



OXFORD JOURNALS
OXFORD UNIVERSITY PRESS

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Source: *Social Work*, Vol. 45, No. 2 (March 2000), pp. 118-130

Published by: Oxford University Press

Stable URL: <https://www.jstor.org/stable/23718698>

Accessed: 01-04-2020 07:05 UTC

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Valuing Families: Social Work Practice with Families from a Strengths Perspective

Theresa J. Early and Linnea F. GlenMaye

Social work and social workers have long been concerned with families. Historically, most approaches to social work with families have focused on individual pathology and problem solving or have considered problems of a family member to be symptoms of family dysfunction. In contrast, other approaches to social work have focused on growth, function, and healing. This article describes both problem-focused and growth-focused approaches to practice and presents a strengths approach to practice that values families and builds resilience. Assumptions of the strengths approach are discussed and applied to work with families through a case example.

Keywords: *constructivist; empowerment; resilience; social work history; strengths*

Families are described as the primary “social service agency in meeting the social, educational, and health care needs” of members (Hartman, 1981, p. 10). Structure and membership vary across families and within families over time. Families encounter many challenges in maintaining themselves and fulfilling their child-rearing role. Many are troubled by poverty, homelessness, crime, and drugs. They face challenges that produce distress, including unemployment, illness, and changing demands of society. Although families face a seemingly endless supply of challenges, they also have resources, knowledge, skills, and competence to call on in times of distress. Rhetoric about “family values” is of no help to families who face real-life dilemmas, but valuing families through recognizing and building on their strengths can assist families in improving their

lives. The strengths approach to social work practice is an approach that values families.

Contribution of This Study

The strengths approach has been described for a variety of populations and presenting issues (see Rapp, 1998; Saleebey, 1992, 1997c; Tice & Perkins, 1996). However, few authors have applied the strengths perspective to practice with families. A few exceptions include a description of a strengths assessment process with families guided by a family systems model (Ronnau & Poertner, 1993); an exploration of issues involved in a strengths approach to family therapy with lesbian and gay families (Laird, 1996); and program examples targeting particular populations of families such as Native American families (Ronnau & Shannon, 1990), remarried families (Duncan & Brown, 1992),

and families with children with emotional disabilities (Poertner & Ronnau, 1992; Ronnau, 1995; Werrbach, 1996). Werrbach's study, for example, was an empirical attempt to "characterize the elements of family-strengths-based practice" (p. 225) with families with children with emotional disorders. However, the most recent version of the definitive work, *The Strengths Perspective in Social Work Practice* (Saleebey, 1997c), did not discuss applying the perspective in practice with families, although one section of the book offers several examples of such practice with individuals. In fact, there is no index entry in this work for "family." As working with families is critical in social work practice and families are more than a collection of individuals, further analysis of the use of the strengths perspective with families in general is needed. This article goes beyond the existing literature by providing a conceptual and integrative model for strengths-based practice with families in general, one that draws on the historical and philosophical roots of the profession as well as on relevant findings from interdisciplinary sources. In so doing, we have attempted, as Boyer (1990) suggested, to explore "the boundaries where fields converge" (p. 19)—to bring together disparate streams of knowledge—and through this conceptual integration, to illuminate and clarify how the strengths approach can be applied to practice situations with real families.

In the strengths perspective the environment is prominent as both resource and target of intervention. For instance, Sullivan (1992) described the community as a helping environment for adults with serious mental illness, and Taylor (1997) articulated "enabling niches," borrowing from the field of biological ecology. As described earlier, the family is a primary environment for a child. The strengths approach uses concepts of resilience and the family as environment to assist families in their important roles.

The Strengths Perspective

Underlying Assumptions

Like other humanist approaches, the strengths perspective assumes a basic assumption of the

strengths approach: In line with humanist approaches to social work is that humans have the capacity for growth and change. This "life force" (Weick, 1992), or "the human power" (Smalley, 1967), is the drive that continually transforms and heals. Because families share many of the qualities of individuals, they also have the capacity to grow, change, and adapt.

Individuals and families all have many capabilities, abilities, and strengths. People who seek help with problems are more than the problem. Each person has a range of experiences, characteristics, and roles, which contribute to who the person is (Saleebey, 1997a; Weick, Rapp, Sullivan, & Kisthardt, 1989). Families have traditions, rituals, and the combined capabilities of family members. Families also share the strengths of other systems in which they are embedded, such as extended family and neighborhood. From an empowerment perspective this means that families already are competent or they have the capacity to become competent (Dunst, Trivette, & Deal, 1994). The strengths approach attempts to understand clients in terms of their strengths. This involves systematically examining survival skills, abilities, knowledge, resources, and desires that can be used in some way to help meet client goals.

Another assumption underlying the strengths approach is that people also have knowledge that is important in defining their situations—the problematic aspects as well as potential and actual solutions. For the most part our clients manage to survive, sometimes against great challenges. Clients' knowledge about how they have managed so far can be useful in building their future. Furthermore, acknowledging a client's resourcefulness and perseverance in managing a difficult situation is an opportunity for a social worker to affirm the client's capabilities. Social workers practicing from a strengths approach encourage clients to define and ascribe meaning to their own situations. Listening to and accepting the client's definition honors the client's "expertness" and internal knowledge of the situation (Weick, 1983; Weick & Pope, 1988).

Consumers of social work services often are oppressed by society and abused by other people. Keeping in mind the strengths necessary

to struggle against oppression offers clues about client capabilities that the social worker should validate and build on (Gutiérrez, 1990). For example, when working with women who have been battered, social workers should identify the internal and external resources used to survive violence. A strength is whatever enabled a woman to begin to take control of her life.

Furthermore, another fundamental assumption of the strengths perspective is the idea that human beings are resilient. *Resilience* means that humans often survive and thrive despite risk factors for various types of problems and dysfunction. A growing body of research documents resilience (Anthony & Cohler, 1987; Garmezy, 1993; Haggerty, Sherrod, Garmezy, & Rutter, 1994). For instance, characteristics of resilient children include:

- social competence—the ability to elicit positive responses from others, flexibility, adaptability, empathy, having good communication skills and sense of humor; problem-solving skills
- autonomy—a strong sense of independence, internal locus of control, self-efficacy
- sense of purpose and future—healthy expectancies, goal directedness, success orientation, educational aspirations, persistence (Benard, 1997). Research has uncovered various individual, family, and community protective factors that may increase resilience, and strengths practice attempts to manipulate these factors. Protective factors for children include positive temperament, a supportive family situation, and external support that reinforces the child's coping efforts and instills positive values (Garmezy, 1985). Protective factors identified within school environments include caring and support, high expectations of achievement, and youth participation and involvement (Benard).

Methods of the Strengths Approach

A major focus in practice from the strengths approach is collaboration and partnership between social workers and clients. Collaboration begins with the client sharing her or his definition of the situation, outcomes desired, and

ideas about how to pursue the goal and produce the outcome. The client's vision for his or her life forms the basis for goals and activities to meet the goals. This is not to say that clients always (or even usually) know what to do to improve their lives or relieve their distress. If that were the case, they would not involve themselves with a social worker. However, clients usually do have some vision of how their lives will be when their situation is improved. Helping families discover this vision is one step toward improved functioning. As Dunst et al. (1994) noted, failure of a family to display competence is not because of a deficit within the individual or family, but rather a failure of the wider social system to create opportunities for competencies to be displayed or learned. Practice from the strengths perspective, then, consists of creating opportunities for competencies to be learned or displayed.

Other methods used include environmental modification and advocacy. Environmental modification may take the form of educating other people in the client's environment. It might also take the form of helping clients develop self-advocacy, living, or coping skills (Hashimi, 1981). Many clients have been negatively labeled, and may have "become" the label in the eyes of other professionals, relatives, neighbors, employers, or the public at large. Education and advocacy that presents a more complete picture of a person or family, with capabilities as well as problems, may challenge the stereotype others have of a welfare recipient, a person with mental illness, or a child with a behavior disorder. This may influence the environment to be more accepting and helpful (Sullivan, 1992).

Roles of Social Worker and Client

As noted, collaboration between the social worker and the client is a key method of the strengths approach. The social worker and the family form a partnership in defining problems, goals, strategies, and success. Families also are partners in the intervention in that they are actors on their own behalf; therefore, the social worker does not have the total responsibility for making things better. Together the social worker and family members take action, access

resources, learn skills, and practice behaviors that they have collaboratively decided will improve the family's life. For family members to be empowered, they must be able to attribute change at least in part to their own actions (Dunst et al., 1994).

Major Historical Developments in Social Work

Social Work with Families

During the history of social work practice, several approaches to casework were developed and used with families. These approaches, although differing significantly in theoretical assumptions and practice techniques, tended to be unified in their focus on problems, deficits, and pathologies, as the following brief history illustrates.

From Charity Organization Societies to Social Casework. During the mass immigration and upheaval of the Industrial Revolution of the late 19th century, charity organization societies operated in the large cities to respond to families in need. Volunteers called "friendly visitors" went into homes to investigate the circumstances of those who applied for assistance and to serve as a moral influence to improve the family. The purpose was to make "almsgiving scientific, efficient, and preventive" (Germain, 1970, p. 8). Bartlett (1970) described early trends in social work in which "social workers perceived their role as that of calling attention to the problem, rousing the public conscience, speaking for the people involved and stimulating their participation, offering evidence as to the nature of their needs, and advocating appropriate preventive or corrective measures" (p. 21). The drive for careful documentation of problems was furthered by Mary Richmond (1917) in *Social Diagnosis*, in which she called for exhaustive collection and weighing of facts as the vehicle for uncovering the cause of problems and their concomitant cure. The focus of this approach was on discovering deficiency, defects, and inadequacy. Thus, casework as originally conceived was a problem-solving process using a disease metaphor (Germain, 1970), perhaps in keeping with the public health movement of the time.

Diagnostic Social Work. The adoption of Freudian ideas in social casework, psychoanalytic techniques, and such movements as mental hygiene and child guidance define the era of diagnostic social casework (Germain, 1970; Petr & Spano, 1990). The emphasis of the diagnostic approach was on solving problems within the psyche that were presumed to have manifestations in behavior and relationships. Early on in child guidance clinics, for example, work with parents focused on change through education; later, mothers' personality difficulties became targets for change (Hartman & Laird, 1983). The diagnostic approach, through its emphasis on diagnosis and uncovering of complex psychological phenomena, reified the role of expert in social work practice (Weick & Chamberlain, 1997; see also Weick, 1983, for further implications of the medical model).

Psychosocial Approach. This approach, begun in the 1930s, continued a Freudian emphasis on individual functioning and on the necessity of diagnostically oriented assessment of deficits in the individual and in the environment (Hollis, 1970). The concern of this approach shifted from individual neurosis to character disorders, and more recently, to "multiproblem" families (McBroom, 1970). What has remained consistent in this approach is an intervention based on "understanding of each part of the personal and social systems involved in the client's trouble" (Hollis, 1970, p. 72).

Problem Solving. The problem-solving approach viewed problems as part of the human condition. The major thesis of "living is a problem-solving process" (Perlman, 1970, p. 133) had the effect of normalizing problems. The goal of this approach was not psychological change but rather to enhance problem-solving capacities. The historical trend of focusing on deficits continued in this approach, with its basic assumption that inability to cope with problems was due to one or more of three deficits: "the *motivation* to work on the problem in appropriate ways; the *capacity* to work on the problem in appropriate ways; the *opportunity*, whether of ways or means, to meet or mitigate the problem" (Perlman, 1970, p. 135; emphasis in original).

Family Therapy. In the 1950s some practitioners placed an emphasis on developing a theory of family diagnosis (Bartlett, 1970). However, the tools available, individually oriented psychoanalytic concepts, limited the effort. Those searching for ways to diagnose and treat families also made use of ego psychology and family concepts (Germain, 1970). Finding individually oriented concepts insufficient to explain family functioning, social workers began increasingly to draw on systems theory (Germain, 1968; Hearn, 1958, 1969; Meyer, 1970). Systems theory provided a framework for analyzing and organizing data about families. For instance, Hartman and Laird (1983) used systems theory to conceptualize "the person-family constellation in its life space and for focusing on the transactions between the person or family and the social environment" (p. 61). Practice models in which the family and its dysfunctional transactions are the focus, ranging from family therapy to family preservation programs (see, for example, Wells & Biegel, 1992), rely on systems theory. The family-centered social work practice model developed by Hartman and Laird (1983) also maintains an emphasis on problems as "lacks or deficits in the environment, as dysfunctional transactions between systems, as adaptive strategies, or as results of interrupted growth and development rather than as disease processes located within the individual" (p. 72).

Philosophical Developments in Social Work

Although the focus of social work throughout its history was primarily client problems and deficits, prominent examples of other foci also existed. For example, the functional approach, developed by Virginia Robinson, Jesse Taft, and the University of Pennsylvania School of Social Work in the 1930s, was centered on a psychology of growth and was distinctly different from the other major approach of that period, the diagnostic school, which was based on Mary Richmond's traditional formulations emphasizing metaphors of illness and locating the center of change in the social worker (Goldstein, 1973). The functional approach saw change as centered in the client rather than the social worker, and a client-social worker relationship

process in which the client's own power for growth and choice was released (Smalley, 1970). In contrast to the expert role adopted by the diagnostic school of practice, within the functional approach, the social worker entered into the helping relationship "with avowed lack of knowledge of how it would all turn out. . . . only client and worker together would discover what the client could do with the help offered" (p. 80). The functional approach was based in large part on philosophical perspectives emphasizing human purposive action, self-actualization, human potential, and other existentialist understandings of human development which tended to view human beings in terms of complexity and potential. The diagnostic approach, in contrast, was based on deterministic formulations of behavior in which causal events needed to be discovered and understood before adjustment could occur (Goldstein, 1973). The social worker's expert knowledge was used to diagnose and describe behaviors and causes. Functionalism contributed a major and lasting reconceptualization of the helping process by underscoring the fundamental importance of the relationship between client and worker (Goldstein, 1973; see also Gordon Hamilton's acknowledgment of the contribution of functionalism to the concept of relationship in her book *Theory and Practice of Social Case Work*, published in 1940). The diagnostic approach and the functionalist approach are representative of a basic split in philosophical perspective that has informed social work practice since the beginning of the profession (Goldstein, 1973).

Functionalism, with an emphasis on phenomena as processes, the concept of wholeness, relationship, and human potential, is part of a philosophical thread that winds its way through one major aspect of the social work profession—the abiding presence of schools of thought advocating for social change, social justice, and the search for meaning and purpose in human endeavors. The other major aspect of social work has focused on treatment and cure, and problem identification and problem solving. This dichotomy of practice perspectives is based on a similar bifurcation of philosophical perspective that has been conceptualized in many ways, including a dichotomy of subjectivist

versus objectivist (Greene, 1994; May, 1969). The objectivist position, with its focus on pathogens, determinism, universalizing theories of human behavior, and diagnosis, informs the problem-based approaches of traditional casework. The subjectivist standpoint emphasizes the complexity and uniqueness of human beings, the creation of self and choices, and understanding through the search for meaning. Subjectivist perspectives supported the functional approach and today provide the philosophical underpinnings for the social justice-oriented approaches, such as socialist, feminist, constructivist, empowerment, and strengths approaches to practice. Space does not permit a full explication of the similarities and differences among subjectivist orientations, as, for instance, the difference between empowerment approaches and strengths approaches, or the differences between a constructivist versus a feminist approach. These approaches share similar values orientations regarding the sharing of power between client and worker (Gutiérrez, 1990), emphasis on process and praxis (Bricker-Jenkins & Hooyman, 1986), and a belief in the potential competence and inherent worth of all human beings (Cox & Parsons, 1994). The strengths approach, with its emphasis on growth and change, collaborative relationship, and the center of change located in the client, has as its foundation a subjectivist understanding of human behavior and purpose.

Two other current movements that share common assumptions and goals with the strengths perspective are the early intervention "family support" movement based on empowerment principles (Dunst et al., 1994) and "resilience-based practice" (Fraser & Galinsky, 1997).

Strengths versus Problems: A Brief Comparison

One of the major differences between the problem-solving and strengths approaches is the effort expended in defining the problem. For example, in the Compton and Galaway (1984) outline of the problem-solving approach, about half the intervention consisted of identifying or evaluating the problem. A social worker using the strengths approach will spend little time try-

ing to understand what caused the problem or trying to name it. Instead, the social worker will focus on identifying or uncovering strengths, recognizing that a problem- and deficit-focus may create a mindset that is an obstacle to looking at positives and assets of client functioning. As Gordon Hamilton (1923) wrote, "Case workers find such facts as they are ready for and understand already" (p. 113). Although the focus is on strengths, problems are not ignored in the strengths approach. They have a minor role as a catalyst, in that families seek social work services when they have problems or difficulties.

Social workers using many approaches to practice often attempt to identify client strengths and may reframe things in a positive way. In fact, the assessment process in longstanding practice approaches includes looking for strengths (Gambrell, 1997). Thus, many social workers using traditional approaches may assume that the strengths approach is no different from what they already are doing with clients. However, the strengths approach is more than positive reframing and identifying strengths. It is a consistent focus on identifying client strengths and resources and mobilizing resources that directly or indirectly improve the problem situation (Saleebey, 1997b). These resources may include adults in a child's life who can help the child develop social competence, skills of various family members that enable family needs to be met, and relationships with extended family or friends that provide positive role models. Table 1 provides a contrast between the strengths approach and a traditional problem-solving approach, as discussed by Compton and Galaway (1984).

Resilience-Building Strategies in the Strengths Approach

As Fraser and Galinsky (1997) pointed out, "resilience-based" practice ideally has two foci: to reduce risk and to strengthen protective factors. A strengths approach to social work practice with families may have either (or both) of these foci. However, the approach described in this article is focused primarily on strengthening protective factors, which Fraser (1997) defined as "internal and external forces that help [individuals] resist or ameliorate risk" (p. 3). Building

Table 1

Comparison of Major Foci of Problem-Solving and Strengths Approaches

Helping Process	Problem-Solving Approach	Strengths Approach
Initial contact	Identifying and defining the problem. Client, social worker, significant systems contribute to the definition of the problem.	Defining client's vision and hopes for the future. Definition of vision and hopes originates with client.
Goal identification	Stated in terms of client's and social worker's solutions to the problem and the agency's role in facilitating a solution. Goals are bounded by the role and structure of the agency and the capacity of the client. Social worker brings "reality" to the process.	Positively stated in terms of the client's vision and according to client's definition and meaning of the situation. Goals are bounded by the creativity of the client and worker. Social worker elicits strengths and hidden capacities and fosters creative thinking.
Assessment	Problem-based identification of client's needs and factors contributing to the problem. Assessment includes resources and strengths, but primary focus is on identifying and targeting the most critical contributing factors to the problem.	Strengths assessment focusing on identifying what client is doing to make things better, what works, what will facilitate the continuation of desired behaviors and situations. Primary focus of assessment is on what client is doing "right" in relation to goals and vision.
Intervention	Mutually chosen, but based on reasonable and feasible goals. Focus on choosing among alternative solutions to the problem, with consideration of possible barriers to solutions, agency contingencies, and worker expertise.	Mutual strategizing around building on strengths, skills, knowledge, desires toward client-defined goals. Collaborative exploration of strategies with focus on identifying internal, external, created, and naturally occurring resources.
Evaluation bases	Goal attainment based on whether problem has been solved or decreased from an objectivist standpoint.	Goal attainment as continuously defined and redefined by client from a subjectivist standpoint.

on research that has identified characteristics of resilient children and protective factors in the environment, a strengths approach with families will undertake efforts to promote resilience using the following strategies.

Building on the Family's Strengths and Intrinsic Motivations to Meet Needs and Reach Goals

Strengths include survivor's pride, hope for the future, the ability to understand another's needs and perspectives, and the ability to identify and make choices about individual and family goals. To practice from a strengths approach, social workers must have a means for identifying strengths, or a strengths assessment. A strengths assessment asks the question, What kind of life

does the client want? and focuses on the client's capabilities and aspirations in all areas of life functioning (Ronnau & Poertner, 1993; Weick et al., 1989). The strengths assessment may be carried out through conversations with the individual or family, for the social worker to hear the client's story about how they have survived so far, what they want, and how they think things are going in various areas of life. Strengths may include psychological, physiological, and environmental strengths (Cowger, 1997).

Working Collaboratively to Identify Strengths and Goals

Families are experts on their lives, their strengths, resources, and capacities; the social

worker, as Saleebey (1997a) said, helps to create the dialogue of strength. The methods of solution-focused therapy (De Jong & Miller, 1995; de Shazer, 1991) may be helpful in creating the dialogue of strength. Using this approach the social worker assumes that the family already is doing something to better their situation, and it is the social worker's job to help the family continue in that vein. It is not important that the client or the social worker understand the dynamics of the problem or the solution. What is important is to ensure that conditions remain such that the solution continues and intensifies. Rather than define the problem, solution-focused efforts are expended in two ways: (1) helping the family to see what they already are doing right ("when the problem is not a problem") and (2) helping the family create a vision of how life will be when they no longer "have" the problem (de Shazer, 1991). These techniques from solution-focused interventions can be used to begin to elicit strengths, as whatever the family is doing to help the situation is a strength, as is the ability to articulate a vision of the future.

Enhancing Family Participation and Involvement

Activities with families should support family and child coping efforts, through such mechanisms as acknowledging existing coping skills to build better survival skills. Involvement is related to a sense of belonging, an important component of social bonding (Hawkins, Catalano, & Miller, 1992). Soliciting and listening to personal and family stories and narratives (Saleebey, 1997b) can be an important component of efforts to promote involvement.

Modeling High Expectations

The social worker demonstrates the principles of the strengths approach through having high expectations for family participation, involvement, and success. This creates a climate of optimism, hope, and possibility. Hopps, Pinderhughes, and Shankar (1995) found this strategy to be highly effective in obtaining successful outcomes for families affected by transgenerational poverty and described practitioners "who in their practice expose clients to

high goals and expect them to rise to the occasion" (p. 3).

Reflecting the inner strengths of people and families is part of modeling high expectations. The reflection process is related to the concept of admiration described by Freire (1985), which he said is fundamental to understanding anything and any person. A search through the dictionary reveals that the root of the word "admiration" is the same as the root word for "mirror." In a sense, then, in the process of admiring another, we hold up a mirror so that the inner strength of that person is revealed. This process of admiration is an act that empowers another through the other person's glimpse, defined as a brief, sudden shining of their own true strength and self. Interestingly, the word "glimpse" comes from the same root as the word "gleam," which means a brief manifestation, often within the context of hope or understanding (GlenMaye, 1998).

An Illustration of the Strengths Approach with a Family

An example from actual practice will illustrate a number of the points and issues we have raised. The names used in the case example and other potentially identifying information have been changed to preserve privacy and confidentiality.

Case Example

Deanna Wilson and her son Andy became clients of a social worker employed by a children's residential treatment center. When the social worker first met Deanna, Deanna was living on a small amount of alimony and food stamps. She was overwhelmed with a variety of issues and had not worked outside the home since Andy was very young. Andy's problems had apparently begun in infancy, and by the time he was 10 years old, his violent outbursts became too much for his mother to handle. A school-recommended evaluation at the mental health center led to Andy's placement in a residential treatment center. An experimental aspect of the treatment center was strengths-based case management by a social worker to facilitate reintegration into the family after treatment.

The first task of the social worker was to explore with Andy and Deanna their vision of

how they wanted their family life to be. They talked of their mutual wish to be together and for Andy to be able to manage his anger. Clearly, the behavior that had resulted from Andy's anger was a problem, but the social worker's assessment focused on strengths of Deanna and Andy individually, as well as of the two of them as a family. The social worker helped identify a number of strengths for the family to build on to facilitate successfully Andy's return home and to sustain an environment that would foster resilience and continuing efforts toward improvement. Family strengths included their hope for a future together and the ability to conceptualize and make choices about their personal and family goals (intrinsic motivation). Individual strengths included Deanna's prior work experience and her ability to provide a comforting home environment, as well as Andy's artistic ability (drawing) and sense of humor.

The social worker and the family developed a set of specific goals together using questions that targeted the aspirations of both mother and son. The goals outlined steps to get the resources Deanna identified she needed to care for Andy at home and to help Andy develop the age-appropriate independent living skills he needed. The steps included Deanna completing various tasks; the social worker providing information, completing tasks, role-playing situations with Deanna and Andy; and Andy completing various tasks and practicing certain behaviors. In the process of setting goals, the social worker took advantage of the opportunity to model high expectations of what the family could accomplish and to reflect her appreciation of the family's strengths.

The social worker met weekly with Deanna and Andy, sometimes separately and sometimes together, at home or at various other locations, depending on what activities were planned. The meetings were informal and consisted of talking about the family's aspirations as well as working together to complete tasks such as moving Andy's bed to a different room in the house or enrolling him in school. While they worked together on tasks, the conversation often centered on how the family's situation was improving and the family's growing repertoire of strengths.

Part of each meeting was devoted to reviewing goals set, goals accomplished, and goals that needed to be revised. Deanna posted them on the refrigerator. She said it was a great feeling to see the goals that had been accomplished (development of a success orientation), in contrast to working with other services (school, for instance) where all she heard about was the problems Andy was having. The goals were things Deanna and Andy agreed to and had suggested, but the specific language of the goals was developed through dialogue with the social worker, who helped them state their goals in a way that stressed the development of existing strengths.

The first goal they collaboratively chose to work on was in the area of enhancing family involvement. The social worker and Deanna talked about various potential sources of social support such as extended family and friends. Here the social worker followed Deanna's lead about family members she would feel comfortable in asking for support or exposing Andy to. Deanna recalled that her younger brother used to spend time with her two sons (Andy had an older brother who now lived out of state), although not since she and her parents had a major falling-out a year or so earlier. After she talked about this with the social worker, she decided to call her brother just to catch up. She discovered that he missed his nephews, and he asked to take Andy to the zoo. Soon, her brother was planning fishing trips and other activities with Andy every couple of weeks. Reconnecting with Andy's uncle played a part in meeting two general goals—having someone else supervise Andy at times to allow Deanna to work on her own personal goals and Andy having a chance to engage in activities where he felt happy, not angry (in response to the question, "What kinds of activities make you feel happy?" Answer: "fishing"). Natural resources such as this were sought first before formal resources such as other services were considered.

The strategies used in many cases mirrored the use of traditional interventions, but were tailored for a strengths approach. For instance, in response to questions about what had worked in the past to manage anger (because managing Andy's anger was part of the family's vision for the future), Andy said the consequences

he received for outbursts at the treatment center gave him a reason to not act out. Based on this information from Andy, the family developed an explicit system of rewarding Andy's appropriate behavior. One session with Deanna, Andy, and the social worker was spent developing a point system and making a chart to track the points. This system was focused on the goal of preparing for Andy's return home [Question "what will need to happen for this (return home) to be successful?" Mom: "Andy will need to be more cooperative so that we don't get into fights where both of us get angry and Andy loses it"; Andy: "I need to keep doing the things that make my mom proud of me" (facilitating admiration)]. Deanna and the social worker were modeling their high expectations that Andy would be able to manage his behavior and they set up reinforcement to reward him for it.

A dormant strength uncovered was Deanna's training as a nurse 15 years earlier. She really had thought, all these years, that it was of no use to her, because she was no longer licensed. The social worker helped find out what Deanna needed to do to update her certification. Deanna enrolled in a 12-week refresher course and asked her brother to stay with Andy the evenings she attended class. The initial goal was exploring employment options, a later goal was bringing her credentials up to date, and the ultimate goal was obtaining employment, which was met when Deanna was hired to work part-time days in a doctor's office. This sequence boosted her self-confidence as well as her income.

An evaluation, conducted 12 months after the first meeting, showed that Deanna felt much more in control of her life and her son's life. She had become a very effective educational advocate for her son. She attended individual education program conferences with Andy's teachers and garnered their cooperation in planning time each day for Andy to spend drawing, an activity that helped him concentrate on his other work. (This daily activity that played to a strength of Andy's is an example of environmental modification, one way in which strengths are used.) She was able to have Andy's academic progress closely assessed and, by her choice, in a perhaps controversial decision, he

was held back in subjects in which he had not mastered the material—quite against the school district policy regarding students with disabilities. The high expectations demonstrated in this decision, although certainly not appropriate in every case, seemed to help Andy achieve his appropriate grade level in several subjects and above grade level in several others.

These experiences created expectancies that the family could determine what they needed and that they could get systems to respond to them. Careful planning and rehearsal was necessary at first, but then self-advocacy skills developed and increased, and Deanna was empowered to take over much of the function that the social worker had provided.

Conclusion

As illustrated in the case example, the social worker, using a strengths approach, helped the family identify resources for coping, but much more, she helped them use existing strengths to sustain hope and a sense of purpose by setting and achieving goals in line with their personal aspirations, capabilities, and visions of a possible life. This approach to practice is not entirely new; however, it is still in early stages of implementation. What we have attempted here is an articulation of the philosophical and historical base of the approach and a description of its application. The case example provides anecdotal information from a client about the effectiveness of the approach. As with many social work interventions, research is needed to document the difference that this practice approach makes for families. However, with its philosophical basis in human potential and emphasis on positive attributes of people and families, the strengths approach can lead to social work interventions that are consistent with the current research on resilience and that build on the existing capabilities and resourcefulness of families. ■

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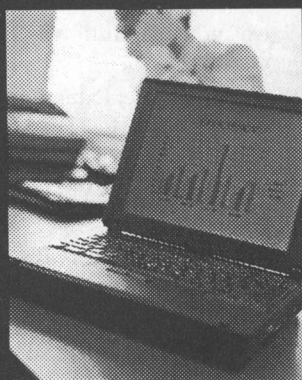
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Original manuscript received January 7, 1998

Final revision received August 13, 1998

Accepted December 3, 1998



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