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Moving Beyond Lip Service: The Clinical Reasoning Behind Practicing Strengths

Lynn M. Mayer
The Catholic University of America, mayer@cua.edu

Barbara P. Early
The Catholic University of America, barbarapearly@gmail.com

Aidan H. Bohlander
The Catholic University of America, aidan.bohlander@gmail.com

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The thread of strengths runs through much of the history of social work. Long ago Bertha Reynolds proffered, "We can look for and recognize evidences of maturity and growth toward it as easily as evidences of conflict, guilt, and anxiety" (1942, p. 279). In contemporary times, Saleebey begins the 5th edition of *The Strengths Perspective in Social Work Practice* with a characterization of strengths-based practice as "axiomatic" (2009, p. 1). The current Educational Policy and Accreditation Standards of the Council on Social Work Education (CSWE, 2010) require schools of social work to teach generalist practitioners to " . . . recognize, support, and build on the strengths and resiliency of all human beings" (p. 8).

Yet, despite this history and mandate, social work practice and social work education, while continuing to be committed to the idea of strengths, struggle to translate that commitment into consistent action. A recent study exploring the incorporation of strengths into U.S. Master of Social Work (MSW) programs found that while most programs claimed a focus on strength, there remained an underlying view of strengths-based practice as lacking in rigor (Donaldson, Early, & Wang, 2009). In addition, the programs that were truly successful in reflecting strengths did so only through the immersion of faculty and students in a comprehensive "culture of strength." Such a culture reflects practice in which, "Everything you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings and society's domination" (Saleebey, 2009, p. 1). What, then, is the essence of clinical reasoning that makes practice truly strengths-oriented and ensures that a social worker may move beyond lip service? Wherein she claims to be using strengths, do her actions, indeed, match her words?

A Course on Strengths-Based Practice

For a number of years, the second author of the present study has taught a strengths-based family practice course in a MSW program called Clinical Social Work with Families: Strengths-Based Models that attempts to help MSW students learn this approach (Early, 2012). The course draws from two established strengths-based direct service models: solution-focused therapy (DeJong & Berg, 2008) and narrative therapy (Combs & Freedman, 1996). Among its objectives are:

1. To ground practice on a paradigm of *strength* and solution, rather than one of deficit, disorder, and disease.

2. To demonstrate competence in solution-focused interviewing and the narrative therapy models to seek family strengths and solutions, rather than deficits and problems - focusing on what clients *can* do, rather than what they *cannot* do.

3. To demonstrate skill in applying theory and organizing client system data to match strengths and resources from within families and their environmental networks to client-identified needs.

4. To demonstrate competence in application of theory through a range of strengths-based techniques with individuals and more than one (Early, 2012).

In an exercise offered on the first and last day of class, students were given a fictitious case example and a response sheet and were asked to respond to information about a young mother, Ms. Farney, who had just been referred from a shelter to a transitional housing program following an episode of domestic violence. The narrative description of the case includes 15 numbered facts. Some of the facts represent deficits; others, strengths; and some facts could be interpreted either from a deficit or a strengths perspective. For the purposes of the course and this study, deficits are understood as environmental stressors, individual mental health symptoms or disorders, maladaptive behaviors, interpersonal dysfunction, or failed attempts at accomplishing a desired end. Strengths represent either resources or assets. Resources are external to the client, defined as external others, environments, or opportunities to which a client has access. Assets are seen as capacities, skills, and adaptive beliefs and behaviors that are internal to the client. An example of a deficit fact is - *Ms. Farney admits to drinking up to four beers each evening, she says, to help her fall asleep*; while a strengths fact is - *There have been times when she has not drunk any alcohol, because she says she "needed every penny to pay the rent."* One that could be interpreted as either a deficit or strength is - *During the last nine years, she has held jobs as custodian in a nursing home, cook at a fast food restaurant, taxi driver, and dishwasher; none of her jobs has lasted very long.* In interpreting the choice of this last fact, one might focus on the "problem" of the client not being able to hold a job for long, or the fact could be seen as evidence of the client's capacity to bounce back and find jobs.

Students were asked to select from the broad set of 15 facts the five facts that they believed would be most helpful in intervention rather than assessment, in order to focus them on the clinical reasoning process that leads to action for change. Further, they were asked to explain their

reasoning for choosing those particular facts. Specifically, for each fact they chose, they were asked to write, "A brief sentence or two explaining *why* that fact is important and *how* you would use that information in your work with this client." At the end of the semester, both pre and post exercises were returned to the students, providing feedback to both instructor and students as to the student's capacity to recognize strengths, and the changes in clinical reasoning about why they chose strengths and how they would use them that had occurred over the process of the semester.

While this strengths course has been popular and students express in discussion and course evaluations great enthusiasm for the strengths approach, it would be helpful to know not so much whether these students are able to implement solution-focused and narrative models of practice, but rather *how a focus on strengths models is reflected in their clinical reasoning process.* Analysis of data gathered over several years of these class exercises provides some preliminary conclusions about the internal process that stretches students from commitment to action and suggests ideas about the essence of clinical reasoning and decision-making reflective of strengths practice. Rather than attempting to evaluate pre- to post- change, the purpose of this study is to provide a beginning look at that process of clinical reasoning among MSW students as they learn to use strengths. In a qualitative study utilizing content analysis, the overarching research question asked of the data was, what is the essence of strengths-based practice as reflected in the clinical reasoning process of students at the end of a strengths-oriented class? Hopefully, it will shed new light on both teaching (in class and field) and on practicing strengths.

Literature Review

The strengths-based approach to social work practice is predicated on the belief that people grow and change, have knowledge of their situations, and are able to be resilient, while also acknowledging the uniqueness of each individual (Early & GlenMaye, 2000; Greene, Lee, & Hoffpauir, 2005; Saleebey, 2009). The philosophical roots of the strengths perspective include concepts drawn from a number of sources, including Aristotle (*eudaimonia*/human flourishing), Kant (obligation and duty), Rogers (self-actualization), and MacIntyre, Sen, and Nussbaum (communitarian) (Gray, 2011). Rapp, Saleebey, and Sullivan (2005) argue that the early roots of the strengths perspective in social work include the work of Jane Addams, Virginia Robinson, Bertha Capen Reynolds, Ruth Smalley, and Herbert Bisno. As a post-modern approach to practice, it gained significant momentum in the 1980s with Rapp and

others' work at the University of Kansas School of Social Welfare and has continued to be experience periods of renewed attention in practice and education (Cohen, 1999; Donaldson et al., 2009; Floersch, 2002; Staniforth, Fouche, & O'Brien, 2011). Strengths-based practice honors both collaboration and partnership, with the social worker recognizing that "people who seek help with problems are more than the problem" (Early & GlenMaye, 2000, p. 119). Gray (2011) explicates that "strengths-based approaches invite practitioners – and clients – to focus on what's right with them – on the positives of the situation" (p. 6). In this perspective, social workers look for both internal and external resources, focus on achievement of measurable goals, and identify the client as the person in charge of the process (Floersch, 2002).

While many social workers today acknowledge that they practice from a strengths-based perspective, a review of the relevant literature calls this assertion into question. Many practitioners are unable to clearly articulate their frameworks for practice (Osmond, 2005). Saint-Jacques, Turcotte, and Pouliot's (2009) findings support that switching to a strengths paradigm is difficult in practice today; for example, they found that practitioners used weakness words much more often (72%) then strengths words (28%). Similarly, Staniforth et al.'s (2011) findings indicate that only 12% of respondents placed emphasis on practice from a strengths perspective.

To change this dynamic, practitioners need to focus on the development of the critical reasoning skills that underlie using the strengths perspective in practice. For clinical practitioners to practice from strengths, they need to be challenged to learn it through social work education (Blundo, 2001; Rapp et al., 2005). Further, CSWE (2010) explicitly mandates that programs help students become competent to "recognize, support, and build on the strengths and resilience of all human beings" (p. 8) first at the generalist level and then applied to a concentration at the advanced level. Gallagher, Smith, Hardy, and Wilkinson (2012) link training in this area to improved client involvement in the social work process, which suggests that social work education's focus on the importance and practice of strengths skills can yield positive outcomes for the profession. And yet, Donaldson et al.(2009) found that while most MSW programs in the United States claimed to have this focus, an underlying belief that strengths-based practice lacked rigor was evident. Further, in their view, only programs that fully developed a culture of strength were successful in being strengths-based. As Blundo (2009) indicates, "merely interjecting content into social work texts that state that clients have strengths and suggesting that clients be asked about

strengths is not strengths-based practice" (p. 31). Nor is it sufficient to use a strengths-based text and consider it enough to produce competent students who will use this approach in practice.

Sallee, Giardino, and Sanborn (2012) noted that families and children will face new challenges, and asked of the profession, "Are we up to the task?" (p. 2). McMillen, Morris, and Sherraden (2004) describe how practice based on strengths or on problems has been defined in the field as a dichotomy that has left "the future of the profession in the balance" (2004, p. 317). Social work practitioners, who have been exposed to this long-standing debate between strengths and deficits, need to develop solid clinical reasoning skills to face the practice challenges ahead. If they are presented with mixed messages on problems and strengths and are led to believe that the debate represents a dichotomy that does not allow them to consider both strengths and weaknesses inherent in any situation, this dynamic may negatively affect their practice (Graybeal, 2001; McMillen et al., 2004). As Brazeau, Teatero, Rawana, Brownlee, and Blanchette (2012) indicate, assessments that are focused only on deficits produce "a one-sided view of an individual, which can negatively affect the individual despite the purpose being to ameliorate his or her difficulties" and argue for a "balanced, holistic understanding" (p. 384) as part of the assessment and planning process. Critical reasoning allows the social worker to identify why the client is in need of services, acknowledging the deficits associated with the client's situation, while at the same time looking for the external and internal strengths.

Methodology

Data Gathering

Data for this study were drawn from the written exercise given advanced year MSW students in the strengths-based family course. As a student exercise within a course and one in which no student is identifiable, the study was exempt from approval by the university Institutional Review Board. From the data gathered over multiple semesters, a subset was isolated for three recent semesters in which each student who completed a pretest also completed a posttest. The data set included the five chosen facts and the written explanations of clinical reasoning for choosing each fact of 40 students at both pre and post times (200 chosen facts at pretest, 200 chosen facts at posttest, 200 explanations at pretest, 200 explanations at posttest). This study will present descriptive data that compares the pre and post responses, but is not intended to be a pre-post evaluation of change. Rather, emphasis will be on the later qualitative analysis of the explanation of clinical reasoning in the post-only responses.

Content analysis, characterized by examining texts for the presence, frequency, and relationship between particular words or concepts, guided the analysis of the data (Busch, et al., 2012).

Initial Organization of All Data: Pre and Post, Chosen Facts and Explanations

The pre and post data from the response sheets were transcribed by the third author onto an Excel spreadsheet and organized by student with both the numerical designations of chosen facts and the narrative explanations for why they chose the fact and how they would use it in work with the client. To ease visual comprehension of the extensive data, the spreadsheet was color-coded to indicate which chosen facts represented a deficit [red], a strength (resource or asset) [yellow], or one that could be interpreted either as a strengths [green] or as a deficit [purple]. An unanticipated and seldom selected category was added by the authors during this phase: a strength interpreted as a deficit [orange].

Descriptive Comparison of Chosen Facts From Pre to Post

Following the labeling and color-coding of responses on the Excel spreadsheet, the researchers compared the pre and post choices of facts by frequency and percentage of strengths versus deficits. Simply observing the color-coded spreadsheet comparing pre and post responses revealed educationally significant changes over the semester of the course as reflected numerically in Table 1. Predictably for students registered for a class about strengths, even at the pretest they tended to choose as important those facts that reflected client strengths (internal assets or external resources) over those representing deficit and disorder. However, by the end of the semester, the relatively few deficit responses dropped even further. At pretest of the 200 possible responses (40 students x 5 facts each = 200), 54 responses represented deficits, neutral interpreted as deficits, or strengths interpreted as deficits (27%); while at posttest, there were only 4 deficits (2%) chosen as important. At posttest, the remaining 196 (98%) facts chosen were either strengths (173 or 86.5%) or interpreted as strengths (23 or 11.5%).

Table 1:
Approach to Case Scenario Facts Pre and Post Strengths-Based Course

	Pre Strengths-Based Course	Post Strengths-Based Course
Deficit	48	4
Neutral Interpreted as Deficit	3	0
Strength Interpreted as Deficit	3	0
Neutral Interpreted as Strength	18	23
Asset or Resource	128	173

Qualitative Analysis of Themes within Explanations of Clinical Reasoning

Following this initial organization of the data and comparison of choice of facts at the beginning and end of the semester, the researchers began an analysis of the explanations of clinical reasoning, still working with both pre and post data. As with any qualitative approach, the role of the researcher is recognized in the process (Creswell, 2007). According to Charmaz (2006), codes created by the researcher are situated in the researchers' own life experiences and, therefore, cannot be objective. Each researcher provided a particular perspective to the analysis. The third author brought both practice wisdom as an MSW level practitioner as well as her expertise as an instructor at the Bachelor of Social Work (BSW) generalist level. The second author was the instructor of the Masters level strengths-based course from which the data came and also taught the doctoral course in the history and philosophy of social work. The first author chairs and teaches in a BSW program, but also teaches a doctoral level theory course and has taught generalist practice courses at the BSW and MSW levels in the past.

Honoring the different perspectives, but attempting to maximize rigor and trustworthiness, the researchers engaged in three of the six strategies to enhance rigor and trustworthiness in qualitative research as described by Padgett (2008): observer triangulation, prolonged engagement, and creating an audit trail. In the spirit of observer triangulation, the researchers initially worked independently to search for explanations of clinical reasoning in the data. These explanations developed into conceptual themes and represent the initial step in

conceptual content analysis (Busch et al., 2012). After their independent review, the researchers then collectively compared their individually derived conceptual themes for inter-subjective agreement, creating agreed-upon rules for coding the conceptual themes within the data. Once the rules for coding were established, the data were reexamined independently and coded using these rules. Following the individual coding and using the pre-established rules, the group met collectively to review the newly coded data for inter-subjective agreement, thereby increasing trustworthiness and rigor via observer triangulation. Further, the researchers left a clear audit-trail throughout data collection and analysis documenting observer triangulation and the second author's prolonged engagement in the field as an educator/researcher.

Qualitative Findings

As the researchers compared their codes for the explanations of clinical reasoning and moved more deeply into the data, three themes of findings emerged. First, from the reasoning both at the beginning and end of the semester, the authors developed a structural model of approach to client facts. Depending on the students' choice of fact and of clinical reasoning within the structural model of approach, an ideal strengths-oriented approach emerged. The researchers decided to restrict themselves to further analysis of the 102 post-only responses that reflected the ideal approach of the structural model. The data supported this focus because 1) most of the pretest answers from this strengths-oriented group *did* recognize strengths, 2) there was a tremendous increase in the number of ideal structural approach responses at post test, and 3) the post test responses appeared to provide a much richer explanation of the choices of facts the students made than did the pretest ones. That is, this further analysis sought to uncover the nuance of the students' clinical reasoning at the end of the course about the facts that represented assets and resources and for which the students maintained a future orientation, sought to apply knowledge to build assets, and for which she or he contemplated action. The result of the comparative analysis of these responses resulted in two additional core categories that represented explanatory rather than structural models. The first core category was that the *ideal strengths-oriented approach* would involve three factors. First, it would include recognition of an exception to or coping with some client deficit or problem. Then the authors would reflect to determine the causal or contributing factors that facilitated the exception. Finally, it would anticipate repeating the factors that made the exception possible. This three part model was labeled *recognize, reflect, and repeat*. The second
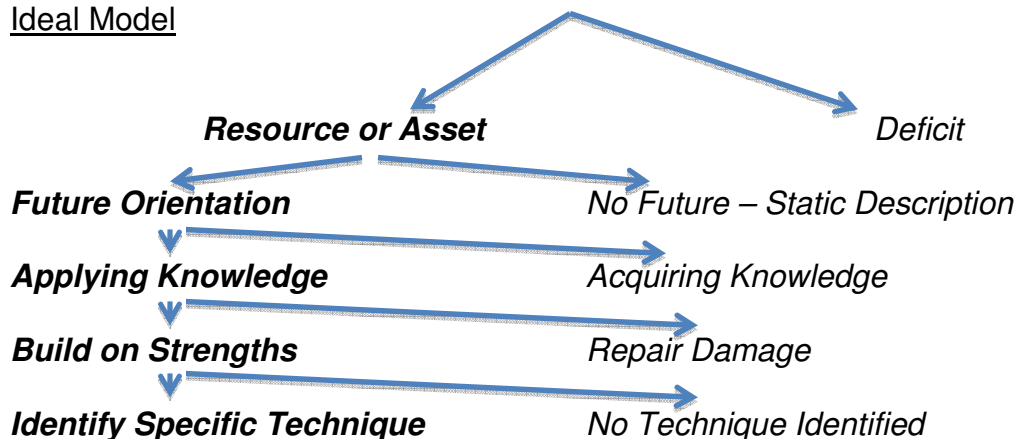
core category or explanatory model that emerged from the data was that the anticipated coping action was conceptualized by the student within an empowerment rather than an expert model.

Structural Model for Approaching Facts of a Client Situation
The first qualitative finding emerged as the researchers studied the students' choice of facts, the explanations for why they chose the facts they did, and how they would use those facts in intervention. Working together in continual analysis of how students responded within this structure, the authors constructed an ideal strengths-oriented approach to a client situation within the structural model (See Figure 1).

This structural model demonstrated a depth of critical thinking in approaching a client situation. First, in their initial interaction with the case, students had to choose whether to focus on deficits or strengths. Those who demonstrated the ideal, strengths-oriented approach were drawn to select assets and resources as important facts rather than deficits. Second, in their explanations of why the chosen facts were important and how they would use those facts in intervention, they articulated a view to future action that was more facilitative of change, rather than simply describing the fact in a static fashion that remained in the present. Third, among the future-oriented descriptions were those that simply focused on having knowledge about the client's assets or resources, while those engaged in the ideal approach sought to *apply* that knowledge. Fourth, students approaching the case in an ideal strengths-oriented way applied knowledge to building new or building upon existing resources or assets. Finally, even some students whose future-oriented responses did apply knowledge to build lacked specificity, but others who engaged in the ideal approach identified a specific technique with which knowledge was applied to assets or resources.

Figure 1:
Structural Model for Approaching Facts of a Client Situation:
Ideal Model

Resource or Asset   *Deficit*

Future Orientation   *No Future – Static Description*

Applying Knowledge   *Acquiring Knowledge*

Build on Strengths   *Repair Damage*

Identify Specific Technique   *No Technique Identified*

Thus, an ideal strengths-oriented approach to a client's situation would require a social worker to choose as essential to intervention to focus on assets or resources rather than deficits; it would be oriented towards future change rather than static description or assessment of problems; and it would aim to apply knowledge towards building resources and assets rather than repairing problems. Most ideally, a social worker would identify specific change behaviors or techniques with which to apply knowledge.

One example of an ideal response about a resource fact is the following. Fact #14 presents the role of the client's grandmother, *Ms. Farney describes her maternal grandmother as 'my rock;' her grandmother is a strongly religious woman who never judges her granddaughter and has often taken her in when she needs a break from the abusive boyfriend*. One student's ideal response was the following, "Has important resource in grandmother. Can go to her for help. Source of strength, 'What would your grandmother say about what you are capable of?'" Here the student selected an external resource, the grandmother, and thought about future application for building upon the existing resource of grandmother, through the action or technique of asking the client to think about her grandmother's presumably positive view of the client's capacity.

In an ideal response about an *internal* asset, another student chose the same fact as above but focused not on the external resource of the grandmother, but on the client's internal capacity. S/he said, "'Where would your grandmother want you to be?' 'What would it take for you to be there?' Plot the story in the landscape of consciousness. 'What will you

be doing differently?' Plot the story in the landscape of action. Positive envisioning." Here the student focuses on internal envisioning capacity. S/he applies knowledge to build upon that capacity in future and applies specific narrative techniques to facilitate change.

Ideal Approach: Recognize, Reflect, and Repeat

The researchers engaged in further analysis of the 102 post-only responses that reflected the ideal approach. This analysis sought to uncover the nuance of the students' clinical reasoning about the facts that represented assets and resources, and for which the student maintained a future orientation, sought to apply knowledge to build assets and for which she or he contemplated action through a specific technique.

This first explanatory model of the ideal approach involved three factors. First, it would include recognition of an exception to or coping with some client deficit or problem, then there would be reflection to determine the causal or contributing factors that facilitated the exception, and finally, it would anticipate repeating the factors that made the exception possible. This three part model was labeled *recognize, reflect,* and *repeat*.

Towards an understanding of this explanatory model, many responses (almost all, in fact) *recognized* assets or resources as exceptions to deficits, problems, or examples of pathology experienced by the client. However, among these, some went no further, representing, perhaps, only lip service to client strengths. So, for example, one student chose fact #3: *She had been urged repeatedly to go there [a shelter] by two girlfriends, both of whom had taken advantage of the shelter in the past.* The student wrote that the client "Shows a network of support and resources, points of reference to mark change." So, she recognized the resource, but that was as far as she was able or willing to go. Another student chose fact #7: *Ms. Farney has had periods when she has not been depressed, mainly when she has been employed at a steady job.* This student said about Ms. Farney, "Coping, times when not depressed." That is, she recognized the exception, but, again, she went no further.

It is not surprising that a student finishing a strengths class would *recognize* those responses that represented a more strengths-based orientation. Social work educators of the strengths perspective want students to utilize the language of exceptions, but they also want them to go beyond lip service to seek the factors associated with that exception and apply them towards future change. In the study, other student responses not only recognized the positive in the facts about the client, but also reflected on the conditions that made it possible. One such student responded to fact #7 regarding less depression when Ms. Farney

was working. S/he not only recognized the exception, but sought the associated factors, saying, "For those periods when she was not depressed, what was different about those times (exceptions, past coping)." That is, she recognized the past exception, but also sought to determine what might have contributed to it. In another example, the student chose fact #2: *This last time, she packed up the children and went to the shelter.* For this fact, the student said, "Why? To point out strengths – it may have taken time, but she went to the shelter – she did it to help her family, she had the impetus inside to do this. How? To explore with her what made her do this this time." Clearly, the exception is recognized and the conditions associated have been considered as well. The student is moving towards future orientation, but has not quite concretized the repetition. These two responses fell short of including the final factor of anticipating ways to facilitate repetition.

The response representing the most sophisticated and nuanced approach would involve clear articulation of all three aspects of the explanatory model of *recognize, reflect,* and *repeat.* Again choosing fact #7 about times of less depression, one student said, ""if in the past she has not been depressed (exceptions), she could recognize what was going on at that time (e.g., working) and do it now (in the present)". For a similar fact (#13) about exceptions to abusing alcohol, *There have been times when she has not drunk any alcohol, because she says she 'needed every penny to pay the rent*, a respondent noted, "'What helps you stay sober?' 'What would it take to do that more?'" The student recognized the exception, engaged in action with the client to determine the cause, and encouraged the client that once this is known to do more of it (repeat). Another student interpreted this fact somewhat differently. S/he said, "Depression is circumstantial – a good environmental factor helps to stave off depression – help her to recognize the connection and then alter the environment." This student reflected on environmental causes and would pursue intentional repeated alteration of the environment in pursuit of change.

Empowerment versus Expert Role
Finally, the continuing analysis of the 102 ideal responses from the end of the semester led to another explanatory model focused initially on the locus of change identified by the student. Conceptually, a strengths orientation to practice involves a collaborative role with the goal of empowerment of a client to uncover her or his own strengths and solutions, rather than an expert role where the social worker *does for* the client. The student responses varied as to who would be identified as responsible for

the planned change. Some students indicated that *they* were the responsible party, using "I" as the pronoun in their narratives. Others indicated that either *the client* would be the person doing the action, or students wrote about what would be done *with* the client, identifying steps that "we" would take.

Responses that reflected the expert role in practice generally included what the student would do. In these statements in which the students saw themselves as the responsible party, they initially paid lip service to strengths in their responses, but then fell back into the more prescriptive expert role of practice where the social worker takes care of the client rather than seeing the client as capable of taking care of herself or as viewing the process of planned change as a collaborative effort. The differences between perspectives may be subtle. In an example of an expert perspective, one student wrote, "This fact will help me to focus on her strengths to be a responsible tenant. I will explore more on that how she learned to be responsible." Another student noted, "This exception is important to recognize. In working with Ms. Farney I would use this to open discussion of other exceptions to the times drinking gets the better of her as well as how she has proven herself stronger that the drinking." Another example is in response to Fact #2. S/he said, "I chose this fact because it demonstrated great courage to leave her abusive boyfriend and it shows an exception to the time when she was abused but did not leave. I will use this as a compliment to draw out strengths and possibly a window to open space and create a new story." While these responses reflect increased knowledge and use of strengths, the students responding in this manner do not seem to be thinking of working in collaboration with Ms. Farney.

In other use of the expert examples, the students did not use the pronoun I, but still reflected in their responses that *they* were taking the lead in the process. One indicated, "Nurses Aide Program. (How) Ask Ms. Farney about Nursing Aide Program (Why) (opening space) to help steer her toward desired goal if using narrative approach." Another student noted, "Ms. Farney has been able to be stable and not feel depressed. This will be used as a motivator to remind Ms. Farney of her coping strategy to get her goal. "

In contrast, those students who planned what to do collaboratively with the client were taking an empowerment approach to practice rather than sliding back into the expert role. These students tended to indicate what the client could do, recognizing Ms. Farney as the expert on her life. In one example pertaining to Fact #2, the student wrote, "This fact highlights Ms. Farney's strength and ability to get herself out of toxic

situations. This would help her visualize her strengths." Another student, responding to Fact #7, made a similar statement: "What would it take her to keep a steady job? She will be focused on her goal." Other students exhibiting the empowerment framework characterized the work to be done as a joint effort through the use of "we." In response to Fact #8, a student wrote, "In the next sentences we can weed out times when working has not helped her condition. We can also expand onto when work did help depression." Yet another student used "we" in writing about Fact #7 "This shows an exception - times when she feels good and gives the reason - employment - which we can replicate" and "The reason/importance of this fact is that as a strength, work helps reduce depression in her life. We can use this as a treatment to foster self-functioning." Finally, in commenting on Fact #13, a student indicated, "This fact shows that Ms. Farney has been capable in the past in avoiding drinking alcohol. We can use this in treatment to figure out what sobriety looked like then."

Discussion and Conclusion

Following the mandate of CSWE (2010), social work has clearly embraced the goal of providing services from a strengths perspective. How far the profession has moved from lip service to action in implementing the goal is another question. Eileen Gambrill said, "Decision making, whether explicit or implicit, is at the heart of clinical practice. Decisions are made at many different levels of complexity. In addition to complex ones that involve collecting, processing, and organizing diverse sources of data, scores of smaller decisions are made in the course of each interview. For example, moment-to-moment decisions are made during an interview about how to respond" (1990, p. 1).

This study utilized data from an exercise in a strengths-based family course in an MSW program that asked students to make decisions about how to respond to various facts reflecting client deficits and those representing assets and resources. The exercise further asked them to explain their clinical reasoning as to why they made decisions about which of many facts they found important and how they might use these facts in intervention. The purpose of the study was to determine what the exercise might reveal about the essence of strengths-based practice, specifically the reasoning behind the "moment to moment decisions" that undergird strengths models and to suggest how to promote more effective teaching and practice of social work from a strengths perspective, in the context of having been taught strengths-based skills. It provides a preliminary look what it takes to move beyond lip service.

This study had considerable limitations. While the study focused on what the students said influenced their choice of important facts, surely there were many factors in their personal experience that were not identified in the study. In addition, since one of the researchers was the developer and instructor of the course, she had a clear bias towards seeing students reflect the ideal approach. To counter this bias, the authors used observer triangulation and engaged in independent coding to achieve inter-subjective agreement before the ultimate comparison of conclusions. Despite the efforts at triangulation to minimize bias, all three authors embrace strengths as their preferred framework. For these and other reasons, we suggest follow-up studies in which the structural and explanatory models are more rigorously tested.

With these limitations in mind, the researchers compared exercises completed by students at the beginning and end of the course and found, not surprisingly, that the language of strengths was there from the beginning. Additionally, the study showed that much of the remaining language of deficits fell away dramatically by the end of the course. However, the data had more to say.

Working independently and then comparing impressions, the researchers engaged in a qualitative analysis of the content of the choice of facts and explanations for those choices. The data revealed a structural model, similar to a decision tree, of the process of clinical reasoning used. Further, within that structure emerged an ideal approach of strengths-oriented reasoning. Specifically, the ideal approach suggests that a social worker should not simply recognize resources or assets in a client's experience as essential to intervention, but also should apply recognized resources and assets with a look towards future change, building on these strengths with specific strengths-oriented techniques. One cannot assume that this ideal approach can be used continually, but it suggests a way for students and practitioners to explore, challenge, and extend their own strengths-based practice.

An additional qualitative analysis of the ideal responses uncovered an explanatory model of strengths practice called *recognize, reflect,* and *repeat.* This is another component for social work educators and field instructors to include in their strengths-oriented pedagogy and for clinicians in grounding their practice. Social workers must move beyond simply recognizing assets and resources in their clients, to considering how to encourage repetition and reinforcement of the positive attitudes and actions in clients that they have uncovered.

Finally, a social worker who has mastered the essence of strengths-based reasoning will privilege the client's effort in change over

the clinician's role as expert. In strengths-based practice, the social worker is not in the role of "superman" and does not take responsibility from the client (Floersch, 2002). Bell (2012) argues that continued reliance on the expert model of practice whereby the social worker is the one in charge impedes social work practice by its tendency towards fragmenting, depersonalizing, pathologizing, and silencing the client. Social workers engaging with vulnerable populations do a major disservice to their clients when they merely recognize and attempt to "fix" that which is broken, suggesting that the focus on strengths is superficial rather then central to the change process. In fact, the use of the expert role jeopardizes the client's sense of agency instead of reinforcing the view of client as expert (Tew, Ramon, Slade, Bird, Melton, & Le Boutillier, 2011). As revealed in this study's findings, the process of change is more consistent with the strengths perspective when the social worker moves from the expert "I" of a caregiver to the collaborative and empowering "we" of a true empowerment perspective.

We believe that these three findings provide a glimpse into the complexities of a clinical reasoning process that undergirds true strengths-based practice. Not all assessment conclusions or interventive actions of a strengths-based social worker will reflect all or any of these findings. However, as social work educators and field instructors encourage strengths-based practice in their students, they can teach, demonstrate, and seek these responses in their students, and strengths-oriented practitioners can keep them in mind. For example, when a student or seasoned social worker uses an accepted strengths-based, solution-focused technique such as "exploring for exceptions" (DeJong & Berg, 2008, p. 103), does she stop with recognizing the exception, or does she work collaboratively with the client to seek the factors supporting the exception and press for repetition? When a clinician helps a client to externalize his anxiety (Freedman & Combs, 1996), does he resist the temptation to suggest the next step or nurture the client's inherent power to determine when and how he is capable of managing it?

Solution-Focused and Narrative Therapy are two established examples of strengths-based direct service models. Strengths-based case management (Rapp, 1998) and asset-based community development (Kretzman & McKnight, 1993) represent more macro-oriented strengths practice. However, the profession needs more models. Academicians should keep the ideal approach (recognize, reflect, and repeat) as well as the need for a collaborative approach in mind as they develop new models and new techniques

As social workers recognize the dignity of each human being we serve, we are called upon to respect those assets and resources which they already posses, both intrinsic and extrinsic. To be satisfied with social workers merely *recognizing* client strengths belies the ability to fully honor the dignity and full capacity of those with whom they work. It is no longer acceptable to pay "lip service" to strengths-based practice, as we learn more about how it may be effectively taught and practiced.

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