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

Theresa J. Early and Linnefa 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, 1997; 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 (Ronnu & 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 (Ronnu & Shannon, 1990), remarried families (Duncan & Brown, 1992), and families abilities (Po 1995; Wernert 1993). For example, we characterize the strengths approach to practice (see Saleebey, 1992, 1997) as being more recent versus the traditional approach. One section of such practice is no longer working with families and of individuals strengths needed. This literature bygrative modalities in families is a theoretical and practical framework to bring together the various boundaries that can coexist with real families. In the stressed and diverse community is prominent treatment. Treatment is not the end; it is the beginning of a journey. As described by Taylor (1999), the process of describing the journey involves identifying the roles families play in their own lives and in the lives of others. The strength of families lies in their ability to adapt and evolve in response to changing circumstances. This perspective emphasizes the resilience and potential for growth within families, even in the face of adversity. The strengths approach recognizes the inherent strengths and resources that families possess, allowing them to overcome challenges and thrive. It promotes a collaborative and empowering approach to social work practice, emphasizing the family's capacity to heal and grow. The strengths approach is grounded in the belief that families possess the knowledge and skills needed to address their own needs and improve their lives. It encourages families to draw upon their existing resources and strengths to overcome challenges, fostering a sense of empowerment and self-determination. The strengths approach recognizes that families are active agents in their lives and are capable of making meaningful changes. It empowers families to take control of their situations and work towards positive outcomes. This perspective highlights the importance of valuing families and their inherent strengths, promoting a more holistic and empowering approach to social work practice.
and families with children with emotional dis-
abilities (Porntner & Ronnau, 1992; Ronnau,
1995; Wrbach, 1996). Wrbach's study, for
example, was an empirical attempt to "charac-
terize 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 analyses 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 inte-
grative model for strengths-based practice with
families in general, one that draws on the his-
torical and philosophical roots of the profession
as well as on relevant findings from interdisci-
plinary sources. In so doing, we have attempted,
as Boyer (1990) suggested, to explore "the
boundaries where fields converge" (p. 79) —
to bring together disparate streams of knowl-
dge — and through this conceptual integration,
to illuminate and clarify how the strengths ap-
proach can be applied to practice situations
with real families.

In the strengths perspective the environment
is preeminently both resource and target of in-
tervention. For instance, Sullivan (1992) de-
scribed the community as a helping environ-
ment 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 en-
vironment for a child. The strengths approach
uses concepts of resilience and the family as en-
vironment 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 ap-
proaches to social work it 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 produces a unique family because
many of the qualities of individuals, they also
have the capacity to grow, change, and adapt.
Individuals and families all have many capa-
bilities, abilities, and strengths. People who seek
help with problems are more than the problem.
Each person has a range of experiences, charac-
teristics, and roles, which contribute to who the
person is (Saleebey, 1997a; Weick, Ryan, Sullivan, & Kisthardt, 1989). Families have tra-
ditions, 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 neigh-
borhood. 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 system-
etically 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 situa-
tions. Listening to and accepting the client's
definition honors the client's "expertness" and
internal knowledge of the situation (Weick, 1983); Weick & Pope, 1990).

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 (Gutierrez, 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 (Anshen & Cohler, 1987; Garrney, 1993; Hagerty, Sherrod, Garrney, & 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 expectations, 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 (Garrney, 1985). Protective factors identified within school environments include caring and support, high expectations of achievement, and youth participation and involvement (Behaviour).

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 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, 1993).

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 that they have proven the facts be empowered change at last (Dunst et al., Social Work Summary 1997, 41(97), p. 17).

Major History

Social Work

Social Work

During the bieral approach and used as though different forms are not be utilized in and pathologist illustrates.

From Child Casebook

and upheaval the late 19th century operates families in the community were accustomed to and to serve their needs. These scientific efforts (1970, p. 8) I find in sociocultural were perceived the to the problem speaking for their part the nature of the court process in 1970, per due to health move.
resources, learn skills, and practice behaviors that they have or were already decided to 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 organizations 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 "alms-giving scientific, efficient, and preventive" (Germain, 1970, p. 6). 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 weighting of facts as the vehicle for uncovering the cause of problems and their concomitant cure. The focus of this approach was on discovering deficiencies, 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, psychody-

namic 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 & Laity, 1983).

The diagnostic approach, through its emphasis on diagnosis and uncovering of complex psychological phenomena, rested on 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 "multidimensional" 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 thrust 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 incapability 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 (Barlett, 1970). However, the tools available, individually oriented psychodynamic concepts, limited the effort. Those searching for ways to diagnose and treat families also made use of ego psychology and family concepts (Germann, 1970). Finding individually oriented concepts insufficient to explain family functioning, social workers began increasingly to draw on systems theory (Germain, 1968; Hearin, 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, Ysse 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 versus objectivist

The objectivist pathogen, den of humankind and problem-based work. The subject, the complexity ing, the creativity in understanding Subjectivist personal approaches to philosophical orientations under oriented approach constructivist, approaches to full explication. The differences between feminist approaches similar values... etc. power of belief in the praxis (Brickman, 1994). The praxis on growth, personhood, and the client, as the understanding of Two other common assumptions: "family support and community-based 1997.

Strengths: As A Brief Camp

One of the main problem-solving at first extended example, in the outline of the half the intervention the strengths i

Social Work / Volume 45, Number 2 / March 2000

122
versus objectivist (Greene, 1994; May, 1969). The objectivist position, with its focus on pathogenic, deterministic, universalizing theories of human behavior, and diagnosis, informs the problem-based approaches of traditional case- work. 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 clients and worker (Gutiérrez, 1990), emphasis on process and praxis (Brickler-Jenkins & Hootman, 1986), and a belief that 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 "re-silience-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-
Table 1
Comparison of Major Foci of Problem-Solving and Strengths Approaches

<table>
<thead>
<tr>
<th>Helping Process</th>
<th>Problem-Solving Approach</th>
<th>Strengths Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial contact</td>
<td>Identifying and defining the problem and client, social worker, significant systems contribute to the definition of the problem.</td>
<td>Defining client's vision and hopes for the future. Definition of vision and hopes originate with client.</td>
</tr>
<tr>
<td>Goal identification</td>
<td>Stated in terms of client's and social worker's solutions to the problem and the agency's role in facilitating a solution.</td>
<td>Positively stated in terms of the client's vision and according to client's definition and meaning of the situation.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Goals are bounded by the role and structure of the agency and the capacity of the client. Social worker brings 'real ity' to the process.</td>
<td>Goals are bounded by the creativity of the client and worker. Social worker elicits strengths and heightens capacities and fosters creative thinking.</td>
</tr>
<tr>
<td>Intervention</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Evaluation basis</td>
<td>Mutually chosen, 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.</td>
<td>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.</td>
</tr>
<tr>
<td>Goal attainment</td>
<td>Goal attainment based on whether problem has been solved or decreased from an objective standpoint.</td>
<td>Goal attainment is continuously defined and redefined by client from a subjectivist standpoint.</td>
</tr>
</tbody>
</table>

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 survivors' prior, 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 area of life functioning (Ronnas & 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 (Coward, 1997).

Working Collaboratively to Identify Strengths and Goals

Families are experts on their lives, their strengths, resources, and capacities, the social worker, as the dialogue-focused de Shazer, 1985, dialogue of it social worker doing tomesh is the social worker's stance in the client or the names of the important is such that the Rather than custom efforts helping the fit doing right (do the less) and 2 of ways the ronames of the be used to be the family is strength as they prepare to be used to the family is strengths going forward.

Enhancing F and Involve Activities of and child and families as they build better related to a new community, and Catanoso & ing to persons (Sailerby, 1997) as a start of offer.

Modeling H The social work of the strength expectations
ment, and optimist, hope, finding a strategy to be successful at transcenders 'wh
A social worker, as Saleebey (1997a) said, helps to create the dialogue of strength. The methods of solution-focused therapy (De Long & 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. Hoppes, 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 anyone. 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 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 problem 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

Early and GlenMaye, Valuing Families: Social Work Practice with Families from a Strengths Perspective 125
how they wanted their family 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 success. 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 resources of strengths.

Part of each meeting was devoted to reviewing goals set, goals accomplished, and goals that needed to be revisited. 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 string trip); 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 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 these 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 bad behavior added an explicit appropriate behavior desk.

Details about Deanna and Andy developing a plan to track the progress of their goal of premiership were obtained through home interviews.

A dormant training as a medical assistant had thought about a career in healthcare because social worker I needed to do t}

Social Work / Volume 45, Number 2 / March 2000

126

An evaluation of the first meeting much more in life. She had b advocate for b education program, teachers and planning time drawing, an a write on his own played to a sit environment. Strengths are academic pro choice.
voted to reviewing d, and goals that
was posted them on
was a great feeling to accomplished (de-
tation); in contrast
(student) for, in
about how it was the prob-
goods were things
and had suggested
the goals was the social
the social worker, goals in a way that
existing strengths.
revenue was close to
shaping family
and Deanna
al sources of social
tility and friends.
ved Deanna’s lead
could feel comfort-
exposing Andy to
nger brother used
ons (Andy had an
out of state), al-
parents had a ma-
rality. After the
social worker, she de-
to catch up. She
their problems, and he
. Soon, her
trips and other
ple of weeks. Re-
played a part in
aving someone
allow Deanna to
als and Andy hav-
vities where he felt
in the question.
feel happy!”
sources such as
val resources
considered.
cases mirrored
ions, but were
ch. For instance,
what had
brge (because
in the family’s
consequences
he received for outbursts at the treatment cen-
ter gave him a reason to not act out. Based on
this information from Andy, the family devel-
oped an explicit system of rewarding Andy’s
apprentice 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
(mrn home) to be successful?” Mom: “Andy
will need to be more cooperative so that we
do not get into fights where both of us get upset
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 expecta-
tions that Andy would be able to manage his
behavior and they set up reinforcement to re-
ward 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 explor-
ing employment options, a later goal was bring-
ing 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 gained their cooperation in
planning time each day for Andy to speed
drawing, an activity that helped him concen-
trate on his other work. (This daily activity that
played in 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
decision, in a permissive 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 disabili-
ties. The high expectations demonstrated in this
decision is certainly not appropriate in every case,
seemed to help Andy achieve his ap-
priate grade level in several subjects and
above grade level in several others.
Each of 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 nec-
asary at first, but then self-advocacy skills de-
veloped and increased, and Deanna was em-
powered 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 persona’s
aspirations, capabilities, and visions of a por-
able life. This approach to practice is not en-
tirely new; however, it is still in early stages of
implementation. What we have attempted here
is an articulation of the philosophical and his-
torical base of the approach and a description of
its application. The case example provides anec-
dota information from a client about the effect-
iveness of the approach. As with many social
work interventions, research is needed to docu-
ment the difference that this practice approach
makes for families. However, with its philo-
sophical basis in human potential and emphasis
on positive attributes of people and families, the
strengths approach can lead to social work in-
terventions that are consistent with the current
research on resilience and that build on the ex-
isting capabilities and resourcefulness of
families.
References
invulnerable child. New York: Guilford Press.
Bartlett, P. M. (1970). The common base of social
work practice. New York: National Association of
Social Workers.

Early and ClelandHay, Valuing Families: Social Work Practice with Families from a Strengths Perspective

127
Doctoral Education for Professionals in Clinical Social Work and Counseling

Since its founding in 1976, Walden University has assisted adults in the helping professions to earn a Ph.D. from their home or workplace when it suits their schedule. Designed for working adults, the Ph.D. program in Human Services enables professionals to pursue a graduate degree without interrupting career and family.

The Ph.D. program in Human Services lets students tailor a course of study to reflect individual practice and research interests and goals.

Specialized study and advanced practice training are offered in clinical social work, counseling, criminal justice, family studies and intervention, gerontology, human services administration, and social policy analysis and planning.

Our innovative distance-learning formats include supportive faculty mentors with rich and diverse practice backgrounds.

Take the first step toward a graduate degree:

- Visit www.waldenu.edu
- E-mail request@waldenu.edu
- Call 1-800-444-5795, ext. 500

Walden University is accredited by the North Central Association of Colleges and Schools, 30 North LaSalle, Suite 2400, Chicago, Illinois 60602-2504 (312) 263-0456

Social Work / Volume 41, Number 2 / March 2000