THE FUTURE OF STRENGTHS-BASED SOCIAL WORK

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Abstract: *The future of strengths based social work is both promising and precarious. In this article we seek to capture this uncertain state by sketching the evolution of the strengths approach and offering a brief evaluation of its status today. There are any number of approaches to both theory and practice at present that profess to be strengths-based. It is imperative that we develop stable and concrete criteria for determining whether a given perspective or framework is, in fact, funded by strengths principles and practices. We offer six standards for making such a judgment. We also examine the future of the strengths model. Of course, writing on the future tempts one to make predictions. We have eschewed such folly. Instead, we offer four tasks that we believe would bolster the development of strengths-based social work in the future.*

Keywords: future, strengths, social work

BACKGROUND

It remains an object of some curiosity, our culture's fascination and near obsession with aberrations, problems, pathologies, deficits—the "evil" and the bizarre beguile us. Perhaps it was ever so, but contemporary culture and the helping and ministering professions have developed a language fairly bursting with pessimistic, off-putting, and somewhat disparaging terms to describe those human conditions that we choose to define as out of the norm (even though we are fascinated by them), beyond the realm of the "normal," good, and upstanding. We characterize many groups of "others" (read: not us) with a lexicon that frightens, limits, and in some ways is a perjury of someone's life. A swelling conglomerate of institutions and agencies, professions and disciplines, businesses and services including medicine, psychiatry, big Pharma, the insurance industry, and not the least, the mass media, turn handsome profits by assuring us that we are, in some critical way flawed, victims of toxic childhood experiences or warped by flawed decisions or contaminated relationships.

We can only escape a dread future by turning to that ever expanding phalanx of practitioners, both degreed and ersatz—the variety of gurus, swamis, ministers, and the genuine and counterfeit therapists standing ready to attend to our miseries. Add to that the continuing penchant toward "medicalizing" and "pathologizing" almost every pattern, habit, trait, and inclination of human behavior and you have an enthralling mix of diagnoses, labels, and identities at the ready --all broadcasting our abnormalities, disorders, weaknesses, fallibilities, and deficits (Kaminer, 1993; Peele, 1995; Peele & Brodsky, 1991; Reiff, 1991, Walker III, 1996). But important, too, has been the developing realization that our focus on aberrations and problems has not yielded much in the way of social

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betterment, or the lessening of the incidence and prevalence of various disorders (Hillman & Ventura, 1992). Likewise, there is a growing body of evidence and thought that the favored theme of many theories of disorder and mental illness-- *childhood troubles of various kinds are fateful for the development of pathology in adulthood*—is not very powerful or convincing (Lewis, 1997; Kagan, 1998). The lingua franca of the heightened allure with pathology is found in the Diagnostic and Statistical Manual IV TR of the American Psychiatric Association (2000).

HISTORY & SOCIAL WORK TRADITIONS

The lines between the modern-day strengths perspective and certain fashions, philosophies, movements, and appreciations of the past in American culture are faint but nonetheless real. Elements of strengths thinking can be traced back to the ideals of democracy, American idealism, the romance of the frontier, transcendentalism, the social gospel, and the persistent beat of positive thinking in American society. In this culture, strains of optimism, hope, positive expectations, the promise of tomorrow, and the possibility of remaking of the self have flourished in one form or another. They have been manifest in philosophies, religions, nostrums and panaceas peddled by a variety of gurus, shamans, evangelists, physicians, philosophers and politicians. These were, in some ways, reactions against the increasing secularization, industrialization, and commercialization of American culture. But it is important to reiterate that they also sought to find the best in human capacity and desire, both individually and collectively.

Intimations of the strengths orientation in the early years of social work include: the settlement house movement and the writings of Jane Addams and others; the views of Virginia Robinson, Bertha Capen Reynolds, the functional school of social work, the development of social group work, and, somewhat later, Ruth Smalley and Herbert Bisno. The words of Jane Addams reflected the thinking of many in this new profession of social work in the early 1900s:

> "We are gradually requiring of 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* [my emphasis]." (1902, p. 178)

More recent contributions to, and intimations of the strengths perspective flow from the expanding empowerment literature in social work. Paulo Freire, Barbara Simon, Barbara Solomon, and Anthony Maluccio and, more currently, the work of Lorraine Guiterrez and Judith A. B. Lee, multicultural and feminist critiques and frameworks have provided lessons and directions for the emergent strengths approach. From these varied points of view, we can extract some central ideas: 1) the necessity of a critical consciousness, what Paulo Freire called conscientization—the developing awareness of the sources of oppression, and the intentions and methods of the oppressors; 2) developing a sense of individual and collective efficacy and agency, moving toward liberation; 3) encouraging dialogue between those who would be freer and those who would assist in their liberation—so that people can "think, see, talk, and act for themselves" (Lee, 1994); 4) assuring equity, enhancing collective responsibility, and providing connections to social resources

so that all can move toward individual development and greater contributions to the social order (Gutie'rrez, DeLois, & GlenMaye,1995; Lee, 1994; Freire, 1996).

WHAT IS STRENGTHS-BASED PRACTICE?

Strengths-based approaches have been criticized as being poorly defined (Staudt, Howard & Drake, 2001) and not really new or different then many other traditional approaches (McMillen, Morris & Sherraden, 2004). Since the strengths model has gained currency, many people are claiming they are "doing strengths". Sometimes that seems to mean "being nice to people" or having a small section at the bottom of an assessment form calling for a listing of strengths. A recent article described an intervention emphasizing "skills training and client input" as a strengths intervention (Bjorkman, Hansson & Sandlund, 2002). Others lay claim to a strengths approach because they attribute a client's problems to environmental causes (Tice & Perkins, 2002). These over-simplifications could emanate from either poor specification by the model developers or by a limited understanding of the approach.

The following is our attempt to identify the six hallmarks of strengths-based practice. Four diverse practice approaches that we view as strengths-based are used to demonstrate the six criteria. The four strengths-based approaches are: strengths case management (Rapp, 1998), solution-focused therapy (Miller, Hubble & Duncan, 1996), individual placement and support model of supported employment (IPS) (Becker & Drake, 2003), and the asset-building model of community development (Kretzmann and McKnight, 1993).

1. *It is goal oriented.* Clients are invited to set the goals they would like to achieve in their lives. Often, social workers help clients to define the goal. Common examples are clients who are so depressed and crushed that they claim not to have any goals or have no idea what they may be; or the family who can only frame their situation as a surfeit of serious problems. Methods for developing goals and visions include use of the "Miracle Question" in solution-focused therapy; framing client's behavior as a series of small (or large) achievements in strengths case management; and competitive job acquisition and retention in IPS. In asset-based community development, the first area of concentration is "agenda setting". The central dependent variable in strengths-based work is client-set goal attainment.
2. *Systematic assessment of strengths.* A strengths-based approach has a systematic set of protocols for assessing and documenting strengths and avoids assessment of problems, deficits or pathology. Methods include assets mapping in community development; strengths assessment in multiple life domains in case management; and the vocational profile in IPS. In solution-focused therapy, assessment is focused on what already works, searching for exceptions to the problems, and identifying coping strategies already in the client's repertoire. . The emphasis is often on the current situation although the past may be mined for talents, assets, resources that were extant at one time but may have been lost or forgotten.
3. *The environment is seen as rich in resources.* An emphasis in each of the four

practices is that the natural community is the primary source of people, opportunities, supports, and resources. In IPS, the work is done directly with employers; strengths-based case management places a primacy on the identification and use of natural resources; solution-focused therapy requires consideration of whether the intervention plan builds on the support system's strengths and resources. In asset-based community organization the work begins with what is present in the community--the assets, resources and capacities of the residents, local associations, and groups, and not with what is absent or what is problematic or what is missing. A central notion is that the path to goal attainment is the matching of client desires, strengths, and environment resources.

4. *Explicit methods are used for using client and environmental strengths for goal attainment.* In solution-focused therapy, the protocol requires client-goal setting first with the identification of relevant strengths (e.g. what works now, what can be imagined as working, exploring exceptions to the problems) to be anchored by the goal. In strengths case management, Rapp (1998) describes how the strengths assessment is used to help clients set goals, generate resource options, set short-term goals and tasks, and guide assignment of roles and responsibilities. In IPS, the individual employment plan grows straight from the vocational profile.

5. *The relationship is hope-inducing.* In strengths-based work, the importance of the relationship is explicitly focused on increasing the hopefulness of the client. The relationship is accepting, purposeful, and empathetic. As an empowering relationship it also should: 1) increase the client's perceptions of their abilities; 2) increase the client's options and perception of options; 3) increase the opportunities and confidence of the client to choose and act on those choices"(Rapp, 1998, pg 64). [where does the quote start?] In strengths-based case management, the relationship is viewed as one of the six core principles. Becker and Drake (2003) start their description of IPS methods with a section on the relationship. In community development, the dynamic of change is the building, rebuilding, and recasting of relationships between local residents, local institutions, and local groups.

6. *The provision of meaningful choices is central and clients have the authority to choose.* In the four strengths-based approaches, each stage of the process from goal setting, resources to be acquired, the pace of the work together, assignment of responsibility, etc. emphasize the worker's role in extending the list of choices, clarifying choices, and giving the clients the confidence and authority to direct the process. In IPS, the goals, type of job, type of employer, specific approach to the employer, and how fast to proceed are based on a mutual generation of alternatives and client selection. The same is true in strengths-based case management across all life domains not just employment. In solution-focused therapy, clients are perceived as the experts on their own lives and are urged to generate possible solutions and alternative paths.

WHERE ARE WE NOW?

Over the last two decades or so, a number of areas of research, conceptual development and practice have reflected some of the ideas and approaches reminiscent of the strengths model.

The development of strengths-based interventions has occurred in two ways. The first concerns the use of strengths-based case management that grew directly from the work at the University of Kansas in the early 1980's. Since the first application of the strengths approach (by that name) with case management in mental health (Rapp & Chamberlain, 1985; Modricin, Rapp & Chamberlain, 1983), case management practice applications have grown rapidly. These include people in poverty (Jones & Bricker-Jenkins, 2003), physical and sexual abuse (Anderson, 2001; Walsh, 1998) and older adults (Fast & Chapin, 2002). Of particular importance is the work led by Sheldon Siegal and Richard Rapp from Wright State University is using strengths case management with people who have substance abuse problems. They have developed practices and found promising results through experimental testing.

Second, growing out of a discontent with problem, deficit and pathology–oriented models that have long dominated social work and other helping professions, independent efforts to design strengths-based approaches have emerged. This would include the aforementioned approaches of asset-based community development (Kretzmann & McKnight, 1993), solution-focused therapy (Miller, Hubble & Duncan, 1996), and the individual placement and support model of supported employment (Becker & Drake, 2003). In adult mental health, newer program models, like supported education (Mowbray, Brown, Furlong-Norman & Saydan, 2002), and supported housing (Ridgway & Rapp, 1997) are being developed. In youth services, positive youth development and resiliency approaches (Bernard, 2002) offer a significant alternative to traditional approaches. Below are some approaches to theory and practice that reflect strengths model thinking and doing.

Resilience. In the fields of developmental psychology and developmental psychopathology in particular, the research has increasingly shown (and this was surprising to early investigators in this field) that many more children than ever imagined rebound from adverse and difficult life circumstances so that, in adulthood, you would not necessarily be able to distinguish between them and their cohorts (Benard, 2004). This is not to say that they do not suffer, that they do not have problems stemming from their difficult past. They do. But it is to say that many of them make conscious life decisions and choices that allow them to walk the path to reasonably effective functioning in their daily lives (Masten, 2001). McLaughlin and Talbert (2003) suggest inner strengths develop and surface as these children and youth confront hardships but are also given a hand by caring adults and teachers, and a context in which they are both safe and challenged to learn and develop.

Health and Wellness. Much of modern medicine seems to be a war against symptoms, pain, discomfort, and the meaning of illness for a given person. More importantly, precious little attention is given to wellness, healing and wholeness. Luckily, there is a rising interest in the possibility of wellness and the transformative potentials of illness (Dossey, 2003). People do seem to have the capacity for healing, even in the midst of crisis. Given half a chance, the body and mind together are, at heart, proactive life-enhancers.

Hope. The interest in the transformative and guiding powers of hope and positive expectations has grown enormously in recent years. Hopefulness, even if only a "positive illusion", is now seen by many as central to successful practice (therapy, counseling, etc,) of all kinds. Hans Strupp (1999) argues that the therapist-client relationship is central to all successful approaches to therapy, and successful ones, among other things, foster hope. There is an abiding sense among strengths-based practitioners that spurring hope is the central dynamic in helping clients change their lives for the better.

Positive psychology. The work of Martin Seligman, Beatrice Wright, Shane J. Lopez, C. R. Snyder and others is dedicated to the proposition that helping others is most productively done by creating a positive, optimistic, and collaborative therapeutic relationship, seeking out the strengths and constructive resources within the client and the environment, and mobilizing those in assisting the individual, family, or community achieve their goals and accomplish their intentions.

Health realization/community empowerment. The results of the work of Roger Mills, and Jack Pransky (1998), building on some of the ideas of Syd Banks, in helping to resurrect dispirited, demoralized and economically distressed communities is nothing short of miraculous. The basic idea seems simple enough—too simple, perhaps--but it has a power that has been amply documented in many communities. This lengthy quote by Roger Mills (1998) says it plainly but compellingly.

> "The residents started to realize that what was keeping them down in life was their thoughts. See, they'd bought the con game. They'd bought the lie. They'd bought the rap that they're supposed to be poor and not be able to do any better—because they're Black, because they dropped out of school, because they started having children when they were thirteen, because they're in public housing and on welfare....They bought into a set of beliefs—but it's just a thought. *It's just a thought!* Everything is created and maintained via thought. That's the simplicity of it. And all they did was let go of that way of thinking, because they started to see it as beliefs as beliefs programmed like a computer, as opposed to reality....If you put a crack in someone's "normal" way of thinking what comes up in its place is common sense." (Pransky, pp. 258-259)

It is clear from this short review of approaches to helping sharing similar appreciations regarding the capacities and resources within and around clients that there is a growing interest in focusing essentially on strengths rather than deficits and problems in assisting clients in creating a better life for themselves, their significant others, and their communities.

SHAPING THE FUTURE

As we sit here today, its hard to envision that strengths-based social work will ever be the dominant mode of practice. The culture in which we are imbedded is overwhelmingly shaded in the perspective and language of problem, deficit, and pathology. There often seems to be a powerful "conspiracy of understanding" between clients and their helpers that maintains the oppression under which they live and "victim" status they adopt.

This pessimistic assessment must be tempered, however, by the recognition of how far

strengths-based approaches have come in the last twenty years. This includes application in a wide-range of fields of practice and in diverse methods form case management to social policy (Chapin, 1995; Rapp, Pettus & Goscha, 2004), and a beginning base of research with promising results. The future will be influenced by how well we are able to address the following.

Gaining Conceptual and Practice Clarity.

One task is to develop a clearer definition of strengths-based practice. Earlier in this article, we tried to define the six core ingredients but many questions remain. How many of these elements are required before the label of strengths-based practice is used? If a practice has three or four of the elements, for example, does it qualify? Should intervention only using one or two core ingredients be described as having "some strengths features"? Can (and should) practice be viewed on a continuum from pathology / problem approaches to purely strengths- based approaches? Much of the clarity we seek is about the precise relationship, in any given case or context, between struggles, challenges, problems, on the one hand, and strengths, competencies and resources, on the other. Such clarity depends importantly on accumulating the clinical wisdom of practitioners, the views of clients, and, as we see below, marshaling programs of inquiry and research.

Building an Empirical Base

It is significant that there has been growth in research on strengths-based approaches and that much of it is promising. Statistically significant differences favoring strengths-based case management include: increasing social support (Macias, Farley, Jackson & Kinney, 1997); lessening the severity of symptoms (Barry, Zeber, Blow & Valenstein, 2003); and more positive employment outcomes (Siegel et al, 1996; Modrcin, Rapp & Poertner, 1988). R. Rapp (2002) found that strengths-based case management increased retention in treatment of substance abusers and thereby decreased drug use and criminal justice involvement, and enhanced employment functioning. Other approaches generally viewed as strengths-based have also found positive results--community development (Mills, 1995; Bernard, 2000), solution-focused therapy (Miller, Duncan & Kebble, 1997), and individual placement and support model of employment services (Becker & Drake, 2003). Having said this, the research is sometimes flawed and far from conclusive, generally suffering from small subject populations, poor descriptions of the independent variable, and varied dependent measures. Other concerns include the confounding of treatment modality and treatment intensity in several studies, and inadequate description of the services received in the control conditions (Staudt, Howard & Drake, 2001).

While the early studies of strengths-based approaches are somewhat promising, mounting programs of research is badly needed. In intervention research, we need to better conceptualize the dependent variable. Is individual client goal attainment, although most compatible with the model's conception, sufficient evidence? How are goals of different magnitude and order analyzed as a collective? Given the model's intent, should measures of hope and self-confidence be used as well as measures such as hospitalization, employment, reduction of substance use etc. Is there a core set of measures relevant to most tests

of strengths-based approaches?

Concerning the independent variable, researchers need to be explicit about the elements of strengths-based practice being employed and systematically monitor the fidelity of implementation. A promising fidelity measure for strengths case management is currently being developed by Rick Goscha and associates at the University of Kansas.

There is also ample room for inquiry more amenable to qualitative research approaches. For example, we know very little about how clients and workers generate options or by what processes clients choose between options. Since hope is such a complex phenomenon (Ridgway, 2004), what are the hope-inducing processes that are used and how are they experienced by clients?

The implementation of evidence-based practices in mental health and human services is poor. In mental health, most clients with severe and persistent mental illness do not receive services based on evidence-based practice (Lehman, Steinwachs, Dixon, Postrado, et al 1998).

The difficulty in diffusing innovations suggests research directed at the problem. What strategies are most effective? What agency conditions are necessary for high fidelity strengths-based practice implementation? What is their necessary attitude or structure or training or supervision?

Imbuing MSW and PhD Curricula.

Clearly there would have to be changes in the standard practice and research curricula at all levels of social work education if the strengths perspective is to gain a foothold in the thinking and doing of educators and would-be practitioners. This requires a coordinated effort in the development and dissemination of educational materials that would encourage the inclusion of strengths model thinking and practices in the standard curricula in practice, policy, research and human behavior. A key here would be helping educators to incorporate such knowledge within the curriculum they already teach. There are increasing numbers of textbooks in human behavior and social work practice that do have the strengths perspective as an important part of their conceptual frameworks (for example, Krogsrud-Miley et al., 2004). Generally, most textbooks incorporate the strengths approach as one of many approaches (ecological, solution-focused, empowerment, etc,.) to social work practice and its theoretical and conceptual foundations (e.g., Compton & Galloway, 2005) but few have the strengths model as the base of their conceptual scaffolding.

The key, however, is to assure that educators have been exposed, in practice and their education, at professional conferences and workshops, and in the professional literature to the strengths perspective. This requires, among other things, that there is a substantial core of researchers and practitioners, academicians and administrators who are conversant with, and teach, do research and practice guided by strengths concepts, principle and methods. The Council on Social Work Education includes in its most current Educational Policy and Accreditation Standards (2001) the following statement regarding the content of foundation social work practice classes, "Social work practice content is anchored in the purposes of the social work profession and focuses on strengths, capacities, and resources

of client systems in relation to their broader environments." (p. 11)

Creating an Institute for Strengths-based Social Work Practice, Teaching, and Inquiry

The purposes of a strengths institute would be manifold. What follows is a brief description and forecast of some of them. The overall purpose of this institute would be to foster the continuing conceptual and practical development of the principles and practices of the strengths perspective. The institute would sponsor and carry out research on the effectiveness of the strengths model with a variety of different consumer populations. Part of such inquiry would be based on a comparative effectiveness model with other theories and methods of practice. Such an institute would investigate and develop the further expansion, on the basis of conceptual advances and these inquiries, of the use of the strengths perspective with groups, families, and communities.

Such an institute would issue reports of these developments for publication in journals, for use by agencies and practitioners, and for dissemination to other organizations involved in strengths-based and related approaches to research and practice (e.g., resilience, positive psychology). The institute would also dedicate itself to the continuing articulation of research and inquiry actually conducted on the basis of strengths principles.

The institute would offer workshops, seminars, consultation, and classes on various aspects of the strengths-based practice for students, practitioners, administrators, and faculty. Seminars and workshops on the design of practice curricula using the strengths perspective for faculty in BSW, MSW, and Ph.D. programs in social work, and related professions and disciplines would be offered. In addition, the institute could prepare and offer monographs on the development and articulation of the strengths model in classroom curricula, field placements, and faculty development.

Among other things, an institute could provide a variety of materials—monographs, tracts, videos, articles, etc.—to schools, agencies, practitioners, administrators, researchers—who want to become more knowledgeable about the strengths model and how to employ and apply its principles and practices.

Finally, an institute would be essential in the development of annual conferences (local, national, and international) designed to promote, extend, revise, and evaluate the strengths approach, and in sharing actual practices in a array of fields—from child welfare to aging, from juvenile justice to mental health.

CONCLUSION

In our view, perhaps clouded a bit by assumptions and biases, the future of the strengths approach to case management and, perhaps clinical practice as well, seems, if not robust, at least promising. Of course, its growth and development depends, as it must, on a number of factors including further conceptual and practical development, a more robust program of inquiry and evaluation, and increasing acceptance in the practice and pedagogical communities. Naturally, these are interdependent. Given our experience with the strengths-based approach, we see its worth, the positive impact it has on clients, practitioners, and students. Given these, we can only feel hopeful.

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