Strength-Based Practice with Children in Trouble

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In recent years, programs serving children in trouble and their families have been shifting from a pathological perspective toward developing strength-based practices. This article describes the strength-based perspective and outlines practices that have been found to be effective with challenging children.

For more than 50 years, the helping community has been preoccupied with the at-risk paradigm for understanding and serving children in trouble and their families. However, the belief that children are competent and resourceful and have the potential to help others and their surrounding communities is not new (Aichorn, 1935; Konopka, 1970; Makarenko, 1955; Vorrath & Brendtro, 1974). Now, more and more people are becoming interested in breaking with the long history of research and practice emphasizing problems, vulnerabilities, and deficits in children and families. In accordance with this shift, this article aims to put strength-based practices in the hands, minds, and hearts of every family and childcare practitioner.

Efforts to identify a strength-based model have been attempted by practitioners in several fields, such as substance abuse, mental health, and social work (Rapp, 1998; Saleebey, 1996, 1998; Weick, Rapp, Sullivan, & Kisthardt, 1989). In addition, research and practice in resilience (Werner & Smith, 1992; Wolin & Wolin, 1993) and the solution-focused approach (Corcoran, 1997; Durrant, 1993; Selekman, 1993; Walter & Peller, 1992) have offered support for a strength-based paradigm. However, few attempts have been made to articulate the application of such a perspective to child welfare.

As strength-based practitioners, we work from the belief that children and their families have strengths, resources, and the ability to recover from adversities. The strength-based paradigm offers a different language to describe children's and families' difficulties and struggles, allowing us to begin to see opportunities, hope, and solutions rather than problems and hopelessness. According to Wolin (1999), the paradigm vests power in children and families to help themselves and casts practitioners as partners rather than as experts, authorities, initiators, and directors of the change process. Strength-based practice is in sharp contrast to the predominant preoccupation with what is wrong with children, families, and society. Lack of particular strengths within a child or a family is not seen as a failure or inadequacy, because this lack can often be explained by life circumstances. The strength-based perspective is an alternative to deficit thinking and pathology. In discussing the deficit model, Harry Goolishian (1991) wrote:

> The deficiency language has created a world of description that understands only through what is wrong, broken, absent, or insufficient. The deficiency language has created a world of mental health that can be compared to a black hole out of which there is little hope to escape whether we are a clinician, theoretician, or researcher. (pp. 1–2)

In summary, the strength-based approach encourages us to support and reinforce child and family functioning rather than focus on individual or family deficits, and it places the helping practitioners in the role of a partner, rather than an expert. The following principles and practices are central to strength-based practice with children and their families.

Strength-Based Practitioners' Role

Focus on Strengths Rather Than Weaknesses

Every child and family has resources, assets, and strengths. Our job as strength-based practitioners is to detect them, however small they may be. Therefore, we are genuinely interested in children's life stories. Their personal narratives help us detect exceptions to their problems. We are genuinely interested when the problems do not occur, because it is often in these exceptions that possibilities for solution construction lie and the leverage to bounce back from life's hardships can be found. Primary principles of solution-based practice are, therefore, "If something works, do more of it!" and "If it doesn't work, do something different!" (Berg, 1994).

When we start assessment and case planning by identifying and exploring the strengths of children rather than digging into vulnerabilities, we begin to perceive the children differently. The language we use to describe them and the way we talk to them is much more positive and open, which is conducive for embarking upon change. On the other hand, when we focus on deficits and problems, we tend to generate low expectations and low energy for change. When we begin to view children not only as resourceful but also as resources, we can engage in an active partnership with them and their peers. Tate (1999) observed that children in this role actively engaged in the problem-solving process and found fewer reasons to entangle their adult "partners" in unproductive power struggles.

Strength-based practitioners talk with children and families about their strengths in order to rediscover their potentials and help them explore and express their capabilities. This allows children to pursue success and to achieve goals, giving them a sense of "greatness" and mastery.

Build Authentic Relationships with Children and Families

Children need primary relationships and bonds with adults. They need to know someone is there for them and that they are part of someone else's life. They need to be told what is right and what is wrong. So many of the children we serve have not had consistent relationships like these before they come to us; therefore, we must build primary, authentic relationships with them.

Research and self-accounts from people who have been through the child welfare system have demonstrated that authentic relationships between children and adults in service programs are more important than the specific techniques or treatment modalities used. The resiliency literature (e.g., Werner & Smith, 1992; Wolin & Wolin, 1993) and stories of personal accounts (Brown, 1983; Seita, Mitchell, & Tobin, 1996) have indicated that a relationship with a primary adult is a protective factor for many resilient children. A
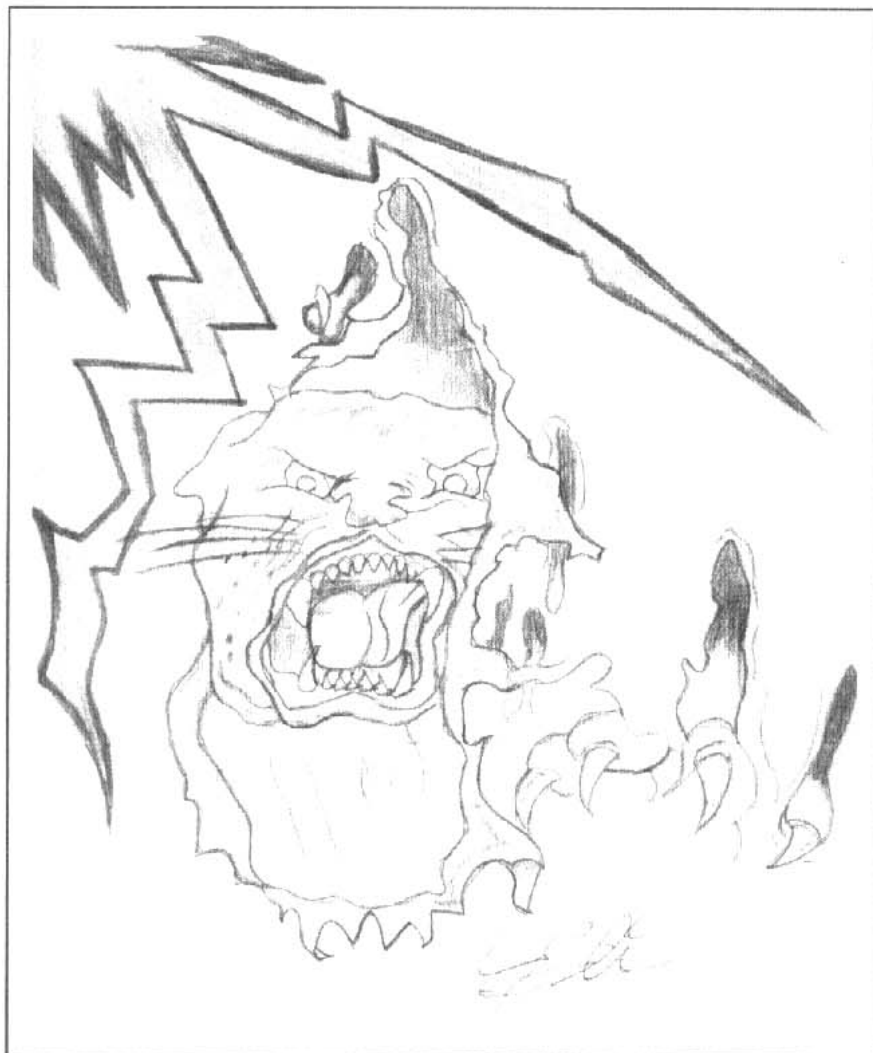
"Anger" by Eli W., age 18, Sioux Falls, SD. "This picture represents how my anger wants to come out. When I get angry, I want to get destructive but try to avoid it, so I deal with it in different ways such as drawing, exercising, and writing letters. The cat and lightning represent my first thoughts and past reactions. The tear in the wall is the destruction that runs through my mind and the destruction that my body could carry." Used with permission.

sense of belonging and of close personal relationships is essential to personal growth. In 1992, Marian Wright Edelman wrote:

> It is the responsibility of every adult—especially parents, educators and religious leaders—to make sure that children hear what we have learned from the lessons of life and to hear over and over that we love them and that they are not alone. (p. 15)

All children need concerned adults and communities to look out for them and set boundaries for them. Strength-based practitioners embrace building authentic relationships with children because we know everyone needs to develop a sense of belonging and connectedness to other people and to the community.

Facilitate Children's Service to Others and to Their Communities

The ideal of helping others and one's community dates from the birth of Western civilization. People throughout history have talked about this very issue. Aristotle wrote that one becomes virtuous by doing virtuous acts. Dr. Martin Luther King, Jr., said, "It does not take a college degree or even a high school diploma to help others. Therefore, everyone can be great because everyone can serve."

Service to others has many positive results, including increased social and civic responsibility, intellectual development, leadership development, moral and ethical development, career development, and cross-cultural learning, as well as commitment to tolerance and democratic values (Frey, 1999; Kendall and Associates, 1990; Lantieri, 1999). The power of caring for others as a way for young people to validate their self-worth has been well documented (Brendtro, Brokenleg, & Van Bockern, 1990; Hedin, 1989). Strength-based practitioners have seen time and time again that children are ready to take their hands out of their pockets when given the opportunity to help. Service to others not only allows them to contribute to the betterment of their families, peers, friends, schools, and communities, it also empowers them as citizens with a meaningful function. When children's self-worth is validated by helping others, they in turn feel they are worth caring about, which is an important component of dignity. Research has shown that children who are contributing members of their communities

are less likely to exhibit rebellious and delinquent behaviors and more likely to become effective in coping with life's challenges (Center for Effective Collaboration and Practice, 1999). Finally, being altruistic improves self-esteem and serves as an antidote to the narcissism, irresponsibility, and self-absorption that often are ascribed to young people today.

Respect Children's and Families' Right to Self-Determination

A core belief of strength-based practice is that children and families have the right to participate in decisions about their current situations and their future. All people feel the need to have a sense of control over the direction, form, and course of their lives; thus, children and families must be involved in assessment, treatment planning, and treatment implementation. In particular, treatment must begin with goals established by the children and their families. Selekman (1993) and Laursen (1996, 1997) noted that children see a connection between how problems are framed and their willingness to take ownership of those problems. The way problems are framed affects children's perceptions of themselves, which, in turn, influences children's investment in the treatment process.

Strength-based practitioners have a willingness to see and comprehend the world as seen by children, and we have an awareness of how they perceive and interpret their experiences. We begin the change process where the children are and work within their world of experience. It is important to use the child's own language to describe his or her problems because it is easy for helping professionals to assume that a child has a problem he or she is denying or not talking about. In other words, problem frames that a child perceives as stigmatizing may contribute to defiance and a feeling of helplessness. On the other hand, problem constructions that a child accepts may contribute to the child having some control of his or her life and investing in pursuing problem solutions. Solving problems that children recognize, understand, acknowledge, and want to resolve is more meaningful for them.

Critics of strength-based approaches have claimed that this form of practice does not address the child's real problems and that the worker becomes an enabler. This is not so. The strength-based paradigm does not ignore or deny

> **Authentic relationships between children and adults . . . are more important than the specific techniques or treatment modalities used.**

that problems exist but looks at another part of the picture to help develop interventions based on children's and families' unique strengths. As Albert Einstein once said, "Our problems cannot be solved at the same level of awareness at which they were created. Hence, we need a new place to come from." Strength-based practitioners still hold people accountable for their problems, but instead of getting stuck on those problems, we help children and families explore new avenues, build on their strengths, and develop alternative solutions.

Believe That Change is Inevitable

An old Chinese proverb states that change is the only permanent thing in the universe and that the concept of the status quo is an illusion. Heraclitus, an early Greek philosopher, is attributed with having said that you cannot step into the same river twice; that is, nothing ever stays the same because people and their circumstances are changing all the time. Strength-based practitioners, too, believe that change is inevitable. We believe that all children have an urge to succeed, to explore the world around them, to learn new things, to have friends, to be taken seriously, and to make themselves useful to others and their communities. We take issue with statements such as "This child is delinquent," "This child is depressed," "He is antisocial," or "She comes from a dysfunctional family." Does this mean, for example, that there are no times when the child is not delinquent? Are there no times when he or she is doing something else? The use of such language can easily become an obstacle.

Children are ready to take their hands out of their pockets when given the opportunity to help.

Our purpose is to help these children and their families solve their problems and become what they would like; therefore, we focus on the whole person, not just the problem. Selvini-Palazzoli, Boscolo, Cecchin, and Prata (1978) observed that it is better to say that children *are showing* delinquency or antisocial behaviors rather than saying they *are* delinquent or antisocial. Statements like "show," "seem," and "act as if" promote a view that the behaviors in discussion are temporary and changeable. Walter and Peller (1992) suggested that such language indicates that the person "is acting that way now, but could be acting in other ways at other times" (p. 17). Strength-based practitioners develop a sixth sense for perceiving and sensing when the problem and behaviors do not occur and use this to elicit more nonproblem times. This ability to identify personal strengths and qualities of the children with whom we work provides the source of energy necessary for change.

Believe That All People and All Communities Have Resources

We do not accept the notion of treatment-resistant children and families and hopeless communities. Strength-based practitioners believe that all children, families, and their communities have strengths, resources, and the ability to bounce back from hardship. Therefore, strength-based practitioners suspend our beliefs about pathology and dysfunction in order to help children and their families identify formal resources (e.g., recreation centers, schools, churches, and YMCAs) and informal resources (e.g., friends, family, and neighbors) within the community. Awareness of what people and communities know and can do is important for strength-based practice with children and their families. We believe that when we use whatever strengths and resources children and their families bring to treatment, their cooperation is inevitable.

Commit to Cultural Competence

Children's and families' strengths are unique and depend on beliefs, cultural background, ethnicity, socioeconomic status, gender, religious affiliation, sexual orientation, race, and other factors. In order to be effective, we are committed to discovering each person's approaches and values and how these are shaped by culture. We recognize that besides poverty, the greatest and most persistent challenge to attaining a just and peaceful society in this millennium will be finding a way to live in a multicultural society free of racism.

The predominant values, approaches, and beliefs of mainstream, White helping professions and organizations often are not congruent with those that help people of color and individuals living in poverty. Strength-based practitioners understand that this dichotomy makes it difficult to meet the needs of people of color. Diversity lends depth, breadth, and new energy to our lives, but it also challenges us by highlighting racism, which Rutstein (1993) described in this way:

> . . . a social and spiritual disease, a disease woven into the moral and spiritual fiber of society. It is born of ignorance and fear, which feed upon each other in a monstrous cycle. That of which we are ignorant becomes a source of fear. Fear itself breeds greater ignorance, which further magnifies fear, and so on. (p. 163)

Dr. Martin Luther King, Jr., commented, "Men hate each other because they fear each other, and they fear each other because they don't know each other, and they don't know each other because they are often separated from each other." Strength-based practitioners are committed to getting to know all about our children and families in order to work effectively in cross-cultural situations. This includes (a) acceptance and respect of cultural difference, (b) continued self-assessment, (c) careful attention to the dynamics of cultural differences, (d) expanding cultural knowledge and resources, and (e) adopting culturally relevant service models. Furthermore, strength-based practitioners are committed to gaining an understanding of the history of racism and the effects of racism on all people. We strive to confront racism where we see it.

Strength-based practitioners embrace the development of cultural competence and a set of congruent behaviors, attitudes, structures, and policies that come together among professionals and organizations, thus enabling that system to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). We understand that race, ethnicity, intergenerational and gender roles, parenting norms, communications, sexual orientation, level of education, and religion affect decisions regarding services, policies, and procedures for clients. Therefore, we demonstrate a willingness to learn about differences and make adjustments to accommodate these differences by meeting clients' needs in a manner that is most beneficial and acceptable to them. We celebrate and incorporate cultural differences and value diversity, conduct cultural self-assessments, are conscious of and manage the dynamics, work to institutionalize cultural knowledge, and adapt services to fit the cultural diversity of the children and families we serve.

Embrace Empowerment as a Process and a Goal

Strength-based practitioners engage in activities with children and their families with the goal of reducing the powerlessness created by their problem situations and the stigmatizing labels that have been assigned to them, such as "delinquent," "attention-deficit/hyperactivity disorder," "clinically depressed," or "dysfunctional." It is our goal to reclaim troubled children by developing in them a sense of power over their choices and options and instilling a sense of control over their lives. Strength-based practitioners assist children and families in discovering the resources and tools within and around them and in helping them understand what limits them from becoming empowered. Strength-based practice endorses the following principles of empowerment:

- Labeling and "pathologizing" children is destructive to life and is challenged by strength-based practitioners.

- Strength-based practitioners maintain a holistic view when dealing with labels and confronted with deficit thinking. We see both the forest and the trees; we see both the problems and the strengths.

- People empower themselves; strength-based practitioners assist.

- Children and families who share a common ground need one another to attain empowerment.

- Strength-based practitioners encourage children to use their own words to tell their story. We believe change is more likely to take place when children and families have articulated their problems.

- We maintain a view of each person as a victor, not a victim.

- Strength-based practitioners focus on social change by making resources available to assist children and families in becoming empowered. (adapted from Lee, 1994)

Team with Children, Families, and Other Professionals in the Reclaiming Process

There is no single helping discipline that can meet all the needs of the children and families we serve. We also recognize that we need suggestions from and creativity on the part of everybody involved in the child's treatment in order to be able to develop sustainable solutions. That is why we have chosen to use a team approach that includes the child, family members or kin, childcare professionals, counselors, case managers, teachers, psychologists, and others. Through this approach, we can develop the capacity to create results that members could not achieve individually.

Teamwork has become a practice and priority for most helping professions over the last two decades (Garner, 1988; Garner & Orlove, 1994; Orlove & Garner, 1998; Vorrath & Brendtro, 1985). Most human service organizations promote team values of collaboration, communication, and cooperation between professionals and children and families. Children and families frequently receive help from multiple sources: teachers, childcare workers, social workers, mentors, in-home workers, psychologists, psychiatrists, foster parents, substance abuse counselors, and others. However, such assistance can be complicated by the fact that the involved professionals may be working for different organizations. The potential for miscommunication, confusion, inconsistency, and conflict is great (Garner, 1999). As a result, teamwork is fundamental for strength-based practitioners in developing and implementing quality services.

In addition, teams are effective in providing a supportive environment for persons who are in high-stress jobs. Cohesive teams give emotional support and appreciate the contributions of all team members. Teams are a safe place for differences to be discussed and resolved, thus reducing a major source of work-related stress. Teams are also an

important resource for professional development, providing their members with reliable feedback regarding what is working and what needs improvement. We see a more efficient use of our resources, talents, and strengths in teams because we willingly apply and share them with other team members. When one person lacks knowledge, skills, or competence, inevitably someone else has what is needed.

Conclusion

The core of strength-based practice is paying attention to what works and identifying strengths rather than deficits in the children and families with whom we work. As a result, strength-based practitioners team with children and families at all levels of service planning and implementation because one of our goals is to create less dependency on professionals. Strength-based values and principles place practitioners in a partnership with children and families to help them identify and use their strengths and resources to overcome obstacles and thus live empowered lives.

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REFERENCES

Aichorn, A. (1935). *Wayward youth*. New York: Viking.

Berg, I. K. (1994). *Family based services*. New York: W. W. Norton.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. Bloomington, IN: National Educational Service.

Brown, W. (1983). *The other side of delinquency*. New Brunswick, NJ: Rutgers University Press.

Center for Effective Collaboration and Practice. (1999). The therapeutic effects of altruism. *Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems, 8*, 92–93.

Corcoran, J. (1997). A solution-oriented approach to working with juvenile offenders. *Child and Adolescent Social Work Journal, 14*(4), 277–288.

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority students who are seriously emotionally disturbed* (Vol. 1). Washington, DC: Georgetown University, CASSP Technical Assistance Center, Child Development Center.

Durrant, M. (1993). *Residential treatment*. New York: W. W. Norton & Company.

Edelman, M. W. (1992). *The measure of our success: A letter to my children and yours*. Boston: Beacon Press.

Frey, L. M. (1999). Service learning as a strength-based intervention. *Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems, 8*, 98–101.

Garner, H. G. (1988). *Helping others through teamwork: A handbook for professionals*. Washington, DC: Child Welfare League of America.

Garner, H. G. (1999). Introduction. In G. A. Giacobbe, E. Traynelis-Yurek, & E. K. Laursen (Eds.), *Strength based strategies for children and youth: An annotated bibliography* (pp. xiii–xix). Richmond, VA: G & T Publishing.

Garner, H. G., & Orlove, F. P. (Eds.). (1994). *Teamwork in human services: Models and applications across the lifespan*. Newton, MA: Butterworth-Heinemann.

Goolishian, H. (1991). *The dis-engaging of mental health*. Plenary address presented at the Houston-Galveston Institute's Conference II, San Antonio, TX.

Hedin, D. (1989). The power of community service. *Proceedings of the Academy of Political Science, 37*, 201–213.

Kendall, J. C., & Associates. (1990). *Combining service and learning*. Raleigh, NC: National Society for Internship and Experiential Education.

Konopka, G. (1970). Our outcast youth. *Social Work, 15*(4), 76–86.

Lantieri, L. (1999). Hooked on altruism: Developing social responsibility in at-risk youth. *Reclaiming Children and Youth: Journal of Emotional and Behavioral Problems, 8*, 83–87.

Laursen, E. K. (1996). Adolescent perceptions of success: A qualitative study of adolescents in three residential treatment centers. *Dissertation Abstracts International, 57*, 3698A.

Laursen, E. K. (1997). Voices of adolescents in residential care. *Caring, 13*, 13–16.

Lee, J. A. B. (1994). *The empowerment approach to social work practice*. New York: Columbia University Press.

Makarenko, A. S. (1955). *The road to life*. Moscow: Foreign Languages Publishing House.

Orlove, F., & Garner, H. G. (Eds.). (1998). *Teamwork: Parents and professionals speak for themselves*. Washington, DC: CWLA Press.

Rapp, C. A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.

Rutstein, N. (1993). *Healing racism in America: A prescription for the disease*. Springfield, MA: Whitcom.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296–305.

Saleebey, D. (Ed.). (1998). *The strengths perspective in social work practice* (2nd ed.). New York: Longman.

Seita, J., Mitchell, M., & Tobin, C. (1996). *In whose best interest? One child's odyssey, a nation's responsibility*. Elizabethtown, PA: Continental Press.

Selekman, M. D. (1993). *Pathways to change*. New York: Guilford Press.

Selvini-Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox: A new model in the therapy of the family in schizophrenic transaction*. New York: Jason Aronson.

Tate, T. F. (1999). *Peer influence and adolescent development: Opportunities for positive cognitive restructuring*. Van Wert, OH: Starr Commonwealth.

Vorrath, H. H., & Brendtro, L. K. (1974). *Positive peer culture*. New York: Aldine.

Vorrath, H. H., & Brendtro, L. K. (1985). *Positive peer culture* (2nd ed.). New York: Aldine.

Walter, J., & Peller, J. (1992). *Becoming solution focused in brief therapy*. New York: Brunner/Mazel.

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34*, 350–354.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Wolin, S. (1999). Easier said than done: Shifting from a risk to a resiliency paradigm. *Reaching Today's Youth, 3*(4), 11–14.

Wolin, S. J., & Wolin, S. (1993). *The resilient self*. New York: Villard Books.