insights

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strengths-based approaches for working with individuals

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Key points

- Strengths-based approaches value the capacity, skills, knowledge, connections and potential in individuals and communities.

- Focusing on strengths does not mean ignoring challenges, or spinning struggles into strengths.

- Practitioners working in this way have to work in collaboration - helping people to do things for themselves. In this way, people can become co-producers of support, not passive consumers of support.

- The evidence for strengths-based approaches is difficult to synthesise because of the different populations and problem areas that are examined in the literature.

- The strengths approach to practice has broad applicability across a number of practice settings and a wide range of populations.

- There is some evidence to suggest that strengths-based approaches can improve retention in treatment programmes for those who misuse substances.

- There is also evidence that use of a strengths-based approach can improve social networks and enhance well-being.

Why strengths-based practice, and why now?

With the growing focus on self-directed support (Scottish Government, 2010a), self-management of illness and long term conditions (Scottish Government, 2008a), and working together to achieve better outcomes (Christie, 2011), there is increasing interest in identifying and building on the strengths and capacities of those supported by services, as a means to help them resolve problems and deliver their own solutions. Strengths-based approaches concentrate on the inherent strengths of individuals, families, groups and organisations, deploying personal strengths to aid recovery and empowerment. In essence, to focus on health and well-being is to embrace an asset-based approach where the goal is to promote the positive.

Many are of the view that use of strengths-based approaches will be instrumental in successfully shifting the balance of care, and develop services that are focused on prevention and independence (Scottish Government, 2010b). This will challenge social services' historical focus on clients' deficiencies to a focus on possibilities and solutions (Saleebey, 2006). In effect, the strengths perspective is the social work equivalent of Antonovsky's salutogenesis which highlights the factors that create and support human health rather than those that cause disease (Antonovsky, 1987). Both emphasise the origins of strength and resilience and argue against the dominance of a problem-focused perspective.

Often, in traditional practice, the patient or client's role is often no more than the repository of the disease or the holder of the diagnosis: their personal characteristics or individual decisions are rarely considered, except where these support diagnosis (eg Type A personality in cardiac care) or impede treatment (eg non-adherence to medication) (Badenoch, 2006). Research by Hook and Andrews (2005) suggests that a person seeking support contributes as much to the chances of a successful outcome in an intervention as either the practitioner or their technique. Therefore, personal factors may predict more of the outcome than therapeutic rapport and intervention combined. This furthers the argument for routinely considering the individual's contribution (strengths) to the effectiveness of therapies, rather than treating the person as a passive recipient.

What is strengths-based practice?

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and being supported, as well as the elements that the person seeking support brings to the process (Miller, Duncan and Hubble, 2001). Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services (Morgan and Ziglio, 2007).

Some researchers have criticised strengths-based approaches citing that they are not in fact new or different from many other traditional approaches (McMillen, Morris and Sherraden, 2004) and that they are not based on evidence of efficacy (Staudt, Howard and Drake, 2001). Indeed, as interest has grown in this perspective, members of different disciplines in the sector are trying more positive approaches and using different words to describe it. For example, in mental health there is a strong focus on recovery and positive psychology – an inherently strengths-based perspective (Petersen and Seligman, 2004). In community development, the term 'asset-based' is used to describe communities as areas of potential rather than areas that are lacking (Kretzmann and McKnight, 1993). Prevention practitioners use words such as 'resilience' to describe an individual's ability to function well and achieve goals despite overbearing stresses or challenges.

For practitioners, these differences in terminology can often lead to confusion and misunderstanding. Indeed, even if people understand the approach, it does not mean that they will necessarily feel happy or confident in applying it in practice. Rapp, Saleebey and Sullivan (2008) offer six standards for judging what constitutes a strengths-based approach. Practitioners may like to use the following list to consider their own practice. The standards include:

1. **Goal orientation:** Strengths-based practice is goal oriented. The central and most crucial element of any approach is the extent to which people themselves set goals they would like to achieve in their lives.

2. **Strengths assessment:** The primary focus is not on problems or deficits, and the individual is supported to recognise the inherent resources they have at their disposal which they can use to counteract any difficulty or condition.

3. **Resources from the environment:** Strengths proponents believe that in every environment there are individuals, associations, groups and institutions who have something to give, that others may find useful, and that it may be the practitioner's role to enable links to these resources.

4. **Explicit methods are used for identifying client and environmental strengths for goal attainment:** These methods will be different for each of the strengths-based approaches. For example, in solution-focused therapy clients will be assisted to set goals before the identification of strengths, whilst in strengths-based case management, individuals will go through a specific 'strengths assessment'.

5. **The relationship is hope-inducing:** A strengths-based approach aims to increase the hopefulness of the client. Further, hope can be realised through strengthened relationships with people, communities and culture.

6. **Meaningful choice:** Strengths proponents highlight a collaborative stance where people are experts in their own lives and the practitioner's role is to increase and explain choices and encourage people to make their own decisions and informed choices.

Different types of approaches

Strengths-based approaches can work on a number of different levels – from individuals, associations and organisations right through to communities (Foot and Hopkins, 2010). There are rapidly burgeoning methods of practice being developed that are related to, and build upon, the fundamental building blocks of the strengths perspective. Some of these methods can and will be used alongside others, and some may be used in isolation. The focus of this insight is to better understand the use of a strengths perspective for transforming relationships between practitioners and people who are supported by services. The Insight will provide an overview of the evidence of the methods that align most closely to this focus, and will present selected illustrative examples.

Solution Focused Therapy (SFT) focuses on what people want to achieve rather than on the problem(s) that made them seek help. Encouraging people who are supported by services to focus on determining their own pathways and solutions to reach their goals can lead to dramatically different actions and thoughts than when pursuing answers to problems. In fact, research has shown that there is less than 5% correlation between goals related to problems and goals related to solutions (deShazer, 2004). As a consequence, the approach is centred on future aspirations and concentrates attention on 'life without the problem'.

SFT (and Solution Focused Brief Therapy (SFBT)) has been used in family service and mental health settings, in public social services and child welfare, in prisons and residential treatment centres and in schools and hospitals (Miller, Hubble and Duncan, 1996).

Strengths-Based Case Management combines a focus on individual's strengths with three other principles: promoting the use of informal supportive networks; offering assertive community involvement by case managers; and emphasising the relationship between the client and case manager. It is an approach that helps participants achieve specific desired outcomes.

Implementation of Strengths-Based Case Management has been attempted in a variety of fields such as substance abuse, mental health, school counselling, older people and children and young people and families (Rapp, 2008).

Narrative has been used by practitioners to help elucidate strengths of individuals and communities. Practitioners using this approach assume that hidden inside any 'problem' narrative is a story of strength and resilience. This will often require re-framing of the situation to highlight any unique instances of strengths into a story of resilience.

The practice of narrative is founded on the principle that people live their lives by stories or narratives that they have created through their experiences, and which then serve to shape their further life experience. Practitioners using this approach will often never deal directly with the problem being presented, but will find ways to strengthen the ability of the person to be resilient in the face of the problem, thereby reducing it. A key part of this approach is recognising that some people may think of a problem as an integral part of their character. Separating this problem from the person by externalising it allows them to begin to deal with it in a constructive way (Epston and White, 1992).

Family support services are frequently thought of as at the opposite end of the spectrum from child protection and are often equated with preventative services offered to families before their difficulties become too severe. The aims of family support include: responding in a supportive manner to families where children's welfare is under threat, reducing risk to children by enhancing family life and developing existing strengths of parents. Practitioners using this approach believe that strengths-based practice benefits families by influencing their engagement in the program, by increasing family efficacy and empowerment and by enhancing their social support networks (Green, McAllister and Tarte, 2004).

The evidence about what works

Although strength-based approaches offer an appealing alternative to traditional expert, deficit-based models, the evidence about the effectiveness of these practices is just beginning to emerge. As recently as 2009, there has been comment about the apparent dearth of research evaluating the efficacy of strengths-based practice of any kind (Lietz, 2009). Further, the evidence for strengths-based approaches is difficult to synthesise because of the different populations and problem areas that are examined in the literature. Emerging outcomes will be listed here, however, practitioners should note, that to date, there is not a strong evidence base for some strengths-based approaches.

Improving social connections

By building on the skills of local people, the power of local associations and the supportive functions of local institutions and services, strengths-based community development approaches draw upon existing strengths to build stronger, more sustainable communities. Researchers have found that by encouraging pride in achievements and a realisation of what people have to contribute, communities generate increased confidence in their ability to be producers not recipients of development (Foot and Hopkins, 2010).

Similarly, Gilchrist (2009) argues the importance and value of building networks within communities that results in individual, families and the wider community building a 'resilience' which leads to a sense of well-being and greater quality of life. 'Go Well' is one example of a research and learning programme that uses an assets approach to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and well-being of individuals, families and communities over a ten-year period (Scottish Government, 2008b). Preliminary findings report increases in social harmony community empowerment and adult employment (Mclean, 2011).

On an individual level, strengths-based case managers often build on family and community interactions and knowledge. This practice is based on the recognition that networks often have more influence over an individual reaching a goal than any external person, including the case manager. Proponents of this model assert that people within social networks can provide unparalleled insight into the strengths, talents and challenges of a loved one, as well as advice about how best to connect with that individual. Family justice research using this model has shown to reduce drug use, lower rates of arrest and conviction and improve higher levels of social functioning (Shapiro, 1996).

Enhancing well-being

Empirical research suggests that strengths-based interventions have a positive psychological impact, particularly in enhancing individual well-being through development of hope. In a pilot study of people with serious mental health issues, people were asked to identify the factors that they saw as critical to recovery. The most important elements identified included the ability to have hope, as well as developing trust in one's own thoughts and judgments (Ralph, Lambric and Steele, 1996). One of the aims of strengths-based practice is to enable people to look beyond their immediate and real problems and dare to conceive a future that inspires them, providing hope that things can improve. Strength-based approaches are shown to be effective in developing and maintaining hope in individuals, and consequently many studies cite evidence for enhanced well-being (Smock, Weltchler, McCollum et al, 2008). Through having high expectations for individuals, strengths-based practitioners create a climate of optimism, hope, and possibility, which has been shown to have successful outcomes, particularly in work with families (Hopps, Pinderhughes, and Shankar, 1995).

Much strengths-based practice has an internal component, which is therapeutic in nature, and which involves locating, articulating and building upon individual's assets or capabilities. It also aims to assist with finding solutions for current problems based on currently available resources. Working to enhance an individual's awareness and understanding of their own strengths and capabilities has been shown to promote an increased sense of well-being (Park and Peterson, 2009). Furthermore, there is evidence that the use of personal narratives adds to the process of a positive re-framing of personal identity for people who use mental health services (Altenberger and Mackay, 2006).

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Children, young people and families

There is emerging evidence of the use of strengths-based approaches with children, young people and families. The literature has identified an association between personal strengths in young people and academic success, self-determination and life satisfaction (Park and Peterson, 2006; Arnold et al, 2007; Lounsbury et al, 2009). Early and Glenmaye (2000) found that the use of the strengths perspective in families not only helped the family identify resources for coping, but also 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. Similarly, MacLeod and Nelson (2000), in a review of 56 programmes, found evidence to support the view that an empowerment approach is critical in interventions for vulnerable families. A strengths perspective shows how the practitioner can work positively towards partnership, by building on what parents already possess.

Seagram (1997) also found positive effects of solution-focused therapy undertaken by adolescents who had offended. Young people who had received therapy recorded significantly more optimism for the future, greater empathy and higher confidence in their ability to make changes in their lives. This highlights that eliciting and reinforcing a person's belief in their ability to successfully achieve a goal is a useful component of change.

Furthermore, a recent review of the use of Solution Focused Brief Therapy with children and families has suggested its effectiveness in asserting improvements in children's externalising behavior problems such as aggression, and children's internalisng problems such as anxiety and depression (Woods et al, 2011). However, the researchers of this review do caution at the limitations of the emerging evidence base with this group of people and state clearly that the evidence of effectiveness of solution focused brief therapy is insufficient to 'provide a mandate for its general use to facilitate positive change in parenting where children are considered to be suffering or likely to suffer significant harm' (Woods et al, 2011).

Improving retention in treatment programmes for those who misuse substances

Some empirical analyses have begun to suggest that the value of strengths-based approaches may lie in encouraging people to stay involved in treatment programmes, most notably for those with substance misuse problems. For instance, Siegal and colleagues looked at 632 people with substance abuse issues and found that providing strengths-based case management was associated with retention in aftercare treatment. Additionally, in a follow-up study, a relationship between case management, improved retention and severity of drug use was found in the same group, as well as improved employability outcomes (Rapp et al, 1998). However, the relationship between SBCM and improved outcomes was not direct, but mediated by the apparent ability of strengths-based case managers to encourage retention in aftercare.

In a review of individuals participating in Strengths Based Case Management, people also identified feeling free to talk about both strengths and weaknesses as important for helping them to set goals that they wanted to achieve and to make changes to their lives (Brun and Rapp, 2001). As such, researchers have postulated that the value of setting self-defined goals may simply be that they are more likely to be completed, as the individuals themselves have been involved in their development.

As with other client groups, many of the positive outcomes are often attributed to the development of positive relationships between those being supported and those providing support, which is a finding similar to most therapeutic effects compared to not treatment (Lambert and Bergin, 1994).

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Implications for practice

There are dangers of practitioners from any agency polarising their practice into either 'risk assessment' or 'strengths-based approaches'. What may be in most people's interests is to develop approaches that look at the whole picture of a person's life. There is nothing in the strengths approach that instructs the discounting of the problems of life that people bring. In fact, the values of social work - which emphasise service user choice and empowerment - are consistent with those of a strengths-based approach. As Graybeal (2001) explains, 'the identification of strengths is not the antithesis of the identification of problems. Instead, it is a large part of the solution' (p234). In reality, therefore, both approaches are vitally important despite evidence suggesting that further work would be useful to redress the balance between the more dominant deficits approach and the emerging and less well known and understood strengths perspective.

Assessment
Strengths proponents believe that anything that assists an individual in dealing with the challenges of life should be regarded as a strength. Strengths will vary from person to person and, as such, it can be difficult to draw up an exhaustive list of strengths. Many researchers note that assessment tools in the field are still too often focused on deficits and inadequacies, and whilst there

have been significant efforts to create and use assessment tools which incorporate strengths elements (Cowger and Snively, 2002; Early, 2001; Saleebey, 2001), these are still in the minority.

There are numerous guidelines to assist practitioners undertaking assessment and although they invariably differ in content, their commonalities often include the authors emphasis on the reality of the client, and the view that there should be a dialogue and partnership between them and the practitioner. It follows then that assessment should be couched in a broader dialogue that includes:

> ...meaningful questions that will combat the relentless pursuit of pathology, and ones that will help discover hidden strengths that contain the seeds to construct solutions to otherwise unsolvable problems (Graybeal, 2001, p.235).

Tools such as the ROPES (identifying: Resources, Opportunities, Possibilities, Exceptions, and Solutions) (Graybeal, 2001) model has been developed to guide practitioners in a broader process of continually drawing on strengths. Using frameworks focused on strengths and weaknesses encourages a holistic and balanced assessment of the strengths and problems of an individual within a specific situation.

Practitioner role

Current policy and legislative developments in Scotland have increasingly focused on working collaboratively with people to exercise choice and control over any support they may need. For many staff and professionals this represents a new way of working, and training and skills development will be required. Relationships are the cornerstone of this approach, as Davis puts it:

Regardless of the theories you have been trained in or the therapeutic tools you use with the persons who come to you for help, the only thing we know for sure is that the quality of the relationship between the person receiving or seeking help and the person offering help is a key to what kinds of outcomes are achieved (Davis, 1996, p. 423).

The experience of working in a strengths-based way may be difficult for practitioners, particularly because they may need to re-examine the way they work to being more focused on the future than on the past, to focus on strengths instead of weaknesses and from thinking about problems to considering solutions. Some emerging evidence suggests that this demonstrates the need to build the personal resilience of staff to a high level (C4EO, 2011).

The role of the professional becomes less about being a 'fixer' of problems and more about being a co-facilitator of solutions. This involves recognising that being professional does not always mean having all the answers and that in opening up discussions with individuals, an opportunity is created for them to contribute (Boyle et al, 2010). Seeing practitioners learn alongside individuals and reflecting on practice together can have a positive and lasting effect on service development (O'Neil, 2003). A facilitator will actively recognise and engage the things people are able to do or are interested in. In doing so, they will naturally focus on the things that are working well to create positive experiences driven by the person's intrinsic goals and aspirations. Therefore, a strengths-based approach is not simply about different tools or methods that are used with people who use services; it is about different concepts, structures and relationships that we build in our support services.

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