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## CHILD PROTECTIVE SERVICES Applying the Strengths Perspective with Maltreating Families

—by Diane DePanfilis and Charles Wilson

Risk assessment has now been fully integrated into child welfare practice throughout the nation (see the special issue of the *APSAC Advisor* on risk assessment: V. 8, n. 4, 1995). Current trends include recognizing the importance of including an assessment of family strengths as well as its weaknesses (Cicchinelli, 1995); incorporating an understanding of cultural (Pecora, English, & Hodges, 1995) and neighborhood (Korbin, Coulton, & Furan, 1995) protective factors; and maximizing existing strengths and translating risks into positive outcomes when assessing and managing risks (Holder & Roe Lund, 1995). This literature clearly reflects a trend away from an exclusive focus on risks and deficits. The strengths perspective is being increasingly applied with diverse populations (e.g., DeJong & Miller, 1995; Saleebey, 1996; Saleebey, 1992; Trivette et al., 1990). But will it really work with multi-problem, maltreating families?

The purpose of this article is to review some of the principles and tools of the strengths-based perspective, and to share with all APSAC members the work done by their colleagues in a seminar taught by the authors at the APSAC Fourth National Colloquium in Chicago in June 1996.<sup>1</sup> In that seminar, participants identified how maltreating families usually seen by child protective services (CPS) agencies differ from families often referenced in the strengths-based practice literature:

- Most families come to CPS on an involuntary basis and are less willing to be open

<sup>1</sup>A packet from the authors' seminar "Finding Strengths in Chaotic Families," including an annotated bibliography and principles of the strengths perspective, can be obtained by contacting APSAC.

and honest about their problems or strengths.

- The problems facing many CPS families are long term, chronic, and require considerable time and investment on the part of helpers.
- Many families experience multiple problems that require complex solutions.
- The community system often attempts to hold someone responsible for the maltreatment, which makes it more difficult to engage clients about strengths or solutions.
- Many CPS families have experienced multiple failures in their lives and do not easily identify strengths.
- Some families, particularly those who chronically neglect their children, are verbally inaccessible as a result of parental depression; thus, positive connections with helpers take a long time to establish.
- Maltreating parents may not be willing to identify problems or strengths because they perceive the CPS system as adversarial rather than sympathetic.
- Mistakes are costly, because children may not be safe if families are unable to engage positively with CPS and the broader community system.

Despite these factors, participants in our seminar still seemed to feel that using principles of the strengths perspective with maltreating families may be the only chance to empower families to change their maltreating behavior. A strengths-based orientation to CPS work provides the opportunity to develop or build on existing competencies

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needed by the family to respond to crises and stress; to meet needs; and to promote, enhance, and strengthen the functioning of the family system. Yet uncovering strengths cannot be accomplished in a simplistic manner, just as using a checklist to assess risk cannot capture the interrelationships among factors that increase the likelihood of maltreatment. This fact was noted by one of the earliest authors on the strengths-based perspective, who wrote, "Strengths are not isolated variables, but form clusters and constellations which are dynamic, fluid interrelated, and interacting" (Otto, 1962, p. 80).

### **Principles of the strengths perspective**

Developing a strengths-based practice with maltreating families involves a paradigmatic shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family: "The strengths perspective demands a different way of looking at individuals, families, and communities. All must be seen in the light of their capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted these may have become through circumstance, oppression, and trauma. The strengths approach requires an accounting of what people know and what they can do, however inchoate that may sometimes seem. It requires composing a roster of resources existing within and around the individual, family, or community" (Saleebey, 1996, p. 297). In sum, as helpers, we must:

- Emphasize personal and environmental strengths
- Understand from the client's point of view
- Promote mutual agreement between client and helper
- Use empathy
- Avoid blaming

At least three related concepts are crucial to applying the strengths perspective

with maltreating families. First, the relationship between a CPS worker or other community helpers and a family must be reframed from an adversarial one to a helping alliance and partnership with the family. This requirement is especially challenging because a common trait among maltreating parents is a difficulty in forming and sustaining mutually supportive interpersonal relationships (Dore & Alexander, 1996). This suggests that a major emphasis of the beginning phase of treatment needs to be on alliance formation.

A second key concept is that of empowerment: assisting individuals and families to discover and use the resources and tools within and around them (Kaplan and Girard, 1994). For workers who may be accustomed to dictating the course of intervention and telling families what they must do, using an empowerment approach may require a major retraining effort.

***A strengths-based orientation to CPS work provides the opportunity to develop or build on existing competencies needed by the family to respond to crises and stress; to meet needs; and to promote, enhance, and strengthen the functioning of the family system.***

Finally, we must integrate a knowledge of resilience: "the skills, abilities, knowledge, and insight that accumulate over time as people struggle to surmount adversity and meet challenges. . . . Resilience is not a trait or static dimension. It is the continuing articulation of capacities and knowledge derived through the interplay of risks and protections in the world" (Saleebey, 1996, p. 298). Fostering the development of resilience in children as

well as in parents may be crucial to overcoming risks of future maltreatment.

### **Family strengths research**

As we search for areas of strengths in maltreating families, we can benefit from lessons from the broader field of family strengths research. This literature (e.g., Curran, 1983; Deal, Trivette, & Dunst, 1988; Olson et al., 1983; and Stinnett & DeFrain, 1985) has identified core themes about the strengths that help families cope with stress

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and adversity in their lives. Some examples of these findings suggest that family strengths may exist in the following areas:

- Marital communication (Olson et al., 1983)
- Shared orientation to child rearing (Olson et al., 1983)
- Financial management skills (Olson et al., 1983)
- Ability to deal with crises (Stinnett & DeFrain, 1985)
- Appreciation of each other (Curran, 1983; Stinnett & DeFrain, 1985)
- Commitment to each other (Deal et al., 1988; Stinnett & DeFrain, 1985)
- Good communication patterns (Curran, 1983; Deal et al., 1988; Stinnett & DeFrain, 1985)
- High degree of spiritual orientation (Curran, 1983; Stinnett & DeFrain, 1985)
- Sense of purpose for "going on" during good and bad times (Deal et al., 1988)
- Sense of congruence about family goals, needs, projects, and functions (Deal et al., 1988)
- Family rules, values, and beliefs (Curran, 1983; Deal et al., 1988)
- Positive coping strategies (Deal et al., 1988)
- Problem-solving competencies (Curran, 1983; Deal et al., 1988)
- Ability to be positive (Deal et al., 1988)
- Effort to spend time together (Curran, 1983; Deal et al., 1988; Stinnett & DeFrain, 1985)
- Flexibility and adaptability in roles (Deal et al., 1988)
- A balance between the use of internal and external family resources for coping and adapting to life events and planning for the future (Deal et al., 1988)

***Developing a strengths-based practice with maltreating families involves a paradigmatic shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the family.***

Readers might be wishing that they knew some families with these qualities. When working with maltreating families, it is easy to forget that all families have strengths. The families with whom helpers work may not have *all* of these qualities, but very probably they have at least one. Families can surprise helpers with their talents, or with the talents they once had but have forgotten how to use. Our role is to help them find these talents again—and to empower families to develop additional strengths so that they can better cope with the risk factors that may lead to future maltreatment.

## **Strengths in families of color**

As we consider reorienting our family assessments, we also need to be aware that research with families of color (e.g., Hill, 1971; Lewis & Looney, 1983) has identified another core set of strengths: identification with a community. This community can consist of religious, media, political, neighborhood, or recreational affiliations; positive racial identity; biculturalism (i.e., adhering to values, beliefs, attitudes, customs, language, and behaviors of at least two cultures); and maintaining and transmitting cultural or family traditions (e.g., celebrations, rituals, food, clothing). If the ethnic identity of a family's neighborhood is present and positive; the family demonstrates leadership in the community or is affiliated with a religious group; the nuclear family is part of an active extended family that provides material resources, child care, supervision, parenting, and emotional support to both the child and the family; and mutual aid and social supports are accessible to it, the ability of the family to cope with stress and crises is increased.

## **Assessing maltreating families for strengths**

As we begin to reframe our practice from an exclusive focus on risk, it is important that we develop a balance in our assess-

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ments. This does not mean that we now ignore the risks. In fact, if we approached families without listening to their view of their problems, they would probably become very confused. We need to focus our assessments on the complex interplay of risks and strengths related to individual family members, the family as a unit, and the broader neighborhood and environment. Some risk assessment models have integrated an assessment of strengths within a broader assessment (e.g., Anne Arundel County DSS, 1995; Children's Bureau of Southern California, 1993; Holder & Corey, 1995; Pecora & English, 1994). Although structured differently, these assessment instruments focus on developing and measuring the achievement of positive outcomes or strengths over time. Treatment plans are geared to accomplish milestones or steps toward positive outcomes (Holder & Roe Lund, 1995). Before closure in CPS, families need to demonstrate that they have maximized strengths, achieved outcomes, and reduced risk. (Each of these sources should be contacted directly to obtain specific instruments as well as information on how they are applied.)

In addition, at least four standardized self-report measures are geared to help fami-

lies articulate their strengths: 1) Family Hardiness Index (McCubbin & Thompson, 1987); 2) Family Functioning Style Scale (Deal, Trivette, & Dunst, 1988); 3) Family Strengths Inventory (Stinnett & DeFrain, 1985); and 4) Family Strengths Scale (Olson, Larsen, & McCubbin, 1983). Table 1 provides a brief description of the qualities or dimensions assessed by the indices. Further description of these scales is provided here, based on a review by Trivette et al. (1990).

## Family Hardiness Index (McCubbin & Thompson, 1987)

This scale includes 20 items that assess the internal strengths of families and how those strengths are used to both control life events and hardships and to produce positive changes and growth in the family unit. Each item is rated on a four-point rating scale in terms of the degree to which each statement is true for the family. The items are organized into four subscales: coordinated commitment (internal strengths, dependability, and ability to work together); confidence (family's sense of being able to plan ahead and of being appreciated for individual efforts, and the ability to endure hardships); challenge (efforts to be innovative, to be active, and to experience new learning opportunities); and

<b>Scales</b>	<b>Qualities</b>
<b>Family Strengths Inventory</b> (Stinnett & DeFrain, 1985)	13 Items that measure six qualities: frequent appreciation of each other, communication skills, spending time together, spiritual wellness, coping with stress and crises
<b>Family Strengths Scale</b> (Olson, Larsen, & McCubbin, 1983)	12 Items that assess two dimensions of family functioning: family pride (loyalty, optimism, trust in family); family accord (ability to accomplish tasks, deal with problems, get along together)
<b>Family Hardiness Index</b> (McCubbin & Thompson, 1987)	20 Items that assess the internal strengths of families. Four subscales: coordinated commitment among members; confidence to plan for and endure hardships; challenge, effort to experience new things; control important aspects of life
<b>Family Functioning Scale</b> (Deal, Trivette, & Dunst, 1988)	26 Items to assess 12 qualities of strong families: commitment; appreciation; spend time together; sense of purpose; sense of congruence; ability to communicate; family rules, values, beliefs; coping strategies; problem solving; ability to see positive; flexibility and adaptability; balance in use of resources

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control (being able to control important aspects of life)

## Family Functioning Style Scale (Deal, Trivette, & Dunst, 1988)

This scale includes 26 items and was designed to assess 12 qualities of strong families. The instrument was developed as part of a family-centered assessment and intervention model that evolved from efforts to intervene in ways that support and strengthen family functioning. The scale assesses the extent to which an individual family member, or two or more family members, believes her or his family is characterized by different strengths and capabilities. Each item is rated on a five-point rating scale by noting the degree to which the 26 statements are "not-at-all-like-my-family" to "almost-always-like-my-family."

## Family Strengths Inventory (Stinnett & DeFrain, 1985)

This scale includes 13 items that measure six major qualities of strong families and a number of aspects of the interpersonal relationships among family members. The six qualities include: 1) commitment of family members to promoting each other's welfare and happiness; 2) appreciation for each other on a frequent basis, 3) communication skills used by family members; 4) spending time together doing things important to the family; 5) a sense of spiritual wellness that gives the family strength and purpose, and 6) the ability to cope with stress and crisis in a way that provides the family an opportunity to grow. Other scale items assess the degree of closeness, happiness, confidence, and worthiness in the relationships among family members. Each item is rated on a five-point rating scale, based on the degree to which the quality or characteristic is present in the respondent's family. The scale yields a total score that provides a basis for determining the overall presence of family strengths. However, it is the individual responses to the 13 scale items that are most useful for determining family functioning style.

## Family Strengths Scale (Olson, Larsen, & McCubbin, 1983)

This scale includes 12 items that assess two dimensions of family functioning: family pride (e.g., loyalty, optimism, trust in the family) and family accord (e.g., ability to accomplish tasks, deal with problems, get along together). For each item, the respondent indicates the extent to which the quality is present in his or her family. The scale items measure many of the qualities of the two dimensions and provide a basis for establishing which qualities are characteristic of the respondent's family.

These instruments can be used periodically throughout intervention to monitor the degree to

which families have maintained or increased competencies in areas that may reduce risk of future maltreatment.

While assessment of risks and strengths is relevant throughout the case process, conducting a comprehensive assessment of risks and strengths at the beginning and throughout treatment presents the most promise for managing and measuring risk reduction. Sample areas of assessment include:

- Personal risks and strengths related to all family members—developmental achievement including any special needs, esteem, emotional functioning and control, problem solving, coping capacity for dealing with stress and crises, role identity, and use of alcohol/drugs
- Childhood history of caregivers—adjustment to abuse, neglect, and deprivation; attachment; childhood and adolescent conduct; and educational achievement
- Attachment and relationships in family
- Parenting attitudes and skills of caregivers
- Family communication, roles, and ways of spending time together
- Internal and external stress on family—employment, income, neighborhood,

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number of caregivers, number of children, and loss of close friends or family members

- Social networks and support
- Spiritual and cultural connections

## Why apply the strengths perspective?

The child maltreatment field has just begun to apply the strengths perspective with maltreating families. Though it appears promising, we as yet have no comprehensive evaluation of the potential impact of this trend. Why then should we apply the strengths perspective with maltreating families? Seminar participants suggested the following reasons:

- An emphasis on strengths as well as on risks increases the opportunity for developing a helping alliance—a crucial element in achieving positive treatment outcomes and risk reduction.
- Positive reinforcement for positive conditions and behaviors is more effective than trying to convince or coerce individuals to alter negative conditions or behaviors.
- Cultivating strengths offers the opportunity for more permanent change.
- Emphasizing strengths helps family members build in successes in their lives, which in turn should help them more effectively manage crises and stress.
- Helping families through short-term positive steps empowers families to take control of their lives.
- Celebrating successes changes the tone of treatment, for both client and helper.
- Communicating a true belief that a family can change destructive patterns helps to promote more long-lasting change.

This commitment of seminar participants to an emphasis on strengths rather than deficits reflects a shift in orientation in the literature and among policymakers toward a strengths-based approach. Not only are the obstacles no greater than those to the deficit-based approach, using the strengths-based approach in CPS work appears to hold the potential for real change in patterns that have for so long proven so difficult to disrupt.

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