Positive Understanding

A strengths-based approach to diagnosis in youth mental health

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Introductions – My work

• Parents Plus – Evidence-based (EB) parenting programmes
• Working Things Out — EB mental health programme for adolescents
• Silver Cloud Health — EB online mental health programmes
• Solution-Focused Practice and training

www.parentsplus.ie, solutiontalk.ie
Solution Focused/ Strengths-based approach

A shift from
Problem focused thinking, talking and analysis
To
Solution focused thinking, talking and analysis
The problem with diagnosis in mental health

"Once you label me you negate me." - Soren Kierkegaard

• Diagnosis emphasise pathology and can undermine client
• Can be limiting and self-fulfilling prophecies
• Diagnosis can unreliable and inaccurate
• Diagnosis often does not predict treatment
• A label is reductive, while children are unique
• Ethical Issues - Children do not choose their diagnosis
The problem with diagnosis – part 2

“When all you have is a hammer, everything begins to look like a nail” Abraham H. Maslow

• Biological explanation of mental health disorders ensure that they are primarily treated by medication
• Call for early treatment is call for early medication
• Big Pharma have vested interest in promoting diagnosis
• Growth in the diagnoses such as ADHD, represents the failure of family, school and society to accommodate the different ways of relating that highly spirited, energetic and active children present with.
The advantages of diagnosis

• Can sometimes provide a helpful understanding
• Can help people gain the support of others
• Can help reduce blame and build cooperation
• A label can sometimes help parents and others see children in a more positive light.
• Diagnosis gives access to a large body of knowledge
• Can help families gain resources in the system
ADHD – To diagnose or not to diagnose – that is the question

One day a student asked the master, ‘What is the most difficult part of the painting to paint? The master answered, ‘The part of the paper where nothing is painted’

Zen parable
Solution Focused/ Strengths-based approach

A shift from
Problem focused thinking, talking and analysis
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Solution Focused/ Strengths-based approach

A shift from
Problems to Goals
What’s wrong to What’s right
Deficits to Strengths
What’s lacking to What’s working
Professional as expert to Client as Expert
Traditional Therapeutic Assumptions

- It is necessary to know the cause and past history of a problem for it to change.
- There is no point in treating the symptoms, you need to get to the cause of a problem.
- Problems need to be diagnosed and labeled, before we can prescribe a course of treatment.
- Symptoms and problems often have a special function for a client.
- Trauma invariably damages clients and predicts later pathology.
- Real Change Takes Time - Serious problems may take years to shift.
- Clients invariably resist change and are ambivalent to therapy.
Solution focused practice – a collaborative model

Traditional Expert Model
● Professional is expert, making a diagnosis
● Treatment is designed around plan that professional prescribed
● Person categorised by the problems and diagnoses they have.
● Identifying ‘what’s wrong’, ‘what’s not working’

Solution Focused Model.
● Client as expert and leads direction/collaboration is crucial
● Therapy centres on client resources and strengths.
● Person is seen as more than problem with unique talents and strengths, and a personal story to be told.
● Identifying ‘what’s right and what’s working’
Strengths-Based Formulation – An alternative to diagnosis

- Create a short shared helpful understanding of child’s difficulties
- May or may not include formal diagnosis
- Highlights the strengths as well as deficits.
- Builds on and includes the clients ideas, understanding and language.
- Highlights pathways to the solution, and ideas on how to move forward.
A Strengths-Based Formulation

Is successful if it

• Helps child and parent feel understood and supported, rather than blamed or judged

• Provides meaning to the problem in a way that empowers key people (e.g. child, parents and teachers.)

• Builds a bridge from the problem to the solution

• Allows family to access support (from services and self help groups etc)
Strengths-Based Formulation
Further information

Counselling Children Families and Adolescents – A strengths-based approach – John Sharry

Handbook of Child and Adolescent Clinical Psychology – Alan Carr
Structure of SF Session

• Joining
  – Tell what concerns you....that sounds hard

• Goaling
  – What are hoping to be different? What would you like to see happening?

• Appreciating Progress
  – What has worked so far? How have you manage to cope so far?

• Next Steps
  – What is the next step? What would be the first sign of progress?
Further information

Solution Focused work  www.solutiiontalk.ie

Parents Plus Programmes  www.parentsplus.ie

Working Things Out

Books
Parents Plus Programmes

• Practical and positive, evidence-based parenting courses and interventions.

• Delivered over 6 to 12 weeks in small groups and can be combined with individual family work.

• Draw on social learning and attachment ideas within solution-focused delivery.

• Employs DVD scenes to model parenting strategies, backed up by group discussion, role-play, homework and handouts.

• Can be used as clinical intervention in specialist settings but also preventatively in community settings.

• Developed in partnership with Irish families and Mater CAMHS.
Current Parents Plus Programmes

Parents Plus Early Years Programme (1-6 year olds)
John Sharry, Grainne Hampson, Mary Fanning

Parents Plus Childrens Programme (6-11 year olds)
John Sharry, Carol Fitzpatrick

Parents Plus Adolescents Programme (11 – 16 years olds)
John Sharry, Carol Fitzpatrick
2012 - Parents Plus Parenting When Separated Programme
John Sharry, Michelle Murphy, Adele Keating

Eileen Brosnan, Carol Fitzpatrick, John Sharry

2010 – Silver Cloud - online platform for hosting psycho-educational and therapeutic mental health programmes
Parents Plus, School of Computer Science TCD and NDRC
Course Book
Counselling Children
Families and Adolescents –
A strengths-based approach
Working Things Out Programme

• Working Things Out (WTO) is a **programme to support adolescents** tackling depression, and other mental health problems
• DVD based containing the **stories of 15 adolescents** who tell their own personal story of how they overcame personal problems
• Covers issues such as
  * Bullying, School pressures,
  * Anxiety, Depression ADHD, OCD,
  * Depression, Self-harm, Suicide
  * Bereavement, conflict with parents
• Can be used as clinical intervention of adolescents and also preventatively for example promoting positive mental health in schools.
• Can be used individually and also with small groups of young people
ADHD – a medical perspective

- ADHD is a chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity.
- ADHD begins in childhood and often lasts into adulthood.
- As many as 2 out of every 3 children with ADHD continue to have symptoms as adults.
- Three basic types of ADHD: 1) Primarily inattentive type 2) Primarily hyperactive/impulsive type 3) the Combined type.
- Children with ADHD often have trouble functioning at home and in school and can have difficulty making and keeping friends. If left untreated, ADHD may interfere with school and work, as well as with social and emotional development.
ADHD – a medical perspective – Part 2

• If left untreated, ADHD may interfere with school and work, as well as with social and emotional development.
• ADHD is more common in boys, whose impulsivity and hyperactivity may appear as disruptive behavior.
• Inattentiveness is a hallmark of ADHD in girls - may be harder to diagnose.
• ADHD tends to run in families. When one person is diagnosed with ADHD, there is a 25%-35% chance that another family member will also have the condition, compared to 4%-6% of the general public.
• Increase in diagnosis rate of ADHD over time
The problem with diagnosis in mental health

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• Diagnosis can have negative implications for children such making them feel that there is ‘something wrong with them’ and that they have no personal control over the symptoms.
• Naming of the problem as biologically located within the child, fails to take into account environmental factors
• Diagnosis can be inaccurate, unreliable and a matter of opinion
• Certain diagnoses are experienced as permanent even though the symptoms may fade
## ADHD Diagnosis

### Disadvantages
- Labels emphasise pathology and can undermine client
- Can be limiting and self-fulfilling prophecies
- They are unreliable and inaccurate criteria for a formal diagnosis.
- A label is reductive, while children are unique
- Ethical Issues - Children do not choose their diagnosis,

### Advantages
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