Okay, it’s now time to rock ‘n’ roll and get the discussion started. When you enter comments from now on, can you please do so in reply to this post only. It will make it easier for people to follow the thread of the discussion as they log in. Later on, you are very welcome to browse through earlier entries and enter replies if you wish to.

What will be achieved from this discussion is very much in your hands. PeakCare sees this as an opportunity for people to share their thoughts or concerns, exchange information and advice, ask questions or simply ‘listen in’ to the discussion. You are invited to upload articles, case studies and other materials relevant to this topic that you think will be of interest and assistance to your colleagues or provide information about where books or other reference materials that you recommend can be found.

As indicated in recent editions of our eNews and emails sent to our member agencies and others, PeakCare regards the question ‘What is strengths-based practice?’ as an important one to answer in the current climate of reform. As you are all aware, the project to develop and deliver a new practice framework for Queensland has now commenced and the stated intention is to ensure that this framework is informed by strengths-based theory and practice. It seems critical therefore that when we refer to ‘strengths-based practice’ that we understand what that means.

PeakCare is also keen to use this discussion as a forerunner to a symposium about strength-based practice that we will be hosting on 25th November in Brisbane with some similar symposiums to be held in other areas of the State soon after. This discussion will help to inform the planning of this symposium – your ideas about what might be included within the symposium would therefore be appreciated.

In advertising this discussion, I commented that strength-based practice does NOT mean finding out and telling Johnny that he is good at playing football. Neither is it about simply adopting a half-glass full approach to casework (as opposed to a glass half-empty one). I am interested in finding out what sense you made of these statements- perhaps contrasting them with your own understandings about strengths-based theory and its application to your practice.

It’s now time for someone to ‘break the ice’.

- What do you understand by the term ‘strengths-based practice’?
- How is it applied by you and your service?
- Do you have reference material that you recommend as helpful?
- What more would you like to know about strengths-based theory and practice?
- Are there suggestions or recommendations you would like to make about what should be covered in a symposium about ‘strengths-based practice’ - in Brisbane and elsewhere?

Maryann Roebuck 2007 wrote:

“One way to view the strength-based approach is to contrast it with a deficit-based philosophy or a focus on failures. Compared to a failure focus, one premise of the strength-based model is that "excellence is not the opposite of failure, and that, as such, you learn little about excellence from studying failure. Success and failure are not opposites, simply different" (Buckingham, 2007, p. 5).”
Many psychotherapists find that concentrating on failures and inadequacies can make patients feel worse rather than better, at least in the short run. If the focus on shortcomings and mistakes continues, the patient’s self-esteem may decline and the situation may deteriorate (Harvard, 1997).

A strength-based philosophy enhances strengths, and builds on characteristics that are already present in individuals. This leads more quickly to fulfillment, future success, competency and resilience.

A deficit focus leads a young person to be painfully aware of shortcomings and to feel defeated. A strengths focus encourages and empowers, and results in young people who are more likely to work within a program. According to Laursen (2003) approaches that focus on deficits have the following effects.

They:
- Demoralize youth and erode self-confidence
- Reduce motivation and aspirations to excel
- Focus on past failures and set up negative expectancies
- Stigmatize and stereotype youth
- Alienate youth from belonging in the community (p. 12)

With such a significant focus on strengths based practice over decades, how can we make sense of such risk averse and deficit based child protection practice in Queensland?

I suspect that there is sometimes a 'mis-understanding' of strengths-based practice that leads people to think that it ignores or glosses over the issues of concern that are impacting a person’s life - be that a child, young person, adult or family. I think that there is nothing further from the truth. I think that sound strengths-based practice allows for a very thorough assessment of the issues of concern (be they violence, mental ill-health, substance use, whatever) and the extent of their impact.

Sound strengths-based practice however also facilitates the identification of the strengths available to the person that have already and can continue to be called upon and further built upon to reduce the issues of concern and their impact. I think that it requires high levels of knowledge about strengths-based theory and very high levels of skills to both 'think this way' and then enact it in practice when the invitations are often there to resort to deficit-based thinking and interactions.

Other people's thoughts?

I concur with the comments, strength based practice is not about approaching clients from a deficit perspective but from one whereby individuals are identified as having a particular skillset that they have utilised (and may still be utilising) to work through particular concerns or issues that may have impacted on them at one time or another. It seeks to identify what the concern(s) may be for the person and, most importantly, separating it from the individual, i.e. the problem is the problem, the person is not the problem and then using the person’s proven skills, and further building on them, to seek a suitable and achievable outcome.

I agree that strengths based practice has been sometimes misunderstood as a pollyanna-ish 'problem phobic' approach. For example, misinformed critics have sometimes suggested that SBP is of no value - even dangerous when responding to serious concerns about safety or 'bottom lines'. I suspect this is because they believe that it's not possible to both focus on 'strengths' and also name/acknowledge the very real concerns and issues in people’s lives.

I find the concept of 'double listening' quite helpful in this regard. It suggests that we can do both:
listen for and acknowledge the concerns/issues and also listen for the strengths and resources that people are already beginning to draw on and which could be strengthened in order for them to address these concerns.

One of the most prolific writers on SBP, Dennis Saleebey says that 'A strengths perspective obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources and coped. We need to know what they have done, how they have done it, what they have learned from doing it, and what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them. As helpers we must tap into that work, elucidate it, find and build on its possibilities'.

Yeah this idea of 'externalising' i.e. 'the problem is the problem the person is not the problem' is central to SBP, isn't it? It enables us to work WITH people on the problems they're facing and is an antidote to the rampant labelling/pathologising in the human services.

Absolutely agree with your comments - David and Andy. I think that the 'externalising technique' when used well provides the means to 'join with' the person in dealing with the issues of concern as opposed to 'pathologising' them and both perceiving them and facilitating them as seeing themselves as a 'walking problem'. Facilitates hope and opportunity as opposed to defeat and despair. I don't believe that this means in any way, shape or form that the issues of concern are trivialised, ignored or minimised - I think it is, in fact, the opposite which makes it a very appropriate, useful and powerful technique to use when engaging clients in addressing child protection concerns. Invites them into taking responsibility whilst also supporting them in doing so.

Thought I would share some points from one of the department’s Engaging with Families practice papers written in 2013. It highlights for workers what is meant by strengths-based practice and references a number of additional resources.

Seeing the family as multi-faceted with lines of strength and support rather than problems and deficits is not minimising risk, but placing it in context (Doolan, 2005).

A strengths-based approach operates on the assumption that all people, even if they are experiencing problems, have some strengths and resources from which they can draw on to make positive change. A deficit-based approach, which focuses on what is wrong, can overlook valuable skills and experiences a family has. It can also reduce a family’s motivation to actively engage with services and impair the likelihood of positive change for children (NSW Interagency Guidelines, 2012).

I think it is actually even more than that. I think that the value of strengths-based practice can actually be stated in stronger terms eg, beyond being a means to "reduce a family's motivation", it actively engages and facilitates their motivation. I strongly agree with the statement about placing the issues of concern in a context however - both for reasons of contextualising it for the worker as well as the child and/or members of their family and others.

I agree with all the above comments and the practice paper you refer to Meegan, particularly seeing the family as multi-faceted with lines of strength and support rather than problems and deficits is not minimising risk, but placing it in context (Doolan, 2005).
Which brings me to my original question, with such a wealth of knowledge and practice wisdom that has been shared for decades I wonder why so many clients and practitioners report the reality of day to day practice with clients being largely deficit based?

I realise my original question has been answered in part. Whilst the perception of SBP as a 'pollyanna-ish' approach seems really apt, I'm wondering if there is more to it? A vast number of practitioners note SBP as part of their framework. Are there significant difficulties in actualising this?

In response to your question Lorraine, the types of things that I often hear being said are that the child protection system is inherently deficit-based and therefore strengths-based practice can only take you so far - especially when, in the final instance, a child needs to be removed from their family due to their 'deficits' in being able to care for the child.

I don't think that this is the case however. In the event that the removal of a child is the necessary action to be taken due to extent and seriousness of the concerns impacting on the parent's capacity to care safely for the child, I do not think that this precludes in any way the use of a strengths-based approach in the case management of these decisions and what occurs leading up to and following the decision having been made. If anything, I think that use of a strengths-based approach facilitates these decisions being placed in a context that is helpful to both the child and their family and continues to constructively engage them in whatever happens next.

I totally agree Lindsay. Most parents I've met who've had experiences with the CP system have been very clear they required assistance. What they didn't need was the judgement they felt about being 'bad parents' or the multiple hoops they were given to jump through that they found confusing. They often mention that there was little understanding that they were doing their best. Some have said that they agreed to removal in the short term but really wanted to improve their situations and capacity.

Whilst I think we all agree that SBP has the potential to ensure parents are supported and encouraged and children are safe and nurtured, the question remains: Why is the child protection system so inherently deficit based when we have a plethora of research to support us to practice in a more strengths based way?

I'd love others to comment. Maybe tomorrow ;)}
Day Two – 16th October 2014

I thought that the turn of phrase used by David during yesterday’s discussion when he noted that strengths-based practice was sometimes misunderstood as a "Pollyanna-ish, problem phobic approach" was, in addition to being pretty colourful, a very good summation of reservations that are often held by many. I’m interested in finding out whether some people hold these reservations. I’m also interested in finding out how people involved in providing services deal with this - especially if you are operating from a strengths-based perspective when other parts of the system you are interacting with may not be....

I think there are certainly systemic complexities in using the strengths-based perspective. Judicial oversight of child safety decisions, especially regarding applications for child protection orders, can see a strong focus on what has gone wrong. The challenge for staff is how to ensure ongoing engagement with parents- but this is where SBP is so valuable, especially using the techniques of exploring past successes, finding and using exceptions to the problem and facilitating a positive vision of the future....

I agree Meegan. I think there are certain complexities - especially in regard to the 'prosecution' of child protection matters. However, I do think that there are ways in which certain things (such as court reports) can be framed that allow a strengths-based approach to continue being used while still meeting the needs of the court process. There needs to be skills-training in how to do this well. I also strongly agree with your comments about both the challenges and value of strengths-based practice in ensuring the ongoing engagement of children and families. I think some of this requires workers to be very skilled at working with kids and families in assisting them in working out what 'privilege' to attach to certain documents and reports that they have access to.

Thanks Lindsay- it is certainly the department’s aim, as part of the practice framework development and implementation, to include skills-based training and to equip workers with practical tools to enhance casework. We may need to also look at how we assist our legal colleagues to understand a SBP approach.

That's excellent Meegan. Happy to help with assisting others such as our legal colleagues in obtaining an appreciation of a strengths-based approach. I'm sure that there are many legal practitioners who are already well-versed in this approach and would be keen to also assist with this. PeakCare holds a view that the more we can move to cross-sector training, particularly about core concepts and approaches, the better - helps to ensure that everyone is on the same page.

I’d suggest that the systemic complexities are often compounded by understandings/discourses based on notions of blame and pathology. Parents are sometimes viewed as 'bad', 'mad', 'dangerous', 'resistant', 'inadequate' etc. If we view parents this way our response to them will often be to 'protect' children by 'rescuing' them and 'managing' parents.

In contrast, SBP emphasises the importance of developing strong collaborations/partnerships with parents who are usually assumed to want their children to be safe but who are up against particular difficulties and restraints such as poverty, isolation, addictions, mental illness, skills shortages etc. These difficulties/restraints need to be identified/named and plans made to address these together, working towards expressed shared hopes.
Maybe we could also usefully unpack some widespread notions of professionalism (e.g. playing the 'expert', using 'power', having a better grasp of things than clients, focusing mainly on what's wrong etc) that may undermine SBP?

Yes, I agree David. I think that this absolutely needs to drive the 'cultural reform' that the Carmody Commission of Inquiry recommended. We're very much looking forward to a 'practice-driven' culture emerging and are therefore very much encouraged by many of Meegan's comments. It shouldn't be underestimated how much work this will entail however and just how much 'unpacking' and 're-packing' will be required. I guess this discussion is a small step being taken towards that.

I agree that the notions of professionalism (playing the expert etc) could undermine SBP. There may be times when it may be beneficial for the worker to consider taking a step back and realise that people are the experts in their own lives. True, their responses to circumstance may not always be deemed appropriate, but generally they are doing the best they can with limited resources. By 'walking with' them, working collaboratively in assisting them to build on their existing strengths, the shared hopes that David speaks of may be seen as achievable.

I very much like the phrase you used - "walking with" (as opposed to 'doing to'). I think that is an essential element of a strengths-based approach. It allows me, as a practitioner, to 'stand with' my client 'against' the issues of concern that are impacting them (whether that be violence, substance use, mental ill-health, limited knowledge, whatever). It contrasts with a deficit-based approach which results in the worker 'standing against' the client. The strengths-based approach continues to open up the possibility of hope and opportunity (without trivialising in any way the extent and impact of the concerns). A deficit-based approach however simply confirms people as 'hopeless' and entrenches their despair in being 'stuck' and incapable of dealing with the issues of concern.

This is a link to a Resource Guide to Wraparound. I think that it provides quite a good description of the elements of strengths-based practice and how they can be featured within service models - attitude; strengths discovery; mirroring; intervention; recording; evaluation.

I've seen some similar, very useful frameworks. I'm interested in finding out how service providers have integrated some of these key concepts within their service models, case or care planning systems and so on http://www.nwi.pdx.edu/NWI-book/Chapters/Franz-2.2-(ADMIRE)

I too like Andy's comments about 'walking with'. Following on from your comments Lindsay, allowing practitioners to 'stand with' as opposed to against clients, I wonder if the notion of who is the client again impacts how SBP is conceptualised and engaged with?

Dear Lindsay, After reading the transcript from Day One, I noticed the recurring question about why our CP system has been so deficit based - I wonder if there is an issue of culture that may be playing a part here. It seems to me that many of the strengths that are identified in families engaged in the system, may not hold 'weight' in a predominantly middle class value system. I think some exploration about the clash of frameworks/world views of workers and the families who come to the attention of CP authorities might offer some insights into why deficits are given such a strong focus. I would be interested in others' views regarding this.

Thank you to Peak Care for hosting a great conversation.
They are very astute observations Judy and very good questions to be asking of ourselves. I'd also be interested in hearing the views of others about this.

I agree Judy - values are such a significant issue, which leads to a whole other possible discussion about reflective practice

Thanks for these great questions Judy! I too am curious about this 'culture clash' and how we can fall into the trap of 'colonising' our clients, believing that OUR ideas and insights and the way WE express values are somehow superior and should be taken up by our clients. I reckon there's an unintended arrogance involved in the way we can construct problem-saturated referrals, make 'assessments' that are full of 'professional' jargon and meet together with colleagues without our clients being present. All of these practices and more would appear to me to be inconsistent with SBP. We can even come to believe that it's our job as 'strengths experts' to look for client strengths and then point them out to them. In my mind this is another form of colonisation.

This conversation thread is reminding me of the social justice origins of SBP in Australia and its early focus on client driven practice, in response to concerns about the impacts on clients of 'worker as expert' practices.

It seems to me that at the heart of SBP is a fundamental commitment to humble and respectful collaboration with our clients.

A couple of books that have been really helpful to my thinking about SBP are Di O’Neil’s ‘Beyond Child Rescue’ (an elegant and down to earth description of SB child protection/family work) and Wayne McCashen’s ‘The Strengths Approach’. Bertolinos 'Strengths Based Engagement and Practice' is also really worth a read. I’d be interested to hear about what resources or experiences have shaped others understandings of SBP....

I'm also keen to hear about how others are finding ways to raise concerns and give feedback to clients within a SBP frame....

If I can add one more comment....I reckon that SBP can be seen by some as a little 'dangerous' in that it challenges many 'taken for granted' assumptions in the human services e.g. when things go wrong this is the result of something wrong with the people involved, or that its always 'the experts' who know best. I'm interested in others thoughts about this....

I agree David. Such thinking is across our systems including the legal, human services, educational and health arenas. We so often operate from a cause and effect analysis and as you say when something goes wrong we look at the cause in a superficial way - often deciding someone is to blame. That can lead those involved looking deeply into the person they've assessed as being the issue instead of staying focused on the issue/s and the broader context.

I'll post a transcript of today's discussion and send that out to various groups - same as yesterday's discussion.

In addition to continuing on some of the discussion prompted by Judy's comments, I'm interested in receiving people's thoughts about the symposium about strength-based practice that we are planning for late November. Things like the level of interest in attending a symposium dedicated to this topic; who the 'target audience' should be, matters to be addressed, recommendations about presenters and panels and so on.
With Meegan being a participant in this discussion, there may also be some questions you may like to direct to her about the recently initiated project to develop and deliver a new practice framework for Qld.

David, your comments about the thread of this conversation reminding you of the social justice origins of SBP in Australia are pretty exciting really. So much potential!!!

Attached for your information is a transcript of the major parts of the second day of our discussion. You may like to add it to the transcript of day one, print it for your own records or refer to it in your own discussions with others. Looking forward to day three...

Thanks David for those references to readings that have been useful in shaping your insights - I will follow up on these. Lately I have been reading some of Ruby Payne’s work on Frameworks of Poverty and while it is written within an entirely different context (Afro American, generational poverty/educational issues) and can at times confine people/groups into rigid stereotypes, I found myself cherry-picking some really useful ideas about our child protection system and specifically relationships between clients and workers/system.

Yes, thank you for the references David and also to you Judy. Others are also encouraged to post references to books, articles and other reference materials that may be useful to members of the network.
Welcome to the third day of this discussion. Over the past two days, I have received many emails providing very positive feedback about this discussion. Many of these have come from people who have not been able to participate in the discussion but have valued the transcripts that have been sent to them. Some of the notable comments have included:

- “Thanks for this. It's a great way to keep many involved”
- “Very interesting work”
- “Thank you to PeakCare for hosting a great conversation”
- “Good to see this framework being promoted again”
- “This is a great resource (and format) for staff”

Thank you very much for this feedback!

Principles of Strength-Based Practice by Wayne Hammond, Ph.D. Resiliency Initiatives
[Type the abstract of the document here. The abstract is typically a short summary of the contents of the document.]

#310 2816 11th Avenue N.E. Calgary Alberta T2E 7S7 www.resiliencyinitiatives.ca ©Copyright 2010 by Resiliency Initiatives 2, 3, 4, 5 and 6.

The only real voyage of discovery exits, not in seeing new landscapes, but in having new eyes. - Marcel Proust

Introduction

The idea of promoting strength-based practice in community care organizations often creates an unexpected dilemma. Intuitively, the idea of focusing on the strengths of people is warmly embraced and considered to be a respectful and meaningful starting point in supporting positive change.

However, the actual practice of identifying, acknowledging and working with strengths as a starting point for change is rarely experienced by those receiving the service of the community or health care service. Many practitioners from different professional backgrounds will claim to be working from a strength’s perspective, it is rare to see practitioners or organizations seriously working from an underlying set of values, principles and philosophy of strength-based practice.

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.

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.

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.

A shift to the strength-based paradigm requires careful attention by community agencies and care providers to system change processes, evaluation, and appropriate research and best practices. Essential to success will be the collaboration between different community care providers embracing the same philosophy of strength-based practice and development of staff skill sets that enable effective engagement, collaboration, facilitating and mentoring of complex risk children, youth and their families. Community agencies will require long-term and stable funding that allows for targeting of interventions reflecting relationship and capacity building as well as strengthening key processes for resilience that are meaningful to the intended clients and the community they live in. There needs to be a commitment from community agencies to work as co-partners with local schools, parents and other significant community supports to develop informed and evolving effective practice models of nurturing resiliency for high risk children and their families. In doing this, children and their families become more resourceful in dealing with crises, weathering persistent stresses, and meeting future challenges as opposed to developing dependence on the system.

In summary, a fundamental change to community and mental health practice needs to be based on a set of guiding principles. Guiding principles are not just theoretical. They are about the real attitudes and values that people hold, that shape and influence their way of caring for others at the deepest level of meaning. A true strengths-based approach is one that governs the way we think about people and the way we go about our work on a daily basis for all actions and interactions.

**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".
Implications of Strength-Based Practice

If the strengths approach is to be something that truly guides and influences our practice, it should be evident in the language.

Congratulations Lorraine - you win the prize for the longest ever entry into a yammer group discussion!

:)....and rightly so too. Thanks Lorraine. :) As an advocate of Strength Based Practice these articles make the principals very understandable. I also link them to the principles of “The Heart and Soul of Change” by Duncan/Miller/Hubble which mentions the components that contribute to successful outcomes in therapy. These are:

- The relationship formed between client/counsellor - 30%
- The client’s own strengths and resources - 30%
- Hope - 30%
- Counsellor Theoretical Framework - 10%

Thanks Sherry. That's very interesting. I'll look that one up.

Actually, it's very interesting that they list 'counsellor theoretical framework' as an item - that is that they don't regard 'strengths-based practice' in itself as being the 'counsellor theoretical framework'. I agree with that because I think that that 'strengths-base framework/approach sits above and across a number of theoretical frameworks (i.e. it isn't 'in competition with' other theoretical frameworks, rather it is complements and adds to many frameworks). Not sure if that makes sense.... hopefully it does. Someone else may have a view about this that they can explain more clearly...

Absolutely......No competition.......an “approach” rather than a framework. I work with an Integrated Approach which calls on a number of different “frameworks”. It’s more about client centeredness and to go all Narrative...another component of my integrated way of working with clients...... about genuine curiosity and enquiry plus the “problem is the problem” not the client.

Yes, I agree with that. I also agree that Narrative fits very nicely with a strengths-based approach, as does most of the 'solution-focused' informed frameworks.

As mentioned yesterday, I’m interested to hear about ideas and suggestions for the symposium about strengths-based practice that PeakCare will be hosting on 25th November. Broadly, we are planning to host the symposium during the day and it will lead into our AGM and end-of-the-year celebrations. This means that those attending the symposium can also easily attend the AGM and celebrations afterwards.

I'm interested to hear suggestions about the symposium’s 'program'. I'm envisaging a program that consists of presentations by some individuals; presentations that 'show-case' some services and ways in which they apply a strengths-based approach to the design and delivery of their services and a panel discussion. I'm thinking that there could also be some displays that might feature literature and other relevant resources and an 'interactive' aspect to the presentations, panel discussion and displays. I'm also envisaging incorporating a presentation/discussion with representatives from the Dept (the Practice Development Unit in particular) about the project to develop and deliver a new framework for Qld which is to be informed by a strengths-based approach.
How does that sound? Are there any further ideas, suggestions or recommendations about the symposium that you would like to make?

Keeping it short and sweet with a couple of handy websites ;)

Innovative Resources is the publication and resource site for St Lukes Bendigo and has a great range of resources http://www.innovativeresources.org/

Appreciative Inquiry Commons has all kinds of information and resources about appreciative inquiry and strengths based approaches http://appreciativeinquiry.case.edu/


Thanks Lorraine…….That’s a good systemic paper.

When I read this a few days ago I was really surprised. I’d forgotten how far back SBP went. This is a really good reminder to keep focused on SBP and build the momentum:

THE STRENGTH BASED MOVEMENT: HISTORICAL BACKGROUND

It is difficult to pinpoint the beginning of the contemporary strength-based movement. It has numerous origins, including business, social and policy development, community development, social work, and youth justice. Brendtro (2004) traced its roots in the helping professions to the early to mid-1900s. Although it was not called the "strength-based approach", there are records of attempts to eliminate punitive treatments in the mental health field at this time. The approach was proposed to treat patients as partners. The role of doctors was to create positive living and learning environments, and to forge close interpersonal relationships with patients.

In 1920, Karl Wilker wrote the following about work with youth:

What we want to achieve in our work with young people is to find and strengthen the positive and healthy elements, no matter how deeply they are hidden. We enthusiastically believe in the existence of those elements even in the seemingly worst of our adolescents (Brendtro, 2004, p. 69).

Seemingly, these early forgers were successful in the mental health and troubled youth fields worldwide.

However, in the mid 1950s a pendulum swing back to more repressive approaches took place following this progress. Brendtro (2004) suggests it was due to a lack of training for professionals, a lack of research support, and a general resistance to alternative methods of practice. It seems that threads of strength-based thinking continued, however, throughout the 20th century. In the 1950s Positive Peer Culture emerged and is reported to also be a movement that steered young offender treatment away from deficit thinking and towards asset and strengths development (Quigley, 2003).

Today and over the past 20 years, strength-based philosophy has been applied to some degree in every client population and area of the helping professions alone. This emergence has run parallel to other disciplines too. (Roebuck, 2007)

For me…it’s another example of…..”everything old is new again”. The language/terminology/jargon changes….and the principle remains the same.
Thank you to everyone for your participation in this discussion and also to those who have been 'listening in' and reading the transcripts. I'm continuing to receive emails from people providing very positive feedback about the discussion and the transcripts. Appreciation is extended to those who shared reference materials that they have considered might be of benefit to others.

A transcript of today's discussion will also be produced and sent to various groups and posted on this site.