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Diane DePanfilis

Joshua Okundaye

Esta Glazer-Semmel

Lisa Kelly

Joy Swanson Ernst

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Applying the Strengths Perspective to Increase Safety and Well-Being: Views from Families and Providers

Diane DePanfilis, Joshua Okundaye, Esta Glazer-Semmel, Lisa Kelly, and Joy Swanson Ernst

Consensus about the value of the strengths perspective is developing among child welfare and family service practitioners. Yet, few first-hand reports are available from the perspectives of family members and interdisciplinary service providers about the principles most important for engaging and supporting family members to achieve needed outcomes. This paper briefly highlights principles most often cited as key to application of the strengths perspective and compares first-hand accounts from family members and service providers. These views were elicited through focus groups facilitated by a community-based family support program. Implications for strengths-based practice with families are discussed.

Strengths-based practice has been increasingly promoted as a viable service model with diverse populations (Cowger, 1994; DeJong and Miller, 1995; Rapp, 1998; Saleebey, 1996; Saleebey, 1997b; Sullivan, 1992; Tice and Perkins, 1996). In particular, the strengths perspective has been emphasized as a promising approach *with families* for over ten years (DePanfilis, 2000; DePanfilis and Wilson, 1996; Duncan and Brown, 1992; Dunst, Trivette, and Deal, 1988; Dunst, Trivette, and Deal, 1994; Early and GlenMaye, 2000; Gilgun, 1999; Kinney, Strand, Hagerup, and Bruner, 1994; Laird, 1996; Leon, 1999; Ronnau and Poertner, 1993; Russo, 1999; Trivette, Dunst, Deal, Hammer, and Prompt, 1990; Werrbach, 1996; Whitley, White, Kelley, and Yorker, 1999).

Strengths-based practice involves a paradigmatic shift from a deficit approach that emphasizes problems and pathology, to a positive partnership with the family. The focus of assessments is on the complex interplay of risks and strengths related to individual family members, the family as a unit, and the broader neighborhood and environment. This is not to suggest that a practitioner avoids specification of needs of families. A child's most basic needs for food, clothing, shelter, health care, nurturance, stimulation, and safety may be unmet and as a result, helping practitioners become involved. When a child's basic needs are at risk of being unmet, we must understand what conditions

within and outside the family may be contributing as well as what resources exist within and outside the family to enable the family to improve the well being of all its members.

The focus of intervention however is not on correction of a problem but on enabling caregivers to meet the needs of all family members because they in turn will be better able to have the time, energy, and resources necessary for enhancing the well-being and development of the family as a whole (Dunst, Trivette, and Deale, 1988). As emphasized by Hobbs, Dokecki, Hoover-Dempsey, Moroney, Shayne, and Weeks (1984), "families are the critical element in the rearing of healthy, competent, and caring children. We suggest however that families—all families—cannot perform this function as well as they might unless they are supported by a caring and strong community, for it is community (support) that provides the informal and formal supplements to families' own resources. Just as a child needs nurturance, stimulation, and the resources that caring adults bring to his or her life, so too, do parents—as individuals and as adults filling socially valued roles (for example, parent, worker)—need the resources made possible by a caring community if they are to fulfill their roles well." (p. 46).

The purpose of this paper is to report on efforts of a community-based family support program in a poor urban neighborhood to seek the views of family members and service providers about the most important qualities of practitioners and practices of programs that work with families. Since the program (DePanfilis, Glazer-Semmel, Farr, and Ferretto, 1999). DePanfilis, Glazer-Semmel, Farr, and Ferretto, 1999) operates from a strengths perspective, of particular interest was whether participants in focus groups would identify themes to support strengths-based practice. The strengths perspective principles articulated by Kisthurdt (1997) and Salleby (1997a, b) are used as an organizing framework. These principles are consistent with the helping process articulated in most social work texts (Compton and Galaway, 1999; Cournoyer, 2000, Hepworth, Rooney, and Larsen, 2002). Briefly, there are five principles of this perspective. The first is the acknowledgement that all families have strengths, and the primary focus of intervention should be on the strengths, abilities, knowledge, and capacities of individuals and families. The second principle suggests that the relationship between clients and helpers is an essential component of the helping process. The helping alliance is at the heart of most practice models, reinforced by the National Association of Social Workers Code of Ethics (1996), and has been demonstrated to be particularly relevant with families at risk for child maltreatment (Dore and Alexander, 1996; Kenemore, 1993). The third principle emphasizes the importance of the client directing the helping process. This basic tenant of self-determination is a cornerstone of social work practice and is reinforced in the National Association of Social Workers Code of Ethics (1996). The fourth principle suggests that all human beings have the capacity to learn, grow, and change. This principle is core to all helping professionals.

And finally, the fifth principle suggests the importance of meeting the client in their community. This is particularly important for a program focused on preventing child neglect. Families who have children whose basic needs are at risk of being unmet are typically poor and lack access to resources (Gaudin, 1993; Smale, 1995). Further, these families are more likely to be socially isolated, experience loneliness, and lack social support (DePanfilis, 1996). Finally, traditional, in-office, one-to-one counseling by professionals has not proven effective to reduce the risk of neglect (Cohn and Daro, 1987).

Method

As part of an effort to assess the needs of families in a target community, a community-based family support program facilitated focus groups with families and service providers. This program provides early home-based intervention to increase the safety and well being of children and families and to prevent child maltreatment and substance abuse.

Sample

Four separate focus groups were conducted during February or March, 2000: (1) current and past program staff and students (n=10); (2) interdisciplinary community-based providers (n=10); (3) current or past program clients (n=6); and (4) parents being served by a community-based career center (n=14).

The staff and social work student group was comprised of ten women who were an average of 40 years of age (range from 25 to 51 years) with a mean of 9.4 years of professional social work experience (range from 0 to 28 years). They represented European American (70%) and African American (30%) descent with professional degrees at the Bachelor (n=4), MSW (n=4), and PhD levels (n=2).

The community provider group was comprised of six women and four men who were an average of 46 years of age (range from 30 to 60 years) with a mean of 11 years of professional experience with families (range from 0 to 26 years). These group members were invited because of their experience serving families in the community and because of their prior contact with the family support program as either a referral source to the program and/or as a provider to whom the program referred for services. Half of the group was of African American descent and half of the group was of European American descent. Their professional education ranged from a high school degree (n=2), to a masters degree (n=4), to a degree of MD or PhD (n=4). One group member did not identify level of education.

The client group consisted of six mothers, grandmothers, or great-grandmothers who were an average of 51 years of age (range of 26 to 72 years). All participants were African American with varying educational backgrounds 7th or 8th grade education (n=2), 9th-11th grade (n=1), and high-school graduate and/or associate degree (n=2). One group member did not identify level of education. Two of the six members said that they worked outside the home during some or all of the last 5 years. These caregivers identified caring for an average number of 3.6 children who ranged in age from 4.6 to 11 years of age. All had received services from a community-based family support program, receiving most services in their homes.

The fourth group consisted of 13 mothers and one father who were receiving services through a community-based career center and had not had prior contact with the family support program in question. These parents were an average of 35 years of age (range from 20 to 48 years) with an average of 3.1 children who ranged in ages from 5.7 to 13.4 years of age). All participants were African American with varying educational backgrounds 7th or 8th grade education (n=2), 9th-11th grade (n=8), and high-school graduate (n=2). Seventy-one percent of the members of this group had worked outside the home some or all of the last five years.

Procedure

All four focus groups (Greenbaum, 1999; Krueger, 1997; Morgan, 1997) were facilitated by the same two social work facilitators (an African American male and a European American female). Groups were video-taped with the permission of participants. All participants were provided refreshments, and participants in the two client groups received small thank you gifts.

The groups were asked to think about services provided by the family support program or by other agencies with which they were familiar. The same questions guided the discussion for all group sessions, which lasted an average of two hours each. What services did they think families found helpful? What services were not helpful? What made families want to return to work with an agency after their introduction to the worker or agency? What made families not want to return for services? What did participants think about different ways of working with families? Did they feel that home-based or group models were most useful? Why?

Data were analyzed by compiling notes maintained by facilitators and recorded through video-tapes of each session. Discussion from each group was transcribed and then themes were analyzed from each group. Finally, results were compared across groups to examine similarities and differences in themes. For the purposes of

this paper, results are analyzed by examining how/if participants offered opinions that are consistent with principles of the strengths perspective organized by Kisthardt (1997) and Saleebey (1997a).

Results

Principle 1: Focus on the strengths, abilities, knowledge, and capacities of individuals and families (Kisthardt, 1997).

Themes that supported an emphasis on strengths emerged from each of the four focus groups in participant answers to questions about what makes services helpful to families and what makes clients want to stay involved with services. There were seven sub-themes that emerged: (1) a focus on strengths; (2) recognizing success or progress; (3) avoiding communication that conveys blame; (4) desire for respect; (5) acknowledgement of what is important to the client, including spirituality; (6) emphasis on talents; and (7) feelings that a strengths perspective generates for clients and helpers.

Focus on strengths. Community providers emphasized that looking for strengths and praising personal gifts was the best way to help families accept help. Program staff highlighted that they are most successful in engaging families as partners when they observe something positive about families and share these perceptions during the very first visit. Clients said they were more open to listening when they felt better about themselves and their families after a home visit than they felt before a visit...."she helped me see the good things about my life."

Recognizing success or progress. Everyone agreed on the importance of recognizing even the smallest steps toward success. Clients suggested that they looked forward to another contact if they knew a helper would be proud of their accomplishments. Program staff offered that they had to work hard to let the client define for themselves what success looked like and it was their job to help clients look realistically at the challenges and opportunities in their lives.

Avoiding communication that conveys blame. Both client groups contrasted practitioners who they felt were "nasty" toward them from those who were "beautiful to me." When talking about experiences with another program, one client shared, "I could tell when she walked in the door that she didn't care about me. . . .her eyes were going everywhere all around my house. . . .trying to find things that were bad for my children.. ..I knew right then that the next time she wanted to visit me, I wouldn't be home."

Desire for respect. Statements from the two provider groups acknowledged the importance of conveying respect and a non-judgmental attitude. "Clients have too often received help that they do not perceive as helpful. . . when we see clients, we have to demonstrate that we care about them as human beings. . . since this attitude may not have been their past experience, it is important to be patient and consistently convey respect in every way." "I remember one client who shared that when I met her for the first time, I may have been the first person who really listened to her and expressed concern for her as a person."

Acknowledge what is important to the client, including spirituality. All four groups identified the importance of recognizing important aspects of the client's lives, in particular spirituality. A program staff person expressed, "sometimes, professional providers discount the most important strength that clients bring because they believe that it isn't appropriate to talk about spirituality or religion." A community provider offered, "a person's spirituality provides the hope that things can get better . . . as helpers, we need to build on the belief that parents can help their child achieve a better future." And from a client, "my worker listened when I talked about my belief in a higher power . . . and the work I did with both helped me accomplish goals for my family."

Emphasis on talents. Both provider groups identified the importance of conveying acceptance of individuals, whatever their conditions are. "Clients can tell when you convey a genuine appreciation of their talents." And from one client, "she made me feel that what I was doing at home was the reason that my little girl is now a straight A student."

How workers and clients feel when strengths are emphasized, rather than pathology. "It is a more rewarding experience to see the strengths in my client, rather than all of the problems." And, as emphasized by another helper, "it helps to remember to be humble . . . there but for the grace of God go I." As observed by one client, "she didn't doubt me for a minute. . . I really felt powerful!"

Principle 2: The relationship between clients and helpers is an essential component of the helping process. (Kisthardt, 1997).

A theme about the importance of interdependence between clients and helpers and a helping alliance evolved from each of the four groups as the facilitators inquired about factors that fostered clients wanting to continue participation in services. Six separate sub-themes supported this principle: (1) process of engagement; (2) confidence in the relationship; (3) perceived competence of the worker; (4) conveying empathy; (5) relationship has meaning; (6) what fosters the relationship.

Process of engagement. As noted by one client and acknowledged by others with laughter, “The first time I met her I could tell she was *good* people...I enjoy *good* people . . .you can tell the difference between someone who cares with someone who is just collecting a paycheck.” Clients in both groups discussed for some time that they could tell whether they could trust what they were hearing by the attitudes that workers conveyed. With some helpers, they felt “connected” and as emphasized by one client, “some people when they come . . .they bring themselves . . .then I feel we are all part of the same community.” Or as emphasized by several clients, “when I called, they actually knew who I was . . .that made me feel very special.” One client said, “my Momma taught me the spirit of discernment . . .this means that I can look at a person and can experience the person as a whole.” The career center group also emphasized the importance of being professional, “of leaving your own stuff behind when you walk into someone else’s home.” Community providers emphasized similar ideas, “I try to connect with something that touches the person . . .that touches their heart.” Qualities in workers that encouraged the development of relationship came through from all groups, e.g., “warm, genuine, nice, caring, thoughtful, respectful, compassionate, understanding, down to earth.”

Building confidence in the relationship. Over time, several approaches helped the relationship develop into a helping alliance. From the career center group, clients suggested that they developed confidence in the helping relationship when workers were “organized, were willing to work too, did things to motivate me, helped me identify barriers to success (more than just being nice), were clear on the purpose of each visit, were straight with me.” Family support clients emphasized that they developed confidence in the relationship when “workers listened and helped right away, I could tell she knew what she was doing . . .she was competent, was thorough with the questions she asked, helped me do it for myself (didn’t try to do for me), listened to what I really needed . . .over time, we understood each other.” Clients and helpers emphasized the importance of confidentiality. As suggested by one client, “I knew she wouldn’t go telling my business to others . . .in fact she gave me a paper that said so.” Both groups of helpers identified the importance of “starting where the client is, following through on what you say you will do, clearly communicating role and purpose, conveying a partnership in the work ahead, and establishing a safety zone of trust and support.” All of these helped to build the helping alliance over time.

Perceived competence of the worker. As implied in the previous section, clients looked for more than people who were just “nice” to them. They felt it important that the person they worked with “knew what she was doing.” The program offers the right kinds of services for families, “things that we really need” (not a narrow mission). Clients seemed to say that credibility was established by credentials, human qualities, knowledge, and skill.

Conveying genuine empathy. Clients seemed to be quite sophisticated in their assessment of helpers who offered “false empathy” with those who truly tried to understand the client’s perspective. One client described one worker from another agency who she said “was full of it . . . she actually said that she knew how I felt . . . how could she really know how I felt . . . she don’t live in this neighborhood . . . she hasn’t lived in my shoes.” Clients suggested that “true empathy” is conveyed when helpers “don’t act like they are in a hurry, who really show that they are listening, who use a soothing voice but don’t try to do all of the talking.” It was important that “she listened to me, talked to me, listened some more, she let me know she was really there for me . . . especially when I had a crisis and needed extra help.”

Relationship has meaning to the client and helper. The family support agency clients suggested that they agreed to come to the focus group because they felt it is important that they give back for all that they received, e.g., they feel connected and part of a larger community. Some clients expressed the importance of staying connected, even after services were no longer needed. Practitioners suggested that what motivated them to still do this work (without many tangible rewards) was the connection they felt to their clients in wanting to see them successful . . . and hearing from them from time to time. In contrast to some agencies that perceive coming back as a “failure,” both providers and clients felt it was important to convey the opposite message. “If this is truly a partnership, then staying in touch should be something positive.”

What helps to foster the relationship. Family support program workers emphasized the importance of self-awareness to do this work well. “Awareness of own (worker) boundaries/limits and acceptance of our/their limitations is really important.” There was further discussion about the need to “not take things personal . . . even if your client screams at you when you are ten minutes late.” This may remind the client of someone else in their history that they could not count on. “In order to break through this, you have to be patient.” The timing is also critical. Sometimes there is a breakthrough in a relationship when you don’t expect it. “We need to look for windows of opportunity for building the partnership.”

Principle 3: The helping process is directed by the client.

The basic principle of the client’s right to self determination was emphasized by members of each focus group. In contrast to what clients perceive as some other “helping processes” that dictate to them what they must do and not do, both clients and provider participants in these focus groups identified the importance of clients being “in charge” of deciding about service outcomes and steps to achieve them and in deciding how much of what services they receive and in what ways services are provided. Family support

program providers identified many ways that clients “need to control the process.” “This begins with simple things like how often and where we should meet and also involves selecting outcomes, goals, and tasks that will be the focus of work together.”

Clients in both groups also independently emphasized the importance of knowing best what they need. For example, one program client offered, “I liked when she asked me questions so that I could think for myself what my needs were.” Career center clients suggested that clients need to be “a partner in deciding what services are needed” and suggested “families need to have a say in where they get help.”

Principle 4: All human beings have the capacity to learn, grow, and change (Kisthardt, 1997).

All groups offered support for this concept; however, the comments were stated less directly than with the other principles. Program staff suggested that their role is often helping the family see the changes they are making, even when change may seem “small.” They further suggested that it is really important to provide tangible feedback to clients to reinforce achievement of goals and outcomes....“this reinforcement, helps clients tackle even more difficult challenges.” One program client said, “when I started with the program, I saw it as a last resort. . . .my daughter was having so many problems I couldn’t believe she could ever change.. . .One of the things I learned is that she could change. . . . She went from failing in school to the honor roll.” The community provider group suggested that one of the most powerful roles that practitioners have is helping families see that there is hope for a brighter future.. . .”that with support and each other, they can keep their family together.”

Principle 5: Help is designed to be provided in the community, not in the confines of a building (Kisthardt, 1997).

Two important sub-themes emphasized the importance of community outreach: (1) importance of knowing about and using community resources and (2) importance of overcoming fears of visiting certain neighborhoods and homes.

Knowing about and using community resources. Both groups of providers suggested that a major role of practitioners was to educate their clients about resources in the community...“my job is to help families be good consumers of resources that are available.. .as well as “advocate for my clients to receive services when they are eligible. . .this is an important role with the schools.” A client suggested, “I knew my worker really cared when she waited for hours with me in the clinic waiting room...it helps to know that you aren’t alone when you are trying to get help for your kids.” A crucial part of service for many clients was access to emergency resources. “Even though sometimes

I had to wait, I helped keep things together at home because I knew I was not going to be evicted when the check finally came.”

Overcoming fears of homes and neighborhoods. Clients suggested that they worked best with workers who were willing to “walk into their neighborhood with their head high. . .and I always walked her back to her car because I cared for her safety.” Or as suggested by another client, “If she was afraid to come into my home, how could she really understand me. . .I’m not saying we shouldn’t be careful on the streets but it feels good to know that she is willing to come to see me.” Program workers suggested that it was important to be “smart” on the streets (e.g., lock valuables in the trunk, carry a cell phone, park as close to your client’s home as possible, go out with someone else if necessary) but it was also important to put fears aside and communicate respect. . .” say hello to folks on the street, walk with confidence, use humor or whatever it takes to get to know someone and their environment.”

Conclusions

This paper reported on an exploratory study about the ingredients that families and practitioners report as crucial for success in a community-based family support program. Themes that emerged from focus groups helped to support key principles of the strengths perspective. Both clients and practitioners independently offered insights about the principles most important for helping families overcome many risks in their environments.

A significant problem for family interventions is the tendency for troubled families to drop out of treatment (Spoth & Rednond, 1995). Most prevention programs struggle with engaging and maintaining the voluntary involvement of the target families, especially when these programs attempt to serve high-risk populations (Larner, Halpern, Harkavy, 1992; McCurdy, Hurvis, and Clark, 1996). For these hard to serve families, it may be more appropriate to examine what services should be offered with family interventions, as well as how, when, and where to offer such services. There is some literature that suggests that a provider’s ability to establish some level of trust during the initial contacts may be more predictive of ongoing participation than the specific services offered by the program (McCurdy, Hurvis, and Clark, 1996). There is also literature that supports the notion that therapy is a collaborative endeavor and as such, more attention should be paid to the role of the therapist in discussions about treatment resistance and dropouts. For example, Dore and Alexander (1996) emphasize the importance of the helping alliance in their review of literature about the effectiveness of family preservation services. Unfortunately, what therapists often do in response to resistance is to become less effective in helping the family (Patterson & Chamberlain, 1994).

The results of this exploration suggest that applying the principles of the strengths perspective may yield a greater opportunity for families to be engaged as partners in the change process to improve the likelihood of achieving successful outcomes. Emphasizing strengths, building a helping alliance, helping clients control the change process, reinforcing the belief that all human beings can change, and actively reaching out to families in their own communities are crucial ingredients to an effective helping process.

Even though this exploration suggests support for using the strengths perspective with families, readers should also recognize the limitations of this exploratory analysis. This study cannot provide support for the effectiveness of the strengths perspective. It only offers opinions from a few clients and providers about the promise of using this approach. However, in combination with other literature cited earlier, it does suggest that using the strengths perspective may be a promising approach in comparison with problem-focused methods for serving high-risk families.

References

- Cohn, A. H. & Daro D. (1987). Is treatment too late: What ten years of evaluative research tell us. *Child Abuse and Neglect*, 11, 433-442.
- Compton & Galaway. (1999). *Social work processes*. (6th ed.). Pacific Grove, CA: Brooks/Cole Co.
- Cournoyer, B. (2000). *The social work skills workbook*. (3rd. Ed.) Belmont, CA: Brooks/Cole.
- Cowger, C. D. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work*, 39, 262-68.
- DePanfilis, D. (2000). How do I assess the strengths in families? In Dubowitz, H., & DePanfilis, D. *Handbook for child protection practice* (pp. 335-338). Newberry Park, CA: Sage.
- DePanfilis, D. (1996). Social isolation of neglectful families: A review of social support assessment and intervention models. *Child Maltreatment*, 1, 37-52.
- DePanfilis, D., Glazer-Semmel, E., Farr, M., and Ferretto, G. (1999). *Family Connections intervention manual*. Baltimore, MD: University of Maryland School of Social Work.
- DePanfilis, D., & Wilson. C. (1996). Applying the strengths perspective with maltreating families. *The APSAC Advisor*, 9(3), 15-20.
- De Jong, P., & Miller, S. D. (1995). How to interview for client strengths. *Social Work*, 40, 729-736.
- Dore, M. M., & Alexander, L. B. (1996). Preserving families at risk of child abuse and neglect: The role of the helping alliance. *Child Abuse and Neglect*, 20, 349-361.

- Duncan, S. F., & Brown, G. (1992). RENEW: A program for building remarried family strengths. *Families in Society*, 73, 149-158.
- Dunst, C. J., Trivette, C. M., & Deal, A.G., (Eds.) (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Deal, A.G., (Eds.) (1994). *Supporting and strengthening families*. Cambridge, MA: Brookline Books.
- Early, T. J., & GlenMaye, L. F. (2000). Valuing families: Social work practice with families from a strengths perspective. *Social Work*, 45, 118 – 130.
- Gaudin, J. M. Jr. (1993). Effective intervention with neglectful families. *Criminal Justice and Behavior*, 20, 66-89.
- Gilgun, J. F. (1999). CASPARS: New tools for assessing client risks and strengths. *Families in Society*, 80, 450-459.
- Greenbaum, T. L. (1999). *Moderating focus groups*. Newberry Park, CA: Sage.
- Hepworth, D.H., Rooney, R.H. & Larsen, J. A (2002). *Direct social work practice: Theory and Skills* (6th ed.). Pacific Grove, CA: Brooks/Cole Co.
- Hobbs, N., Dokecki, P. R., Hoover-Dempsey, K.V., Moroney, R. M., Shayne, M. W., & Weeks, K. H. (1984). *Strengthening families*. San Francisco: Josey Bass.
- Kenemore, T. K. (1993). The helping relationship: Getting in touch with the client's experience. In *National Center on Child Abuse and Neglect Chronic Neglect Symposium Proceedings* (pp. 51-53). Washington, DC: National Center on Child Abuse and Neglect.
- Kinney, J., Strand K., Hagerup, M., & Bruner, C. (1994). *Beyond the buzzwords: Key principles in effective frontline practice*. National Center for Service Integration Working Paper.
- Kisthardt, W. (1997). The strengths model of case management: Principles and helping functions. In Saleebey, D. (Ed.). *The strengths perspective in social work practice* (Second Edition) (pp. 97-113). New York: Longman.
- Krueger, R. A. (1997). *Moderating focus groups*. Newberry Park, CA: Sage.
- Laird, J. (1996). Family-centered practice with lesbian and gay families. *Families in Society*, 77, 59-572.
- Larner, M., Halpern, R., & Harkavy, O. (1992). The Fair Start story: An overview. In M. Larner, R. Haplern, & O. Harkavy (Eds). *Fair Start for children: Lessons learned from seven demonstration projects* (pp. 3-22). New Haven: Yale University Press.
- Leon, A. M. (1999). Family support model: Integrating service delivery in the twenty-first century. *Families in Society*, 80, 14-24.
- McCurdy, K., Hurvis, S., & Clark, J. (1996). Engaging and retaining families in child abuse prevention programs. *The APSAC Advisor*, 9(3), 1 - 9.
- Morgan, D. L. (1997). *Focus groups as qualitative research*. Newberry Park, CA: Sage.

- National Association of Social Workers (1996). *Code of ethics*. Washington, DC: Author.
- Patterson, G.R. & Chamberlain, P. (1994). A functional analysis of resistance during parent training therapy. *Clinical Psychology Science Practice* 1, 53-70.
- Rapp, C.A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.
- Russo, R. J. (1999). Applying a strengths-based practice approach in working with people with developmental disabilities and their families. *Families in Society*, 80, 25-33.
- Ronnau, J., & Poertner, J. (1993). Identification and use of strengths: A family system approach. *Children Today*, 22, 20-23.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296-305.
- Saleebey, D. (1997a). Introduction: Power in the people. In D. Saleebey (Ed.). *The strengths perspective in social work practice* (Second Edition) (pp. 3-19). New York: Longman.
- Saleebey, D. (Ed.).(1997b) *The strengths perspective in social work practice* (Second Edition). New York: Longman.
- Smale, G. G. (1995). Integrating community and individual practice: A new paradigm for practice. In P. Adams, & K. Nelson (Eds.). *Reinventing human services community-and-family-centered practice* (pp. 59-80). New York: Aldine De Gruyter.
- Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting Clinical Psychology* 66, 385-399.
- Sullivan, W. (1992). Reclaiming the community: The strengths perspective and deinstitutionalization. *Social Work*, 37, 204-209.
- Tice, C. J., & Perkins, K. (1996). *Mental health issues and aging: Building on the strengths of older persons*. Pacific Grove, CA: Brooks/Cole.
- Trivette, C. M., Dunst, C. J., Deal, A. G., Hamer, A. W., and Prompt, S. (1990). Assessing family strengths and family functioning style. *Topics in Early Childhood Special Education*, 10(1), 16-35.
- Werrbach, G. B. (1996). Family-strengths-based intensive child case management. *Families in Society*, 77, 216-226.
- Whitley, D. M., White, K. R., Kelley, S. J., & Yorker, B. (1999). Strengths-based case management: The application to grandparents raising grandchildren. *Families in Society*, 80, 110-119.

Diane DePanfilis, Joshus Okundaye, Esta Glazer-Semmel, Lisa Kelly, and Joy Swanson Ernst are at the University of Maryland School of Social Work. They can be reached at 525 West Redwood Street, Baltimore, MD 21201. The Phone is 410-706-3609, and the Fax is 410-706-6046. Ms. Depanfilis' email is ddepanfi@ssw.umaryland.edu.

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