

Expanded Principles of Strengths-Based Practice

1. Client Contributions

Clients are what make services work and are the single most important contributors to change and outcome. Estimates are that client factors provide between one-third and one-half of the overall variance in outcome. Effective approaches identify, highlight, and encourage client contributions to change. Client factors comprise internal strengths and external resources including support systems. *Internal strengths* include optimism, persistence, resilience, protective factors, coping skills, and abilities utilized in vocational, educational, and social settings. *External resources* refer to relationships, social networks, and systems that provide support and opportunities. Examples are family, friends, employment, and educational, community, and religious supports. External resources also include affiliation or membership in groups or associations that provide connection and stability. Client support systems are central in maintaining long-term change.

Maximizing Client Contributions

- Identify client contributions to change
- Recognize clients as competent and capable
- Identify and encourage client qualities and characteristics including resiliency, coping skills, and protective factors in the service of change
- Elicit and evoke client traits and abilities in the pursuit of possibilities and solutions
- Identify qualities and abilities typically utilized in contexts other than the problem area(s) and link to present concerns or problems
- Identify and assist with developing supportive social systems, resources, and networks (for example, family, friends, educators, employers, religious/spiritual advisors, groups, and other outside helpers and community members)
- Attend to clients' motivations and interests
- Learn what clients do to get their everyday needs met (i.e., whom the client seeks out for support, where the client goes for support)
- Identify what clients *already* have in their lives that they can use in the present
- Identify exceptions, moments in the past or present, even if fleeting, when problems have been less present or absent altogether and the client's role in those exceptions
- Explore moments in the past or present when clients have made beneficial decisions and/or exhibited the ability to gain the upper hand with or hold problems at bay
- Even when external influences factor into change (e.g., psychotherapy, medication) or clients assign change to other things (e.g., luck, chance) attribute the majority of change to their qualities and actions
- Share the credit when others have made contributions to change
- Assist clients with evaluating the benefits of positive change
- Identify ways that clients will utilize abilities to face up to future hurdles
- Explore ways that clients can extend change into other areas of life in the future
- Create opportunities for acquiring and developing new skills
- Encourage personal agency and accountability

2. The Relationship and Alliance

Client ratings of the therapeutic relationship and alliance are significantly related to therapeutic outcome and are possibly the best and most consistent predictors of improvement. Those who are engaged and connected with practitioners are likely to benefit most from services. Practitioners who are attuned to the importance of clients' relational needs and monitor relationships are better able to ensure that clients feel heard, understood, and connected. Effective practitioners monitor their relationships with clients and remain responsive to changes throughout the course of services. The term *alliance* highlights the collaborative partnership between clients and practitioners. In addition to the strength of the client-practitioner bond, the degree to which clients collaborated with practitioners regarding processes (e.g., how to meet, when to meet), service directions, and goal establishment as well as methods to achieve those goals is paramount. The quality of the client's participation in services is a crucial determinant of outcome. Negative outcome is often traced to clients being excluded from decisions regarding services.

Possibilities for Strengthening the Therapeutic Relationship and Alliance

- Accept clients for who they are as persons and convey this through acknowledgement and validation
- View clients as cooperative
- Demonstrate respect for clients
- Use active listening, attending skills, and engagement processes while recognizing that caution toward professionals may be an appropriate response to past experiences
- Create multiple pathways for developing supportive, stable relationships with family, staff, peers, and other caring participants in clients' lives
- Use attending and listening skills (for example, genuineness, positive regard)
- Acknowledge clients while inviting accountability for their actions
- Use respectful, nonpersonalizing language and descriptions of problems and avoid unnecessary professional jargon. Recognize that such terminology may be useful in some professional contexts (for example, for securing services, differential diagnosis) but can be disrespectful, stigmatizing, and threaten relationships with clients
- Collaborate with clients in determining goals
- Collaborate with clients on tasks to accomplish goals
- Attend to personal contributions to the alliance including possible positive and negative effects
- Incorporate an outcome-orientation as a means of monitoring the impact of services from clients' points of view
- Collaborate with family members, outside helpers, and community resources to create strong social networks and systems of support
- Incorporate the views of involved helpers (for example, extended family, social service workers, medical personnel, educators, law enforcement, educators) in setting goals and determining directions
- Learn clients' expectations
- Offer options and choices in services and processes
- Accommodate therapy and services to clients' views
- Discuss with clients possible benefits and side effects of services
- Discuss with clients parameters of confidentiality
- Provide rationale for services
- Incorporate processes for learning clients' views of service-oriented relationships and integrate feedback into all aspects of services
- Learn and adapt to the ways in which clients' use language
- Demonstrate concern for the well-being, feelings, and interests of clients
- Complement clients for positive intentions and actions
- Practice directness without being confrontational
- Consider clients as experts on their lives, learning about and respecting their ideas
- Respect and elicit the contributions and talents of others who may be involved
- Serve as positive role models to others
- Develop and increase awareness regarding personal biases and viewpoints and how they can affect relationships and services
- Attend supervision or seek consultation on a consistent basis

3. Cultural Competence

Culture specifically refers to a system of shared beliefs, values, customs, behaviors, and artifacts among various groups within a community, institution, organization, or nation. From generation to generation, members of society use their cultural references to cope with their world and with one another. Culture is reflected through diversity which refers to other characteristics by which persons may prefer to self-define. This includes, but is not limited to an individual's age, developmental and acquired disability, gender/sex, sexual orientation, religious/spiritual identification, indigenous heritage, national origin, social and economic class background and residential location (i.e., urban suburban, rural), other social locations as vocational and recreational choices, partnership status, parenthood (or not), attractiveness, body size and shape, and state of physical health. Culture is a powerful filter through which behavior can be understood; however, no one aspect provides a comprehensive explanation of it. Multiple factors vary in their degree of influence. Cultural competence is a cornerstone of a strengths-based philosophy. It translates to having the capacity to function effectively in other cultural contexts. It is reflected

through awareness and practices that involve learning new patterns of behavior and effectively applying them in the appropriate settings. This requires valuing diversity, which means accepting and respecting differences. People come from different backgrounds, and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. Practitioners continue to expand knowledge of different cultural backgrounds through education and experiential activities. In addition, culturally competent practitioners:

- are actively in the process of becoming aware of their own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth
- actively attempt to understand the worldviews of their culturally different clients without negative judgment
- are in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with their culturally different clients

Ensuring Cultural Competence

- Maintain cultural self-awareness and sensitivity to one's own cultural heritage, background, and experiences and their influence on attitudes, values, and biases
- Recognize limits of multicultural competency and expertise
- Recognize sources of personal discomfort with differences that may exist between practitioners and their clients in terms of race, ethnicity, culture, gender, and other influences
- Acknowledge that specific racial and cultural factors influence service and therapeutic processes—client's cultural heritage and practices is understood and respected
- Emphasize a multi-level understanding, encompassing the client, family, community, helping systems, culture, and other influences
- Consult others who share cultural similarities and expertise with clients being served
- Create safe, nurturing cultural, physical, psychological, and social environments and settings
- Use assessment processes that identify concerns, risks, and threats to safety and well-being
- Acknowledge and addresses risks and issues related to safety
- Acknowledge that caregivers can and are capable of keeping their children safe
- Form safe and nurturing physical, cultural, and social environments
- Create culturally meaningful experiences
- Individualize services (avoid "one-size-fits-all" approaches)
- Accommodate services to the expectations of those being served
- Acknowledge clients as teachers and experts on their own lives and experiences
- Emphasize the capacities that clients have to adapt, change, and grow
- Empower clients and others through practices that identify and employ their unique capabilities
- In therapy with individuals with disabilities use a "minority" rather than "deficit"-based approach
- Identify, assess, address, and monitor barriers to services
- Create plans of action that are culturally sensitive
- Exercise care in matching methods with clients
- Utilize strategies that are respectful and reflective of differences
- Explore exceptions to risks and incorporate into action plans
- Employ proactive (as oppose to reactive) systems of response
- Approach services opportunities to educate and prevent
- Use culturally sensitive methods of research and evaluation
- Conduct ongoing self-assessments
- Conduct program assessments
- Manage the dynamics of difference
- Acquire and institutionalize cultural knowledge
- Adapt to the diversity and cultural contexts of the individuals, families, and communities served

4. Change as a Process

Three points characterize the principle of change as a process. First, emphasis is on enhancing change as opposed to searching for explanations about the nature of problems. Time is spent more productively when the practitioner and

client focus on and enhance the factors responsible for change-in-general rather than on identifying and then changing the factors a theory suggests are responsible or causing problems-in-particular. An emphasis on practitioner-derived explanations is indicated only when clients communicate that they prefer such a focus or agree with practitioners as to the possible benefits of the focus. Second, change is constant; people, situations, and problems are not static. Problems fluctuate in frequency, intensity, and duration. Recognizing this variability, practitioners engage clients in conversations to learn more about times when problems are more or less manageable or absent altogether. This includes finding out about the influence that clients have over problems and factors that can increase this influence. Explorations of differences and influences help practitioners understand how change occurs in clients' lives and how they are able to mobilize their resources in problematic situations. Third, change is predictable. All large-scale meta-analytic studies of client change indicate that the most frequent improvement occurs early in services. The duration of services depends primarily on factors such as the severity of clients' symptoms and personality characteristics as well as the strength of their social systems. Therefore, some clients may respond and make appreciable gains more slowly than others. Research suggests that as services progress, a reliable course of diminishing returns occurs with more and more effort required to obtain barely noticeable differences in client improvement. Even though the amount of change decreases over time, as long as progress is being made, services can remain beneficial. It is not the length of service that is most important but practitioners' collaboration with clients to determine what clients want to have change, when things are better, and when needs, goals, and outcomes have been achieved. Practitioners should consider that clients will vary in their use of therapeutic services; some will move in and out very quickly. Others will attend services over extended periods of time or in "rounds" (i.e., intermittently, a few sessions at a time). Thus, flexibility in terms of allowing for clients' entry, termination, and reentry is needed.

Tapping into Change Processes

- Focus on meeting the basic needs of clients (for example, food, water, sleep, safety)
- Listen for and honor clients' ideas about directions for therapy/services
- Tap into change by incorporating a sense of structure in sessions to assist with direction and to focus attempts at helping
- View meaningful change as attainable and problems are barriers to progress, not fixed pathology
- View growth, development, and maturation as part of the change processes
- Focus on maximizing the impact of each interaction and/or session
- Monitor change from the outset of services, recalling that change tends to occur early on in services
- In lieu of positive change, engage in conversations with clients earlier rather than later to make adjustments in services
- Emphasize possibilities for change through a future focus
- Explore exceptions to problems and how change is already happening in clients' lives
- Focus on creating small changes, which can lead to bigger ones
- Scan clients' lives for spontaneous change and build on those changes
- Approach assessment processes as opportunities to initiate positive change
- Allow reentry or easy access to future services as needed

5. Expectancy and Hope

Expectancy and hope factors refer to the portion of improvement derived from clients' expectations for treatment, their development of hope, and the credibility they place on the rationale for the specific techniques used in services. Effective practitioners not only maintain an awareness of expectancy and hope but also focus on ways to increase the two in all aspects of services. Clients' and practitioners' expectations about services are crucial, especially at the beginning. The expectation that services can lead to positive change is one that counteracts demoralization and increases hope. Practitioners' attitudes can promote or dampen hope. Expectancy is multifaceted. First, both the client and practitioner must believe in the procedures and restorative power of services. Clients' expectations can help serve as a placebo and can counteract demoralization, activate hope, and advance improvement. In most cases, what accounts for a significant part of a specific change is the client's *belief* in the technique or method being used and in the practitioner (the feeling of being in "good hands") rather than the specific technique or method used. Important aspects in bringing about change include (1) the processes and practices practitioners use that contribute to the expectancy for change and increase in hope, (2) clients' and practitioners' belief in the treatments and the rationales behind them, and (3) the fit between methods and clients' perspectives about their problems and

possibilities for solution. Expectancy and hope offer a remedy to impossibility. When things are going poorly, most people would like their lives, at some level, to improve, at least minimally. Hope for this improvement is not about people looking at the world through rose-colored glasses but recognizing that if people have choices, most prefer things to be better. An underlying pessimism or negativity—unless to emphasize with the client—can dampen hope and represent the difference between clients having a positive experience and continuing services.

Increasing Expectancy and Hope

- Demonstrate faith in clients
- Maintain the belief that change is possible
- Demonstrate faith in the restorative effects of therapy
- Build on preservices expectancy
- Create expectancy for change by focusing on what is possible and changeable
- Create expectancy for change by using language that is respectful and emanates hope
- Enhance placebo effects by building on the client's belief in therapeutic processes
- Believe and demonstrate faith in the procedures and practices utilized
- Show interest in the results of the therapeutic procedure or orientation
- Ensure that the procedure or orientation is credible from the client's frame of reference
- Ensure the procedure or orientation is connected with or elicits previously successful experiences of the client
- Maintain a future focus in treatment
- Work in ways that enhance or highlight clients' feelings of personal control
- View clients as people, not as their problems or difficulties or in ways that depersonalize them

6. Method and Factor of Fit

Methods can be general as with using listening and attending skills or open and closed questions, or they can be specific such as assigning tasks, suggesting interpretations, and teaching skills. Most procedures are designed to have clients experience emotion, change sensory sensations, change thinking, develop new understandings or meanings, and/or change patterns of behavior. Although research indicates that nontheory-specific effects account for the majority of the variance in outcome, methods are crucial to facilitating change. Methods evolve out of practitioners' having collaborative conversations with clients, matching their orientations (in other words, ideas about problems and possibilities for solution), and activating and enhancing the contribution of general effects (in other words, the factors described in the first five premises). Practitioners can increase factor of fit by checking with clients to determine the validity of methods. Furthermore, clients' beliefs about particular focuses (for example, emphasizing thoughts, behaviors, interactions) weigh heavily on the fit of the approach. A lack of fit can have detrimental effects by negatively affecting the therapeutic relationship, dampening hope, and curbing expectancy for positive change. Although clients' orientations drive services and are pivotal to increasing the factor of fit, practitioners can draw on their knowledge of theories to match clients' ideas about their problems, possibilities, and potential solutions. This knowledge can help engage clients in conversations that may allow new perspectives to emerge. It also allows practitioners to view situations from varying perspectives without having to align with any one model or viewpoint.

Ways to Increase Factor of Fit

- Use methods as a vehicle for activating and enhancing the other core premises of SSB
- Use methods that fit with, support, or complement the client's worldview
- Use methods that fit with or complement the client's expectations for treatment
- Use methods that capitalize on client strengths, abilities, and resources
- Engage clients in conversations and feedback processes to learn their thoughts about methods being considered
- Use methods that fit clients' coping styles (internalized or externalized)
- Use methods as a means of incorporating structure to sessions/interactions
- Use methods as a means of targeting change in specific areas of clients' lives (for example, thinking, action)
- Employ client strengths in strategies to assist with change
- Utilize the client's environment and existing support network
- Use methods that positively reinforce healthy behaviors and functioning

- Use a model to help think differently about a problem or situation when positive change is not occurring (this can assist with viewing concerns from different frames of reference)
- Use a method that the client considers empathic, respectful, and genuine
- Use methods that increase the client's sense of hope, expectancy, or personal control
- Use methods that contribute to the client's sense of self-esteem, self-efficacy, and self-mastery

The preceding six principles of strengths-based practice are grounded in decades of empirical evidence regarding effective and successful services. The principles are not independent ingredients that act in isolation from one another. Conceptualizing each principle as a distinct, independent entity would minimize the relative effectiveness of their interrelatedness. When used in concert with one another, these principles create a foundation based on collaboration, competency, and change.

Source:

Bertolino, B. (2010). *Strengths-based engagement and practice: Creating effective helping relationships*. Boston, MA: Allyn & Bacon/Pearson Education.