



Admiring Betty

Installing a Strength-Based Framework in Your Organization

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Meet Betty



- Fourteen, feisty frustrating
- Lost it at school and kicked her aide
- Has threatened her mom with scissors
- Two younger sisters want nothing to do with her
- Juvenile court petition pending
- Says she couldn't care less what happens

Meet Jill



- Betty's family team facilitator
- One year out of her masters degree
- Having a hard time connecting with Betty -
- Or with Betty's mom - who says she's fed up and wants Betty out

Meet Liz



- Manager at Jill's agency
- Wants to help Jill and the rest of the staff use a strength-based approach more consistently
- Not sure if:
 - Its possible
 - It will make that much difference
 - Is worth the effort

What is it?

- Six components of a strength-based approach:
 - Attitude
 - Discovery
 - Mirroring
 - Intervention
 - Recording
 - Evaluation



Attitude

- A willingness to observe, appreciate, speak to and reinforce the capacity for resilience and recovery that resides in each person and family we encounter.
 - **Understand** why identifying strengths will support positive engagement and change
 - **Know** how to express this understanding in a variety of client encounters
 - **Be able** to maintain the attitude in negative situations

Discussion

- How can Liz help Jill maintain a strength-based attitude when Betty drives her up the wall and Betty's mom is at the end of her rope?

Discovery

- The capacity to reliably identify clients' functional strengths and use these strengths as the foundation for an effective service plan:
 - **Understand** what functional strengths are and why discovering them is important
 - **Know** how to use a variety of formal and informal strengths-discovery techniques and tools
 - **Be able** to apply the right technique or tool in the right situation.

Discussion

- Assuming that Liz has helped Jill get back into a strength-based groove, how can she help her discover strengths in Betty and her family when nobody wants to say anything good about anybody including themselves?

Mirroring

- Sharing your observations of clients' strengths with them to insure accuracy and mutual understanding, and to facilitate engagement.
 - **Understand** why clients must see and validate the potential strengths that the practitioner has observed
 - **Know** how to use a variety of techniques to provide feedback without cueing defensiveness or appearing phony
 - **Be able** to facilitate reciprocal relationships with clients from a wide variety of backgrounds who may have highly idiosyncratic characteristics.

From Reflection to Action

- Mirroring is a dialog that should produce shared understanding on 4 points:
 - **Context**: Key issues underlying the referral and objective details of current situation
 - **Strengths**: The heart of the client's story and the functional strengths it implies
 - **Mission**: A succinct vision of what it would look like to be doing okay
 - **Needs**: A description of the prioritized needs that must be addressed to accomplish the mission

Discussion

- How might mirroring look with Jill and Betty's family team?
- Recall the exchanges in some of your service encounter conversations
- What are some examples of interactive interchange?
- What are examples of one way conversations? (In either direction)

Intervention

- To move from observation to action, the practitioner must have a repertoire of competency building responses and services that can be matched with each client's unique profile of strengths and needs and create an environment where the child and family can prosper
 - **Understand** that the most effective interventions help clients acquire or improve key personal and interpersonal competencies to counteract the challenges they are facing
 - **Know** enough about the available range of interventions to achieve a good fit
 - **Be able** to either implement a chosen intervention or link the client with someone who can.

Discussion

- Think about some of the recent intervention innovations you participated in, arranged or received
- Use a chart like the one below to assess the degree of alignment between the intervention and the child and family's strengths and needs, and the impact of the intervention

Client strengths/needs profile	Nature of service or intervention provided	Ways service was adapted to improve fit	Impact or outcome of service or intervention
			14

Recording

- An effective practitioner should have a reliable system for documenting observations, assessments, interventions and impacts, as well as client opinions, responses and outcomes.
 - **Understand** that without consistent and accurate documentation the practice model will erode
 - **Know** how to gather and record important information and how to use the information management system
 - **Be able** to accurately, succinctly and quickly report appropriate data

Discussion

- How do folks keep track of engagement, planning, implementation and outcomes in the efforts you're connected with?
- What are some ways the current documentation system reinforces strength-based practice?
- What are some ways that the connection could be made stronger?

Evaluation

- To assess the fidelity and effectiveness of our current practices and to build a foundation for service improvement, we need a system that tells us whether we are **doing** what we said we would do, whether it is **helping**, whether we are **learning** how to do it better, and what our clients **think** about the help they are getting
 - **Understand** why data about performance and its effects should drive practice improvement
 - **Know** how to use evaluation tools and interpret their results
 - **Be able** to translate evaluative information into service improvements.

Discussion

- An effective continuous quality improvement system should:
 - Be **aligned** with the value system the organization is trying to implement
 - **Collect** information consistently
 - **Record** information accurately
 - **Apply** objective measures to
 - What we're doing
 - What we're trying to achieve
 - **Incorporate** active participation by both providers and recipients
 - **Inspire** staff and stakeholders to find ways to make things better
- What are some examples of useful CQI system components that you've experienced?

The ADMIRE Test

- In your organization, or in the organization from which you received services, to what extent:
 - Do staff members express a S/B **orientation** with clients and system partners?
 - Does each service encounter include formal or informal strengths **discovery**?
 - Do staff **share** the strengths discovery process with their clients?
 - Do the **interventions** used build on strengths to meet needs and progress toward accomplishing the family's mission?
 - Do staff **document** the essential elements of the service encounter?
 - Does the organization **measure** its actions and results, and its clients' responses?

Getting Clinical

- *“Evidence-based clinical practice is an approach to decision-making in which the clinician uses the best scientific evidence available, in consultation with the patient, to decide upon which option suits the patient best.”*
 - J.A. Muir Gray (The fellow who invented the term.)
- How should we be both strength-based and clinically astute in our systems of care for children and families?

What is Clinical?

- When children and families have complex needs, input and assistance from a variety of disciplines and perspectives may be useful
- But these disciplines sometimes don't connect as well as we would like
 - Conflicting assessments and recommendations
 - Right answers to the wrong questions and vice versa

Meet Doc Brown



- Clinical consultant to Liz's unit
- Years of compassionate work with children who have been victims of abuse and neglect
- Limited experience in certain other areas
- How can he bring a strength-based approach to his assistance to Betty's team?

Clinical Challenges for Family Teams

- Magic bullet thinking - just because we have a diagnosis doesn't mean we have a solution
- Resolving conflicting opinions
- Exploring ambiguous health and behavioral concerns
- Resolving conflicts between science and culture
- Improving communication among all involved
- Finding, accessing and funding needed assessments, services and treatments, especially for rare or atypical disorders

Creating a Framework

- How to examine the impact of various types of clinical issues in a balanced and strength-based way
- Shift from discipline to function
- Matters that affect:
 - Relationships and attachment
 - Behavior and community interactions
 - Learning and school interactions
 - Physical and medical aspects of a child's condition and life experiences

The ABLE Screen

- Start with a focus on what's helping or impeding the child and family in achieving their mission
- Then pay attention to both supportive and obstructive elements in the areas of:
 - Attachment
 - Behavior
 - Learning, and
 - Experience
- And use clinical expertise to help understand and incorporate this knowledge into the plan ²⁵

Elements of an ABLE Review

	Attachment	Behavior	Learning	Experiences
Supportive Factors	Attachment and relationship patterns that have supported the child's positive growth and well-being and provided a sense of being loved and cared for	Adaptive behaviors that demonstrate the child's strengths and ability to address his or her needs in an effective and prosocial manner	Cognitive neurological, and attitudinal attributes of the child that help him or her adjust to and overcome any challenges that he or she may confront	Events, interactions and physical or medical aspects of the child's life that have supported increased resiliency, safety, permanency and well-being
Impeding Factors	Attachment and relationship patterns that place or have placed the child at risk or caused emotional and physical harm and generated a negative and distorted sense of self and others	Maladaptive behaviors that cause harm to or create risk for the child or others, interfere with the formation of positive and supportive relationships, and/or prevent caregivers from helping the child effectively address his or her needs	Cognitive neurological, and attitudinal attributes of the child that interfere with his or her ability to adjust to and overcome any challenges that he or she may confront	Events and interactions that have caused harm or created risk for the child, including accidents, abuse, neglect, self-injury, loss and other forms of trauma
Functional differential	What are the net unmet needs of the child and those who care for her/him in the area of attachment?	What are the net unmet needs of the child and those who care for her/him in the area of behavior?	What are the net unmet needs of the child and those who care for her/him in the area of learning?	What are the net unmet needs of the child and those who care for her/him in the area of experiences and health? 26

Discussion

- Think of a time when you were on a team that was trying to unravel the driving forces behind the situation of a child like Betty.
- How might the ABLE framework help you focus on the key questions to ask, and decide on the best places to look for answers?

A Supportive Organizational Climate

- In order to make strength-based practice the standard operating procedure for an agency, the organizational climate should include:
 - **Incentives** for strength-based practice
 - **Disincentives** for not using this approach
 - **Resources** to support its use
 - **Removal** of barriers to its use
 - **Encouragement** from leadership

Incentives

- What incentives do you think would most help Jill and her colleagues to consistently use a S/B approach?
 - Staff recruitment, selection, retention and advancement?
 - Guidance?
 - Encouragement?
 - Rewards?
 - ?

Disincentives

- What disincentives do you think would most deter them from using deficit-based approaches?
 - Repercussions?
 - Hierarchy of response?
 - Contracts?
 - Remediation?
 - ?

Resources

- What resources do you think would most help them implement a S/B approach?
 - Training?
 - Mentoring?
 - Case consultation?
 - Workshops?
 - Tools?
 - Observation?
 - Processes?
 - ?

Barrier Removal

- Which barriers must be addressed before a S/B approach can be consistently implemented?
 - Service access?
 - Billing?
 - Productivity measures?
 - Habits?
 - Mixed messages?
 - ?

Leadership Encouragement

- In what ways can leaders, managers and supervisors encourage more consistent use of a S/B model?
 - Reaction to crises?
 - Recognition for accomplishments?
 - Sharing in the learning curve?
 - Framing challenging situations?
 - Allocation of rewards?
 - Personnel decisions?
 - ?

Three Levels of Strengths

- **Descriptive Strengths**
 - Part of a **label**
 - Usually general - She has a good sense of humor
- **Contextual Strengths**
 - Part of a **story**
 - More particular - Helped her father face his fear about an impending surgery
- **Functional Strengths**
 - Part of a **plan**
 - Future oriented - She can develop a humor-based presentation as part of her community service

Richard Lerner's 6 "C"s

- Competence
- Confidence
- Connection
- Character
- Caring
- Contribution



Theokas, C., Almerigi, J.B., Lerner, R.M., et al. (2005). Conceptualizing and Modeling Individual and Ecological Asset Components of Thriving in Early Adolescence. *Journal of Early Adolescence* (25:1), pp. 113-143.

Non-Violent Communication

- Marshall Rosenberg:
 - **Observe** what is going on, what others are saying and doing and how you are reacting, without judgment or evaluation
 - **Reflect** honestly and accurately what you are feeling, what you like and dislike about what you hear or see
 - **Explore** what needs of yours are connected with those feelings
 - **Continue** the process of engagement with an invitation based on your observation and response
 - “When you said ..., I felt ..., because I need ..., so I would invite you to ...”

Appreciative Inquiry

- Dr. David Cooperrider:
 - **Appreciating** and valuing the best of what is
 - **Envisioning** the possibilities of what might be
 - **Establishing** a dialog about what should be
 - **Acting** from a basic assumption that people and families are mysteries to be embraced, not problems to be solved

Formal S/B Assessment Tools

- **BERS** - child strengths in interpersonal, family, intrapersonal, school and affective domains.
- **CANS** - suite of strength and need assessment tools (EC, CW, JJ, MH, DD, Sexuality)
- **CAL CAT** - CW tool with strengths and needs related to safety, well-being and permanency currently being pilot tested.
- **YCA** - JJ tool that applies the restorative justice model (balancing public safety, accountability and competency development)

Further Reading

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- Barrett, F. & Fry, R. (2005), *Appreciative Inquiry: A Positive Approach to Building Cooperative Capacity* Chagrin Falls, OH: Taos Institute Publications.
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- Neff, J.M., Eichner, J.M., Hardy, D. R., Klein, M., et al. Family-centered care and the pediatricians role. *Pediatrics*, (112/3, pt 1), 691-696.
- Nissen, Laura. (2006) Bringing strength-based philosophy to life in juvenile justice. *Reclaiming Children*, (15/1), 40-46.
- Rosenberg, Marshall B. (2002) *Nonviolent Communication: A Language of Compassion*. Encinitas, CA: Puddledancer Press.
- Rowlands, A. (2001) Ability or disability? Strengths-based practice in the area of traumatic brain injury. *Families in Society*, (82/3), 272-287.
- Saleebey, D. (Ed.) (1997) *The Strength Perspective in Social Work Practice*. New York: Longman.
- Thich Nhat Hanh (1987). *The Miracle of Mindfulness*. Boston: Beacon Press.

Some Web Resources

Appreciative Inquiry: <http://appreciativeinquiry.case.edu>

BERS: <http://www3.parinc.com/products/product.aspx?Productid=BERS-2>

CALCAT: <http://www.sphereinstitute.org/cat.html>

CANS: <http://www.buddinpraed.org/>

Center for Nonviolent Communication: www.cnvc.org

Directive Supervision: <http://paperboat.com>

Family strengthening interventions: Caspe, M. & Lopez, M. E. (2006). *Lessons from Family Strengthening Interventions: Learning from Evidence-Based Practice*. Published by the Harvard Family Research Project. Available on line at www.gse.harvard.edu/hfrp/projects/fine/resources/research/lessons.html.

Mindfulness: University of Massachusetts Center for Mindfulness in Medicine, Healthcare and Society at <http://www.umassmed.edu/cfm/> .

National Registry of Evidence-based Programs and Practices: <http://nrepp.samhsa.gov>.

Patient-Focused Care: <http://patientfocusedcare.org>

YCA: <http://npcresearch.com/> (Click on “materials”)