

Special Issue Article

Strengths-Based Cognitive–Behavioural Therapy: A Four-Step Model to Build Resilience

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Padesky and Mooney's four-step Strengths-Based cognitive-behavioural therapy (CBT) model is designed to help clients build positive qualities. This article shows how it can be used to build and strengthen personal resilience. A structured search for client strengths is central to the approach, and methods designed to bring hidden strengths into client awareness are demonstrated through therapist–client dialogues. Development of positive qualities requires a shift in therapy perspective and different therapy methods from those employed when therapy is designed to ameliorate distress. Required adjustments to classic CBT are highlighted with specific recommendations for clinical modifications designed to support client development of resilience such as a focus on current strengths, the constructive use of imagery and client-generated metaphors. Although the focus of this article is on resilience, this Strengths-Based CBT model offers a template that also can be used to develop other positive human qualities. Copyright © 2012 Christine A. Padesky

Key Practitioner Message:

- A four-step strengths-based cognitive-behavioral therapy approach is presented.
- Therapists help clients identify existing strengths that are used to construct a personal model of resilience.
- Client-generated imagery and metaphors are particularly potent to help the client remember and creatively employ new positive qualities.
- Behavioral experiments are designed in which the goal is to stay resilient rather than to achieve problem resolution.
- Therapists are encouraged to use constructive therapy methods and interview practices including increased use of smiling and silence.

Keywords: Strengths-Based, Cognitive–Behavioural Therapy, Resilience, Positive Psychology

Cognitive-behavioural therapy (CBT) approaches have had a high degree of success in the treatment of a variety of difficulties ranging from depression and anxiety disorders to chronic pain and sleep disorders (Butler, Chapman, Forman, & Beck, 2006; Chambless & Ollendick, 2001). The success of CBT across such a wide range of disorders has led to speculation that CBT therapy models also might be employed to help people develop positive qualities and attributes (Fava & Ruini, 2003; Mooney & Padesky, 2002; Padesky, 2006). These ideas germinated in early years of this century in the context of an increased interest in positive psychology, the study of positive human qualities and experiences (Fredrickson, 2001; Seligman & Csikszentmihalyi, 2000; Snyder & López, 2002).

When CBT and positive psychology intersect, the question is prompted: 'Is it possible to use CBT methods not just to ameliorate distress but also to promote happiness, resilience, courage and other positive qualities?' To answer this question, we (authors) challenged ourselves in 2001 to develop a CBT therapy approach that would help people become more resilient. Unlike the past CBT focus on resilience that was primarily interested in maintenance of treatment gains and management of relapse for a treatment disorder, we were interested in developing a model that would help people construct a personal model for remaining resilient in the face of life's obstacles without necessarily referencing a particular disorder such as depression or anxiety. We consider resilience a process, not a trait, and define it as the ability to cope and adapt in the face of adversity and/or to bounce back and restore positive functioning when stressors become overwhelming.

There are many advantages to fostering resilience. Resilience helps people face and manage positive and negative life events. Resilient people persist in the face of

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obstacles and, when necessary, accept circumstances that cannot be changed (Bonanno, 2004). Resilience provides a buffer to protect us from psychological and physical health consequences during difficult times (Rutter, 1985; Yi, Vitaliano, Smith, Yi, & Weinger, 2008). Clearly, resilience is desirable and yet all of us experience fluctuations in resilience throughout our lifetime. Some people never develop resilience. Others are quite resilient but do not recognize it; they may avoid challenges they could easily surmount. Sometimes, resilience is worn down by multiple stressors and challenges.

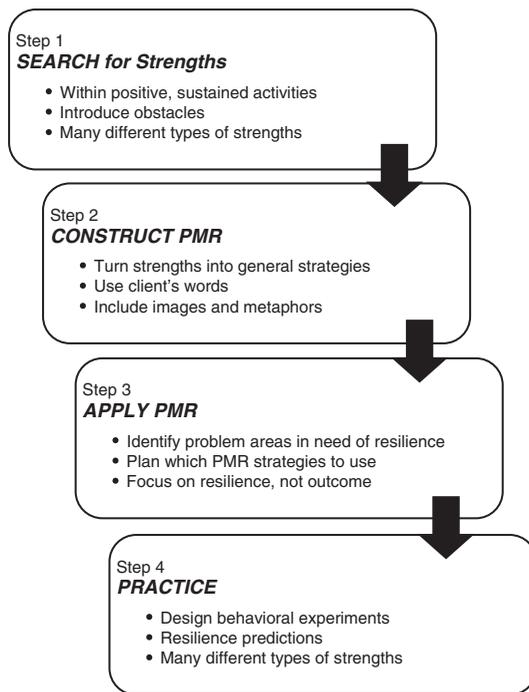
When we began our efforts to construct a CBT approach for building resilience, the only published model of CBT for resilience focused on the use of traditional CBT approaches such as identifying cognitive distortions and testing negative thoughts (Reivich & Shatte, 2002). With our own clinical experience, we believed it would be more effective to focus on construction of resilient beliefs and behaviours rather than the dismantling of beliefs and behaviours that served as roadblocks to resilience (Mooney & Padesky, 2000). This current article outlines the CBT approach we developed and refined over the past decade in the hopes its publication will provide an impetus for researchers to empirically evaluate it. We call our approach Strengths-Based¹ CBT and it is a four-step approach to building positive qualities. In this article, we describe its application to building personal resilience.

Incorporating best CBT practices (Beck, 1995; Beck, Rush, Shaw, & Emery, 1979; Kuyken, Padesky, & Dudley, 2009), our approach is highly collaborative and empirical. Collaboration means that the therapist actively engages the client so each step of therapy is a mutual construction and exploration. Guided discovery is emphasized throughout therapy sessions to maintain client engagement and foster learning. The empirical aspects include (a) reliance on observations of client experience as the source of detailed information regarding cognitive, behavioural, emotional and physiological reactions; (b) therapist awareness of empirical data regarding resilience; and (c) active testing of a personal model of resilience by using behavioural experiments to assess its utility in real-world situations.

FOUR STEPS TO RESILIENCE

Our model includes four steps to resilience: (1) *search* for strengths, (2) *construct* a personal model of resilience (PMR), (3) *apply* the PMR to areas of life difficulty, and (4) *practise* resilience (Figure 1).

¹Our approach shares the emphasis on strengths with other approaches within the broad positive psychology movement (e.g., Peterson & Seligman, 2004) but was developed independently in 2001.



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Figure 1. A four-step model to build resilience

Step 1: Search for Strengths

We define strengths as strategies, beliefs, and personal assets used with relative ease that can promote the positive quality one is trying to build, in this case, resilience. What do we mean by 'search for strengths'? Davis (1999) reviewed the resilience research and identified seven areas of competence that are empirically correlated with resilience and might serve as foundations for resilience: (1) good health and an easy temperament; (2) secure attachment and basic trust in other people; (3) interpersonal competence including the ability to recruit help; (4) cognitive competence that encompasses the ability to read, capacity to plan, self-efficacy and intelligence; (5) emotional competence including diverse emotional skills such as the ability to regulate one's emotions, delay gratification, maintain realistically high self-esteem and employ creativity and humour to one's benefit; (6) the ability and opportunity to contribute to others; and (7) holding faith that your life matters and life has meaning, including a moral sense of connection to others. We believe these seven areas provide a broad net with which to capture 'strengths'.

Traditionally, CBT models strive to describe common triggers and maintenance factors for a discrete psychological difficulty to (a) provide an empirically testable model for understanding it and (b) construct an effective

treatment. Whereas there may be a few common pathways to specific types of distress, the literature suggests there are many pathways and different combinations of strengths that can lead to positive qualities such as resilience (Davis, 1999). Thus, we propose that CBT models for building positive human qualities take a different tack. Instead of searching for one path to positive qualities, we believe the best clinical models for building and strengthening positive qualities will follow what we call a 'many pathways' approach.

The belief that there are 'many pathways' to positive qualities is central to Strengths-Based CBT. In most cases, it is not necessary to teach clients new skills, thoughts or emotional reactions. Instead, therapists can help clients identify the strengths they already possess and build a model of resilience from these existing strengths. For example, some people have good problem solving skills combined with a flexible sense of humour and these strengths may be the basis for their resilience. Yet, another pathway to resilience could be social ability to enlist the help of others and a belief that life's challenges have a higher purpose.

Further, our Strengths-Based CBT approach assumes that people already are resilient in areas of their lives linked to passionate interests, committed values or small daily 'never miss' activities. However, people are frequently unaware of their strengths and do not identify themselves as resilient in these areas. For this reason, therapists search for 'hidden strengths' within common everyday experiences and bring these to client awareness. As an example, a mother who cares for three children despite limited economic resources might not recognize the resiliency she demonstrates while she budgets her monies, cooks creatively with basic ingredients and enriches her family life with games, play and free outings rather than costly activities and possessions.

Thus, rather than focus on areas in which the person is not resilient, we advocate in-depth exploration of areas in the person's life in which they exhibit sustained activity and that are *not* linked to problem areas. We look in areas of sustained activity because any regularly practised behaviour will, at times, encounter obstacles. If the person sustains an activity over time that means they have already demonstrated resilience in the face of obstacles. The reason we specify the sustained action should *not* be linked to presenting problem areas is that CBT and research demonstrate that people are generally more likely to hold distorted beliefs and maladaptive behaviour patterns in areas of difficulty than they do in areas where things go well in their life (cf., Clark, Beck, & Brown, 1989). Thus, by choosing to search within relatively untroubled areas of a person's life, the strengths discovered are more likely to be adaptive and not linked to cognitive distortions or maladaptive behaviours.

Our approach to discovering strengths requires a search in the client's small daily experiences and is quite different

from a questionnaire-based approach to eliciting strengths. Although standardized instruments for identifying and assessing strengths are necessary for research purposes, we recommend that therapists collaborate with clients to search for strengths and describe them in the everyday language and metaphors used by the individual client. Our rationale is that these individualized descriptions of strengths are more likely to be remembered and used in everyday experiences.

The following interview with a young man who maintains an active online video blog illustrates the 'search for strengths' process. This man struggles with learning difficulties and has had difficulty sustaining employment. After he comments one session, 'I do fine for a few days but when I have a setback, I just give up. What's the use?' his therapist decides to conduct a search for strengths as a first step towards helping him build a personal model of resilience.

Therapist: What's one thing you do every day because you really want to do it?

Paul: That would definitely be post to my video blog, my vlog.

Therapist: (smiling) Do you really?

Paul: Yeah (smiles back). It's important to me to keep up with it.

The therapist expresses interest in Paul's video blog and asks questions about the number of followers Paul has, details about his camera and how he thinks of ideas to post. Throughout this discussion, the therapist encourages Paul's immersion in the positive aspects of this activity by smiling at Paul's replies and reflecting with enthusiasm the key ideas Paul expresses. When Paul is sufficiently energized by the discussion and appears to be actively thinking about the positive aspects of this activity, the therapist begins to explore obstacles that occur. Obstacles are the window into resilience because there is no need to be resilient until one encounters difficulties. Fortunately, any activity that is practised regularly will encounter obstacles.

Therapist: What are some of the difficulties you run into in keeping up your vlog?

Paul: Well, sometimes I can't think of what I want to say. Or I start filming myself and I say something really stupid and I have to film it over and over again to get it right.

Therapist: Which one of those is a really common problem?

Paul: Saying something stupid and ruining the video.

Therapist: Can you think of some times in the past few weeks when that has happened?

Paul: Sure. Lots of times.

Therapist: (After gathering a few specific examples). So, last Tuesday when you kept ruining the video, what made you keep going?

Paul: I've got to post something every day. My fans would worry otherwise. And I knew I could do better. And my idea was a good one. I thought everyone would think it was really funny. I like to make people feel good.

Therapist: So a few things kept you going. It sounds like you are committed to your group and you don't want to let them down or worry about you.

Paul: Right.

Therapist: And you do it to make people feel good. Do you actually imagine them laughing or texting about your post?

Paul: Yeah. I know a few of my friends check every day. So I think of them and imagine them laughing and feeling better for it.

The therapist and Paul continue generating a list of things that help Paul persist when he makes mistakes recording his video comments. Note that they do not test out whether his judgments of his mistakes ('I sound stupid' and 'ruin the video') are accurate. Instead, the focus of this interview is on factors that maintain resilience. The therapist is careful to explore many potential strength domains. Paul's initial comments suggest he has a high moral value of helping others, 'I like to make people feel good'. Positive imagery of a good outcome (his friends laughing and having their spirits lifted) also sustains his efforts. Additional discussion of this and other examples reveal that Paul also has good physical stamina (he can work on his vlog for hours at a time), enjoys a good sense of humour and believes that he can make a good vlog if he persists. Thus, Paul and his therapist made the following list of strengths: I am committed to my group, I like to make people feel good, I imagine my friends laughing and feeling better, I can work a long time without getting tired, I have a good sense of humour, I have good ideas, I can make a good vlog when I stick to it.

As illustrated with this case example, the search for strengths takes place within activities that the person regularly carries out. It is ideal if the activity is something the person is passionate about because, as seen with Paul, people are even more persistent in the face of obstacles if they enjoy or are committed to an activity. Areas to explore include hobbies, special skill activities (music, sports, photography), caretaking activities (for pets, family or friends) or daily activities in which the person experiences proficiency and/or enjoyment (cooking, gardening, woodworking, sewing, dressing fashionably, living within a budget).

Once a suitable area (i.e., not connected to the problem) is chosen, the therapist expresses interest in the activity by smiling and expressing strong interest. Positive feedback to the client is important rather than therapeutic neutrality because people often feel a bit

timid about revealing positive qualities to others in the absence of feedback that the person is happy to hear about these. When a therapist responds positively, clients are more likely to reveal important details about their resilience. Finally, our model relies on the observation that all human activities encounter obstacles. These obstacles derail us when we are doing activities in which we lack confidence or enthusiasm. We work through obstacles when we have a high degree of commitment to or enjoyment of an activity.

Step 2: Construct a Personal Model of Resilience

Therapist and client then co-create a PMR on the basis of the strengths identified and written down during the search phase. The therapist introduces this process by saying, 'You might wonder why I've been curious about your vlog. I notice you are quite resilient when you work on it. Do you know what I mean?' Once the client indicates he or she understands the concept of resilience, the therapist continues, "It occurs to me that we might be able to figure out how you can be resilient in other areas of your life if we write down what you do when you run into difficulties with your vlog.'

Paul's therapist helped him construct a PMR by turning specific strategies he used while working on his video blog into slightly more general resilience strategies that could be used in a variety of situations. The following ideas were listed in Paul's initial PMR: think about how I can help others, actively imagine other people and how I am helping them, trust in my ability to work hard, use humour, give myself time to think of good ideas, stick to it until I get the results I want. This PMR serves as an initial 'rough draft' that will be subsequently edited, with ideas added or subtracted on the basis of what Paul learns in his resilience experiments (Table 1).

It is important that the PMR be written in the client's own words and include client-generated imagery and metaphors as often as possible. Imagery and metaphors help make the PMR memorable. Also, they capture packets of emotion/behaviour/beliefs rather than separating these out as word phrase lists often do. In addition, clients can often use an image or metaphor to generate new ideas when novel challenges present themselves. For example, Paul liked thinking of himself as a video disc jockey (DJ). One of the qualities he admired in DJs is that they can change the mood in a room very quickly by choosing different music. The metaphor of himself as a DJ allowed him to become much more creative in his workplace in terms of showing resilience in using a variety of strategies to diffuse tensions with supervisors, a risk factor for his previous job terminations. By imagining himself as a disc jockey, Paul put together many elements of his PMR in an easy to remember package.

Table 1. Paul's video blogging strengths and personal model of resilience

Strengths	Personal model of resilience	
	Strategies	Images and metaphors
Committed to my group	Think about how I can help others	Disc jockey
Like to make people feel good	Actively imagine other people and how I am helping them	Flexible toughness
Think about my friends laughing and feeling better	Trust in my ability to work hard	Stay on a bucking bull
Work a long time without getting tired	Use humour	
Good sense of humour	Give myself time to think of good ideas	
Good ideas	Stick to it until I get the results I want	
Make a good vlog when I stick to it	Use criticism or a mistake as a chance to make something work better	

Step 3: Apply the PMR

Once the PMR is constructed, the client is asked to consider how it could help maintain resilience in areas of difficulty. Common challenges in problem areas are considered and written down. The therapist asks clients to scan their PMR for ideas of what might help them persist in the face of obstacles and/or accept aspects of the situation that cannot be changed. The focus of these discussions is on staying resilient in the face of difficulties rather than success in solving or overcoming them. This shift in focus is often quite exciting for clients. They frequently report feeling less discouraged if they do not have to solve a problem but rather remain standing in the face of it.

Paul decided that he would like to be able to listen to his highly critical supervisor's feedback rather than avoiding or arguing with him as he had done in the past. He reviewed his PMR list and chose 'Think about how I can help others' as a useful strategy. Paul reflected, 'He usually only criticizes one person per shift. I can stand up and be the one to take it for my work group.' In addition, rather than shrugging it off, he decided he could think of his supervisor's criticism in the same way he thought about mistakes he made when vlogging. Instead of thinking he was personally flawed, he would think of his work as being of poor video quality. He would try to make an adjustment in his work practices and see if it worked better. Notice that Paul's resilience as a vlogger is used as a metaphor to help him creatively reframe his perspective on challenging experiences. He and his therapist also added this strategy to his PMR by writing, 'Use criticism or a mistake as a chance to make something work better'.

Step 4: Practise Resilience

During the final stage of Strengths-Based CBT for resilience, therapists and clients devise behavioural experiments to practise resilience. Paul and his therapist devised

a behavioural experiment to apply his PMR with his supervisor. Following good principles of behavioural experiments, Paul planned a specific experiment, made predictions about what would happen and wrote these down. Unlike classic behavioural experiments, which usually are set up to test particular beliefs (Bennett-Levy et al., 2004), resilience experiments are set up to test the quality and utility of the PMR. Instead of predicting what his supervisor will do or think if he stays and listens, Paul made predictions about his own resilience. How many minutes did he anticipate he could stay resilient in the face of criticism? What would resilience look and feel like? What would his thoughts and feelings be after the encounter with his supervisor if he stayed resilient? And, if he were unable to stay resilient during his encounter with his supervisor, Paul agreed to take a few minutes and review his PMR to see if additional strategies might have helped him stay resilient and remain in the situation longer.

Clients and therapists alike can be prone to think about experiments in terms of whether they lead to a preferred outcome. Paul, for example, hoped his supervisor would be less critical if Paul listened to him. It is important to evaluate resilience experiments in terms of resilience, rather than any other outcome. Observe how his therapist debriefs Paul's behavioural experiments through a resiliency lens.

Paul: (complaining) My supervisor was really rough on me this week.

Therapist: I'm sorry you had a rough week, but in a way that is lucky for us (smiles).

Paul: What do you mean, 'lucky'?

Therapist: Well, we wanted you to have a chance to practise being resilient. If things had gone smoothly... no chance to practise. Sounds like you had lots of opportunities to try out your PMR this week. Did you remember to use it?

Paul: Yeah, once or twice.

Therapist: Let's take those examples and see what you did to stay resilient (debriefs the examples by using a

resiliency lens: focusing on how long Paul stayed resilient, what strategies helped the most, how he felt etc.)

Paul: But even though I was resilient, I didn't feel so good.

Therapist: Being resilient doesn't mean you'll be happy about what you are facing. It just means you are still standing at the end of the day.

Paul: Well, I haven't lost my job.

Therapist: And even if you did lose your job, do you think you might still be able to stand?

Paul: Yes, I do.

Therapist: Does your PMR relate to that in any way?

Paul: Maybe.

Therapist: How might that be? (remains silent for a minute with a half-smile to encourage Paul to consider his experience in this new way).

Paul: I think, before, I thought I was in a battle with my supervisor. Either he came out on top or I did. And usually I ended up mouthing off and getting fired. But this resilience practice makes me think of it more like being on a bucking bull. I win if I just stay with him, even if I feel tossed around. At the end of the day I can feel good about myself because I didn't go off and shoot my mouth and lose my job. And I'm developing a kind of flexible toughness.

Therapist: Flexible toughness. I like that. And staying on a bucking bull is a good image, too. You don't have to like being tossed around but it sounds like you feel sort of proud of yourself for hanging in there.

Paul: Yeah, I do. It makes me feel more confident that I can handle things.

Therapist: So what do you think about your supervisor being really rough on you this week?

Paul: It was miserable. But I feel good that I handled it pretty well.

When a therapist debriefs behavioural experiments through a 'resilience lens', obstacles and setbacks become opportunities to learn and practise resilience. Therapists can respond to clients in a playful way if experiments do lead to a reduction in adversity. Consider this exchange that occurred a few weeks later in Paul's therapy.

Paul: This week was amazing.

Therapist: How do you mean?

Paul: I was using my PMR when I got called into the supervisor's office. I was all ready to take in an earful. But my supervisor said he wanted to tell me, 'well done', for listening and making the changes he suggested. He actually shook my hand!

Therapist: Congratulations! That's quite an unexpected surprise.

Paul: It sure was.

Therapist: Too bad in a way.

Paul: What?

Therapist: Too bad he's getting happy with you.

Paul: What do you mean? That's going to make my job so much easier.

Therapist: Oh, yeah. That's a good thing for you in your job. But it's going to take away our guaranteed opportunities to practise resilience every week.

Paul: Oh, I see what you mean.

Therapist: (smiling) We'll just have to hope we get lucky and some other areas of your life start getting rough.

Paul: (laughing) Oh yeah, I want to be sure to stay lucky.

As shown in this dialogue, our resilience model encourages clients to use life difficulties as fodder for resilience practice. Once clients have experience using their PMR in planned experiments, therapy shifts to looking for spontaneous opportunities to practise resilience in everyday situations. And clients are encouraged to greet negative life events as opportunities to practise resilience. Some clients comment that this perspective changes life into a 'win-win' experience. If things go well, they win. If things do not go well, they have another chance to 'win' by being resilient. This perspective often enables clients to embrace challenges and can help them overcome avoidance. Thus, resilience practise not only helps people manage life difficulties, it minimizes the number of life events that are experienced as aversive.

THERAPEUTIC FRAME FOR STRENGTHS-BASED CBT

Therapists often need to adopt new beliefs and behaviours when they shift to using CBT methods to construct or strengthen positive qualities such as resilience. For example, our Strengths-Based CBT approach includes a belief that clients already possess the building blocks they need to construct new qualities. Further, our resilience model posits that the strengths necessary for resilience can be found within recurring activities. Thus, therapists are encouraged to actively search for strengths and the components necessary to build resilience within the client's common daily experiences. Therapist confidence in these tenets can be boosted by awareness of the resilience research that demonstrates resilience can emerge from many different combinations of strengths (Davis, 1999; Luthar, Cicchetti, & Becker, 2000).

In terms of behaviour, Strengths-Based CBT advocates that therapists actively encourage clients rather than

adopt a stance of therapeutic neutrality. CBT therapists who are working to build positive qualities will find it helpful to smile more than is typical in therapy to (a) encourage client creativity and (b) communicate to clients that discussions of strengths and positive aspirations are welcomed and valued by the therapist. Therapeutic silence is also important. Creative processes benefit from time to think. When a client is asked to imagine how they might use their PMR in a challenging situation, the therapist is advised to maintain silence with a slight smile on his or her face to convey confidence that the client can succeed in thinking of something.

Evocation of positive imagery and metaphors is emphasized in our approach. Imagery has a more powerful impact on emotion than words (Hackmann, Bennett-Levy, & Holmes, 2011; Holmes & Mathews, 2010). When it comes to envisioning positive events, imagery is linked to greater positive mood than thinking about positive events in words (Holmes, Lang, & Shah, 2009). Positive moods are empirically linked to an increase in emotional resources as well as to health promotion, well-being and resilience (Fredrickson, 2001). Thus, it seems likely that the use of imagery can strengthen the likelihood of enacting positive qualities in one's life. In our clinical experience, imagery and metaphors also help clients construct novel applications of their PMR, as illustrated above when Paul imagined himself as a disc jockey.

As illustrated in Paul's case, Strengths-Based CBT also uses common CBT methods in somewhat novel ways. Behavioural experiments are set up to test the utility of a PMR rather than to evaluate particular beliefs. Guided discovery is used to construct new ideas rather than to dissect existing beliefs; this entails the use of constructive language and constructive questioning approaches. For example, when a client says, 'I didn't handle that so well this week', a classic CBT approach is to deconstruct that statement by asking, 'What makes you think that?' or 'What didn't you like?' When developing positive qualities, therapists are encouraged to be constructive and ask a question that aims towards something new, 'What do you wish you had done instead?' (Mooney & Padesky, 2001). The emphasis is on construction of new beliefs and behaviours that promote how the client would like to be, rather than testing dysfunctional beliefs (Mooney & Padesky, 2000; Padesky, 1994).

IMPLEMENTATION WITHIN EVIDENCE-BASED CBT APPROACHES

Although our model can stand alone as an approach to help people who wish to become more resilient, it is not intended to replace classic CBT approaches for treating depression, anxiety disorders and other problems. When people come to therapy for help with psychological

difficulties, therapists are expected to offer the best evidence-based therapies. However, within these treatments, Strengths-Based CBT provides a helpful adjunct for clients who report or show evidence of not being resilient. It also can be used with many clients to enhance relapse management planning towards the end of therapy by constructing a personal model of resilience that can be used post-therapy.

Recently, Fava and Tomba (2009) published an article showing how Fava's CBT-based approach to increasing psychological well-being could be used to increase resilience. That model is different from our own but has the current advantage of some empirical support. We welcome the opportunity to work with researchers who want to investigate the utility of our four-step model as outlined here and empirically evaluate its impact on client resilience. In addition, we encourage researchers to empirically evaluate our assertions regarding the benefits of the modifications in the therapeutic frame advocated above.

SUMMARY

Strengths-Based CBT is a four-step approach for helping people build positive qualities. It posits that there are many pathways to positive qualities and that each person can construct a personal model to build a desired quality, drawing on strengths already in evidence. This paper illustrates the use of Strengths-Based CBT to build resilience. The first step of our approach is a search for hidden strengths within everyday experiences. Second, existing strengths are used to construct a PMR. Third, the therapist asks the client to use the PMR to devise a plan for increasing resilience in an area of life where the client is currently struggling. Fourth, the client practises resilience through behavioural experiments that are debriefed with a focus on resilience.

This same four-step approach can be used to build other positive qualities. In those cases, the search for hidden strengths explores areas of the client's life in which the client is already likely to exhibit the desired quality. Identified strengths are then used to construct a personal model for developing that quality more fully throughout the client's life. Behavioural experiments are designed to test the utility of the personal model and the client continues to practise the new quality until it is strengthened to the desired degree.

Therapists practising Strengths-Based CBT are encouraged to adapt some changes to standard CBT practice such as an increased use of smiling, silence, imagery, metaphors and constructive therapy methods and interview practices. Knowledge of research (cf., Snyder & López, 2002) and CBT publications (cf., Kuyken et al., 2009) that emphasize client strengths can help ground therapists in the principles, evidence and philosophies that sustain therapist

willingness to encourage and help clients achieve therapy goals related to positive qualities. Strengths-Based CBT offers a new frontier for research and the opportunity for many new discoveries in the decades ahead.

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