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Strengths-based practice: A metatheory to guide the social work profession

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LEARNING OBJECTIVES

By the end of this chapter, you should be able to:

- categorize strengths-based practice (SBP) as a metatheory,
- review the history of understanding and using human strengths in social work practice,
- explain the central values and theoretical constructs in SBP,
- introduce the practice tenets inherent to SBP,
- incorporate SBP into each stage of the helping process, and
- illustrate SBP constructs and tenets using a multi-level case example.

INTRODUCTION

Strengths-based practice (SBP) can be best understood as a metatheory (Simmons et al., 2017) that organizes and names the otherwise unspoken rules embedded within lower level practice theories. Underlying all theories that take an SBP approach is the charge to build upon available strengths and work with clients within a positive paradigm. More specifically, the tenets of SBP promote individual well-being and reduce social problems by building upon the strengths possessed by clients (e.g., capabilities, skills) and by the client systems in which clients interact (e.g., assets, resources). Sometimes referred to as an overarching perspective (Saleebey, 2011), a philosophy, or a framework (Blundo, 2001), SBP reflects a set of underlying values and theoretical constructs used to guide our profession. Indeed, many theories that social workers use to explain human behavior, the social environment, behavior change, and social change reflect the core tenets of SBP.

The use of SBP in the professional practice of social work in the United States can be traced back to the work of Addams (1902) and the settlement house movement. In modern

practice, an aspiration for strengths-based approaches can be seen across many areas of social work practice. Yet translating an ideological emphasis on strengths-based approaches into the provision of strengths-based services has been hampered by a lack of clarity around concepts and applications (Smith et al., 2014; Staudt et al., 2001). The purpose of this chapter is to organize the components of strengths-based social work into a metatheory framework. First, SBP is briefly described including the historical evolution of the use of strengths in helping relationships. Then, the central values, theoretical constructs, and major tenets guiding social work research and practice are addressed. Finally, applications of SBP across the phases of helping are presented with a case example illustrating the way SBP may be observed in various aspects of practice.

AN OVERVIEW OF STRENGTHS-BASED PRACTICE

In the English language, the word strength has an array of meanings. To illustrate, the Oxford online dictionary provides a lengthy definition that includes "a good or beneficial quality or attribute of a person or thing" and "the emotional or mental qualities necessary in dealing with situations or events that are distressing or difficult" (strength, n.d.). From these nontherapeutic definitions, helping professionals have expanded and used the word to encompass a range of positive attributes and resources. Among these are individual characteristics (e.g., intellectual aptitudes, knowledge, physical abilities, skills, human capacities, talents, personal interests, unique motivations), family and community relationships (e.g., high-quality attachments to family and friends, teachers, neighbors, colleagues, community organizations), and environmental assets (e.g., safe schools, neighborhoods, and communities; access to affordable and high-quality child care, health care, and economic opportunities; social policies that promote well-being; and other material and structural resources), and also dreams, aspirations, and hopes (McCashen, 2005).

Although there are a number of ways to define strengths, underlying similarities are apparent. Commonalities include the idea that strengths are multifaceted, operate through individual agency, exist in unique combinations for each individual, and include positive abilities, attributes, behaviors, thoughts, and resources (Simmons & Lehmann, 2013a,b). As such, focusing on a person's strengths is not unique to a single therapeutic approach nor is it a model that attempts to explain, describe, or logically represent a particular aspect, situation, or occurrence within social work (Simmons & Lehmann, 2013a,b). Instead, focusing on strengths is an overarching way to approach the helping process. Saleebey (2006) eloquently states that SBP "provides us with a slant on the world, built of words and principles … it is a lens through which we choose to perceive and appreciate" (p. 16).

From these ideas, it is helpful to consider SBP to be a metatheory that emphasizes a person's resources, capabilities, support systems, and motivations to meet challenges and overcome adversity (Barker, 2006; Simmons & Lehmann, 2013a,b). It is important to note that focusing on a person's strengths is not about ignoring the existence of very real problems or illnesses (Saleebey, 1992, 1996a, 2001, 2006, 2008, 2011). Instead, SBP emphasizes the role of

strengths, abilities, social networks, positive attributes, knowledge, skills, talents, hopes, and environmental resources to both realize life goals and reduce problems and/or symptoms, ultimately helping to improve individual and social well-being. Utilizing SBP requires attention to the existing strengths of a person, family, group, community, or an organization, and leveraging and building upon these strengths to aid in recovery, empower the client, and build resilience.

The idea of incorporating strengths into the practice of understanding and change is prevalent across a wide range of helping professions. Such concepts are interdisciplinary by nature and nothing new. Metatheories are not developed in a vacuum. Most metatheories are built upon the foundational ideas of those who came before; the past shapes interpretations of the present. While not always labeled as such, elements of SBP have been discussed in the social work literature throughout much of the profession's history.

HISTORY OF UNDERSTANDING AND USING HUMAN STRENGTHS

The modern emphasis on building strengths can be traced through multiple generations of social work professionals identifying related ideas. For example, Rapp et al. (2005) identified early references to strengths in quoting one of the founders of professional social work, Addams (1902):

> We are gradually requiring the educator that he [sic] shall free the powers of each man and connect him with the rest of life. We ask this not merely because it is the man's right to be thus connected but because we have become convinced that the social order cannot afford to get along without his special contribution. (p. 178)

The writing of Jane Addams provides an early account of the emphasis social work places on strengths. However, even before the work of Jane Addams, an emphasis on individuals having a virtuous character, doing good things, and leading fulfilling lives was prevalent. Walsh (2001) noted more than 2,000 years of practical and theoretical exploration into optimal human functioning with roots in ancient Greek and Roman philosophy, Christian and Buddhist scholarship, yoga, and Chinese medicine. For example, in Nicomachean Ethics, the ancient philosopher Aristotle (1998/1925/350 BCE) emphasized the importance of developing a virtuous character and a man's ability to do so. More than 1,500 years later, Thomas Aquinas (1981/1920/1265–1274) wrote extensively about virtue and man's ability to do and promote good. Ancient Chinese healers viewed health as the natural order, while their role was to increase natural resistance and resilience (Strümpfer, 2005).

More recently, the origins of modern psychology have highlighted the role that transcendent experiences may play in optimal human functioning (James, 1902/1958), the idea

that basic life tendencies work toward the fulfillment of life (Bühler, 1935), and how the concepts of individuation and self-realization help people achieve their potential (Jung, 1933, 1938). Similar themes in modern psychology and studies of human behavior have been reflected in the humanistic idea of inherent potential (Bugental, 1964), Frankl's concept of self-transcendence (1967), Maslow's self-actualization (1943, 1968), Rogers's (1961) ideas about the fully functioning person, Goldiamond's (2002/1974) application of constructional behavioral analysis to social problems and therapeutic intervention, and Seligman's et al.'s positive psychology (e.g., Seligman & Csikszentmihalyi, 2014; Nickerson et al., 2004).

Within the profession of social work, the focus on strengths is evident through multiple generations of social work professionals conveying related ideas, including the importance of constructive growth experiences (e.g., Robinson, 1930; Smalley, 1971), the need to work with human capacities using client-centered casework (Towle, 1954), supporting personal growth (Hamilton, 1940) and capacity building in environments (Compton & Galaway, 1989, 1999), the role of positive reinforcement and the environment in shaping positive behavior change skills (Gambrill, 2012), a dual focus on problems and strengths (McMillen et al., 2004; Simmons & Lehmann, 2013b), a strengths and skills-building model (Corcoran, 2005), a strengths approach to case management (Rapp & Goscha, 2012), and Saleebey's (1992, 1996a, 1996b, 2001, 2006, 2008, 2011) strengths perspective. Given this impressive heritage, SBP can be conceptualized as a metatheory that unites multiple concepts, constructs, and ideas foundational to social work practice across multiple systems.

CENTRAL VALUES AND THEORETICAL CONSTRUCTS

SBP incorporates the core humanistic values of the social work profession, unites multiple mid- level theoretical constructs, and provides a unique problem-solving framework. Some of these values and constructs are derived from social work, whereas others originate from broader human philosophical or psychological domains. Standard throughout is a focus on the resources possessed by clients (e.g., capabilities, skills) and client systems (e.g., assets, resources). Among the values and constructs of SBP that are particularly salient are resilience, hope, empowerment, self-determination, client involvement, and person-in-environment (Franklin, 2015; Simmons et al., 2017).

Resilience

Defined as the capacity to bounce back or recover from stressful situations (Masten et al., 2009; Smith et al., 2008), resilience is an essential component of SBP. A large amount of evidence shows that despite histories of trauma and dysfunction, the vast majority of people who experience difficult circumstances are still able to survive and oftentimes thrive (e.g., Pollack et al., 2004; Sinclair & Wallston, 2004; Smith et al., 2008). Both risk and protective factors can help the social work professional predict the likelihood of resilience (Kim et al., 2015; Shapiro & LeBuffe, 2006). Protective factors or characteristics that reduce the impact of risk can be either

internal (e.g., coping skills, optimism) or external (e.g., supportive mentors, parents, or community members and community opportunities) strengths. The extent to which the concept of resilience should shape social work practice has been the topic of recent debate, with some arguing that the use of resilience has gone too far and others suggesting that it has not gone far enough (Davis, 2014; Shapiro, 2015).

Hope

Defined as the belief that good things, rather than bad things, will happen, hope can be an important strength across time and situations (Snyder & Taylor, 2000). There are two main components of hope: (a) the belief that one has the ability to create a pathway to achieve one's goals and (b) the belief that one can then start and maintain progress toward one's goals once the pathway is created (Snyder et al., 1999). If either of these components is absent, an individual may feel pessimistic, powerless, or apathetic, and can express a lack of desire to attempt to change one's situation for the better (Snyder & Taylor, 2000). As such, hope has been identified as a very important strength (Valle et al., 2006). Therefore, it is essential to SBP that therapeutic relationships induce hope (Saleebey, 2006). When people can identify goals and see potential pathways to achieve these goals, they have a tendency to experience hope (Snyder & Taylor, 2000).

Empowerment

Defined as a means by which a person creatively uses their resources to gain or use power to achieve goals, improve and control life circumstances, and positively contribute to one's community, empowerment is discussed extensively in the social work literature (Browne, 1995; Greene & Lee, 2011; Greene et al., 2005). Indeed, paying attention to clients' strengths and helping them to recognize and use their strengths is a primary means for empowering clients (e.g., Cowger & Snively, 2002; Gutierrez et al., 1998). The goal of empowerment then becomes the identification of ways in which individuals can nurture their own well-being. Empowerment is not confined by one aspect of social work practice. As Gutierrez (1990) wrote, empowerment is "the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations" (p. 202). Recently, the word genpowerment (Beltrán, 2014, p. 1) has been suggested as an alternative term to honor the ways in which the helper and the client can generate power together, or groups of clients and communities can generate power for themselves, to supplement the idea that the helper can actively create, enable, or give power to the client (Beltrán, 2014).

Self-Determination

Defined in a variety of ways, self-determination includes individuals' rights to make their own decisions, to actively participate in the helping process, and to lead lives of their own choosing (Weick & Pope, 1988). These conceptions "contain a belief in the capacity and right of individuals to affect the course of their lives" (Weick & Pope, 1988, p. 10). Self-determination theory posits that people endeavor to experience positive growth and that people will move

toward such growth when they are in situations that support autonomy, competence, and positive relationships (Ryan & Deci, 2002). As such, the more the environment supports autonomy, competence, and relationships, the more likely people will have the capacity for positive action.

Client Involvement

Client involvement refers to the extent to which clients participate and contribute to the helping process. A primary consideration of SBP is that processes be client directed, focus on client factors, and be alliance minded. The term client directed was coined by Duncan et al. (1992) to refer to the importance of privileging clients' perspectives and involving them in every aspect of the intervention. A focus on client factors encompasses everything clients brings to the intervention, which includes unique strengths, ideas about what might be helpful, cultural heritage, social support, life experiences, resilience, hope, wisdom, and values. Being alliance minded highlights research which found that the most important component of the change process is the client's perception about the strength of the relationship with the helper (Wampold & Imel, 2015). Primary change factors integrate a focus on the client, the client's unique strengths, and the quality of the helping relationship. Client involvement applies across levels of practice (see Shapiro et al., 2013, for an example of client involvement at the macro level).

Person-in-Environment

One of the primary foci that strength-based approaches share is the holistic focus on the individual within their environment. SBP recognizes that people exist within and are influenced by their environment; SBP views the environment as being rich in resources (Manthey et al., 2011). The goal is often to improve the goodness-of-fit between individuals and their environments (e.g., Germain & Gitterman, 1980), with the assumption that various systems include strengths as well as problems. Strengths can be identified and nurtured in interactions between clients, between clients and other individuals, or within families, groups, organizations, communities, nations, or worldwide systems. By focusing on the strengths of the individual and the environment, the social worker can assess many aspects of social phenomena, including their inherent complexity and connectedness.

MAJOR TENETS OF STRENGTHS-BASED PRACTICE

Although ideas related to SBP have been discussed periodically throughout much of social work's history, these ideas and principles were not explicitly formalized and linked together under the term strengths until the late 1980s (Rapp et al., 2005). At that time, Saleebey and others articulated a set of clear principles for conducting SBP and operating from a strengths perspective (Saleebey, 1992). By design, the formalization of these principles was intended to oppose a mental health system that was overly focused on diagnosis, deficits, labeling, and problems (Saleebey, 1996a, 1996b, 2001; Weick et al., 1989). The popularity of these ideas has

led to an increasing number of practitioners and programs claiming that they conduct practice using an SBP model. However, many programs and workers who lay claim to being strengths based are actually still functioning from a deficit worldview or are behaviorally problem focused despite their verbal contention (Douglas et al., 2014; Rapp & Goscha, 2006). In order to address this gap between what is sometimes claimed and what, in reality, occurs, Rapp et al. (2005) developed some additional standards by which social workers could judge whether a social work practice or intervention is strengths based. The strengths principles created by Saleebey (1992, 2006) and the strengths standards created by Rapp et al. (2005) have since been combined (Manthey et al., 2011) to include the features included in Box 6.1.

BOX 6.1 Major Tenets of Strengths-Based Practice

1. Goal-oriented interventions
2. Contains a systematic means of assessing strengths
3. Sees the environment as rich in resources, and explicit methods are used to leverage client and environmental strengths for goal attainment.
4. A helping relationship is hope inducing
5. The provision of meaningful choices is central, and individuals have the authority to choose
6. Assumes that clients are best served by collaborating with practitioners
7. Assumes that trauma, abuse, illness, and struggle may be harmful but may also be sources of challenge and opportunity
8. Assumes that the worker does not know the upper limits of individuals' capacity to grow and change

Sources: From Manthey, T., Knowles, B., Asher, D., & Wahab, S. (2011). Strengths-based practice and motivational interviewing. Advances in Social Work, 12, 126–151; Rapp, C. A., Saleebey, D., & Sullivan, W. P. (2005). The future of strengths-based social work. Advances in Social Work, 6(1), 79–90; Rapp, C. A., & Goscha, R. (2012). The strengths model: A recovery-oriented approach to mental health services (3rd ed.). Oxford University Press; Saleebey, D. (Ed.). (2006). The strengths perspective in social work prac- tice (4th ed.). Allyn & Bacon; Saleebey, D. (Ed.). (2011). The strengths perspective in social work practice (6th ed.). Allyn & Bacon.

FROM THEORY TO PRACTICE: STRENGTHS-BASED SOCIAL WORK IN THE PHASES OF HELPING

The central values, theoretic constructs, and major tenets of SBP inform each stage of the helping process across all levels of practice: engagement, assessment, intervention, and evaluation/termination. The following explores SBP in each of the phases of helping with a focus on the expectation that all social workers "recognize, support, and build on the strengths and resiliency of all human beings" (Council on Social Work Education, 2015, p. 8).

Engagement

Social work services are shaped by the environment in which the social worker and client meet, the relationship that is experienced, and the pattern of their interactions. SBP, in the ongoing process of engagement, should draw upon the strengths of the meeting environments,

build positive rapport, and create positive interpersonal dynamics to leverage change. Modifications can be made to the meeting environment to make it feel as natural as possible, so that the interaction is comfortable and the client feels dignified (Smith et al., 2014). For example, a positive environment in the context of supervised visitation services would be one that is safe and with clean, unbroken furniture; interesting toys; and developmentally appropriate activities that promote opportunities for parent–child engagement and the nurturing of their shared interests and hobbies (Haight et al., 2002). Furthermore, a well-organized environment can help a client feel calm and cared for (Appelstein, 1998).

SBP can lead to stronger collaborations between the client and the social worker. Although it is often necessary to discuss problems and pathology with clients, exclusively examining this aspect of their lives can induce shame or guilt, lead to a reluctance to disclose relevant information or to participate in the services, and obscure resources available for problem-solving. In fact, clients may discover their own strengths and resources when given an intentional opportunity to explore them, generating potential solutions and a greater confidence in their capacity to implement them. When discussing a client with a parent, child, or other involved third party, spending time considering the client's positive attributes may also facilitate positive regard and nurture positive relationships on behalf of the client (LeBuffe & Shapiro, 2008).

SBP uses more than polite language to communicate respect and invite participation. Strengths-based social workers reflect authentic warmth; listen well; affirm the client's perspective, hopes, and capacities to overcome any difficulties; and, whenever possible, share and generate power with their client. For example, it is essential that SBP includes client choice making about the way their time is spent with the social worker and the goals of service provision.

A clear advantage of SBP is that it permits engagement with a client in the absence of the acute problem or crisis that creates the context for most initial visits with a social worker. For example, school-based social workers can work with a student on the absence or relative weakness of coping or self-regulation skills, social–emotional competencies, or other desirable attributes. Thus, an intervention can be implemented to strengthen these prior to the emergence of problematic behaviors (LeBuffe & Shapiro, 2004). When done effectively, this can result in the growth of characteristics that make problems less likely to occur or at least reduced in their severity, longevity, or pervasiveness (Shapiro, Accomazzo, et al., 2017). SBP embodies a spirit of prevention.

Assessment

SBP involves collecting information about the strengths of clients and client systems to inform treatment planning and implementation. Although many strengths-based assessment approaches and instruments exist (Simmons & Lehmann, 2013b), relative to the development of

the assessment approaches and instruments for risks and problems, the development of validated strengths-based assessments is lagging. Informal, nonstandardized procedures (e.g., a placeholder for strengths-based narrative information on an intake form) are valuable as an initial approach. This approach, however, does not take advantage of the research available on strengths that have been empirically demonstrated to be related to wellness promotion or recovery.

Other more formalized and standardized checklist approaches to assessing strengths are also useful (e.g., Accomazzo et al., 2017) but do not guide social workers in making a determination as to how much of a particular strength is typical or whether the strength is present in sufficient quantities to be an asset to recovery. Even if a validated strengths assessment is available, if the strengths assessed as being present are not harnessed toward meaningful goal attainment, the assessment may have been in vain. It is one thing to know what strengths are present and it is another to use them meaningfully. Therefore, some strengths-based assessment developers have used a format widely used in the assessment of pathology to produce strengths-based assessments with norms calibrated on representative national samples, making themes useful in research and as defensible in practice as their problem-based counterparts (Naglieri et al., 2013). Examples of such tools that have been examined for their respective reliability and validity, and have been made available for practitioners to use, include the Ages and Stages Questionnaire—Social Emotional (Squires et al., 2002), the Behavioral and Emotional Rating Scale, Second Edition (BERS-2; Epstein, 2004; Pre-BERS; Epstein & Synhorst, 2009), the Devereux Early Childhood Assessment, Second Edition (DECA-P2; LeBuffe & Naglieri, 2012; DECA-C; LeBuffe & Naglieri, 2003; DECA-IT; Mackrain et al., 2007), the Devereux Student Strengths Assessment (DESSA; LeBuffe et al., 2009/2014; DESSA-SSE; LeBuffe et al., 2012; DESSA-Mini; Naglieri et al., 2011/2014), the Penn Interactive Peer Play Scale (PIPPS; Fantuzzo et al., 1998), and the Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2008).

For example, the DESSA (LeBuffe et al., 2009) can illustrate how a standardized, norm-reference behavior rating scale can help social workers and allied professionals collect strengths-based information about the children with whom they work. The DESSA was standardized on a national sample of 2,494 children, diverse in respect to gender, class, race, and ethnicity, in kindergarten through eighth grade (LeBuffe et al., 2018). The DESSA is completed by parents, teachers, or staff at child-serving agencies, including after-school, social service, and mental health programs (Shapiro et al., 2017). The assessment is composed of 72 strengths-based items, scored on a 5-point scale depicting how often the student engaged in various positive behaviors over the past 4 weeks. The DESSA is organized into eight conceptually derived scales that provide information about social–emotional competencies. These are self-awareness, social-awareness, self-management, goal-directed behavior, relationship skills, personal responsibility, decision-making, and optimistic thinking. The total of these scales is used to obtain a social–emotional composite score.

It is important to note here that there is a trap that a well-intended social worker can fall into when using a strengths assessment. This subtle trap can occur, no matter how well

developed the strengths assessment is or whether the strengths assessment is standardized and validated. The trap is to use the assessment to find which strengths are lacking and then only focus on trying to develop or fix the "lacked" strengths. In this scenario, the worker inadvertently frames the discussion by what the individual is not doing well and what strengths the individual needs to develop. In order to be strengths based, the worker must focus on what the individual is doing well, what strengths are identified as already being present, and what positive goals the individual has for their future. Strengths-based assessments are defined not only by their content but also by how they are used. An assessment is only truly strengths based, in accordance to the conceptualization we have advanced in this chapter, if it clarifies what the client is already doing well or what opportunities and resources already exist in the environment, and assists them in leveraging the strengths they already have toward reaching their own identified desires and goals.

As already mentioned, SBP in general, and strengths-based assessment in particular, do not ignore problems or pretend they do not exist. It is how the practitioner frames the conversation about problems that matters. In SBP, problems are often reframed as barriers to achieving personal goals. Instead of externally pointing out and trying to fix a problem, or immediately trying to develop a strength that is lacking, the practitioner will first help the individual identify positive goals that the individual wants to achieve (strengths of desire and hopes for the future). For example, solution-focused brief therapy suggests using a "miracle question" to focus the client and clinician on envisioning what an optimal future would look like (e.g., Berg, 1994). The practitioner will then help the individual articulate what steps the client needs to take and what barriers the individual believes need to be overcome, in order to achieve that goal. If appropriate or needed, the client can be guided by the worker toward the barriers that were identified on assessments as needing development. The key here, however, is keeping the focus on reaching the positive goals while the resolution of barriers stays secondary to the positive goal attainment focus. Keeping the focus anchored on strengths-based goals allows both the individual and the worker flexibility in moving between strengths mobilization and barrier resolution strategies, all while centering a positive goal.

The DESSA can be useful in identifying strengths as well as barriers/areas for development that could be addressed for child-identified goal attainment. For example, the DESSA may reveal that the client has a particular strength in relationship skills. This knowledge may lead the social worker and client to collaboratively build barrier resolution skills and goal attainment approaches that leverage relationships (LeBuffe et al., 2009). As part of an intake assessment, the DESSA may also reveal that the child has a very low score in self-management. The items on that scale could then serve as objectives in a service plan such as "wait for his or her turn" or "accept another choice when his or her first choice is not available." These objectives would be anchored in the child's self-identified overarching strengths-based goal, such as "I want to be able to have friends that last a long time" or "I want to get along better with my teacher." The DESSA scoring system also has features to help social workers collect and compare information from a variety of informants who may spend time with the child in different environments. When a particular strength is present across environments and according to

multiple raters, it may indicate a more dependable strength than if it only occurs in one environment or with only a particular rater (Rosas et al., 2007). When selecting a strengths-based assessment approach, it is important to consider whether strengths-based assessments are appropriate across diverse racial and economic circumstances (Chain et al., 2017) and the extent to which assessments are subject to rater bias (Shapiro et al., 2016).

In moving from assessment to intervention planning, the questions a worker may consider include: "What positive desires and goals might this child have?" "How can I frame a conversation to help the child identify their goals and help the child be motivated to achieve them?" "Might the child's goals influence the child to want to address a barrier?" "What environmental and internal strengths does this child have at their disposal that potentially could be identified, affirmed, and used?" and "In what perceived failures or barriers could I search for strengths and growth opportunities?" By asking the questions in this way, the intervention is not about the worker identifying a lack of strengths to remediate but rather to identify strengths that may help the child overcome barriers and progress to their goals. It is essential in SBP that the practitioner continually revisit through affirmations and conversation the existing strengths of the client that can be used to help achieve the individual's goals. The continued exploration of client strengths means that strengths assessment and utilization is an ongoing process, not only limited to an initial assessment.

A strengths-based assessment tool like the DESSA can be used across levels of practice. In group treatment settings, it can help determine areas where clients have common goals, barriers to goal attainment, or existing strengths to leverage. The group profile tool is a color-coded matrix in which each client is a row and each DESSA scale a column. Visual inspection can quickly indicate common areas of strengths and lack of strengths. These results can then inform the selection of interventions targeting the growth of certain strengths or help social workers arrange clients into pairs with complementary strengths where social learning can occur. The DESSA-Mini (Naglieri et al., 2011), which is a brief form of the DESSA that can be completed in just 1 minute, can be used across large groups of people to determine initial eligibility or recommendation for services. Strengths-based screening practices can reveal which clients might have the fewest strengths to protect them and/or help them cope with adversity, and therefore help social workers determine which clients may benefit most from preventive interventions, behavioral health services, and/or strategic SBP interactions.

Intervention

Interventions are deliberate attempts to change the state of a person or an environment. Interventions should be well planned based on high quality and comprehensive assessment information, co-created, jointly selected, or otherwise agreed to by the client, and monitored in their implementation and for their outcomes to determine if they are achieving the desired effect. If not, interventions may merely be interference or an imposition and may be unethical with the potential to do harm. Strengths-based social work helps social workers design or select better

intervention strategies by insisting that (a) engagement practices prioritize client choice making and invite the kind of participation that will lead to the most high quality information gathering; (b) assessment practices are comprehensive, including reliable and valid information about a client's strengths and resources; (c) identified strengths are strategically and actively used, not just assessed; (d) the growth of positive attributes are monitored rather than focusing on the reduction of problematic behaviors; and (e) the intervention should help people move toward healthy independence, and therefore, the termination of the relationship is discussed along the way.

Intervention planning, whenever possible, should be done in partnership with the client and/or the client's caregivers. This likely means that assessment results are shared with the client —a task much easier to do when the conversation can begin with the goals, strengths, and resources that the client already has. Similarly, the client should help determine treatment goals and could even be asked to generate a goal for the social worker's practice (Smith et al., 2014). Clients can choose goals for the social worker from a list that has examples, such as ask good questions, model behavior, offer ideas, or give cues. In this way, the client has an opportunity to consider and inform the social worker of the kind of support from the social worker that the client might find helpful or desirable.

SBP does not contend that every possible life goal, or area for development, becomes a service goal. When individuals find even small success in their attempts to reach goals, barriers in other contexts may become less apparent and goals can be achieved indirectly. For example, a child who has improved self-esteem and self-worth because a worker and teacher have maintained a strengths focus may be less likely to act out. In addition, strengths may generalize across contexts. If a child's self-identified goal is to make more supportive friends, and the child actively works on reading subtle cues in relationships in order to improve them, other benefits might also occur such as being able to recognize social cues from a teacher in the classroom.

Progress Monitoring, Evaluation, and Termination

SBP assesses and celebrates progress, early and often. When service goals are created, a time frame for making progress toward each goal should be established. The DESSA-Mini, for example, has four alternative forms so that a client's strengths can be assessed once a month. Looking over the entire course of treatment, the DESSA-Mini has a procedure built into the instrument to indicate whether maintenance and/or reliable and meaningful growth in strengths has been achieved. When working with groups of students, tests for reliable and meaningful change can be aggregated across students to determine the typical amount of growth experienced.

It is important to revisit how and when the worker–client relationship will end. The interventions should be clear and measurable so that both the worker and the client are aware of successes and know how those successes relate to the purposeful ending of the relationship. Not

all relationships will end abruptly, and some settings allow for a gradual reduction of interactions over time. Other settings that do not allow for a gradual reduction of interactions will require clear discussion of termination throughout the phases of work so that the client is prepared for the ending of the relationship. Ideally, a client will have some degree of self-determination in forming this plan.

CASE STUDY 6.1

This children's mental health case example (all names and issues are fictitious) demonstrates how a clinician practicing SBP may use the eight SBP tenets outlined in this chapter during the stages of practice described earlier.

Rebecca Marris is a social worker at the Orange Grove Community Wellness Clinic, a community mental health outpatient clinic in central California that serves children and adolescents aged 5 to 18 years and their families. The clinic recently hired a new clinical director who was passionate about implementing SBP in all aspects of the clinic's work. Yesterday, Rebecca conducted a phone intake with Mrs. Vo, grandmother of Nancy Vo, a 14-year-old Vietnamese American high school freshman at the local high school. Mrs. Vo was referred to the clinic by a school counselor.

Engagement

During the 15-minute intake phone call with Nancy's grandmother, Rebecca had two main goals: (a) to confirm that Nancy was indeed eligible for services at the county-funded clinic and (b) to get Nancy and Mrs. Vo to show up in person at the clinic for a full assessment, if Nancy was deemed eligible. Rebecca began by thanking Nancy's grandmother for calling and urging her to ask questions if she did not understand something Rebecca said. Mrs. Vo reported that Nancy was failing four classes and last week was in a screaming match with another student that had almost led to blows. Upon request, Mrs. Vo also provided relevant contextual information. Nancy was born in the United States after her mother and grandparents emigrated from Vietnam in the late 1990s. She and her 11-year-old brother, Mark, had been living with Mrs. Vo and her husband (her maternal grandparents) for the past 5 years. Nancy was 9 years old when her grandparents obtained custody of her and her brother, when it was determined that their mother could not take care of them because of mental health issues (she meets criteria for bipolar disorder) and prolonged drug use. Nancy's mother sees the children once a week with supervised visitation. Rebecca told Mrs. Vo that Nancy was eligible for services at the clinic because, as a young person involved in the child welfare system, Nancy's mental health care at the clinic would be covered by Medi-Cal, California's Medicaid program. Rebecca then invited Nancy and her grandmother to come to the clinic the next day for an assessment. Knowing that many families never make it past the intake stage, Rebecca tried to sound welcoming and friendly. She tried to inspire hope that clinic services could actually help Nancy by mentioning that the clinic

has served many 14-year-old clients who are dealing with school issues. She asked how Nancy and her grandmother would be getting to the clinic and mentioned that the clinic provides free bus tickets for clients who need them.

Assessment

Nancy and her grandmother arrived at the assessment appointment the next day. Rebecca offered them drinks and snacks, asked if they needed any reimbursement for their travel costs to the clinic, and then began the assessment process. Recently, in an attempt to become more strengths based and family centered, the clinic had adopted a new assessment form called the Child and Adolescent Needs and Strengths (CANS) assessment (Lyons, 2009). This assessment requires the clinician to document both problems and strengths instead of just recording problems and symptoms. During the 2-hour assessment, Rebecca first spoke with the grandmother and Nancy together.

Mrs. Vo reported that the family has a small income from a bakery they run out of their home, but business had slowed recently and they are behind on their mortgage payments. Though they have limited English skills, they are eager to be involved in all aspects of Nancy's and Mark's lives. Nancy, though somewhat socially isolated at school, has up until now gotten nearly straight As. Her school is ranked no. 1 in the district and her grandparents want her to enroll in the free precollege tutoring program offered after school. However, Nancy is currently failing several classes and has not been sleeping at night, which her grandmother noticed because Nancy has been falling asleep at the table while doing her homework. Her grandmother added that Nancy has mood swings now, more than ever before, and it is harder to be around her.

At the beginning of the conversation, Nancy's grandmother did most of the talking and Nancy sat with her hands crossed, looking at the floor. Rebecca asked Nancy directly what she liked to do for fun—partly as an engagement strategy and partly to begin to inquire about potential strengths. Nancy took a moment to respond, and her grandmother jumped in, saying that Nancy used to read comic books but had recently stopped. Rebecca listened politely to the grandmother, acknowledged her comment, and then redirected the conversation back to Nancy to learn more about the comic books from Nancy's perspective. It was a careful balance because Rebecca wanted to make sure that both the grandmother and Nancy felt like they were collaborators and partners in the assessment process.

At one point, Nancy's grandmother started to go into detail about the time Nancy's mom overdosed and had to be hospitalized, the incident that led to Nancy and Mark being placed with their grandparents permanently. Rebecca was not sure she needed to hear all the details in order to work effectively with Nancy in the present, and she did not want to retraumatize Nancy in any way, so she made a brief reflective statement and Mrs. Vo felt heard, but then gently changed the topic. At this point, Rebecca wanted to make sure that Nancy felt that her unique voice was

valued in the assessment process. So, Rebecca asked to speak with Nancy one-on-one for a few minutes. After the grandmother left the room, Nancy seemed to relax.

During their time one-on-one, Rebecca purposely asked questions to assess both problems and strengths at both the individual and the environmental level. Rebecca started off with strengths because strengths tended to be easier to talk about for many clients and she was still building rapport with Nancy. To inquire about an individual-level strength, Rebecca asked Nancy to tell her about something she enjoyed doing. Nancy reported that she had a job as a babysitter for her next door neighbor's children and that she really liked the two kids. Rebecca used this opportunity to point out a strength, noting that it sounded like Nancy really cared about the kids and that she was a big help to her neighbor. To learn about her environment, Rebecca asked Nancy to tell her a bit about her neighborhood. Nancy responded that she liked living in her grandparents' neighborhood better than living in her mom's neighborhood because she felt safer when she was walking home from school and the streets were prettier. Rebecca noted on her assessment that the neighborhood sounded like an environmental strength for Nancy.

Rebecca then moved to sensitively asking about some potential areas in her life that Nancy wanted to be better right now and some goals she wanted to achieve in the future. Nancy immediately answered that she wanted her experience at school to be better. Rebecca said that it sounded like Nancy had been having trouble at school, and asked what it was like for her at school. Nancy responded that she hated everyone because they were so nosy. Rebecca asked Nancy to give her an example of this, and Nancy reported that everyone at school knew that her mom got arrested last week for shoplifting and that the police were keeping her in jail because she had traces of drugs in her blood test. Nancy heard several students talking about it in a class.

Rebecca had not known that Nancy's mom was back in jail, and responded with empathy and that she was sorry to hear that. Nancy said angrily that her mom had promised Nancy she would not use drugs again and now Nancy would not be able to see her for a long time. Rebecca acknowledged how upsetting it must be to have heard this. She then asked Nancy what she had been doing to cope. Nancy reported that she listened to music at night really loud on her headphones and that helped. Rebecca pointed out a strength, saying that it was great that Nancy had found something that helped. Nancy smiled a bit at this comment. Rebecca also pointed out that Nancy knew herself better than anyone else, and that Nancy would be in the best position to decide what might work for her at home and in their interactions together.

As Mrs. Vo had earlier mentioned that Nancy was not sleeping at night, an individual-level barrier, Rebecca asked Nancy to tell her about what the nighttime was like and how sleeping was for her. She purposely asked the question in a vague way so that she did not assume that sleeping was a problem for Nancy. Nancy reported that she could not fall asleep and "I just can't stop thinking." Curious to learn more about this, Rebecca asked Nancy to tell her more about what that was like. Nancy reported, "I used to be able to just get my brain to stop, but now it has so many thoughts I just can't sleep." Rebecca asked Nancy to tell her about these thoughts, and Nancy reported that they were mostly worrying about her mom. Rebecca reflected Nancy's

statement and Nancy got somewhat teary eyed. Rebecca continued to use empathic reflections to ensure Nancy felt understood. Rebecca then transitioned the conversation by asking Nancy to tell her what it might be like for her if she were to be able to sleep better at night. Nancy's demeanor shifted from sorrowful to more hopeful when Nancy stated that when she doesn't sleep, she "just feels run down all the time" and that it would be "awesome" if she could get the thoughts to "turn off" at night. Nancy also said that she would have "way more energy" the next day if she could get some sleep. In order to pivot into a potential strengths-based goal rather than staying focused on a problem, Rebecca then asked Nancy to talk more about what other things getting more sleep might help Nancy to accomplish. Nancy stated that it might help her to do better at school and that it might help her not be so "cranky" with her grandma. Rebecca then reframed Nancy's statement in a positive light by saying, "[So] even though you and your grandma don't always get along you care about your grandma and want things to go well between the two of you." Nancy agreed with that statement, and Rebecca affirmed Nancy for her good intention. Rebecca then linked two other identified barriers to Nancy's strengths-based desire to have a better experience at school. Rebecca stated, "You also want to have a good experience at school and you think two of the things getting in your way are feeling like people are talking about your family negatively and not getting enough sleep."

At the end of the assessment, Rebecca thanked Nancy and her grandmother for coming in. In order to indicate her hope and optimism that clinic services could help Nancy, Rebecca told Nancy that the clinic works with many young people with similar goals and barriers and that many young people found therapy useful in helping them move toward leading a life they wanted to lead. She asked if Nancy would be interested in coming back for some therapy appointments. Nancy agreed, and so they scheduled an appointment for the following week.

After they left, Rebecca entered the assessment information into an online database and wrote up her assessment case formulation, making sure to include both problems and strengths. While Rebecca assessed that Nancy did not currently meet criteria for any mental disorders as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013), she indicated in her notes that, particularly as Nancy had described some symptoms consistent with various mental disorders and given her mother's mental health history, the therapist should monitor Nancy for other symptoms that might result in her meeting criteria for other disorders in the future. Rebecca was careful to document both environmental and individual strengths. The neighborhood; the bakery; potential positive relationships with grandma, her brother Mark, her neighbor, and neighbor's children; access to free afternoon tutoring; and attendance at a highly ranked school were all identified as potential environmental strengths that could be used in planning later. Rebecca's past history with obtaining As, her love for reading, her good intentions, her responsible babysitting skills, her desire to have a good school experience, and her desire to get along with her grandma were all identified as potential individual strengths that could also be used in planning.

Planning and Intervening

Rebecca's intention was to have the planning be a collaborative effort between her and Nancy. When Nancy came back for her first therapy session, Rebecca asked Nancy if they could spend some of their time together over the next few weeks thinking about their service goals. Nancy agreed, and so Rebecca asked Nancy to tell her what she hoped to get out of the sessions and what her goals were. Nancy said that she wanted to "stop failing my classes," "stop my brain from going crazy at night," and "stop feeling so angry at everyone." They discussed this, and Rebecca purposely guided the goal setting to state the objectives in positive language that focused on constructing skills and achieving goals instead of only reducing symptoms. They tried to be very concrete in their goals, coming up with: "Make a plan for when I can't sleep at night because this will help me do my homework," and "Make a plan for when I feel angry at my teachers or classmates because this will help me pay attention in my classes and help me to enjoy school." Rebecca then asked Nancy what would help her to meet these goals. Nancy did not have any ideas, so Rebecca pointed out that Nancy had already named a coping skill—listening to music when she was having trouble falling asleep—and asked her what else would help her to feel calm and relaxed at night. She also asked about resources that currently exist in Nancy's life that she could call upon, encouraging Nancy to think about a teacher or a friend who might be able to meet with her during the lunch period to help her catch up in her classes. Together, they decided that they would check in at the end of each session to see how they both felt it had gone. They also agreed to do a slightly longer check-in every four sessions to evaluate progress toward Nancy's goals.

After their planning session, Rebecca continued to consider several different interventions to identify which would be the most effective for helping Nancy to meet her goals. She decided to use two interventions that employed many strengths-based principles and fit well with a strengths-based approach to social work practice: motivational interviewing and solution-focused therapy. Motivational interviewing was useful because it provided a framework for exploring ambivalence around change, which was the case for Nancy with regard to her academics. Solution-focused therapy was useful because it provided a concrete way to focus on exploring past coping skills and developing new coping skills. Both of these interventions focused on hopes and dreams and centered the client voice, two characteristics that are consistent with SBP. Rebecca discussed these interventions with Nancy at their next appointment, and Nancy said that they sounded good to her. Rebecca asked Nancy to please make sure to ask her any questions and to let her know if she had any feedback for her.

Monitoring Progress, Evaluation, and Termination

Rebecca always left 5 minutes at the end of each session to briefly check in to see how Nancy felt about the services. After four sessions, Nancy and Rebecca spent half of a session discussing Nancy's goals and assessing how much progress they had made toward those goals. Nancy reported that she felt like she was sleeping a bit better at night but that school was still not

going well. She still felt isolated by her peers, and catching up in her classes was a true challenge. Rebecca made sure to praise Nancy for making such great progress toward one of her goals. Then Rebecca suggested that they update Nancy's goals to focus on maintaining her sleep and setting more detailed school goals. After discussion, Nancy identified two new, specific, more targeted goals for school: (a) meet with an after-school tutor two times a week for 3 weeks to prepare for an upcoming history test and (b) attend a meeting of a school club she was interested in so that she could make friends with positive people who held similar interests. Rebecca helped Nancy to phrase these objectives in language that focused on constructing new skills and obtaining larger meaningful goals instead of just reducing symptoms.

After eight sessions, they reassessed progress and rewrote goals again. During the reassessment of Nancy's academic goals, Rebecca continued to elicit from Nancy individual and environmental strengths. Rebecca accomplished this by asking Nancy again about strategies and strengths she had used in the past when Nancy had been successfully achieving good grades. Nancy was able to identify strengths she had not described before, such as ways she had structured her time (individual strengths) and also the added homework assistance Nancy received from her grandmother when needed (environmental strength). Her grandmother had not been able to help Rebecca as much recently because she was spending time in the struggling bakery. Rebecca probed to see if other people had helped Nancy along the way, and Nancy said that last year her neighbor, who sometimes let Nancy babysit, would also occasionally help Nancy with her homework. The neighbor had usually helped Nancy when Nancy's grandmother did not understand Nancy's homework due to language barriers. In addition to mining for strengths from Nancy's past, Rebecca also asked questions that helped Nancy describe how achieving good grades and having a better school experience might influence her life in the future. Nancy described that doing well in her classes might ultimately help her obtain her goal of going to college and perhaps becoming a nurse. Rebecca periodically helped Nancy revisit her future dreams in relation to school performance in order to keep the discussion anchored on positive life goals rather than the current academic struggles. Rebecca and Nancy were then able to be flexible and adjust the plan to include some of the strengths identified through Nancy's past successes. Rebecca kept revisiting Nancy's academic hopes and dreams for the future in order to keep Nancy engaged in moving forward even when it was difficult or when setbacks occurred along the way. Rebecca also asked Nancy if she wanted to continue for another four sessions as she was still working toward meeting her school goals. Nancy agreed that this would be helpful.

During one meeting, Nancy entered the room in tears because she had not scored as well as she would have liked on a test. Nancy exclaimed, "I'm a failure!" Rebecca empathetically reflected Nancy's struggle by stating, "This has got to feel horrible because you've worked so hard to catch up and to get better grades." Rebecca then reframed Nancy's perceived failure by stating, "and yet you haven't given up, you have accomplished so much already, you are a persistent person." Nancy asked Rebecca if she really thought that. Rebecca was able to honestly reply that many people have given up on obtaining good grades or even given up on school all together. Rebecca then affirmed Nancy for her tenacity and her desire to do well even when it

was difficult. Rebecca reframed Nancy's sorrow as a strength by stating, "[I]n fact, your sorrow that you didn't score well on the test is an indication that you care about yourself, your life, and your future goals. Your sorrow is an indication that you don't want to give up now either."

After 12 sessions, Nancy stated that she did not have time for services anymore because she wanted to join a club that met on the day Rebecca and Nancy usually met. Rebecca mentioned that she had been thinking that Nancy had met most of her therapy goals anyway, and so this might be a good time to stop their work together. Together, they reviewed their most recent goals and agreed that Nancy had met them. Rebecca suggested that they meet one more time to celebrate Nancy's successes. At their final session, Rebecca gave Nancy positive feedback about her work in therapy and pointed out how many successes she had achieved along the way. Rebecca also expressed confidence in Nancy's capacity to navigate future trials, obtain her longer term goals, and validated Nancy's worth as a person. Nancy stated that she was going to miss Rebecca and wondered if she would ever see her again. Rebecca responded with empathy, noting that many people felt similarly when ending counseling. Rebecca assured Nancy that if she wanted, she could always call her to schedule a future appointment. Nancy said that she was glad to know it was an option and thanked Rebecca for her time.

CRITIQUES OF STRENGTHS-BASED PRACTICE

There are several common critiques of SBP. First, SBP has been critiqued as overly focused on clients' strengths to the point of ignoring clients' very real problems (McMillen et al., 2004). From this perspective, SBP, in an attempt to move away from the deficit-focused, pathological models of human suffering, has accidentally and naively turned the sole focus to what is going right while refusing to acknowledge what is going wrong. In this view, SBP is, at best, overly optimistic and, at worst, insulting to clients who turn to social workers when they are experiencing major crises in their lives. Though proponents of SBP have argued that SBP at its core does include a focus on problems as well as strengths, and dual focus models have been articulated (e.g., McMillen et al., 2004; Simmons & Lehmann, 2013a, 2013b), this remains one of the common critiques of SBP. Similarly, some have argued that a focus on strengths and resilience takes attention away from important societal injustices and leads social workers to advance individualistic solutions to structural problems (Davis, 2014). By conceptualizing and enacting a multi-level SBP, however, injustices and structural problems could also be addressed through the tenets advanced in this chapter (Shapiro, 2015).

Another critique is that SBP lacks conceptual clarity. In this line of thinking, SBP is a vaguely articulated social work value or perspective on practice without one agreed-upon definition, making it difficult to apply consistently in actual practice (Probst, 2009; Smith et al., 2014). According to this argument, SBP has only been described at a surface level, resulting in concerns about the role SBP should play in the profession of social work (if any) and how to regularly apply SBP principles in practice. For example, though the term strength is often used in social work practice, a strength may be defined entirely differently in every intervention stage,

though definitions are rarely clarified. During the assessment stage, a strength may be viewed as an already-existing asset to be identified, while during the intervention stage, a strength could be a target characteristic to be nurtured and developed or an outcome where change over time indicates success of the intervention (Probst, 2009). In order to address this critique, this chapter has defined eight tenets of SBP, provided specific suggestions on how to implement SBP at each intervention stage, and presented a case example as an illustration of SBP.

Another critique of SBP is that there is little empirical evidence for SBP (Gray, 2011; Staudt et al., 2001). As SBP has, for the most part, been vaguely defined, it has been difficult to accurately measure the implementation and impact of SBP. Thus, it is unclear as to whether clinicians who use SBP are more effective than clinicians who do not, and whether clinicians who use SBP could actually be doing more harm than good. Probst (2009) argues that discussing whether or not SBP has any empirical evidence to support it misses the larger underlying issue that SBP is more accurately described as an "applied concept" (p. 162) that operates through specific interventions, models, and practice behaviors. Thus, actual interventions that incorporate strengths-based concepts can be defined, measured, and declared efficacious or not, but the broader concept of SBP cannot be measured and should be viewed with more realistic expectations. This perspective is more in line with the current presentation of SBP as a social work metatheory, as discussed in this chapter.

CONCLUSION

Regardless of the criticisms directed toward the strengths-based perspective, an emphasis on strengths-based approaches can be seen across all areas of social work practice. With roots dating to the inception of social work as a profession, the importance of client and client–system strengths is commonly accepted among professionals in all facets of social work practice, accrediting bodies, and schools of social work in the United States and around the world. The core tenets of SBP are reflected across many of the theories that social workers use to explain human behavior, the social environment, behavior change, and social change. As such, it is logical to argue that SBP is a metatheory that organizes and names the otherwise unspoken "rules" embedded within practice. As illustrated throughout this chapter, SBP is integral to all social work practice and, in line with the generalist practice framework, helps to promote human and social well-being (Poulin, 2005). SBP is important for micro, mezzo, and macro levels of practice (Chapin, 2011), and is central to social work competence in engagement, assessment, intervention, and evaluation across work with individuals, families, groups, organizations, and communities. Viewing SBP as a metatheory reflects the central importance of its values, assumptions, and principles for all social work practice, and this will be useful in moving the field forward.

SUMMARY POINTS

- categorizing SBP as a metatheory organizes and names the otherwise unspoken rules embedded within lower level practice theories,
- the history of understanding and using strengths in social work practice can be traced to the early origins of the social work profession and encompass a diverse range of practice theories, which all share complementary philosophies and foci,
- underlying all theories that take an SBP approach is the charge to build upon available strengths and frame social work interventions within a positive paradigm,
- the tenets of SBP promote individual well-being and reduce social problems by building upon the strengths possessed by clients (e.g., capabilities, skills) and by the client systems in which clients interact (e.g., assets, resources),
- the central values, theoretic constructs, and major tenets of SBP inform each stage of the helping process across all levels of practice,
- SBP constructs and tenets were illustrated using a multi-level case example.

KEY REFERENCES

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