

Strength-Based Practice: The ABC's of Working With Adolescents Who Don't Want to Work With You

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Introduction

THE CLINICAL therapist looks on as a parent drags an unwilling teenager into the therapist's office to begin psychotherapy. A school counselor meets with a disaffected student whose only visible efforts are directed at avoiding compulsory education. In court buildings and detention halls across the country, juvenile justice professionals hope for a good start with newly assigned teen offenders. Hope fades (again) when their positive overtures are met with "couldn't-care-less" attitudes. These practitioners share the frustrating experience of trying to work with adolescents who do not want to work with them.

Many juvenile justice workers feel resigned to resistance and lack of cooperation, believing it "comes with the territory" in working with a younger population. They may become puzzled when outcomes don't match their efforts and expectations. They may even blame the offender rather than question their methods. The source of the difficulty, however, is not the nature of these youth or their family members so much as the nature of the practitioner's problem-focused approach to working with them.

Most practitioners have been trained in the *problem-solving* model that DeJong and Berg (1998) identify as the entrenched paradigm of practice for all of the helping professions. The problem-solving model generally is recognized as a method of procedural steps (stages) for effective decision making. But problem solving as a helping paradigm has one primary interest: It seeks to find, diagnose, and treat *problems*. Critics complain that this problem focus has turned the interest of helping professionals almost entirely to the negative. Consequently, juvenile justice workers have become preoccupied solely with the fault and failures of offenders. What is wrong, what is missing, and what is abnormal keep the attention of field workers while the strengths and healthy patterns are passed over and ignored. But frustrated practitioners are beginning to rail against the pessimism and obstacles that problem-focused work engenders (Berg, 1994; Clark, 1995).

A different paradigm for how best to help youth is emerging and gaining ground. A benchmark article in

1989 by Wieck, Rapp, Sullivan, and Kisthardt coined the term "strengths perspective," which is proving to be a banner under which like-minded theorists, researchers, and practitioners have begun to assemble. This perspective is a mindset to approach clients with a greater concern for their strengths and competencies and to discover mutually how these personal resources can be applied to building solutions. This perspective calls for clients to have equal (or better) partnership in the helping process. Rapp (1997) details how use of this approach is increasing in many disciplines and for various client populations. This article expands this perspective by addressing strength-based work with court-mandated adolescents and outlining six principles of strength-based practice.

Members of different disciplines in the helping professions also are trying more positive approaches. Hoyt (1994, 1996), along with a host of contributors, details how the mental health field entertains "constructive therapies" and discusses the emergence of social constructivism and solution building. The medical field has the alternate focus of "wellness" research that studies the attributes of health rather than illness and pathology. Community building and community-level advocacy employ the term "asset-based" as Kretzman and McNight (1993) call for a more accurate (and eminently more useful) view of communities as storehouses rather than wastelands. The prevention community looks to "resiliency" and research efforts to identify factors that psychologist Lillian Rubin describes as giving someone the ability to "fall down seven times, get up eight" (cited in Butler, 1997, p. 25). The field of education also lays claim to "resiliency" and adds an intense interest in research into self-esteem and methods for building it. Education's interest in self-esteem has spawned a veritable industry surrounding this topic.

All across the country, there is a dramatic shift in interest and inquiry. This change in emphasis is obvious when two book titles are held in contrast: *How Children Fail* (Holt, 1964) and the more recent *Why Some Children Succeed Despite the Odds* (Rhodes & Brown, 1991).

The strengths movement in juvenile justice may seem to be a contradiction of terms, yet this field has contributed much to this alternate view. Although the

juvenile field has not rallied to strengths work to the extent of other disciplines, it can lay claim to being one of the first to try it. A historical view of probation by Lindner (1994) indicates that police were the first discipline in the late 1800s to work with court-mandated clients. Police officers quickly were replaced by social workers, who gained favor because they brought a more positive focus to youth work. Brendtro and Ness (1995) give a good account of early youth pioneers who developed strength-based models for adolescent work. Jane Addams, who was heralded for founding the modern juvenile court system in this country, promoted the principles of the strength perspective. However, the juvenile court system never would embody the youth development principles Addams promoted. Brendtro and Ness (1995) report:

Early experts on youth problems expressed an optimism that contrasts sharply with contemporary writings. These professionals developed interventions based on *strength-building*, rather than *flaw-fixing*; and they achieved what, by today's standard, appear to be remarkable results. . . . These reformers were powerful advocates of *positive youth development* as the foundation of both prevention and correction. But, if these pioneers were on the right track, why didn't their model endure? Perhaps they were too far ahead of their times. (p. 4)

There may be another plausible explanation as to why these models did not endure. There was not an effective extension from philosophy to practice. The philosophical "first step" is to believe that an adolescent has strengths and past successes that can be utilized to stop troublesome behavior. Just as important is the "second step" of having practice methods to identify and marshal these strengths for the necessary behavior changes.

Strength-based practice (Clark, 1996a, 1996b, 1997) recently has been developed by combining the assumptions and mindset of the strengths perspective (Wieck et al., 1989; Saleeby, 1992, 1997) with the techniques of the solution-focused therapy model (de Shazer et al., 1986; Berg & Miller, 1992; Berg 1994). The strength-based approach will be outlined by discussing six principles organized around the "ABC's" of: Accountability-Action, Believing-Brief, and Cooperation-Competency.

Accountability

This review of strength-based practice begins with accountability, a crucial concern for field workers. Much like the shopper with a limited budget who quickly looks for the price tag, juvenile justice workers engaged in direct practice quickly will look to a new approach to see if it can advance responsible behavior. Their interest is borne out of necessity: They are entrusted to bring about successful outcomes with rising caseloads and relentless constraints on time and energy. If they don't sense improvement, they quickly move on.

This review of accountability is also important to remove a commonly held misconception about strength-

based practice. Some critics believe the ultimate goal of this approach is naively centered on establishing a positive relationship. They also mistakenly assume that even amid obvious wrongdoing and chaos, workers are compelled to find compliments for clients, resulting in Pollyanna-ish absurdities such as the "skillful" shoplifter or the drug dealer demonstrating "fiscal competence." Although it is true that a positive relationship and compliments have an important place in this approach, they are only important for how they can foster behavior change and help people to rise above their difficulties. If complimenting clients to ensure a positive relationship is an end to itself, it becomes a narcissistic enterprise. Juvenile justice workers must challenge adolescents to move beyond their difficulties and must help them marshal strengths to meet those challenges.

Compare how both approaches regard accountability. The problem-solving approach requires hard work to understand the problem, to ascertain who's responsible, how the problem originated, and how it's maintained. Accountability is realized when an adolescent owns up to the wrong. Admission is paramount for the assumption of responsibility. Strength-based practice, on the other hand, does not assume the ownership of guilt is somehow automatically curative.

Consider an idea forwarded by Jacobs (1995) from the sports psychology field. When an athlete has performed poorly, the coach spends little time reviewing the error or fixing blame before beginning corrective work. In the sports model, coaches are discouraged from waiting for the athlete to verbally assume responsibility or to assume responsibility *passively*. Instead, they quickly review the error(s) and focus on encouraging behavior change. Accountability and responsibility for a negative performance are assumed when the athlete begins to *change his performance*.

Insoo Berg, cofounder of the solution-focused therapy model, reports that the problem-focused model and its emphasis on moving the offender to merely "own up to the guilt" about the past does not *demand* and hold the offender responsible enough for change in the future. Too much time and energy are spent determining the causal relationship rather than expecting and demanding changes (Berg, personal communication, October 16, 1995). The strengths approach with challenging teens holds that accountability is realized through behavior change, not passive admission. From the beginning of contact, there is an expectation that the teen will *do something* about the immediate concern. Strength-based practice believes that starting "first steps" and initiating action is all-important.

Action

Consider that when youths have committed a crime, there are two basic questions that they could ask of themselves: "How did I get into this mess?" and "How

do I get out of it?" Waters (1994) reports that over 100 years ago, psychology decided that the first question was the important one. Consequently, much of the history of working with adolescents has shown an interest in causation and the differing ways to answer the first question. In the last decade, a growing number of practitioners have begun to focus solely on the second question. They care much more about initiating behavior change (action) than causation.

Looking for "the cause" hinders our field work, and it's time to expose the obstacles and frustration when working from this problem-solving view. Focusing on the problem and trying to "fix it" has created an industry of causation. This industry applies "deeper meanings" to the problem, which can make the problem more complex. Several deeper meanings that are familiar include the role of the past, behavior *dynamics* (which often require a Ph.D. to decipher), and unconscious motivation. Experts have told field workers that these deeper meanings are important and that workers who consider them have an edge. These deeper meanings may be grist for university writers and federal think tanks, but they become obstacles for line workers.

A double-cross awaits workers who allow themselves to be seduced by deeper meanings. Waters (1994) believes that the first betrayal is that these constructions encourage the thinking, "I'm this way because of my childhood (. . . my situation, my parents, my anger, etc.)," which then becomes the *real* problem. If repeated too many times, these limiting self-conceptions can become fixed and encourage a client to assume the role of passive victim. This role can inhibit the desire and motivation needed to overcome difficulties. When field workers focus on offenders' failures and pose the problem-focused question of "why," they help offenders repeat these limiting stories. Problem solving makes it tougher to introduce competing realities that are optimistic and allow change. The typical question, "How did you become involved in this crime?" is turned to, "How have you survived thus far?" which can offer far richer information on which to build solutions.

The double-cross is completed when problem-focused models do not encourage workers to separate the offender from his problems. "He is a thief" is a very different view from "He steals things." "He is a thief" points to a deeper understanding, an *underlying* aspect of that person, and one that would require a change in personality to correct. "He steal things" suggests that the problem would have a solution if the person in question *stopped* stealing items, a much more achievable goal for field work.

The behavioral and cognitive changes necessary for accountability are brought about by initiating action. Action is defined as efforts ("first steps") that help adolescents and family members to begin change. Fisch (1994) explains that this work has changed from an

"understanding" modality to a "doing" modality so that the goal of this approach is change rather than insight or awareness (p. 126). All efforts in this model look to initiate action to dispense presenting problems. Hoyt (1996) explains that this approach for teenagers is problem-driven but not problem-focused. It is goal-oriented and focused on resolving the problem the adolescent came in with. The worker is responsible for creating and maintaining this focus.

How this focus is created and maintained requires a model of questions. Miller (1994) states: "Over time, we have learned that asking the right question often has more impact on the client than having the correct answer" (p. 93). Nowhere is this point more applicable than with adolescents who resist lectures, "being told what to do," or any approach that puts them in a "one-down" position. A long-held principle in the field of psychotherapy is to "get the client to say it," which conveys that when clients feel it's their idea, then they're far more likely to act on that idea. With this in mind, the primary strategy is to "question for change." To prompt challenging adolescents to talk is important, and strength-based questions can promote more active conversation. However, if getting offenders to talk is important, then it is even more important to influence *what they talk about*. The following strength-based questions conjure up a productive type of talk, which European therapists Furman and Ahola (1992) call "solution talk." Solution talk is productive dialogue that can make offenders aware of what efforts or behavior changes they need to initiate. These solution-focused questions arouse a "can-do" attitude that can help initiate first steps.

Berg and Miller (1992) posit "useful questions" for interviewing that orient families toward solutions. I adapted four of these questions for juvenile court application and have added another question that helps raise offenders' sense that they're better than the current predicament might infer.

1. Pre-Session Change Questions. "After being arrested and petitioned, many people notice good changes already have started before their first appointment here at the court. What changes have you noticed in your situation?" "How is this different than before?" "How did you get these changes to happen?" These are questions that a field worker can use to elicit strengths and quickly find new, productive changes when first meeting an adolescent or family members. Numerous studies (Wiener-Davis et al., 1987; Talmon, 1990; Bloom, 1981) from the family therapy field have found that a majority of mental health clients made significant changes in their problem patterns from the time they set up the initial therapy appointment to actually entering treatment. Just telephoning or making the effort to begin treatment was enough to start positive changes. This is also true of criminal justice popula-

tions that have experienced trouble that ended in an arrest or detention. I found similar responses from teens and families newly assigned to my juvenile probation caseload. These family therapy studies (Wiener-Davis, et al., 1987; Talmon, 1990; Bloom, 1981) found almost 70 percent of their clients reported positive changes when they were asked, but only 20 percent reported these changes spontaneously. The most important idea to remember is that workers *must remember to ask* to find these changes or they remain obscure.

2. Exception Questions. "Have there been times recently when the problem did not occur?" "When was the most recent time when you were able to (perform the desired behavior)?" "What is different about those times?" "When did this happen?" "Who was involved?" "How did this happen?" This approach holds to the adage "nothing always happens" to convey that there are always times when the problem does not happen or is not considered a problem by the family. Offenders and their families typically view the complaints that they bring into court as constant and therefore usually do not notice exceptions. My experience with this model has shown that there are times when the truant attends school, the angry/assaultive child walks away from a fight, the follower has said "No" to the group, or the parent did not berate or harp on the negative. The idea is simple: Look for what teens and families do when the problem is not occurring and get them to repeat those same strategies in the future. Here, the profound difference between solution-focused work and problem-focused models is obvious. In the latter we are asking, "When *does* the problem happen?" "When does it get *worse*?"

In solution-focused work, there is greater utility in amplifying what is occurring during times when the problem does not happen than when it does. It is very important to note that exceptions need to be purposeful. To find out that during a certain period of time, a substance-abusing teen abstained from using drugs only because the local "dealer" was out of town is certainly an exception that is of no use!

3. Miracle (Outcome) Questions. "What if you go to sleep tonight and a miracle happens and the problem(s) that brought you into the court (detention center) are solved. But, because you are asleep, you don't know the miracle happened. When you wake up tomorrow, what would you notice as you go about your day that tells you a miracle has happened and things are different?" "What else?" "Imagine yourself, for a moment, that we now are 6 months or more in the future, after we have worked together and the problems that brought you (this family) to court jurisdiction have been solved. What will be different in your life, 6 months from now, that will tell you the problem is solved?" "What else?"

The miracle question is the hallmark of solution-focused therapy. A miracle in this context is simply the

present or future without the problem. It is used to orient the teen and family toward their desired outcome by helping construct a different future. Helping an offender and family to establish goals needs to be preceded by an understanding of what they want to happen. When (if) workers find no past successes to build on, they can help the family to form a different future by imagining a "miracle." As many criminal justice workers have experienced, it often is difficult to stop a family from "problem talk" and start the search for solutions. The miracle question was designed to allow the adolescent and family to "put down the problem" and begin to look at what will occur when the problem is not present. Furman and Ahola (1994) declare that the single most useful issue to talk about with an adolescent and family members is how they view the future without the problem. If offenders are prompted to imagine what a positive future might look like for themselves, they automatically begin to view their present difficulties as transitory, rather than as everlasting. This question is used to identify the client's goals for court jurisdiction to end. If the teen begins with a fantasy response of "a new car" or "winning the lottery," the worker can return to the point of the conversation with humor or by normalizing these wishes. Teens and family members quickly will settle in to describing a more realistic miracle.

This question is followed by other questions that shape the evolving description into small, specific, and behavioral goals. "What will be the smallest sign that this (outcome) is happening?" "When you are no longer (skipping school, breaking the law, etc.), what will you be doing instead?" "What will be the first sign this is happening?" "What do you know about (yourself, your family, your past) that tells you this could happen for you?"

4. Scaling Questions. "On a scale of 1 to 10, where 10 is the day after the miracle and 1 is when you were arrested (petitioned—problem was at its worst), where are you today?" "Numbers help me understand better. On a scale of 1 to 10, where 10 is your problem solved and 1 is when it was at the worst, where are you now?"

How do field workers know that the adolescents they work with are getting better or moving in more productive ways? Scaling questions can gather subjective appraisals quickly and easily. These types of questions are favored by the managed care industry because they are vital to helping workers know what progress clients already have made and what further work needs to be addressed. Scaling questions help establish a baseline against which future progress may be measured. They are used at the end of the initial session and all subsequent meetings. These questions also help field workers to know when someone is satisfied without the workers having to define vague terms such as "communicating better" or "feeling better."

Once a baseline is established, follow-up questions can be used to identify what *first steps of small efforts*

the offender and family believe are important to initiate. The brilliance and practicality of this model is evident in this line of follow-up questions: "You said a moment ago you were at 3. What would have to happen for you to move to a 4, just up one step?" "Gee, that answer sounded more like when you'd be a 10 and the problem was solved. Think again to what just a 4 would be like." "What will you be doing when you are at a 4?" "What will your friends say you are doing differently when you are at a 4?" "What would be the smallest (first) sign if you were moving to a 4?"

5. "How Did You" Questions. This is one I have added to the previous solution-focused questions. After I have explored "the problem" with the teen and have gone further to search for past successes and strengths, asking the questions, "How did you get into this?" or "How did you end up here?" conveys a tacit opinion to adolescents that they are better than whatever their current state of trouble might seem to infer about them. It's vitally important that this question only be asked *after* several strengths or past successes have been brought up and reviewed. It needs to be asked with a vocal tone and facial expression that convey a feeling of disbelief that someone who has "all these strengths" could have ended up in a courtroom or on this specific "hot seat." The greater the incredulous tone practitioners can summon, the greater the benefit of this technique. What I also have found is that the teens' shoulders will drop in resignation, and what they say immediately after this question is posed will generally be the most accurate "snapshot" of what they believe has caused the current trouble.

Believing

Across the juvenile justice field, practitioners often hear the call to focus on the "positives" and strengths of children. In mission statements and codes of ethics, professional associations and bureaucracies serving the field speak of strengths and of raising competencies. In reality, focusing on offender and family strengths does not make the leap from statement to field work. Strength-based methods in the juvenile justice field are like a mirage: They seem visible and available from afar, only to disappear as one moves closer to access them for daily field work.

Close examination reveals that practitioners lack practice methods that are truly strength-based. Regardless of its stated values, the juvenile justice field continues to find, diagnose, and treat failure and pathology. Practitioners must override the pessimistic outlook that problem-focused work can induce. The famous physicist, Albert Einstein, believed that it is our theories and beliefs that determine what we can see. The familiar adage "seeing is believing" could really be restated as "believing is seeing." If practitioners believe that adolescents and family members have strengths,

this allows practitioners to look for and find them to use. Problem-focused work has brought field workers to a point at which they do not trust the clients they work with. Research cited by Maluccio (1979) found that workers underestimated client strengths and had more negative perceptions of clients and their ability to change than the clients had of themselves. Strength-based work asks workers to forego this pessimism about the nature of clients and allow an optimistic view. Brendtro and Ness (1995) give a good description of this dichotomy:

[S]ome might argue that optimism about antisocial youth is itself a thinking error, a Pollyanna illusion that nasty kids are really little cherubs. However, pessimism is seldom useful and often leads to feelings of powerlessness, frustration, and depression. In contrast, optimism feeds a sense of efficacy and motivates coping and adaptive behavior, even in the face of difficult odds. (p. 3)

Forty years of motivational research has shown a payoff for this optimistic view. Leake and King (1977) found that if you expect that change will occur with your clients, your expectancy of change will influence their behavior. The workers' belief in the clients' ability to change can be a significant determinant of treatment outcome. Cousins (1989) also found helping efforts to be more effective when workers believe in their clients' capabilities and believe that they can surmount the assault on their functioning. Believing is all-important—it becomes the axis this model turns on.

Brief

Strength-based practice is not long-term work that is cut short or abbreviated. Rather, the route to success is shortened by how the problem is calculated. Consider that in the field of juvenile justice, lawbreaking behavior is often regarded as the "tip of the iceberg" and symptomatic of some deeper causal problem(s). Juvenile justice practitioners begin the search for current troubles and past failures within the individual, the family, and their environment. During this search, the practitioners selectively attend to the adolescent and family's defects and failures. This search is generated by the long-held idea that if practitioners can "name the problem, the treatment will follow." This search follows a sequential form: Find and recognize the problems (assessment); work to understand the problems' influence as much as possible (diagnosis) before taking any action (treatment). There is an expectation that the teen and family will agree with both the problems the practitioner names and the solutions the practitioner designates (cooperation). The practitioner also hopes that the offender and his family will work to conceptualize and understand the problem as the practitioner does (insight).

There are three reasons that strength-based practice rejects this extended route to solution. First, the purpose of this approach is not to understand the cause of

the problem(s) that clients come in with, but to find practical ways to solve it. This shift in interest calls for the practitioner to focus only on the presenting complaint rather than the shotgun inquiry of "what else is going wrong." Problem-focused models lead practitioners to believe that their expertise should be used to spot other departures from "normal" or "average" and work to change them even if the teen or family is not complaining about them.

Second, since this approach focuses on action and change, it considers the future to be far more important than the past ever could be. "Understanding" the problem means having to entertain the past, sometimes the distant past, to resolve the current problem. Strength-based practice does not labor under this weight. Since any presenting problem is seen as occurring in the present, then the information and data needed are limited to the present or current time period. Fisch (1994) calls this "narrowing the data base," contending that the greater one's data base, the longer interventions will take because much more information has to be considered and incorporated.

Third, adolescents and families are constantly changing, so this model rests on an assumption that "change is inevitable, not a hard-won commodity" (Berg, 1994, p. 4). This model rejects the notion that large problems must correspondingly require large efforts for solutions. It believes in the "ripple effect" (Spiegel & Linn, 1969) in which a small change can ripple out to bring resolution. I believe if field workers make any mistake, it's that they usually try to accomplish too much rather than not enough. With the best of intentions they set goals that are too complex and then must initiate too many efforts to reach them for success. They must scale down to start small, achievable beginnings.

Cooperation and Competence

These last two principals are best discussed in tandem. They are closely linked because cooperation can be raised in proportion to efforts made to recognize and forward the competence of an adolescent.

Before proceeding, field workers may find it helpful if I clarify a contextual issue. This is the issue of workers who engage adolescents in positions that call for social control. Occasions will arise in which field workers must take control in heavy-handed fashion or even physically subdue serious acting-out behavior. In these instances, fostering cooperation is *not* a concern so much as "taking charge" and demanding obedience in a crisis situation. Strength-based practice acknowledges these situations and believes necessity and common sense must prevail. Thankfully, these situations are not common or constant. Most interactions with teens are not crisis-oriented and are better served by fostering cooperation and motivation.

The problem-solving approach has tilted the notion of cooperation too far toward the youth that juvenile justice practitioners work with. Practitioners enter most working relationships believing that cooperation is a condition that youth alone can extend (compliance) or withhold (resistance). Strength-based practice posits a different belief that may be shocking to some: Cooperation is not a characteristic of the adolescent. Rather, it is a condition that emanates from the interaction and exchange *between* a worker and youth. Worker attention and responsibilities concerning this interplay must be increased. Cooperation is raised by two efforts: by highlighting a teen's competency, aspirations, and resources and also by discovering the adolescent and family's answer to the problem.

There is an adage that all youth workers should remember: They help only those people who give them permission to do so. Berg (1994) reminds us,

Do not argue or debate with the client. You are not likely to change their mind through reasoning. If this approach was going to work, it would have worked by now. (pp. 58–59)

When working with adolescents, practitioners' work suffers because teens experience these workers "like everybody else"—adults who refuse to listen while they impose their ready-made "answers" without consensus. Practitioners can avoid this tag by using strength-based questions that are asked with a genuine curiosity. It is true that youths might well improve if they only would follow practitioner advice (but they seldom do). For too long, field workers have believed that they have "done their job" when they delivered proper advice (not advice *accepted*, but merely advice offered). Consider that there is a difference between being "right" and being successful. To be more successful with this population, practitioners need to reduce their advice, highlight juveniles' abilities, and use strategic questions that place them in "one-up" positions (of telling us). Strength-based practice also will conceptualize competence as a belief that an adolescent and family are the experts on their problems. Practitioners believe that youths and their families "have what it takes" to reach solutions as they walk in the door. If they need help or information, practitioners also trust they will ask or somehow let them know. When practitioners allow more of their input, they don't end up having to "sell" them answers to the problem. Skeptical workers will find that they often have more latitude to include the youth and family in treatment planning than they might think. Duncan, Hubble, and Miller (1997) give a good account of how strength-based workers can validate an adolescent's competence:

- by viewing the youth as healthy, capable, and able
- by recognizing our dependence on their resources for successful outcome