

The Strengths Perspective: Putting Possibility and Hope to Work in Our Practice

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I believe that all of us somewhere, perhaps deep within, have the desire to be heroic: to rise above the nagging, petty concerns of the day, to develop our potential, to surmount hardship, to confront challenges, to be heard and to be a part of something that surpasses the trifling interests of self, to shape and realize our hopes and dreams. The heroic in everyday life is life-affirming. It is the thought, word, and deed, the basic character, however muted or oppressed, that struggles for life, for connection, for caring. Its enemy is anxiety and malevolence. Social workers are dedicated to the work of liberation and empowerment. At heart, these are designed to unleash the heroic in ordinary individuals—whether in the form of renewed energy or commitment, critical thinking, the realization of possibility and purpose in one's world, challenges to the conventional wisdom, moral imagination, the humanitarian impulse, or the ability to surmount adversity, or any combination of these. Appreciating and stimulating the heroic in clients is to assist them in confronting their circumstances, to make an alliance with the positive and robust in them, to collaborate with their dreams and hopes, to make connections to outside resources and possibilities, to collaborate with them on a mutual project of singular importance to them. As Jonathan Glover (2000) observes:

“Fortunately, there are also ‘the moral resources’, certain human needs and psychological tendencies which work against narrowly selfish behaviour. These tendencies make it natural for people to display self-restraint and to respect and care for others.” (p. 22)

According to Glover, two of those tendencies are first, our inclination to respond to certain people, often a large number of people, with positive regard. Second, the other restraining human response is sympathy (and I would add empathy), caring about others and identifying, in some important ways, with them.

Glover quotes from George Kennan an old saying among Caucasus mountaineers: *heroism is endurance for one moment more*. It is the case that many of the people we seek to support and assist have endured situations and conditions that astound our minds and break our hearts. This is the starting point for connecting to the heroic—given the often astonishing demands before them, we must find out how individuals, families, and communities have managed to survive. In some of the community projects I have been a part of, mostly in public housing, while all the things you hear about such economically distressed communities have some truth, what is unseen and not spoken is the image and reality of families and individuals there who every day put forth a fight to exist with a degree of dignity, a glimmer of hope. They might be burdened with poverty, or with serious health problems, or with no respite from the stresses of life on the edge, or with drug addiction, but they are putting up a fight for existence on terms that they can accept—even though those terms may not be recognized and appreciated by others—often others who have power to affect the quality of life for them.

The tapping into the vitality and imagination, the will and the promise of clients is to help them recover or recognize the power to change, reviving old skills and resources, or developing new ones. As professionals we often don't know what people are capable of and, sometimes, they don't either. For example, on the basis of a mental health diagnosis (say from DSM IV TR) you might be tempted to think that a given person cannot be creative, will have difficulty forming relationships, doesn't have much in the

way of intellectual powers, cannot do a particular kind of work, or cannot live independently in the community. In most cases you probably would be wrong—because you really cannot know this. And, unfortunately, the reverse may be true as well. There is no way, on the basis of diagnostic language and thinking alone, that you would be encouraged and be likely to say that a person can be creative, can form relationships, can use intellectual capabilities, and can live independently.

The expanding resilience literature asks us to regard and respect the qualities, traits, virtues, and resources that people acquire and accumulate as they confront and struggle with the challenges in their lives. The strengths perspective acknowledges that reality, too. In addition, the strengths approach obligates us to understand--no, to actually believe:

1) that everybody (*no exceptions*) has external and internal assets, competencies, and resources. These may be realized and a part of a person's life, they may be unrealized and unused, or they may be subjugated by institutions or people. But the understanding and work of people who employ a strengths perspective is driven by the search for the designation and employment of people's resources in helping them walk, however faltering, in the direction of their hopes and dreams. It would be hard to deny that if a person takes one step toward a goal, they are much more likely to take another. We also are called to venerate the remarkable abundance of human competence, to acknowledge that every individual, family, and community has an array of capacities and skills, talents and gifts, wiles and wisdom that, in the end, are the bricks and mortar of change. We must assume the humble stance that we cannot know, except in the most obvious of cases, the upper limits of a person's, a family's or a community's capacity to grow and change.

2) The strengths perspective holds firm the idea that everyone who struggles learns something from their exertions and develops competencies and traits that may ultimately turn out to be bountiful resources in moving toward a better quality of life.

3) It is also to assert that everyone has dreams, visions, and hopes even though these may be dashed on the shoals of disease, oppression, and poverty, or muted by a run of rotten luck. In a sense, as social workers we make alliance with the sources of heroism in our clients. In the end we consort with possibility and promise in our clients.

The work of the strengths approach is the work of empowerment—helping individuals, families, communities witness and utilize their capacities; recognize the options open to them; understand the barriers and scarcities they may face; surface their hopes and aspirations and align them with their inner and outer resources to improve the quality of their life. The strengths perspective, then is about “uncovering, naming, embellishing, and celebrating abilities, talents, and aspirations in the service of desired change.” (Weick & Saleebey, 1995). It is a way of thinking about and looking at the people we help and the work that we do with them and, thus, a perspective. In a sense, it is a paradigm shift, although social workers for years have insisted that they build on the strengths of clients. But it is only recently that there has been any significant work—whether inquiry and research, or clinical and community practice—focused on developing a strengths perspective. Some of the core ideas about strengths and the heroism of daily life include:

- People who experience stress and challenge, even on an unrelenting basis, in trying to manage these demands, almost always develop some ideas, competencies, qualities, even defenses that may subsequently assist them in facing down later challenges. To this point, we have been much too vigorous in assessing the impediments and injuries, the deficits and desolation issuing from these burdens rather than

appreciating people's compensating and transformative responses to them.

- Even in the toughest, and starkest environments there are always natural resources--individuals and families, churches, associations, groups—available to support, guide, instruct, and comfort. While some communities and neighborhoods are more abundant than others, all communities have assets, usually more than we might, as an outsider, imagine.

- Even though people may have labored under years of the reproach and the harsh opinions of others, or have been saddled with self-criticism, habitual pessimism, or unfortunate life decisions, at some level, given encouragement, they almost always know what is right for them. As a species we surely have an innate capacity for health and self-righting—or we would not have survived thus far.

- Healing and transformation, rebound and hardiness, almost always are stimulated in the confines of a personal, friendly, supportive, and dialogical relationship. Whether a physician, social worker, psychologist, friend, minister, teacher, or relative, the more we embody the power of a caring relationship with those we would serve, the better for their future and for our practice.

- Everybody has knowledge, talents, capacities, skills, and resources that can be used for movement toward their aspirations, the solution of their problems, the meeting of their needs, and the bolstering of the quality of their lives.

- A positive orientation to the future, building a partnership with another's hopes and possibilities, is far more important, in the long run, for healing and helping than an obsession with a dank, dire, or disappointing past.

- Every maladaptive response or pattern of behavior may also contain the seeds of a struggle for health and self-righting, or the meeting of needs.

To sum up: We all know what CPR is—cardiopulmonary resuscitation—breathing for someone until they can breathe for themselves. In the sense we mean it here, it is *believing* in someone until they can believe in themselves. To be more specific, imagine an equilateral triangle. The left angle is fronted by the letter C; the angle to the right by the letter R. The apex of the triangle is topped with the letter P—CPR, as it were. Here C represents **capacities, competencies, courage, and character**, R symbolizes **resources, resilience, relationships, resolve, and reserves**, and P stands for **promise, positive expectations, purpose, and potential**. These are the dynamic core elements of a strengths-based approach to practice. All three must be a part of any kind of healing or helping. (Thanks to my daughter Meghan for suggesting CPR).

Much of the impetus for the development and emergence of a strengths/resilience-based practice comes from our cultural preoccupation and fascination with pathology, problems, moral and interpersonal aberrations, violence, and victimization. Add to that the continuing penchant toward “medicalizing” and “pathologizing” almost every pattern, habit, trait, and inclination of human behavior and you have an intoxicating mix of diagnoses, labels, and identities at the ready --all broadcasting our abnormalities, disorders, weaknesses, fallibilities, and deficits. Likewise, there is a growing body of evidence that the favored theme of many theories of disorder and mental illness-- that

childhood troubles of various kinds are fateful for the development of pathology in adulthood—is not very powerful or convincing. (Lewis, 1997; Saleebey, 2006)

Understand that a strengths perspective does not require us to blithely ignore or set aside the real pains and troubles that afflict children, groups, families and classes of people. Poverty is real. Child sexual abuse is real. Violence is real. Cancer is real. Schizophrenia is real. Racism is real (real in the sense that the behaviors and conditions that we so label actually occur. We *could* name them otherwise; or not even acknowledge them). The strengths perspective does not require you to discount the clutch and thrall of addictions or the humiliating, frightening agony of child abuse, or the unbidden disorganization and confusion of psychosis. But from the vantage point of a strengths perspective, ***it is as wrong to deny the possible as it is to deny the problem.*** Adherents of the strengths perspective ***do not*** believe, with good reason, that most people who are the victims of abuse or their own rampant appetites, or that all people who have been traumatized inevitably become damaged goods.

In summary, then, once committed to a strengths course of action you will be surprised at the array of talents, skills, knowledge, and resources that you discover in clients—even those whose prospects, to the uninitiated eye, seem bleak and dreary. This is the most convincing rationale for embracing a point of view that appreciates and fosters the powers within and around individuals. In the end what will convince us to stay with this perspective is the spark you see in people when they begin to discover, rediscover, and embellish their native and considerable endowments. That spark fuels the flame of hopeful and energetic, committed and competent relationships with individuals, families, and communities.)

The Core Conditions of Change

One way to understand the orientation of those who adhere to a strengths-based approach to practice is to ask, ***What are the factors in life and in helping that make things go well?*** Isn't it odd when you think of it, that even though we know that most people, in the midst of significant challenges and stresses, do better than we might expect and do not completely succumb to the pressures of their lives, that we know so little about them. On the other hand, we have a prodigious lore about those who, at least initially, fall or fail under these stresses and ordeals. Our knowledge about those people who change positively, naturally and spontaneously everyday is trifling by comparison. So what ***do*** we know about discovering and building upon strengths? There are ideas, hints, and data everywhere but let's look at one perspective that I find rich in implication. In their review of the studies done over many years of the efficacy of psychotherapy, Asay and Lambert (1999) say that four factors account for most of the constructive change in individuals and families. These are plump with inferences for strengths-based approaches.

The largest share of the benefit experienced by individuals can be attributed to their personal and social resources as well as the luck that intercedes in their lives (Asay and Lambert call them extra-therapeutic change factors that aid in positive change, whether or not an individual ever experiences psychotherapy). The matrix of clients' daily lives goes a long way toward explaining how they might react: their strengths, and assets, how they see their misery (their theory) and motivation, their social supports, and the contingent factors that move inexplicably in and out of their lives. This means being mindful of the elements of a person's daily world—relationships, institutions, culture, opportunities as well as those conditions and people that might be positive, supportive, helpful, or even therapeutic. It also means listening and looking for evidence of the resources and aptitudes of clients as they tell their stories. These speak to the power of context as well—those micro-environments, the intimate spaces and places where

people live and work, that have a powerful impact on how we act, think, and feel. We are exquisitely sensitive to changes in context. (Gladwell, 2000)

The second most powerful force for change is the character and tenor of the helping relationship. The quality of the relationship between social worker, helper, physician, and client, consumer or patient has always been understood (and in some cases undervalued) as a powerful tool for healing. Hans Strupp (1995) who has studied the effectiveness of psychotherapy for decades said that the relationship is the heart of all forms of therapy. It is the medium of change, a dynamic that not to be underestimated. The important elements of that kind of relationship are well-known thanks, in large part, to the pioneering work of Carl Rogers (1951): respect, genuineness, concern, collaboration, and empathy. In addition, release of tension, reassurance, the alliance forged with the client, and direct, concrete activity play a role here. If healers are seen as nonjudgmental, trustworthy, caring, and expert, they have some influential tools at hand whether they are addressing depths of a serious depression or the disappointments and pains of unemployment or the anguish of sexual abuse. A relationship of this sort provides a milieu and context for confronting the difficult and considering the imaginable.

The third and fourth factors, roughly equal in their impact, are the placebo effect and the technical operations and methods of the theory employed by the helper (for example, family systems, empowerment, cognitive, or behavior therapy). We will examine more closely the power of expectancy and the placebo below. The methods of theory carry with them assumptions about cause, the nature of the problem as well as directives about what to do. But, to a significant extent, they succeed or fail because of the presence (or not) of these other, apparently more salient, factors (For an excellent discussion of these factors, please see Hubble, Duncan & Miller 1999).

Of great interest to those who subscribe to a strengths-based orientation is the influence of expectancy, hope, and the placebo effect. Consider the following.

Michael Fisher (2000) reports that in the 1950s at the University of Kansas Medical Center, in order to test a new medical procedure for the treatment of angina, surgeons performed real operations on one group of patients with angina, and a "placebo operation" on the other group of men with angina. The placebo group was told that they were going to have heart surgery; they were given a local anesthetic, and superficial incisions were made in the chests. But no operation was done, the surgeons just messed around a little bit and the patients had the scars and pain to indicate that they actually had surgery (the ethics of this is distressing but "sham surgery" studies are more common than you might think.). 70% of the people who had the real surgery reported long-term improvement in their angina; but *all* of the placebo group did. It is not at all uncommon, in tests of psychoactive drugs, for the placebo groups to show anywhere from 25 to 60% improvement. The extent that the real drug is better than the placebo is thought to be the extent that the drug is effective. But we cannot say, for instance, just how much of the effect of the real drug is also a placebo phenomenon. In more recent years, people have been getting an "active placebo" in which they experience side effects. People are more likely to get better on active placebos because the experience of side effects, convinces them that they are getting a real and powerful drug. Joseph Arpala (2000) reports that, a study by Fisher and Greenberg revealed that in 30 to 40% of all the studies they reviewed of antidepressant drugs and placebos, the placebo was as powerful or therapeutic as the drug. A recent study of heretofore secret FDA data shows that, in the clinical trials of 6 major antidepressants over 15 years by drug companies that the placebos was roughly equal in its clinical effect with the drugs (Kirsch et al., 2003). Jerome Groopman (2005) gives a remarkable and fascinating accounting of the years of "fake surgery" studies that have been done, from heart

surgery, to joint and back surgery, to endocrine surgery--every kind of surgical intervention imaginable. In all cases, the percentages of those who received a placebo intervention and recovered, is nothing short of astonishing. It must be remembered as well that some of those who got the genuine intervention in these studies may have experienced a placebo effect as well.

Many things are happening in these studies. It could be, and many have proposed this, that when people are sick, and they have an expectation, thanks to a procedure or pill, that they will get better, there is an "unconscious" mobilization of the healing systems within, whether it is the immune system, endorphins (endogenous morphine produced by the body), or a parasympathetic nervous system relaxation response which lowers, among other things, cortisol production which is elevated during the experience of stress. Perhaps even more important here is the expectation of the healer that you will get well, the gathering of hope and possibility that things will be different in the future. Unfortunately helpers spend a lot of possible good will, hinting or directly saying that things will not be better; that once stuck or hurt or disappointed or abused or ill that you will always suffer scars, or the effects of these will continue to reverberate, in one way or another, throughout your life. So it is not just the person's expectation that they will recover, and rebound; it is also the unambiguous expectation of the social worker, physician, healer, minister, teacher, coach, relative, friend, or parent that you will do better. This is the attitude and belief that you can make it, can leap the hurdle, climb the wall, escape the burden. You may need help, it may take time, but my belief in you is constant and unwavering. As a person heretofore defined as "at-risk", I see you, as Beth Blue Swadener says, as a person "at promise" (Swadener, 1995).

I think the two key ideas here are hope and possibility. There has been a lot of conceptual work and actual application of ideas related to hope—more than you might think. C.R. Snyder and his colleagues (2002) at the University of Kansas have done considerable work in this area. Hope is also very much a part of the strengths perspective, and the recovery and resilience movements. A quote from the late Paulo Freire who was one of the most eloquent spokespersons for the oppressed all over the world, whose book *Pedagogy of the Oppressed* should be required reading for all social workers, wrote before his death in the *Pedagogy of Hope*:

There is no change without the dream, as there is no dream without hope" (1996, p. 91).

Hope is about imagining the possible, the "untested feasible" as Freire would have it. But more specifically, it is about thinking of one's self as an *agent*, to be able to effect some change in one's life, to have *goals* that not only have promise but that have *pathways* to their accomplishment—pathways that may be short or long, full of ruts or smooth, well-lit or murky. We, as social workers, consort with the possible and we help to assure the agency of others, working on fashioning their hopes into goals and finding, as partners with them, those pathways to promise. In one sense, it matters not so much whether you reach the end of the journey but that you begin the journey and reach some of the stops along the way (Snyder, 2000).

So, the expectation that you will get better; that there is a chance that you can beat the odds; that you have within you the power to transform or at least fight the disease process; my expectation, as your friend, intimate partner, or social worker that you will do as well as possible confronted with whatever difficulties you have, are all extremely important elements in recovery or at least the progress of the illness you have.

Fundamentals of Strengths-based Practice

What follows is a representation of some of the stages and phases of practice. In truth, these steps may occur in a different sequence; they even might occur simultaneously, and one could certainly imagine other ways to think of this process. Practice of all kinds is a discursive kind of experience, not necessarily a well-staged and predictable stroll through a set of certainties toward an inevitable destination. What follows is a way to look at the process, knowing that it will be in some ways different every time you engage in helping an individual, or family, or working in a community.

Within the struggles we may find the hints and murmurs of strength. Clients (individuals, families, and communities) more than likely come to you because they are experiencing dissatisfaction, anxiety, and/or loss. Even if they are “mandated” to see you, they may not be far removed from these human dilemmas. This is their reality at the moment. They must speak to these. You must listen. Your professional creed requires that you begin where the client is—that you hear and honor their story, and accept and assert its reality in their lives. So far, so good. But in practicing from the standpoint of strengths you also listen for what is almost surely there—as a contrapuntal narrative theme, or maybe bathed in the argot of agony—evidence of capacity, will, determination, and hope, however muffled and diffident. It is not uncommon for clients, even as they recount their misery, to allude to decisions they have made, actions that they have taken, that have been healthy or constructive. Marshall, troubled by intermittent heavy drinking, said in passing that he did not drink during the week that his son (in the custody of his wife after a recent divorce and a very important part of Marshall’s life) visited. Proclamations like this typically are not told to display a strength but simply surface as a part of an ongoing narrative thread. It is up to you, at some point, to reflect this illustration of capacity back to the individual or family because it does illustrate that people have some facility, at least at the moment, for righting themselves. As a strengths-based practitioner, you are ever on the lookout for the seeds of spirit and strengths.

Invigorating the dialogues of resilience and strength. In our culture, or perhaps it is just human nature, there is often great reluctance concede one’s abilities and ambitions. In addition, many traits and capacities that are signs of strength may be smothered by years of self-doubt, the blame of others, and the wearing of a diagnostic label. Sometimes the problem of discovering strengths is the lack of a vocabulary, sometimes it is doubt, and, sometimes, a wavering of faith. The social worker may have to begin to provide the language, to search out and validate the hardiness that people have demonstrated in the past and in the present. But at some point in this process, people do have to recognize their strengths, play them out, see how they have served them in the past and present. It is important that these be affirmed and elaborated by the worker and others. What is happening is the writing of a better text. *Reframing* is a part of this; not the reframing of so many family therapies, but adding brush strokes that paint more vividly the creativity and cunning that people have demonstrated in their lives. To stimulate a strengths-based discourse requires at least two moves on the part of the worker: providing a lexicon of strengths (in the language of the client), and mirroring--providing a positive reflection back of the client’s abilities and accomplishments, and helping the client to find other positive mirrors in the environment (Wolin & Wolin, 1993).

Collaboration, dialogue, and action. The creation of a collaborative project is what is important here. This becomes the manifestation of one’s dreams and hopes: the result of linking strengths and hopes together in a jointly crafted plan. Dialogue continues about the capacities and resilient aspects of the self as these are linked to the person’s hopes, goals, and visions. But at some point the individual must be encouraged to take the risk of acting using the newly found or articulated competencies

as well as already active ones. It is through action with the worker--collaborative and continuous--that individuals really begin to employ their strengths as they move toward *well-formed, achievable* goals. The goals should be *positive, verifiable, and reflect changes in behavior, knowledge, status, and/or feelings*. This can be risky business for many people who have been through a figurative hell. But as they decide and act, as they identify multiple strategies for achieving outcomes, they are encouraged to put their assets, resources, strengths, and resiliencies to work toward achieving them. They also discover the limits of their resilience and the residual effect of still active psychological and emotional wounds. But, in the end, it is their decision-making and activity, the mobilization of resources within and without, that lead to changes in thinking, feeling, and relationship that are more congruent with their goals and their strengths. In this process naturally occurring community resources are essential to impel toward their aspirations. For the worker, this requires advocacy and resource acquisition: discovering what natural or formal resources are available, accessible, and to what extent they are adequate and acceptable to the client (Rapp & Goscha, 2006). The environment is a full of resources: people, institutions, associations, families who want to help. They have resources, knowledge, and time that they want to contribute. When people begin to more fully realize their goals and to apply their strengths, the effect is synergistic: they find they can do more personally, and they find themselves in a more comfortable relationship to a community, neighborhood, or organization.

Making one's strengths the normal not the extraordinary. Over a period of time, often a short period of time, you and the individual or family will begin to consolidate the strengths that have emerged, build up this new vocabulary of strengths and resilience, and bolster the capacity to discover resources within and around as a matter of course. Furthermore, you and the clients make an accounting of and celebrate, periodically, the goals and successes that have been realized. The purpose is to cement the foundation of strengths, and to assure the synergy of the continuing development and articulation of strengths. One important avenue to normalization for many who have been helped through a strengths-based approach is teaching others what one has learned in the process, a kind of mentorship. This is also a process of disengagement for worker and client. Disengagement is the ritual transition to normalizing what was once alien and is done with the assurance that the personal strengths and the communal resources are in place and in relationship to each other.

Discovering Strengths

In the course of therapeutic or helping conversation and dialogue, and perhaps over a long period of time, there are several areas you want to explore to facilitate the recognition and use of strengths and accomplishments.

Survival. The basic question here is: given all that the individual has faced, how has she managed to survive thus far?

Support. You want to discover the sources of support and succor in a person's life, past and present. These may still be invaluable resources for clients wanting to change.

The exceptions (from solution-focused approaches): It is important to know that when life was better, more stable, maybe even more interesting for the individual, what was different. Were there different people, circumstances, and even social capital available? Are these, or reasonable facsimiles of these still available?

Possibility and promise. Everybody has promise and the "untested feasible" (see above) is a reality for all. The discovery of the possible and the promising is essential to building on strengths.

Esteem. What gives a person a sense of satisfaction and pride about what she has done in her life? What do other people appreciate and respect about the individual?

Perspective. Clients have “theories” about what is wrong or troubling or missing from their lives. What are they? What ideas have they acted on? Has an individual’s theory passed the test of relevance and significance in daily life?

Motivation. How does an individual think that he might change? What steps does he think are needed to make life better? What has and what can the individual do on his behalf? What can the helper do to help?

Meaning questions. What are the sources of meaning and transcendence in a person’s life? How would you characterize an individual’s spirituality (not necessarily religion)? What are her purposes that extend beyond the self?

There are some ancillary principles of strengths-based practice that we should not ignore. They are disarmingly simple but difficult to put into practice because they do run counter to some of the thinking that characterizes some practices today.

1. Believe the client and *believe in* the client. We are sometimes encouraged, by our own experience or by the expectations of others, to disbelieve clients. We are leery of being trumped or duped by the artful manipulator or the deft sociopath. But, until proven otherwise, believing the client and believing in the client are two of the most powerful tools for engaging clients in what is a most difficult and arduous task—making life better.

2. Affirm and show interest in the client’s view of things. It is the narratives and stories that clients bring to us and share with us that allow us to discover who they are, what they know, what virtues they possess, what troubles they have faced, and what dreams they have

3. A focus on the dreams, hopes, and visions of people encourages them to begin thinking subjunctively, about what might be, and how it might come about. Troubles may trump the ability to do this but, at some point, it is the possible, the promise that drive the engine of change.

4. Central, of course, to the strengths approach to practice is to begin to make an *extensive and detailed accounting* of the assets, resources, reserves, and capacities within the client and in the environment— family, extended family, neighborhood, and institutions (like churches, schools, informal associations). This inventory of strengths should be every bit as detailed, descriptive, and refined as the diagnostic categories of the DSM IV TR --Text Revision. (American Psychiatric Association, 2000) The point, I suppose, is that we need to develop fully as we can a dictionary, an encyclopedia of strengths, so that we have a language and imagery as compelling and captivating as that found in the DSM IV TR.

5. Believe that within or around the person or family that there are forces for healing, self-righting, and wisdom, and begin to search for and employ them in the service of achieving goals on the path to the dream. Many observers, some clinicians and researchers have begun to realize just how potent natural forces for recovery and transformation can really be.

In summary, to enlist participation, involvement and to engage individuals, families, and/or communities: a) assume a positive, collaborative demeanor; b) radiate the resilience attitude (believing in the client); c) rely on indigenous wisdom, resources, and natural assets, capitalize on what people know, what they can do, and where they want to go; d) convey positive expectancies, affirmations of the possible; e) be engaging, likable, credible, responsive, working shoulder to shoulder with individuals, families, and community members and; f) be flexible, and willing to assume many perspectives and to take many roles

To discover the strengths and health within: a) develop an enriched inventory, an distinctive accounting of exceptions to problems, of resources, assets, and possible solutions or pathways to goals; b) find and celebrate, draw lessons from the times where the individual, family, or community has surmounted adverse conditions and bad luck as well as their own harmful decisions; c) seek out “survivors pride” (Wolin & Wolin, 1993), that spark of recognition and esteem that comes from having met challenges and survived them; d) always seek to discuss and imagine how things could be otherwise, what a dream fulfilled would feel, taste, smell, and look like; e) seek out, elaborate, and employ the client’s theory of change about how to make it to a better life; f) celebrate success; g) think small but think success when developing goals and; h) look around, look ahead but try not to look back; and remember i) change happens in many different ways.

Bringing the Strengths Perspective to Your Work

1. Hear the voice, the story, the theory, the ideas of clients and take them seriously; they are the most important ideas around.
2. Adopt the resilience attitude—that is, a belief in the client, the family, the community—that they can become what they hope or move in the direction that they want to or must..
3. *The Four As*. You have to believe in your capacities and strengths—which means you have to *account for, appreciate, affirm, and act on them* in as many ways as you can. Everything that I have said about the strengths of clients applies to you. And, in my experience, this is essential for respecting and realizing client strengths. In other words this is a double feedback loop: from you to client; from client to you.
4. Represent clients’ views, narratives, perspectives wherever possible—staffings, in-service trainings, rounds, newsletter, bulletin boards
5. Challenge views of clients, families, and the community that demean or diminish their humanity or simply make them a case or a label or a welter of neediness and problems.
6. Celebrate, ritually and officially, personally and publicly, accomplishments and successes. In the community work I have been involved in this is such an important element of what we do.
7. Invite clients to participate to the extent feasible in the workings of the agency---to be liaisons, advisors, mentors, participants, tutors, outreach workers.
8. Create organizational narratives that document both client and worker heroics, capacities, leadership, ingenuity, accomplishments, and strengths. In our community work, we sometimes create a photo album on walls and windows of people doing good things, of engagement in community projects, of accomplishment and celebration.
9. Help foster an organizational culture where conversation in the coffee room is not always about how **awful** it is but occasionally about how **awesome** it is—especially with respect to what the clients and you have accomplished together.
10. Write records in such a way that you would not mind clients’ reading them; and then invite clients to read them--even amend them. Perhaps recording has to be a mutual undertaking that gives another dimension of relationship and trust. It also makes records reflect family realities and not agency theories.

Conclusion

At the very least, the strengths perspective and the resilience literature, obligate us to understand that, however downtrodden, beaten up, sick, or disheartened and demoralized, individuals have survived and in some cases even flourished. They have taken steps, summoned up resources, coped, or maybe just raged at the darkness. We

need to know what they have done, how they did it, and what resources provided ballast in their struggles. People are always engaged in their situations, working on them, even if they just decide to resign themselves to their fate. Circumstances can overwhelm and debilitate. We do know a lot about that. But dire circumstance can also bring a surge in resolve and resilience. We must know more about that and how to make an alliance with those forces. As Duncan and Miller (2000) observe:

“If therapists are to resist the pull to steer clients automatically toward diagnosis and medication, the belief in client capacity to conquer even extreme (and often dangerous) personal circumstances must go deep....When professionals use their inevitable positions of power to hand power back to the clients rather than block client capacities, clients can even more readily reach their goals.” (p. 216)

Of the strengths perspective Stan Witkin, editor of *Social Work*, has written: “Do not be fooled by the simplicity of the strengths perspective; it has transformational potential. Indeed, if all of its tenets were adopted and put into practice, we would be living in a different world.... The strengths perspective has been quietly fostering a small revolution in which the hegemony of deficit explanations is beginning to weaken, belief in resilience is rebounding, and collaborative practice is growing.” (2002)

Howard Zinn (1999) writes:” What we choose to emphasize in this complex history will determine our lives. If we see only the worst, it destroys our capacity to do something. If we remember those times and places—and there are so many—where people have behaved magnificently, this gives us the energy to act, and at least the possibility of sending this spinning top of a world in a different direction”.

I believe that the work that we do, however modest in compass, is the work that, added up, will be a critical mass in spinning this world on a different axis.

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