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Commentary on "Moving Beyond Lip Service: The Clinical Reasoning Behind Practicing Strengths"

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I am pleased to see that a graduate program includes the development of a strengths-based approach to clinical practice in the curriculum. The field has come a long way from when I earned my Master's Degree from a reputable Midwestern University in 1985. The clinical teaching at that time focused on psychodynamic approaches that emphasized problem saturated narratives with the clinician as the expert.

I worked briefly at a Family Services Agency in the early 1990s where I was a member of a treatment team that worked with families referred from the local Child Protective Service's office. One day, a single mother arrived for her appointment with her two children and a friend of the mother who provided transportation for the family. The mother was insistent that this unrelated family member participate in the session. As opposed to recognizing and honoring this strength of the mother in including her self-identified support system as part of the solution, the treatment team was unsure how to handle this situation and the friend ending up having to wait in the lobby while the family was in session.

Shortly after this experience I returned to employment at what is now the Texas Department of Family and Protective Services, where I was a supervisor and then a program director for the Regional Intensive Family Preservation program. It is here where we began experimenting with employing solution-focused and narrative-based approaches with families at high risk of their children being placed in protective custody, with success. These approaches were well-suited to the short-term, crisis oriented nature of the work. Similar to the authors' experience in the article, we discovered that it was challenging for tenured clinicians trained in traditional approaches to truly make the transition to a strengths-based perspective. The younger clinicians and students on the team had an easier time. I attribute this not only to the theoretical orientations that many veteran clinicians were trained in, but also to the application of middle class values to a Child Protective Services clientele that were primarily from lower socioeconomic communities. When clinicians apply middle class values to all clients, there is a tendency to misinterpret as deficits certain behaviors and actions that are actually strengths in their environmental context. The work of Rita Pierson (2003) helped me in my professional development understand the "rules of the middle class" and the "rules of poverty" and the dangers of assessing clients strictly from our own values framework.

The Systems of Care philosophy first popular in the children's mental health field and now utilized in the child welfare, juvenile justice and developmental disabilities arenas has been a great driving force for applying a strengths-based orientation into clinical practice. In Systems

of Care, families are seen as partners in their own treatment. The core values of the Systems of Care philosophy specify that systems of care are (TA Partnership):

- family-driven and youth-guided, with the strengths and needs of the child determining the types and mix of services and supports provided;
- community-based, with the locus of services as well as system management resting with a supportive, adaptive infrastructure of structure, processes and relationships at the community level; and
- culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Harris County Protective Services for Children and Adults has applied the Systems of Care Philosophy throughout the agency. The agency has included even family members who have been the recipients of services through this philosophy on planning and policy development teams within the agency. The Harris County Juvenile Probation and Mental Health Mental Retardation Authority also are applying these principles within their settings. Working with children and families with the above core values has demonstrated a tremendous shift in staff knowledge, perspective and skills within our agency setting. I would strongly recommend that graduate programs in Social Work and related fields incorporate Systems of Care within their curriculums.

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