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The Strengths Perspective: Proving “My Strengths” and “It Works”

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I was in Tampa, Florida, recently conducting a day-long follow-up training session for care coordinators who a year prior had undergone basic training in strengths-based case management (SBCM). Since the initial training, they had been using a brief model of SBCM to assist newly diagnosed people who were HIV-positive obtain initial medical care. When I asked the group members about their experiences using the strengths-based approach over the past year, one woman spoke up softly, but pointedly saying, “It works!” The comment prompted widespread agreement and a discussion of how using the strengths perspective assisted people with HIV, and not trivially by any means, helped the care coordinators as well.

The Tampa discussion about the strengths perspective mirrored MacFarlane’s description of personal and professional experiences with the perspective in “My Strength: A Look Outside the Box at the Strengths Perspective” (MacFarlane, 2006). She offered a powerful firsthand view of how her clients responded to the emphasis she placed on helping them identify their strengths and take charge of their own plans—both core principles of strengths-based practice. Experiences like those of MacFarlane and the care coordinators I trained in Florida are typical of social workers who practice from the strengths perspective.

Although practitioners and the clients they serve may believe it is effective, strengths-based case management will remain only a “feel good” state of mind without empirical support for its effectiveness. That lack of legitimacy would be most unfortunate because strengths-based practice reflects several of social work’s core values. Some work toward evaluating the effectiveness of the approach has been taking place in several locations and demonstrating that we do have some empirical basis for several elements of the strengths perspective.

Dr. Charles Rapp (no relation), Dr. Dennis Saleebey (emeritus), and others at the University of Kansas School of Social Welfare provided early findings about the value of strengths-based case management. With a people-first orientation, they reported that patients leaving state psychiatric hospitals were able to accomplish many of the goals they had identified in treatment (Rapp & Chamberlain, 1985). Since that time they have contributed to our understanding of the conceptual basis for strengths-based work (Saleebey, 2006) and provided a tool for assessing the key elements of strengths-based case management (Marty, Rapp, & Carlson, 2001). This work serves as the touchstone for anyone interested in delivering strengths-based services.

Empirical research, both quantitative and qualitative, has taken place elsewhere. For the past 15 years the Center for Interventions, Treatment, and Addictions Research (CITAR) at Wright State University’s Boonshoft School of Medicine, Dayton, Ohio, has focused on the process and outcomes associated with strengths-based case management with people who have substance abuse issues. CITAR has tested SBCM in controlled clinical trials funded by the National Institute on Drug Abuse. Results have shown that long-term SBCM, up to nine months, provided during aftercare treatment, led to improved retention in aftercare services

and reduced drug use and criminal justice involvement (Rapp, Siegal, Li, & Saha, 1998; Siegal et al., 1996; Siegal, Li, & Rapp, 2002). The relationship between SBCM and improved outcomes was not direct. Rather it was mediated by the apparent ability of strengths-based case managers to encourage retention in aftercare. SBCM was also associated with improved employment functioning, although the effects were mediated by time (Siegal et al., 1996). This is not surprising given case management's focus on assisting clients with employment. One study suggests that SBCM may operate as a stand-alone treatment intervention, rather than just as an adjunct to treatment (Siegal, Rapp, Li, Saha, & Kirk, 1997).

Recently, CITAR has begun to examine the possible benefits of SBCM delivered at the beginning of the treatment continuum. A brief model of SBCM, up to five sessions delivered in two months, was found to improve linkage with medical care among people who were recently diagnosed as HIV-positive (Gardner et al., 2005). As yet unpublished results demonstrated that among people with substance abuse problems there was a significant improvement in linkage rate for the group that received brief SBCM compared with the standard care group.

Qualitative studies are particularly suited to helping identify the elements of strengths-based case management that are associated with the outcomes mentioned earlier. In one ethnographic study, clients identified the focus on strengths and the relationship with their case managers as central to their continued participation in treatment (Brun & Rapp, 2001). Elsewhere, clients noted that learning how to identify and set goals was one of the most beneficial activities they had with strengths-based case managers (Rapp, 2006) and that the working alliance between client and case manager was critical to their success (Redko, Rapp, & Carlson, in press).

The work we and others have conducted still represents SBCM research in its infancy. What is really needed is a comprehensive research agenda that systematically examines the outcomes and mechanisms of action associated with strengths-based approaches. Both the National Association of Social Workers and the Institute for the Advancement of Social Work Research are important in promoting such an agenda. These organizations, and social work researchers in general, should come together to propose a plan to evaluate the role of SBCM in diverse groups of people who have various life challenges. A possible mechanism for beginning such a plan is the recently released National Institutes of Health program announcement, Research on Social Work Practice and Concepts in Health (PA 06-234).

Finding out whether strengths-based case management is effective in helping individuals with life challenges gives the social work profession an opportunity to support an evidence-based practice activity that is based on our core values. An organized research effort will serve to determine whether there is indeed support for the anecdotal observation that "It works!"

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