

# Making the Possible Probable: A Strength-Based Assessment and Intervention Framework for Clinical Work With Parents, Children, and Adolescents

*Edward Rawana & Keith Brownlee*

## ABSTRACT

The strengths perspective has not been thoroughly operationalized for use in assessment and treatment with children and their families. Clinicians working from this perspective have relied mostly on resilience theory, which can limit a more complete utilization of strengths in the treatment process. This article presents a framework that is organized around domains of functioning of the child. The assessment and utilization of a wide array of strengths drawn from a child's everyday functioning are highlighted as a way to approach clinical work with children and their families. Descriptions of concrete strategies and examples of clinical questions are provided, coupled with a case example that reflects the theme of strengths in action.

The strengths perspective has been widely accepted in social work and extended well beyond its case management origins (Glicken, 2004; Saleebey, 1997). In general, there is good research evidence to support the strengths perspective as a viable model of practice (Tedeschi & Kilmer, 2005). Yet, it is an approach that could profit from clearer operationalization as an intervention for parents and their children. When practitioners have described their work with families and children from a strengths perspective, they usually rely on resilience theories for specific intervention guidelines. However, these theories tend to focus most of their attention upon strengths that are connected with previous problems encountered by clients. This focus can lead the practitioner to forego benefits that could be gained by harnessing a wider spectrum of strengths drawn from all of a client's domains of functioning. Therefore, we posit that when practitioners draw on a diversity of strengths in the intervention, children and families are further empowered as they perceive such strengths as assets that can be used for resolving difficulties.

This article first examines some current definitions and conceptualizations of the strengths perspective. Next, we suggest that the approaches that draw upon ideas from resilience theory for intervening with a family may rely upon only a partial appreciation of the child's strengths. Finally, we propose a framework for exploring and working with children using strengths from all domains of their daily living. This framework is described in some detail and its consistency with research findings is highlighted.

## Current Perspectives on Strengths

Because the strengths perspective is "essentially an approach rather than a well-integrated theory" (Van Wormer & Rae Davis, 2003, p. 21),

there is no single agreed-upon definition or formulation of its procedures. Most definitions have associated the strengths perspective with resilience. Saleebey (1992), for instance, reveals this relationship in his description of the strengths perspective:

The strengths perspective obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, and what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them; as helpers we must tap into that work, elucidate it, find and build on its possibilities. (pp. 171–172)

McQuaide and Ehrenreich (1997) offer a clearer example of the connection between strength and resilience when they refer to strength as "the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience" (p. 203).

Strength, however, is intrinsic to the process of human development, and as Saleebey (1997) has noted, "almost anything could be considered a strength" (p. 50). So when strength is defined solely in terms of a particular human experience, such as resilience, restrictions are introduced that may limit the full breadth and depth of what can be included as a strength. This restriction emerges from the tie between resilience and difficult situations. The various definitions of resilience reveal this link. For example, Rutter (1979) refers to resilience as "individuals who

overcome adversity, who survive stress, and who rise above disadvantage” (p. 3). And Richardson, Neiger, Jensen, and Kumpfer (1990) define resilience as “the process of coping with disruptive, stressful or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event” (p. 34). Even if resilience results from constitutional factors, where capabilities are thought to reflect intrinsic qualities, it always finds expression in relation to a challenging context (Allison et al., 2003; Fergus & Zimmerman, 2005). The presumption inherent in such formulations is that strengths, conceived in terms of resilience, develop by experiencing adversity or stressors, whereas in reality strengths may also emerge in mundane, everyday environments, as we will elucidate in the framework described in this article.

When social workers focus mainly on strength as being synonymous with resilience and as having originated from adversity, there is the possibility of minimizing the negative effects that may follow a traumatic event. Glicken (2004), for instance, reveals the former inclination in his suggested example for conducting clinical work from a strengths perspective wherein resilience forms the guiding concept. He discusses a case of a child who has been sexually abused and cites Anderson (as cited in Glicken, 2004), who believes that work with this sexually abused child should not focus on the damage done to the child but instead on the survival abilities of the child to cope with the abuse. This means that practitioners are encouraged to look for themes of resilience in the “survival stories” of abused children and help them recognize the active role these themes have played in the ability to survive the abuse. Although this may be an acceptable course of action, it should neither render insignificant the pain and effects of the sexual abuse nor overshadow the importance of sensitively responding to these realities.

As the research on resilience has matured, researchers have come to recognize that it involves more than individual qualities; it is context specific, resource dependent, and—most important to the present discussion—not always associated with positive adjustment (Fergus & Zimmerman, 2005). Some research has begun to reveal that resilient individuals may develop attributes that are not valued by society. For example, in a study of resilience with 10th and 11th grade students, Hunter and Chandler (1999) found that the students’ perception of their resilience included “distrust of everyone around them, acting out and being violent to be heard and seen. Resilience to them meant being insular, disconnected, self-reliant, [and] self-protective, with no one to depend on or trust but themselves” (p. 245). **These findings suggest** that for these students, resilience meant surviving even though, for them, it neither included an entirely positive sense of self nor the ability to connect and trust others. Thus, a strength orientation would benefit from a broader consideration of strengths as a means of working with youth and their families.

The social worker can employ a greater range of options by relying on a framework where strength is the primary focus. By including an assessment of strengths that develop in the day-to-day interactions of the child in his or her natural environment, the social worker is able to simultaneously evaluate both the strengths of the child as a personal agency and the strengths in the child’s environment. This concept of personal agency in context is well-established in the social work literature as person-in-environment. The proposed framework makes a link between strength as personal agency and contextual support, and allows for a fuller conceptualization of strengths that clients can draw upon to address outstanding issues in their lives.

## The Strength, Assessment, and Treatment Model

The definition of strength adopted for this framework is that strength is a set of developed competencies and characteristics that is valued both by the individual and society and is embedded in culture. The strength, assessment, and treatment model is an approach to working with families that emphasizes four key foundational components, which are described as *engagement*, *exploration*, *expansion*, and *evolution*. These four foundational components are closely intertwined and although each component is emphasized at specific points in interactions with clients, they are by no means considered as strictly sequential. The four components of the strength, assessment, and treatment model are consistent with most approaches to clinical practice in social work as well as other strengths approaches, but this approach differs in that it introduces a fuller spectrum of client strengths in conversations with clients about their lives.

### Engagement

Engagement is generally accepted as an essential component of effective social work (Compton & Galloway, 1994; Hepworth & Larsen, 1993; Kadushin & Kadushin, 1997), and it is perhaps even more essential in clinical work with children as their involvement in assessment and therapy is seldom a result of their own initiative. When engaging with a child and their family, a focus on strengths offers many positive advantages over deficit-based approaches. It increases the likelihood of positive communication and rapport (Buckley & Epstein, 2004; Tedeschi & Kilmer, 2005); it fosters increased cooperation, motivation, and treatment compliance (Clark, 1997); and it empowers the child while enhancing their self-esteem, which further contributes to motivation and treatment compliance (LeBuffe & Shapiro, 2004; Tedeschi & Kilmer, 2005).

Engagement is most often thought of as relating to the commencement of assessment and intervention. Social workers refer to engagement with terms such as “joining” (Gitterman, 1996), “forming a relationship” (Krill, 1996), “establishing rapport” (Hepworth & Larsen, 1993), or “developing trust” (Saleebey, 1997). The strength, assessment, and treatment model emphasizes that the first step to engagement with a child or family is to create a relationship that is positively oriented to resolving difficulties and conveys to the child or family the idea that a focus on strengths will be woven throughout their interactions and conversations with the social worker. In this model it is essential to communicate that strengths exist in all areas of everyday functioning, despite any difficulties experienced by a child or family, and that it is possible to identify numerous strengths reflected in the lives of the child and the family. This helps to establish positive expectations about the intervention process, which can contribute to improved therapeutic outcomes (Meyer et al., 2002; Weinberger & Eig, 1999).

But engagement is never simply a phase, confined for a brief time to the initial stages of contact with the child and their family. Instead, engagement continues throughout the process of intervention, as an essential component of other intervention activities, and includes the process of collaborating with significant others in the child’s life. Just as the work on therapeutic ruptures has shown how important the ongoing relationship is to eventual therapeutic success (Safran & Muran, 2005; Safran, Muran, Wallner Samstag, & Stevens, 2001), so the social worker should remain mindful that ruptures to the relationship or disengagement can occur throughout the intervention process. By concentrating on the child or family’s strengths, fewer opportunities will arise for conflict and dispute and the likelihood of disengagement will be reduced.

Similarly, given the consensus that “the more significant people we constructively include in the therapy, the better the outcome” (Sharry, 2004, p. 12), having others participate in the therapy can be beneficial. It is believed that the social worker can achieve an energizing and motivating quality to the intervention by recruiting significant others in the child’s life into a conversation about the child’s strengths and abilities instead of his or her failings. This motivation operates as a positive influence and will contribute to a successful intervention.

Engagement, as conceptualized within the strength, assessment, and treatment model, includes an ongoing understanding and appreciation that the social worker is working with the child and family on their behalf from a position of their strengths. It is influenced by the process of the assessment and intervention, including who is interviewed as well as the content of the conversation. This framework views engagement as an experiential process that reflects the quality of the relationship between the child or family and the social worker, concentrating upon the child and family’s strengths. The model stresses the importance of working with established strengths that are recognized by others within different domains of the child’s social environment. Since strengths are by definition competencies and characteristics valued by the individual, by working with established strengths, the child can be engaged from the inside on the basis of what they have revealed matters to them, rather than on the basis of external demands. Identifying and working with these strengths means that the model is one that emphasizes an active process of exploration and discovery.

### Exploration

Exploration is the process of working with the child and family to discover what their strengths are in different settings. Because the strength, assessment, and treatment model emphasizes a comprehensive assessment of strengths in the various environments that the child encounters on a daily basis (e.g., home, school, community, and peers), the social worker should ask the child and significant others, such as parents, teachers, clinicians, and perhaps elders or spiritual leaders when appropriate, to offer observations and perspectives about the child’s behaviours that could be considered strengths.

Numerous social workers have acknowledged the importance of including a comprehensive assessment of strengths as a component of a strength-based clinical intervention (Cowger, 1994; De Jong & Miller, 1995; Glick, 2004). These authors typically refer to a format that involves an interview with many questions. In our own work with families, we have found that this interview process can be enhanced by adding information from structured questionnaires. Questionnaires to evaluate strength, such as the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), the Clinical Assessment Package for Risks (Gilgun, 1999), and the Strengths and Difficulties Questionnaire (McQuaide & Ehrenreich, 1997), have been well-documented in the literature. The value of a structured strength-based questionnaire is that a number of key people can complete separate versions of the questionnaire. Thus, the child (self-report), parents, teachers, clinicians, and other community leaders who are involved with the child and family can all be readily included in the gathering of strengths information about the child. Since everyone recognizes the strengths, they are inherently more concrete and understanding them will allow the child to develop realistic expectations in a task-centered fashion, such as encouraged by Reid and Epstein (1972).

This strategy of multi-source, multi-site assessment lends itself to the organization of strengths information according to naturally occurring structures in the environment that we have labelled *domains* of func-

**TABLE 1.** *Domains of Strength*

CONTEXTUAL DOMAINS	DEVELOPMENTAL DOMAINS
Peers	Personality
Family /home	Personal and physical care
School	Spiritual and cultural
Employment	Leisure and recreation
Community	Personality

tioning. Domains are areas of functioning that the child engages in on a regular basis and have been found to make intuitive and practical sense from both a developmental

and a contextual perspective. A relatively simple way to describe the domains is to separate them into two major categories: contextual domains, which represent a focus on the context of the interaction of the child with others, and personal developmental domains, which represent the more individualized functioning of the child. Both the contextual and developmental domains naturally reflect day-to-day functioning throughout the lifespan of the child. Table 1 provides a complete listing of all of the domains of functioning.

Organizing information about identified strengths into domains of functioning provides the child and family with a framework for understanding which areas in the child’s day-to-day functioning are going well, areas where the child might be choosing not to express or develop strengths, and areas where the child might be struggling. This process gathers both new and perhaps well-understood information and consolidates it into a framework that sets the stage for having conversations about different strengths, as well as conversations about why strengths may be revealed in some areas but not in others. The strength, assessment, and treatment model acknowledges that available community resources are the foundation from which the child develops strengths and the context in which the child expresses what is of value to him or her. Exploration in this framework includes the insights of significant others in a reflection of the child’s strengths, thereby building awareness of the child’s strengths, not only for the family but also among people in the child’s social circle or environment. The social worker then uses this information in the expansion stage of the model to determine how to build upon the available strengths to achieve desired goals.

### Expansion

It is customary practice in clinical social work that after gathering relevant information, the social worker focuses on the most important information to gain a better understanding of the child’s abilities and difficulties. In the expansion phase of the strength, assessment, and treatment model, the social worker focuses on the assessed strengths of the client and encourages the client to recognize how his or her strengths can be expanded into a capacity that can be used to address difficulties that the client may be encountering. Expansion is an enhancement of the understanding of the client’s strengths, their origin, and their interrelationships.

An unlimited number of questions easily emerge from the expansion process. Some commonly asked questions during the expansion stage are as follows:

1. Let’s talk about the kinds of things that you do well and how you can use those talents to improve your situation. What are your top ten strengths?
2. Would you be interested in listing these strengths and putting the list in a prominent place to remind you that you have these strengths?
3. Do most people who know you know that you have these strengths? If they did know that you have these strengths, how do you think it would change the way that they see you?

4. Which strength do you tend to use the most when you are dealing with day-to-day issues?
5. Do any of these strengths that others have noticed about you surprise you?
6. Some strengths come more naturally to people and some strengths you have to work harder to develop. Can you think of ones that have come naturally to you and ones that you really had to work hard at developing?

The intent of these types of questions is to enhance the client's understanding that strengths are assets that can be used or have been used in day-to-day interactions, and that he or she can employ these strengths when developing solutions to actual problems.

Expansion encourages a shift in awareness, not just for the child, but for people around the child as they reflect on the child's strengths in the domain that they are most familiar with. It is an active and bidirectional process in which a conversation is conducted not only about what is going on in those domains, but also about the possible connections within and across domains. The connections are not only between strengths, but also between strengths and solutions to presenting issues.

Expansion also potentially enhances both the development of personal agency and a closer examination of those contextual variables that can be activated to enhance the visibility of that strength in a particular domain. It has the benefit of working with the child's existing internal resources that can be brought to bear on the problem and blending them with external conditions. In keeping with the research that has shown greater participation with a focus on strengths (Clark, 1997), it also has the potential of being more acceptable to the client since it represents areas of functioning that they have acknowledged to be working well for them. In addition, if other people identify strengths that the child did not mention, this framework allows for these strengths to be brought to the attention of the child as areas that the child has invested in but without a strong degree of consciousness. In essence, expansion enriches the understanding of what is important to the child and identifies what he or she values as reflected in his or her choices about strengths, what he or she has given attention to in the past, and what competencies can be developed. Expansion, therefore, is aimed at helping the client recognize their potential: it is about possibilities that are truly attainable. The social worker can then use the evolution process to assist the client in maximizing their potential—in other words, making the possible probable in using their strengths to address outstanding issues.

### **Evolution**

Evolution is the final process of completing the foundation and overall framework of the strength, assessment, and treatment model by continuing to build on the collaborative relationship with the child, family, and significant others in the child's world. This phase represents the implementation and evaluation of the treatment plan. The focus in this process is to prioritize and maximize the possibilities emerging from the client's strengths and to support the client in mobilizing, transferring, and implementing specific strengths to address outstanding issues or concerns. In this framework it is regarded as helpful that others support the new efforts to bring the possible behaviours into the new environment. Thus, engaging significant others to support the treatment plan is particularly important during this phase of the model.

The social worker may also want to consider which strengths may have the most potential for resolving specific concerns and how to encourage or invite the child and family to consider using those

strengths to resolve difficulties. Evolution is viewed as a process of using the identified strengths of the individual and accessing relevant outside opportunities of support to increase the bidirectional synergy of the person in his or her context. This approach is consistent with an empowerment process and the understanding that change is best achieved when it is based upon the client's own self-directed pathways (Miley & DuBois, 1999) as opposed to merely being required to follow the therapist's agenda (Legowski & Brownlee, 2001). At the very least, the latter would not be respectful to a client. This approach of working from within to the outside and then maximizing the use of outside resources is consistent both with the notion of personal agency as a critical component of the change process and with using environmental resources to maximize change.

This model also allows for discussion with parents about their own strengths and how these have facilitated strength development in their child. In the event that a parent is using strategies that are not consistent with these more positive strength-related outcomes in their child, the social worker can encourage the parent to look at those strategies and to consider making them more compatible with the positive interactions that are already happening.

Evolution, therefore, represents a process of maximizing the possibilities and the potential connections between strengths and the presenting issues in terms of possible pathways for solutions. As a first step in the evolution process, we have found that by reviewing with the child and family the various strengths noted by themselves and by others in relation to a treatment plan, they are able to look at which strengths could be applied as solutions to the issues. The social worker can follow this process by asking specific questions about mobilizing strengths within domains, transferring strengths across domains, and implementing specific strengths. By focusing on possibilities, the framework addresses more than solutions to a problem, it draws on all of a client's strengths as assessed in multiple ways by different sources.

A natural first question is to explore whether the child could bring strengths within a domain to address a problem in that same domain. If the presenting issue is in school functioning, it makes sense to use strengths from the school domain first to deal with it. Similarly, if the critical domain is family, one goes to strengths revealed in the family domain first. Although there are domain-specific strengths, there are also strengths that transcend domains. Thus, a natural second step would be to look for parallel strengths in other domains that could be directed toward the specific issues and discussed. Could they be used in the current situation, and if not, is there another issue that is getting in the way? Evolution involves a process of encouraging clients to consider what such solutions would look like and which solution would, in their view, have the best chance of success.

A number of interesting questions naturally follow from the evolution process of the strength, assessment, and treatment model that could translate into interventions. For example, if a child has many strengths in a domain, but also has problems in that domain, then it is important to try and understand what accounts for this difference. It is often useful to ask disclosure-orientated questions such as the following: "What else do you want to tell us about the situation? You have these strengths that all seem related to possible solutions to the issue; which strength do you think you would be willing to use to deal with the issue?"

Differences within domains of strength utilization may reflect the presence of ambivalent feelings. The social worker can ask questions such as the following: "I am surprised you have this problem, because you have these strengths. Help me to understand—what happens that you choose not to use them in this case? Is it possible that you don't like your teacher,

or that you want to prove a point and reveal something different to her, and that this holds you back from showing her your strengths?”

The social worker should be ready for an answer that the child does not want to use any of his or her strengths. What the questions usually achieve is that the underlying feeling or attitude is brought into clearer focus through these questions, and the added benefit is that the child is still left with a sense of affirmation of his or her strengths. However, if a child has few strengths in a domain, but at the same time has no problems in that domain, then it would seem unnecessary to explore that domain in any detail.

When the assessment reveals that there are few apparent strengths in a domain in which the child is experiencing problems, then it becomes necessary for the social worker to explore whether one or more strengths could be transferred across domains. When applying this strengths framework with children, the analogy of a coaching relationship in sports is readily applicable. The following statement serves as an example: “The strength that you have shown to your coach could also be shown to your teacher. One of your strengths is working hard with your coach to improve your skills. Can you think of a way to use that strength to deal with the classroom situation?” The social worker should have a general conversation with the child about those strengths that are more transferable than other strengths. For example, a strength in reading can be transferred to many tasks. Similarly, interactional skills can be transferred to many different situations and to interactions with many different people.

It is also important for a social worker to recognize that when a child reflects a few dominant strengths that may not have a natural link to the problem, the practitioner should be creative in thinking how these dominant strengths could be drawn upon for solutions to problems. An example may be a youth with strong sports skills, such as ice hockey or basketball, which dominates their world, but he or she develops an addiction problem. Although sports skills and addiction are not directly related issues, it is still possible to ask the youth, “How did you become so successful at basketball, and how could we help you to use those strengths to address addiction issues?” Another question could be: “Could you use the positive relationship you have with your coach as a model for developing a positive relationship with the treatment staff?” When facilitating the transfer of strengths across domains, it is important to encourage the youth to participate in a discussion about the viability of using the strengths in a different domain. Questions could be asked such as: “It looks like this strength can be applied to that situation; does that make sense to you? How do you think it can be done? What do you think may be different after using this strength in this situation?”

In essence, evolution involves a collaborative prioritizing process and a selection of strengths that have the most potential to resolve issues that are facing the client. Assessed strengths may simply be dormant and not realized as effective tools for dealing with issues. Thus, the child may need to be encouraged to appreciate their value for their own self-development. Evolution involves a process that helps the client to concretely translate the possible into the probable. It capitalizes on the fact that change from the inside to the outside is an effective way not only to realize stable changes, but also to emphasize the importance of personal agency in the change process.

The power of the strength, assessment, and treatment model is revealed in the case of Corey, a 15-year-old male who was admitted into a residential program for adolescents with significant substance abuse problems. Corey was experiencing major difficulties in participating in treatment because of his lack of motivation and his co-morbid ADHD

presentation. A strengths analysis demonstrated that, up until a year ago, Corey was a very competent hockey player in league competitions. We explored with him the more individual strengths that enabled this to happen to see if those strengths could be transferred into the treatment facility. A plan of care was developed for Corey, in which the program expectations were described as the expectations of success in a hockey game. In this way Corey’s strengths led to the development of a viable treatment metaphor. As a result, the case manager became his coach; the staff became his team members, linesmen, or referees; and the management of his puck became his metaphor for defining how he was scoring success in treatment. Corey embraced this metaphor and was able to discuss what strengths he was able to apply in hockey and how he could use these abilities in his treatment. Strengths included being goal-oriented, asking for guidance when he experienced difficulties, relying on his coach for feedback and direction, and recognizing the need to work with other players to be successful. On discharge, support and systems were put in place to allow Corey to regain an active involvement in hockey. In this way, hockey became an important environmental resource for supporting and maintaining Corey’s success with the intervention.

## Summary

The strength, assessment, and treatment model discussed in this article allows for the assessment of a broad array of strengths that are not strictly related to the problems that initiated the referral. This model provides a mechanism for drawing upon the identified strengths to energize and galvanize the client toward the realization that strengths can actually be tools to be used for self-development and problem resolution. The model uses the options of both a self-evaluation of strengths and evaluations by significant others who are very familiar with the child to establish the child’s full repertoire of strengths in their various domains of functioning, such as home and school. The model builds on the foundations of engagement, exploration, expansion, and evolution to create the framework for a comprehensive multi-source strength-based assessment and treatment model for clinical work with children and their families.

The strength, assessment, and treatment model lends itself to a number of exciting techniques as it becomes possible to have conversations with the child, family, and significant others about the dissonance between assessed strengths and current behaviour. The resolution of this dissonance, it is argued, can occur through the application of strengths within domains of functioning, by transferring them across domains or by employing dominant specific strengths. The model provides a clearly defined pathway for the operationalization of a variety of strengths that reside within the individual and their social-cultural context and which naturally develop within their environmental interactions. The model also stresses the utilization of these strengths as important cornerstones for the development of a treatment plan to address the outstanding issues of the child and family. In the overall process, the model may also enhance the perception of the involved individuals in their development of a more holistic understanding of the child to counteract impressions that were probably more problem-based.

While there is support in the literature for the association between strengths and clinical and functional characteristics of children (Lyons, Uziel-Miller, Reyes, & Sokol, 2000), the requirement for using strengths in the actual intervention to provide more effective outcomes needs further investigation. Although the value of a strength-based framework has some support in the professional literature (Larson, 2000;

Yip, 2003), the application of strengths-based programs for children and families, and the value of the strength, assessment, and treatment model in particular to clinical work, needs to be studied further. In addition, the presumption that the strength, assessment, and treatment model may enhance engagement and positively influence outcomes needs to be empirically established.

## References

- Allison, S., Stacey, K., Dadds, V., Roeger, L., Wood, A., & Martin, G. (2003). What the family brings: Gathering evidence for strengths-based work. *Journal of Family Therapy, 25*, 263–284.
- Buckley, J. A., & Epstein, M. H. (2004). The Behavioural and Emotional Rating Scale-2 (BERS-2): Providing a comprehensive approach to strength-based assessment. *California School Psychologist, 9*, 21–27.
- Clark, M. D. (1997). Interviewing for solutions: A strength-based method for juvenile justice. *Corrections Today, 59*(3), 98–102.
- Compton, B. R., & Galloway, B. (1994). *Social work processes*. Pacific Grove, CA: Brooks/Cole.
- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work, 39*, 262–268.
- De Jong, P., & Miller, S. D. (1995). How to interview for client strengths. *Social Work, 40*, 729–736.
- Epstein, M. H., & Sharma, J. M. (1998). *Behavioral and Emotional Rating Scale: A strength based approach to assessment*. Austin, Texas: PRO-ED, Inc.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419.
- Gilgun, J. F. (1999). CASPARS: New tools for assessing client risks and strengths. *Families in Society: The Journal of Contemporary Human Services, 80*(5), 450–459.
- Gitterman, A. (1996). Life model theory and social work treatment. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (pp. 389–408). New York: Simon & Schuster.
- Glicklen, M. D. (2004). *Using the strengths perspective in social work practice*. New York: Pearson.
- Hepworth, D. H., & Larsen, J. A. (1993). *Direct social work practice: Theory and skills*. Pacific Grove, CA: Brooks/Cole.
- Hunter, A. J., & Chandler, G. E. (1999). Adolescent resilience. *The Journal of Nursing Scholarship, 31*(3), 243–247.
- Kadushin, A., & Kadushin, G. (1997). *The social work interview: A guide for human service professionals* (4th ed.). New York: Columbia University Press.
- Krill, D. F. (1996). Existential social work. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (pp. 250–281). New York: Simon & Schuster.
- Larson, R. W. (2000). Toward a psychology of positive youth development. *American Psychologist, 55*, 30–37.
- LeBuffe, P. A., & Shapiro, V. B. (2004). Lending “strength” to the assessment of preschool social-emotional health. *California School Psychologist, 9*, 51–61.
- Legowski, T., & Brownlee, K. (2001). Working with metaphor in narrative therapy. *Journal of Family Psychotherapy, 12*(1), 19–28.
- Lyons, J. S., Uziel-Miller, N. D., Reyes, F., & Sokol, P. T. (2000). Strengths of children and adolescents in residential settings: Prevalence and associations with psychopathology and discharge placement. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 176–181.
- McQuaide, S., & Ehrenreich, J. H. (1997). Assessing client strengths. *Families in Society: The Journal of Contemporary Human Services, 78*, 201–212.
- Meyer, B., Pilkonis, P. A., Krupnick, J. L., Egan, M. K., Simmens, S. J., & Sotsky, S. M. (2002). Treatment expectancies, patient alliance, and outcome: Further analyses from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. *Journal of Consulting and Clinical Psychology, 70*, 1051–1055.
- Miley, K., & DuBois, B. (1999). Empowering processes for social work practice. In W. Shera & L. M. Wells (Eds.), *Empowerment practice in social work: Developing richer conceptual foundations* (pp. 2–12). Toronto: Canadian Scholars Press.
- Reid, W. J., & Epstein, L. (1972). *Task-centered casework*. New York: Columbia University Press.
- Richardson, G. E., Neiger, B. L., Jensen, S., & Kumpfer, K. L. (1990). The resiliency model. *Health Education, 21*, 33–39.
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary prevention of psychopathology. Vol. 3. Social competence in children* (pp. 49–74). Hanover, NH: University Press of New England.
- Safran, J. D., Muran, J. C., Wallner Samstag, L., & Stevens, C. (2001). Repairing therapeutic alliance ruptures. *Psychotherapy, 38*, 406–412.
- Safran, J. D., & Muran, J. C. (2005). Brief relational therapy and the resolution of ruptures in the therapeutic alliance. *Psychotherapy Bulletin, 40*, 13–17.
- Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. New York: Longman.
- Saleebey, D. (Ed.). (1997). *The strengths perspective in social work practice* (2nd ed.). New York: Longman.
- Sharry, J. (2004). *Counseling children, adolescents and families: A strength-based approach*. Thousand Oaks, CA: Sage.
- Tedeschi, R. G., & Kilmer, R. P. (2005). Assessing strengths, resilience and growth to guide clinical interventions. *Professional Psychology: Research and Practice, 36*, 230–237.
- Van Wormer, K., & Rae Davis, D. (2003). *Addiction treatment: A strengths perspective*. Pacific Grove, CA: Brooks/Cole.
- Weinberger, J., & Eig, A. (1999). Expectancies: The ignored common factor in psychotherapy. In I. Kirsch (Ed.), *How expectancies shape experience* (pp. 357–382). Washington, DC: American Psychological Association.
- Yip, K. S. (2003). A strengths perspective in working with an adolescent with dual diagnosis. *Clinical Social Work Journal, 31*(2), 189–203.

---

Edward Rawana, PhD, is assistant professor, Department of Psychology, and Keith Brownlee, PhD, is professor, School of Social Work, Lakehead University. Correspondence regarding this article can be sent to the second author at kbrownle@lakeheadu.ca or School of Social Work, Lakehead University, 955 Oliver Rd., Thunder Bay, Ontario, P7B 5E1, Canada.

Manuscript received: June 23, 2008

Revised: November 17, 2008

Accepted: November 21, 2008