are important. Firstly, the strengths based questions included in several of the studies are a practical approach which EPs can add to their consultations and originate from evidenced based SFBT questioning strategies. The principles underlying SFBT can be applied to EPs’ consultations with teachers and in multi-agency meetings to allow EPs to note strengths, competencies and exceptions (Hobbs et al., 2012; Redpath &

Harker, 1999; Stobie et al., 2005). Secondly, narrative approaches offer a helpful tool that could help EPs to change the focus from problem orientated consultations. As a future EP, this approach is particularly helpful as often the difficulties for a CYP have become very entrenched by the time they reach an EPs caseload. As result, it can be challenging to alter a consultation away from a problem focus with parents and teachers. Finally, the importance of acknowledging difficulties notes the importance in balancing strengths based consultations with appreciation of the significant difficulties the CYP family or school staff are experiencing. EPs could incorporate narrative and SFBT questioning strategies and begin to use them in their consultations or developmental interview schedules.

These findings across the functions of assessment, intervention and consultation offer helpful strategies for EPs who wish to embrace more strengths based ways of working, that incorporate strategies that many EPs likely already use (i.e. Narrative therapy, SFBT, collaborative problem solving, voice of the child), basic important elements of practice (i.e. relationship building) and newer strategies such as frameworks for practice or different assessment tools (i.e. LeStAim, routine use of BERS-2).

2.17.3 Implication for Policy

With regard to the policy developments occurring nationally that are moving away from the deficit model, the results of the present study indicate how SBP could support those movements including consultative models of service delivery, recovery model of mental health, PDS and needs based resource allocation. Each will be noted in turn, however further research is necessary to explore this claim due to the limited quality of the studies informing these implications.

With regard to the EP move to consultative modes of service delivery, the present review outlined several uses of SBP within consultation at the individual and group level. A strengths based approach to consultation could support the capacity building goals of this

model further. With regard to the recovery model of mental health, SBP encourages drawing on, and engaging with, community resources, with the aim of empowering individuals to function independently. Khan and Francis (2015) state that SBP promotes recovery through cultivating natural resilience and empowerment.

The findings of the present review, indicate how SBP could support a needs based model of service delivery, as opposed to looking for diagnoses, as the assessment process is focused on identifying a profile of needs and strengths with the view to informing more valuable and effective intervention, using this information. With regard to PDS, SBP supports the basic aims of empowerment and capacity building in FCP and the results of the present review might offer more detailed information around how to promote those constructs in CYP and families individuals through SBA, consultation and intervention.

Considering the alignment between the results of the study regarding SBP and such policy developments, it is argued that a policy commitment to the infusion of the principles of SBP in practice could support each of these areas. This can be done through reflecting on current policy and considering what SBP principles from this review are currently being adhered to and those that can be better implemented (Hill, 2008; Rapp, Pettus, et al., 2006). As noted earlier in the review, many Irish policy documents note taking a strengths based approach, but do not offer concrete suggestions or methods for doing so, which could be informed by the present review. For example, a recommendation from this research would be that strengths are considered at each level of the COS, or within Student Support Plan documentation. This could be done by outlining principles of SBP or a framework for practice with a staged process, explicitly noting the methods of identifying and harnessing strengths. Practical examples taken from the results for each stage could give practitioners ideas of how they could implement principles across functions. For example, within intervention creating a personal plan with CYP where they are supported to collaboratively

use their identified strengths to support areas of difficulty, or using child centred narrative therapy approaches.

With regard to EP training, the present results indicate how the philosophy of SBP could be further embraced in training through encouraging the principles of SBP through reflective practice and providing support in developing SBP across the functions of the role. Training in frameworks for practice such as the Interactive Factors Framework (Woolfson et al., 2003) could be adapted to include a greater emphasis on assessing for and harnessing strengths.

2.17.4 Implications for research

A key implication of the present review is the need for further comprehensive research exploring SBP and its role in supporting CYP and families. An aim of scoping reviews is to identify where research is lacking or where only poor quality evidence exists (Verdejo et al., 2021). Specifically, research exploring the SBP methods and approaches that lead to positive outcomes for CYP that is grounded in research outside of anecdotal or case example evidence is lacking. This lack of robust empirical evidence has been a continuous critique of SBP. In response to this, Fook (1999, as cited in Fenton et al., 2015) argues that such critiques privilege theory over practice and also highlight the lack of accepted models for appraising the use of SBP (Fenton et al., 2015). However, the need for further quality research is still evident. Research could explore multiple stakeholder perspectives, including CYP and families following the implementation of a pilot including SBP across role functions to evaluate what approaches are valued and effective. Future literature reviews could explore specific aspects of SBP such as SBA, strengths based consultation or intervention in a more systematic fashion, as opposed to SBP as a whole. Due to the large and varied literature review on the topic, a research team or the support of library staff would be warranted to ensure an effective search strategy to comprehensively map the literature.

Furthermore, it is evident that further research is required exploring SBP in the routine work of an EP, as the majority of research focuses on a social work perspective. Out of the results that did involve EPs, they reflected SBP in school contexts, for example across COS or with learning difficulties. As mentioned earlier, EPs work in a range of settings outside schools in Ireland. A gap exists in examining how EPs employ SBP in child psychology or disability services. There is also a lack of research in an Irish context, with no studies exploring SBP in Ireland identified. Research that examined EPs use of SBP in an Irish context could capture the functions of assessment, consultation and intervention across such different service settings. It is envisaged that this would provide a more comprehensive overview of the role of SBP in EP practice. As noted within the introduction to this scoping review, SBP is relevant to the developing role of the EP and current policy movements, and promises improved outcomes for CYP and their families. Therefore, research that explored the barriers to SBP in EP practice and how it could be implemented further would offer clear guidance for EPs and policy makers.

2.17.5 Limitations

The present review was not without limitations, and are outlined in Table 2.18.

Table 2.18

Limitations of Scoping Review

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1. **Lack of robust empirical investigation:** The vast majority of the studies identified for review lack empirical investigation of SBP and rely on author's opinions, suggestions, experience and critiques. As result, the findings and implications for EP practice must be interpreted in light of the lack of evidence backing up their claims. This confirms some of the critiques of SBP which state that the reliance on anecdotal practice evidence makes the effectiveness of SBP difficult to justify (Fenton et al., 2015).
-

2. Lack of research supporting the effectiveness of frameworks identified:

While different frameworks for practice are mentioned, empirical evidence supporting their use is lacking.

- Only two studies are published outlining how the SATM was used in an elementary school setting (Brownlee et al., 2012) and by a Child and Youth Care worker (MacArthur et al., 2011), however it is important to note that both studies were completed by the original SATM authors and report only descriptive and subjective case studies.
- Similarly with regard to the multiple case studies employed by Bozic et al (2018) and Bozic (2013), there is a lack of triangulation in either study, with the results reflecting only the authors perceptions about the process.
- Schuetz et al., (2021) explored the impact of SM-Y through qualitative interviews with case managers and supervisors, where results indicated that the SM-Y had a positive impact on organisational culture and improved the day to day delivery through having a formal structure. Case managers have also found that the SM-Y improves client engagement (Schuetz et al., 2019). However, the authors of the original SM-Y model were involved in both studies, and the samples consisted of only one team and did not explore the experiences of the CYP involved. However, other recent research has continued to explore the effectiveness of the Rapp & Goscha (2011) Strengths Model of Case Management (Tse et al., 2019) of which the SM-Y is adapted, as well as the effectiveness of strengths based supervision of the model on therapeutic practice (Pullman et al., 2023).
- The LeStAIM model is the only framework that was developed specifically for EPs (Laija-Rodriguez et al., 2013), however, no empirical published studies have explored the use of this model. Furthermore, the article alone does not provide adequate guidance to carry out this model in practice

3. Search strategy: Other interchangeable terms for SBP such as “asset based practice” or “strengths approach” were not included in the search strategy due to the limitations in the scope of the present research project. In order to account for this, a historical search was carried out on reference lists of involved studies

to identify potential relevant studies that might not have been captured in the search. However, some relevant and valuable studies may still not have been identified, indicating that the present review might not capture the full extent of SBP literature that has application to EP practice.

4. **Lack of multiple reviewers:** While a strength of a scoping review is the extent to which it can cover the breadth, depth and comprehensiveness of evidence in a field, practical issues related to time, resources and funding can impact this (Levac et al., 2010). The inclusion of multiple reviewers would improve the methodological rigour of the review opposed to a single author (Levac et al., 2010), which was not the case for the present review.

 5. **Lack of consultation with key stakeholders:** The optional step of a scoping review of consultation with stakeholders (Arksey & O'Malley, 2005) was not completed in the present review. This step involves consulting with stakeholders to build on the findings of the review and offer a “higher level of meaning, content expertise, and perspective to the preliminary findings” and therefore adding methodological rigour (Levac et al., 2010, p. 7).

 6. **Lack of quality assessment:** The nature of a scoping review lacks quality assessment of included studies, which may impact the relevance of scoping study findings (Levac et al., 2010).
-

2.18 Conclusion

The present scoping review has reviewed 21 articles involving SBP with CYP and it is hoped that the information gleaned provides valuable input for EPs in understanding and applying SBP. Several possible and potentially useful applications to assessment, intervention and consultation have arisen from this review. The review captured the range of work that can be considered “strengths-based”, encouraging the idea that it can be a broad framework for practice where the relationship between the CYP, family or system with the EP is at the centre. As stated by Lopez et al., (2003, p. 13), it is important that psychologists have particular beliefs around the presence of strengths in all individuals, and also an awareness of professional resources that help tap into such strengths, with the understanding

that “people only search for things they believe to exist”. It is hoped that the present research signposts the various professional resources that exist to carry out SBP.

It is hoped that the results of the present review validates the SBPs that are already adopted by EPs and provide ideas for expansion of practice, and also evidenced how SBP could align well with current changes in policy which reflect a movement away from the deficit model. The results of the present research have also synthesised cross-disciplinary literature with regard to SBP in a practical and meaningful way for EPs that demonstrates the potential value and relevance of SBP across contexts and functions. While further empirical and robust research is required, it is envisaged that a more significant embrace of SBP by policy makers and individual EPs will support a modern, person centred and holistic approach to service delivery.

Chapter Three: Empirical Paper

3.1 Introduction

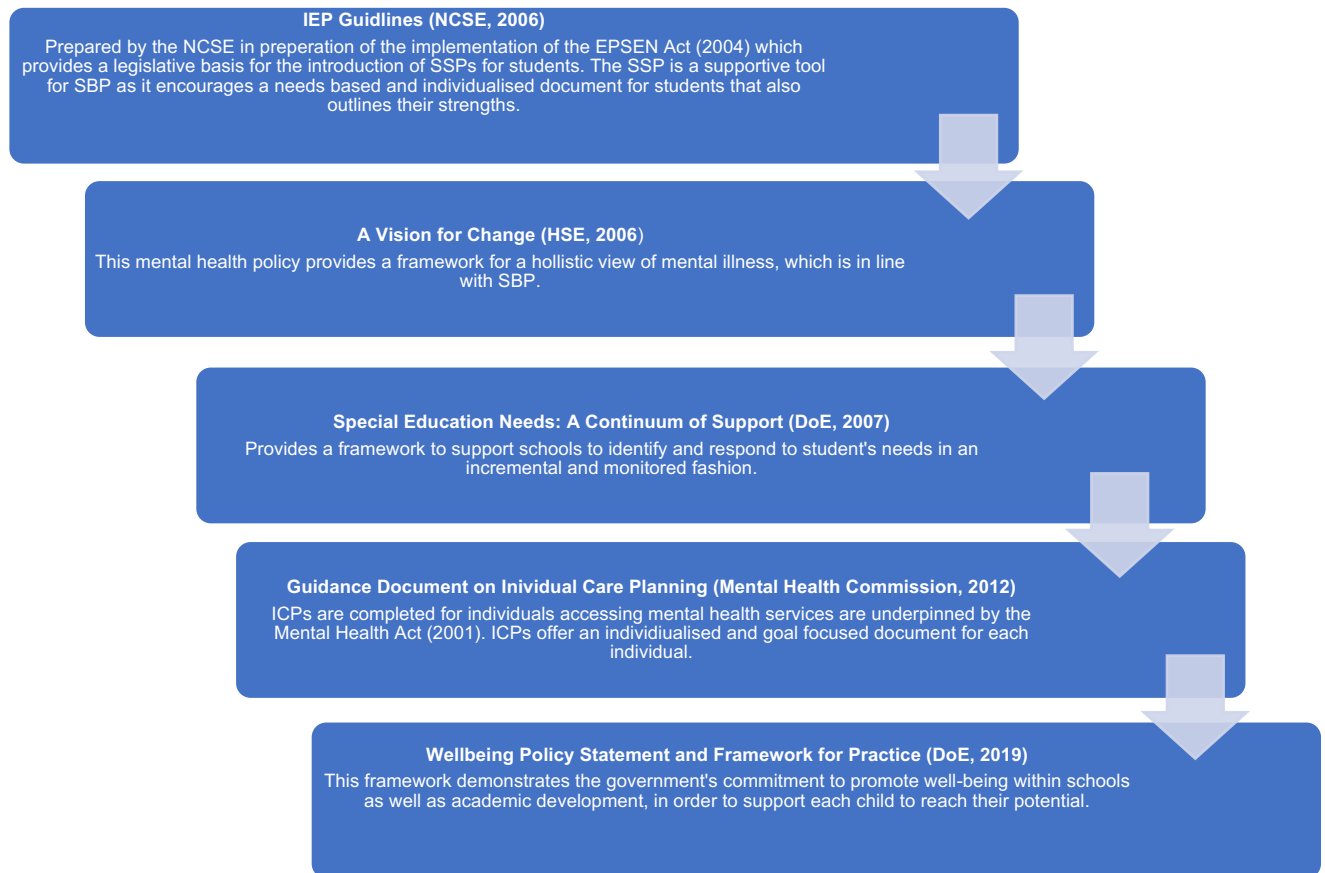
The role of the EP is developing significantly, alongside a national and international policy and practice shift away from a longstanding deficit focus approach to work (Coulter, 2014; Laursen, 2000). SBP offers a potential avenue for EPs to work in a more holistic, individualised, positive and capacity focused way in line with these recent developments (McCammon, 2012; Tedeschi & Kilmer, 2005). Despite its promise, research in the area of SBP as it relates to the role of an EP is lacking, resulting in unclear direction around what it means to be “strengths-based” (Blundo, 2001; Lietz, 2009). SBP involves holding the belief that individuals have strengths and resources and using them to address challenges (Hammond, 2010). This fundamental shift requires considerable effort on the part of the clinician, as it requires clinicians to challenge their personal and professional conventions (Blundo, 2001). SBP is an integrative approach which draws on concepts from a number of theories including ecological systems, person centred psychology, resiliency theory and positive psychology.

3.1.1 Context

Since 2016 in Ireland, EPs are now eligible to work across a broad range of services that provide psychological support to children (HSE, 2016), including disability, school psychology services and more recently, child psychology services. Several recent policy shifts to a needs based approach result in a change to the working landscape for EPs. The PDS model is a national initiative for children’s disability services, adopting a family centred approach, aiming to achieve equity and ease of access to services, as well as collaboration between families, health services and schools to help a young person lead a high quality of life (Access Policy Working Group, 2019). PDS views the family as the expert, promotes

empowerment through a capacity building approach, looks for resources in the community and promotes strengths based language (PDS, 2020).

Legislative changes within the educational context in Ireland also marks a shift to a needs based approach and well-being promotion. The New Allocation Model negates the need for a professionally named identification to access resources (Department of Education, 2017). SSPs are implemented for children with additional needs which include information around strengths and goals and follow the guidelines laid out by the EPSEN Act (Government of Ireland, 2004) where the psychologist's role is in assessment, advice and in gathering information around skills and abilities in planning a programme of support (National Council for Special Education, 2006). Furthermore, promotion of well-being is a key component of educational policy. The Wellbeing Policy Statement and Framework for Practice (Department of Education and Skills, 2019, p. 10) outline well-being as "being active, responsible, connected, resilient, appreciated, respected and aware". Coulter (2014, p. 52) acknowledge the widespread policy driven determination to refocus our orientation from "the past, deficits and dysfunction" to "the future, resources and developing competencies" over the past decade, which is evident in this commitment to well-being development. The various Irish policies and documents that give rise to a more strengths based way of working are depicted in Figure 8

Figure 8*Irish Policy Context for SBP***3.1.2 Previous research on strengths based practice and Educational Psychology**

The majority of research in the area of SBP has arisen from the discipline of social work. Research specific to EPs and SBP has been carried out in the UK, Canada and USA and is outlined in Table 3.0

Table 3.0*Previous research on strengths based practice and Educational Psychology*

Country	Authors	Purpose of Research
UK	• Bozic (2013)	Employed a multiple case study to investigate how SBA can be integrated into school based EP work.
	• Bozic et al., (2018)	Employed a multiple case study to explore the use of an SBA tool in EP practice.
	• Chatzinikolaou (2015)	Reviews different strengths based school interventions that EPs can use.
	• Wilding and Griffey (2015)	Explores the claims of SBP in relation to EP practice from a social constructionist and systemic perspective.
	• Colville (2013)	Describes the use of SBP for EPs within multi-agency meetings.
USA	• Jimerson et al., (2004)	Reviews the literature around SBA and EP practice.
	• Laija-Rodriguez et al., (2013)	Present a theoretical strengths based assessment intervention model (LeStAIM) for EPs
	• Nickerson and Fishman (2013)	Describes several SBA tools and informs their application across a COS model in schools.
	• Rhee et al., (2001)	Discuss the importance of systematic assessment of strengths in EP practice and demonstrate this through providing case examples demonstrating the utility of different SBA tools.
Canada	• Climie and Henley (2016)	Discuss the importance of SBA and also informs application of SBA across the COS in schools

This research was sourced through the search strategy employed in the scoping review in Chapter 2. Studies that involved a specific EP/School Psychologist focus were extracted from

the review and included in the above table to demonstrate the EP specific research on SBP that is available. This search strategy did not yield any results specific to Irish EPs and SBP, suggesting that no research has been carried out in an Irish context. Even though the UK and Ireland have similarities in training and governing bodies, the Psychological Society of Ireland (PSI) and British Psychological Society (BPS), there is a large difference between the UK and Irish contexts. EP training in the UK is more focused on “school psychology” due to complete funding via a stipend by the Department of Education, where trainees complete one specialist placement, usually in Child Disability or Child Psychology (British Psychological Society, 2019b). This difference means that SBP within the work of an EP in the UK is more likely to be reflected in the context of school settings, and would not capture SBP in other areas of EP work. This is evidenced in the above UK SBP research which reflects school settings, i.e. applicable to Irish EPs working in NEPS. In Ireland, Trainee EPs complete the necessary placements in each area which allows them to work in multiple settings (HSE, 2016). These differences in the working landscape of EPs across countries warrants exploration of SBP specifically in an Irish context. No studies exploring SBP and psychology practice has been carried out in Ireland as of yet. Furthermore, no studies explore how SBP is currently used in daily practice and across EP functions. This gap in the research, combined with the movement away from the deficit model at a national and international level, gave rise to the basis and rationale for the present study.

3.1.3 Rationale for the current study

While some EPs identify patterns of strengths and weaknesses during assessment and suggest strengths to support the areas of deficit, this approach is not applied consistently, and despite the growing evidence supporting SBP, there has been a delay in its use in EP practice (Climie & Henley, 2016). The problem with implementation may be due to the lack of a framework in which to work (Hewitt, 2015; McCammon, 2012; Rawana & Brownlee, 2009),

in combination with the difficulty EPs face in incorporating strengths-based results into a deficit focused referral (Climie & Henley, 2016; Laija-Rodriguez et al., 2013; Nickerson & Fishman, 2013). As stated previously, SBP reflects an overarching mindset and further research is needed to understand how this mindset translates into practice and through which approaches and methods. Seligman (2012) argues that the challenge of positive psychology is in applying it to the world through synthetic applications to practice. The aims of the present research is to advance our knowledge of how EPs can employ SBP at the various levels of their role; assessment, intervention, formulation and consultation. Since EP practice in this area is developing, the few studies that have explored the role of EPs in promoting SBP are theoretical or look at SBA tools. To address this gap, the current study aims to explore the ways in which EPs in Ireland could envisage promoting SBP through understanding the barriers to its implementation and current practice looks like. EPs are scientist-practitioners, indicating the need to ensure that approaches adopted are evidenced based (Hagstrom et al., 2007) which warrants further empirical investigation into SBP.

The methodology is guided by the following research questions, which aims to produce the information needed in order to scaffold what practitioners need to do next to implement SBP effectively:

1. What does current practice in SBP look like?
2. What are the barriers to implementing SBP in Educational Psychology?
3. How can SBP be improved across all services in which EPs work?

3.2 Method

3.2.1 Research Design and Paradigm

A qualitative research design was employed to gain in-depth information to address the research questions. The research adopted a social constructivist paradigm, which reflects the

conceptual standpoint that aligns best with the research and impacts the research design and methodology. The ontological position, or understanding of reality proposes that reality is social constructed, where multiple realities can co-exist and are context dependent (Gray, 2011; Strong, 2005). Constructions or interpretations of reality which draw on strengths and resilience create “useful realities” (Gray, 2011, p. 7). Furthermore, the understanding of SBP in this research is impacted by the environmental and cultural context of training and working as an EP.

The epistemological position of social constructivism, or understanding of knowledge is subjectivist in nature, where the researcher and respondent co-create understandings (Lee, 2012). SBP is a concept that has derived from different disciplines and overlapping theories, where the present research aims to co-construct new knowledge about SBP as it relates to the discipline of Educational Psychology through understanding the thoughts and perceptions of EPs.

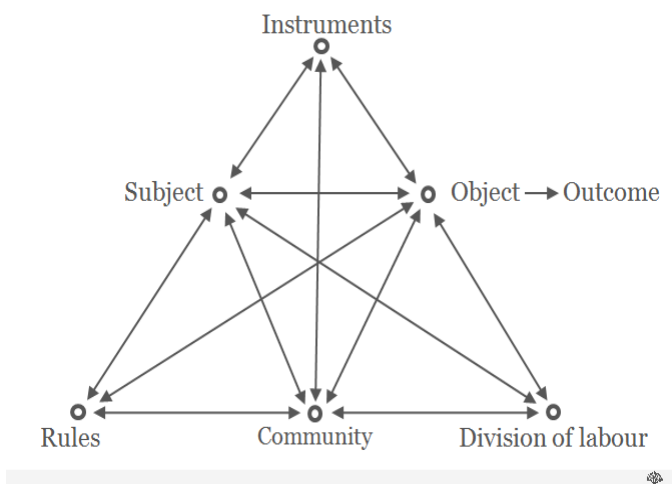
3.2.2 Activity Theory

Second Generation Activity Theory (AT) (Engeström, 1999) was employed as a conceptual framework to map the SBPs of EPs and frame the interview questions, where the qualitative data collected was merged to produce an Activity System. AT aligns well with the constructivist epistemology adopted by the present study, underpinned by the belief that reality is situated in within a particular social, historical and cultural context (Postholm, 2008). AT originated by Soviet Psychologists during the Russian revolution, where Vygotsky and his colleagues began to develop theories around learning and development in an educational context with the understanding that cultural, social and contextual factors play an important role (Leadbetter et al., 2008). AT has progressed through three generations, each of which will be discussed in turn. First generation AT emphasised the role of mediation in the process of activity or in a stimulus-response notion of human behaviour (Leadbetter et al.,

2008). This offered a new view of activity at the time, expanding on the traditional behaviourist view, where mediation can take form of concrete or abstract tools and artefacts (Leadbetter et al., 2008). Second generation AT developed this idea further by including the role of the collective and communal aspects of activities, depicted in the Activity System Triangle (Figure 9). Third generation AT was developed to capture the interaction between two different activity systems.

Figure 9

Second Generation Activity Theory



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AT can be used as a descriptive framework, analytic device and organisational development tool for EPs (Leadbetter et al., 2008). An activity system can offer a framework for understanding the relationship between elements, and contradictions can be identified and worked on to produce meaningful change (Leadbetter et al., 2008). AT has been used in a number of EP contexts such as evaluating the impact of the “FRIENDS for life” programme (Green & Atkinson, 2016), EPs’ statutory assessment process (Capper & Soan, 2022), evaluating the implementation of a school based mental health intervention (Cane & Oland, 2015) and multi-agency working (Greenhouse, 2013). AT provides the research with a number of strengths and limitations which will be discussed in more detail in chapter 4.

3.2.3 Case Vignettes

Case vignettes were adopted as part of the qualitative research design to complement the data obtained. Vignettes are short, hypothetical accounts that attempt to reflect real world situations and can be used within research to collect data to prompt discussions related to participant's perceptions, beliefs and attitudes (Tremblay et al., 2022). Case vignettes allow actions in context to be explored and to clarify individual's judgments in a less personal way and can be used to complement and enhance existing data (Barter & Renold, 1999). Case vignettes can be found in Appendix D. Vignettes were drafted for each service, determining which vignette was used with each participant. This was to ensure that the referral was reflective of a typical case that would be received by the EP.

3.2.4 Participants

3.2.4.1 Context and Sampling. The present research conducted 18 interviews with EPs. As the groups were plausibly similar enough (in training and context) the results can be used to inform the wider population (Barker et al., 2015) of Irish EPs. Green and Thorogood (2018) suggest that in qualitative healthcare research, no new information is gathered after 20 interviews when the sample consists of a similar group. The original aim of the research was to carry out 20 interviews in order to achieve this, however it was not possible to recruit more than 18. Both purposive sampling and convenience sampling was employed. Purposive sampling was used where participants must meet the inclusion criteria. Inclusion criteria required participants to be currently employed as an EPs in either NEPS, CAMHS, Children's Disability Services, Private Practice, Jigsaw or Educational Training Boards, holding a masters or doctoral qualification accredited by the PSI. Exclusion criteria included Psychologists not yet qualified (e.g. TEPs) or those from another specialist background (e.g. Clinical/Counselling). The rationale for only including EPs was the researchers interest in capturing the EPs perception and application of SBP, in light of the contextual and role

developments as discussed earlier. As EPs complete the only doctoral training that is exclusively focused on CYP, it was envisaged that results that were specific EPs would provide a comprehensive insight into the application of SBP with CYP and their families in Ireland. Convenience sampling was used to recruit EPs who were available to the researcher.

3.2.4.2 Recruitment. EPs across Irish services were invited via email by the researcher to complete an interview online or in a location which suited them (Appendix E). External team managers in other services were contacted via email to require consent for the researcher to correspond with EPs within their team. Where team managers emails were not readily available, the reception of each service was contacted (Appendix F). Interested participants were emailed with further information around the study, including information (Appendix G) and consent sheets (Appendix H). Participants were provided with two weeks to make an informed decision and then emailed again by the researcher with a gentle reminder to forward their signed consent sheet should they wish to participate. For pilot study recruitment, individual EPs were emailed directly by the researcher.

3.2.5 Data Collection Procedure

Semi-structured interviews were conducted with EPs from different services. The interview schedule was drafted by the researcher, considering previous research on the area, the research questions and the AT nodes to be explored. The interview schedule can be found in Appendix I. An example of a transcript can be found in Appendix J. As part of the 1:1 interviews, a hypothetical case vignette of a referral was presented to the participant (Appendix D). This was read to the participants at the end of the interview. Participants were then asked how they would approach this case typically.

3.2.5.1 Validity and Reliability. The interview protocol refinement framework (Castillo-Montoya, 2016) was employed to systematically develop, refine and ensure reliability of the measure. A pilot study was conducted with EPs from NEPS and the HSE to identify any

issues with the interview schedule. Case vignettes for the services in which the researcher had previously worked at this point (Child Disability and NEPs) were drafted through merging information from a variety of cases the researcher worked on to create a hypothetical vignette with fictional names and ages. Vignettes for the services in which the researcher had not worked at the time (Primary Care), were drafted through consulting the literature on referrals to such services (Hansen et al., 2021). Draft vignettes were reviewed by Psychologists working within each service to ensure they are reflective of a typical referral to promote internal validity (Tremblay et al., 2022). One example of a change made included editing the original CAMHS vignette as the Primary Care vignette as it was decided it was more reflective of a mild to moderate mental health presentation. Another change involved incorporating school avoidance into the CDNT vignette as this is a more frequent referral at present. One participant also suggested using the term Autism instead of ASD into the vignettes as this is more reflective of the language being adopted in CDNTs at present.

A research diary was used as a tool for reflection and recording thoughts, observations and changes throughout the research process as well as to promote transparency. Changes to themes and subthemes throughout the TA phases were logged in order to understand the progression of the data through the analysis. For example, the following depicts how further themes emerged or collapsed during the write up phase, noting the reflexive nature of TA; *“For the theme ‘conscious movement away from deficit model’, three themes were merged into one as it was realised they were too thin on their own and involved some overlap in codes, but still demonstrated an important way in which SBP is being subtly employed, where original subthemes of ‘importance of reminders’, ‘power in changing language’ and ‘SBP report writing’ were merged into ‘changing daily practices’”*.

With regard to the interview schedule, expert feedback was sought from a qualitative researcher in the field within the researcher’s university, which resulted in merging some

questions and removing some questions that were potentially too leading. Inter-rater coding reliability was not carried out for the present research due to the fundamentals of reflexive thematic analysis (TA) which views researcher subjectivity as a “resource for knowledge production, which inevitably sculpts the knowledge produced rather than a must-be-contained threat to credibility” (Braun & Clarke, 2021b, p. 334).

3.2.6 Approach to Data Analysis

TA was employed to analyse data, which is a flexible “method for identifying, analysing and reporting patterns within data”, where the researcher plays an active role in searching across a data set, identifying repeated patterns of meaning, selecting those of interest and reporting them (Braun & Clarke, 2006, p. 79). The researcher followed all aspects of Braun and Clarke’s (2006, 2022) steps for TA, outlined in Appendix K. Social constructivism resonates well with TA, as the researcher is viewed as actively involved in the construction of meaning (Braun & Clarke, 2006; Kim, 2014). The approach is recursive in nature, requiring the researcher to move back and forth through different phases as needed (Braun & Clarke, 2006). TA can be employed inductively or deductively (Clarke & Braun, 2013), which was appropriate for the present research as the use of AT as a framework required a “top-down” and “bottom-up” approach to analysis. NVivo was employed to analyse and interpret the data, which is a computer software that allows the researcher to store, manage, organise, code and retrieve data. NVivo was used as an aid to data analysis but did not replace the human aspect of data analysis. Strengths and limitations of NVivo are discussed in Chapter 4.

3.2.6.1 Deductive TA. With regard to the deductive components of the analysis, the features of the second generation activity systems were used as a priori themes, instances of which were then identified in the interview transcript. Once the features of the activity system had been described, the relationships between the features were considered and contradictions identified. Case Vignette data were analysed separately using deductive TA.

The Rapp et al., (2006) framework for SBP was used to consider the responses where a priori themes were created for each of the Rapp et al (2006) principles and data was coded deductively into each theme. Coulter (2014, p. 52) suggests the use of the Rapp et al., (2006) principles of SBP to assess SBP across different disciplines. This was the rationale for their use in relation to the case vignette data. These principles were previously highlighted in Chapter 2. Coulter (2014, p. 52) notes that while there remains a lot to be done many professional groups with regard to SBP, they can reference their practice against this typology to assess their degree of “strength-based-ness”. Case vignette responses were analysed separately to the main data set of interview responses.

3.2.6.2 Inductive TA. Inductive analysis was carried out on the data set as a whole, after employing complete coding in order to identify themes to answer the research questions. Themes were identified at the semantic or explicit level, where the analytic process progresses from description of data to interpretation of the significance, broader meanings and implications of the themes in relation to previous literature (Braun & Clarke, 2006). It was important to also employ this TA to answer the research questions without predetermined themes as it the case for the analysis relating to the AT framework. Braun and Clarke (2021b, p. 342) argue that incorporating predetermined themes prior to analysis or coding carries the risk that “they can be much more than topic summaries, and for “themes to be patterns of shared meaning underpinned by a central concept, they must be analytic outputs, not inputs”. This type of reflexive TA is considered “Big Q” qualitative, as it is both qualitative in values and techniques (Braun & Clarke, 2021a). Reflexive TA requires that the researcher explicitly states the theoretical and philosophical underpinnings of the research and is transparent throughout the process around how those assumptions impact the analytic process (Braun & Clarke, 2019). Themes in reflexive TA “do not passively emerge from either data or coding; they are not “in” the data, waiting to be identified and retrieved by the

researcher” but rather are “creative and interpretive stories about the data, produced at the intersection of the researcher’s theoretical assumptions, their analytic resources and skill, and the data themselves” (Braun & Clarke, 2019, p. 594). Braun and Clarke’s (2021b) guidelines for assessing the quality of TA research were considered to ensure that the analytic process produced a cohesive and high quality piece of research. Further strengths and limitations of the analytic method selected will be expanded on within Chapter 4.

3.2.7 Ethics

Ethical approval was obtained from Mary Immaculate Research Ethics Committee (MIREC) in May 2021, prior to commencing data collection (Appendix L). Ethics was subsequently gained from the NEPS Research Ethics Committee in June 2021. The current research adhered to the Data Protection Act (Government of Ireland, 2018) and the PSI Code of Ethics (Psychological Society of Ireland, 2019).

3.2.8 Researcher Reflexivity

Personal experiences can shape how researchers read data, indicating the importance of reflecting on this during the process to ensure it does not limit what one can see in the data (Clarke & Braun, 2013). The authors also note the importance of understanding that the researcher always shapes the research and that it will “always be infused with their subjectivity, and they are never a neutral conduit, simply conveying a directly-accessed truth of participants experience” (Braun & Clarke, 2022, p. 4). As a trainee EP, with a particular interest in SBP, this might influence how the results might be interpreted. I was aware throughout the process, due to my preference for SBP and my knowledge following considerable engagement with the literature on the topic, that I might bring my own judgements to the interview data around how EPs defined or practiced SBP. Considering this, and in line with the social constructivist approach, I ensured to value and aim to understand how EPs interpreted SBP to be a valid reflection of what SBP means to them with the

knowledge and awareness they possessed at the time of interview. To ensure awareness of personal biases, a reflexive journal was kept throughout the process to identify questions and content that I tended to emphasise or shy away from and to monitor the thoughts that arose during interviews (Berger, 2015). For example, this process brought awareness to the researcher's discomfort in probing participants further with regard to questions that related to SBP within their daily practice as I did not want the participant to feel that I was testing their strengths based knowledge. In particular, I realised a bias with regard to participants responses where I valued responses more that lined up with my understanding of SBP, e.g. participants that understood that SBP is more than identifying and listing strengths on a report. The awareness led to a conscious effort to work against both those biases mentioned by pushing past discomfort or valuing all constructions of SBP within the data. A hybrid approach to analysis was carried out to ensure that a full engagement with the data was conducted. Furthermore, examples of the coding process are included in Appendix M and N, to ensure transparency of the coding process. However, I also used my personal knowledge within the analytic practice by understanding participants accounts in relation to the wider literature and potentially noticing and coding aspects of the data that I interpret as more meaningful as result.

3.3 Results

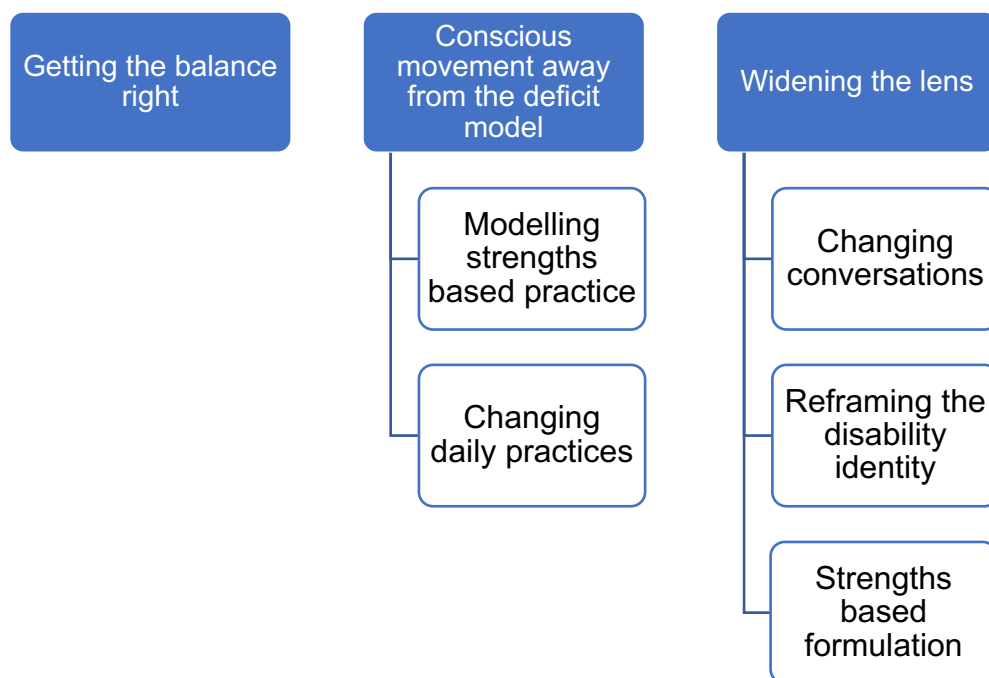
Phase one of the analysis process involved the inductive TA of the entire data set, searching for themes relevant to the research questions. Phase two of the analysis process involved deductive TA of the data set to generate an activity system and to analyse the results of the case vignette portion of the interview. The results of phase two aimed to complement the phase one analysis, and will be discussed following the reporting of phase one results.

3.3.1 Research Q.1: What does current practice look like?

Several themes were generated which provide an insight into how EPs employ SBP in their work. More inductive themes that provide concrete examples of current practice are discussed in later sections using AT. A thematic map illustrating the themes and subthemes relating to this research question are presented in Figure 10.

Figure 10

What does current practice in SBP look like?



3.3.1.1 Theme 1: Getting the balance right. This theme portrays how EPs employ SBP cautiously, similar to a balancing act where they ensure they acknowledge both strengths and difficulties, consider the timing to introduce SBP, while also balancing hope with reality.

“to brush over those (difficulties) or to not recognise, that would be a disservice to the family and to the young person, am so to recognise where there are challenges and then balance that with a way forward using the strengths” – Participant15

EPs acknowledged that a key component of SBP is to elicit hope in CYP and the adults around them, however it is also important to balance this with reality.

“you do have to both, you know, prepare them for what’s to come and balance hopeful with reality, you know, being clear” – Participant5

3.3.1.2 Theme 2: Conscious movement away from the deficit model. This theme relates to the need for EPs to actively choose to adopt a strengths based mindset in their work, which is carried out through modelling SBP to others and changing daily practices. Participants consistently described SBP as “moving” away from the deficit model in practice, highlighting the active and conscious nature of this process.

3.3.1.2.1 Modelling strengths based practice. Participants noted the importance of modelling SBP to colleagues, parents and teachers in the hope that others will adopt this mindset and approach;

“I think we can model for those around us that that’s the language that we’re going to use and I think language is really powerful” – Participant2.

Modelling SBP can begin during training, which moulds strengths based EPs who then model this mindset to other stakeholders;

“I think in training it’s partially just always considering who are the external people that we are bringing in to give that taught input, what are they modelling, what values are they going to share” – Participant2.

One participant noted how she gently attempts to model SBP to her colleagues, adopting a non-expert stance;

“And I suppose just trying to say ‘look this is something I’m really interested in, you’ll probably see me changing words in in my reports and I’d love if, you know people would would consider this and join in’, so trying to sort of model it without I suppose assuming the role of the expert and that I know how to do” – Participant2.

The aim is to support others to adopt this way of thinking;

“I think for me it's that in some way their language is maybe a little bit more positive or a little bit more strengths based” – Participant2.

Participants discussed the unique ability of the EP to advocate for SBP. Currently on teams, in particular in CDNTs, it is the psychologist who is trying to encourage SBP;

“But I do find, and I suppose from what I hear other teams are finding similar, that it is often psychology that drive it, you know that, you know that we are the ones that sometimes suggest it and make the suggestions for change and make the suggestions to work in this way” – Participant5

3.3.1.2.2 Changing daily practices. Participants noted how they incorporate SBP in their work by implementing small but powerful and positive changes, by incorporating reminders to use SBP or by changing their language and report-writing style in order to ensure they are maintaining a movement away from the deficit model through strengths based habits.

One participant noted how she added a prompted for strength based questioning on the standard consultation document, to ensure she remembered to incorporate strengths.

“Because I think these things you need to revisit every so often because I suppose we have for so long and I think been kind of a encompassed with that deficit based model you can very easily out of habit and just because fall back into that, fall back into that and that way of working” – Participant8

Participants conveyed the power in changing daily language, including swapping terms that align more with the deficit model, and changing language in written documents and daily interactions.

“I suppose probably just in in the everyday language that we use amongst each other as team members, you know whether it be in team meetings or team discussions or MDT formulations, you know that you're kind of using strengths based language” – Participant3

This change in language is adopted in EPs' approach to report-writing, ensuring that the reader of the report is considered whether it is the parent or the young person reading it when they are older;

"I would hate for them to look back and say 'Oh my God that was me. I was desperate'. I'd like to give them a sense of 'God. This was me. I was great. But you know there were areas that I did find difficult and I did get, I suppose, help or support around'" – Participant11

At present, SBP can tend to be up to the individual EP to seek out resources and literature, upskill or choose to model it in their work;

"I think really it's up to individual psychologists to develop their own beliefs around strengths based practice and to change their own follow up kind of activities or ways of working" – Participant11.

3.3.1.3 Theme 3: Widening the lens. The third theme generated that relates to this research question involves the use of SBP to widen the lens around a CYP or situation.

3.3.1.3.1 Changing conversations: Participants regularly discussed SBP in the context of changing the dominant narrative that the young person or the adults in their life might be holding. EPs can use strengths of the CYP or family to construct a new shared understanding, that will facilitate better outcomes, as strengths based work challenges others to view the child in light of their context and strengths.

"I suppose it is just about putting a different perspective. It's about, I suppose maybe catching dreams and changing conversations about children on a variety of levels" – Participant11

Using narrative approaches can help build a new narrative about a child or family that highlights their resilience and strengths;

“you know, kind of like thickening up that narrative like the family has, like, you know, these kind of skills and resources and strengths within themselves, and they have done this before, umm, so let's highlight that” – Participant1

EPs attempt to help others change their concept of a young person's behaviour;

“But it just puts a different mindset. Yes. Gives them a different mindset. I think that, you know, they're not, they're not constantly saying, ‘they're making no progress. I've never seen anything so bad’” – Participant12

EPs can do this by looking for positive exceptions to guide interventions and to demonstrate and remind parents and teachers that there are times where the issue or difficulty is not present;

“I suppose you want to know the exceptions to the rules. So for example, if parents are talking about behaviour concerns, for example, you kind of want to know when are there no concerns?” – Participant17

This can also be carried out with CYP directly, helping them to reflect on their abilities to encourage them to take positive steps in the future;

“you're not gonna stop a teenager being anxious, but maybe they're going to go away thinking well, ‘the next time I have a panic attack, I can do this, you know, I was good at managing in that situation, these are kind of the strengths that I have’” – Participant4

3.3.1.3.2 Reframing the disability identity. EPs reported that re-framing disability, in particular in adopting neuro-affirmative practices is a way in which they employ SBP. With regard to diagnoses of ASD, EPs highlight the strengths that can come with Autism;

“these are things that I actually genuinely do believe that like I don't, I don't think that ASD is necessarily like it's not... you know, it's not a bad thing in and of itself. And actually, you know, like there's I think there's a lot of kind of positive qualities kind of within getting an ASD diagnosis that can really stand to a person” – Participant1

EPs attempt to move away from trying to make a young person more “neurotypical”;

“we're not just looking at, uh, um, deficiencies or, uh, disorders, um, but we are looking at, so now the new ideas in terms of neurodiversity, so we're looking at how is that a neuro difference, how is this a part of normal human experience” - Participant18

This practice is facilitated by the sharing of knowledge and resources by Autism charities such as ASIAM which provide support in using neuro-affirmative language and writing neuro-affirmative documents;

“it really is informative and I suppose really helps you, teaches you how to use language”

– Participant5

Several participants discussed their implementation of groups for young people with Autism, with the view to help them understand and celebrate their identity;

“it is about encouraging the young people to reflect on their personal strengths and their personal differences that come through their... diagnosis of a neuro diverse condition” – Participant5

3.3.1.3.3 Strengths based formulation. Another mechanism in which EPs use SBP to widen the lens around the young person they are working with is through formulation.

“I think for my training, we, yeah, like we used a lot of, uh, the models we used were helpful, that, that there was definitely a focus on, um... ecological models or family systemic models, so kind of looking at things in a wider way” – Participant18

EPs’ draw on frameworks such as the Interactive Factors Framework and the Four P’s Model, to support them in considering the protective and systemic factors that are at play in a young person’s presentation;

“I always try to look at the protective factors and try to beef that out as much as they can,

you know, to see what are the strengths, what are the protective things, you know, what are the things that are going to get this family or this young person through a situation” –

Participant3

This process allows the EP to consider not only internal strengths, but also the strengths of the family, school or community, while also moving away from within-child hypothesis around behaviour or difficulties;

“So you are automatically identifying the strengths of this case in terms of um, yeah, the young person, the parents and the environment they're in” – Participant14

The EP is well positioned due to training in formulation to promote SBP in this way;

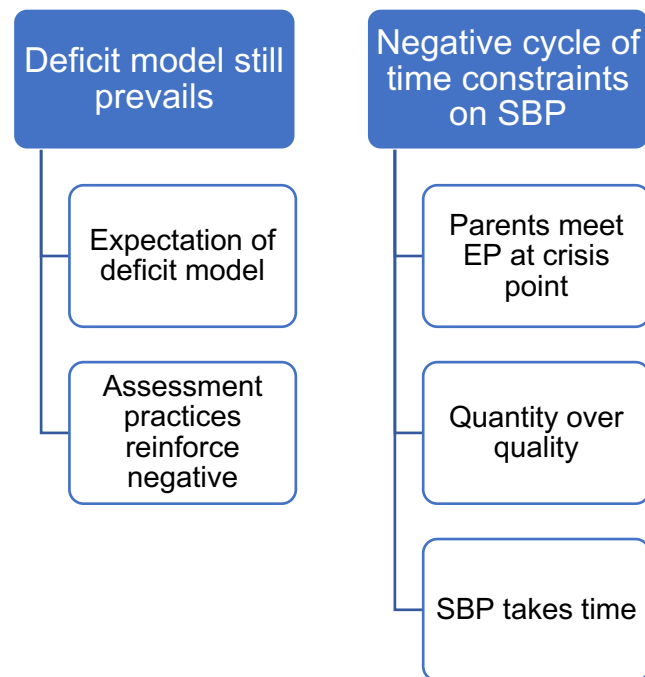
“I feel like educational psychology are the only, and I feel very strongly about this, I believe it, we are the only professional that comes to the table around about the child who actually brings everything together... I feel like, uh, and it's not just a feeling, I'm told, that people, and sometimes these families have been through lots of assessments before, but that they feel like maybe it's a more useful, the process is more useful because, it is positive, it's looking forward” – Participant13

3.3.2 Research Q.2: What are the barriers to SBP?

A map of the research question “What are the barriers to the implementation of SBP?” is presented in Figure 11.

Figure 11

What are the barriers to the implementation of SBP?



3.3.2.1 Theme 1: The deficit model still prevails. The first theme reflects how the deficit model continues to play an impact in Irish Psychological services, which can present as a barrier in several different ways.

3.3.2.1.1. Assessment practices reinforce negative. Participants across services noted that the language, tools and mindset of current assessment practices highlight the negatives within a CYP and reinforce their deficits, therefore, allowing the EP to fall back on the deficit model;

“like it’s very easy to kind of get sucked into, like, you know, the deficits or ‘they can’t do this’, ‘they can’t do that’, and you know, ‘they, they lack this’ and you know ‘they’re scoring low on this’” – Participant4

Participant’s noted the negative focus of particular assessment tools such as adaptive behaviour measures and psychometric assessment;

“I can do all sorts of things usually related to psychometrics and stuff like that, but they're all very they're all very negative in their focus.... but from the point of view of the child or the learner, they're usually just reinforcing the sense of failure” – Participant11

Furthermore, the negative framing of diagnostic criteria within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), places a negative stranglehold on the assessment process;

“I suppose they still originate from a very deficit model, a place where um diagnostic criteria is often quite negatively framed, framed as abnormalities or deficits or um, so I think that is a challenge” – Participant2

3.3.2.1.2. Expectation of the deficit model. The second subtheme relates to how other stakeholders such as parents, teachers and some other clinicians expect to be met with the deficit model when they meet an EP, and also how the expectation exists that adopting this perspective will result in change. This can present as a barrier to practice as SBP does not naturally or seamlessly fit into work with other individuals with this mindset. One participant noted how her use of strengths based language in a medically led MDT meeting caused confusion with other participants;

“I suppose they, um, they use those (medical) frameworks am quite closely in their practice, and so sometimes you phrase things in maybe a more strength based way, but somebody will ask you to clarify that you're still referring to the deficit and that can be challenging” – Participant2

Several participants noted how strengths based reports can cause confusion for others, whereby their expectation of the deficit model means that it can appear that they are disguising the needs and difficulties;

“I suppose to someone that may not be aware of this approach, it it, it may look like the child less needs than they do, in fact maybe, you know?” – Participant5

EPs can find they need to explain the nature of SBP as parents and teachers can expect deficit model style consultations;

“because people do sometimes think I'm mad when I start consultation, with ‘what is he good at?’ And I have to explain and say, but this would feed into interventions for this young person, you know, it's really, really important that we do know what the strengths are so we can plan around those, um, and support them” – Participant9

Other stakeholders can feel that focusing on the deficits will result in change, for example participants noted that teachers and parents will want the conversation to centre around difficulties in order to cause a change to the situation;

“parents only get stuff on.. it's not if it's strength and positive, it's how bad is it... so it's kind of um, parents coming in have that kind of more negative, they feel that's what they get from the psychologist to get anywhere” – Participant14

There is still a perception among other stakeholders that negatively slanted assessments are important;

“I think that attitude still does prevail, that assessment is king and and that, you know, a label is needed to get help” – Participant17

However, this perception is valid when it comes to certain applications, where EPs need to adopt a highly deficit model orientation. Applications for support services such as the Domiciliary Care Allowance (DCA), CAMHS referrals and Special Needs Assistant (SNA) are still entrenched in the deficit model;

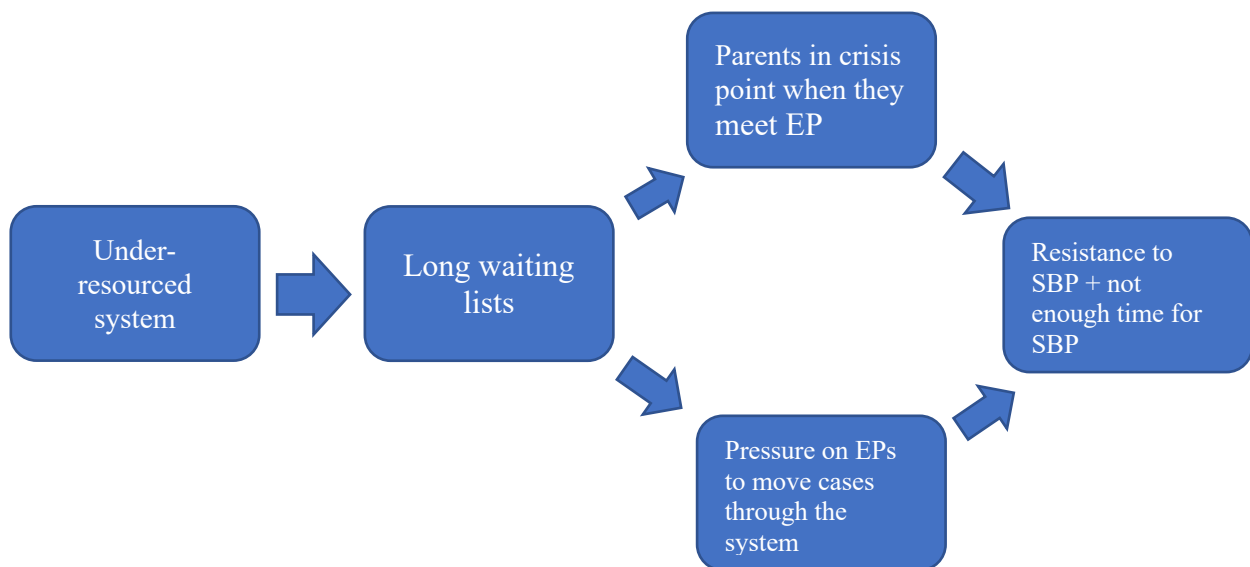
“we compromise, compromise ourselves... having to paint children in a different way or in a negative way to actually get the things that we feel they need to be empowered to reach their potential” – Participant11

3.3.2.2 Theme 2: Negative cycle of time constraints. This theme relates to the negative impact time constraints have on SBP. This can manifest as a cyclical process, where long

waiting lists in services have two impacts on SBP; parents are regularly in crisis when they meet the EP, and unable to engage in SBP, and secondly, pressure to move through these waiting lists means that EPs do not have the time to engage in quality SBP, reflected in Figure 12.

Figure 12

Process of the impact of time constraints on SBP



3.3.2.2.1 Parents meeting EP at crisis point. The first subtheme relates to the negative impact of parents' stress on an EPs' ability to introduce SBP. In Irish public services, parents can experience lengthy time on waiting lists, due to the demand for services outstripping the resources available. As parents are not usually seen in a timely manner, their stress builds and their coping skills can deplete as long as they are on waiting lists without access to support. This impacts SBP on two levels, where strengths become disguised by difficulties, and secondly, where parents can find SBP disingenuous;

"I think if you are getting to people at points of crisis because of waiting times, it is, they are really, it's the difficulties have taken front and centre" – Participant2

As result, SBP can come across as disingenuous or patronising, when the level of difficulties and stress are significant. Parents might feel that the introduction of SBP means that they are not being listened to or their difficulties are not being considered;

“I think sometimes parents can feel a little bit frustrated if the focus is purely on strengths because they feel that you know if you were to just do that, they might feel, or they have said at times that they feel like you're not getting it” – Participant15

3.3.2.2.2 Quantity over quality. The second theme involves the pressure to compromise quality work in order to reach more individuals on the waiting lists. Quantity over quality is valued at a systemic level, where evidence of metrics is sought through statistics and key performance indicators (KPIs). This can put pressure on EPs to see more clients in order to ensure that they can evidence the quantity of work they are completing.

“I suppose the volume of work and the amount of throughput that's asked of the HSE means it's quite difficult to do strengths based work because it's all about sort of metrics and stats and you know how many ITA, how many initial team assessments you've started, how many you've finished. It's not actually about the quality of what you've done” – Participant4

3.3.2.2.3 Strengths based practice takes time. The final subtheme relates to the fact that SBP is a practice that takes time, which is challenging in an under resourced system as demonstrated by previous subthemes. EPs may need to spend more time with the individual or family assessing for strengths, building trust and relationships, getting others on board with the approach and writing reports that balance both strengths and challenges.

“it's not just about coming in and doing an assessment in two hours and then the person walks out the door and they have absolutely no sense of how you made that formulation. How did you make the diagnosis? What does their particular diagnosis of autism look like? Um, You know, what are their strengths? What are their differences?... And I understand the pressure is to kind of move people through the system... But if you don't resource the system

properly then, you're never going to be able to provide a quality service I suppose”-

Participant4

SBP takes more time in particular for children with disabilities, requiring more work to assess strengths;

“I suppose children with disabilities I suppose maybe require more of this, you know and you need to spend some time with them, sometimes much more time, maybe with them, trying to uncover those strengths and talents that there are there that are maybe in some way hidden or not highlighted enough”- Participant16

3.3.3 Research Q.3: How can SBP be improved?

One overall theme was generated across the data set that revealed ways in which SBP can be improved. A thematic map of the research question is presented in Figure 13.

Figure 13

How can SBP be improved?



3.3.3.1 Theme 1: Organisational structures to support SBP. This theme relates to the ways in which the macrosystem can support SBP, outside of the individual clinician.

3.3.3.1.1 Need for further training. EPs across services noted the need to access further training in SBP to promote its use. It is evident that there is an appetite and eagerness among EPs across services to develop their practice further.

“I suppose just in terms of training, like we’ve never had any specific training around strengths based practice” – Participant12

Participants in particular noted that while they feel competent in working from a strengths based model with individuals with ASD due to the neuro-affirmative movement, they would like further guidance in implementing SBP with other neuro-diversities and populations, in particular with significant ID.

“I suppose it will be lovely to get more guidance on it and more diversity, so not for the likes of autism, like for all disability, you know, how make, you know how to use strengths-based practice, um, when it comes, you know, not just having a strength section” –

Participant5

Participants noted that further training on practical strategies and frameworks in better implementing SBP would be helpful due to the busy nature of the role;

“is there a framework I can use for assessment that really draws me back to think, did I consider at each stage the child's strengths and did I document them in my report and my paperwork for intervention? How, you know, in each session did I, you know, where did I sort of frame the strength? And so I think having those frameworks and those models provide you with the structure to prompt you to remember to do some of these things that you have great intentions about and don't always have them under pressure” – Participant2

3.3.3.1.2 Sharing SBP. Participants noted the value in a team approach to promoting SBP further. This can be done in sharing resources and webinars with colleagues, team training opportunities and shared team frameworks;

“but that everybody is working like I suppose generally or in the more wider terms, everybody on the team is using the same approach” – Participant7

Already existing forums such as team meetings could be used to revise the language in service documents and to discuss SBP as a team;

“maybe it could be something that there's a little bit of a input given maybe annually or bi-annually on the topic, reminding people am, resources that we developed, you know, interview guides or checklists or forms, maybe casting an eye over those and just making sure that there are strengths based questions or activities or approaches included in them” – Participant3

Another team structure which would promote SBP is the use of supervision, to help EPs to problem solve cases in a more positive way and ensure that they are utilising SBP;

“I think that's a really good structure to challenge your practise so am bringing cases to supervision and I suppose having that experience of sometimes it's being reframed for you in a strengths based way” – Participant2

Participants noted the different perspectives on strengths that are offered by different disciplines, which emphasises the value of ensuring SBP is a team approach;

“very often what might be seen as a difficulty from one perspective could be seen as a real strength from another” – Participant2

3.3.3.1.3 Top-down approach to SBP. Participants across services noted the value in a top down approach to SBP in developing a strengths based culture. Participants noted the positive impact it has on a team or individual clinician if their manager is strengths based;

“so that that kind of trickles down to the team you know so if that comes from the leadership” – Participant3

SBP can be promoted by an organisation encouraging SBP from a top down level;

“I suppose at a macro level... you could spend your days just picking up in the new directives and the new kind of messages we're receiving from the top. And if one of those messages was, look, we're looking at a kind of a service review and we're looking at ways that we can incorporate a more strength based lens into our work with schools and children and families... I suppose not just in terms of children, but in terms of all of the layers of the organization, but ultimately that would filter down then into our work with children” –

Participant11

The implementation of policies would support a team approach to SBP that was already mentioned, and ensure that it is not up to the individual psychologist to use SBP;

“it's kind of down to individual psychologists, so maybe as a team, am if there were, if there was kind of some policy yet, maybe the local level, team level about even a sharing and supervision of what's happening within our team around this and can we try and maybe work towards the more of a strengths based model than we currently are at” – Participant14

3.3.3.1.4. Needs based models of resource allocation. Participants noted how looking at needs and strengths, as opposed to labels and identifications will allow them to be more strengths based;

“I think it would be great if we could move towards a, a system where we're just looking at needs and strengths, and we are able to just highlight, okay, these are the areas that people need support or should need support, but at the moment it's really based on our diagnostic kind of system” – Participant18

Several EPs draw on their training to around completing “statements of need”;

“all your adaptive, your cognitive and whatever else needs to be done and putting that in the report, but then actually summarising it on strengths and areas of need so that so that it's easier for the parent or whoever's reading it to navigate what the actual outcome is” –

Participant7

Participants noted that much has been done systematically to move to this way of working, but that there is still much more progress to be made.

“I think really it's been the wider systems changes that have allowed us to be more strength focused, particularly with changes in the Department of Education in their circulars... but I still think we've a bit of a way to go” – Participant17

3.3.4 Activity Theory Analysis

An overview of the deductive approach to TA is depicted on the activity framework in Figure 14. Each node is explored in greater detail in turn within Appendix O.

Figure 14

Activity System depicting EPs Perceptions

Object: *What is being worked on?*

- Consultation
- Assessment
- Intervention
- Formulation
- Focusing on the positives

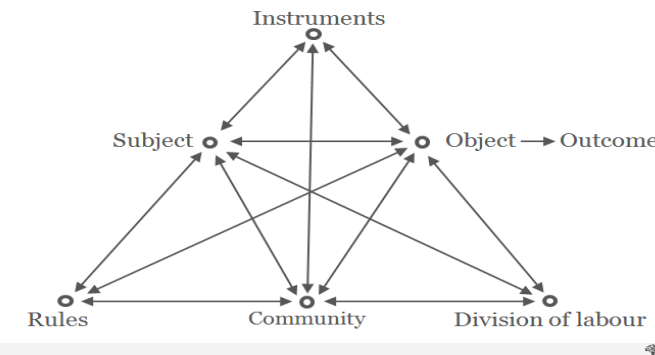
Subject: *Perspective of Individuals being studied*

- SBP embedded in EP interview skills
- Bring a different perspective
- Developing role
- Ability to stand back and view strengths & coordinate
- Individual choice

Rules: *What constrains and supports actions*

within activity systems

<i>Supportive factors</i>	<i>Constraining Factors</i>
PDS	Systemic time constraints/waitlists
EPSEN act	Deficit model
Department of Education	Department of Education
PSI code of ethics	Lack of training
Organisational focus on SBP	Lack of organisational focus/policy
	PDS
Movement away from deficit model	



Community: *Who else is involved?*

- CYP
- MDT colleagues
- Doctoral training programmes
- Parents
- Schools

Tools and Artefacts: *What is being used?*

Abstract Tools

- Goal setting
- Supervision
- Language
- Time
- Mindset
- Models and frameworks
- Person centred practice
- Positive psychology

Concrete Tools

- Assessment tools
- Neuro-affirmative resources
- Reminders
- Reports
- Training and CPD
- PSI resources
- Strengths based literature/authors
- Formulation frameworks
- Consultation frameworks
- Group interventions that focus on strengths

Division of labour: *How is work shared?*

- EP takes initiative on SBP within team
- Changing language on team
- Sharing SBP information amongst team
- Team approach to SBP

Outcome: *What is hoped to be achieved?*

- Building capacity
- Change perspectives
- Better understanding
- Hope
- Self-esteem
- Motivation
- Self-identify strengths
- Instil strengths based mindset

3.3.4.1 Activity Theory Contradictions. Contradictions within activity systems highlight sources of tension that can expose opportunities for change and action (Leadbetter et al., 2008) and are presented in Table 3.1 and Table 3.2.

Table 3.1*Primary Contradictions (within nodes).*

Number	Location	Contradiction	Extract from Interview
1.	Rules	PDS was identified as having both a supportive role in SBP due to the focus on goal setting, and also a negative role in the model of service delivery requiring a large amount of families seen in an under resourced system.	<p><i>“the whole PDS model and family centred practice, I do think there's kind of a strengths based value underlying that you know you're, you're trying to, you know, as the essence of it is to identify what are the family's priorities and what are their goals coming from that” – Participant3</i></p> <p>Vs</p> <p><i>“the whole kind of model of the PDS team, and the model of service delivery means that it's quite, challenging to implement strengths based practice really because, just I suppose the volume of work and the amount of throughput that's asked... means it's quite difficult to do strengths based work” – Participant4</i></p>
2.	Rules	The Department of Education was noted as both a supportive and constraining factor for SBP. Recent circulars that move towards a needs based model of resource allocation allow EPs to move away from the deficit model, however the DE still maintains a deficit focus in other areas.	<p><i>“I think really it's been the wider systems changes that have allowed us to be more strength focused, particularly with changes in the Department of Education in their circulars” – Participant17</i></p> <p>Vs</p> <p><i>“I suppose we are and we are part of the the Department of Education and they have a very different slant in terms of psychology, they're into numbers</i></p>

			<i>and efficiency....but again, all of our language in our documents is really it's about disorders and deficits and difficulties” – Participant11</i>
3.	Rules	A contradiction exists between participants perception on their organisations focus on SBP. Some participants identified that their organisation does support SBP, and others identified that there is no organisational focus.	<p><i>“I suppose as I said at the moment with um, the strength based practise in organisation, it's kind of down to individual psychologists, so maybe as a team, am if there were, if there was kind of some policy, maybe the local level, team level about even a sharing and supervision of what's happening within our team around this and can we try and maybe work towards the more of a strengths based model than we currently are at” – Participant14</i></p> <p>Vs</p> <p><i>“I think it's very much embedded within the HSE that that would be expected that we do try and sit with the young person's strengths, that it isn't solely deficit model and that we try and honour those strengths. So I think it's it's implicitly there am in our work across the board that we we definitely seek to understand what those are and to make sure that we do incorporate them into our work” – Participant17</i></p>
4.	Rules	Participants identified that a societal movement away from the deficit model supports SBP, however the deficit model still exists within services.	<p><i>“I think also, um, yeah, in general, like as, as a society that we are moving away from this idea of, because we have, psychology has done a lot of damage in the past when we've kind of labelled people and we've made something normal and abnormal” – Participant18</i></p> <p>Vs</p>

“we can be requested by organisations to write reports in a particular way or write letters in a particular way to get resources for kids, which is very deficit orientated, am so I think those challenges still exist... So I think government departments still require that type of model because they want an objective way to release funding, but I think psychologists aren't comfortable with that and do prefer more strength based approach” – Participant17

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5. Division of labour Vs. Team members are open to SBP
Some team members want to focus on deficit model

“we are the ones that sometimes suggest it and make the suggestions for change and make the suggestions to work in this way, then they're very receptive and I would say that everyone makes equal efforts then once the idea is presented to them” – Participant5

vs

“because there's a number of staff, I suppose, that are resistant to that, I suppose are just they feel that they need to be deficit based in their notes or in their letters because that's what gets, um, service or that's what gets support, whereas we know that's not the case” – Participant7

Table 3.2*Secondary Contradictions. (between nodes)*

Number	Location	Contradiction	Extract from Interview
6.	Tools and Rules	Time is a key tool in implementing SBP due to the time commitment involved, however participants are under significant time pressure due to long waiting lists, restricting the ability to implement SBP effectively.	<p><i>“I suppose children with disabilities I suppose maybe require more of this, you know and you need to spend some time with them, sometimes much more time, maybe with them, trying to uncover those strengths and talents that there are there that are maybe in some way hidden or not highlighted enough” – Participant16</i></p> <p>Vs</p> <p><i>“time as well, you know, like having the time and the resources to actually explore it, you know, um, you kind of feel when you feel under pressure maybe by time or by resources or what you can give, you might feel, OK, I have to jump straight into the problem and see what it is, you know, without, whereas maybe taking that step back, and as you said, looking at the strengths or coming at it from a strengths based approach, which would yield maybe a better long term outcome” – Participant3</i></p>
7.	Subject vs rules	The role of the EP is developing away from a focus on psychometric assessment, however the deficit model still requires EPs	<i>“I suppose it's progressing and and we have moved away from that kind of very much psychometric assessment driven service, I suppose I'm in service now 20 years or more, so I suppose when I went in first it was very much psychometric assessment driven, and that's much less so now” – Participant8</i>

		to carry out deficit focused assessment to access resources.	Vs <i>“In a way that we compromise, compromise ourselves, we all come back to base of like having to to paint children in a different way or in a negative way to actually get the things that we feel they need to to be empowered to reach their potential” – Participant11</i>
8.	Tools and rules	EPs identified that training and CPD is a helpful tool for SBP, however there is a lack of training provided.	<i>“I do think we need more training, like I do think we need CPD, I think some people think like strengths-based practice is you write a report and you include a heading with strengths and if there's just sitting with strengths and then the rest, the report is about the difficult, is it really a strength based report? If it's an imbalance between strengths and areas of need” – Participant5</i> vs <i>“I would say we hear about strength based practise from time to time about there are not too many initiatives you know or you know the trainings or or focus focus on on this particular aspect, And I suppose I would like to see more of that” – Participant16</i>
9.	Outcome vs rules	One of the outcomes of SBP is that the young person or family gain an improved understanding of their profile of strengths and needs, however, due to the time	<i>“I would like to see an impact on their self-esteem and their sense of self and maybe a more balanced, and balanced sense of, you know, their challenges and their strengths and you know normalising some of the difficulties that are having within maybe the developmental phases they are going through” – Participant14</i>

constraints on SBP this outcome might not always be achieved.

Vs

“it's not just about coming in and doing an assessment in two hours and then the person walks out the door and they have absolutely no sense of how you made that formulation. How did you make the diagnosis? What does their particular diagnosis of autism look like? Um, You know, what are their strengths? What are their differences? They just walk out the door with a piece of paper potentially that says my child has autism or I have autism, but there's no real understanding around that” – Participant4

3.3.5 Analysis of Case Vignettes

The Rapp et al., (2006) SBP principles were each used as predetermined themes when coding the portion of the interview transcripts that involved participants responses to the case vignettes. Results indicated that several principles were evident in the excerpts, outlined in Table 3.3

Table 3.3

Analysis of Case Vignettes

SBP principle	Presence in responses	Quote (if applicable)
Provision of meaningful choice	Choice was mentioned in two responses to the case vignette in relation to exploring the CYP's choice and leading with the families identified priorities	<i>"I would involve little Sophie first of all... about what she might like to work on, are there any skills she's finding difficult to any friendship skills? I would prefer to come from Sophie.. what skills she wants to work on, uh, rather than the adult, the SLT deciding, um, deeming what social skills she needs or what social skills deficits she has" – Participant9</i>
Environment is seen as rich in resources	One participant noted the available resources outside of the CYP;	<i>"He has, you know lots of resources available in terms of like the you know, kind of the people around him like, you know, his family and his extended family" – Participant1</i>

Goal orientated	Two participants noted that goals would be established for the CYP;	<i>“ideally it would go from from that I suppose onto an IFSP where we'd identify those intervention goals and work on them” – Participant2</i>
The relationship is hope-inducing	This theme was not apparent in the case vignette responses, however the importance of eliciting a sense of hope through SBP was documented within the main data set and was noted as a significant outcome of SBP.	
Systematic Assessment of strengths	This theme was not apparent in the vignette data. Most participants spoke about assessment with regard to the difficulties in the referral such as ADOS, play based assessment, screeners, cognitive and adaptive assessments, undertaking a developmental history etc. One participant noted that they would like to find out more about the CYPs strengths but did not note how they might gain that information. One participant noted that they would ask the student what they like doing. Several participants noted that they would be asking questions with the family or school around what is going well and the strengths, however not in a systematic fashion.	

Strengths are used for goal attainment	Four participants noted that they would utilise the CYP's strengths for goal attainment, for example, a couple of participants noted that they would use the young person's interests in capital cities, in their intervention to support their difficulties which is social skills through an in-class table quiz where the young person builds conversation skills through their topic of interest.	<i>“What are their strengths? What are the things that excite them? What are the things that make them smile... and how can we merge the two, the thing is that we can learn from the child strengths and we can apply that if the child maybe is good at history, geography, why are they good at that? What are the skills they have there? How can that successfully be applied to reading if that's an area of concern?” – Participant11</i>
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The results of the case vignette component of the semi structured interview indicate the SBPs of participants in response to specific scenarios. While not a robust method of data collection, the results highlighted that in current practice the principles of SBP as advocated for by Rapp et al., (2006) are not consistently adhered to. While some participants responses evidenced the use of some of the principles, they were not consistent across responses.

3.4 Discussion

Results of phase one and phase two of the data analysis will be synthesised to consider each research question and contextualise the results within the wider literature as well as considering implications for policy and practice. The strengths and limitations of the present research are outlined and implications for future research are considered.

3.4.1 Research Question 1: What does current practice look like?

The second research question aimed to explore what current practice looks like with regard to SBP. It was observed that the use of SBP within individual intervention was not a common theme within the inductive results. Results generally reflected SBP outside of individual work with young people and more SBP with parents, teachers and MDT members. This is an interesting result and potentially reveals an area for improvement within SBP. The AT tools and artefacts nodes reflect the abstract and concrete tools EPs use to employ SBP which represent more specific examples than the inductive themes. Inductive themes indicated that EPs balance strengths and difficulties, employ a conscious movement away from the deficit model and use SBP to improve positive understanding.

3.4.1.1 Balance. The present results indicate that EPs naturally balance strengths and difficulties in practice. The need to balance SBP with a genuine acknowledgment of difficulties is documented within the literature (Laursen, 2003; McCammon, 2012; Coulter, 2014, Saleebey, 2002). Participants also referenced balancing hope and reality, particularly with regard to disability and the reality of certain diagnoses. The need to balance hope with reality with regard to assessment is also documented within the literature (Abbott et al., 2013; Snyder et al., 2006). This balance is important, as research has suggested that parents can feel professionals can be too realistic without appropriate inclusion of hope within assessment feedback (Nissenbaum et al., 2002). EPs' use of balance within SBP also reflects the concept in practice that SBP does not ignore or disregard difficulties in the process of focusing on strengths and empowerment (Aspinwall & Staudinger, 2003). It is not required that EPs take one approach at the expense of the other, but to tread a balanced line where practice works with strengths and deficits (Stuart, 2018). Once this balance is achieved, EPs can steer others in the direction of their strengths (Gray, 2011).

3.4.1.2 Movement away from deficit model. As well as other stakeholders holding an automatic deficit orientated response as discussed within the first research question, EPs need to consciously operate against this bias in order to implement SBP. SBP represents a movement away from a “wholesale endorsement of the deficit model” by focusing on strengths (Frieden, 2019, p. 227). This active movement was evident within the results. EPs do this by changing their language and ensuring they are maintaining SBP through reminders, revisiting literature, seeking out neurodiversity resources, changing their language, and upskilling.

The need to implement daily practices to move away from the deficit mindset echoes the results of the scoping review that evidenced that SBP is an overarching mindset, not only a practice. It is interesting that this mindset is not as automatic in practice, which may be as result of attribution bias. Developing a balance of understanding both difficulties and strengths can be difficult due to the bias towards the negative (Hass, 2018). Wright et al., (2021) explored negativity bias and argues that if something stands out, its valued as negative and if its context is vague or sparse, than the negative value will be a major factor in guiding perception, thinking and feeling. Individuals tend to weigh negative aspects more heavily than positive, due to its normative deviation from positive norms of society (Wright et al., 2021).

As well as consciously choosing this mindset individually, a key method of implementing SBP was through positive modelling with the aim of helping others adopt a SBP mindset. Modelling SBP can have a contagious effect (Gray, 2011). When EPs model SBP it can help others adopt an ecological perspective to the problem (Buckley & Epstein, 2004). While it is positive to learn from these results that EPs are making an active effort to encourage SBP through modelling, it is also argued that this practice is not sufficient in creating long term and meaningful change to service delivery. Positive modelling evolved from social learning

theory which posited that learning is facilitated through observation (Bandura, 1969).

Modelling is limited as an attempt to encourage SBP as several mediational processes are involved in the adoption of observed behaviour which the EP cannot control, such as attention, retention, reproduction and motivation (Bandura, 1969).

3.4.1.3 Improving positive understanding. EPs also implement SBP by widening the lens around a young person, with regard to how they view themselves and how others view them. Results indicated that EPs do this through strengths based formulation, embracing the neurodiversity movement and changing others perspectives on a CYP. The function of widening the lens has already been identified as a key distinctive factor of the role of the EP, which allows for a “rich and multi-layered picture of the problem situation” (Cameron, 2006, p. 294). This helps to uncover mediating variables and encourage alternative explanations for problems (Cameron, 2006). EPs use formulation to build a more holistic narrative and understanding of a young person, and thus widening the lens, through a focus on protective factors and moving away from within person hypotheses (Cameron, 2006; Johnstone et al., 2011; Monsen et al., 1998; Woolfson et al., 2003), for example using the “5 Ps” approach (Macneil et al., 2012). Formulation is a core competency for EPs and trainees are exposed to several practice frameworks (British Psychological Society, 2019a). Research has suggested that it is psychologists who bring formulation to team settings (Christofides et al., 2012; Johnstone, 2013). Through this skill, and exposure to psychological theories such as EST, EPs are able to examine and draw on the wider context around a young person and re-frame unhelpful narratives in light of this which complements SBP. EPs also reported adopting solution focused and narrative approaches to bring a new perspective and implement positive reframing. This finding is confirmed by previous research that suggests their use as tools for SBP, and was also reflected in the scoping review (DeJong & Miller, 1995; Ingamells & Epston, 2012; Gleason, 2009; Saleebey, 2008).

Another way in which EPs are implementing SBP is through embracing the Neurodiversity movement. It is evident from the results of the present study that the Neurodiversity movement is having a significant impact on services, where EPs draw on resources and new understandings promoted by the National Autism Charity (ASIAM) in order to reflect this in their practice. Research argues the neurodiversity movement and SBP are positively aligned (Donaldson et al., 2017; Nocon et al., 2022). The neurodiversity movement has significant implications for Autism practice, suggesting that variations in neurological development and functioning are not necessarily pathological, and therefore requiring that EPs consider the person-centredness of their interventions and their language (Leadbitter et al., 2021). ASIAM have been involved in recent publications by NEPS with regard to Autism (Ireland, 2022), further indicating that the neurodiversity movement is being strongly considered, marking a paradigm shift to a strengths based way of working with CYP with autism (Donaldson et al., 2017).

3.4.2 Research Question 2: What are the barriers to implementing SBP in Educational Psychology?

The first research question aimed to consider what the barriers are to EPs' implementation of SBP in an Irish context. It is evident from the results that significant barriers at a macro level negatively impact EPs ability to implement SBP effectively. These macro level barriers include the dominant influence and ideology of the deficit model and the ongoing time constraints within an overstretched system.

3.4.2.1 Dominant influence of the deficit model. The ongoing expectation of the deficit model by other stakeholders may be as a result of the historical influence of the deficit model in guiding practice and resource allocation, that could still influence how others conceptualise psychological services. Other research also confirms the pushback that can be experienced

when psychologists attempt to incorporate less deficit focused practices. For example, Bozic (2018) found that altering an assessment to enquire about strengths resulted in tension from school staff as it may have seemed as if the EP was ignoring the referral reason. Similar to the results regarding the confusion that can be caused by strengths based reports, Hopps-Wallis et al., (2016) found that teachers noted that strengths based reports requires the reader to “read between the lines” to identify what the writer is trying to get across. For example, one study demonstrated how medically minded team members dismissed psychological formulations that attempted to look at a problem from a wider and less deficit focused angle (Wood, 2016). Despite this, research suggests that parents are more satisfied when clinicians adopt SBP (Carlson et al., 2010; Kemp et al., 2014; Lee et al., 2020) and teachers value strengths based information (Bantum, 2014). This potentially indicates that while other stakeholders might initially feel unsure about SBP, they could learn to value it.

The influence of the deficit model is also clear in the findings around the negative focus of assessment practices in Irish psychological services. This indicates that the SBP mindset is possibly not operationalised in assessment practices. The present findings in relation to the negative impact of the DSM-5 criteria is also supported by ongoing challenges experienced by psychologists and other disciplines to this diagnostic system (Karter & Kamens, 2019). A balanced assessment of strengths and difficulties, as advocated for by many authors within the SBP literature (e.g. Snyder et al., 2006; Lopez et al., 2003, Jimerson et al., 2004) is not reflected in services. This result is complemented by the case vignette analysis, where a systematic approach to SBA was not evident within the participants responses, indicating that current SBA practices are more informal in nature and do not carry the same weight as the other aspects of the assessment process. This may be as result of several reasons, including the time commitment involved in a balanced assessment which is a later theme, the lack of official requirement to carry out a balanced assessment (Jimerson et al., 2004; Moore, 2005)

or the lack of training that acknowledges the importance, value and applicability of a balanced assessment. Furthermore, EPs could feel pressure to give a focus to difficulties in light of parental or other professionals expectations of the deficit model and confusion with strengths based reports. Finally, EPs could feel that reporting problem details is perceived as more professional, whereas a thorough inclusion of strengths has the “potential to raise professionalism to a new level” (Gleason, 2007, p. 57).

This influence is reinforced by EPs’ need to carry out deficit focused assessments for resource allocation. For example, applications for Assistive technology (Department of Education and Skills, 2013), school transport and special school placement requires professional reports which are often completed by EPs. Price et al., (2020) also found that the need to express significant deficits to enable resource access creates tension with current practice and the principles of SBP. Given the significant time constraints on EP practice, it is argued that this practice may not make the most of “our science and much of our training” (Seligman, 2002, p. 7). Furthermore, time spent on such applications is not in line with the wider inclusive education movement, which requires a shift within EP practice towards an ecological and multi-systems paradigm (Engelbrecht, 2004). Instead of spending time on such applications, EPs could support schools to meet learners needs and support their inclusion in school curriculum, using a strengths based instead of deficit based lens. For example, the EPs’ valuable role in this regard has been observed in the recent support provided by NEPS to schools in meeting the educational and emotional needs of CYP arriving from Ukraine (National Educational Psychological Service, 2022).

The type of assessment used by EPs, whether strength-based or deficit-based, impacts the way in which problems are characterised and, subsequently, how CYP and parents feel (Buckley & Epstein, 2004), which can explain the negative impact of current assessments. SBA, in contrast to the deficit focused assessments noted by the participants, has been found

to elicit positive outcomes (Cosden et al., 2004; Cox, 2006; LeBuffe & Shapiro, 2004), and therefore makes the process more positive. Assessments are one of the most important roles of the EP, due to its impact on intervention and consultation (Kosher et al., 2014). In light of the research that suggests that SBA can make the experience more positive for CYP and the present results indicating the negative impact of current assessments, a complementary focus on strengths could potentially combat the negative picture that can follow from deficit focused assessments.

If a balanced approach to assessment was common practice, as well as the aforementioned benefits, other stakeholders may come to understand that strengths based work is what to expect when meeting a psychologist. The dissolution of the expectation of the deficit model could resolve some of the difficulties encountered by this barrier. The development of a consistent balanced approach to assessment could be achieved through including this stipulation as part of the BPS core competencies for EPs (British Psychological Society, 2019a). Furthermore, referral forms or developmental interview schedules could be edited to include more specific strengths based questions, as opposed to a generic request for a list of strengths. Organisations could require that EPs evidence that strengths were identified and a plan to accommodate or harness them are included within the process. Organisations could commit to drafting an audit schedule reflecting SBP and EPs could use this document to audit their files. Finally, doctoral training programmes could include lectures on SBP, including the different approaches to SBA and the rationale for a balanced assessment.

A primary AT contradiction indicated that while there is a societal and personal shift away from the deficit model, it is still required in practice, indicating a tension within the AT system in this regard. SBP can be overshadowed by the deficit model (Blundo, 2001), which is reflected in these findings. Interestingly, while EPs noted the difficulties imposed by restrictive deficit legacy led policies, the EPs' role in challenging this was not evident in the

responses. This prompts the question that the current working landscape might be causing EPs to forget or neglect their key role in systems change. EPs are well positioned to act as agents of change, due to their unique knowledge of childhood development and what is in CYP's best and longer-term interests (Roffey, 2015). Furthermore, one of the core competencies of an EP is to bring about change through policy development (British Psychological Society, 2019a). Sheridan and Gutkin (2000) argue that EPs need to have a clear understanding of this role and advocate to relinquish practices that are impeding growth.

This reflection prompts consideration around how EPs could challenge the deficit model at a policy level in Ireland. EPs could coordinate their concerns within the Division of Educational Psychology, which is a forum to have a common professional voice and to contribute to shaping relevant policies (Swan, 2014). The division could draft a position paper to the relevant Oireachtas committee. EPs should also advocate for their place in relevant government commissions, task forces and councils or advisory bodies which they have had a key role in the past (Swan, 2014).

3.4.2.2 Ongoing time constraints. The impact of waitlists on parents' presentation and ability to engage in SBP was also evidenced in the findings. Secondary tensions within the AT system were identified in relation to time and organisational pressure. Other research has explored the impact of waiting lists and found that it caused feelings of disempowerment, helplessness and stress in parents, and a strong expectation on the initial appointment as providing the answers to their child's difficulties (Woodhouse, 2007). Similar recent research exploring perceptions of social care staff and management in the UK also found that it is difficult to implement SBP when individuals are in crisis or with those with complex needs (Caiels et al., 2022). It is understandable that parents would, in the case of the present results,

find confusion in SBP which suggests drawing on their own resources to resolve those difficulties after spending a long period of time waiting for services.

Sustaining this barrier is the pressure of submitting monthly statistics reflecting the amount of cases EPs engage with. It has been suggested that within the National Health Trust (NHS) in the UK, pressure to reduce waiting lists has also resulted in compromising quality for quantity across the health service (Woodhouse, 2007). Recent reports outline the extent of this difficulty within the HSE, for example there is less than half of the recommended number of Psychologists employed than recommended by the Vision for Change model of mental health service provision (Baker, 2022b). In Primary Care, children are waiting years for a psychology appointment, with some counties reporting a maximum wait of seven years (Quinlan, 2022). With regard to CDNTs, a report in 2022 indicated that over 18,000 children across Ireland were waiting for initial contact from their CDNT (Phelan, 2022). Services which value outputs over outcomes limits clinicians' ability to employ SBP (Caiels et al., 2021b).

The present results also outlined the extra time needed to complete SBP. Critiques of SBP has included the time commitment required (Glicken, 2004; Hopps-Wallis et al., 2016). While it is evident that EPs cannot effectively carry out SBP within the time constraints of their current caseloads, simply requesting more time required for optimum service delivery is unrealistic. It is argued that a more realistic resolution is the development of a more effective use of time, to allow for SBP. Wicks (2013) also acknowledges that the recent paradigm shift in EP practice towards a more constructionist, holistic and systemic approach is less efficient in terms of time and cost than deficit led approaches. This may be the reason the deficit model still continues to persist despite evidence in favour of the alternative (Wicks, 2013). Adopting frameworks for practice is a way to support efficiency in light of this (Wicks, 2013), which was previously highlighted in Section 2.17.3.4. Other approaches that could

maximise time efficiency is the use of technology (e.g. scoring software such as ASEBA), embracing telehealth (National Association of School Psychologists, 2017), creating in depth parent/teacher interview guides that could be completed outside of a structured meeting or infusing SBP tools into the assessment process.

3.4.3 Research Question 3 How can SBP be improved across all services in which EPs work?

The final research question aimed to explore how SBP could be improved in Irish services, such as an organisational culture shift, facilitating training, encouraging a team approach and needs based resource allocation.

3.4.3.1 Organisational culture shift. The need for organisational support in SBP was highlighted. In support of these results, Hammond and Zimmerman (2012, p. 11) argue that SBP is encouraged and learned through organisational modelling and professional training. Key tensions existed in relation to organisations being viewed as both supportive and constraining factors to SBP, including PDS. This prompts the question as to whether the philosophy of SBP within PDS is diluted by other organisational factors such as an overburdened service, long waiting lists, a focus on key performance indicators and key service documents such as IFSPs. For example, Lietz (2011) explored parents perceptions of children's services that employ a FCP model, with regard to theoretical adherence to the principles of SBP. Results suggested that FCP was applied inconsistently and suggested the need for further training and supervision to ensure the adherence to the principles (Lietz et al., 2011). Caiels et al., (2022), through exploring stakeholder perceptions also found that there is an incompatibility with SBP and existing organisational structures, workload pressures, a depleted workforce and culture that is reluctant to SBP.

3.4.3.2 Facilitating SBP training. A key tension also outlined a training gap with regard to SBP. A number of models or approaches which align with SBP have been identified,

which could be facilitated through CPD. Such approaches include Collaborative and Proactive Solutions (CPS) (Greene & Winkler, 2019), Solution Focused Brief Therapy (SFBT), Narrative therapy and Dynamic assessment (Dumas et al., 2020). Engaging in CPD has been found to highly contribute to psychologist's professional competence (Neimeyer et al., 2012) and would be supportive in developing the strengths based mindset.

3.4.3.3 Encouraging a team approach. The value in a team approach was outlined where participants felt it would facilitate SBP through encouraging consistency and harnessing different perspectives on strengths. However, a primary AT contradiction noted that MDT members can be both supportive or resistant to SBP, further indicating that modelling SBP within services may not be enough to support its use without external encouragement. This may be as a result of the difference in training philosophies amongst disciplines, for example whether individuals subscribe to a more medical or social model. This choice both implicitly and explicitly impacts how that individual chooses to intervene (Garrett, 2000). Historically, psychiatry and nursing practitioners within an MDT have indicated a preference for the medical model, while social workers and psychologists favour the social model (Maddock, 2015). In an Irish MDT context, Maddock (2015) found that each team member subscribed and advocated for a different models of mental illness.

Multi-disciplinary teams bring together diverse perspectives, expertise and skills and are considered fundamental in supporting complex difficulties (Kutash et al., 2014), indicating the value that would lie in a team approach to SBP. This could be carried out through encouraging team formulation, adopting a team SBP framework within Standard Operating Procedure guidelines, team training in SBP or through using existing forums such as team meetings to review key service documents for strengths based language or share positive stories. A need for opportunities for MDT members to learn together has been documented

within the literature (Colombo et al., 2003; Higgins et al., 2010; Maddock, 2015; Mental Health Commission, 2010).

3.4.3.4 Needs based resource allocation. Participants noted the value in recent systemic changes to needs based educational resource allocation, and value movement away from identification led models. Participants noted that a system where they could report needs and strengths as opposed to deficits and identifications would support them to implement SBP. This was also noted within the secondary AT contradiction outlining the difficulty between the developing role of the EP away from psychometric assessment and current practices which require a strong focus on deficit orientated reports and practice to access resources.

Research has explored needs based and identification led systems and conclude that identification led resource allocation poses several challenges. It places a significant burden on families in need of resources to overcome administrative hurdles and on clinicians to meet demand for assessment within overburdened health systems (Werkhoven et al., 2022). Furthermore, the need for an identification unfairly favours families who can afford to access private psychology services and can also perpetuate discrimination and decreased expectations of students (Kenny et al., 2020).

In contrast, needs based allocation aims to achieve a more equitable, rights based approach for students with special education needs (Kenny et al., 2020). However, it is not a perfect system and reports on the New Allocation Model (Department of Education, 2017) indicate that it may have promoted the misuse of resources and the practice of reduced timetables for SEN students (Kenny et al., 2020). More research is required to understand how a need based system can be replicated outside of the school setting. Kinderman et al., (2013) suggest using the operational definition of specific experiences or phenomena and MDTs adopting a problem definition and formulation approach as opposed to an identification treatment approach.

3.4.4 Methodological Considerations

Strengths and limitations of the present research are outlined in Table 3.4, which will be discussed in further detail in Chapter 4.

Table 3.4

Methodological strengths and weaknesses of present research.

Strengths	Limitations
Use of Activity theory as a conceptual framework.	Lack of quantitative component or triangulation of findings
Use of inductive and deductive approaches to data analysis.	While the majority of the data set reflects a balanced amount of participants from NEPS, CDNT and Primary Care, only one participant from Private Practice was recruited
Large qualitative data set	Social desirability bias
Timely nature of the research	Participants might reflect a cohort of EPs who are interested in SBP
Recruitment of participants across different services	
Use of CAQDAS	Researcher's interviewing skills

3.4.5 Conclusions and Implications for Policy, Practice and Future Research

To conclude, the present research provided original insight into SBP within EP practice through obtaining the perceptions of EPs across different services, where AT was used as a theoretical lens to conceptualise some of the results. Future research could involve converting the results of the present research into tools and protocols that can measure fidelity to the SBP model. The present research explored EPs perceptions and use of SBP, however empirical evidence for its effectiveness is still lacking. Future research could aim to explore this further in an Irish setting through using qualitative or quantitative methods to gain

service user feedback. Potential implications for policy and practice are outlined in Table 3.4 and Table 3.5 respectively, and will be discussed in more detail in Chapter 4.

Table 3.5

Implications for Practice

Implications for Practice
1. EP to challenge deficit orientated systems that are negatively impacting ability to carry out SBP (e.g. KPI's, acting as gatekeepers to resources)
2. EP to balance SBP across all functions of assessment, intervention and consultation.
3. Ensuring formulation provides adequate emphasis on ecology and strengths.
4. EP to explain SBP and rationale to families to ensure they are aware of the approach, and balance with acknowledgment of difficulties.
5. EP to identify more time efficient practices to allow for time to carry out SBP (e.g. technology, SBP practice framework etc).
6. Engage in reflective practice to improve incorporation of SBP mindset in practice.
7. Advocate for SBP on teams and suggest alternatives to deficit model.
8. EPs to continue to engage with neurodiversity movement through training, literature and resources.
9. Engage in relevant training that aligns well with SBP.
10. Include SBP as an agenda point at individual, peer and group supervision to support development.
11. Larger emphasis on SBP within doctoral training with regard to rationale, principles and application across functions.
12. Valuing SBP as part of EP role identity.

Table 3.6*Implications for Policy*

Implications for Policy
1. Explicit and concrete guidelines in policy that require a balanced assessment of strengths and difficulties.
2. Consider further movements to needs based resource allocation or adoption of statements of needs in the place of highly deficit based professional reports.
3. Providing a better resourced service.
4. Re-evaluating KPIs and how reflective they are of a quality psychological service and their potential negative impact on service delivery.
5. Encouraging a strengths based organisational culture through language, procedures and documents.
6. Encouraging a team approach to SBP (team training, team formulation, team audits)
7. Including EP voice in policy developments that concern CYP.
8. Continuing to engage with AsIam and other bodies with regard to developments in policy and practice in relation to ASD.
9. Incorporation of strengths assessment or intervention within key documents such as COS problem solving framework or IFSP to remind clinicians to consider and utilise strengths at different stages.

Chapter Four: Critical Review and Impact Statement

A critical review of the research process undertaken is discussed within this chapter, including challenges faced, ethical considerations adopted and a rationale for decisions that were made. Strengths and limitations of the present research will be discussed in turn. Implications for research, policy and practice will be outlined, followed by an impact statement.

4.1 Methodological strengths and weaknesses

The results of the present research must be understood in light of the strengths and weaknesses of the methodology, each of which will be discussed in turn.

4.1.1 *Epistemological Position*

The present research adopted a social constructivist research paradigm, which is the basic set of beliefs that guides action within the research (Denzin & Lincoln, 2011).

4.1.1.1 Strengths of Epistemological Position. A strength of social constructivism is its positive alignment with the study's conceptual framework, data analysis method and overarching research topic. Social constructivism is highly influenced by Vygotsky, similar to the theoretical framework of AT that is adopted by the present research (Kim, 2014). Social constructivism acknowledges the researcher's active involvement in the construction of meaning, aligning well with the methodology adopted of Reflexive TA, which encourages the active role of the researcher in generating themes from the data set (Braun & Clarke, 2022; Kim, 2014). Furthermore, the social constructivist position also aligns well with the concept of SBP, for example, in the field of special education, social constructivism has been suggested as a paradigm shift in order to "transcend deficit thinking and promote a more fluid, contextual framework for examining disability, teaching, and learning" helping to focus on student strengths and instructional contexts (Trent et al., 1998, p. 283).

4.1.1.2 Critique of Epistemological Position. A difficulty with social constructivism is the confusion that exists around the paradigm where “terms like “constructivism”, “constructionism” and “constructive” are employed so idiosyncratically and inconsistently that at times they seem to defy definition” (Raskin, 2002, p. 1). Furthermore, a constructivist paradigm generates knowledge that is only applicable to the particular point in time, context and perceptions of those in the study and not generalisable to the wider population (Bogna et al., 2020).

4.1.1.3 Alternative Epistemological Position. An alternative epistemological position that could have been considered for the present research was Phenomenology, as it also presumes the presence of multiple realities and aims to understand individual’s perceptions. However, phenomenologists are primarily interested in participant’s inner experiences and in uncovering meaning (Barker et al., 2015; Padilla-Díaz, 2015). The aim of the present research did not aim to uncover meaning, but rather engage in a constructive dialogue with the target population to understand their different thoughts, perceptions and opinions, in order to develop a new understanding of SBP within EP practice, with the view developing it further within the field. In essence, the aim of the research was not to uncover meaning, but to build meaning.

4.1.2 Conceptual Framework

4.1.2.1 Strengths of Conceptual Framework. AT provided the researcher with a theoretical framework which is a supportive qualitative research tool (Leadbetter et al., 2008). AT also originates in a well-respected Vygotskian approach to cognitive and social psychology (Leadbetter et al., 2008). AT is practical, action orientated and offers a solid, theoretically driven framework to understand activities through a contextual lens (Leadbetter et al., 2008). For the present research AT is a useful framework as SBP, as it relates to the work of an EP, cannot be understood without recognition of the social and political context in

which EPs work. Furthermore, it was observed that AT offered a unique lens to view the data, and particular aspects may have been overlooked without its employment, particularly the study of the tensions within the activity system. The activity system can function as a tool for researchers, guiding them in the process of searching for a complex whole from which the studied phenomenon can be understood (Postholm, 2008). This is particularly pertinent for a multi-faceted practice which has been criticised for lacking conceptual clarity (e.g. Staudt et al., 2001).

4.1.2.2 Critique of Conceptual Framework. A critique of AT involves the numerous definitions within the literature and as a consequence, a lack of a unified perspective, leading to the difficulty where researchers take only aspects they find useful (Holzman, 2006). Secondly, the notion of “historicity” is an important aspect of AT, where exploration of the historical formation of systems can bring new understandings (Leadbetter et al., 2008), which was not carried out within the present research. Furthermore, the role of the subject can be underplayed within AT analysis, which is an area for development for AT (Leadbetter et al., 2008). While the use of AT offered a valuable lens to consider and organise the data, yielding interesting results, it’s limits without the employment of a hybrid approach to qualitative analysis was considered. Many previous qualitative studies have adopted AT and used only deductive approaches as result to analyse the data (e.g. Capper & Soan (2022) & Cane & Oland (2015)). It was observed that in the current research, the inductive component allowed the participant’s voice to be truly present within the results. Qualitative research supports a commitment to capturing the voices of participants (Aluwihare-Samaranayake, 2012). A deductive approach alone using the AT nodes alone may not have achieved this.

Furthermore, while the present activity system can continue to be developed by future research, the final product of an activity system appears limited. For example, the addition of Engestrom’s Development Work Research method to expand and extend the activity system

(Engeström et al., 2016) would be beneficial. This is completed through a focus group approach where the activity system would operate as a mediating tool to create a new system which moves practice forward (Capper & Soan, 2022).

4.1.2.3 Alternative Conceptual Framework. Appreciative Enquiry (AI) was considered as an alternative conceptual framework due to its alignment with SBP, through a focus on strengths to promote change (Cooperrider & Whitney, 2000). AI is an action research methodology which has been applied in many contexts but is well known for its application to organisational settings, consisting of a cycle with four stages of discovery, dreaming, design and destiny (Robinson et al., 2013). AI also aligns well with the social constructivist epistemology, appreciating multiple possibilities and different ways for bringing about change, where problems can be solved through valuing the best of current practice and envisioning a positive future (Bergmark & Kostenius, 2018). However, as well as promoting SBP within the field through positive change, the present research was also interested in other aspects, such as what current practice looks like due to the dearth of research from an EP perspective, and an understanding of the barriers to practice, due to the unique working and societal context of the target population.

4.1.3 Data Collection Methods

4.1.3.1 Strengths of Data Collection Methods. Semi-structured interviews were employed as the primary method of data collection. The use of semi-structured interviews allow for a rich and detailed exploration of the research topic through avoiding the simplifications imposed by quantification (Barker et al., 2015). Semi-structured interviews also appreciate multiple realities (Pyett, 2003), in line with the social constructivist position adopted. Furthermore, semi-structured interviews permits a flexible approach, where the interview protocol was not required to be strictly adhered to, allowing for hypothesis generation and exploratory discovery orientated research (Barker et al., 2015). Case vignettes

within qualitative research can provide structure to an interview, facilitate saturation (Tremblay et al., 2022) and selectively stimulate elements of the research topic under study (Hughes & Huby, 2002). Furthermore, vignettes are well suited for questions about the judgements and decision making processes of professionals (Evans et al., 2015).

4.1.3.2 Limitations of Data Collection Methods. With regard to the limitations of case vignettes, some research suggests that vignettes can be unnecessary in facilitating dialogue that would have been completed within an interview (Tremblay et al., 2022). Morrison (2015) considers the vignette is a static approach that does not leave enough room for interactions, and therefore is limited in eliciting discussion among participants without a highly skilled interviewer. While some authors suggest vignettes do carry some predictive power in respect to real-life behaviour (Jenkins et al., 2010) not enough is known about the relationship between vignette responses and real life responses to be able to draw any parallels between them (Hughes, 1998). Therefore, the results of the vignettes must be interpreted with caution and viewed as a complementary method to the semi-structured interviews.

One of the limitations of the data collection methods was with regard to the interview process. On reflection of the interview transcripts, it is evident that the researcher did not prompt the participants further with regard to certain responses, which may have produced a richer data set. While two pilot studies were conducted, further experience and practice in research interview skills would have benefited the researcher within the present study. In particular, with regard to the vignette responses the researcher did not employ adequate prompting to encourage the participants to expand on their responses, resulting in a small amount of data yielded for this portion of the interviews. However, other factors such as the timing of the vignette within the interview or the format could have also impacted the little

data yielded, for example if the vignette was presented at the onset of the interview or if it was sent to participants in advance and they had more time to consider their response.

Another limitation involves the potential impact of a social desirability bias on the results. During the individual interviews with the researcher, participants may have felt pressurised to provide responses that are more socially desirable, but not necessarily reflective of their daily practice (Bergen & Labonté, 2020). Furthermore, the results might provide an inflated perception of SBP within EP practice as participants were asked to describe and discuss all aspects of SBP within their work, as opposed to the frequency in which they engage in it.

Another limitation involves the lack of triangulation of other stakeholders perceptions, which would have resulted in a broader understanding of the phenomenon of interest (Carter et al., 2014). It was not within the scope of the study to explore the perceptions of others who are involved in the work of EPs such as children and adolescents, parents, teachers, colleagues etc.

4.1.3.3 Alternative Approaches to Data Collection. An alternative approach, such as focus groups was not selected, due to logistical considerations which would not have been possible within the scope of the present research, such as organising a time and a place that would suit multiple working psychologists. However, such an approach could have yielded important information due to the impact of group process on the exploration of a topic (Kitzinger, 1995; Onwuegbuzie et al., 2009). Secondly, the analysis of psychological reports with regard to SBP was considered as a data collection method alongside semi-structured interviews, however this approach was also discounted due to the logistical and practical difficulties in gaining parental consent and the necessary redaction of reports, which was not within the scope of the present research.

4.1.4 Sampling Method

4.1.4.1 Strengths of Sampling Method. Purposive sampling was used in the present research, where groups of participants who possessed the necessary characteristics were invited to participate. The sampling yielded a total of 18 participants which produced a large amount of qualitative data. While the original aim of the research was to recruit 20 participants, 18 was the number of participants who expressed interest following sampling method. The participants were also relatively evenly split across the primary organisations (CDNT, Primary Care, NEPS), with the exception of Private Practice where only one participant was recruited. The researcher ensured that the private practice participant's voice was maintained throughout the study through reflexively returning to their transcript to cross reference the themes and subthemes to check that the final themes were reflective of their responses, and ensuring that quotes from their transcript were included where possible.

4.1.4.2 Limitations of Sampling Method. As purposive sampling employs a non-random approach, it impedes the researcher's ability to draw inferences about the wider population of EPs (Etikan et al., 2016). Furthermore, the individuals who chose to take part following learning about the study, may be EPs who are particularly interested in, or value, SBP or use it a lot in their daily practice, and therefore results may not reflect a typical EP.

4.1.5 Data Analysis

4.1.5.1 Strengths of Approach to Data Analysis. One of the strengths of the data analysis methods employed involved the use of both inductive and deductive TA approaches. A hybrid approach allows for a more comprehensive understanding of the data and ensures that no potentially valuable themes were overlooked (Roberts et al., 2019; Xu & Zammit, 2020). With regard to strengths of TA, the results are generally accessible, it is flexible and can highlight similarities and differences across a data set, generate unanticipated insights,

allow for social and psychological interpretation of data and can be useful for producing research suited to informing policy development (Braun & Clarke, 2006). The use of NVivo is also a strength. Computer Assisted qualitative Data Analysis Software (CAQDAS) is efficient and supports code organisation, allows for generation of visual connections and can increase the rigour and transparency of the research (Clarke & Braun, 2013).

4.1.5.2 Limitations of Approach to Data Analysis. A limitation of the present study with regard to data analysis involves the lack of a quantitative aspect to the research. A mixed methods approach may have been beneficial in triangulating the data and offering a more objective viewpoint. Combining quantitative and qualitative research can further validate results and enables researchers to be more flexible, integrative and holistic, while combining empirical and descriptive precision (Onwuegbuzie & Leech, 2005; Onwuegbuzie & Teddlie, 2003).

Some of the weaknesses of TA involve critiques that it lacks substance in comparison to other theoretically driven approaches, and can struggle to reflect the continuity and contradictions within individual accounts or make claims about the impact of language use (Clarke & Braun, 2013). Furthermore, as Braun and Clarke (2021b) do not recommend inter-rater coding reliability for reflexive TA, this was not carried out and therefore results might have been constructed differently by a different researcher. Furthermore, some of the weaknesses of CADQAS include the risk of distancing the researcher from the data and “methodolatry”, where the analysis is determined by techniques and technologies rather than other factors (Clarke & Braun, 2013, p. 220).

4.1.5.3 Alternative Approach to Data Analysis. TA was selected as the most appropriate analytic method for the present research, over other similar qualitative analysis methods such as Interpretative Phenomenological Analysis for several reasons; the research’s interest in the wider sociocultural context of SBP, the researcher’s aims to produce actionable outcomes for

policy and practice, the large sample size and the focus on identifying themes across the data and not relating to the uniqueness of individual cases (Braun & Clarke, 2021a). Grounded theory is another alternative approach to data analysis, which supports theory generation which would provide a practical application for SBP (Barker et al., 2015). However, grounded theory was not selected due to the homogenous convenience sample, the broad research questions outside of social processes and time limitations (Braun & Clarke, 2021a). Finally, while Framework analysis would have been helpful in identifying the differences between groups within the data set, it was not selected as previous research or theory is limited to develop a coding framework (Barker et al., 2015).

4.2 Ethical Considerations

The present research adhered to MIREC and PSI research guidelines throughout the process. The most important ethical considerations involved informed consent and confidentiality. With regard to informed consent, participants were provided with all relevant information about the study via an information sheet and given time to provide written consent to participate to ensure that all participants received a clear description of the research and the time commitment involved. The participant information and consent sheet can be found in Appendix G and H respectively. Before the interview began the consent form was orally reviewed with the participant as well as procedures for the participant to withdraw or refuse to answer a question. If participants decided to withdraw from the study during interviews their personal information would be immediately deleted along with any audio recordings and/or transcriptions.

With regard to confidentiality, no personal or identifying information was gathered. All names were anonymised, and contextual information was purposely omitted where this could comprise the anonymity of the service or the participants. Data was anonymised by giving

each participant a unique code. Voice recordings were held on a password protected encrypted hard drive and were deleted post-transcription. Consent forms are stored in a locked filing cabinet. The confirmation of ethical approval can be found in Appendix I.

4.3 Potential Directions for Future Study

This research gives rise to several potential avenues for future study with regard to SBP and EP practice and are reflected in Table 4.0;

Table 4.0

Implications for Research

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1. In order to add a quantitative element to research, a strengths-based tool could be used to assess EPs orientation to SBP. The strengths-based practices inventory (Green et al., 2004) measures several components of SBP within early intervention via parent self-report. Cox (2006) also devised a strengths based orientation survey to measure therapists orientation to SBP. A mixed method approach to the research design would help to triangulate the results and complement both forms of data.

 2. Future research should also aim to capture the voice of other important stakeholders in the service delivery of EP practice, including parents, children and teachers. This would help understand their experience of SBP. This would also be more aligned with the person centred and relationship orientated natured of SBP through participatory evaluation approaches with authentic engagement from those being supported (Price et al., 2020)

 3. Future research could explore the differences between SBP amongst services using framework analysis and inform policy development (Srivastava & Thomson, 2009).

 4. While it was not possible in the present study, it would be interesting for future research to include EPs from CAMHS due to the overarching deficit model that guides mental health services, to explore what role this plays in SBP.

 5. EPs from Jigsaw, the National Centre for Youth Mental Health, could also be incorporated into future research due to their key role in supporting the mental

health of children and young people in Ireland. Clinicians in Jigsaw adopt the Power Threat Meaning framework, which is a biopsychosocial approach, attempting to move away from diagnostic labels, viewing what could be considered as clinical symptoms as understandable reactions to adverse situations (Johnstone & Boyle, 2018), which aligns well with SBP.

6. Future research could aim to capture the SBPs of all types of psychologists in Ireland including Clinical and Counselling Psychologists as both the areas of overlap and distinction could further validate the range of uses of SBP with children, young people and their families.

7. Future research could investigate other MDT members practices and perceptions of SBP, namely Social Workers who were identified as a particularly strengths based discipline, as the results of the present study indicated that a team approach to SBP would be helpful.

8. While SBP is widely advocated for, it lacks empirical evidence to support it can promote better outcomes. Future research could employ a randomised control design exploring positive outcomes (e.g. constructs such as self-esteem) through pre and post measurement, following EP involvement that adheres to the Rapp et al., (2006) principles or another SBP framework, or where EPs implement SBP across all functions in their work with a CYP and family. As noted previously, the empirical evidence of SBP is difficult to capture due to the difficulty of employing SBP as a single intervention, therefore in addition to comparative controlled study designs, research should adopt a more complex systems informed view of how SBP elicit outcomes, captured from multiple perspectives and at different levels (Price et al., 2020). Conversely, as argued by Lindsay (2007) with regard to the inclusive education movement, due to the difficulty in empirically assessing SBP, research could instead focus on exploring the mediators and moderators that support the optimal implementation of SBP.

9. Future research could explore how clinicians use SBP with young people with significant intellectual disability or presentations outside of Autism, as this was something that participants discussed they can encounter difficulty with.

10. While the present research identified current practice, barriers and potential improvements, it has not identified a practice framework. Future research could

use grounded theory to establish a working model for EPs (Walker & Myrick, 2006).

11. Implementation science research to explore how SBP could be incorporated in practice (Forman et al., 2013)
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4.4 Implications

4.4.1 Implications for Practice

With regard to EP practice, the results have yielded several important implications for practice, five central domains are emphasised; the role of the EP in SBP, considering the role of the deficit model in practice, considering the limits of SBP, adoption of a balanced approach to assessment and intervention and engaging in relevant training and CPD.

4.1.1.4 Adopting a balanced approach across functions. It is evident from the results of this study that SBP is a mindset that EPs make a conscious effort to actualise in their practice, which can be operationalised across functions using different methods and approaches. The results from the scoping review identified the application of SBP across the functions of assessment, intervention and consultation. One of the findings of the empirical research was the role in formulation in SBP for EPs. EPs should adopt SBP across all of these functions to fully implement the SBP mindset in practice and in the hope of promoting positive outcomes for CYP.

EPs noted how they currently implement SBP through balancing strengths with difficulties in their consultations with others. It is recommended that EPs incorporate that same balance into all functions of their role. With assessment, EPs should utilise different types of SBA in response to the negative information that arises from traditional assessment practices. As stated by Lopez et al., (2003, p. 5) “by only focusing on weaknesses, psychologists have perpetuated an assessment process that is out of balance” and argue that the complementary body of knowledge arises when assessment combines both strengths and weaknesses. The

primary way of assessing for strengths named in the findings was to ask about strengths during consultations. The scoping review highlights the value in a contextual and multimethod approach to SBA, outlining a number of SBA tools available, for example the BERS (Buckley & Epstein, 2004), DESSA (LeBuffe et al., 2018) or the DAP (Scales, 2011). Climie and Henley (2016) argue that it is critical that EPs integrate SBA within their assessment protocol, which is an implication of the present research.

Similarly, with regard to intervention, Case Vignette results coupled with the inductive results relating to the research question around current practice, indicates that SBP could be embraced further within the EP function of intervention. Inductive results reflected that current practice in SBP primarily involves other colleagues, parents and teachers. With regard to individual SBP intervention work as evidenced by AT nodes in Appendix O, participants discussed how they use goal setting or utilise strengths or interests to address other difficulties. For example building social skills through an intervention that incorporates interests, or harnessing a child's visual skills in learning a different subject. SBP could be expanded further in individual intervention. Results of the scoping review highlight the importance of using strengths in intervention. In line with the present findings, McCammon (2012) notes that strengths are often identified but are not used in intervention or if they are, they are not used creatively. Considering the findings in combination, a balanced approach is not present in current practice, and the research advocates for strengths to be given "equal space, equal time, equal emphasis" across all functions (Lopez et al., 2003, p. 17).

A way in which EPs could incorporate a balanced approach is through adopting a framework for practice. One of the themes noted the need for EPs to implement reminders in their practice to maintain SBP in order to prevent returning to the deficit model. A set of guiding principles around SBP could be developed to ensure that the values and attitudes of SBP are incorporated into practitioners daily work and interactions (Hammond, 2012). The

adoption of a framework for practice was previously highlighted. This would support EPs to both implement and maintain SBP in their daily practice, while also allowing for spontaneity and exploration (Schuetz et al., 2021). Frameworks and resources can be used to help create environments which “enable strengths-based, self-determining plans and actions to initiate and complement peoples gifts, strengths and capacities” (Hammond, 2012, p. 9). A framework for practitioners to support them in relation to this could be developed, similar to the problem solving framework (Tilly, 2008) which has been influential in EP practice across a tiered service model. Similarly, a strengths element could be added to frameworks that are already in use such as the NEPS problem solving framework. The adoption of such a tool would support the standardisation and consistency of SBP across services. SBP must be more than a set of vague principles or assessment practices, and needs to be organized by models that lead to better understanding of all children (Jimerson et al., 2004).

Such frameworks could be taught during doctoral training or shared at peer supervision. However, it is envisaged that this could present challenges to training and working models within EP services. For example, as SBA tools are not appropriate for making high stake decisions for CYP, clinicians who have not experienced positive gains from SBP might feel the approach is tokenistic. The argument that more time should be spent on casework through incorporating SBA as part of a multimethod approach might accentuate this perception, due to the well documented time constraints experienced by psychologists and the increased cognitive complexity involved in giving serious consideration to the deficits and strengths of both the CYP and their environment (Snyder & Lopez, 2005). Therefore, it is suggested that consistent professional “buy in” might be a challenge.

4.4.1.1 The role of the EP in SBP. Key findings indicated that a way in which EPs are implementing SBP is through modelling it to other stakeholders and encouraging changes on teams, in the hope that this mindset will be adopted by others. As modelling is not a reliable

way to support the implementation of SBP as discussed earlier, EPs should explore other avenues to further developing SBP. One participant found that EPs were the only professionals who are able to “bring everything together”. Research has explored the distinctive contribution of EPs on teams which helps to frame these findings. Farrell et al., (2006, p. 101) found that one of the values that lie within the role of the EP is their knowledge of the range of resources that exist in and around a CYP, as well as the role of other professional groups involved. This helps to “oil the wheels” of joint working and decision making and identify gaps in services for children (Farrell et al., 2006, p. 101). EPs represent one of the few professions who work at the interface between education and health (Rothi et al., 2008) and have relatively easy access to each of the most influential systems in the life of a child (Mulser & Naser, 2020). This is important as EPs can encourage SBP in both school and health settings and also have a range of knowledge about both systems to influence change.

EPs are also well positioned to promote “big ideas”, however in the present climate, “systems are over-concerned with bureaucratic detail, depressive reality, quick fixes and professional scapegoating” resulting in severe limitations on EPs ability to do so (Cameron, 2006, p. 298). Such big ideas could include issues of empowerment, resilience and positive psychology in “opening people’s minds to what they can do, rather than creating the illusion of helping by offering complex explanations for why they cannot do it” (Cameron, 2006, p. 298). This echoes the results of the present research, where systematic influences are impacting EPs ability to promote SBP. This research suggests that EPs can be the professionals to challenge the deficit model in at a policy, service and team level, and also offer alternatives to practice. A resistance to SBP by other stakeholders was noted within the results, and therefore it is recommended that EPs continue to work with teams, schools,

families in a strengths based way and engage in an open dialogue around the purpose and value of SBP and harnessing their role as agents for change at a policy level.

4.1.1.2 Considering the role of the deficit model in practice. As well as providing a more comprehensive understanding of SBP, this research has also demonstrated some of the limits of the deficit model in practice. It is recommended that EPs reflect on the role the deficit model plays in practice. Recent developments such as the HSE Maskey Report (Maskey, 2022) highlights how in certain contexts the deficit model has failed young people. Deficit focused assessments can initially provide relief through providing a name for what was confusing, this process occurs in a way that promotes a view that the power lies in the professional (Weick et al., 1989). Furthermore, diagnostic labels often only provide a global assessment and does not reveal important individual information about strengths and circumstance (Weick et al. 1989). This leads to within person explanations for problems, without due focus on the complex social world in which the problem is situated, involving poverty, oppression, racism and more, which can significantly impact individuals ability to manage their lives (Kelly et al., 2018; Weick et al., 1989). In Ireland, many individuals are living in a challenging social context, where the homelessness and cost of living crisis is impacting families profoundly (Baker, 2022a). Within an educational setting, research indicates that diagnostic labels can exacerbate negative academic, behavioural and personality evaluations, and overall assessments of a child (Franz et al., 2023).

However, it is equally important to note that diagnostic labels are also helpful for a multitude of reasons, including providing a shared language among practitioners and research communities, and can be meaningful for many individual's identity and self-understanding (Pasman, 2011; Werkhoven et al., 2022; Young et al., 2008). It is likely that more research is required until an appropriate balance can be achieved between the strengths based model/social model and the deficit/medical model. As stated by Werkhoven et al., (2022), if

scientific progress requires abandoning the currently recognised diagnostic labels, this should not come at the expense of those who are helped by labels, and equally resistance to labels should not come at the expense of the scientific search for valid categories of disorder and research into casual factors. It is hoped that the present research is a valuable addition to this learning.

4.1.1.3 Considering limits of SBP. A notable criticism of SBP, while it claims to abstain from individualism, “it’s view of the rational determining autonomous self is essentially individualistic” (Gray, 2011, p. 8). The focus being on individuals, families and communities resolving their own problem through drawing on their own resources “blurs the structural causes of social problems” (Gray, 2011, p. 8). Communities are not always a positive resource, and can be perpetrators of social exclusion and crime (Gray, 2011). The success of SBP is undermined when poverty constrains individual’s ability to participate in SBP and when there are low levels of resources and assets available to families and communities (Price et al., 2020). SBP can shift the responsibility of social change away from government bodies and onto localised problem solving (Gray, 2011).

While SBP supports a contextual understanding of individual’s difficulties, the same contextual constraints that cause or propel difficulties are likely to inhibit strengths. The adoption of a contextual approach might help balance SBP with a structural appreciation of “social reality and the barriers to social development for those whose daily concern is economic survival” (Gray, 2011, p. 9). This raises the question around the utility, place or appropriateness for SBP in such contexts. Further research is potentially necessary to further explore the use of SBP with different client populations from different socio-economic backgrounds to validate its use across different contexts with a balanced understanding of the impact of social issues.

4.1.1.5 Engaging in relevant training and CPD. The results of the study indicated an identified training gap for EPs in relation to SBP. Training that could be facilitated that emphasises SBP include; Narrative therapy (Hughes, 2014), Dynamic Assessment (Elliott, 2003; Haywood & Lidz, 2006), Video Interactive guidance (Silhánová et al., 2011), person centred planning such as PATH (Bristow, 2013), Collaborative and Proactive Solutions (CPS) (Greene & Winkler, 2019) and SFBT (De Shazer & Dolan, 2012). Such approaches are well aligned with SBP. For example, dynamic assessment arose from the desire to improve practice for young people who are at disadvantage from psychometric assessments (Lebeer et al., 2013), which focuses on a child's potential and their cognitive abilities that are revealed within their zone of proximal development (Stringer, 2018). Teachers have found dynamic assessment more positive than psychometrics as the results are focussed on potential rather than deficits (Bosma & Resing, 2012). Furthermore, CPS is a collaborative, capacity building and child focused intervention, which marks a paradigm shift from traditional perceptions of behaviour management, where concerning behaviour is viewed as an "unlucky" way the child demonstrates that they are finding it difficult to meet adult expectations in a particular situation (Greene & Winkler, 2019). CPS maintains that children will do well when they can (Greene, 1999) and demonstrates a promising evidence base (Mulraney et al., 2022; Murrhly et al., 2023). Purposeful training and CPD in SBP is required for organisations to develop and support SBP further, including supervision and management that sustains the culture (Hammond, 2012).

With regard to doctoral training, a continued emphasis on SBP is welcome. As stated by Blundo (2001), the perspective shift toward SBP is particularly challenging for trainees who exhibit a bias to see problems that they need to help fix, highlighting the importance to model and develop this mindset and skillset during training. The importance of positive modelling SBP was highlighted within the results, which can begin during training. Programmes should

recognise the benefit of a strengths based understanding of CYP and the positive outcomes that can follow (Climie & Henley, 2016). For example, when TEPs are learning about practice frameworks, a greater role could be ascribed to strengths within the process (Bozic, 2013). TEPs could be trained in “multidimensional clinical competence”, which is described as the ability to work collaboratively and constructively with individuals across varying populations, to identify, harness and develop strengths in themselves or their environments (Downey & Chang, 2012).

4.4.2 Implications for Policy

As discussed in Chapter 2, SBP aligns well with current policy, practice and organisational shifts away from the deficit model, including the Recovery model of mental health, PDS and needs based educational resource allocation. Other policy examples which evidence a further commitment to a more holistic and strengths based approach to children’s services is the City Connects pilot project, which is an evidence based approach to meet the needs of children living with high levels of poverty and marginalisation (Walsh & Higgins, 2021). This approach offers a systemic, individualised and collaborative approach to enabling children to meet their potential by having their strengths and needs recognised and addressed (Walsh & Higgins, 2021). Furthermore, as part of the “Sharing the Vision” policy, the HSE, more recently has adopted a “Social Prescribing” approach to service delivery, which supports individuals to access local voluntary community and social enterprise organisations or services and aims to address complex needs through a community led, holistic, collaborative and strengths based approach, empowering individuals to improve their well-being (HSE, 2021). While this service is not for individuals under the age of 18, the model reflects some of the underlying principles of SBP in viewing the environment as resourceful and encouraging engagement with the community and demonstrates an appreciation for this reality at a policy level. The majority of the research regarding social prescribing relates to

adult participants, however some UK studies indicate promising results when employed with adolescents (Bertotti et al., 2020; Brettell et al., 2022).

As SBP is aligned well with such positive national movements, the present research argues that it is worth infusing the principles of SBP further in policy. With regard to implications for policy based on the current findings, two central domains are emphasised; need for explicit policy guidelines and providing a better resourced service.

4.4.2.1 Need for explicit SBP guidelines within policy. It is argued that SBP is included in a limited way in current policy without a genuine incorporation of the principles (Fenton et al., 2015). SBP policies exist in other disciplines, for example in the UK the department of Health and Social Care published a SBP framework and practice handbook (Department of Health and Social Care, 2019). Similarly, a short guide around the evidence for strengths and asset based outcomes have been published by the National Institute for Health and Care Excellence (NICE) for social workers (Social Care Institute for Excellence, 2019), but do not exist for psychology disciplines. An evidence based policy document, could be informed by the present research and would be supportive in widespread implementation of SBP.

The contractions that were identified across services in relation to organisational focus complement the inductive themes in relation to the need for organisations to revisit SBP within their policy and culture. Hammond (2012, p.7) notes that “if the strengths approach is to be something that truly guides and influences our practice, it should be evident in the language of interactions with the people we serve, the language of service, team and organizational interactions, and the written documentation of service provision activities – assessment, service delivery, training, etc”. The literature suggests a lack of a unified definition or understanding of SBP, and it can vary across disciplines. Therefore, this research calls for a policy approach to SBP in order to support collaborative interprofessional

partnerships that would benefit CYP and their families (Fenton et al., 2015). This leads to the next policy implication regarding a team approach.

Policy could also encourage a team approach to SBP, which was identified within the results. A key finding from the present research is in the value of EPs' formulation skills in SBP through widening the lens around a young person. Formulation was identified as a tool for EPs to implement SBP, where team formulation could be an avenue to support a team approach to SBP. Team formulations within MDTs has become common in the UK which are often facilitated by a psychologist, helping to construct a shared understanding of the development and maintenance of difficulties and guide interventions (Bealey et al., 2021). A systematic review exploring MDT perceptions of team formulations indicated that they can potentially help members to humanize, develop compassion and place the service user at the centre (Bealey et al., 2021), and ultimately see service users as people instead of "patients" (Murphy et al., 2013). Furthermore, team formulations have been identified as an alternative to identification led approaches (Rasmussen & Storebø, 2018), which could be considered as an alternative to the deficit based resource allocation currently undermining EPs strengths based efforts.

A difficulty with this implication is the continued lack of empirical evidence for SBP outlined in the literature and in the criticisms of SBP noted earlier in Chapter 2. In response to this, more recently Joseph et al., (2022) examined the theoretical quality of SBP and concluded that SBP demonstrates high theoretical quality but falls short in terms of testability and empiricism. However, it is argued that SBP is a rights based approach, where it's incorporation in policy should be based on this conceptual lens as opposed to an empirical one. Lindsay (2007) endorses a similar argument with regard to inclusive education, concluding that the research evidence for the effectiveness of inclusive education is lacking, however it continues to be a clear component of national and international policy due to the

belief that it is the correct approach, concerning values and rights. Similar to the arguments of Lindsay (2007) with regard to inclusive education and in line with the definition of SBP proposed in earlier sections, SBP should be considered as a multifaceted practice. This practice is built upon foundations grounded in a belief that all individuals deserve to be met with an approach that values and respects their strengths and encourages empowerment, recognised as a values based decision for EP service delivery and practice.

4.4.2.2 Providing a better resourced service. With regard to other systemic influences, results of the present study indicated the negative impact of organisational focus on quantity over quality. At present in many services, EPs are required to provide statistics regarding the amount of clients seen in a month, where such statistics only reflect the amount of cases seen and no other important aspects that reflect service quality. While society and many systemic changes are moving away from deficit model, such exercises overlook the quality of work carried out and put pressure on EPs to move individuals through the system. Time constraints were identified as a significant barrier to SBP. EPs acknowledged how they are “firefighting” the demanding waiting lists, constraining their ability to implement SBP. An increase in the number of psychologists in multidisciplinary teams across Ireland would ease the burden of waitlists and facilitate a more preventative and responsive psychological service with less of a need to focus on quantity. In a better resourced service, EPs could spend more time building relationships, assessing for strengths and completing a comprehensive formulation. Key performance indicators (KPIs) could be extended to attempt to reflect the quality of the work undertaken by EPs as opposed to the quantity. For example, within the nursing literature, KPIs have been developed to reflect person-centred care (McCance & Wilson, 2015).

4.5 Chapter Conclusion

To conclude, the present thesis aimed to demonstrate the value in embracing SBP due to its alignment with a movement away from the medical/deficit model and applicability to current progressions in policy and practice, as well as how to infuse it better into practice through identifying barriers, areas for improvements, and application across EP functions. As stated by Hammond (2012, p. 11), SBP is a “powerful and profound philosophy for practice that has the power to transform and build the lives of those being cared for and those facilitating the care process... it is not only a philosophy of practice but also a philosophy for life, because it is based upon attitudes and values reflecting a deep respect for the worth and value of others – their intrinsic worth, potential and human rights”.

Impact Statement

The present research has highlighted the range of uses of SBP within Irish EP services and prompted important discussion for changes that would support this practice further. The research has evidenced the value and appetite in improving SBP, where further developing this mindset in practice would have far reaching impacts on CYP, their families, teachers, MDT members, organisations and communities as a whole. Among such impacts include; capacity building, changing perspectives, drawing on community resources and truly valuing and respecting each individual. These outcomes named by EPs are in line with existing research exploring the benefits of SBP.

Firstly, this research has attempted to make an argument for the value of SBP within the role of the EP and is the first to outline the key role EPs can play in SBP. This has been completed through outlining the benefits and challenges of SBP, how it can be applied to the EP core functions, as well as how it naturally aligns with positive national and international policy and practice developments. It is hoped that the results will open up the conversation as to how EPs can infuse SBP more in every interaction. This thesis has suggested the rights and values based conceptual lens in which SBP should be viewed. The scientist-practitioner-advocate model (Mallinckrodt et al., 2014; Miles & Fassinger, 2021) recognises the social justice advocate component of the psychologist's role. SBP could support EPs to implement this component through advocating for and empowering individuals at an individual and systemic level.

A key theme within this thesis is balance; balance between strengths and difficulties, hope and reality and the overall goal of achieving a balanced assessment. This research, as a whole has examined the balance between SBP within EP practice and the deficit model, and outlined the tension that can exist between both conflicting paradigms. SBP is a distinct way of viewing individuals, where instead of viewing them as broken or as having something

missing, they are viewed as having the potential to thrive given the appropriate skills, strengths and social context (Ciarrochi et al., 2016). Society and practice are coming to realise that psychological difficulties cannot necessarily be packaged into neat diagnostic boxes (Ahsan, 2022; Kelly et al., 2018), however current practice such as KPIs appears to be attempting to package EP services also into neat boxes by numbers of cases seen. This research is the first to outline the negative impact of an organisational focus on quantity over quality on SBP in EP practice. Furthermore, the requirement to carry out highly deficit focused assessments to support families, without an equal expectation to assess strengths further accentuates the deficit model in practice. It is understandable that one of the results of the present research highlighted the active, conscious and daily effort EPs need to make to implement SBP when the deficit model is still governing many elements of practice. A potential reconsideration of resource allocation to move to a more strengths based approach is warranted. This research has highlighted the substantial economic and political challenges that are compromising EPs to carry out SBP, which has important implications for policy and supports an ideological shift at the deep structural levels within organisations. This research has also outlined the value in a team approach to SBP which is lacking within the wider SBP literature. It is argued that a team approach to SBP would enhance service delivery and help to infuse the principles and practices across services.

One of the strengths of this research is its timely nature, alongside a societal and policy movement away from the deficit model. Furthermore, as evidenced by the scoping review at the beginning of this thesis, there appears to be little empirical studies exploring SBP in relation to the work of EPs, and no empirical studies in relation to how EPs across different service backgrounds implement SBP. It is hoped that this study has filled this research gap. It is envisaged that this study may inspire future research to bring about positive changes for services through SBP.

An important impact of the study is the practical implications for policy, practice and research that arose from the results. With the view to communicate these results, this research will be submitted for publication in relevant peer reviewed journals. The researcher has already commenced dissemination through a national conference presentation at the Annual PSI Conference 2022. A summary of the findings will also be provided to the NEPS research committee. Furthermore, individual participants who expressed interest in receiving the results of the study will be provided with the research, in the hope that the results are absorbed into various teams across Ireland.

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Appendix A

**Preferred Reporting Items for Systematic Reviews and Meta-Analyses
extension for Scoping Reviews (PRISMA-ScR) checklist**

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	X
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	X
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	X
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	X
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	X
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	X
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	X
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	X
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Critical appraisal of individual sources of evidence [§]	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	X
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	X
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	X
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	X
Limitations	20	Discuss the limitations of the scoping review process.	X
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	X
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	NA

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

Appendix B

Screened Studies not included in Review

1	A Review of the Psychometric Properties of the Child and Adolescent Needs and Strengths (CANS): Perspectives on the Present State of the Literature and Future Directions	Primary focus not on SBP Focus on assessment tool that incorporates strengths
2	Allen, K. A., Waters, L., Arslan, G., & Prentice, M. (2022). Strength-based parenting and stress-related growth in adolescents: Exploring the role of positive reappraisal, school belonging, and emotional processing during the pandemic. <i>Journal of Adolescence</i> , 94(2), 176-190.	SBP as a parenting style
3	Aswathy, M., & Sampathkumar. (2022). Exploring Wisdom as Cognitive Character Strength and its Influence on Family Environment. <i>Indian Journal of Positive Psychology</i> , 13(2), 142–145.	Primary focus is not SBP College students
4	Ayland, L., & West, B. (2006). The Good Way model: A strengths-based approach for working with young people, especially those with intellectual difficulties, who have sexually abusive behaviour. <i>Journal of Sexual Aggression</i> , 12(2), 189–201. https://doi-org.libraryproxy.mic.ul.ie/10.1080/13552600600841680	Primary focus is on an intervention that incorporates strengths for a specific population – not generalisable to SBP in a broader sense
5	Black, J. M., & Hoeft, F. (2015). Utilizing biopsychosocial and strengths-based approaches within the field of child health: What we know and where we can grow. In E. L. Grigorenko (Ed.), <i>The global context for new directions for child and adolescent development</i> . <i>New Directions for Child and Adolescent Development</i> , 147, 13–20.	Commentary on the value of strengths based application of biopsychosocial model to early stress experiences
6	Braun, M. J., Dunn, W., & Tomchek, S. D. (2017). A pilot study on professional documentation: Do we write from a strengths perspective?. <i>American journal of speech-language pathology</i> , 26(3), 972-981.	Looks at evidence of strengths based report writing in one cohort

7	Broski, J. A., & Dunn, W. (2018). Fostering Insights: A Strengths-Based Theory of Parental Transformation. <i>Journal of Child & Family Studies</i> , 27(4), 1275–1286. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10826-017-0964-5	Focus on parenting
8	Bryan, J., & Henry, L. (2008). Strengths-based partnerships: A school-family-community partnership approach to empowering students. <i>Professional School Counseling</i> , 12(2), 2156759X0801200202.	Focus on a specific application of SBP within a school setting, not generalisable to the broader implementation of SBP
9	Carlson, G., Armitstead, C., Rodger, S., & Liddle, G. (2010). Parents' Experiences of the Provision of Community-Based Family Support and Therapy Services Utilizing the Strengths Approach and Natural Learning Environments. <i>Journal of Applied Research in Intellectual Disabilities</i> , 23(6), 560-572.	Focus on parents experience/more FCP in nature than specific to application of SBP
10	Chai, X., Li, X., Ye, Z., Li, Y., & Lin, D. (2019). Subjective well-being among left-behind children in rural China: The role of ecological assets and individual strength. <i>Child: Care, Health and Development</i> , 45(1), 63-70.	Explores correlation between strengths and outcomes, opposed to exploring SBP
11	Churchill, S. S., & Kieckhefer, G. M. (2018). One Year Follow-up of Outcomes from the Randomized Clinical Trial of the Building on Family Strengths Program. <i>Maternal & Child Health Journal</i> , 22(6), 913–921. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10995-018-2467-4	Parenting intervention to build capacity to manage parenting a child with special needs
12	Cobain, E. (2021). Implementing Positive Psychology within Trauma Informed Practises: A mindfulness-based strengths approach. <i>International Journal of Existential Positive Psychology</i> , 10(1), 1–11.	Adults
13	Coleman, S. (2012). Examining a strengths-based approach to promoting students' engagement with school: A pilot study. University of Missouri-Columbia.	Dissertation
14	Cox, K. F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioral disorders. <i>Journal of Child and Family Studies</i> , 15(3), 278-292.	Looks at relationship between strengths based assessment

		and positive outcomes
15	Drescher, C. F., Johnson, L. R., Kurz, A. S., Scales, P. C., & Kiliho, R. P. (2018). A Developmental Assets Approach in East Africa: Can Swahili Measures Capture Adolescent Strengths and Supports? <i>Child & Youth Care Forum</i> , 47(1), 23–43. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10566-017-9415-0	Focus on an assessment tool that incorporates strengths
16	Drolet, M., Paquin, M., & Soutyrine, M. (2007). Strengths-based approach and coping strategies used by parents whose young children exhibit violent behaviour: Collaboration between schools and parents. <i>Child and Adolescent Social Work Journal</i> , 24(5), 437-453.	Focus on parenting
17	Edwards, K. M., Herrington, R., Edwards, M., Banyard, V., Mullet, N., Hopfauf, S., ... & Waterman, E. A. (2022). Using intergenerational photovoice to understand family strengths among Native American children and their caregivers. <i>Journal of Community Psychology</i> .	Primary focus not on SBP
18	Fenton, A., & McFarland-Piazza, L. (2014). Supporting Early Childhood Preservice Teachers in Their Work With Children and Families With Complex Needs: A Strengths Approach. <i>Journal of Early Childhood Teacher Education</i> , 35(1), 22–38. https://doi-org.libraryproxy.mic.ul.ie/10.1080/10901027.2013.874384	Focus on teachers application of SBP
19	Ghaderi, D., & Kavehie, M. (2021). A comparative study of the difficulties and strengths of single-parent, orphan, and ordinary adolescents. <i>Journal of Fundamentals of Mental Health</i> , 23(2), 123-130.	Primary focus not on SBP
20	Gharabaghi, K., & Anderson-Nathe, B. (2017). Strength-based research in a deficits-oriented context. <i>Child & Youth Services</i> , 38(3), 177-179.	Primary focus not on SBP
21	Go, M., Chu, C. M., Barlas, J., & Chng, G. S. (2017). The role of strengths in anger and conduct problems in maltreated adolescents. <i>Child Abuse & Neglect</i> , 67, 22-31.	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
22	GROW Zambia: A pilot cluster-randomized trial of a spiritually-based character strengths training curriculum to enhance resilience among Zambian youth.	School based character strengths intervention
23	Harkness, F. J., Walker, J., & Meyer, F. (2022). Language matters: Developing inclusive, strengths-based practice in a cluster of resource teachers: Learning and behaviour. <i>Australasian Journal of Special and Inclusive Education</i> . https://doi-org.libraryproxy.mic.ul.ie/10.1017/jsi.2022.11	Focus is specifically with teachers

24	Ho, S.K., Chen, WW. Believing in My Strength: Personal Best Goals as Mediators in Strength-Based Parenting and Adolescents' Well-Being. <i>J Child Fam Stud</i> 31, 1415–1426 (2022). https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10826-021-02179-9	SBP as a parenting style, opposed to clinician
25	Hopps-Wallis, K., Fenton, A., & Dockett, S. (2016). Focusing on strengths as children start school: What does it mean in practice?. <i>Australasian Journal of Early Childhood</i> , 41(2), 103-111.	Primary focus is on references to strengths in transition documents between educators from pre-school to primary in Australia
26	Hughes, G. (2014). Finding a voice through 'The Tree of Life': A strength-based approach to mental health for refugee children and families in schools. <i>Clinical Child Psychology & Psychiatry</i> , 19(1), 139–153. https://doi-org.libraryproxy.mic.ul.ie/10.1177/1359104513476719	Focus on a specific intervention that incorporates strengths, primary focus not on SBP in a broader sense
27	Jalala, S. S., Latifoğlu, G., & Uzunboylu, H. (2020). Strength-based approach for building resilience in school children: The case of Gaza. <i>Anales de Psicología/Annals of Psychology</i> , 36(1), 1-11.	Specific to populations experiencing political instability
28	Judge, S. L. (1998). Parental coping strategies and strengths in families of young children with disabilities. <i>Family relations</i> , 263-268.	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
29	Julien-Chinn FJ, Cotter KL, Piel MH, Geiger JM, Lietz CA. Examining risk, strengths, and functioning of foster families: Implications for strengths-based practice. <i>Journal of Family Social Work</i> . 2017;20(4):306-321. doi:10.1080/10522158.2017.1348111	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
30	Kemp, S. P., Marcenko, M. O., Lyons, S. J., & Kruzich, J. M. (2014). Strength-based practice and parental engagement in	Focus on relationship between

	child welfare services: An empirical examination. <i>Children and Youth Services Review</i> , 47, 27-35.	parents perceptions the strengths orientation of the social worker and buy in to services
31	Kisiel, C., Summersett-Ringgold, F., Weil, L., & McClelland, G. (2017). Understanding Strengths in Relation to Complex Trauma and Mental Health Symptoms within Child Welfare. <i>Journal of Child & Family Studies</i> , 26(2), 437–451. https://doi.org.libraryproxy.mic.ul.ie/10.1007/s10826-016-0569-4	Looks at relationship between strengths and positive outcomes
32	Lamb-Parker, F., LeBuffe, P., Powell, G., & Halpern, E. (2008). A strength-based, systemic mental health approach to support children's social and emotional development. <i>Infants & Young Children</i> , 21(1), 45-55.	Couldn't access full article
33	Lappalainen, K., Savolainen, H., Kuorelahti, M., & Epstein, M. H. (2009). An International Assessment of the Emotional and Behavioral Strengths of Youth. <i>Journal of Child & Family Studies</i> , 18(6), 746–753. https://doi.org.libraryproxy.mic.ul.ie/10.1007/s10826-009-9287-5	Focus on an assessment tool that incorporates strengths
34	Lara, L. G. (2009). A mixed method study of factors associated with the academic achievement of Latina/o college students from predominantly Mexican American backgrounds: A strengths-based approach. University of northern Colorado.	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
35	Layman, D. M., & Fisher, C. B. (2022). Profiles of Psychological Strengths on Symptom Distress, Recovery, and Quality of Life Among Young Adults with a History of Adolescent Psychiatric Hospitalization. <i>Community Mental Health Journal</i> , 1-18.	Primary focus not on SBP
36	LEE, M. Y., GREENE, G. J., HSU, K. S., SOLOVEY, A., GROVE, D., FRASER, J. S., WASHBURN, P., & TEATER, B. (2009). Utilizing Family Strengths and Resilience: Integrative Family and Systems Treatment with Children and Adolescents with Severe Emotional and Behavioral Problems. <i>Family Process</i> , 48(3), 395–416. https://doi.org.libraryproxy.mic.ul.ie/10.1111/j.1545-5300.2009.01291.x	Evaluation of FCP type model, too broad
37	LEIDY, H. J.; GWIN, J. A. Growing up strong: The importance of physical, mental, and emotional strength during childhood and adolescence with focus on dietary factors. <i>Applied Physiology, Nutrition & Metabolism</i> , [s. l.], v. 45, n. 10, p. 1071–1080, 2020.	Strengths from a physical health perspective
38	Leyva, D., Shapiro, A., Yeomans-Maldonado, G., Weiland, C., & Leech, K. (2022). Positive impacts of a strengths-based	Not applicable to Educational

	family program on Latino kindergarteners' narrative language abilities. <i>Developmental Psychology</i> .	Psychology practice
39	Lietz, C. A. (2007). Strengths-based group practice: Three case studies. <i>Social Work with Groups</i> , 30(2), 73-87.	Specific to groups from a social work perspective, not SBP in a broader sense
40	MacArthur, J., Rawana, E. P., & Brownlee, K. (2011). Implementation of a Strengths-Based Approach in the Practice of Child and Youth Care. <i>Relational Child & Youth Care Practice</i> , 24(3), 6–16.	Model covered in 2009 paper already included in review
41	Maiter, S., & Stalker, C. (2011). South Asian immigrants' experience of child protection services: are we recognizing strengths and resilience? <i>Child & Family Social Work</i> , 16(2), 138–148. https://doi-org.libraryproxy.mic.ul.ie/10.1111/j.1365-2206.2010.00721.x	Primary focus not SBP
42	McCarthy, M. J., Smith, R. R., Schellinger, J., Behimer, G., Hargraves, D., Sutter, J., ... & Scherra, K. (2016). Impact of youth strengths and objective strain on the experiences of subjective strain among caregivers of youth with behavioral health conditions. <i>Journal of Child and Family Studies</i> , 25(11), 3192-3203.	Explores correlation between strengths and outcomes, opposed to exploring SBP
43	McGuire, J. E. (2009). A Strengths-Based Approach to Building Social Competence in Adolescents with Asperger's Syndrome. ProQuest.	Could not retrieve full article
44	McMahon, T., Kenyon, D., & Carter, J. (2013). "My Culture, My Family, My School, Me": Identifying Strengths and Challenges in the Lives and Communities of American Indian Youth. <i>Journal of Child & Family Studies</i> , 22(5), 694–706. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10826-012-9623-z	Primary focus not on SBP
45	Miller, A., & Cook, J. M. (2017). The Adolescent Substance Use Risk Continuum: A Cultural, Strengths-Based Approach to Case Conceptualization. <i>Professional Counselor</i> , 7(1), 1–14. https://doi-org.libraryproxy.mic.ul.ie/10.15241/am.7.1.1	Focus on an assessment tool that incorporates strengths
46	Nguyen, H. T., Edleson, J. L., & Kimball, E. (2012). Honour Our Voices: A strengths-based approach to supporting children exposed to domestic violence. <i>Relational Child & Youth Care Practice</i> , 25(4), 49–57	Focus on a specific cohort of young people, focus on approach that incorporates strengths but primary focus is not SBP

47	Nickerson, A. B., Salamone, F. J., Brooks, J. L., & Colby, S. A. (2004). Promising approaches to engaging families and building strengths in residential treatment. <i>Residential Treatment for Children & Youth</i> , 22(1), 1-18.	Primary focus not on SBP, while SBP is an element of the residential treatment model proposed in this article
48	Nissen, L. (2006). Bringing Strength-Based Philosophy to Life in Juvenile Justice. <i>Reclaiming Children & Youth</i> , 15(1), 40–46.	Focus on SBP within a juvenile justice system
49	Noronha, A. P. P., Silva, E. N. D., & Dametto, D. M. (2019). Relations between family support and character strengths in adolescents. <i>Psico-USF</i> , 24, 625-632.	Primary focus not on SBP
50	Oliver, C., & Charles, G. (2015). Which strengths-based practice? Reconciling strengths-based practice and mandated authority in child protection work. <i>Social Work</i> , 60(2), 135–143. https://doi-org.libraryproxy.mic.ul.ie/10.1093/sw/swu058	Too specific to child protection – less generalisable to application to EP practice as a whole
51	Onyeka, O., Richards, M., Tyson McCrea, K., Miller, K., Matthews, C., Donnelly, W., Sarna, V., Kessler, J., & Swint, K. (2022). The role of positive youth development on mental health for youth of color living in high-stress communities: A strengths-based approach. <i>Psychological Services</i> , 19(Suppl 1), 72–83. https://doi-org.libraryproxy.mic.ul.ie/10.1037/ser0000593	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
52	Orm, S., Haukeland, Y., Vatne, T., Silverman, W. K., & Fjermestad, K. (2022). Prosocial Behavior Is a Relative Strength in Siblings of Children with Physical Disabilities or Autism Spectrum Disorder. <i>Journal of Developmental & Physical Disabilities</i> , 34(4), 591–608. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10882-021-09816-7	Primary focus is not SBP
53	Parry, B. J., Quinton, M. L., Holland, M. J., Thompson, J. L., & Cumming, J. (2021). Improving outcomes in young people experiencing homelessness with My Strengths Training for Life™(MST4Life™): A qualitative realist evaluation. <i>Children and Youth Services Review</i> , 121, 105793.	Focus on an intervention that incorporates strengths
54	Portrie-Bethke, T. L., Hill, N. R., & Bethke, J. G. (2009). Strength-Based Mental Health Counseling for Children with ADHD: An Integrative Model of Adventure-Based Counseling and Adlerian Play Therapy. <i>Journal of Mental Health Counseling</i> , 31(4), 323–337. https://doi-	Focus on a specific type of therapy that is strengths based but primary focus

	org.libraryproxy.mic.ul.ie/10.17744/mehc.31.4.90882215155 5t5x7	is not SBP in a broader sense
55	Sheridan, S. M., Warnes, E. D., Cowan, R. J., Schemm, A. V., & Clarke, B. L. (2004). Family-centered positive psychology: Focusing on strengths to build student success. <i>Psychology in the Schools</i> , 41(1), 7–17. https://doi.org/10.1002/pits.10134	Focus more on FCP
56	Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. <i>Children and Youth Services Review</i> , 47, 1-9.	Primary focus not on SBP
57	Stallman. (2020). Online needs-based and strengths-focused suicide prevention training: Evaluation of Care · Collaborate · Connect. <i>Australian Psychologist.</i> , 55(3), 220–229. https://doi.org/10.1111/ap.12419	Specific to online suicide prevention programme using a strengths based approach
58	Summersett Williams, F., Sax, R. M., Slesinger, N. C., Jordan, N., Sharp, D., Yazin, N., ... & Fehrenbach, T. (2022). An examination of a juvenile justice diversion program for youth with mental health needs and traumatic stress symptoms: a strengths-based approach. <i>Psychology, Crime & Law</i> , 1-23.	SBP as an approach in a juvenile diversion programme but does not outline how the approach was used to inform practice
59	Sutherland, K. S., Conroy, M., Abrams, L., & Vo, A. (2010). Improving interactions between teachers and young children with problem behavior: A strengths-based approach. <i>Exceptionality</i> , 18(2), 70-81.	Focus specifically on strengths based application in a class room
60	Svavarsdottir EK, Kamban SW, Konradsdottir E, Sigurdardottir AO. The Impact of Family Strengths Oriented Therapeutic Conversations on Parents of Children with a New Chronic Illness Diagnosis. <i>Journal of Family Nursing</i> . 2020;26(3):269-281. doi:10.1177/1074840720940674	While this is a good example of SBP in relation to a process familiar to EPs in discussing diagnoses, it is too broad
61	Svavarsdottir, E. K., & Gisladottir, M. (2019). How Do Family Strengths-Oriented Therapeutic Conversations (FAM-SOTC) Advance Psychiatric Nursing Practice? <i>Journal of</i>	Focus on specific intervention

	Nursing Scholarship, 51(2), 214–224. https://doi-org.libraryproxy.mic.ul.ie/10.1111/jnu.12450	from a nursing prospective
62	Svavarsdottir, E. K., Sigurdardottir, A. O., & Tryggvadottir, G. B. (2014). Strengths-Oriented Therapeutic Conversations for Families of Children With Chronic Illnesses: Findings From the Landspítali University Hospital Family Nursing Implementation Project. <i>Journal of Family Nursing</i> , 20(1), 13–50. https://doi-org.libraryproxy.mic.ul.ie/10.1177/1074840713520345	Focus on specific intervention from a nursing prospective
63	Tams, R., Prangnell, S. J., & Daisley, A. (2016). Helping families thrive in the face of uncertainty: strengths based approaches to working with families affected by progressive neurological illness. <i>NeuroRehabilitation</i> , 38(3), 257-270.	Too broad and not specific to application within EP practice
64	Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. <i>Child development</i> , 88(2), 350-358.	Explores correlation between strengths and positive outcomes, opposed to exploring SBP
65	Teixeira De Melo, A., & Alarcão, M. (2013). Transforming risks into opportunities in child protection cases: A case study with a multisystemic, in-home, strength-based model. <i>Journal of family Psychotherapy</i> , 24(1), 17-37.	Focus on specific intervention that incorporates strengths, not generalisable to wider SBP
66	Thoma, S., & K., A. J. (2018). Importance of identifying and fostering positive character strengths in early years for a bright future as emerging adults. <i>Indian Journal of Positive Psychology</i> , 9(2), 306–310	Primary focus is not SBP from a clinicians point of view
67	Todd, M., & Niec, L. N. (2022). The Psychosocial Strengths Inventory for Children and Adolescents: A Preliminary Evaluation. <i>Child & Family Behavior Therapy</i> , 44(2), 79-88.	Primary focus not on SBP Focus on strengths assessment tool
68	Toros, K., & Falch-Eriksen, A. (2021). Strengths-Based Practice in Child Welfare: A Systematic Literature Review. <i>Journal of Child & Family Studies</i> , 30(6), 1586–1598. https://doi-org.libraryproxy.mic.ul.ie/10.1007/s10826-021-01947-x	Examines how a strengths based approach facilitates working relationships between child welfare

		services and families – looks at relationship between SBP and positive outcomes. More specific to child protection agencies
69	Tse, S., Ng, C. S. M., Yuen, W. W. Y., Lo, I. W. K., Fukui, S., Goscha, R. J., Wan, E., Wong, S., & Chan, S.-K. (2021). Process research: compare and contrast the recovery-orientated strengths model of case management and usual community mental health care. <i>BMC Psychiatry</i> , 21(1), 1–14. https://doi-org.libraryproxy.mic.ul.ie/10.1186/s12888-021-03523-5	Adults
70	Ullenhag, A., Granlund, M., Almqvist, L., & Krumlind-Sundholm, L. (2020). A Strength-Based Intervention to Increase Participation in Leisure Activities in Children with Neuropsychiatric Disabilities: A Pilot Study. <i>Occupational therapy international</i> , 2020.	Focus on participation in leisure, less applicable to general EP practice
71	Urban, T. H., Jordan, N., Kisiel, C. L., & Fehrenbach, T. (2019). The association between strengths and post-residential treatment needs of youth in the child welfare system. <i>Children and Youth Services Review</i> , 99, 226-234.	Explores relationship between strengths and positive outcome
72	Valdez, C. R., Wagner, K. M., Stumpf, A., & Saucedo, M. (2022). A storyboarding approach to train school mental health providers and paraprofessionals in the delivery of a strengths-based program for Latinx families affected by maternal depression. <i>American journal of community psychology</i> .	Primary focus not on SBP
73	Vempaty, S. (2018). Evaluation of Clinicians' Strengths-Based Practice with Clients (Doctoral dissertation, Spalding University).	Focus not on children, could not access full article through academic institution
74	Weick, A., & Saleebey, D. (1995). Supporting family strengths: Orienting policy and practice toward the 21st century. <i>Families in Society</i> , 76(3), 141-149.	Commentary on social work approach to family theory and calls for attention to strengths, does not focus on

		the operation of SBP
75	White, M. A., & Waters, L. E. (2015). A case study of 'The good school:' Examples of the use of Peterson's strengths-based approach with students. <i>The Journal of Positive Psychology</i> , 10(1), 69–76. https://doi-org.libraryproxy.mic.ul.ie/10.1080/17439760.2014.920408	Focus on application of strength based principles in a school context
76	Williams, A. (2019). Family support services delivered using a restorative approach: A framework for relationship and strengths-based whole-family practice. <i>Child & Family Social Work</i> , 24(4), 555-564.	Explores link between restorative approach and SBP
77	Winning, A. M., Ridosh, M., Wartman, E., Kritikos, T., Friedman, C., Starnes, M., ... & Holmbeck, G. N. (2022). Parents' school-related concerns and perceived strengths in youth with spina bifida. <i>Child: Care, Health and Development</i>	Primary focus is not SBP
78	Yau, K. C., & Chan, S. M. (2021). Psychometric Properties of the Traditional Chinese Version of the Child and Adolescent Needs and Strengths-Trauma Comprehensive. <i>East Asian Archives of Psychiatry</i> , 31(2), 36–42. https://doi-org.libraryproxy.mic.ul.ie/10.12809/eaap1967	Primary focus is not SBP Trauma informed Assessment tool that incorporates strengths
79	Zavala, C., & Waters, L. (2022). "It's a family matter": A strengths-based intervention for parents of sexual minority individuals. <i>Journal of Gay & Lesbian Mental Health</i> , 1-22.	SBP as a parenting style, opposed to clinician
80	Zegarac, N., & Burgund, A. (2017). Caseworkers' perceptions of the strengths of the child family and community. <i>Child & Family Social Work</i> , 22, 41-50	Looks for evidence of SBP in caseworker records
81	Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. <i>Health Education & Behavior</i> , 40(4), 381-383.	Primary focus on resiliency theory and how it aids the understanding of why SBP is a helpful approach

Appendix C

Examples of Strengths Based Questions from Review

Laursen (2003)	<ul style="list-style-type: none"> • What are your hopes for the future? • What was your life like when you were doing okay? • How have you managed to thrive? • What have you learned about yourself and the world around you? • What adults will always know where you are? • What adult are you closest to? What is special about this relationship? • What kind of adults do you relate to better? What is special about these relationships? • Tell me more about your friends? • Who are your closest friends? • Who are the peers on whom you really depend? • Why are they your closest friends? • What might your friends say make you a good friend to them? • What community associations or groups have been especially helpful to you in the past? • What is your neighbourhood like? Name two things you like about your neighbourhood? • When things were going well in life, what was different? • When you felt your life was better, what about your world, your relationships, your thinking was special or different? • What do you want out of your life? • What are your hopes, visions and aspirations? • If a miracle were to happen that solved all your problems, what would be the first thing that made you aware that a miracle had happened? • How will you know when things are going well for you?
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- What are some of the things you like to do or feel that you do well?
 - When people say good things about you, what are they likely to say?
 - What is it about your life, yourself or your accomplishments that gives you real pride?
 - What do you like most about school?
 - What was the most challenging?
 - How did you manage the difficulties you had in school?
 - How do you best learn things in school? What would they say about you?
 - What gives your genuine pleasure in life?
 - What do you do for fun? When was the last time you did that? What hobbies or interests do you have or have you had in the past?
 - What activities are you interested in? What attracts you to those activities?
 - What do you do when things get really tough?
 - What positive ways do you go about it?
 - How do you solve conflicts?
 - How do you deal with stress?
 - What do you do when the rubber really hits the road?

Rawana &
Brownlee (2009)

- Let's talk about the kinds of things that you do well and how you can use those talents to improve your situation. What are your top ten strengths?
 - Would you be interested in listing these strengths and putting the list in a prominent place to remind you that you have these strengths?
 - Do most people who know you know that you have these strengths? If they did know that you have these strengths, how do you think it would change the way that they see you?
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- Which strength do you tend to use the most when you are dealing with day-to-day issues?
 - Do any of these strengths that others have noticed about you surprise you?
 - Some strengths come more naturally to people and some strengths you have to work harder to develop. Can you think of ones that have come naturally to you and ones that you really had to work hard at developing?
 - It looks like this strength can be applied to that situation; does that make sense to you? How do you think it can be done? What do you think may be different after using this strength in this situation?"
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Saleebey (2008)

- *Survival questions:* Given everything that you have faced recently, how have you managed to survive) Or (if it seems appropriate), how have you managed to thrive thus far? How do you do that? Facing which of your challenges has given special insight, strength, or resolve? How?
 - *Support questions:* What people in your life have given you special understanding, support, and guidance? What friends, relatives, teachers, school counsellors, or neighbours have made a difference in your life? Where are they now? Are they still available to you? What did they respond to in you that made them want to help? What organizations and associations have been supportive of you? A church? A social club? A neighbourhood group? A school group? Are they still a part of your life?
 - *Possibility questions:* What is your fondest hope or dream? What do you want your life to be like? How far along are you to reaching that dream? What special abilities or talents will help you get there? What is the first step to that dream? How can I help you get there?
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- *Exception questions:* When things were better in your life, when you were not facing the difficulties that you are now, what was different? When your problems did not seem to be so much a part of your life, what was going on? What about your relationships, your circumstances, your thinking, or your behaviour was different? What were you doing to make your life better, and more fulfilled? What were others doing?
 - *Esteem questions:* What is it that you really like about yourself? What is it that others like about you? What things that you do give you real pride? How would you describe your personality and its good qualities to someone who doesn't know you well?
 - *Perspective questions:* What is your view of your problems? Your successes? What are your theories about how you have gotten to where you are now? What kind of sense do you make of your recent experiences and difficulties? What are your triumphs and how do you explain them to yourself? What makes the most sense to you as an explanation of your current situation?
 - *Change questions:* How do you think your current situation can change to a more positive one? What do you and those around you have to do to make that change? How has your situation changed for the better in the past? How can I help to bring about constructive adaptations in your life at school? At home?
 - *Meaning questions:* What beliefs do you have that are most important to you? What parts of your life do you value the most? Do you have purposes beyond the self that are important to you? What are they? What are your most important values? How do your values and the values of your family agree or clash? How about school values and your own
-

Appendix D

Case Vignettes

Disability 9-18 age group

“Ellen is a 14 year old girl with a diagnosis of Attention Deficit Disorder (Inattentive Type). She has been referred by her NEPs Psychologist for an Initial Team Assessment due to elevated scores on the SRS-2 and particular concerns from her family and school including difficulty with social interactions, school refusal and restricted interests. These difficulties have become more apparent since the Covid-19 pandemic. Her younger brother has a diagnosis of ASD. The NEPS cognitive assessment revealed that she presents in the low average range. It is reported that Ellen tends to only speak when her mother is present in response to closed questions and is reliant on her family to support her social interactions. In the home setting Ellen can present as very talkative and can discuss topics of interest at length. Ellen has one friend at school. Ellen has an intense interest with certain TV shows. Ellen also enjoys baking and photography”

Disability 0-8

“John, aged 2 years and 4 months was referred to the Early Intervention Team for a Multi-Disciplinary Team (MDT) Assessment by his General Practitioner (GP) due to developmental delay in two domains; speech and behaviour. John has delayed language development and regression of speech. The referral form reports the following; John does not engage in imaginative play, can tend to rock while watching tv, does not yet use the gesture of pointing, can engage in regular temper tantrums, presents with poor eye contact, requires a lot of movement and can have poor interaction with peers, where he can pinch or bite during times of frustration. John is an only child living at home with his parents. He lives on a farm and enjoys being outside by himself and joining his father and uncle on farm tasks. John spends a lot of time with his aunt who helps his mother care for him and has a positive relationship with her. John has a big extended family and spends lots of time with his cousins, however he requires constant supervision and has difficulty joining in on games as he might not understand the rules. Since the end of the lockdown John’s eye contact and babbling has improved as he spends less time at home”.

NEPS

“Sophie is a 12 year old girl attending 6th class in a mainstream primary school. She is an only child who has been living in Ireland the last 5 years, where Polish is the language spoken in the home environment. Sophie was referred by her class teacher due to concerns around her social skills and delayed language skills. Sophie has a diagnosis of Developmental Coordination Disorder. Sophies parents are eager for her to do well at school and spend a lot of time completing her homework and completing extra work during school holidays. Her teacher reports that she is a friendly and sweet natured young girl but can present with difficulty initiating and sustaining conversation with peers or adults. Sophie is able to talk at length about topics of interest which include capital cities and her favourite computer games. Her teachers are concerned she may be vulnerable when she transitions to secondary school next year”.

Primary Care

Adapted case scenario from www.fmf.cfpc.ca (Best Practices for ADHD across the life span)

“Colm is a 15 year old Irish boy referred to the Primary team by his GP. He is the only child to two parents. There is an extended family history of Attention Deficit/Hyperactivity Disorder (ADHD), mental health concerns as well as academic excellence. Colm is an intelligent and caring young boy who presents with significant potential to excel academically. In his spare time, Colm enjoys spending time with his friends, and participating in physical activities such as swimming, running and football. While Colm interacts well with peers his own age, his parents note that he can be easily led and influenced by others. His teacher notes that he sometimes acts 'socially immature', and that he often demonstrates attention-seeking behaviour. Colm experiences difficulties with focusing, and sitting still in class. His parents and teacher indicate that Colm is restless, and often requires reminders to help him stay on task. Colm's parents report that his teacher indicates that he often blurts out answers and interrupts other students in the classroom. Colm has always had challenges falling asleep, and sometimes finds that he wakes up in the middle of the night. His mother reports difficulties at home with following routines and remembering instructions as well as emotional reactivity. His teacher notes that Colm is very defiant towards listening to instructions. He is easily frustrated and emotionally impulsive – Colm’s teachers reports he has had several incidents of inappropriate behaviour such as outbursts following difficulty with literacy based tasks, and punching walls or his desk in response to disagreements with peers or other teachers.

Appendix E**Email invitations to Psychologists with whom the researcher has previous
contact with**

Dear X

I hope you are keeping well. I am emailing to inform you of the study I will be completing for my doctoral research project. I am investigating Strengths Based Practice in relation to the work of Educational Psychologists. Please find information sheet and consent sheets attached. I would be grateful if you could share this email with your Educational Psychologist colleagues. If any member of your team is interested in taking part, if they could confirm by replying via email to xxx@micsudent.mic.ul.ie and outline their interest in participating. This is to ensure that reminder emails can be sent to send the consent form two weeks after receiving the information sheet attached in this email.

I am very appreciative of your valuable time,

Appendix F**Email invitation to manager/reception of services**

Dear X

I hope you are well. My name is Kate O Neill and I am a trainee Educational and Child Psychologist. For my doctoral research project, I am investigating Strengths Based Practice and its relation to the work of Educational Psychologists, in particular to understand how practice could be improved. I am emailing to gain consent to correspond via email to interested team members. I would be grateful if you could share this email with your Educational Psychologist colleagues if any would like to participate. If interested participants could email me at xxxx@micstudent.mic.ul.ie where I can forward information sheets.

Thank you for your valuable time,

Appendix G

Participant Information Sheet



Participant Information Sheet Semi-Structured Interview

“A triangulation of the methods and frameworks that are used to elicit children’s strengths and their potential, across services in which Educational Psychologists are employed”

What is this project about?

The present research aims to progress our understanding of Strengths-based practice and its application to Educational Psychology (EP) practice. There is a lack of research informing how to accurately and effectively implement strengths based approaches in EP Practice. This research aims to address this gap by providing empirical insight into the current, and potential future applications of strengths based practice within the discipline.

Who is undertaking it?

My name is Kate O Neill, I am a Trainee Psychologist undertaking the Doctorate in Educational and Child Psychology at Mary Immaculate College (MIC). This research project is conducted as part of my doctoral thesis.

What are the risks and benefits of this research?

The risks associated with this research are minimal, however discussing aspects of your professional practice may cause distress if you are experiencing difficulties in the workplace. If you do not wish to answer a question or wish to stop the interview at any point, you are welcome to do so. Should you become distressed at any point during the interview process, the interview will be paused. At this point, the researcher will check in with you to ascertain whether you feel comfortable finishing the interview or not. The potential benefits of your participation would help enhance our understanding of how strengths-based practice could be improved as well as recognition to the barriers in its implementation. It is hoped that the findings of this study will make a contribution to the research, policies and practices of strengths based practice within the role of the EP at a national level and provide further role clarity.

Exactly what is involved for the participant? (time, location, etc?)

Participation in this research involves a semi-structured interview exploring different aspects of strengths-based practice, in particular, the use of strengths based practice across the EP roles of assessment, intervention, consultation and formulation as well as exploring the barriers to its implementation and how practice could be improved. As part of the interview, a case vignette will be included to discuss what EP involvement might look like from a strengths based lens. No questions asked are intended to elicit dissatisfaction. The interview will last under an hour and can be completed at a time that suits you, in person or online via Microsoft teams depending on your preference. Should you prefer an in-person interview, the interview can be completed in person in a setting of your choice.

Right to withdraw

You are free to withdraw from the research at any point during participation without reason or consequence and your information will be removed.

How will the information be used/disseminated?

All data from the interview will be coded and anonymised so that any individual participants will not be identifiable. Anonymised quotations may be used in the thesis or publications arising from the research.

How will confidentiality be maintained?

All information gathered will remain confidential and will not be released to any third party, only accessible to me and my research supervisors. Prior to anonymisation of the audio data, my supervisors will have access to the audio data if required. Data analysis support staff within MIC may have access to the data, adhering to their specific data protection guidelines and protocols. Identifiable details will not be used during the study (e.g. names, regional locations, etc.). Audio data will be destroyed following transcription. All participants are welcome to read over the transcripts to ensure your anonymity is maintained. Consent forms will be stored in a locked filing cabinet. Audio data, and anonymised transcripts, will also be kept on an encrypted external hard drive. The GDPR and Data Protection Act (2018) will cease to pertain after the anonymisation of raw data and the secure and complete destruction of raw data sets that contain sensitive personal information.

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC), National Educational Psychology Service Research Ethics Committee and the Brothers of Charity Services. If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Researcher Contact Details:

Kate O'Neill

Supervisor Contact Details:

Dr. Keeley White

Dr. Suzanne Parkinson

Appendix H

Participant Consent Sheet



Informed Consent Form for Semi-Structured Interview

As outlined in the participant information sheet, the current study will explore the Educational Psychologist's role in implementing Strengths Based Practice. The participant information sheet should be read fully and carefully before consenting to take part in the study.

Please read the following statements before signing the consent form:

- I am over 18 years of age
- I have read and understood the participant information sheet
- I understand what the project is about, and what the results will be used for.
- I am fully aware of all of the procedures involving myself, and of any risks and benefits associated with the study.
- I know that my participation is voluntary and that I can withdraw from the project at any stage without giving reason.
- I am aware that the interview will be audio recorded and transcribed by the researcher and that the audio data will be destroyed following transcription. I am aware that some individual quotes may be used in the study but will be anonymous.
- I am aware that my results will be kept confidential.
- I understand that I can contact the researcher if I have any queries. I can also contact the researcher for a summary of the findings arising from this study.

I, the undersigned, hereby consent to participate in the above-described project

Name (printed): _____

Name (Signature): _____

Date: _____

Appendix I

Interview Schedule

Introduction

I would firstly like to thank you for meeting with me today to complete this interview and for providing me with your valuable time. As you are aware from the information sheet, the present research aims to progress our understanding of Strengths-based practice and its application and range of use to Educational Psychology practice. Before we begin I would like to review your consent to participate and restate your right to withdraw or pause the interview at any time.

1. What is your understanding of Strengths Based Practice?
2. What are the advantages of Strengths Based Practice?
3. What are the disadvantages of Strengths Based Practice?
4. How do you currently use Strengths Based Practice across consultation, assessment, formulation, intervention?

5. How does your organisation implement SBP?
6. What are the barriers to implementing Strengths Based Practice?
7. What supports would enable you to better implement Strengths Based Practice?
8. Do you have opportunity to implement Strengths Based Practice?
9. Do you feel confident in Strengths Based Practice?

10. What skills, knowledge or training helps Psychologists implement Strengths Based Practice?

11. What would you like to see as the desired outcome from working within a strengths based framework?

12 . How could Strengths Based Practice be incorporated in assessment, consultation, formulation, intervention?

13. Are there any particular resources or tools that support you in working within a strengths based framework?

14. Are there any legislation/policy or professional guidelines that guides your work in strengths based practice?

15. How can working on an Multidisciplinary team support Strengths Based Practice?

16. What other professionals do you feel would support the implementation of Strengths Based Practice within an Multidisciplinary team?

17. How could the work in Strengths Based Practice be shared amongst other professionals on the Multidisciplinary team?

Appendix J

Example of Interview Transcript

RESEARCHER

Um, so gimme two seconds now. Um, so I just have the questions another screen here, so that's why I'm looking over just in case, um, you're wondering. Yeah. Um, so I'll fly through them. There's only, there's like 10 to 15 questions, um, so I'll just run through. So obviously thanks so much again Participant5 for, um, participating. It's really appreciative, appreciated. Um, so I suppose the first question is, what is your understanding of strengths based practice or how would you describe it?

Participant5

I suppose strength based practice for me is, I suppose, I suppose it's, it's, it's a term that I suppose we all think we know a lot about because we, we feel like, oh, you know, by being strengths-based it means that you're, I suppose, um, putting the child's strengths and talents and abilities to the forefront of your work. Um, but I suppose it's, it's a little bit more than that sometimes as well. I think strength based practice is also about recognizing that, you know, sometimes a perceived difficulty may also be a strength in another area you know, so it's about sometimes doing that little bit of a brain flip and saying, okay, well, you know, um, focusing like let's say for a child with a ASD focusing on, you know, things in the finer details, you know, that can be a problem because you know, not a problem, But that can be, I suppose, a challenge for them because they're focusing on one thing and not seeing the bigger picture, but actually then when it comes to some jobs and some employment, that's actually a huge strength to be able to zone in on the finer details. So I suppose it's looking at the strengths and abilities and I suppose the, the areas within a child that, you know, that is a strength relative to maybe their, the rest of their skills, but also looking at sometimes even things that we consider maybe, um, as a deficit and, and doing that brain flip and saying, yeah, but in some environments that actually might be a positive.

RESEARCHER

Yeah. Yeah, a hundred percent. Yeah. Yeah. That's lovely. Um, so I suppose, what would you consider to be like the advantages of like, I suppose working from that kind of strengths based lens?

Participant5

Well I suppose just in terms of the service I work in at the moment, you know, I suppose I'm on a disability team and I suppose on a disability team, you obviously have children who are, um, the needs arising from their disability are quite complex and that's why they need the criteria for a disability team. So when you have that level of need, I suppose, um, sometimes you know that sometimes it, it can be, I suppose parents are very concerned and when you meet them, um, especially on the team I'm on because it's zero to nine, I suppose the emphasis can be on a deficit space of like, where's difficulties, what are your concerns? Let me talk about all the, I suppose birth to now what hasn't going well and advantage of looking at it from a strengths-based lens is that it makes the journey for a parent of going from worries and concerns and assessment to diagnosis that little bit more positive because you're not just, I suppose focusing solely on the difficulties and the deficits, but also looking at, well, what are the positives? What has gone well? What skills didn't they have a year ago that they actually have now? And what strategies work well for them? What do they respond to?, you know, and looking at it in a different way, you know, so that's positive I think for parents' journey that if you don't just focus on, I suppose the, the deficits and the difficulties and you know, the diagnosis, um, that instead you look at, yeah, they are areas of need and they are difficulties and that might align to, you know, a certain disability but also balancing it with, but these are the things that have gone really well and these are the things that you've achieved while maybe you haven't been getting supports and services, you've actually done all this by yourself. Yeah so, Makes the journey a little bit more, um, I suppose positive for the parent.

RESEARCHER

Yeah. Yeah. Lovely. And I suppose on the flip side then, Participant5, would you consider there's any like disadvantages from working from a strength based framework or model? Um, for, yeah..

Participant5

So I suppose, um, like I wouldn't see many disadvantages to it, but I suppose what I would say is sometimes other people's understandings of it, um, can be a bit of a barrier. So if a parent is, let's say for example, very, very, um, I suppose very concerned about their child, and you are trying to employ, got a strengths-based approach, but I suppose their concerns are quite high. Um, they can often feel that you're trying to dilute the problem or that you might and and really balance that, making sure that the parent feels heard As well as trying, i suppose, um, you know, as well as trying to highlight to them the strengths that their child possesses. Um, so it's kind of to do it quite gently, but you know, sometimes that I suppose I wouldn't call it disadvantage, but maybe a barrier that that comes up with the strengths-based approach. And then I suppose as well, you know, there's lots of talk, I suppose at the moment about a neuro for taking a neuro affirmative approach, you know, and really celebrating neuro diversity and I suppose, um, you know, I suppose at the moment my report writing style for my diagnostic assessments for ASD, um, I am writing my reports in a neuro affirmative way. Lovely. So I've changed language. So instead of saying, um, you know, instead of I suppose quoting like social communication difficulties and social interaction difficulties and restrictive and repetitive behaviours, I have started in my report saying differences in social communication and interaction and um, interests and behaviours that align with the autistic experience. I suppose while that is very positive, I feel for me and makes the report nicer, I feel sometimes, you know, the disadvantage to that report writing style, maybe that someone when they're reading it may not see as much if it's very strengths based, may not see as much evidence if you like, Um, of the need and the level of need parents are still very much using their reports to access services. Yeah. So if you write a strengths based report and the parent wants to access dca or the parent wants the special school placement, you know, very much say looking for deficits based, And they're looking for how complex is the needs of this child and do they qualify for this, so if you write your report very strengths-based, they're like, well they're doing great. Yes.

RESEARCHER

Yeah. Yeah. That's actually really good point. Yeah. Yeah. You.

Participant5

Know, be, you know, trying to make sure that they're a able to access the support they need and also that the report is a positive one if the child wants to read it in the future about Themselves

RESEARCHER

For sure. Yeah, exactly. That's so true. Cause it's almost, it's like a balancing act with the parents that you're not diluting the difficulties and it's also a balancing act in the report writing again that you're not diluting it for, cause it's still that I suppose resource access thing, Even though they're trying to move away. Yes. Um, so as you gave some nice, um, examples there of how you use strengths-based practice and consultation through discussing with the parents and through I suppose assessment in terms of your report writing. Um, I suppose looking at the other kind of functions of EPs, like I suppose consultation, assessment, intervention, formulation, are there, is there any other ways that you use strengths-based practice? Sorry this is very long winded question.

Participant5

<Laugh>, like no, um, I suppose like, yeah, like I suppose in consultation, like I mentioned, you know, I'd always start with the strengths, you know, and make sure that we identify what's going well and the strengths first. Um, then I think I've talked about a bit about how I do the assessment and then in the intervention as well. It would be strengths based in terms of, I would always find out prior to intervention if it your parents are one-to-one, like what the child is interested in so that we make sure that, I suppose it, it, it meets the needs of the child as well and that it aligns to the child's strengths so that they experience success within the intervention. And then I suppose as well, obviously in formulation, you know, I suppose it's, you know, I suppose I've kind of covered that in terms of, I suppose when I'm writing my report and I formulate it, I do see the difficulties, but I try to present them in a very strength focused way. And then the other area I would say, you know, I suppose when you look at the role of ep, the other area is training and development And I suppose at the moment what we're trying to do in the services, we would use license programs, you know, we would use the likes of the early bird and everything and I suppose they're, they're usually valuable and we're seeing the value in them, but obviously they're very prescriptive and they're programs, so you must run it as they provide it to you, Um, so I suppose at the moment, you know, know we are discussing as a team, as an MDT you know, about how could we, I suppose, um, either run another program or see if there's a more neuro-affirmative approach out there, you know, that's evidence based also or do we just take the evidence base and present it in a neuro affirmative ways so that when parents come in as part of the post diagnostic care pathway, you know, when they, so after they receive a diagnosis of ASD, they would come in

for post diagnostic parent training and that is usually the early bird, but I suppose while we would deliver the early bird in a neuro affirmative way, we have to use slides and everything else, So we're trying to think of a way that we can make it more neuro neuro-affirmative, In every way From what we, so the parents can find it hopefully a positive experience that they can, cuz that's still so much part of the journey and they're still processing and some, you know, a lot of parents are grieving at that time you know, when they do their six week, um, training so to try and make that as positive as possible in a strength based as possible and know a neuro affirmative and to celebrate neuroaffirmity, Um, suppose that's how, so you could go about it in terms of the role of eps in like looking at the evidence base, um, in terms of ASD, but then delivering it to parents and disseminating it in a newer affirmative.

RESEARCHER

Way, more the strengths way. Yeah. Lovely. Um, I suppose then, um, beyond that, I suppose, um, how, or do if they do, would your organization, um, implement strengths-based practice, I suppose like PDS, HSE, CDNTs or, or if, if, you know, if there is any, I suppose is there any organizational, um, level strengths-based practice?

Participant5

Um, I suppose look, I suppose it is, I suppose while strengths-based practice has been something that's been in the literature for quite some time, I think it's nearly only starting to become, I suppose maybe more talked about now, um, within, I know within my, um, team anyway, um, because of, I think because to be fair, I actually think it's ASIAM um you know, being a huge advocate For neuro diversity and thinking about the experiences of autistic people and I think from that we are learning all the time and we're learning about change our language and that has been a learning process because I suppose I, I'm quite newly qualified, you know, I'm qualified only, um, two years, whereas some of my team members have been qualified for 30 and I, you know, for them. But I think, you know, I do think that it's starting to, I suppose be, um, a discussion point or at team meetings and I do think, um, we have an ASD diagnostic team at work, so myself, senior speech and language therapist and the senior occupational therapist, we have put real effort into changing our reports Um, a diagnostic report to a neuro affirmative, um, report now, um, we have a, a regional, um, learning forum is what it's called coming up, um, next week And it's a training day for staff in the region and uh, the afternoon presentation is actually on celebrating neuro diversity, how we can be neuro affirmative. So I think it is starting, you know, and that is provided that day provided by the

HSE and it's being provided regionally to all of CHO three, So I think, you know, that does show that there is movement towards it, but I suppose I would feel that this, there's a good bit to go as well. You know, I think, you know, that I especially think, you know, at the moment, my opinion on my own team and you know, I've shared this with them, is that we're, we've gotten much, we've gotten very good at the strengths-based approach when it comes to ASD, Okay, But the other disabilities, the other neuro diversity, like neurodiversity is more than just ASD, Yeah. Children with significant intellectual disabilities, I suppose we don't have as much, um, while we still, you know we obviously rise the strengths to the parents and the gains the children make and, and celebrate all of that, I suppose let's say a cognitive report your, your, your I suppose quoting scores, You know, it is a harder type of report I find per Yes. To make complete strengths based, in comparison to an autism report. Um, and I autism report where there is a comorbid id again is, is a little bit more challenging, so I suppose it, it, it is, look, I do think there's, there's still movement within it within the team and we would discuss that and even the team assessment first come in for an initial contact with us I suppose we're writing the reports as strengths based as we can, but we still need to make sure that we balance, I suppose, parents expectations and that we don't write a report that makes parents when they read it, when it's sent home to them, think that God, should I be with a disability team?

RESEARCHER

I know. Exactly. Yeah. Yeah.

Participant5

Because we prepare them for the next step of their journey, which is usually diagnostic assessment of some kind because, you know, they could have a syndrome or they could have be, you know, query global developmental delay or they could have, um, query ASD and they're going to have to go on in their journey and, and explore more investments and you need to prime them for that, and you need to make clear when there are, let's say traits of autism, um, and while you can use the nicer based language, you do have to both, you know, prepare them for what's to called to come And balance hopeful with reality, you know, being clear.

RESEARCHER

Yes. Yeah, a hundred percent. Um, and says, that actually leads well into the next question, which is, um, what are your, the barriers to implementing strengths-based practice? So I suppose parental expectation and that balance thing.

Participant5

Yeah, absolutely. Absolutely. I think I've mentioned a couple of the barriers already, I'm trying to think, is there anything else to add, I suppose, yeah. That hope for the parents, like trying to um, you know, manage hope versus I suppose managing their expectations. Um, and also, um, as I said earlier, you know, like providing evidence within the report for the likes of, um, you know, accessing further supports. Like I know that the domiciliary care allowance form, like they do insist the diagnostic report goes with it, And they're very, they should only be paid if it's a very complex disability, And I suppose when you're writing strengths based and you're writing things like, you know, interests and behaviours that align with the autistic experience and you know, you know, instead of writing like, you know, um, his poor eye contact, inconsistent, I would say things like, um, different or noted in X'S use of eye contact when speaking, you know, it's very different So I suppose when you read it, it might, it might portray it maybe a different child.

RESEARCHER

Yes. Yeah, a hundred percent.

Participant5

but it doesn't actually mean that their needs are any less, it's just that we're focusing, We're focusing on their strengths and celebrating their difference. But, um, I suppose to someone that may not be aware of this approach, it it, it may look like the child less needs than they do, in fact maybe, You know? Yeah.

RESEARCHER

And you don't want to like Yeah, sell, sell it short, whatever for Yeah. Like not to reflect the needs that they do have. Yeah. Yeah. Um, so um, Participant5, are there any supports that would enable you to better implement strengths-based practice? So any supports that would help you implement strengths-based practice more or?

Participant5

Yeah, so I suppose like I'm very much looking forward to the presentation, I do think we need more training, like I do think we need CPD, I think, you know, ASIAM, have some lovely resources and they've sent, you know, like things like autism and language and they've let us know that the autistic community want to be called autistic rather than with autism, you know, and you know, they have lots of nice pieces of, I suppose even their post diagnostic booklets And everything, you know, it really is informative and I suppose really helps you, teaches you how to use language and it says what not to say and what to say and say like that, And I suppose they're great learning, but I suppose I do feel that there is more CPD needed for professionals, Because I think everyone wants to do this, but sometimes difficult, um, to know how to rephrase, you know, it is a different way of thinking and it takes longer, like your reports actually take longer to write when you're trying to flip Um, so at the moment I suppose it will be lovely to get more guidance on it and more diversity, so not for the likes of autism, like for all disability, you know, how make, you know how do use strengths-based practice, um, when it comes, you know, not just having a strength section.

RESEARCHER

Yes, exactly.

Participant5

I think some people think like strengths-based practice is you write a report and you include a heading with strengths and if there's just sitting with strengths and then the rest, the report is about the difficult, is it really a strength based report? If it's an imbalance between strengths and areas of need. Yes. And obviously you have, there's a reason you're doing the report and there's a purpose to that report and you need to reflect the difficulties to stand over, I suppose you clinically justify and give your clinical rationale for your diagnosis but I suppose just in terms of I suppose that balance thing for professional, I suppose knowledge and CP D around how we can do that safely, you know?

RESEARCHER

Yeah. And I think that's so true what you said about how like if it's just a section for strengths that can just be very like tokenistic I suppose. If it's not like something that's like, you know, if it's just that one section and it's just Yeah. Um, yeah. And.

Participant5

Yeah, sometimes parents actually find it really hard to give a strength. Yeah. Which is very sad.. For experience sometimes if you, you know, let's say like unfortunately the way our system is at the moment, we don't get to see children as quickly as we would like and they spend a lot of time, a lot more time than they should on wait lists, and its stressful for parents, So by the time they get to you, if they have a child with very significant needs and they've been worried and concerned and it has been very challenging at home, I find that sometimes when you try to implement that strengths-based approach for parents they're nearly angry. Uh, you know, because or dismissive of it, Um, they can't see and then that makes them even more upset because they can't name what they think their child's good at because they're distressed by how much they're finding difficult at the present time.

RESEARCHER

Yeah. A hundred percent. Yeah. It's so true. It's like, yeah, parents just don't have the capacity sometimes when they just enter the service first. Um, and then I suppose, are there any, I suppose, skills, knowledge or training that, um, two seconds now. Um, are there any skills, knowledge or training that I suppose, um, is, helps educational psychologists, um, implement strengths-based practice? So I suppose as opposed to other disciplines, um, any training from college or skills that were taught or anything that are um,.

Participant5

Yeah, like I suppose when we were in college, we would've gotten, I suppose, lectures around, I suppose strength based, like this, and strength based report writing you know, um, but in terms of it was, it was, it wasn't a huge amount you know, I think in a lecture, Um, you know, and I suppose in terms of trainings, I actually don't know of any, I'm sure there are trainings out there for it, it's not something I could put into personally and I couldn't for you. I'm sure there are plenty of strengths-based practice, um, workshops and, and CPD that you can do but I'm not aware of them, um, off the top of my head or anything like that.

RESEARCHER

Yeah, yeah. Yeah. Um, I suppose, what would you like to see as the desired outcome for the young person from working with them in a strengths-based way?

Participant5

I suppose look like number one, if it's an assessment piece, I would always feel that at the end of the assessment, um, when I'm sharing the report to the parents, I always like to read it and think if I, you know, the children I work with obviously are, you know, zero to nine, they're quite young, I would like to feel that when they're older if they were to sit the report and wanted to think of why I gave them the diagnosis that they would, think God I was, you know this is.. I couldn't do, you know, that they could read it and say, yeah, you know, I obviously found those things at that time hard, but look at all the things I was doing well, you know, so for assessment I would like to that, in terms of intervention, I suppose it's always important that you know, you know, sometimes you do unfortunately, not as much as you'd like to, but sometimes you do get the opportunity to one-to-one intervention, Which I suppose when you are doing that one-to-one intervention, you know, having that opportunity to build a relationship and support the child and seeing their strengths and seeing what they're doing well and what's going well for them, um, in addition to obviously supporting them with their areas of difficulty, but getting them to see what they're doing well and that kind of reassurance. Um, and even, you know, as you go through the intervention and seeing that response to intervention, you know, seeing them use their strategies and you being able to see, I suppose that, you know, to even be able to show them that like, you know, their strength is the fact that they can take this on and that they start more independently, you know, if it's let's say emotional and regulation that at the start they need their, their parent to co-regulate with them and, and do the strategies that we might talk about, but then as time goes on, they actually learn to self-regulate a little bit. So I suppose, you know, in terms of the outcome, you, you always want to see assessment or intervention that the child is, I suppose, seeing their own strengths within, within their, you know, proportionate to their difficulties, you know, that they, you know, you would like, you would like to think that they, they have more strengths than difficulties.

RESEARCHER

Exactly, and then I suppose, are there any, I know you mentioned like the Adam Harris booklets and things, um, or as I am booklets, are there any other kind of resources or tools that support you to work in a strengths-based way? Um,.

Participant5

Um, yeah, no, God, I'm very bad. Um, I can't remember the names, Of some of the, we've been sent, I suppose there has been certain literature disseminated, so there's been a couple of

bits of literature that I have read around strengths-based practice and, and neuro affirmative approaches, you know, like research articles that and then as well there has been, oh, there's a speech and language therapist who has talked a lot about using a strengths based uh, language push, but I don't have the names off the top of my head of who they are, But I suppose just the literature and then the likes of, I do find ASIAM the resources excellent as they feel, you know, that they're really, you know, for an autistic person to tell us, Um, you know, what is actually appropriate and how it is perceived and how certain language makes them feel, um, it really valuable and I think we need to listen to that.

RESEARCHER

Yes, a hundred percent. Um, so I suppose the last question, there's only five minutes left, My zoom is telling me that we only have the five minutes, but um, uh, so I suppose we touched on this earlier when you were saying about how on your team you, um, you talk about how to like make reports more, um, strengths based or neuro affirmative. Um, um, so how can working on like a multidisciplinary team support strengths-based practice?

Participant5

Well, I suppose, um, working with other professionals is really good because sometimes they might see a strength that I wouldn't, you know, they're seeing it, they're seeing the child's development from a different perspective, So sometimes you're working with someone and you do a joint session and let's say we notice some difficulties in one area. Well then, you know, like for example, like I do obviously a lot of work with the speech language therapist and the occupational therapist, So we talk about how like they're having a lot of difficulties with social communication and interaction when we talk about it afterwards, But speech and language therapist will be able to say that their language is age appropriate that you know, that they can communicate their needs and there will be lots of strengths within their communicative ability overall, social social interaction. So I suppose that contributes then to the strengths that they have. Um, so I suppose it's getting the different clinicians, um, areas of expertise and they will notice strengths that other people won't, Perhaps, And now being able to then bring all those strengths into the final formulation and feedback to parents, From all the experiences. So you're saying, I saw this, we're saying we as a team see all Collective

Participant5

Um, so do, would you, would you say that um, that the kind of work of strengths-based practice is shared amongst the team? Um, it's funny actually. We actually had a regional psychology meeting today and I suppose what we did discuss within that meeting is that, you know, I suppose sometimes we do feel like psychology do drive it a little bit um, you know, that we initiate that conversation around it. I definitely initiated the conversation around changing our reports style, but they were receptive to it. And I suppose I, I perhaps I maybe, um, consult the literature a little bit more, uh, know, um, that my colleagues at moment cause of my stage in their, in my career Yes. In comparison to their stage and their career, you know? Yeah. And I consult the literature a little bit more, but they're so receptive to it. But I do find, and I suppose from what I hear Other teams are finding similar Yeah. That it is often psychology that drive it, You know that, you know that we are that sometimes suggest it and make the suggestions for change and make the suggestions to work in this way, Then they're very receptive and I would say that everyone makes equal efforts then once the idea is Presented to them, once is presented.

Appendix K

Steps in Thematic Analysis as outlined by Braun & Clarke (2006, p. 87)

<ul style="list-style-type: none"> • Data immersion/Familiarising yourself with the data 	<ul style="list-style-type: none"> - Transcribing data - Reading and re-reading the data and noticing things of interest - Developing ‘analytic sensibility’ (Clarke & Braun, 2013), or moving beyond a surface and summative reading of the data.
<ul style="list-style-type: none"> • Generating initial codes 	<ul style="list-style-type: none"> - Identifying aspects of the data that relate to the research questions. - ‘Complete coding’ employed to identify everything of relevance in the data set. - A code refers to a “word or brief phrase that captures the essence of why you think a particular bit of data may be useful” (Clarke & Braun, 2013, p. 206)
<ul style="list-style-type: none"> • Generating initial themes 	<ul style="list-style-type: none"> - A theme captures something important about the data in relation to the research question and represents “patterns of shared meaning, united by a central concept or idea” (Braun & Clarke, 2021b, p. 341) and is reliant on researcher judgement. - “The ‘keyness’ of a theme is not necessarily dependent on quantifiable measures but rather on whether it captures something important in relation

	to the overall research questions” (Braun & Clarke, 2006, p. 82)
<ul style="list-style-type: none"> • Reviewing themes 	<ul style="list-style-type: none"> - Checking if the themes work in relation to the coded extracts and the entire data set, generating a ‘thematic map’ of the analysis.
<ul style="list-style-type: none"> • Defining and naming themes 	<ul style="list-style-type: none"> - Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
<ul style="list-style-type: none"> • Producing the report 	<ul style="list-style-type: none"> - Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research questions and literature.

Appendix L

MIREC Approval



MIREC-5

Research Ethics Committee

MIREC Final Decision Form

APPLICATION NUMBER:

A22-002

1. PROJECT TITLE

A triangulation of the methods and frameworks that are used to elicit children's strengths and their potential impact, across Educational Psychology services.

2. APPLICANT

Name:	Kate O'Neill
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher

3. DECISION OF MIREC CHAIR (✓)

<input type="checkbox"/>	Ethical clearance through MIREC is not required and therefore the applicant need take no further action in this regard.
<input checked="" type="checkbox"/>	Ethical clearance is required and is hereby granted by the Chair without need for referral to the MIREC committee.
<input type="checkbox"/>	Ethical clearance for a funding application or a similar purpose is granted by the Chair <i>pro tem</i> without need for referral to the MIREC committee. However, the applicant must subsequently seek ethical clearance from MIREC prior to embarking on any related project work involving human participants or their data.
<input type="checkbox"/>	Ethical clearance is granted following review of the application by the MIREC committee.
<input type="checkbox"/>	Ethical clearance is not granted following review of the application by the MIREC committee.

Appendix M

Example of Coding within an Interview Transcript Excerpt

RESEARCHER: I suppose for the first question, what is your understanding of strengths-based practice? Or how would you describe it?

PARTICIPANT2

I would you describe it as **using the strength of the child to enable better outcomes for them**. Most simply at its basic level.

Using strengths can enable better outcomes

PARTICIPANT2

That that's what we always do. Yeah. **Intuitively we use the strengths of the young person to achieve better outcomes for them to plan interventions for them, that would hopefully work. Mm-hmm, and to lead to, to change, positive change.**

Using strengths to plan interventions

RESEARCHER

I suppose you kind of touched on it there bit, but what would you see as being the advantages of using kind of a strength based lens? Like the advantages?

PARTICIPANT2

There's a couple of advantages. Firstly, I always think of the parent, because **sometimes when you walk into these meetings, everyone wants to jump straight to what's going wrong and everyone wants to kind of, sometimes a particularly high pressured distress situations wants to jump to this is what's going wrong, but this is what happened. So where I start every consultation with what is going well and what are this young person's strengths.** And I think for parent, that makes it big difference. Cause at the end of the day, that's your child and that's your young person. So to hear a tidal wave of negativity is really, really hard.

Other people want to start with problems

Starting with strengths

So it's important for the parents' experience that there would be an element of strength based practice involved. Um, secondly, **interventions will work much better if they're based on the strengths of the child and the interest of the child.** So let's say for example, I was trying to think of examples before this interview. **I remember doing CBT with a young man with autism and we were trying to do the solution focused approach and imagine your preferred future and he just couldn't get it because you know, for people with autism often it's difficult, the kind of the imagination piece, it can be tricky when you're so logical, but he was really into Dr. Who, So I**

More positive parent experience

Using strengths can enable better outcomes

said, okay, let's imagine you get in the tardis and we're gonna go in, I dunno if you're familiar with Dr. Who, the TARDIS can transport you to alternative dimensions, so I said, you and me are gonna get into tardis, it's gonna take us to school, the perfect school alternative dimension where school causes you no stress, what does it look like? and then he got it. Yeah. Whereas he wasn't able to before

RESEARCHER

Yeah. Um, and I suppose on the flip side then, PARTICPANT2, would you see any disadvantages to strengths-based practice or any drawbacks?

PARTICIPANT2

I, I don't. I mean you have to balance it, because if you do <laugh>, you know yeah, people do need to talk about what the child is finding difficult as well. So we don't want people to think that you are, um, out of touch or that you're overly positive about things. I suppose the disadvantages that come into place, unfortunately we're still very much in a deficits based model, that is the key problem. So that's what you run into is you're trying to implement strengths based, but it's really, really tricky when we are required to write letters that outline the child's difficulties for placements for extra, not resources anymore, but let's say for assistive technology for uh, getting access to services, trying to write a rationale. Let's say we're referring here in person to CAMHS or to the children's disability network team, you have to outline the difficulties the child is having. So I find I'm often sitting with parents going, I'm really sorry, I have to do this and explain that to them. I know your young person loads of wonderful strengths we've spoken about, this is not the place to highlight them on this piece of paper

PARTICIPANT2

Once you understand that, I know they have the strengths, that they're brilliant at so many things, but I would do them a disservice by highlighting their strengths. In this particular piece of paperwork

Strengths based interventions using interests

Balance between strengths and difficulties

Not acknowledging difficulties can make others feel psychologist is unrealistic

Still in deficit model

Deficit focus of certain applications

Need to prepare parents for negativity on certain applications

Appendix N

Example of Final Codes, Subtheme and Theme

Direct Quotes from Participants	Codes	Subtheme	Theme
<i>CDNT 2 - Am it can be difficult with the wording of some of the diagnostic criteria if it's framed in terms of the medical model of deficit model</i>	ASD diagnostic criteria	Assessment practices reinforce negative	The deficit model still prevails
<i>Participant6 - Like when they do a vineland or something like that, it can be quite depressing because it does end up telling him what the child can't do and so not that we want to take that away because it's informative from where to start, but to have something else that kind of maybe can lift them a little bit and and guide them to to measure their child's in a in a more positive way</i>	Deficit focus of adaptive scales		
<i>Participant1 - You know, when you're sort of kind of working in like, you know assessments and you know, like it's very easy to kind of get sucked into, like, you know, the deficits or they can't do this. They can't do that. And you know, they're they're lack of this, and, you know, they're scoring low on this and they need supports and this</i>	Assessment highlights negative		
<i>CNDT-1 I, it's it's something like when when I was in AON as well, it's something that I was quite conscious of when doing, and I think like it's something that I kind of unconsciously do probably kind of throughout like again because AON is very like, you know deficit heavy that like, you know, doing the initial interview with parents</i>	Deficit focus AON		

Participant12 - *I think it's harder for schools and parents maybe because they're trying to provide resources. Yeah. Do you know what I mean? So they want to know what the negative bits are and they want the label and they want the diagnosis and all this kind of thing. Do you know what I mean? Yes. Yeah. Forgetting that there's little child there*

Focus on labels and diagnosis

Participant11 - *I can do all sorts of things usually related to psychometrics and stuff like that, but they're all very they're all very negative in their focus, and they're always, I suppose, if anything, there's a means to them that for us achieve something for the department. But from the point of view of the child or the learner, they're usually just reinforcing the sense of failure, and they're reach points where that you know or you can't go beyond this*

Negative focus of psychometrics

Appendix O

Further Detail of Individual Activity Theory Nodes

Subject. The subject of an activity system is the individual or subgroup whose perspective is being examined (Engeström & Sannino, 2010). With regard to the present research, the subject is the perception of EPs around SBP and their role in SBP. EPs possess specific skills that are helpful in implementing SBP including consultation skills, knowledge of child development and formulation. With regard to consultation, participant's noted that the models that are learned in training are helpful, as well as the interview skills of active listening and adopting a curious and non-expert stance. Through this, EPs are able to observe the situation from a different standpoint and draw on the strengths, provide a different perspective of a situation and coordinate the necessary supports around the child. Participant's acknowledged that the role of the EP in the past placed a stronger emphasis on psychometric assessment which does not necessarily align with SBP, noting the developing role of the EP. Participant's also noted that SBP is largely a personal choice regarding whether individuals wish to adopt this way of working. According to EPs the fundamentals of SBP are the same across services, however it is up to the EP to encourage that mindset in themselves and others. Some participants noted that they can't do SBP as well as they would like or do not use it enough.

Object. The object of an activity system is the raw material at which the activity is directed (Engeström & Sannino, 2010). It is what is being worked on or acted upon (Leadbetter et al., 2008). With regard to the present research, the object is SBP and relates to the activities undertaken by EPs to implement SBP. The use of AT helps to conceptualise the range of activities carried out by EPs in order to use SBP.

Consultation. Participants regularly used the term 'starting with strengths', in particular in relation to their use of SBP in consultation, where they adopt this mindset from the beginning identifying what is going well and the strengths of the young person in order to re-focus the consultation away from deficits. Participant's draw on different tools to support SBP within consultation. SBP consultation promotes capacity building and help to reframe the situation or build a new narrative.

Focusing on the positive. When describing SBP, participants generally referred to focusing on the positive aspects of the situation, indicating an active choice to focus ones attention on strengths.

Formulation. Participants use formulation to achieve SBP by focusing on protective factors, looking at the strengths of the environment and moving away from within-child hypotheses for behaviour or difficulties.

Intervention. Participants discussed how they apply SBP in a number of ways. Goal setting is an approach which supports SBP as meaningful goals are identified by the young person or family, allowing for a sense of achievement. Particularly in a school context, strengths or interests are used to address other difficulties, for example building social skills through an intervention that incorporates the CYP's interests, or harnessing a child's visual skills in learning a different subject. Furthermore, aligning an intervention to the interests or strengths of a child can increase engagement. Strengths and resources of the family, school or community are also harnessed for intervention where appropriate.

Assessment. Participants discussed the various ways in which they assess for strengths, generally using informal methods or non-standardised measures such as strengths based questioning, classroom observation, noting strengths throughout work with a family or young person, routines based interviewing, gathering information on strengths from a range of sources and completing visual strengths based worksheets with the young person. With regard to standardised measures, one participant mentioned using the BERS and participants noted identifying strengths from cognitive assessments and adaptive functioning scales.

Division of Labour. The division of labour node relates to the allocation of tasks, or distribution of actions, amongst workers within an activity system (Hashim & Jones, 2007). Within the present research, this relates to how SBP is currently practiced within a team.

EPs take initiative. Results indicated that EPs tend to be the clinician on a team who suggest and model SBP for colleagues. Participants shared several examples of how they are currently promoting a change of language in teams and sharing resources. Participants noted how some teams are open to this and have been making an effort to review documents and change language at a team level.

Team approach to SBP. Several ideas were suggested to ensure that the initiative for SBP does not lie only with the EP, so that it can be expanded to the rest of the team. Suggestions included; utilising team meetings to discuss SBP and sharing families achievements, having a shared framework in which to work and regular team CPD around SBP.

Rules. This node relates to the norms, conventions, regulations, and standards that support and constrain actions within the activity system (Engeström & Sannino, 2010). Within this research, the rules include organisational culture, barriers, policies etc.

Supportive Factors. Supportive factors to SBP include the PDS framework of family centred practice through the focus of collaboration and meaningful goal setting. Participant's noted the importance of legislation that requires that individuals with SEN are educated in inclusive environments. Participants also noted that recent changes to Department circulars that remove EPs as gatekeepers for certain resources allows for SBP as they no longer have to write deficit focused referrals for this type of application and their time can be allocated elsewhere. Some participants found that their organisation encouraged SBP through an expectation to use SBP, emphasis on eliciting the voice of the child, strengths based resources, goal setting and promoting the neuro-affirmative approach.

Constraining Factors. Time constraints that have arisen as results of long waiting lists and under-resourced teams comprises a significant systemic barrier to SBP. Other constraining factors include the need to adhere to the deficit model, lack of training in SBP and lack of policy or organisational focus on SBP.

Tools and Artefacts. This node relates to the concrete or abstract tools used in the mediation between the subject and the object, in order to receive an outcome (Hashim & Jones, 2007). Within the present research, this node relates to resources, professional guidelines, assessment tools etc. that support EPs to implement SBP.

Concrete tools. Participants noted several concrete tools that they use to carry out SBP. Formulation tools such as the Interactive Factors Framework (IFF) and the Four P's model, consultation frameworks, reminders such as prompts on interview guides, assessment tools, PSI and National Autism Charity (ASIAM) resources, strengths based authors and literature and training and CPD. EPs use their reports as tools, as they ensure to complete strengths based reports with strengths based language, in order to highlight the strengths and provide a useful document that is helpful and positive for the young person or family to read.

Abstract tools. With regard to abstract tools that support SBP, participants noted goal setting with the young person or family, utilising supervision, and the principles of person centred practice. Language is an important abstract tool in SBP, that participants actively change to support SBP. SBP takes a longer time to implement than standard deficit focused assessment, due to the need to build a relationship with the young person and family and spending adequate time assessing for strengths. Therefore, time is an abstract tool that is key tool used in the mediation between EPs and SBP to promote the positive outcomes of SBP. Models and frameworks include the NEPS problem solving model, the biopsychosocial model, the social model of disability, the feminist disability framework, the intersectionality

model of disability, and Autistic theories such as the double empathy problem and monotropism. The final abstract tool is the strengths based mindset, which is the belief that everyone has strengths and to presume competence.

Community. The community of an activity system looks at who else is involved (Leadbetter et al., 2008). Within the present research, the community involves other MDT colleagues, teachers and parents.

Child or Young Person. The CYP is involved in the process of SBP through encouraging and eliciting their voice in the process. This is done through using personal construct psychology to elicit their views, asking them about their strengths and supports, how they have coped in the past and what their goals are;

“And so accessing the voice of the child, be it through kind of direct questioning or maybe sentence completion work or maybe even locker type locker room research or photography. All those various ways of listing the, the, the voice of the child, and even for those children who've got severe and complex disabilities, they have a voice, too, that we have to dig deep and think outside the box is in. How are we going to see their views on themselves and how they're doing?” – Participant11

Participants also noted CYP's involvement in the process through providing them with feedback on their strengths. One participant noted that it can sometimes be difficult to engage CYP in strengths based work as they did not self-refer.

MDT Colleagues. MDT colleagues are involved in the process of SBP in several different ways. MDT colleagues can bring different perspectives on strengths which enhances the strengths identification process. Participant's noted how different disciplines such as OT, SLT and Physiotherapists can identify strengths in language, communication, motor skills etc. that would not have been apparent to the psychologists.

“I suppose it's getting the different clinicians, um, areas of expertise and they will notice strengths that other people won't, perhaps, and now being able to then bring all those strengths into the final formulation and feedback to parents, from all the experiences” – Participant5

Social Workers in particular appear to have a strong strengths based orientation, with several participants noting how they are often inspired by social workers input in this regard;

“I think, you know, and I think social work in particular I find are really key to, I suppose, really helping the rest of us to see the real strengths that parents and families bring to the table, that even in the most difficult of circumstances, I think social workers have some really excellent strengths based frameworks that are possibly ahead, I think of where some of the

rest of us are and looking at you know what's going well and what the family strengths are, what you know what would make a positive change. So I I found I find working beside them on an MDT really helps me when sometimes” – Participant2

Training programmes. Participants noted how that doctoral training programmes are important in promoting the use of SBP among EPs, through modelling this approach to practice during training;

“It's a mind-set really, isn't it? You're trying to create that in the person where we're just happens naturally I suppose in an ideal world, you know? And if you can get that early, I suppose into kind of training or early career psychology, then then is it probably would stand to you” – Participant3

Parents. Parents are important in the process of SBP as their collaboration is valuable. With regard to family centred practice, the process has become more collaborative in nature, based off of goals the family have identified. Parents can take some time to understand the value in this way of working. Furthermore, parents can struggle with SBP depending on the level of stress they are experiencing, and their ability to engage in SBP is dependent on their personal readiness and the appropriate timing that it is introduced by the EP;

“I suppose a strengths based has to be collaborative, but I think there is a piece of work that has to be done with the parents to see that you're not fobbing them off, that you're actually, there's a, there's method to the madness” – Participant7

Schools. Schools are also important key players in SBP. As with the involvement of parents, it is important for SBP that all other contributors are on board with the process, however their understanding and expectation can take some time to become attuned to SBP. When teachers are engaged in the process, they learn to see beyond the difficulties and find the strengths in the young person;

“And I suppose the strength based model for me it it challenges teachers to change the narrative and to just, I suppose, I've worked with teachers and he was saying what's he or she good at and they kind of going 'Umm nothing' whereas every child has something, and it's for teachers to change the perspective or change the frame and just dig deep and kind of look at the children and different way and say well actually you know, yeah, he's nice to other children on the yard, something that they don't necessarily see as a strength before can be brought to their attention through a strengths based way of working” – Participant11

Outcomes. The outcome is what is hoped to be achieved. Within this research, the outcome is improved outcomes for children and young people. EPs identified multiple positive outcomes that can arise from working with a young person or family within a

strengths based framework. SBP builds capacity as it encourages collaborative problem solving and instils a strengths based mindset. CYP and families can learn to draw on their strengths or their past coping skills to manage situations in the future. SBP can improve others understanding of a young person, whether that is their diagnosis or learning profile. SBP helps the young person understand themselves and become aware of their own strengths. Through this, families and young people can experience improved self-esteem and confidence. An important outcome of SBP is that it can change the perspective of adults in the young person's life, which can prompt more positive support structures being put in place and positive understanding. SBP results in higher levels of motivation in others to engage with the process, promotes positive relationships and finally, SBP provides a sense of hope to others.