



# **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](http://www.parentsplus.ie), [solutiontalk.ie](http://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**

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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)

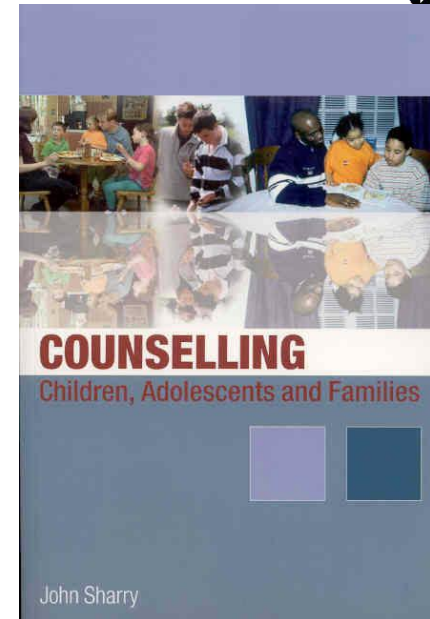


# **Strengths-Based Formulation**

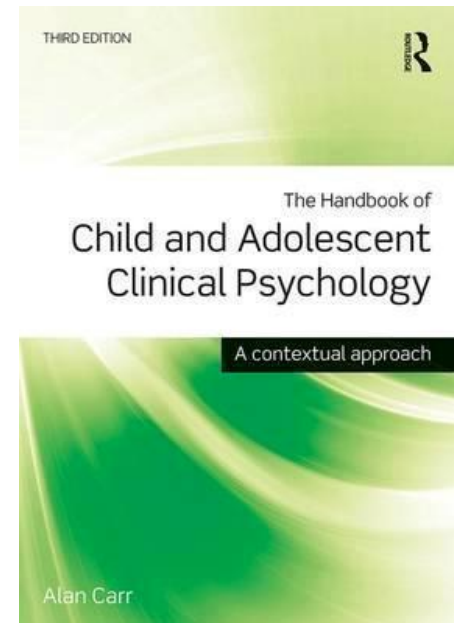


## Further information

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

*SolutionTalk.ie*



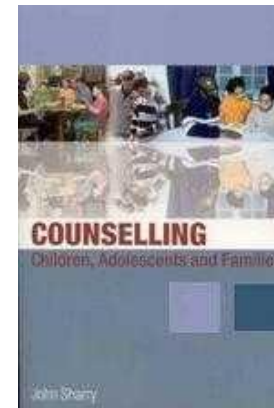
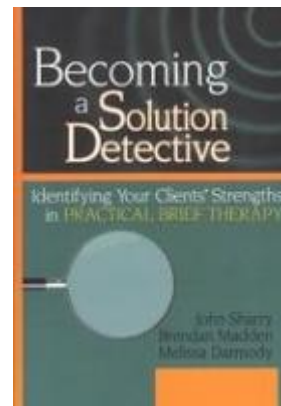
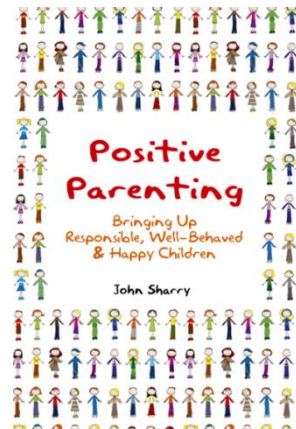
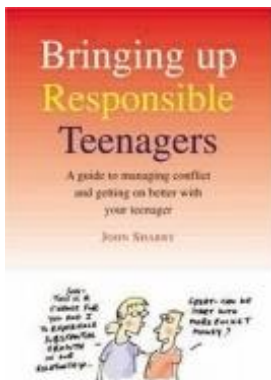
Solution Focused work [www.solutiontalk.ie](http://www.solutiontalk.ie)

Parents Plus Programmes

Working Things Out

[www.parentsplus.ie](http://www.parentsplus.ie)

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

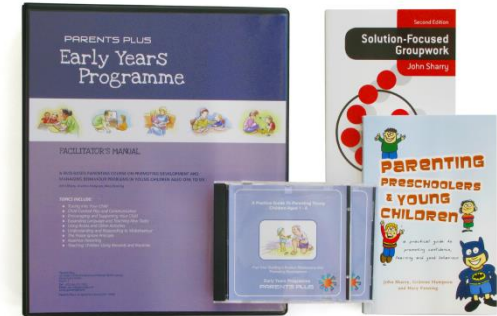


# Current Parents Plus Programmes

## Parents Plus Early Years

### Programme ( 1- 6 year olds)

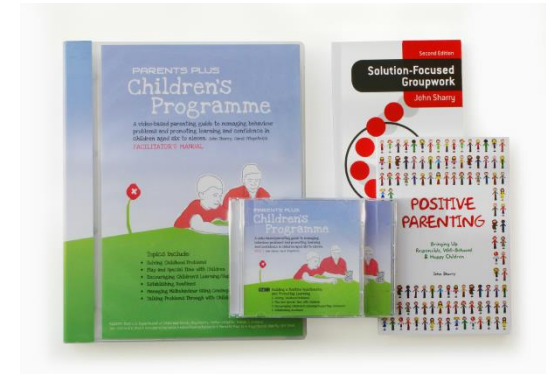
*John Sharry, Grainne Hampson, Mary Fanning*



## Parents Plus Childrens

### Programme (6-11 year olds)

*John Sharry, Carol Fitzpatrick*



## Parents Plus Adolescents

### Programme (11 – 16 years olds)

*John Sharry, Carol Fitzpatrick*





# Other Programmes/ Projects

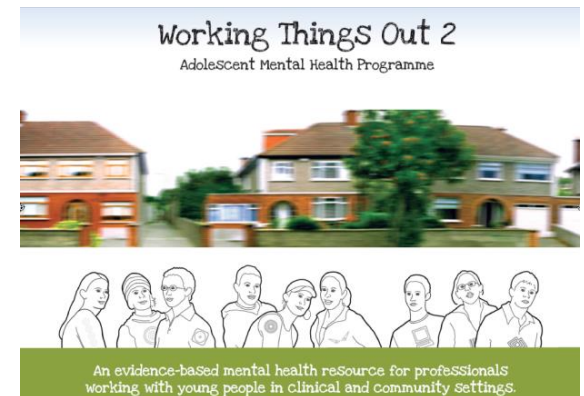
## 2012 - Parents Plus Parenting When Separated Programme

*John Sharry, Michelle Murphy, Adele Keating*



## 2005/2011 – Working Things .Out – An evidence-based intervention for adolescents promoting positive mental health

*Eileen Brosnan, Carol Fitzpatrick, John Sharry*



## 2010 – Silver Cloud - online platform for hosting psycho-educational and therapeutic mental health programmes

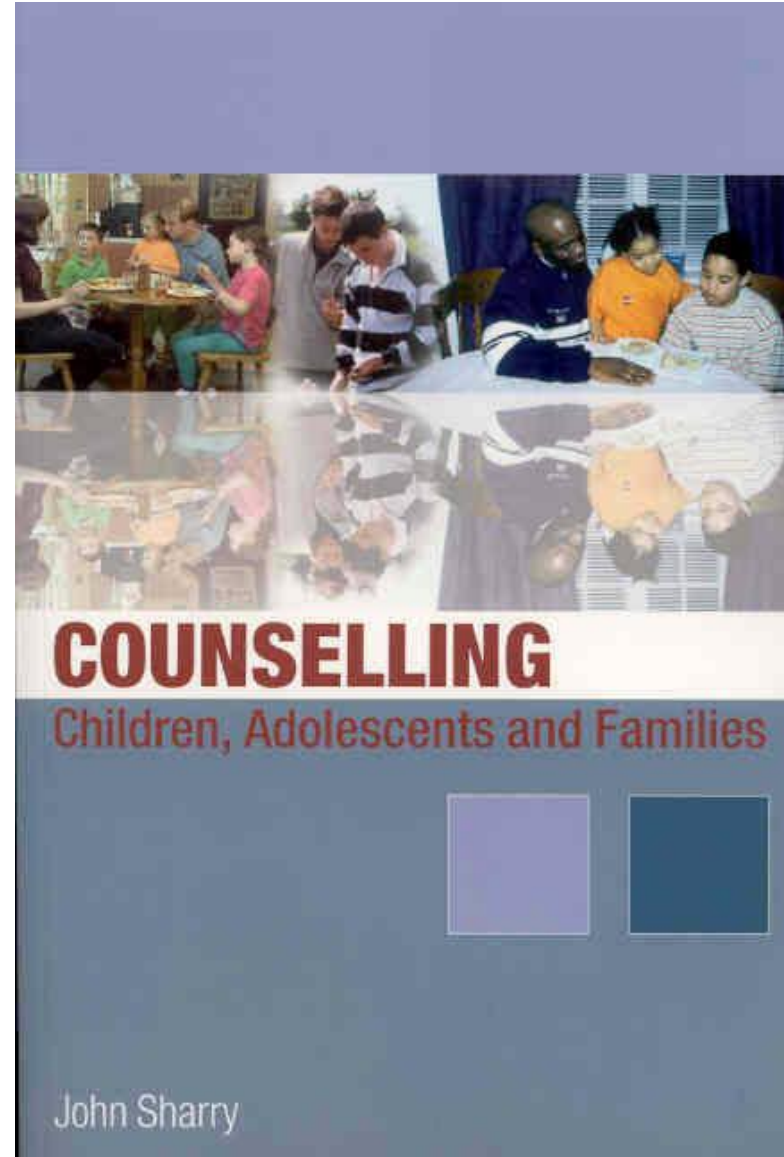
*Parents Plus, School of Computer Science TCD and NDRC*





## **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**

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

- 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*

- Can sometimes provide a helpful understanding
- Can help people gain the support of others
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- A label can sometimes help parents and others see children in a more positive light.
- Diagnosis gives access to a large body of knowledge
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