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Do youth with higher levels of functional impairment have fewer strengths when compared with youth having low or moderate levels of impairment? Are the concepts of impairment and strength at opposite ends of a continuum, or are they two unrelated concepts? These are some of the questions explored by the authors of this study of strengths in children and adolescents with emotional and behavioral disorders. Results suggest that there is a *relationship* between impairment and strengths, but they are *separate concepts*. This supports the position that it is important to promote the acquisition of strengths as part of the package of services provided to youth with functional impairment.

Data on youth receiving services between 1997-2002 were collected from the national evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program. Of this group, 56% were selected for the current study (N = 1, 838) because their records included complete data for all variables of interest. There were no statistically significant differences found between the selected youth and those who were not selected. Youth in the current study were between 5 and 17.5 years of age at intake, and were from 23 communities throughout the United States (i.e., urban, small city, rural, and Native American). Over half of the youth were Non-Hispanic White (54%), male (66%), and over the age of 11 (73%). Eleven percent of the youth had mild impairment, followed by moderate (30%), marked (30%), and severe (29%) impairment.

Impairment ratings were determined with the Child and Adolescent Functional Assessment Scale (CAFAS), and strengths were measured with the Behavioral and Emotional Strength Rating Scale (BERS). Analysis revealed a significant difference in the average BERS Strength Quotient among youth having mild, moderate, marked and severe impairment. Higher impairment scores were associated with lower strength scores, but strength scores (even among the most severely impaired youth in the sample) reflected near-average and average overall strengths. Regardless of level of impairment, youth scored highest for affective strength, followed by intrapersonal, family involvement, interpersonal, and school-related strength (see Table 1).

Table 1. Domain-Specific Strengths* and Overall Functional Impairment (N = 1, 838)

	Overall Functional Impairment (CAFAS)			
Domain-specific Strengths (BERS)	Mild/minimal (n = 202) M (SE)	Moderate (n = 556) M (SE)	Marked (n = 555) M (SE)	Severe (n = 525) M (SE)
Family involvement	10.21 (0.18)	8.88 (0.11)	7.75 (0.11)	6.83 (0.11)
Interpersonal	9.83 (0.11)	7.80 (0.11)	6.64 (0.11)	6.04 (0.11)
Intrapersonal	10.69 (0.20)	9.16 (0.12)	8.45 (0.12)	7.40 (0.12)
School functioning	8.98 (0.18)	7.55 (0.11)	6.73 (0.11)	5.99 (0.11)
Affective	11.31 (0.27)	10.16 (0.14)	9.04 (0.14)	8.41 (0.14)

* BERS average strengths = -3 ≤ 10 ≤ +3

With regard to demographic characteristics, males, youth under the age of 11, and minority/ethnic youth had significantly higher strength ratings compared to girls, older youth, and Non-Hispanic Whites. However, the fact that all youth in the sample had near-average or average BERS overall strength scores was not negatively influenced by demographic characteristics.

Because youth with all levels of impairment exhibited near-average or average strengths, the authors suggest that strength and impairment are separate concepts. Additionally, the moderate correlation found between the CAFAS and the BERS "provides further evidence for the convergent validity of the BERS" (p. 6).

Clinical implications of the study suggest that measuring both the impairment levels and strengths of youth upon intake into services can provide a more holistic picture of the youth in order to set treatment goals accordingly. "Clinical assessments should expand beyond problem-based measures to include measures of strengths, thereby not only gauging the needs of children but also working to empower families and discover the foundation upon which to build interventions" (p. 7).

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