A Strengths and Resilience -Based Approach

A 'Strengths and Resilience' based approach has a simple premise – identify what is going well, do more of it, and build on it. Strengths are positive factors, both in the individual, and in the environment, which support healthy development. Resilience is the ability to 'bounce back', to 'recover' from adverse life experiences *"Resilience is a mesh, not a substance. We are forced to knit ourselves, using the people and things we meet in our emotional and social environments*" Boris Cyrulnik

A 'Strengths and Resilience' based approach recognises that each of us has a combination of risk factors and protective factors which shape our development. Some of them are within our control, and some beyond. Much attention has been given to the risk factors that have led to young men being over-represented among road crash fatalities, youth suicides, perpetrators of violence and many other negative statistics.

What has been given far less attention are the protective factors that mean *most* young men are not counted among those statistics, and most lead healthy and productive lives posing no risk to themselves or others.

Rather than having a problem based orientation and a risk focus, a 'Strengths and Resilience' based approach seeks to understand and develop the factors that protect most young people.

What is a 'Strengths and Resilience' based approach?

A 'Strengths and Resilience' based approach has 3 distinct elements:

1) The approach emphasises the resourcefulness and resilience that exists in everyone rather than dwelling on what has gone wrong or placed a person at risk. It affirms that people can grow and change, and that everyone has a range of abilities, and strengths, which, with the right support, can be mobilised to give them a better future.

2) A second element of a 'Strengths and Resilience' based approach is an acceptance that the solutions will not be the same for everyone, that the strengths of individuals and the circumstances are different, and that people need to be fully involved in identifying their goals and building on their strengths and resources.

3) The third element is the recognition that as individuals we live within families, communities, a society and a culture, and that all these along with our own attributes determine our wellbeing. The strengths of these different environments are just as important to good outcomes as the strengths of individuals
(Ministry of Health 2002, Stumpfig 2000)

Strengths are also described as protective factors. Protective factors, as the name suggests, provide a buffer against risk factors. An individual's ability to cope with and manage the balance between risks, stressful life events and protective factors is increasingly described as 'Resilience' (Kalil 2003)

Male-focused approaches

Male focused approaches are built on the understanding that being male is not just the gender into which some are born, but is about a set of characteristics, activities, preferences and forms of expression we associate with it. As well as gender-related traits and preferences, some of which are biologically determined and some culturally, there is a range of explicit and implicit expectations placed on boys when they are born and reinforced throughout their lives.

Male-focussed approaches respond to the fact boys are different from girls and some of the challenges they face in growing up are different and need different responses. A strengths-based, male-focussed approach will pay particular attention to the unique strengths boys and young men have, and develop them further.

There is a range of explicit and implicit expectations placed on boys when they are born and reinforced throughout their lives. Male-focussed approaches accept this, and respond to the fact boys and young men face unique challenges and need different responses.

The Brave Project – Violence Prevention and Rage and Anger Management
How we work – (Strengths, Resilience, Male Focussed, Therapeutic)

Offer first appointment as close as possible to the point of (self) referral.
All men are welcome – no man is screened out at an initial first meeting.
Invitation to responsibility (Alan Jenkins model) responsibility without shame.
First impressions count – dignity and respect – see the man not just the behaviour.
Seek to 'attach', work 'Relationally' (sound knowledge of Attachment Theory)
Build trust, seek to 'hold and contain' – (we want men to come back and stay)
'Heart listening' - 'Hear' and 'Validate' the man's (his)story, Positive Regard.
Identify (together) a man's needs – 1 to 1 counselling / group / signposting.
Women's support worker writes to (ex) partners offering phone / email support and signposting to local agencies
Continue to work 'Relationally' building trust and secure attachments.
The Brave group becomes 'The Safe Base' – optimum conditions for long term work.
Male co-facilitator MUST have 'done his own journey' – use of self in the group.
Continuity 'holding and containing' of men – mix of Educative and CBT interventions.
Emphasis on the importance of the 'Check-in' – therapeutic value, recovery and healing.
All men know that if they stop coming they can come back at any time.
Strength of the group – solid core of 'old timers' welcome and mentor new men.
Wealth of resources but no fixed programme – all men must get the basics –
Responsibility, recognising anger / rage signals, time out, ability to self soothe.
Co-facilitators ability to 'wing it' and confidently work with 'what's in the room'
A solid belief and faith in the ability of the men to change!
Professional clinical responsibility to work with risk to self and others and suicide.

Bound by the BACP code of Ethics – overall premise to do no harm

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Strengths-Based Batterer Intervention: A New Paradigm in Ending family Violence. Springer Publishing Company. New York. (2009)

Peter Lehmann, & Catherine A. Simmons. (Editors)

Until quite recently, the Duluth-type model and feminist philosophy have had a stranglehold on the field of Intimate Partner Violence (IPV). Some states mandate that only Duluth-model battering intervention programs receive funding, regardless of the fact that they are largely ineffective. Entrenched political and philosophical dogmas have thwarted the exploration of alternative theories, dismissed empirical findings, and discouraged rigorous study of the causes of intimate partner violence. This book unabashedly presents possible solutions to move the field forward. It presents alternative models of IPV interventions that will help the IPV field get "unstuck".

While the strengths-based approached detailed in this book consider the problem of IPV from different angles, they all converge on several points:

- IPV interventions should take a helping, therapeutic position rather than didactic, educational, or authoritarian stance.

- The therapist should be empathic, as opposed to confrontational, and develop an alliance with clients.

- The therapy should adopt an idiographic approach, rather than a "one size fits all" treatment package and should embrace the complexity of IPV and the diversity among perpetrators.

- The therapist should be respectful of the client – rather than pejorative, moralizing or punitive.

- The therapy should "meet the client where he is" and strive to increase his motivation to pursue behaviour change.

- The therapy should attend to and address the client's emotions.

- The therapist should help the client to modify and articulate positive and functional self-statements, which in turn will modify his emotions and behaviour.

- The therapist should play to the client's strengths and foster self-compassion, as opposed to focusing on the client's weakness or past mistakes, impugning his character, and fostering shame.

"All of these points are, as we know from the general clinical psychology research literature, empirically supported therapeutic principles or techniques of behaviour change (Babcock, Canady, Graham & Schart,2007)They have proven to be effective with a variety of populations. They are not radical approaches, yet they are in radical contrast with the predominant battering intervention models" - **Julia Babcock, PhD**