

Strengths Based Practice

Steve Morgan goes beyond the alphabet of negativity

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The dilemma

The promotion of a strengths approach in mental health practice instantly presents a dilemma: everyone agrees its place in good practice, but few are really doing it. Service users will readily admit to wanting their strengths identified, acknowledged and worked with. But they rarely experience this approach from mental health services. Many practitioners from different professional backgrounds will claim to be working with service user strengths. In reality, although they often are paying some consideration to identifying and using strengths, in my experience it is extremely rare to find practitioners who can seriously claim to be working to an underlying set of values, principles and philosophy of strengths-based practice.

The problem with problems

The main purpose of mental health services seems to be the need to identify problems through assessment and offer solutions through prescribed interventions. We have a rich lexicon to help us to communicate our roles, expertise and intentions: illness, distress, disability, poor functioning, relapse, deficits, weaknesses, failings, psychotic, manic, depressed, anxious, personality disordered, abuse, exploitation, harassment. It would not be too difficult to draw up a complete 'alphabet of negativity'.

People present with problems, they are referred on with problems, we assess for problems, we identify problems, we attempt to resolve problems, we look for residual problems or the relapse of problems. We consider ourselves, whatever the professional background, to be problem solvers. The worst aspect of this scenario is when we refer to a service user as being a problem if they do not readily engage with our prescribed solutions.

Nowhere in this scenario do we gain a holistic picture of the individual, despite the rhetorical claims of many practitioners to be seeking this. Do many practitioners really pay anything more than lip-service to the individual service user's strengths, abilities, achievements, resources and personal wishes and aspirations? Many practitioners from all backgrounds, will say that they work with a strengths perspective. But closer scrutiny of their practice generally fails to provide sufficient evidence for these claims. There may be occasional recognition of positives, but little active working with these attributes to help resolve some of the service user's needs and wants. In a couple of workshops in 1998 (facilitated by Roberta Wetherall and myself), small groups of service users and their key workers were invited to share our thinking on the strengths approach. Very soon into the first day, the practitioners claimed to be working with 'strengths', but the service users unanimously agreed that a strengths approach was not their experience. The achievement of the workshop was to facilitate the real experience of this method of working for both sets of people together.

Why bother changing?

Wouldn't a primary focus on strengths just be a distraction from the real business of mental health service delivery? If we paint a brightly coloured picture of an individual, might we be left with the question 'What do they need us for?' (This is a question we should ask of ourselves more often.) Some service users may also fear that if they are seen to possess a

range of strengths, abilities and resources, they may not be able to access a needed service, or may have a service withdrawn. This is missing the point of what a good-quality, holistic assessment should be achieving.

A strengths approach offers a genuine basis for tackling so much of what mental health services struggle to deliver on a daily basis:

- engagement of trusting working relationships
- empowering people to take a lead in their own package of care
- working collaboratively on a mutually agreed agenda for change
- tapping into personal sources of motivation
- sustaining gains through learning and growing through change.

A strengths approach is a specific method of working with and resolving the problems experienced by a person presenting to mental health services. It is not a separate function, setting out to ignore the problems and difficulties. It attempts to identify a positive basis of individual resources from which to tackle the negatives that inevitably accompany the presentation of problems. It provides materials with which to tackle the blank canvas that often accompanies the detailed outline of problems.

Principles in practice

A fundamental change to practice needs to be based on a set of guiding principles. But what place is there for values and principles beyond the realms of academic thinking and theoretical debate? guiding principles are not just about theor that busy practitioners will not find the time to read and think about. They are about the real attitudes and values that people hold, that shape and influence their practice at a very deep level. A true strengths approach is one that governs the way we think about people and the way we go about our work on a daily basis. It is not an option to apply only to certain people or to particular parts of our practice. It is the basis for all actions and interactions. Positively crafted principles should work at a practice level, helping practitioners to make sense of why they are in the job and what the details of their daily work are about.

Strengths Based Principles

- The focus of the helping process is upon the service user's strengths, interests, abilities and capabilities, not upon their deficits, weaknesses or problems
- All service users have the capacity to learn, grow and change
- The service user-practitioner relationship becomes a primary and essential partnership
- The service user is viewed as the director of the helping process
- Continuity and acceptance are essential foundations for promoting recovery
- The helping process takes on an outreach perspective
- The local neighbourhood is viewed as a source of potential resources rather than as an obstacle. Natural neighbourhood resources should be considered before segregated mental health services.¹

If the strengths approach is to be something that genuinely guides and influences practice, it should be evident in the language of interactions with service users, the language of service and team meetings, and the written documentation of assessment and progress. Its development in practice may be supported in a number of ways:

- greater attention to creativity and flexibility in relation to the concepts of 'engagement', 'intervention' and 'collaborative working'
- practical use of tools such as 'strengths assessment' with service users,² and for staff development¹

- working from a fundamental basis of accentuating the positive, not solely reacting to the negative.

Take a picture of this

The strengths approach derives from the strengths model of case management,² which dates back to the early 1980s. It provides a strong theoretical basis for individual and multidisciplinary practice, with a growing body of evidence to support its effectiveness.³ Most importantly, it is generally well received by service users⁴ and it connects with the way many practitioners feel they wish to work.

Fundamentally, it is not an approach that can be 'claimed' as being part of other theoretical models. Currently, the recovery model claims to use strengths as the basis of its approach. And indeed, the strengths approach may well be a prominent element for supporting recovery, in whatever way recovery is defined.⁵ But it also has a history of development in its own right as a separate model for practice.

In view of the dilemma set out at the beginning of this article, the development of a strengths approach into routine practice should be seen a practice development and training priority.⁶ Over the last 10 years, I have encountered only piecemeal opportunities to introduce these ideas to practitioners and service users. But whenever I have done so, they have always been enthusiastically received. More recently, practice development interviews with community mental health staff have begun regularly to raise the need for more attention to the strengths aspect of mental health practice. In the interests of genuine service user involvement in their own care, and of practitioner recruitment, retention and morale, this should become the 'new picture'.

References

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