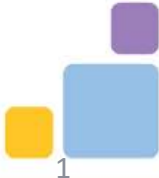


Pizazz the Positive: A Look at Strengths-Based Practice

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Who is in this Picture?



Picture designed by
American Psychologist
E.G. Boring



**The only real voyage of discovery
consists, not in seeking new
landscapes, but in having new
eyes.**

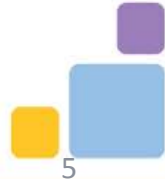
--Marcel Proust



Strength-Based Practice Truth or Fiction?



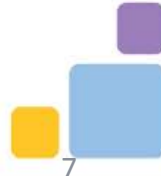
Why do people come to us?



There is currently a strong perspective among traditional systems of care, that if a presenting problem can be identified and understood, all we need to do is find an expert with expert knowledge to analyze it, and then find a prescription that will fix it.



When some people act as “experts” on resolving the problems of others, if we are not careful, we deny those facing the problem the opportunity to participate, take control and learn.



**Does inviting this change in focus
lead to denying that people do
have problems and challenges?**



Problem with a problem focus

- Leads to labels, which may limit options
- Moves away from recognizing person's unique capabilities and strengths
- Focuses on the “can'ts” as opposed to the “cans”.
- Ignores the potential resulting from adversity
- Leads to prescribed programming-as opposed to individualized, person-centered planning
- Tends to look for patterns (broken home, dysfunctional neighborhood, poverty) to explain difficulties
- Lacks credibility in clearly demonstrating cause versus effect



“If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find them, and their view of the situation will be colored by this.” (page 32)

KRAL, R. (1989). *STRATEGIES THAT WORK: TECHNIQUES FOR SOLUTIONS IN THE SCHOOLS*. MILWAUKEE, WI: BRIEG FAMILY THERAPY CENTER.



Labels can stigmatize

- Non-compliant
 - Resistive
 - Unwilling to change
 - Unmotivated
 - Poor insight
 - Uncooperative
 - Dysfunctional
 - Oppositional
 - Defiant
 - delinquent
- What are some others?



Reframes from Problems to Strengths

Child has attendance problems at school	
Child runs away from home	
Child is bossy	
Child hangs out with negative peers	
Daughter is sexually active	
Family is in perpetual crisis	
Family is dysfunctional	
Family resists agency intervention	

Reframes from Problems to Strengths

Child has attendance problems at school	Child still attends school, does well in some subjects, is strong willed
Child runs away from home	Child has “street smarts”, survival skills, self-protective skills
Child is bossy	Child takes charge without permission
Child hangs out with negative peers	Child can make friends, has a support network
Daughter is sexually active	Daughter is not pregnant, practices safer sex
Family is in perpetual crisis	Family has continued to exist under stress, have strengths that have helped them to survive together so far
Family is dysfunctional	Family is overwhelmed and is in need of support
Family resists agency intervention	Family believes in taking care of their own

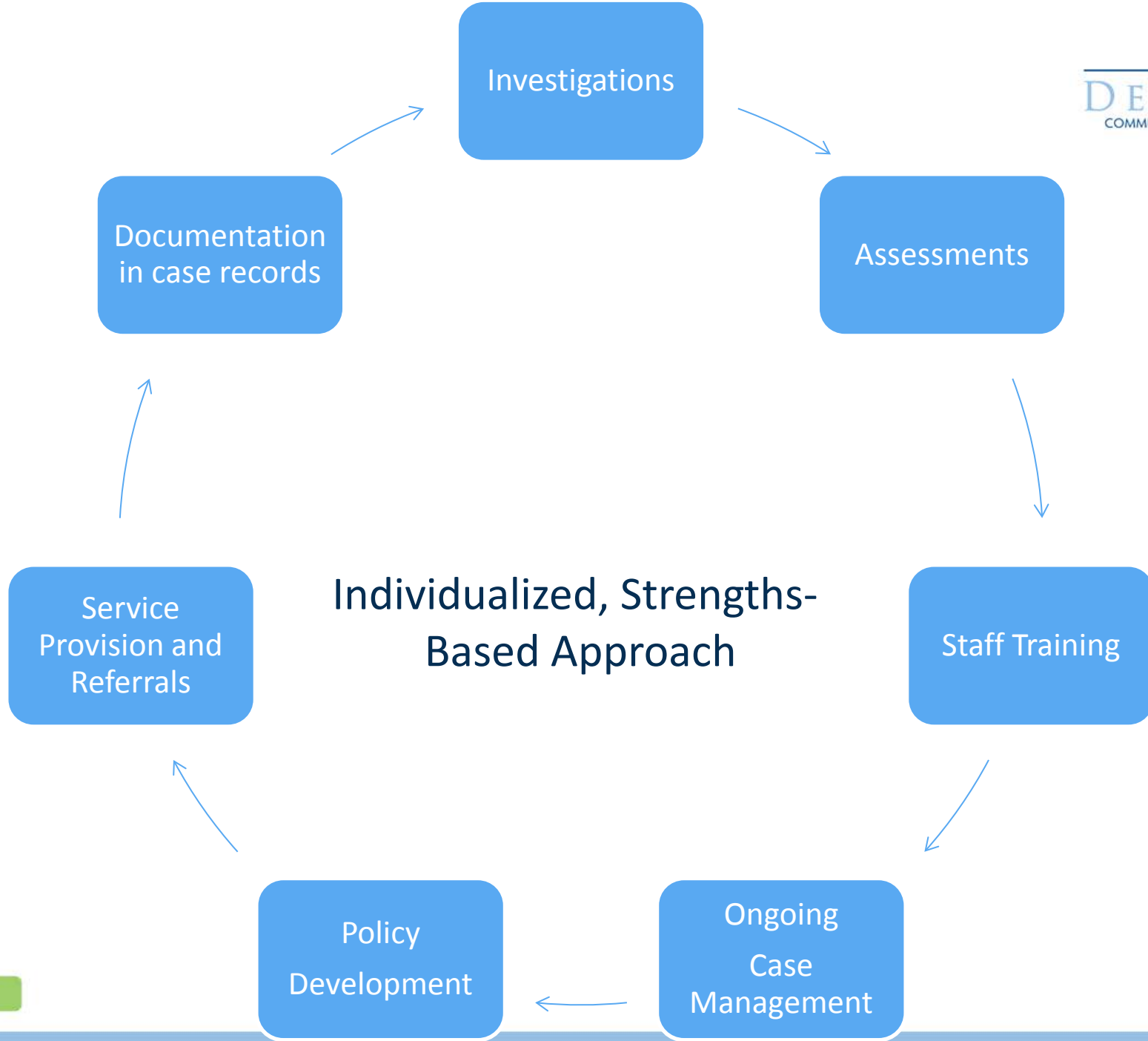
Shift to New Paradigm

- Focus on trusting and workable relationships
- Empower (re-power) people to take a lead in their own care process
- Work in collaborative ways on mutually agreed upon goals
- Draw upon personal resources of motivation and hope
- Create sustainable change through learning and experiential growth



Policy is crucial to sustaining strengths-based practices, because without it such practices may be inconsistently applied and diminish with staff turnover.





**Strengths-Based Practice
means unlearning the
dominant way of
seeing and doing.**



Trends in defining “problem”

- MORAL DEFINITION
 - Focus on sin or bad karma
- MEDICAL DEFINITION
 - Focus on individual impairment
- SOCIAL DEFINITION
 - Focus on social context



Definition of Strengths-Based Practice

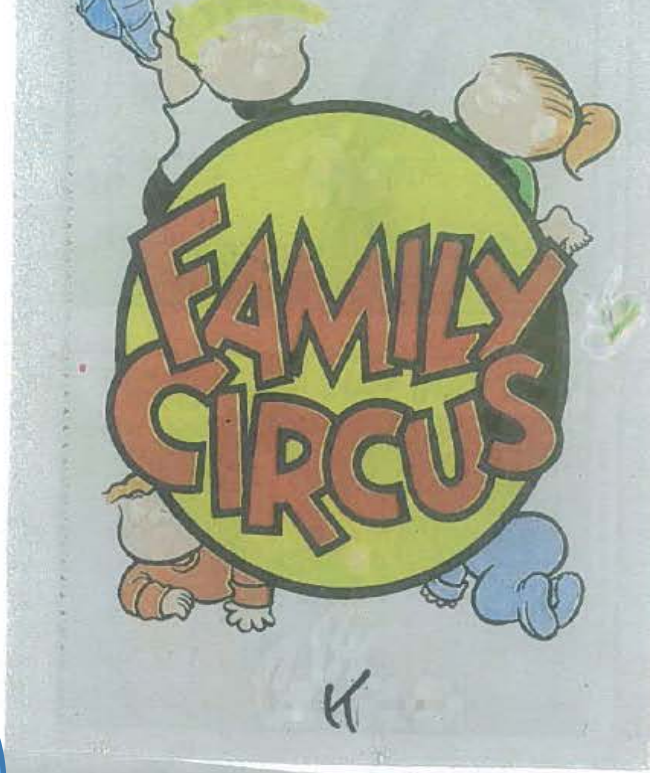
- Specific method of working and resolving problems experienced by the presenting person.
- Does not ignore problems and difficulties
- Identifies positive basis of person's resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems



It is about reframing personal perception to find good even in worst situation.



April 12, 2015
Bil and Jeff Keane



I wish these roses didn't have thorns.



I'm glad these thorns have roses



Core principle #1

- Absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are

NOT: I will believe when I see

BUT: I believe and I will see



Core principle #2

- What we focus on becomes one's reality – focus on strength, not labels – seeing challenges as capacity fostering (not something to avoid), which creates hope and optimism



Core principle #3

- The language we use creates our reality – both for the care providers and the children, youth and families.



Core principle #4

- Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.



Core principle #5

- Positive change occurs in the context of authentic relationships – people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building--not fixing.



Core principle #6

- Person's perspective of reality is primary (their story/narrative)– therefore, need to value and start the change process with what is important to that person--not the expert.



Core principle #7

- People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.



Core principle #8

- Capacity building is a process and a goal – a life long journey that is dynamic as opposed to static.



Core principle #9

- It is important to value differences, and the essential need to collaborate—effective change is a collaborative, inclusive and participatory process – “it takes a village to raise a child”.



6 standards for a Strengths-Based Approach

- Goal orientation (extent to which goals are established by individual)
- Strengths assessment (focus on inherent resources, not deficits)
- Resources from the environment (practitioner role is to enable links to these resources)
- Explicit methods are used for identifying client and environmental strengths for goal attainment (will vary from one approach to another)
- Relationship is hope-inducing (can be realized through strengthened relationships with people, community and culture.
- Meaningful choice (individual is viewed as expert in own life, and practitioner's role is to increase and explain choices and encourage people to make their own decisions and informed choices



Sample questions

- List 3 most distressing challenges you are having with your child/family.
- What seems to help, even if it doesn't solve the problem?
- What things does your child enjoy doing?
- List some positive things about your family.
- What are your dreams and future plans for your child?
- What does your family hope to achieve in the next month?
- What does your family hope to achieve this year?
- If you had all the money and support you needed, what would you change about your family's situation?
- Apart from your immediate family, list by name the most important people in your child's life.
- When are the best times for you, your family, and other important people to meet to plan and discuss as a team?

Another version (child protection focus)

- What are we worried about? (past harm, future danger, complicating factors)
- What's working well? (existing strengths and safety)
- What needs to happen? (for future safety)
- Where are we on scale of 0 to 10? (0=certain that abuse will occur, 10=enough safety to close case)



Implications of Strength-based Practice

- Seeks to understand the crucial variables contributing to individual resilience and well-functioning families/communities
- Provides a common language and preventative philosophy
- Sees resiliency as a goal that provides a conceptual map to guide prevention and evaluation efforts
- Intervention strategies are client driven and relationship focused
- Engages distressed people with respect and compassion
- Perceives capacity building as a dynamic process that evolves over a life time
- Affirms the reparative potential in people and seeks to enhance strengths as opposed to deficits

Strengths-Based Practice helps create resilience in people

- Feel special and appreciated – strong sense of hope and optimism
- View life as a dynamic journey that involves them writing the next chapters – by how they perceive themselves and who they invite on the trip
- Have learned to set realistic goals and expectations for themselves
- Rely on productive coping strategies that are growth-fostering rather than self-defeating
- View obstacles as challenges to confront-not avoid
- Are aware of their weaknesses and vulnerabilities, but purposefully build on strengths
- Strong self-esteem and sense of competence
- Have effective interpersonal skills and can seek out assistance and nurturance from others (formal and informal relationships)
- Know what they can and cannot control in their lives
- Strong understanding of the need to give back –support others in the journey

**Change starts with us, not with
those we serve.**



Hard to implement when

- There are potential severe threats to child(ren)'s safety and there are risk factors such as physical or sexual abuse or addiction present.
- Families in these settings often do not seek services voluntarily.
- Despite these challenges, many communities are moving toward Strengths-Based Services. Strategies used include staff training and collaboration with other agencies.



- Staff turnover is often identified by child welfare supervisors as one of the greatest obstacles for implementing and sustaining a Strengths-Based model. This is likely due to excessive workloads, feelings of rejection and insignificance by child or family. It is difficult to orient new staff to the philosophy, values and practices, which are time consuming and frustrating when it must be done repeatedly as new staff are hired.
- Ongoing training for caseworkers, and all levels of administrative staff, supervisors, policy makers, and community partners, helps create a shared responsibility, which alleviates sense of isolation, and reduces staff turnover.



Another barrier is time constraints

- High caseloads can limit the time caseworkers can spend with individual clients or families, and prevents the team meetings from being scheduled as often. Meetings scheduled at the agency office or only during business hours make it less likely that families can participate.
- Making policies that mandate these meetings creates a structure that ensures the meetings occur as intended.
- Sharing positive results of meetings can be useful in expanding understanding of why this approach is worthwhile.

Historical perspective

- Field of mental health and social services has long history of focusing on deficits, problems and pathologies
- Strengths-based approaches began to be discussed in literature beginning in early 1980's (based on quick review of research).
- Strengths-based approach was fueled by Martin Seligman's comment in 1999.



Dr. Martin Seligman

- “The most important thing we learned was that psychology was half-baked. We’ve baked the part about mental illness. We have baked the part about repair and damage. The other side’s unbaked, the side of strength, the side of what we’re good at...of what makes life worth living”.



Research-very quick review

- Only a few standardized “strength-based” interventions
- Often are combined with other approaches (wraparound services, family systems, cognitive-behavioral therapies, etc.)
- No single accepted strength-based intervention strategy
- Not enough comparative studies. Only one (Holzer, et al., 2006) could conclude that strengths-based practices achieved more positive outcomes than deficit approaches.
- Therefore, there are significant limitations on researchers’ ability to accurately assess the effectiveness of this model.
- More research needs to be done.



2003-Children's Bureau research grant

- Funded 9 demonstration grants to test efficacy of systems of care approach
- Designed to promote infrastructure change and strengthen capacity of human service agencies to support families involved in child welfare
- Individualized, strengths-based care was one of the six principles studied



Benefits shown by research

- Positive influence on the extent of clients' engagement in program services
- Increases family efficacy and empowerment
- Enhances families' relationship-building capacity and social support networks.



**Any body wondering about the
title?**

Pizazz the Positive



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