

## ***On Being a Strength Coach: Child Welfare and the Strengths Model***

**Dorinda N. Noble, Ph.D., Kathleen Perkins, DSW,  
and Marian Fatout, DSW, BCSW**

**ABSTRACT:** Strength coaches help athletes assess their strengths and build on them. Likewise, social workers dealing with children and families in the child welfare system, rather than looking for pathology, can learn to help clients discover and develop their strengths, even while dealing with a child welfare bureaucracy. This article gives examples of the strength coach approach.

Athletic teams know the importance of recognizing and developing strengths; large athletic organizations employ strength coaches to do this very thing. Strength coaches assess the individual athlete's physical and emotional capacities and devise programs to strengthen muscles, coordination, skills, and attitude. The analogy between strength coaches and child welfare workers is instructive, for child welfare workers must help families to develop:

strong and supple emotional muscles, which give parents skills in nurturing and acceptance;  
coordination between physical and emotional needs, so that parents can set appropriate boundaries, develop self-control, and be flexible in their responses;  
emotional and physical knowledge and skills, which are critical to providing appropriate child care; and  
winning attitudes of support, caring, self-confidence, and healthy life habits.

---

Dorinda N. Noble, Ph.D., BCSW, is Associate Professor, Kathleen Perkins, DSW, is Associate Professor, and Marian Fatout, DSW, BCSW, is Betty J. Stewart Endowed Professor of Practice with Children, all in the School of Social Work at Louisiana State University in Baton Rouge. Address correspondence to Dorinda N. Noble, Ph.D., Louisiana State University School of Social Work, Baton Rouge, LA 70803.

These are daunting tasks, since families involved with child welfare often have had a mental and emotional diet deprived of consistent caring and support, and have been surrounded by unhealthy life styles of poverty, crime, and abuse. This article discusses how child welfare workers can become strength coaches with such families.

### **The Need for a Change in Perspective in Child Welfare**

Most social work theories are replete with the language of pathology and problems, reflecting a social history in which moral character and physical deficits shaped both how people regarded themselves and how social resources were allocated (Saleebey, 1992). Despite changing attitudes and language, social work practice—and particularly child welfare—still emphasizes failure.

As a residual social service system, child welfare deals with involuntary, means-tested clients who are assessed for individual pathology and risk, rather than for the personal strengths they employ to survive life's challenges. From its genesis in juvenile court to its present decided emphasis on serious child abuse, the child welfare movement can be characterized as paternalistic (Hegar & Hunzeker, 1988). Both children and parents feel powerless when the state intervenes to protect children. The client either is ordered by the court to receive services, or is coerced by an agency, person, or event to seek services as a "nonvoluntary" client (Rooney, 1992). The poor, minorities, and female single parents, who tend to be overrepresented on public service rolls, feel powerless when they face public service providers who are charged with reporting maltreatment and who may accept the stereotype that poor children are abused, while nonpoor children are accidentally injured (Hegar & Hunzeker, 1988).

Larry was 3 when he was first removed from his mother's custody, because she had been sentenced to prison for robbery and assault. Larry's extended family was chaotic, with a number of his relatives serving prison time, several suffering from serious mental illness, and most of them struggling with physical problems. Poverty and periodic homelessness were staples of the family's existence. Until he was 10, Larry rotated between 7 different foster home placements and more relative placements than the agency could track. His schooling was sporadic at best, and his behavior often destructive and violent. At age 10, when the state placed Larry in a residential treatment center, he could not read and had little impulse control. A number of public service and child welfare workers had dealt with the case, and they had little hope of a good outcome for

Larry. Reuniting him with his family following his treatment seemed highly suspect, though Larry's mother had recently been paroled.

Clients like Larry's mother feel powerless, and often hopeless, as they view the possible consequences (such as court appearances, juvenile adjudication, substitute placements, or permanent removal of the child from the family) which loom in their futures (Hegar & Hunzeker, 1988). On the other hand, the worker is backed by strong community power. Sue (1981) describes empowerment as the process of moving toward an internal locus of control and an external locus of responsibility. When social control systems, such as the child welfare organization, intervene in family life, the family finds itself living with external locus of control and either internal or external locus of responsibility. If the client perceives the situation as totally out of her/his control, then the situation is no longer one of personal responsibility for the situation, he/she may well struggle against, or sabotage, agency services.

Larry's mother, Estelle, was paroled from prison after 6 years. She had seen Larry virtually none at all during that time, and, as far as the worker assigned to the case could see, mother and son had almost no relationship on which to build. Estelle said that she hardly knew her son and couldn't think what to do with him now. The worker and Estelle set a goal of Estelle getting to know her child. Fortunately, the treatment center had earmarked some funds to help parents visit, and Estelle and Larry began to have regular visits. The worker encouraged Estelle, explaining that her participation in his treatment was critical.

### **Moving Toward the Strengths Perspective**

The child welfare worker, acting as a strength coach, focused on Estelle's human potential and positive client attributes, while encouraging collaboration between worker and client. Though identifying problems is important, identifying client strengths is the goal that guides both assessment and intervention. Once the worker and client have established a viable working relationship, family, friends, and community networks can be included to build upon strengths, as the social worker and the client have continuous dialogue and collaboration.

Estelle had no real job skills to market. The worker, however, did learn from the parole officer that Estelle had received her GED while in prison. The worker used achieving the GED as a model with Larry's mother, saying, "Larry's situation is not good. But you've dealt with bad situations

before: You ended up in prison and you still worked hard to get your GED. That's something you can really use to start making a life that Larry can come home to." The worker, the parole officer, and Estelle worked together to secure Estelle a job in a mattress factory. Though the worker's time was quite limited, she and Estelle set a priority goal of making Estelle's job work for her, so that she could remain employed and save up money to get her own apartment by the time Larry finished treatment.

Though the worker was fully aware of the problems endemic to this case, she formed a partnership with Estelle, aimed at creating a suitable home that Larry could return to after treatment. Intrinsic to ecological theory, which is the heart of the strengths model, is a dual commitment to deliver services in collaboration with clients, and to confront dysfunctional service or support systems that thwart client development. Because the strengths model is built around ecological concepts, clients, rather than providers, shape roles, routines, and rules. Consequently, personal dignity transcends the importance of roles (Rose 1992), and diagnosis becomes a descriptive rather than a prescriptive tool.

Several key concepts shape the strengths model. *Empowerment* is the linchpin of the strengths model. The social worker must seek out diverse settings where people are already handling their problems in living, and learn from these examples how to assist others to find their own solutions and gain control over their lives (Rappaport, 1981; Saleeby, 1992). The model's emphasis on collaboration, acknowledging individual realities, and recognizing unique strengths gives voice to people who have been silenced by systems of care. Empowerment underpins the strengths model's view of people as active participants in service delivery, rather than as diagnostic categories, objects to be managed, or passive consumers of service menus.

A close corollary to the concept of empowerment is *suspension of disbelief*, defined as acceptance of the client's "interpretive slant" of given situations (Saleeby, 1992). The worker, once he/she has set aside personal prejudices about the client's situation and possibilities, can clearly hear the client's view (Petr, 1998). Once the worker has accepted the client's view of the situation, the stage is set for *dialogue and collaboration* between clients and social workers as they work toward common goals. Dialogue is possible only when the worker uses language which the client understands. In a collaborative relationship, the social worker and the client achieve his/her wants or goals (Weick, Rapp, Sullivan, & Kisthardt, 1989).

Larry, after a period of initial confusion and turmoil, began to settle down in the residential treatment center. For the first time in his existence, he was exposed to structure and predictability in his life. His behavior and outlook slowly became more functional. Larry's worker at the center was alarmed, however, by the fact that Larry was years behind his age group in schooling. He spent enough time with Larry, however, to see that Larry was always fiddling with people's hair; Larry, in fact, was fairly artistic in styling hair. He often talked about how he would like to be a stylist with his own salon, or maybe he would like to work on movie sets, styling hair. The worker set up a plan with Larry: the worker bought permanent wave solutions and other hair products, and Larry's goal was to learn to read the directions and mix the ingredients properly. Further, the worker secured some books on styling techniques for Larry. The worker also encouraged Estelle, as well as staff members, to let Larry do some simple styling on their hair, and Larry's goal was, not only to style hair, but to develop relationships.

This worker used Larry's natural talent as a vehicle to meet other needs, including relationship-building. Collaboration and dialogue enhance the client's sense of *membership* in family, friendship, and community networks. People without membership are extremely vulnerable because they lack supportive networks within caring, interested communities. The strengths model emphasizes connecting clients with supportive networks, and contends that the coming together of person and community constitutes *synergy*, the process of creating new energy and resources. New energy and resources lead to capacity for change, which, in the strengths model, is called *regeneration*. Regeneration highlights the fact that the innate abilities of the client can be effective in resolving problems.

After 12 months of residential treatment, Larry showed great strides in self-control. He appeared much more content, and he had gained some reading and math skills. The custodial agency, however, was compelled to move him back home, though workers feared that Larry would not be able to maintain the gains he had made. While Estelle was still employed, she was moving between various relatives' homes, and none of these homes was crime-free or stable. Larry had a rocky transition back to Estelle's supervision. The worker continued to point out to them that they had overcome many difficulties in getting to this point, and that both had talents they could bring to building a good home. Together they decided that Estelle needed her own place away from her relatives, who were frequently in trouble with the law. The worker, who had been closely working with the local housing authority and had forged some good relationships with the agency, was able to help Estelle get a tiny apartment of her own. Larry enrolled in school. Ultimately, the child welfare

case was closed. Four years later, the worker learned that Larry had killed another teen in a fight, and had been sentenced to life in prison. The worker visited Larry in prison, but was careful to avoid blame. Larry was remorseful about the killing; however, he said that his mother was supportive and was visiting him. "At least I have my mother," he said. The worker, though extremely sad about Larry's outcome, was heartened to know that, through all this trouble, this mother and son had forged a lasting relationship which would be a strength to them in the long years to come.

### **Effects of the Model**

The strengths model embodies a holistic respect for the dignity and uniqueness of individuals, and respect builds a stage for extending services beyond the office to the community. Shifting the site of services from the agency to the environment minimizes the isolation of families and children while fostering families' membership in the community, active decision-making, and access to services (Tice & Perkins, 1996).

Directly linked to the respect for individual dignity is the importance of self-determination. The strengths model levels the playing field by putting the social worker's power in perspective: the client's needs are more significant than the professional's career or the agency's services. This kind of partnership redefines the roles of client and social worker. Reducing social distance, achieving authenticity, and building mutuality are benefits gained when workers ask clients what they need or want, and what works for them (Germain & Gitterman, 1980; Rose, 1992).

Rose, a severely crack-addicted woman with three children, was angry and resentful toward the child welfare system, which had intervened in her life on behalf of her children. The worker, guided by the strengths model, helped Rose to identify some obstacles (being poor, single, female, drug-addicted) that interfered with family success. Once Rose confronted the reality of these obstacles, she acknowledged that they created a great deal of stress. One way Rose had survived and shielded herself from the pain of these stressors was through her anger, and the worker helped Rose translate the anger into an acknowledgment of strength. He also helped Rose to see her addiction as the culprit, rather than seeing herself as the total villain. When the worker visited the children's school, he learned that they were well-behaved and received good grades. Collaboratively, the worker helped Rose see that, in spite of her crack addiction, Rose had encouraged the children to do well in school; Rose could then acknowledge her educational support of her children as a family strength

and an affirmation that she cared about her children's welfare. The worker also helped Rose to recognize how her anger was now hindering her personal growth and fueling her addiction. Ultimately, Rose admitted herself to a treatment program with the help of the worker, who smoothed the way by taking care of logistics like child care, rent, and utilities. (Callens, 1997)

Focusing on strengths releases clients from the stereotypes associated with labels and categories, such as "bad" mother. Because the system provides social control for those who deviate from community standards, and because child welfare intervention invades the family, the caregiver's autonomy is compromised and his/her personal power is decreased. Centering on strengths allows clients to move beyond labels. If problem-solving were placed on a continuum, the medical model, with its emphasis on deficits, pathology, and labeling, would be at one end, while the strengths model, emphasizing empowerment and control, would be at the other end.

The strengths model is also appropriately applied to policy development in child welfare. It shapes the policy to be more responsive to clients' needs and casts policy more in terms of human needs rather than social problems. It further fosters a more humane, client-centered perspective among policy-makers and law-makers (Petr, 1998).

### **Using a Strengths Model with Families Who Have Experienced Abuse or Neglect**

When traumatic events bring a child welfare worker into the home to investigate abuse and neglect, the client who has behaved in socially troublesome ways has little choice but to work with the child welfare worker (Cingoloni, 1984). How does one begin to level this clearly un-level playing field? Rooney's (1992) perspective can help the practitioner move from a position of authority to one of partner in working with parents whose children have been removed. To begin this process, clients must be very clear about: 1) mandates that must be accomplished before the child can be returned home; and 2) those things which would be "nice" to accomplish. Once both worker and client clearly understand this distinction, the real work can begin. Another necessary understanding for both practitioner and client is this: only the client can choose whether or not she/he is going to meet the mandated changes. Further, the client must grasp the consequences of his/her behavior. Giving the client responsibility for making choices and

for accepting consequences begins to even the playing field. The worker, as strength coach, helps define these concepts with the client.

### *Helping the Client to Change*

Using the strengths model allows the worker to focus on the strengths, skills, and resources which have allowed the person to cope with difficult life situations in the past, recognizing that some of the client's coping skills—which may be viewed as maladaptive by society—can be turned around and used in positive ways.

Ms. Neal, a client who was always in a financial crisis, either phoned several times a week or came into the office in a panic about some pressing bill, utilities that were about to be disconnected, or necessary food and medicine that she could not afford. Though the agency staff tried to respond helpfully, Ms. Neal finally exhausted both the staff and their resources. When Ms. Neal came in with her newest crisis, staff could offer no assistance, a fact which distressed the practitioner. Ms. Neal left the office stating that "she didn't know what she was going to do." The worker was concerned about Ms. Neal's situation all evening, so she was eager to talk to Ms. Neal the next day and hear how things had gone. The client did not even mention the problem of the previous day. When the worker asked how Ms. Neal's financial crisis had been resolved, Ms. Neal off-handedly said she had borrowed money from some friends. She went on to describe how she did this often, and how she loaned others money as they needed it. The worker, who had been wondering what on earth she would do if she were in Ms. Neal's shoes, was amazed at the adroitness with which Ms. Neal had achieved this solution. The client demonstrated skills and resources for solving problems which the worker did not believe she herself could match.

When the worker gains respect for the client's coping skills and resources, both worker and client are able to identify, value, and reenforce those skills. Ms. Neal's abilities to develop and access networks to meet her needs in a crisis can be modified to meet a variety of her needs. As skills are used successfully, the client develops more self-confidence in his strength (or muscle) to repeat and build on those skills. The social worker as the strength coach reminds the person that she/he has this muscle (strength in developing a network), that it has worked before, and that it will become stronger with use.

Valuing and supporting one strength leads the social worker and client to explore other unrecognized skills and abilities. Using a neutral pleasant environment which is conducive to friendly conversations between equals sets a good stage for collaboratively exploring strengths, defining client needs, and identifying barriers to meeting needs. With

clients of child welfare, this process centers on identifying resources needed to adequately care for children.

### *Applying the Model*

A central belief in using the strengths model is that clients are trustworthy—sometimes a very difficult emotional task for the social worker. The investigation worker who discovers a 4-year-old girl and a three-month-old infant alone in a filthy, unsanitary house at 2:30 a.m. is not inclined to trust the parents. The worker must continue to find and develop a basic belief in the goodwill of parents and the integrity of people. Linked to this basic faith must be a sense of hope in the ability of people to change for the better.

The most pressing task in this situation, however, is to protect the children. Soon thereafter, it is time to listen to the client's story with as much openness as the worker can muster. The client often reveals many barriers and gaps in the eight domains of life which the strengths model identifies as important in the client's efforts to achieve success. These areas are living arrangements, education, social support, leisure/recreation, relationships, health, personal care, and finances.

Because child welfare clients often have grave gaps in all these areas (which are clearly interdependent), it is essential that the worker and client collaborate to prioritize these domains. For the parent who left her young children unattended and neglected, worker and client need to focus on necessary changes to protect the children. Living arrangements, education, relationships, and finances, in that order, may well be the domains which the client and worker agree need attention. Having prioritized her needs, the client and worker can develop a plan which clarifies long-term goals, strategies for accomplishing the goals, the responsibilities of persons in achieving the goals, and time lines for goal attainment. Together worker and client can prepare a plan for each domain which presents an obstacle to achieving the health and safety of the children. These plans can easily be converted or integrated into the case plan required by the child welfare agency.

### **Using the Strengths Model in Family Preservation Services**

Family preservation services include a broad array of services designed to strengthen families and prevent out-of-home placement (Whittaker & Tracy, 1990). The family preservation or home-based model reflects the belief that a child is best served by remaining in her or his

own home, even though the family struggles with major difficulties. As opposed to a pathological view of the family in crisis, family preservation employs a holistic, ecological view which recognizes that family troubles are exacerbated by societal and community issues, such as high unemployment or lack of affordable child care. In this sense, a family preservation approach is quite consistent with the strengths model.

### *When Family Preservation Works*

Beyond this philosophical stance of maintaining children in their homes, however, the family preservation movement is also driven by economic and practical motivations: adequate alternatives to family care (such as foster or residential care) are hard to find and expensive to finance. Family preservation programs, through short-term, intensive services, aim to help families improve their functioning and child-caring skills. They offer real therapeutic hope for children in distressed families by acknowledging that children's dependence on parents and family is both real and immense (Gibson & Noble, 1991).

Patty's mother, Adele, has AIDS, but is very committed to caring for Patty, age 6, and keeping Patty with her as long as possible. Because Adele's physical condition is deteriorating, she can no longer work regularly, and she has had trouble finding shelter. Child welfare authorities became involved with Adele and Patty when Adele was found collapsed and unconscious in the cardboard dwelling they had erected under an overpass. Patty was terrified and hungry. While Adele was hospitalized to stabilize her situation, Patty was placed in emergency foster care. Initially it seemed evident that Patty would need extended substitute care, but a family preservation worker was assigned to deal intensively with the family because Adele was so committed to making a home for Patty, and because Patty was adamant about wanting to be with her. The worker talked with Adele about how to create a home under the circumstances. Adele explained her plan, which was to contact her mother, from whom she had been estranged for some years, and try to mend fences. In order to make a home for Patty, Adele was willing to go back home to Wisconsin and accept family help. The worker assisted Adele in fine-tuning what was a sound plan, given the circumstances, to provide for Patty in the immediate future and after Adele's impending death. The worker helped Adele role-play the telephone call to her mother and provided the telephone for this all-important call. Getting the invitation home and working out the logistics actually took several calls, but the worker raised money to buy bus tickets for Adele and Patty to Wisconsin and hooked her up with a worker in that state. The worker, in explaining the case to the Wisconsin agency, stated, "Adele really amazes me.

She is in bad shape and is dying, but she has developed a plan for her child that makes a lot of sense and shows foresight. She just needed help in making it happen."

Working with these families is fulfilling, though it involves intense labor. There is anecdotal evidence that family preservation workers get more personal and professional satisfaction from their work and tend to remain in family preservation jobs longer than the average child welfare worker (Midgley et al., 1995). This may represent a savings to public child welfare agencies, for which turnover is a major problem (Helfgott, 1991). These facts may demonstrate that workers are more satisfied in working with strengths than in working with deficits. Centering on strengths builds self-confidence in the worker.

Mike, age 11, came to the attention of child welfare workers through the school, which reported that the child repeatedly suffered from bruises and lacerations. Investigation revealed that his mother's first child had died under suspicious circumstances two years before, though abuse had not been validated. Upon visiting their apartment, workers found the place a disaster: Mike's toddler sister was crawling through dog feces on the floor, and evidence of rodents was abundant. Both Mike and his mother, Latrice, appeared to be battered. Latrice seemed to be at the end of her rope, and without a great deal of prodding, acknowledged that Antwon, her boyfriend, had been drinking heavily and taking it out on Mike and her. He had also been stealing her money, and Latrice felt powerless to send him packing. A family preservation worker began spending several hours per day working with Latrice and Mike, who were clearly devoted to one another and to the baby. Together they assessed the needs they had, which were to get rid of the troublesome Antwon and to improve their physical surroundings. The worker encouraged Latrice to see herself as a woman of some power: she had kept her little family together despite tragedy and difficulty, and she had a decent job with which to support them. The worker was able to secure legal help for Latrice to get a restraining order against Antwon, and she found funds to fence off the patio to create a "pet yard" and keep the dog out of the living area. The worker was under no illusions, however; this was an extremely vulnerable family that needed to build great strengths. Much work remained to be done.

One of the most difficult elements of family preservation calls for the worker and the family to be brutally honest: Can this family stay together safely? Not only is this question central to the health and survival of children, but it is also important to the survival of vulnerable adults (the overwhelming number of victims being women) in the family (Grinspoon, 1993). While a worker's belief in his client's innate goodness

and optimism for positive change is central to using the strengths model, the worker's trust must be balanced by good sense and realism.

### The Strengths Coach

Child welfare and family preservation workers can use the strengths model effectively with their clients by being strengths coaches. The worker who grasps the basic benefits of this model can envision herself as assisting clients to build emotional muscles, create balance between emotional and physical needs, refine effective parenting skills, and develop winning attitudes. All that is needed to bring strength to its greatest capacity is a coach who believes in the client's ability to cope and change in positive ways, and who can identify, value, and develop the client's "muscles."

### References

- Callens, K. (1997). *Ameliorating risk factors in abusive/neglectful parents through the psychoeducational group process*. Unpublished master's thesis, Louisiana State University, School of Social Work, Baton Rouge, LA.
- Cingolani, J. (1984). Social conflict perspective on work with involuntary clients. *Social Work* 29, 442-446.
- Germain, C., & Gitterman, A. (1980). *The life model of social work practice*. New York: Columbia University Press.
- Gibson, D. & Noble, D.N. (May/June 1991). Creative permanency planning: Residential services for families. *Child Welfare* 70, 371-382.
- Grinspoon, L. (Ed.) (July 1993). Child Abuse—Parts I and II. *The Harvard Mental Health Letter*. Cambridge, MA: Harvard.
- Hegar, R.L., & Hunzeker, J.M. (1988). Moving toward empowerment-based practice in public child welfare. *Social Work* 33 (6), 499-502.
- Helfgott, K. (1991). *Staffing the child welfare agency: Recruitment and retention*. Washington, D.C.: Child Welfare League of America.
- Midgley, J., Ellett, C.D., Noble, D.N., Bennett, N., Livermore, M., Nauman, S., & Zimmerman, K. (1995). *Statewide personnel needs study for child welfare employees in the Louisiana Office of Community Services*. Baton Rouge, LA: Louisiana State University.
- Petr, C.G. (1998). *Social work with children and their families: Pragmatic foundations*. New York: Oxford.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.
- Rooney, R.H. (1992). *Strategies for work with involuntary clients*. New York: Columbia University Press.
- Rose, S.M. (1992). Case management: An advocacy/empowerment design. In S.M. Rose (Ed.) *Case management and social work practice* (pp. 271-297). New York: Longman.
- Saleebey, D. (Ed.) (1992). *The strengths perspective in social work practice*. White Plains, NY: Longman.

- Sue, D.W. (1981). *Counseling the culturally different: Theory and practice*. New York: Wiley.
- Tice, C., & Perkins, K. (1996). *Mental health services and aging: Building on strengths*. Pacific Grove, CA: Brooks/Cole Publishing Co.
- Weick, A. (November-December 1983). Issues in overturning a medical model of social work practice. *Social Work*, 28, 467-471.
- Weick, A., Rapp, C., Sullivan, W.P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work*, July, 350-354.
- Whittaker, J.K., & Tracy, E.M. (1990). Family preservation services and education for social work practice: Stimulus and response. In J.K. Whittaker, J. Kinney, E.M. Tracy, & C. Booth, Eds. *Reaching high-risk families: Intensive family preservation in human services* (pp. 1-12). New York: Aldine de Gruyter.

Copyright of *Child & Adolescent Social Work Journal* is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.