

# Chapter 6

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## STRENGTHS-BASED THERAPY AND FAMILIES



- “In each family a story is playing itself out, and each family’s story embodies its hope and its despair.”—Augustus Napier
- “We need 4 hugs a day for survival. We need 8 hugs a day for maintenance. We need 12 hugs a day for growth.”—Virginia Satir
- “Experience is not what happens to a person. It is what a person does with what happens to him.”—Aldous Huxley



Part II of this book examines strengths-based practice in various clinical settings. In this section, most practitioners will find a chapter about a client population that they currently serve in therapy. This part of the book answers such questions as: How do you use a strengths approach to work with families, at-risk youth, the elderly, and clients who are experiencing challenges to their sobriety and to drug use? The format for each of the practice settings is similar to permit comparisons across clinical issues.

### OVERVIEW

The family forms the basic unit of virtually every society on this earth. Since the beginning of time, people have grouped themselves into families to secure psychological and physical support. Families are extremely important in the physical, emotional, spiritual, and social development of children. They assume a critical

role in how well children do in school, how well they perform on the job as adults, and how much they contribute to a society. Research studies have repeatedly found that many problems of individuals and society are related to dysfunctional family relationships. For instance, early teen sexual acting out, youth suicide, teen pregnancy, runaways, substance abuse, childhood and adolescent depression, child abuse and neglect, family violence, and civil unrest are known to be aggravated by problems in the family. Families are the alpha and the omega of most people's existence. They bring us into this world and they make preparations when we leave it.

The early research on family strengths actually began in the 1930s with the Woodhouse study of 250 successful families during the Depression, followed by Otto's work on strong families and family strengths during the 1960s (DeFrain & Asay, 2007; Otto, 1962, 1963; Woodhouse, 1929–1930). During the early 1960s, Otto (1963) used open-ended questions to several groups of couples to identify their major strengths. From the couples' responses to these questions, he identified 12 major strengths (Giblin, 1996).

The Timberlawn study, which was conducted in a Dallas church during the 1970s, was another landmark study (Lewis, Beavers, Gossett, & Phillips, 1976). The project involved videotaping interviews of structured tasks with 24 families followed by the families' keeping records of health and illness days, medications, and related events. The study was designed to distinguish healthy from unhealthy families. The authors identified eight factors that were significant; however, "no single thread" was significant. The eight factors included a basic affiliative attitude, respect for subjective opinions, open and direct communications, firm parental coalition, appreciation for complex motivations, sense of spontaneity, active initiative toward the outside world, and a valuing of the unique, individual characteristics of family members (Giblin, 1996).

Also during the 1970s, the strengths approach to families began to take off with the work of Nick Stinnett at the University of Nebraska. It is perhaps no coincidence that Donald Clifton, known as the father of the strengths movement, also taught at the University of Nebraska. Nick Stinnett, who had begun his work at Oklahoma State University, began working at the University of Nebraska in 1977 (DeFrain & Asay, 2007). Nine volumes of proceedings held at the University of Nebraska were published because of the National Symposium on Building Family Strengths series (Stinnett, Chesser, & DeFrain, 1979; Stinnett, Chesser, DeFrain, & Knaub, 1980; Stinnett & Sauer, 1977). During the 1990s, an international Family Strengths Network (IFSN) was formed, and more than 30 conferences were held in North America, Asia, and Australia on the topic of family strengths that were recognized by people throughout the world. The primary researchers, John

DeFrain, Nick Stinnett, and David Olson, studied families around the world from a strengths perspective. Although families differ based on their culture, they are also remarkably similar.

The goals of this chapter are to (1) present the strengths-based philosophy about families; (2) discuss what constitutes family strengths; (3) apply the strengths-based therapy model to families; (4) introduce some strengths-based assessment techniques and inventories; (5) provide a generic strengths-based treatment plan for families; (6) examine multicultural issues in using the strengths-based therapy model with families; and (7) analyze a case study of a family.

## BACKGROUND/STATISTICS

*Definition of a family.* The United States Bureau of the Census (2010) defines a family as “two or more people . . . Related by birth, marriage, or adoption and residing together in the same housing unit” (<http://www.census.gov/>). This chapter defines a family as those persons who are biologically and/or psychologically related and who are interconnected by emotional and economic bonds and who perceive themselves as part of a family household. The definition of what constitutes a family changes from one culture and one society to another. For instance, European Americans emphasize the importance of the nuclear family of members, and only individuals who are blood related are considered part of the family. African Americans are inclined to include a “wide informal network of kin and community” (Hines, Preto, McGoldrick, Almeida, & Weltman, 1998, p. 70). African Americans include close and long-term friends as family. Asian Americans and Native Americans are inclined to include all ancestors and all descendants as families.

*The structure of families.* During the past five decades, the American family has changed its structure. Previously in the United States, the European nuclear family was the standard family. Despite this observation, the traditional nuclear family is decreasing in both number and percentage (Gladding, 2007). Seven major types of family structures have been identified for the United States. These are (1) married nuclear families; (2) single-parent families; (3) blended or step families; (4) cohabitation or “living together” families; (5) extended or cross-generational families; (6) joint- or shared-custody families; and (7) foster and group home families (Nichols & Schwartz, 2007).

In *married nuclear families*, both adults are the biological or adoptive parents of the children. Nuclear families vary, depending on the employment status of the

woman (mother) and the man (father). According to the United States Census 2011 Current Population Survey (<http://www.census.gov/cps/about/cpsdef.html>), 74.6 million children younger than 18 in 2011, most (69%) lived with two parents, while another 27% lived with one parent and 4% with no parents. Of those children who lived with two parents, 92% lived with two biological or two adoptive parents. The percentage of children under 18 living with two married parents declined to 66% in 2010, down from 69% in 2000. In 2010, 23% of married-couple family groups with children under 15 had a stay-at-home mother, up from 21% in 2000. In 2007, before the recession, stay-at-home mothers were found in 24% of married-couple family groups with children under 15. Most married women with children work outside the home (Census Bureau and Families, <http://www.census.gov/hhes/families/>).

*Single-parent families* have a family structure in which there is only one parent in the home. Given the high divorce rates and the fact that an increasing number of adults choose not to marry, single-parent families are the fastest-growing family structure in the United States. Nearly 90% of these families are headed by women (*United States Bureau of the Census, Population Reports, Households, Families, Subfamilies, and Married Couples, 2012*, at <http://www.census.gov/compendia/statab/>). **Blended or step families** are usually created by divorce and remarriage rather than by the death of the mother or father. In stepfamilies, biologically unrelated children often live in the same household. **Cohabitation families** are two unmarried adults (heterosexual or homosexual partners) who are committed to a long-term relationship and, sometimes, children from this union or from previous relationships are included. In 2011, there were 7.6 million unmarried couples living together (U.S. Census Bureau, 2012, [http://www.census.gov/newsroom/releases/archives/families\\_households/cb11-183.html](http://www.census.gov/newsroom/releases/archives/families_households/cb11-183.html)). A Census Bureau report shows shared households increased 11.4% from 2007 to 2010 ([www.census.gov/newsroom/. . /cb12-111.html](http://www.census.gov/newsroom/. . /cb12-111.html)).

*Multigenerational families* are defined as three or more generations of a family residing within the same household. Typically, grandparents take some primary responsibility for child care, particularly when both parents work. *Joint-/shared-custody families* are those in which children are legally raised by both parents who are not living together. Generally, the children move back and forth between the residences of their parents, depending on the legal agreement between the parents. *Foster and group-home families* are those in which foster parents and institutional child-care workers often provide a substitute family for children

referred by the courts or government agencies while problems with their parents or guardians are being resolved. In earlier decades, it was believed that the structure of a family revealed how healthy a family was. Currently, however, the dominant feeling is that the family structure does not indicate how healthy the family is. Studies have reported that there are strong and weak families in each type of family structure—nuclear, single parent, and so on.

*Gay and lesbian families.* SBT maintains that gay and lesbian families constitute another valid family structure or organization. There are a number of myths about gay and lesbian families that have been debunked in the literature. One such myth is that gay people are unfit parents, more likely to be pedophiles, and are unable to sustain lasting relationships. But research shows these and other myths just aren't based in fact. In an extensive review of literature published in the *Annual Review of Psychology* (2007), Anne Peplau and Adam Fingerhut concluded that

For decades, the media have depicted homosexuals as unhappy individuals who are unsuccessful in developing stable romantic ties and so end up frustrated and lonely. . . . Contrary to these media images, research has documented that many contemporary lesbians and gay men establish enduring intimate relationships. Research has also debunked a second stereotype, that gay and lesbian relationships are dysfunctional or inferior in quality to those of heterosexuals. Instead, studies have shown that on standardized measures of love, satisfaction, and relationship adjustment, same-sex and heterosexual couples are remarkably similar. . . . A third stereotype, that same-sex relationships mimic heterosexual marriages by creating “husband” and “wife” roles has also been discredited. . . . However, most contemporary gay and lesbian couples in the United States share homemaking tasks and financial provider responsibilities, rather than dividing them such that one partner is the “husband” and the other partner is the “wife.” (p. 418)

The strengths-based therapy model agrees with Kurdek (2005), who observed that “despite external differences in how gay, lesbian and heterosexual couples are constituted, the relationships of gay and lesbian partners appear to work in much the same way as the relationships of heterosexual partners” (p. 253).

There is also the myth that lesbians and gays are not good parents or that children need both a mother and a father within the same family. Opponents of gay marriage and gay adoption maintain that same-sex parents are not good for kids and that a child needs both a father and a mother to grow up to be a healthy adult. Research, however, shows that children of gay parents tend to fare well in

life. Biblarz and Stacey (2010) reviewed studies of children in gay and lesbian families and concluded that:

Claims that children need both a mother and father presume that women and men parent differently in ways crucial to development but generally rely on studies that conflate gender with other family structure variables. We analyze findings from studies with designs that mitigate these problems by comparing 2-parent families with same or different sex coparents and single-mother with single-father families. Strengths typically associated with married mother-father families appear to the same extent in families with 2 mothers and potentially in those with 2 fathers. Average differences favor women over men, but parenting skills are not dichotomous or exclusive. The gender of parents correlates in novel ways with parent-child relationships but has minor significance for children's psychological adjustment and social success. (p. 3)

Johnson and O'Connor (2001) conducted a national study of gay and lesbian families who had at least one child under the age of 18 living with them. A major question posed was: Are the children of gay and lesbian parents normal? The researchers were interested in exploring with gay and lesbian parents how they view their own family functioning and dynamics and how they view their family's experiences within their communities. For example, how open are gays and lesbians about their family makeup? What has been the response from their own families, friends, and the broader community? Johnson and O'Connor (2001) also examined the daily life within the gay- or lesbian-headed family. Other variables they investigated were parents' expectations about the influence their sexual orientation would have on their children; the quality of the adult relationship within the family; and their parenting practices. Participants were recruited from (1) state and local gay and lesbian parenting groups; (2) advertisements in local and national gay and lesbian publications; and (3) postings on gay and lesbian parenting Internet sites. Some of the many findings of the Johnson and O'Connor (2001) national study were that

The portrait that our study paints of gay and lesbian families today is of a group of parents who have given their parenting a great deal of thought. They discussed, often at length, the obstacles they faced in becoming parents, their concerns for their children, and their philosophy about dealing with people outside their family. Most of the families were living openly as gay or lesbian families within their communities by coming out to their children's teachers, doctors, or friends' parents. We found that gay men and lesbians take different routes to parenthood and have different experiences along the way. Lesbians

who become mothers after coming out usually choose to bear their own biological child. Gay men who have children after coming out almost always choose to adopt their children. (Brodzinsky & Pertman; 2012; Gartrell, Peyser, & Bos, in press)

The findings from Johnson and O'Connor's study as well as the others cited herein are informative and reinforce this author's position that such families are valid and that the time for discrimination against them may be soon become a thing of the past.

## CHALLENGES

Families are facing difficult times in 2013. Given the lingering recession, today's families face significant emotional and economic challenges. Whereas families are supposed to be havens of peace and safety for children, they sometimes can be storehouses of conflict. When individuals first form a family, they are inclined to encounter difficulty adjusting to each other. Family strengths are, therefore, tested by the crises they experience and by the typical normative developmental transitions. For instance, families may face increased challenges when their children reach adolescence. While crises can tear some families apart, others become stronger because of their shared crisis experience. A family's strengths form the foundation for growth and positive change. Families become stronger as a result of capitalizing on the strengths of individual family members and the family as a group (Benard, 2006).

Resilience research has consistently found that most children and young people, including those who come from highly stressed families and financially strapped communities, not only manage to survive but in some instances to thrive (Werner & Smith, 2001). As was mentioned in Chapters 2 through 4, what does not kill some families makes them stronger. Surviving the trauma of oppression, victimization, or family disruption takes strength (Valliant, 2002; Werner & Smith, 2001). Practitioners who work with families that have encountered trauma must explore their families' survival and resiliency skills. How have they survived? What keeps them going and waking up another day? While strengths-based practitioners acknowledge the horrific things

### Strengths Reflections

In your opinion, what factors contribute to your family's resilience?

Which one of the three following resilience factors is most evident in your family: (a) caring relationships; (b) high expectations; or (c) opportunities for participation?

that can happen in families, they must recognize that all people develop ways to cope with adversity. Strength can result from adversity and can lead to survivor's pride (Desetta & Wolin, 2000). Bonnie Benard (2006) has pointed out that many young people survive drug-abusing and mentally ill parents. All a child needs is one responsible, caring adult in his or her life. As Eccles and Gootman (2002) have stated: "The attentive, caring, and wise voice of a supportive adult gets internalized and becomes part of the youth's own voice" (p. 96). In working with individuals who grew up in challenging family situations, a therapist might say:

- "It is not easy growing up poor, but somehow you were able to cope and thrive. How is it that you managed dealing with what could have the ravages of poverty, alcoholic parents, and physical abuse?"
- "It is not easy growing up an African American male in a racist society, but somehow you were able to cope and to thrive. How is it that you managed dealing with the challenges to your dignity so well?"

*Qualities of healthy families.* Healthy families are those that are continually changing and reconstituting themselves. They remain open and self-regulating. Healthy families are resilient, happy, and strong in a number of areas. They use the right amount of energy in dealing with the challenges that confront them, and they make realistic plans about their future. Individual members are able to adapt to and promote the growth and well-being of other family members. Researchers have reported that healthy families have the following characteristics (Gladding, 2007): (1) a commitment to the family and its individual members; (2) an appreciation for each other as well as a social connection to one another; (3) a willingness to spend time together; (4) good communication patterns; (5) a high degree of religious or spiritual orientation; (6) an ability to cope effectively with a crisis in a positive manner; (7) encouragement of family members; and (8) clear family roles and boundaries.

## **SBT'S PHILOSOPHY ABOUT FAMILIES**

*A strengths-based philosophy for families assumes that all families have strengths they can build on and use to meet their own needs, to accomplish their own goals, and to promote the well-being of family members* (Powell, Batsche, Ferro, Fox, & Dunlap, 1997). The SBT philosophy toward working with families deals with the unique knowledge, competencies, capabilities, and resources of individual family members as well as the family as a whole. Strengths may involve relationships and



connection among immediate family members, extended family members, friends, and members of a given community. These strengths can also be found in the family's unique beliefs, cultural and ethnic heritage, or socioeconomic background.

The strengths-based therapy model's approach to family does not suggest an absence of problems. On the contrary, the family's problematic issues must be addressed, and SBT therapists have a professional responsibility to help families with these issues. The strengths-based therapy model does not focus on the past or place blame on the parent or family for causing the problems. Instead, the therapist identifies the family's unique strengths to build its capacities for meeting crises, responding to family needs, solving problems, and creating opportunities for positive interactions among family members.

All families have strengths, and all families face challenges—not only for individual members but also for the family itself. If one looks for only problems in a family, that's what one will only see—problems. If one looks for family strengths, then one will find such strengths. It all depends on what one is looking for—strengths or pathology (Benard, 2006).

## **CATEGORIES OF FAMILY STRENGTHS**

Family strengths can be conceptualized as those relational patterns and competencies that encourage the development of a family's potential and that of its individual members. Family relationship patterns can create a sense of positive family identity; they can encourage the development of the potential of the family group and individual family members. A family's relationship pattern can contribute to the family's ability to deal effectively with family stress and crisis. Each family system consists of a web of interconnected personal relationships (between child and parents, between parents or adult caregivers, and between siblings) that shape a person's social and inner world. The family of origin is the birthplace where people are assigned specific roles and where they participate in relational patterns and reciprocal interactions. A person's family system builds a person's relational landscape as it develops from birth to adult stages. Each family member establishes a relational pattern with each parent. For instance, a child might have a strong positive relationship with his mother and a weak, anxiety-ridden relationship with his father. Each child also establishes a relational pattern with each sibling. Within a family of three siblings, two may have strong, positive sibling relationships with each other, while the third sibling may have a negative relationship with each other sibling.

Relational patterns are often based on perceptions of positive and negative interactions. Family members who establish positive relationships with each other

**Strengths Reflections**

How would you describe the relational patterns in your family of origin?

Are the relational patterns of your family of origin similar to the ones in the family that you have created for yourself?

tend to encourage the other family member; they recognize and appreciate each other's strengths, spend time together, engage in positive communications, and feel deep, genuine affection with each other.

Family strengths are primarily interpersonal and intrafamily in orientation. Individual family members will have different strengths that they contribute to the unit, and hence, the family unit contains the different strengths of all its members. All families have strengths that can be identified, enhanced, and utilized during the process of therapy. With the appropriate support, families have the abilities to overcome adversities. Strong families have a set of relationships that support and protect family members during times of adversity and change. Family strengths help to sustain family cohesion and to support the development and well-being of individual family members. The following family strengths should be assessed during SBT: family communication, family history, family contentment, family self-esteem, family solidarity, and family spirituality.

*Family communication.* The strengths-based approach to family therapy maintains that communication is an important family strength. Strong families communicate frequently, openly, clearly, and directly (Goldenberg & Goldenberg, 2008). The most important family communication skill is listening. Strengths-based family therapists model respectful listening for family members. The emphasis is on being heard within the family unit.

*Family history.* Strong families have a history that connects family members with each other. A family's history provides meaningful roots that each person can lay claim to as his or her own. It provides a sense of belonging. Family history can serve as a bond among family members when family members tell favorite family stories, teach family rituals to its members, write e-mails to each other, and share family reunions with each other. A therapist can inquire about the family history—especially what members like most about their families (Gladding, 2007).

**Strengths Reflections**

"If you don't know [your family's] history, then . . . You are a leaf that doesn't know it is part of a tree."

—Michael Crichton,  
American Writer

How well do you know your family history?

Do you view your family history as mainly positive or negative?

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*Family contentment.* Strong families express a sense of gratitude with what they have. They do not endlessly lament what they don't have. Families that are content are able to withstand outside pressures for them to become more like other families (Nicholas & Schwartz, 2007).

*Family self-esteem.* When families have high self-esteem, they believe that they can make it, and they tend to encourage self-esteem in individual members. Family members are encouraged to set goals for themselves (Nichols & Schwartz, 2007).

*Solidarity/Unity.* Strong families spend time together. Such families eat together, pray together, and create special celebrations—birthdays—for members. When families have a sense of unity, they protect their members and rally when one is attacked in any way.

*Spirituality.* Strong families share a sense of spirituality with members. For a long time, there has been the saying that “families that pray together stay together.” A family's spirituality provides a moral compass for its members and a sense of hope. A family's spirituality also teaches its members how to deal with their successes as well as their failures (Nichols & Schwartz, 2007).

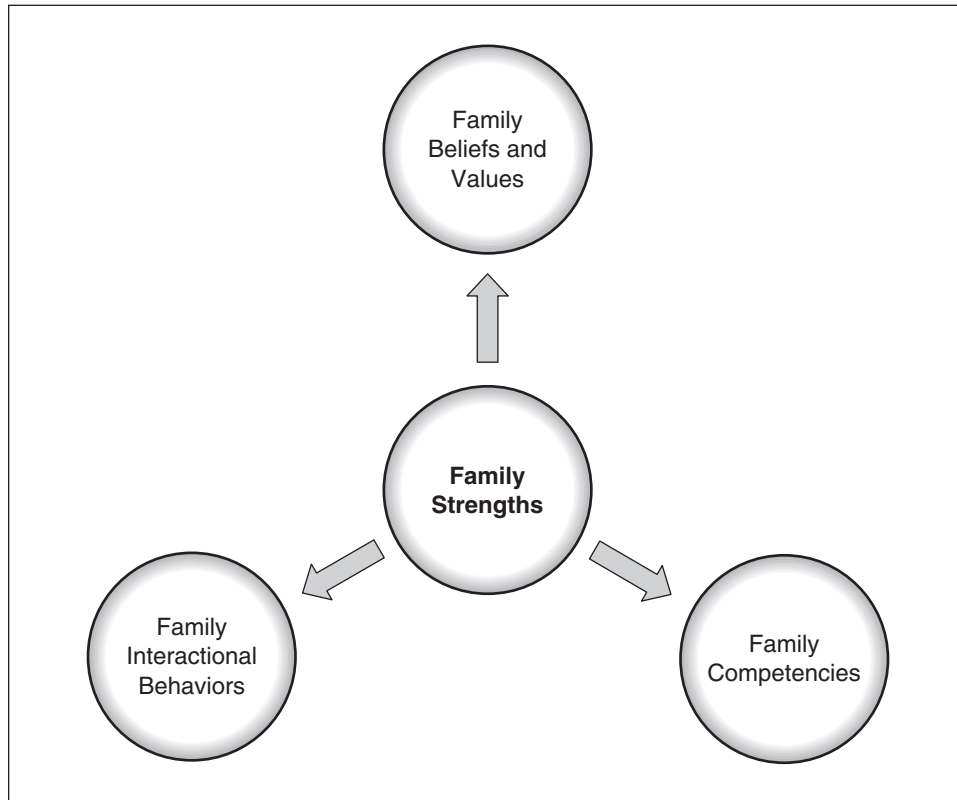
## **THE STRENGTHS-BASED THERAPY MODEL USES A FAMILY SYSTEMS APPROACH**

Although strengths-based therapy incorporates concepts from several different theoretical approaches to families, the major conceptual framework it uses is a family systems approach (Goldenberg & Goldenberg, 2008). The family is conceptualized as a system of interrelated people, and action and changes in one part of the family system impact the other. While SBT acknowledges the identified client concept when dealing with families, it also maintains that the entire family should be the focus of attention and that the family functions with various sub-systems. The following diagram conceptualizes the family strengths model that is used throughout this chapter.

## **ROLE OF THE STRENGTHS-BASED FAMILY THERAPIST**

The SBT approach to family therapy defines the roles of therapists and service providers differently from that of most traditional therapy models. The role of the SBT therapist is to establish a partnership with the family. The therapist recognizes the expertise of the family. For instance, families have expertise regarding

### SBT's Family Strengths Model



their own family members, their goals, and their histories. Families have a deep perspective on the personalities of each family member, the manner in which these personalities interact in the family, the cultural and ethnic traditions that are valued, and the values and priorities of the family (Powell et al., 1997). Therapy services should be given in a manner that strengthens families. Strengths-based therapists view families facing crises as instances of challenged rather than as damaged goods. Instead of focusing on how the families have failed, SBT therapists redirect the families to how they can succeed, to a better future than the crises they are facing. Such therapists affirm a family's potential for growth and repair.

Therapy interventions must be based on the assessment of family strengths and resources as well as the needs of the family. The goal of a strengths-based therapy intervention is to strengthen the family's functioning in ways that make it less dependent on the therapist. SBT therapists are committed to creating hope and change by helping clients to focus on the positive, the effective, and the reasonable

solutions that are available. SBT therapists help families to identify their strengths, the strength of significant others, the solutions that are working or that worked in the past, what they are hopeful about, and what aspects of their character can be specifically used in creating and implementing a solution to the challenge that brought them to therapy. Therapist interventions are always a collaborative endeavor because the family is viewed as the expert on its functioning. The therapist informs and nurtures the therapy change process.

## THE STRENGTHS-BASED THERAPY MODEL AND FAMILY THERAPY

The strengths-based therapy model focuses on identifying “what is right about a family” and “what is working” for them. Negative family experiences do not necessarily destroy a family. Such experiences may also make some families stronger (Benard, 2006).

The purpose of this section is to highlight four aspects of the strengths-based therapy model. Four core parts of the strengths-based therapy model involve the processes of “*Let Go*,” “*Let In*,” “*Let Be*,” and “*Move Forward*.” The different stages of strengths-based therapy involve these four processes. There may be back-and-forth movement for these four processes. The *Let Go* part of strengths-based therapy model involves helping the family to let go of negative and self-defeating thoughts, behaviors, and actions. After the family has engaged in a letting-go process of those things that have caused problems and that have brought them to therapy, the family is ready to move to the *Let In* part of therapy.

The *Let In* part of strengths-based therapy cuts across several stages, as the family lets in new information and new ways of living as a family. For instance, the self-discovery process is part of the letting in of different information about the strengths of the family, how it has survived, how it has thrived, and so on. Family members talk about the kind of family they want and the kinds of changes they are willing to make to obtain that family.

The *Let In* phase of strengths-based therapy involves primarily Stages 2 through 4—strengths discovery, examination of internal and external barriers that threaten family goals and harmony, the inculcation of hope for the family (“we can make it as a family”), and finally the competencies that the family desires to obtain as a family unit and for individual family members.

The *Let Be* phase of strengths-based therapy (Stages 5–6) occurs as the family consciously moves toward creating *harmony* within the family and among family members. Family disharmony is what has brought the family to therapy. In fact, the disharmony may have become unbearable so that it threatens the very survival

of the fabric of the family system. In the strengths-based therapy model, family harmony is a conscious goal. The family decides for itself what constitutes family harmony and what they are willing to let go of and to let in, in order to achieve family harmony. The *Move Forward* part of the strengths-based therapy model involves creating a healthy new family identity and evaluating and terminating therapy. The following is a brief outline of the kinds of interview questions or statements a helping professional might use in moving from Letting Go to Moving Forward.

### **Stage 1 of Strengths-Based Therapy Model—Establishing a Therapeutic Alliance**

The therapist's primary goal during Stage 1 of the strengths-based therapy model is to establish a therapeutic relationship with the family so that members feel that they are heard and understood. Without establishing a therapeutic alliance with a family, the family may not return for a second session unless ordered to do so (Smith, 2006). The strengths-based therapist listens respectfully to a family's story without interruption and with compassion. He or she acknowledges the family's pain. In order to get at what is causing pain in a family, a therapist might ask: In your opinion, what is happening in your family? Who is involved? How are these events impacting you? the kids? the parents? the entire family?

### **Stage 2 of SBT: Strengths Discovery**

During the strengths discovery process, the helping professional collaborates with the family to uncover family strengths. It is recommended that the practitioner use the Strengths-Based Family Assessment Protocol to arrive at a picture of both the family strengths and those of the individual family members. In searching for a family's strengths, the practitioner asks questions about the family's survival, social support, positive times, interests, dreams, and goals.

The practitioner links both family strengths and the individual strengths of family members to the family's goals (Smith, 2006).

#### **Strengths Reflections**

Do you know your loved ones' strengths?

How much time are you spending emphasizing all the stuff that your partner, child, or loved one does wrong?

### **SBT Stages 2 and 3: What Does the Family Need to Let Go?**

If you want to let go of the past, you have to quit thinking about it, quit talking about it, and quit reliving every negative experience (Goldenberg & Goldenberg, 2008). All too often in therapy, families

and therapists rehearse the past. They go over each detail of each family members' hurt and pain. This is what strengths-based therapy calls "stoking the fire" and "rehearsing the pain." When clients talk about someone who has hurt them in the past, that pain and offense are stirred up, and they start thinking about what happened again. Yet in that moment, both the therapist and the client have a choice to make. Families are adept at rehearsing the pain that other members have caused them. Instead of rehearsing the pain of past disappointments, an entire family or an individual family member can speak forgiveness over the person and let the hurt go. The therapist helps the family to understand that forgiveness and letting go of bitterness is for them (clients) rather than for the perpetrator of pain. The therapist helps the family system as well as family subsystems (siblings, parents) rehearse forgiving others, letting go of whatever bitterness they might have, and freeing themselves of the chains of the past. Each family member is given a "let go card" that summarizes the following sentiment. *"I choose to let go of the past. I choose to release those who have hurt me so I can embrace the best that the world and the universe have for me. Help me to forgive, help me to love, and help me to stay on the good path of my life purpose and harmony."*

*Family therapy technique for Let Go—the three wishes.* To improve your family's situation, what do you think your family needs to let go of? Let's say that you wake up in the morning and your family has been granted three wishes it can have regarding letting go of the negative things that are causing pain in your family. What three wishes would you make? What would be your first wish regarding something that you would like to leave your family? What would be your second wish regarding something you would like banished forever from your family? What would be your third wish about something—could be thoughts, actions, behaviors, or the lack of these things—you would like to leave your family?

If a family is having difficulty coming to terms with what the family needs to let go, the therapist begins to deal with different categories of undesirable behaviors, thoughts, or actions. The therapist asks: What painful words should your family let go? What painful behaviors does your family need to let go? What hurtful values would your family benefit by letting go? What nonproductive family routines would it be better let go? What kinds of negative relationships in the family should be let go?

One therapist technique is to give each family member three cards in which the member states what he or she will let go of in order to move the family forward. For instance, a family member might say that "I let go of my sarcastic remarks toward other family members because such comments hurt them." Another family member writes on her Let Go card, "I let go of continually criticizing family members whenever they make the slightest mistake." A third family member affirms "I let go of trying to control everyone in the family." A young person might write, "I let go

of not completing my homework and being a problem in school.” The following is a sample of Let Go cards that might be used during family therapy. Either the family can construct its own set of Let Go cards or the SBT therapist can provide a set from which family members can choose what actions, behaviors, feelings, or thoughts they want to let go.

**“Let Go Cards for Families” © Elsie Jones-Smith**

I let go of continually criticizing other family members.	I let go of trying to control other family members.
I let go of putting other things first—before my family.	I let go of using violence to solve family problems.
I let go of violating family rules about my not respecting family members.	I let go of excessive talking in school so that I do not get into trouble.
I let go of hanging around the wrong crowd of people.	I let go of not spending enough quality time with family members.
I let go of constantly complaining and interjecting fear into my goals and those of others.	I let go of not doing my share of work around the house.

### **SBT Stage 4: What Does the Family Need to Let In? (Hope, Positive Family Future)**

The Let In stage primarily involves Stages 3 and 4, depending on how the SBT therapist engages the family during the therapy session. Some families may even come to the first therapy session knowing what they want to let in to their family system. This author has placed the Let In stage with Stage 4 because most families in crisis need to let in hope (the dominant theme of Stage 4 of the SBT model), a new family vision for the future, and a more positive way of interacting with each other, and this typically comes after the family has had an opportunity to tell the family story, to give a list of complaints, and to begin to identify the family strengths.

It is important for a family to learn about the family’s strengths as a unit as well as the individual strengths of family members. Sometimes family members might not know the individual strengths of their children and their partners. The SBT therapist asks, “Do you know your spouse’s strengths? Do you know your children’s strengths? What does your husband or wife do well?” The SBT therapist helps the family to affirm both family strengths and individual strengths of its members. For instance, to affirm a partner’s strength, a husband tells his wife how proud he is of her abilities and vice versa. What are the parenting strengths of the adults?



*Families can be viewed as systems.* Families are systems that either let go of self-defeating ways or let in new ways of responding to challenges. Closed family systems may strangle on their own negativity and problems (Jones-Smith, 2011). In order for families to begin a process of healing, the family system has to become an open system. Closed family systems strangle from their own lack of air. Closed family systems are prone to child sexual abuse, domestic violence, and a host of other family-oriented problems because contact from the outside is limited.

In contrast, open family systems are inclined to establish contact with their neighbors and other family members. Part of the world is let in to the family's way of operating. Open systems can import energy from the outside such as community resources and the assistance of other individuals, including the help of the therapist. The Let In phase of SBT requires that both the therapist and the family work to open up the family's system. During a crisis situation, many previously closed family systems will open up to outside help and outside influence. In helping the family to identify community resources, the SBT therapist is essentially asking the family to import energy from the outside—to open up the family system, to make contact with the world.

*Stage 4 of SBT is all about hope and change.* The family determines what it would like to change about how the family functions and how members relate to one another. The family is encouraged to let in new thoughts, new feelings, new behaviors, new relationships, and new ways of doing things. The clinician focuses on helping the family retrieve its sense of hope about solving the current challenges it faces and the future. The helping professional begins to help the family identify resources to achieve its goals and dreams.

*Family therapy technique—the family vision board.* Families experiencing difficulties sometimes operate without a family vision or a family charter (Goldenberg & Goldenberg, 2008). It might be helpful for a family to create its own family vision board. What kinds of things, people, and situations does the family want to let in? What are the goals of the family? Put a family picture in the middle of the vision board. It does not have to be a fancy picture—only one that includes all family members. Have the family draw or cut out pictures in magazines of the things the family wants and glue them to the vision board. The family should hang the vision board somewhere in a common area where the entire family can see it as a reminder of what they want to accomplish together. The family discusses how they are going to achieve their family vision at several family meetings.

In addition, the therapist encourages the family to develop its own charter and to establish rules and regulations that govern members' behaviors and interactions with one another. I remember watching two kids playing outside. One kid asked the other

kid if he could come into his house. Yet before doing so, the boy cursed. The other boy responded, “You can’t come into my house. You curse. We don’t curse in my house.”

Some family rules might be: We listen attentively to each other; we don’t interrupt; and we are not rude. We work toward solving a problem rather than blaming a family member. We don’t make comparisons between family members, especially comparisons that might hurt. We have a 5:1 ratio of positive to negative comments about family members. We look for a family member’s strengths to solve problems. We act and function as a family first, and not just as a collection of individuals.

*“Let In” cards can be used as part of strengths-based therapy.* As with the Let Go cards, the SBT therapist may provide a set of Let In cards to the family, or he or she can ask the family to make its own set of cards. It is recommended that the SBT therapist use the aforementioned five categories of Let In cards. Cards can be tailored to deal with the specific circumstances of a given family. The cards are divided into five separate categories: (1) thoughts; (2) feelings; (3) behaviors and actions; (4) new relationships; and (5) new ways of doing things. The family reviews these categories to help it make decisions about what it wants to let in. The following chart can be used to help a family make decisions about what it wants to let in.

**Let In SBT Family Cards © Elsie Jones-Smith**

Thoughts	Feelings	Behaviors and Actions	New Relationships	New Ways of Doing Things
Our family has strengths.	Our family members love each other.	Each of us helps out in completing household chores.	Our family desires to let in ___ new relationships.	Our family establishes family rules to govern members.
Our family is capable of handling the present crisis or challenge.	Our family members communicate positively with each other.	Our family eats dinner together 5 nights a week— Mon.–Fri.	Our family establishes a relationship with xyz community agencies.	Our family establishes family meetings to discuss and resolve family issues.

### **SBT Stages 5 and 6: What Does the Family Need to Let Be? Search for Family Harmony**

**Stage 5** of the SBT model involves framing solutions and formulating a treatment plan. **Stage 6** entails building family strengths and competencies. **Stages 5 and 6** of the SBT model are highlighted as the Let Be or harmony phase of SBT because both seek to correct the situation or deal appropriately with the crisis or challenge that brought the family to therapy. Both seek to move the family from a

state of disharmony to harmony. The treatment plan symbolizes the steps to be taken that will help the family deal successfully with its presenting issue. Essentially, the treatment plan says that certain factors have been identified as creating a crisis or disharmony within the family. The family has identified certain goals to remedy the disharmony.

The end goal of family harmony pervades virtually most family theories. People come to therapy because the family is out of balance (Chuang, 2005). There is disharmony within the family as well as between family members. The search for family harmony is a process that continues throughout strengths-based therapy—although it most likely to occur after the therapist has established a therapeutic relationship with the client, after a family strengths discovery process, and after the family has experienced letting-go and letting-in processes. Another word for harmony is *balance*—balance within the family subsystems and balance between family members. The family works toward achieving balance and respect for how members interact with each other (Goldenberg & Goldenberg, 2008).

Family harmony is also related to achieving family goals. If a family goal is to have more peace in the family and fewer heated arguments, the clinician asks each family member: *Can you become the peace that you want to create in your family?* Each family member accepts responsibility for bringing harmony to the family. “I can bring harmony to my family by not allowing outside forces or people to create disharmony in my family by saying negative things about my family or individual members of my family.”

The family is asked to be a watcher for what causes family disharmony. Family members who observe disharmony make a note of it without trying to correct it immediately. The first goal is to understand what is creating family disharmony. Sometimes family disharmony is caused by differences in family members’ expectations, which may or may have been clearly understood by all involved. For instance, a family member might say, “Well, I thought you would have known without my having to say anything.” “You expect me to be perfect and I am not perfect.” “I’m not the son or daughter you really wanted.” “No matter what I do, I can never live up to your expectations of me.”

This section outlines two causes of family disharmony: expectations and lack of respect.

### Strengths Reflections

Family members seek self-approval first from family members. Family members become the mirrors that tell others how deserving or unworthy they are.

When you use the power of positive words and actions to encourage rather than to discourage, you become a beacon of light shining on your children’s self-worth.

The gift of positive mirroring can inspire your children to believe in themselves and to follow their passions.

## Let Be Harmony/Disharmony Cards

Family Members Expectations That Cause Disharmony	Respect Violation Causes Disharmony
Parent expects too much of a child.	Wife/husband has extramarital affair.
Mother expects too much of herself.	Children curse parents.
Family expects too much of father.	Wife/husband humiliate each other.

*During Stage 6 of the SBT model, the family focuses on building its competencies and strengths to deal with the challenges it faces. For instance, one family experienced continual problems because it needed to develop family competencies dealing with decision making. The family fell apart when the son was arrested because he was caught smoking marijuana. Everyone blamed someone for the son's arrest. The father blamed the mother because he accused her of not supervising the kids closely enough. The wife blamed the husband because she said that the husband was never home and was always working. The therapist collaborated with the family to help it establish weekly family meetings to make sure that everyone knew what the others were doing and what issues the family needed to tackle. The therapist suggested a five-step decision-making model to help the family take action regarding the son's legal issues and to outline the internal and the external resources it had for dealing the court system.*

### SBT Stages 7 and 8: Moving Forward

Almost every religion and every culture has some value that says, "life goes on," "life moves forward rather than backward." Virtually every culture buries that which is dead or no longer living. Such is also the case with the strengths-based therapy model. The family's past is laid to rest; it may even grieve for what was, but the movement is inevitably forward if the family is to be healthy. Stages 7 and 8 of the strengths-based therapy model emphasize a family's or a client's movement toward a new life with, hopefully, newly recognized or developed competencies. For instance, in the best of all possible worlds, the father who may have been an abusing alcoholic is reintegrated within the family system to assume a positive role of leadership.

#### Strengths Reflections

If you want to create harmony in your family, become the peace that you seek, become the love that you desire, give the understanding to others that you want for yourself.

The therapist may use Moving Forward cards with a family. These cards deal with the family's preferred future. They deal with how a family would like to be once the challenge or problem that brought them to therapy is resolved. Material for Moving Forward cards can be derived from engaging in the family's vision board or the family's hope chest techniques. The therapist might also use the miracle question to get the family to focus on how it would like to be in the near future. The preferred future for families varies according to their circumstances. Nevertheless, there are a certain amount of common points across most families. Most families want to get along better as a family, to spend more time together, to appreciate and to support each other, and the like. The strengths of family noted in an earlier section of this chapter can be used to get a family talking about a preferred future. The family's preferred future is noted in its family treatment plan as either a short-term or a long-term goal.

The Moving Forward part of therapy can span at least two stages of the strengths-based therapy model—specifically **Stage 7 (building a healthy new identity)** and **Stage 8 (evaluating and terminating therapy)**. Depending on how the therapist and the family have agreed to proceed, the Moving Forward phase could also involve **Stage 6**, which focuses on **building strengths and competencies** within families. One SBT therapist said that the Moving Forward phase of therapy runs concurrently with all other phases. The moment that a family steps into his office for therapy, it has chosen to move forward rather than to stand still.

## STRENGTHS-BASED FAMILY ASSESSMENT

Family assessment should involve the use of multiple methods, including personal interviews and written surveys. Several instruments have been developed for strengths-based assessment with families. David Olson and his colleagues at the University of Minnesota have developed a battery of marital and family assessment instruments. Two such instruments include the Family Strengths Scale (Olson, Larsen, & McCubbin, 1983) and the F-COPES scale (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1985). The Family Strengths Scale assesses two primary areas of family functioning: (1) family pride (including loyalty, optimism, and trust in the family); and (2) family accord (which includes the ability to accomplish tasks, deal with problems, and get along together). The Family Strengths Scale is a 12-item scale with responses scored along a five-point Likert scale. Respondents are asked to assess the presence of each quality in their family.

The F-COPES (Olson et al., 1985) measures problem-solving approaches that families use in response to difficult life situations. It contains 30 items and also uses a five-point Likert-type scale and gives a total score and five subscale scores.

The subscale scores are acquiring social support, seeking spiritual support, mobilizing the family to acquire help from community resources, reframing events to make them more manageable, and minimizing reactivity to difficult life situations. Whereas the first three subscales assess use of external resources, the last two scales measure the use of internal resources (see Olson et al., 1985).

One of the primary sources for measurement of a family's strengths comes from Dunst, Trivette, and Deal (1994), *Supporting and Strengthening Families*. Three instruments included in this work are the Family Resource Scale (FRS; Dunst & Leet, 1987), the Family Functioning Style Scale (FFSS; Deal, Trivette, & Dunst, 1988), and the Family Support Scale (FSS; Dunst, Jenkins, & Trivette, 1984).

## STRENGTHS -BASED ASSESSMENT INTERVIEW FOR FAMILIES

Sometimes practitioners find it helpful to have interview questions they might ask a family. This section presents a family strengths assessment interview guide that has been culled from the literature. The guide is divided into two broad sections: internal factors and external factors that might impinge on a family. The internal factors component presents interview questions in the following eight areas: (1) commitment; (2) cohesion; (3) communication; (4) competence; (5) coping; (6) warmth; (7) control; and (8) parenting style. Sample interview questions are offered in each category.

*Family commitment.* Tell me what your family means to you. What are examples of how your family spends time together that are meaningful to you? What family rituals do you like the most? Talk about what makes your family special and unique.

*Family cohesion.* Talk about the ways in which your family handles disagreements. How are disagreements resolved in your family? How do your family members help one another when someone is having a problem? What are examples of times your family has provided important support to you? Can you think of times that your family has provided support to other family members? What kinds of support do family members usually provide to one another? How does your family respond when someone outside the family says something negative or bad about your family?

*Family communication.* How do family members talk to each other? How do you let each other know about your schedule for the day? How do you let your family know how you are feeling about a particular situation? How do members communicate that they want to spend time together? Who usually initiates such communication? Talk about times when people in your family learned something

from listening to each other. Would you characterize your family as being talkative or a family that uses few words?

*Family competence.* Can you describe some things that your family does well? What are some areas in which your family might acquire additional skills or competence? How do people in your family benefit from the competence of its members? In terms of being competent, how competent would you say your family is in getting things done around the home or done for other family members? Are there pockets of competency in your family—where some members might have outstanding skills in one or more areas?

*Family coping.* These questions deal with a family's ability to cope with negative life events. How does someone in your deal with a family member who is hurting? What kinds of support do family members give to each other? When anyone in your family is overwhelmed, how does the family work through this situation and get back on track?

*Family warmth.* Talk about the way your family members demonstrate that they are interested in what others are doing or saying. Describe a time when you felt like your family was close. What happened? How often do feelings of warmth pervade your family?

*Family control.* *Family control* refers to how family members exert control over members; it includes parenting style and rules of engagement of members and discipline of children. How are children disciplined in the home? Talk about how you have successfully disciplined your children when they have disobeyed.

### Checklist of Family Strengths © Elsie Jones-Smith

Directions: The practitioner uses the following checklist to assess a family's strengths. Family refers to the biological and adoptive relatives with whom the youth or adult lives or whom he or she regards as family. Use the following scale to assess a family's strengths.

High strength = 4; Medium strength = 3; Minimum strength = 2; and Inconsistent strength-1

1. \_\_\_\_ Family has much love and mutual respect for each other. Family members are important in each other's lives.
2. \_\_\_\_ The client has a loving family with good communication and ability to enjoy each other's company.

(Continued)

(Continued)

3. \_\_\_\_ Family is able to communicate and to participate in each other's lives.
4. \_\_\_\_ The interactions of parental figures with each other are positive and characterized by little verbal or physical intimidation.
5. \_\_\_\_ The youth or adult has one family member with whom he or she feels close to and with whom he or she talks.
6. \_\_\_\_ There is at least one person in the youth's or adult's family who is interested in him or her
7. \_\_\_\_ Parents have high expectations for the youth or adult.
8. \_\_\_\_ The family has good problem-solving skills.
9. \_\_\_\_ Family members have a number of emotional outlets, such as talking about things with each other, exercising, or entertainment.
10. \_\_\_\_ Youth or adult can confide in at least one other person within his or her nuclear family.
11. \_\_\_\_ The family has at least one positive, prosocial role model.
12. \_\_\_\_ Family has positive social relationships with their extended family members.
13. \_\_\_\_ Family has pleasant social relationships with friends and neighbors.
14. \_\_\_\_ Family members feel a sense of belonging in the neighborhood.

The following is a Family Strengths Assessment Protocol that uses the instruments that have been reviewed in this section and that is based on the framework put forth for the strengths-based therapy model. The first part of the Family Strengths Assessment Protocol has taken the research that DeFrain and Asay (2007) completed on universal or global family strengths and transformed it into a rating of global family strengths.

### **Family Strengths Assessment Protocol © Elsie Jones-Smith**

DeFrain and Asay's (2007) findings indicate that there are global similarities among strong families—family strengths that are recognized worldwide. Use the following scale to assess a family's strengths in each of the component areas—that is, appreciation and affection for family members, positive communication, spiritual well-being and shared values, and so on. For each item, rate the level of strength demonstrated by the family with whom you are working.

High strength = 4; Medium strength = 3; Minimum strength = 2; and Inconsistent strength = 1



**Family Strength: Appreciation and Affection for Family Members**

1. \_\_\_\_\_ Caring for each family member
2. \_\_\_\_\_ Friendship among family members
3. \_\_\_\_\_ Respect for individuality of family members
4. \_\_\_\_\_ Playfulness among family members
5. \_\_\_\_\_ Humor

**Family Strength: Positive Communication**

6. \_\_\_\_\_ Giving compliments
7. \_\_\_\_\_ Sharing feelings
8. \_\_\_\_\_ Avoiding blame
9. \_\_\_\_\_ Being able to compromise
10. \_\_\_\_\_ Agreeing to disagree

**Family Strength: Spiritual Well-Being and Shared Values**

11. \_\_\_\_\_ Hope as a family
12. \_\_\_\_\_ Faith that things will work out in the end for the family
13. \_\_\_\_\_ Compassion
14. \_\_\_\_\_ Shared ethical values
15. \_\_\_\_\_ Oneness with humankind
16. \_\_\_\_\_ “Oneness with the Earth” commitment
17. \_\_\_\_\_ Trust
18. \_\_\_\_\_ Honesty
19. \_\_\_\_\_ Dependability
20. \_\_\_\_\_ Sharing

**Family Strength: Enjoyable Time Together**

21. \_\_\_\_\_ Quality time in great quantity
22. \_\_\_\_\_ Good things take time
23. \_\_\_\_\_ Enjoying each other’s company

*(Continued)*

(Continued)

24. \_\_\_\_\_ Simple good times  
 25. \_\_\_\_\_ Sharing fun times

**Family Strengths: Focus on the Ability to Manage Stress and Crisis Effectively**

26. \_\_\_\_\_ Adaptability  
 27. \_\_\_\_\_ Seeing crises as both challenges and opportunities  
 28. \_\_\_\_\_ Growing through crises together  
 29. \_\_\_\_\_ Openness to change  
 30. \_\_\_\_\_ Resilience

**Community Strengths**

31. \_\_\_\_\_ A supportive environment that genuinely values families and a general willingness and natural generosity infused in the culture to help when families are in need  
 32. \_\_\_\_\_ An effective educational delivery system  
 33. \_\_\_\_\_ Family-service programs developed by government and nongovernmental organizations for families  
 34. \_\_\_\_\_ A safe, secure and healthful environment  
 35. \_\_\_\_\_ Religious communities for families seeking this kind of support

**Cultural Strengths**

36. \_\_\_\_\_ A rich cultural history  
 37. \_\_\_\_\_ Shared cultural meanings  
 38. \_\_\_\_\_ A stable political process  
 39. \_\_\_\_\_ A viable economy  
 40. \_\_\_\_\_ Participation in cultural rituals and ceremonies

**Individual Strengths of Family Members**

- Primary Strengths of Father: Strength 1 \_\_\_\_\_ Strength 2 \_\_\_\_\_  
 Primary Strengths of Mother: Strength 1 \_\_\_\_\_ Strength 2 \_\_\_\_\_  
 Primary Strengths of Child 1: Strength 1 \_\_\_\_\_ Strength 2 \_\_\_\_\_  
 Primary Strengths of Child 2: Strength 1 \_\_\_\_\_ Strength 2 \_\_\_\_\_  
 Primary Strengths of Child 3: Strength 1 \_\_\_\_\_ Strength 2 \_\_\_\_\_

### Other Measures of Family Strengths

Family Resource Scale: Total Score: \_\_\_\_\_

Subscales: Food, shelter, financial resources, transportation, time to be with family

#### Family Functioning Style Scale (5 Scales)

Interaction Pattern Scale \_\_\_\_\_

Family Values Scale \_\_\_\_\_

Coping Strategies Scale \_\_\_\_\_

Family Commitment Scale \_\_\_\_\_

Resource Mobilization Scale \_\_\_\_\_

Family Support Scale \_\_\_\_\_

Family Empowerment Scale \_\_\_\_\_

Family Strengths Scale (1) family pride \_\_\_\_\_ and (2) family accord \_\_\_\_\_

### Identifying and Assessing Culture and Its Influence on the Family

Briefly describe family's cultural background \_\_\_\_\_

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What are the family's cultural views on the appropriateness of therapy or treatment of family issues? \_\_\_\_\_

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Describe briefly the impact of culture on child-rearing patterns \_\_\_\_\_

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(Continued)

(Continued)

Describe briefly influence of culture on male and female roles \_\_\_\_\_

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What constitute the culturally appropriate ways of resolving the family's presenting issue?

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What cultural strengths might be used to promote resolution of family's presenting issues?

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Short-Term Objectives: Actions: Target Completion \_\_\_\_\_

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Therapy or Treatment Goals

1. Goal \_\_\_\_\_

2. Goal \_\_\_\_\_

3. Goal \_\_\_\_\_

Strengths-Based Diagnosis \_\_\_\_\_

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DSM-IV-TR Diagnosis \_\_\_\_\_

Date Started \_\_\_\_\_ Target Date \_\_\_\_\_

## CLINICAL AND TREATMENT ISSUES IN STRENGTHS-BASED FAMILY THERAPY

People come to family therapy in an effort to resolve their differences and disputes. Usually, after listening to the family's story, the therapist focuses on the negative, unhealthy relationship patterns that exist within the family. Basically, the therapist sets up a family interaction pattern in which each family member tells the others

why they are messing their lives up or causing them psychological pain. In response to the therapist’s questions about her relationship with the husband, the mother might respond with: “He never listens to me, and he spends his Sundays glued to the television watching football all day.” The husband responds that he needs some time to himself to relax, that his wife never shows any interest in football. The therapist thanks everyone for sharing and for being so honest about their feelings.

In contrast, the strength-based therapy model looks at what is going right in the family. Instead of asking family members to comment on what’s wrong with Mr. Stevens, the therapist might say, “I know that your family is hurting right now. Maybe we can all take a deep breath, change things around a bit and talk *first* about what you feel is right about your family.” After each family member says something that he or she believes that the family is doing well, the discussion then shifts to what’s right about individual family members. “Tell me something that you like about your son, father, mother, sister, brother.”

Another approach might be to say, “I’m glad you are here, Mr. Stevens. Your presence indicates that you care about your family and that you’re interested in doing whatever you can to make things right for your family.”

Typically, families get stuck on what’s wrong with the family and they spend their time trying to fix whatever is wrong. One goal of a strengths-based therapist is to help a family create a new story—one based on family strengths and family competencies. Another goal is to help the family realize not only the strengths of the family but also those of individual members. The following is a strengths-based treatment plan using the SBT model.

**Strengths Reflections**

One of the most powerful features of the law of attraction is that whatever you focus on expands.

Thus, if you spend much of the day nagging about all the things a family member isn’t doing or the bad things that the person is doing, you simply attract more of these frustrating experiences to you.

A focus on a family member’s strengths attracts to you more demonstration of those strengths.

**Strengths-Based Therapy Family Treatment Plan**

Family Name \_\_\_\_\_ Date of Initial Contact \_\_\_\_\_

Agency # \_\_\_\_\_ Private Practice \_\_\_\_\_

Therapist \_\_\_\_\_ Agencies Responsible \_\_\_\_\_

(Continued)

(Continued)

Case Manager \_\_\_\_\_

Family Concern \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identified Client(s) \_\_\_\_\_

Family Strengths:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Goals in Coming to Therapy:

1. Goal \_\_\_\_\_

2. Goal \_\_\_\_\_

3. Goal \_\_\_\_\_

Strengths-Based Diagnosis \_\_\_\_\_

\_\_\_\_\_

DSM-IV-TR Diagnosis \_\_\_\_\_

Methods/Interventions: Descriptive statement of steps to be taken by whom, when, how, etc.

Methods of Intervention:

Action Step 1 \_\_\_\_\_

\_\_\_\_\_

Action Step 2 \_\_\_\_\_

\_\_\_\_\_

**Identified Strengths to be used**

Family Strength to be used to achieve Goal 1 \_\_\_\_\_

Family Strength to be used to achieve Goal 2 \_\_\_\_\_

Family Strength to be used to achieve Goal 3 \_\_\_\_\_

Date of Treatment Plan \_\_\_\_\_

Review Date of Treatment Plan \_\_\_\_\_

**MULTICULTURAL ISSUES IN STRENGTHS-BASED FAMILY THERAPY**

The United States is experiencing major changes in the cultural diversity of its population. For instance, since 1979, the number of non-English-speaking children has doubled. In 2008, the United States Bureau of the Census (in *Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050*) revealed that in 2010, the White, non-Hispanic population was projected to be 64.7% of the total American population, while Hispanics made up 16.0%, African Americans 12.2%, Asian Americans 4.5%, and Native Americans 1.5%. However, by the year 2050, the cultural diversity of the United States would change dramatically, with White Americans comprising only 46.3% of the total population, Hispanics 30.3%, African Americans 11.8%, Asian Americans 7.6%, and Native Americans approximately .2%. Clearly, these demographics indicate that American service providers to families must develop competent levels of multicultural practice with families. Child-rearing patterns are influenced by a family's cultural norms, folkways, and mores. Every culture has positive attributes as well as challenges.

There is no one universally accepted definition of cultural competency for working with people. A number of researchers have provided definitions of multicultural competence. Betancourt, Green, and Carrillo (2002) maintained that cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. McGoldrick and Hardy (2008) defined cultural competence as a program's ability to honor and respect those beliefs, interpersonal styles, attitudes, and behaviors of families who are clients and the multicultural staff who are providing services.

In an earlier work, Cross and colleagues (1989) defined cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable that specific group or individual to work effectively in cross-cultural situations. These researchers identified five elements that contribute to a system's or an agency's ability to become more culturally competent, which include (1) valuing diversity; (2) having the capacity for cultural self-assessment; (3) being conscious of the dynamics inherent when cultures interact; (4) having institutionalized cultural knowledge; and (5) having developed adaptations to service delivery that indicate an understanding of cultural diversity.

A major benefit of cultural similarity between a therapist and a family is that the therapist is given the benefit of assumed similarity. "There is enough similarity between us for me to sort of trust you." In contrast, in culturally diverse situations, both the families and the clients may experience assumed dissimilarity (Sue & Sue, 2007). There may even be a long history of conflict and subjugation between the therapist's cultural group and that of the family. It may be important for the therapist or helping professional to inquire about the family's level of comfort in working with a therapist from a different cultural background than theirs.

Learning how to relate to families from their cultural reference point is an important therapeutic skill. The family therapist must learn how to practice cultural sensitivity. To practice cultural sensitivity, the therapist must examine his or her own cultural beliefs and cultural biases. The therapist recognizes his or her level of cultural competence (McGoldrick & Hardy, 2008).

It is important for the helping professional to ask the family about its own cultural strengths. For instance, what is within the family's cultural group that comforts them in the crisis that they are currently facing? How does their cultural group think about how the family might begin its healing process from the pain and situation that brought them to therapy? The strengths-based therapy model maintains that clients themselves are the best sources of information and resources on their family's cultural strengths. The following is a cultural self-assessment inventory that a therapist might use in working with a client from a different culture.

### **Cultural Self-Assessment**

#### **Cultural and Ethnic Identity of the Helping Professional**

List your cultural identities.

Which cultural identity has the greatest influence on your group-level identity?

What values have you adopted from your cultural membership group?



What behaviors have you adopted from your cultural membership group?

What benefits do you receive from being a part of your cultural group?

What are some drawbacks of being a member of your cultural group in the United States?

Have you ever experienced discrimination as a result of being a member of your cultural group?

If you were in therapy, what, if anything, would you want your therapist to know about your cultural background?

#### Helping Professional's Knowledge of Nonmembership Cultural Groups

Name two cultural groups (other than your own) about which you know a great deal.

Describe what you know about the beliefs, values, and customs of these cultural nonmembership groups.

How did you become knowledgeable about these cultural groups?

Describe your interactions with people from different cultural groups.

What stereotypes or prejudices do you hold toward other cultural groups?

What cultural groups are within the community in which you live?

What cultural groups are within the community in which the family lives?

### CASE ANALYSIS USING THE SBT MODEL: MCINTOSH FAMILY

A brief case study is provided for the reader's own analysis. How would you use a strengths approach in working with this troubled family? What, if any, strengths do you see in the family? How might these strengths be used in strengths-based family therapy? To aid the reader, an outline of a strengths-based family treatment plan is provided after the case study.

#### The Case of the McIntosh Family

Jennifer is a 47-year-old White female. She and her husband Robert and son Jason have come to therapy because the "family is falling apart" and because Jennifer has filed for divorce. The family has come to counseling because they are wondering if the marriage and family can be

*(Continued)*

(Continued)

saved. Jennifer is depressed and has low self-esteem. Jennifer claims that her husband, Robert, is having an affair with a member of her church. To make matters worse, Jennifer has moved all her belongings into a tiny room of the house because she refuses to sleep with her husband. She has stated that she feels she is a prisoner in her own home because she lives in this tiny room that is just a little larger than a closet, while her husband lives in their large master bedroom and comes and goes whenever he wants.

Lately, Robert has been coming into the house at two and three in the morning. He eats, sleeps, works, and goes out bike riding with Cindy, with whom he claims he is only a friend. Cindy broke up with her husband last year. Robert says that he has been trying to help her through this difficult period. Jennifer has given him an ultimatum to give up Cindy and stop coming in at all hours or else. Robert has said that he does not want a divorce, but he still goes out on bike rides with Cindy.

Jennifer is the third youngest in a family of four siblings. Her ethnic background is Italian American mixed with Irish. Her father is Irish and her mother Italian. She came from a working-class to middle-class background. For most of her life, Jennifer established a fairly close relationship with her mother. She calls her daily to see about her father and just to check in and let her know what's happening between her and Robert. Jennifer is athletic; she swims and goes rafting when she can. Despite her athleticism, she is about 70 pounds overweight—about 5' 9" and 210 pounds. She loves to cook.

Jennifer and her husband have one child, a 16-year-old, Jason, who stutters and who has been performing below his tested ability in school for the past several years. The couple has placed him in a private school for boys, hoping that he will focus on his academic work. Jason, is distant from both parents, feeling that he cannot communicate with either; however, he gets along better with his father, even though his mother takes him on camping trips that he really enjoys, and his father spends comparatively little time with him.

This is Robert's second marriage, the first one having ended in divorce. Robert suddenly stated that he no longer felt fulfilled in the marriage after three children, one of whom was adopted. Robert is a sheriff with the highway patrol for the county. He is older (55) than Jennifer, and he is considering retiring within the next 2 years. Robert's father was an alcoholic who died a couple of years ago. His mother died a year before her husband's death. Robert is an only child who, at times, states in a matter-of-fact kind of way that he had to take care of his parents rather than the other way around. If you looked at Robert, you might guess that he was involved in law enforcement. He has a short crew cut and he seems to enjoy giving orders to others, including Jennifer. Although Jennifer would be the last to admit it, she's a little afraid of Robert because he has a gun—his sheriff revolver. She covers up her hidden fear of Robert by saying that she doesn't want to make him angry because he might be thinking about their argument and not be alert on the job.

Jennifer is secretly hoping that the therapist will help Robert see his mistakes and give up meeting with Cindy so that the two of them can go back being a family again. She wanted

to know if she should proceed with the divorce and what, if anything, she could do to put her family back together again. According to Jennifer, Robert blames her for the present poor state of their marriage. He claims that she is overly dependent on him and that he has difficulty confiding in her and feeling as if he wants to protect her. Previously, the couple did have a mutually satisfying sex life, although they had begun to participate in sex less and less during the past year. Jennifer said she is losing all that is meaningful to her: her father (who is quite ill), job, husband, and marriage. She is unsure what steps to take to protect herself financially. She does not know how to reach out to Jason or what to say to him. Robert has agreed to attend two therapy sessions with Jennifer and Jason. He wants to feel that he did put some effort into saving his marriage.

### **Case Discussion of the McIntosh Family**

The strengths-based therapist spent much of the first session trying to get to know the McIntosh family as a family and the intricate set of relationships that had been formed between them. After listening to the family's story and Jennifer's plea to help save the marriage, the therapist asked each member two questions: In their opinion, was the family worth saving? Was the marriage worth saving? If the family were worth saving, could they elaborate on this point? Robert, Jennifer, and Jason all agreed that the family was worth saving. They were less certain about if the marriage could be saved. In an effort to get at the heart of why the family was worth saving, the therapist asked each member what were some of the strengths of their family. Some of the responses were: "We tend to get things done when we work together." "We go to church together, and church is important to each one of us." The family was well provided for because both Jennifer and Robert worked. It wasn't clear what would happen if they got a divorce. Would Jason still be able to go to his private school? Finally, Jason mentioned that they all cared about each other.

Robert became uncomfortable at Jason's declaration that the family members loved each other, and he shifted in his chair, looked down at the floor, and then out the window. Jennifer picked up on Robert's discomfort about his loving her, and she confronted him with her suspicions. Robert responded that if she were going to start accusing him again about Cindy, he was leaving the session. Power was in Robert's hands. Cindy had given him that power over her emotions and feelings. If Robert did not love her, she felt worthless.

The session ended with all members of the family agreeing that the family had strengths and should be saved because of Jason; however, there was less consensus about saving the marriage. Jennifer and Jason wanted to save the marriage.

Robert was less enthusiastic about saving it. At the end of the therapy session, Robert said to Jennifer, “I guess we didn’t mess up with everything. We did some things right. We’ve got family strengths. How about that?”

Robert did not show up for the second session as he had indicated he would. Only Jennifer and Jason were present. The therapist continued with his emphasis on both individual and family strengths. Jennifer was asked to describe some of the strengths that she saw in Jason and vice versa. They were given a two-word statement, “I appreciate . . .,” and then they were to tell each other what they appreciated about each other. Jason’s relationship toward his mother softened. He asked, “Why didn’t you ever tell me that you appreciated the way I come home on time and straighten the house? I wasn’t even sure that you really noticed at all. You never said anything to me about it. The only time that you said anything was when I didn’t clean up the kitchen.”

“I’m sorry, Jason,” Jennifer said, recognizing the hurt and anger in his voice. “You take me for granted, too. Last week, I had my hair cut, and no one said one thing to me. I got better responses from people who barely even know me. To my own family, I am . . . invisible. I’m this person who gets up in the morning and cooks and works all day and then comes home to cook and clean, but that’s about all I am.”

At the heart of Jason’s and his mother’s relationship were hurt feelings, anger, and the feeling that they were taken for granted. Both Jason and Jennifer completed Let Go cards—things that they would like to let go of in their relationship with each other. They wanted to let go of not being appreciated, being taken for granted, angry words, and a relationship that had grown strained. A good part of session two was spent re-establishing a loving relationship between Jason and his mother. Their relationship grew more positive as Jennifer began to learn more about what mattered to Jason, and as she learned about some of the nonacademic strengths that he was demonstrating at school.

By the third session, Jason said that he could not miss any more of basketball practice, and he asked to be excused from attending therapy sessions. Quite a bit had been accomplished in improving the relationship between him and his mother. Robert had moved out of the house into his own small apartment. Jennifer decided to come in to work on what her life was going to be like without Robert. She wanted to be tested to discover her strengths. The therapist gave her the Strengths-Finder and the VIA Virtues and Character Strengths. In addition, the therapist administered to Jennifer the Positive Qualities Checklist. Jennifer and the therapist discussed what she would like to let go and to let in. Although she still loved Robert, she decided that she would have to let go of his being her husband. Cindy had won him over, and he spent most of his nonwork time with her.

Jennifer had to begin to think about the people she wanted to let in to become a part of her life. She joined several organizations for professional women that held seminars on different topics. She became more involved in her church, and she made a concerted effort to have dinner with Jason at least 3 nights a week—those nights on which he did not have basketball practice. She and Jason experienced greater harmony as they spent more time listening to each other and talking about their feelings and what mattered to them. Gradually, Jennifer and her therapist developed a strengths-based treatment plan that had goals and a preferred future for her.

Jennifer's self-esteem has increased as she became more aware of her strengths and how to apply or capitalize on them. Her meetings with other women who were going through similar experiences also helped her to let go of Robert, whom she eventually divorced.

Jennifer is happier now that she is divorced, and she has begun dating—nothing fancy, a dinner here and there, and a movie. Her self-esteem is no longer dependent on how Robert treats her. She has forgiven Robert, and she is grateful that she found the strength to let him go and to move on with her life. Jason has continued to live with his mother, and he is preparing to go to college next year. Although he has a mainly positive relationship with his father, sometimes he says that he feels betrayed by him. Cindy's son was one of his close friends, and when he is with his father, Cindy, and his friend, he feels as if he is being disloyal to his mother—even though she has reassured him that it's okay for him to be around his dad and Cindy. Both Jennifer and Robert have continued to function as a family for Jason. They both helped him to select colleges for sending applications for admission. What died was the marriage between Jennifer and Robert, not their family for Jason.

## **SUMMARY**

This chapter has examined family therapy using a strengths-based therapy model. A brief overview of the strengths movement in family therapy was presented. A strengths-based family assessment protocol was introduced. The strengths-based therapy model was applied to family therapy. Emphasis was placed on four dominant themes in the strengths-based therapy model: Let Go, Let In, Let Be (quest for family harmony), and Move Forward. A strengths-based family assessment protocol and a treatment plan were introduced. Multicultural issues in family therapy were addressed. The case study of the McIntosh's was presented for reader analysis and discussion.

## STRENGTHS ENGAGEMENT EXERCISES

### Exercise 1: Describing Your Family Strengths

1. Each person writes down three sentences that describe his or her family strengths.

### Exercise 2: Conducting a Strengths Interview

2. Find a partner. Each person takes a turn conducting a strengths, needs, and discovery interview with the partner. The strength questions must identify what is right about a family. The pairs debrief with the larger group.

### Exercise 3: A Family Strengths Inventory

The following statements of strengths are true for some families, not true for others. Please write the number that best indicates how true each statement is for your family.

(Almost never true = 1; Sometimes true = 2; Almost always true, = 3)

1. Our family talks things out when differences arise.
2. We have a sense of humor.
3. We respect each other's feelings.
4. In our home, we feel loved and cared about.
5. There is a sense of belonging in our family.
6. We spend a good deal of time together.
7. We can count on one another to be dependable.
8. We encourage one another to grow and develop.
9. We show appreciation for what we do for one another.
10. In our family, there is not much fault finding or blaming.

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