

Principles of Strength-Based Practice

By Wayne Hammond, Ph.D. Resiliency Initiatives

#310 2816 11th Avenue N.E. Calgary Alberta T2E 7S7 www.resiliencyinitiatives.ca ©Copyright 2010 by Resiliency Initiatives 2

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The Problem With A Problem Focus

Attention to “what is wrong” is a central expression of the prevailing perspectives on helping. Approaches may differ in the way the problem is defined, but virtually all traditional change-focused interventions maintain the belief that people need help because they have a problem – a problem that in some way sets them apart from others who are thought not to have the problem. The terminology, “having a problem” suggests that problems belong to or are inherent in people and, in some way, express an important fact about who they are. The existence of the problem provides the rationale for the existence of professional helpers and a developed language by professionals to describe the problematic areas of concern. 1

In the community and mental health services, a strong belief is embraced that if the presenting problem can be identified and understood, all we need to do is find an expert with expert knowledge to analyze it then find a prescription that will fix it. The emphasis on deficits – what a person is lacking – leads to a cycle of focusing on what is wrong followed by a reliance on experts. However, when people act as experts on resolving the problems of others, we deny those facing the problem the opportunity to participate, take control and learn. 2

It is important to understand the strengths-based approach is not about denying that people do experience problems and challenges and these issues do need to be taken into consideration of a more holistic approach. However, even though a lot has been learned about the impact of identifying problems and it sometimes succeeds in getting needed services to children and adults, it has also led to:

- Labeling and therefore, limiting of options
- Obscuring the recognition of a person’s unique capabilities and strengths
- Focusing on the “can’ts” as opposed to the “cans”.
- Ignoring potential resulting from adversity
- Prescribed programming – as opposed to individualized
- Looking for patterns, such as broken homes, dysfunctional neighborhoods, and poverty, to explain difficulties

- Lacking credibility to clearly show cause versus effect

Most problem solving approaches involve:

- Identifying what is wrong
- Analyzing the causes
- Deciding on goals to fix these causes
- Making plans that will achieve the goals
- Implementing the plan
- Evaluating whether or not the problem was fixed

Why Shift to a New Paradigm

A strengths approach offers a genuine basis for addressing the primary mandate of community and mental health services – people taking control of their own lives in meaningful and sustainable ways.

- Focus on trusting and workable relationships
- Empowering people to take a lead in their own care process
- Working in collaborative ways on mutually agreed upon goals
- Drawing upon the personal resources of motivation and hope
- Creating sustainable change through learning and experiential growth

A strengths approach is a specific method of working with and resolving problems experienced by the presenting person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person's resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems.

Defining Strength-Based Practice

There is nothing new about the observation that challenge is ever-present in most communities. What is new is the clear evidence that children and families in complex communities cannot only be resilient, but thrive in the face of adversity and the labels placed upon them. It is an invitation for community members and care providers to view children and their families as “having potential” as opposed to just being “at risk”. Those who embrace a strength-based perspective hold the belief that children, youth, and their families have strengths, resources and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits). A strength-based paradigm offers a different language to describe children's and families' difficulties and struggles. It allows one to see opportunities, hope and solutions rather than just problems and hopelessness. The new paradigm avoids labeling and assumes power in children, youth and families to help themselves as well as casting service providers as partners rather than as experts,

authorities, initiators and directors of the change process. This fundamental shift means working with and facilitating rather than fixing, pointing to health rather than dysfunction, turning away from limiting labels and diagnosis to wholeness and well-being. Embracing a strength-based paradigm encourages seeing beyond the risk behaviours and characteristics of children, youth and families in high need communities to the potential of what can be.

Core Principles of Strength-Based Practice

Researchers and practitioners have developed the following principles that serve as the foundation for guiding and implementing strength-based practice.

- 1)** An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations (not, I will believe when I see – rather, I believe and I will see).
- 2)** What we focus on becomes one’s reality – focus on strength, not labels – seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.
- 3)** The language we use creates our reality – both for the care providers and the children, youth and their families.
- 4)** Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.
- 5)** Positive change occurs in the context of authentic relationships - people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building– not fixing.
- 6)** Person’s perspective of reality is primary (their story)– therefore, need to value and start the change process with what is important to the person - not the expert.
- 7)** People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.
- 8)** Capacity building is a process and a goal – a life long journey that is dynamic as opposed to static.
- 9)** It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive and participatory process – “it takes a village to raise a child”.

Desired Outcome of Strength-Based Practice is Resilience

The strengths-based approach needs to be embraced as a philosophy for working

with people. The starting point is “what’s right with people” and external resources are added when required in ways that help change occur in ways that complement people’s strengths and goals.

The mindset of a resilient person:

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

The strengths approach as a philosophy of practice draws one away from an emphasis on procedures, techniques and knowledge as the keys to change. It reminds us that every person, family, group and community holds the key to their own transformation and meaningful change process. The real challenge is and always has been whether we are willing to fully embrace this way of approaching or working with people. If we do, then the change start with us, not with those we serve.

1. C. Rapp (1988) *The Strengths Model: Case Management with People Suffering Severe and Persistent Mental Illness*, New York: Oxford Press.
- W. McCashen (2008) *The Strengths Approach*, Victoria: St. Luke’s Innovative Resources.

