



# Brief Literature Review on Strength-Based Teaching and Counselling

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May 23, 2006

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## Introduction

Traditionally, human services agencies have focused on individual, family, neighborhood, and communities needs, deficits, and problems. However, this emphasis can communicate a sense of failure and helplessness, reinforce low expectations, create dependency on outside resources and agency-created solutions, and discourage individuals and communities from moving in the direction of positive outcomes (Keith, 2001). Education and social service plans that are based on the deficits, problems, or pathologies of children direct the attention of professionals to only one view of the child. Specifically, they tell us what a child does poorly (Epstein and Rudolph, 1998). As Kral (1989) stated, "if we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If we ask people to look for successes, they will usually find it, and their view of the situation will be colored by this".

Over the last decade or so "wars" have been declared on various social issues such as teen pregnancy, dropping out of school, drugs, and most recently, violence. However, a problem with such campaigns is that they come too late, after the targeted problem has reached epidemic proportions and taken firm root in the lives of the young. They are focused on crisis intervention, the equivalent of solving the problem by sending an ambulance to the rescue rather than giving an inoculation that would ward off the disease in the first place. (Goleman, 1995). "Research on youth issues tends to identify and count large and seemingly intractable problems. It makes the public feel powerless in the face of daunting, complex problems. And it fuels the erroneous conclusion that costly programs run by professionals are the antidote" (Benson, 1997). One example of this is the use of the term "at-risk" to categorize individuals, families, and groups in order to determine their potential for vulnerability to negative life outcomes (Ustesch). Risk factors have historically been identified as biological, psychological, cognitive, and environmental conditions impeding normal developmental processes (Roepert, 2000). This particular view labels individuals, families, and groups according to their problems or deficits without recognizing strengths or competencies (Kaplan and Girard, 1994).

However, there has been a shift over the past fifty years from a problem-focused, deficit perspective to a strengths-based view that emphasizes resources and capabilities (Cohler, 1987; Howard and Dryden, 1999; Keogh and Weisner, 1993; Spekman, Herman and Vogel, 1993). This paper examines the strength-based approach with particular emphasis on how it is applied to education and counseling.

## Strength-Based Approach

A strength-based approach is a positive psychology perspective that emphasises the capabilities and strengths of the individual. It starts with and accentuates the positive. Strengths-based approaches are developmental and process-oriented (Ustech). They identify and reveal internal strengths and resources (resiliencies) that exist within an individual, family, or group as they occur in specific problems contexts (Egeland, Carlson, and Stroufe, 1993). A strengths perspective is a dramatic departure from conventional social work practice (Saleeby, 1994).

the strength-based approach “honour[s] the innate wisdom of the human spirit, the inherent capacity for transformation of even the most humbled and abuse” (Saleeby, 1997). The basic premise of this approach is “that people possess inherent strengths or assets that hold the key to their ability to cope with stress and trauma. Instead of diagnosing deficits and prescribing treatment to address them, strength-based therapists help clients identify and build on their capacities” (Barton, 2005). Every individual, group, family, and community has strengths. To detect them, the social work practitioner must be genuinely interested in and respectful of their client’s stories, narratives, and accounts, as well as the interpretive angles they take on their own experiences (Saleeby, 1997).

Dennis Saleeby (1997) identifies three principles to be used in defining the strength-based approach to building communities. The first is that “assets and strengths-based community workers start with the resources that are present in the community and not with what is missing, or what the community needs.” Secondly, “this approach to community development is internally focused. That is, it is very important to know what is going on in the community, what assets are available, and what individual and group capacities exist.” Thirdly, “the process must clearly be relationship driven. If people are to be pulled into the life of the community and share their capacities, it will be done through the medium of relationship. A gift is given from hand to hand.”

Recently, strength-based assessment has garnered considerable support in education, mental health, family services, and other social services (e.g., Dunst, Trivette, and Deal, 1994; Nelson and Pearson, 1991). Strength-based assessment has been defined “as the measurement of those emotional and behavioural skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development” (Epstein and Sharma, 1998).

Therapists who focus more on solutions than problems are able to enlist youth once seen as “resistant” and “dysfunctional” in the process of positive change (Berg, 1994). When assessments and treatments are based on strengths, children and families are more likely to become full participants in the therapeutic process (Brendtro and Shabazian, 2004).

True practice of a strengths perspective demands a different way of seeing clients, their environments, and their current situations. Rather than focusing on problems, a social or community worker turns towards possibility. Clients understand that they have skills, experiential knowledge, hopes, interests, and that they are able to do some things masterfully. These may be obscured by stresses in the moment, submerged under the weight of crisis, oppression, or illness, but they still abide (Saleeby, 1997, p. 3, 12).

## Resiliency

A significant factor in the process of applying a strengths-based model is resilience (Ustesch). Resilience is a relatively recent concept in the arena of human development and social services, having evolved from an earlier focus on social problems (Barton, 2005). It is defined as the ability to spring back from and successfully adapt to adversity. Werner and Smith (1992, p. 202) refer to resilience as an innate “self-righting mechanism” and Lifton (1994) identifies resilience as the human capacity of all individuals to transform and change, no matter their risks. Such capacity is linked to individual, family, peer, and community characteristics that are also called assets. Resilient individuals display innate characteristics known as protective factors to help modify their reaction to risks. Protective factors for a child may be characteristics that attract adults (e.g. physical features, intelligence, health, easy temperament) or environmental aspects such as caring relationships with adults, the absence of traumatic stressors, economic wellbeing, or social competencies (Keith, 2001). However, the two most prominent predictors of resilience throughout childhood and adolescence are having a strong pro-social relationship with at least one caring adult and strong intellectual capabilities (Werner and Smith, 1987; Rutter, 1990; Masten and Coatsworth, 1998)

Strengths-based practice and resiliency literature is interconnected and similar in many ways. Both emphasize assets and resources of the person seeking help rather than symptomatology and problems (Saleeby, 1997). They both understand that people do the best that they can with the resources available to them (Saleeby 1997; Wolin and Wolin, 1993). The emphasis is placed on the individual as a whole instead of just on the individual’s deficits.

The foundation for the resiliency paradigm is a dramatic new perspective on how children and adults bounce back from stress, trauma, and risk in their lives. It has emerged from the fields of psychiatry, psychology, and sociology. A growing number of studies in these fields challenge the notion that stress and risk (including abuse, loss and neglect, or simply the ordinary stresses of life) inevitably doom people to develop psychopathologies or perpetuate cycles of poverty, abuse, educational failure, or violence. (Henderson and Milstein, 2003).

The idea of resiliency, that people can bounce back from negative life experiences and often become stronger in the process of overcoming them, has emerged from this research, (Henderson and Milstein, 2003). It offers a more positive perspective on “risk” in peoples’ lives. It stresses, as Henderson and Milstein suggest, “strengths instead of deficits, to look through a lens, strength in analyzing individual behaviour, and confirms the power of those strengths as a lifetime resiliency.” They contend “resiliency research is contributing to a philosophical revolution away from a pathology-based medical model of human development to a proactive wellness-based model.”

However, Ungar (2005) stresses that “caution is needed when speaking of resilience as the bulk of its literature is based on a Eurocentric view of the world.” The discourse of resilience has been co-opted by proponents of a neo-conservative agenda that argues if some people survive and thrive in the midst of great stresses, the sole responsibility for success should be on all individuals within populations at risk to do the same. Noted resilience researcher Ann Masten (1996) also provides a word of caution: “the great danger I see in the idea of resilience is in expecting children to overcome deprivation and danger on their own... There is no magic here; resilient children have been protected by the actions of adults, by good nurturing, by their assets, or by opportunities to succeed. We cannot stand by as the infrastructure for child development collapses, expecting miracles.”

## Strength-Based Approach in Education

For almost twenty years “public and educational discourse has been steeped in the language of risk” (Benard, 1998). Between 1989 and 1994 alone, more than 2,500 articles were published on “children and families at risk” (Swadner and Lubeck, 1995, p. 1). Benard (1998) writes that “over 40 years of social science research had clearly identified poverty—the direct result of public abdication of responsibility for human welfare—as the factor most likely to put a person ‘at risk’ for social ills such as drug abuse, teen pregnancy, child abuse, violence, and school failure. Yet policymakers, politicians, the media, and often researchers themselves have personalized ‘at-riskness’ by locating it in youth, their families, and cultures—perhaps providing a convenient smokescreen for the naming and blaming of poverty. Even when its use is well intentioned (e.g., when used to secure needed services for children and families), this approach has increasingly led to harmful, isolating practices for a growing number of students in urban schools.” Most dangerous of all, this risk focus has encouraged teachers and other helping professionals to see children and families only through a deficit lens. This “glass-as-half-empty” perspective blocks our vision to see the whole person and hear the “real story”—often one filled with strengths and capacity.

Common sense cautions against this deficit approach, and new rigorous research on resilience is disproving it scientifically. Studies demonstrate both the ways that individuals develop successfully despite risk and adversity, and the lack of predictive power of risk factors. Further, they articulate the practices and attitudes that promote healthy development and successful learning in students. Their findings are corroborated by research into the characteristics of teachers and schools, families, organizations, and communities that successfully motivate and engage youth from high-risk environments, including urban poverty (Ianni, 1989; McLaughlin, Irby, and Langman, 1994; Meier, 1995; Rutter, Maughan, Mortimore, Ouston, and Smith, 1979).

Werner and Smith (1989) found that among the most frequently encountered positive role models for children, outside their circle of family members, was a favorite teacher. These teachers are often referred to as “turnaround teachers”. They are portrayed as caring individuals who develop relationships with their students. Being interested in, actively listening to, and validating the feelings of struggling young people, as well as getting to know their strengths and gifts, conveys the message, that “you matter” (Benard, 1998). According to renowned urban educator Deborah Meier (1995, p. 120), this kind of respect—having a person “acknowledge us, see us for who we are, as their equal in value and importance”—figures high in turnaround relationships. (Benard, 1998).

For the resilient youngster, a special teacher is not just an instructor for academic skills, but also a confident and positive model for personal identification. A description commonly used for such teachers is that “they [hold] visions of us that we could not imagine for ourselves” (Delpit, 1996). These teachers tend to recognise the existing strengths of their students as well as the possibilities and they use this knowledge as a starting point for teaching. They tend to have high expectations for their students.

Turnaround teachers/mentors not only see the possibilities, but they also recognise existing competencies and mirror them back, helping students appreciate where they are already strong. When they use these strengths, interests, goals, and dreams as the beginning point for learning, they tap the student’s intrinsic motivation and existing innate drive for learning. Positive and high expectations then become easier for students to meet (Benard, 1998).

Expectations can have a powerful influence on whether an individual’s strengths will be mobilised to overcome adversity. In 1968, Jane Elliott, a Riceville, Iowa teacher, discovered this through a lesson on bigotry. She divided her class of all white students into two groups, those with brown eyes and those with

blue eyes. She would alternate telling one group they were “superior” and the other group they were “inferior”. The “superior” group would receive special treatment that the “inferior” group did not. She repeated the same lesson every year, and every year the result was the same. The “superior” group was confident and performed better academically than they had prior to the lesson. The “inferior” group was sullen and withdrawn, performing lower academically (Ferguson, 1998).

The identification of strengths can assist overwhelmed, labelled, and oppressed youth in reframing their narratives from “damaged victims” to “resilient survivors” (Benard, 1998). A recurring theme in using the strength-based approach with youth is to give them responsibility and encourage and involve them in decision-making. According to Benard, “providing outlets for student contribution is a natural outgrowth of working from this strengths-based perspective.”

Social skills and problem-solving should become part of daily school activities. They can be taught directly through structured classes or indirectly through problem solving themes. Students need to be taught a problem solving language to deal with situations as they arise.

Researchers worldwide have documented an amazing finding that, when tracked into adulthood, at least 50%, and usually close to 70%, of “high-risk” children grow up to be not only successful by societal indicators but also “confident, competent, and caring” persons (Werner and Smith, 1992).

## Strength-based approach in group work

Peer groups are the most influential factor during the years of adolescence and can be effective in helping adolescents become strong. Peer group therapy can offer teens a place where they have more say over labels and greater opportunities to explore personal competencies through personal relationships. Peer groups are particularly important as forums in which to assert both an individual and collective identity (Michael Ungar, 2004). Positive peer relationships provide children with an arena of support outside the family in which they can experiment, develop attitudes, skills, and values, and learn to share, help, and nurture one another (Boyden and Mann, 2005).

When teens feel that they have a say over their world and opportunities to use their talents, they often report feeling mentally healthy despite adversity. The task of a therapist or other helpers is to help youth identify “areas of competence, control, and power present in the different spheres of their lives” (Michael Ungar, 2004). Establishing a base of support for an alternative discourse, which identifies youth in ways they want, is the task of both formal helpers within an ecological practice paradigm in the community at large (Germaine and Gitterman, 1996).

While strength-based group work does not deny problems, it stresses the identification of group members’ resiliencies. Encouraging group members to discuss their strengths often results in increased self-disclosure, communication, and cohesion among the members (Vorrath and Brendtro, 1985). There are various characteristics of resilient children and youth. Some of the individual attributes are competence (intellectual, physical), self-efficacy, positive self concept/self-esteem, self-awareness or insight, humour, creativity, goals and aspirations/personal mission, empathy for others, perseverance, and spirituality. Some interpersonal attributes are meaningful relationships with others, maintains a network of school, home community and peer associations, social competence, assertiveness, resistance to negative and controlling behaviours by others, and interpersonal problem-solving skills (Ungar, Dumont, and Macdonald, 2005).

According to Michael Ungar (2004), “critical to any success is a deep respect for the adolescent experience.” One must “look beyond the surface of ‘bad’ behaviour to understand them as ways of coping with life’s adversaries.” Empowerment is one of the more preferred strategies for therapy. In *Nurturing Hidden Resilience in Troubled Youth*, Ungar also talks about “how minority youth seek resilience in contexts different from the mainstream”. And in their critique of the literature on resilience, Stanton-Salazer and Spina (2000) argue that “we must seek to better articulate how the forces of exclusion and social oppression have become normalised within every institutional structure which minority families and youth must routinely negotiate (e.g. public schools, housing, job market, judicial system).” They conclude that “existing models of resiliency reflect biases grounded in American values of free enterprise and individualism and [are] historically linked to the Protestant Ethic.” When it comes to intervention, one size does not fit all. The needs of marginalized youths have to be addressed in a culturally appropriate manner that is responsive to their unique barriers. Intervention must identify needs and provide opportunities for young people to engage with on their own cultures, backgrounds, and particular experiences.

## Conclusion

The assets paradigm does not eliminate the need to address barriers such as poverty, abuse, neglect, and other hardships that are very real and devastating for too many children and youth (Benson, 1997). A strength-based approach does not simply focus on positives and ignores concerns or fabricates strengths that do not exist. Rather, it means figuring out ways to recognise and utilise genuine strengths to allow building on existing competencies and effectively addressing concerns (Smith, 2006). Focusing on strengths does not mean that issues experienced by children and families will be ignored or that some categorical service options may not be effective in certain situations. Instead, the strength-based approach recognizes that if complex needs are to be addressed effectively, interventions must be based on preferences, strengths, and what works for the family. In times of need, it is people’s friendships, family ties, faith, hope, and interests that help them survive and go on with their lives (VanDenBerg and Grealish, 1997). What communities may need is a paradigm balance, in which deficit reduction efforts are matched in intensity and power with asset-building efforts (Benson, 1997). Strength-based interventions recognize that problems need to be addressed, but as Duchnowski and Kurtash (1996) show, evidence indicates that “strengths and capacities are the building blocks for change and should receive primary emphasis.”

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