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What is This?
Major Contribution

The Strength-Based Counseling Model

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This article proposes a strength-based model for counseling at-risk youth. The author presents the assumptions, basic concepts, and values of the strength perspective in counseling and offers strength categories as a conceptual model for viewing clients' behavior. Propositions leading toward a theory of strength-based counseling and stages of this model are given, representative strength-based counseling techniques are examined, and a case study is used to illustrate risk factors, protective factors, and strength assessment. Ethical, research, and training implications of the strength-based model of counseling are discussed.

Increasingly, psychology is moving toward a strength perspective in both philosophy and counseling practice (Aspinwall & Staudinger, 2003; Bingham & Saponaro, 2003; Clark, 1999; Desetta & Wolin, 2000; Epstein, 1998; Gelso & Woodhouse, 2004; Goodman, 1999; Katz, 1997; Lopez & Snyder, 2004; Maton, Schellenback, Leadbetter, & Solarz, 2004; Seligman, 1998, 1999; Snyder, 2000; Snyder & Lopez, 2002; Walsh, 2004). Martin Seligman, former president of the American Psychological Association (APA), reminded psychologists in 1998 that our field has become one-sided and enamored of the dark side of human existence. He stated, “Psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within ourselves” (Seligman, 1999, p. 1). Seligman and Csikszentmihalyi (2000) recently sounded a clarion call to psychologists to examine human strengths and the individual, community, and societal factors that make life worth living. Although some researchers have responded to this challenge, psychology still lacks a theoretical framework that integrates the principles and basic concepts of a counseling approach founded on clients’ strengths (Masten, 1994; Walsh, 2004).

This special issue of The Counseling Psychologist answers the challenge of Seligman and Csikszentmihalyi (2000) and presents a strength-based model for counseling psychologists to use in working with clients. Although the model applies to individuals across the lifespan, I have singled out at-risk youth because youth are an endangered group in the United States (Carnegie Council on Adolescent Development, 1995; Dryfoos, 1997; Evans, 2004).
At-risk youth are defined as young people whose life situations place them in danger of future negative events (McWhirter, McWhirter, McWhirter, & McWhirter, 1998). Such youth have personal characteristics or environmental conditions that predict the onset, continuity, or escalation of problematic behavior (Rutter, 1985a, 1985b, 1987). At-risk youth have been stereotyped as coming from the inner cities and from disadvantaged members of minority groups (Bradley & Corwyn, 2002; Bradley, Corwyn, McAdoo, & Coll, 2001). However, on any given day, even the most advantaged youth may be at risk for participating in or developing problematic behaviors. Hewlett (1991) noted, for example, that affluent youth are considered at risk because they spend much time on their own, given their parents’ time-consuming careers.

Moreover, each of us may be at some risk at some phase of our lives. People divorce, get sick, become involved in a car accident, and/or lose their homes because the stock market went down. Neither good families, excellent schools, social status, nor the so-called good life guarantees that one’s life will be meaningful, purposeful, and free from deviance and crime (Mitchell, 1996). Hence, at-risk youth come from all ethnic and socioeconomic backgrounds (Dana, 2002). They come from intact or divorced families and from families where the father may chair a successful corporation but lack basic skills in making his children feel safe and loved (McWhirter et al., 1998). Ordinary families create high-risk environmental conditions in various ways: by focusing on their jobs more than on their children; by failing to establish family rules; by heaping verbal abuse, which undermines self-esteem; by neglecting to monitor with whom their children associate; and/or by sexually abusing their children (Carnegie Council on Adolescent Development, 1995; Children’s Defense Fund, 2001).

At-risk youth live in families that either cannot provide or are not providing adequate care, direction, or discipline (Kozol, 1998). About 25% of the 71 million children younger than age 17 in the United States (Bureau of the Census, 2001), or about 15 million youth, are estimated to be vulnerable to the negative effects of school failure, substance abuse, and early sexuality (Dryfoos, 1997). Of about 15 million youth, 7 million are particularly vulnerable to delinquency, gang activity, violence, and criminal activities, specifically committing murder or being murdered by another adolescent. Another 7 million adolescents are at moderate risk for dropping out of school, for either bullying or being bullied in school, and/or for committing suicide (Carnegie Council on Adolescent Development, 1995; Dana, 2002; Davis, 1998; McWhirter et al., 1998; Resnick, Harris, & Blum, 1993).

Although at-risk youth come from all segments of the population, the environment of childhood poverty contributes significantly to the growth of this population (Bradley & Corwyn, 2002; Bradley et al., 2001; Evans, 2004). For instance, in comparison with children from middle-income fami-
lies, children from low-income backgrounds are exposed to greater levels of family violence (Emery & Laumann-Billings, 1998), neighborhood crime (Sampson, Raudenbush, & Earls, 1997), and disruption and separation from their family (Evans, 2004). In a study of preschoolers in three U.S. metropolitan areas, Sinclair, Pettit, Harrist, Dodge, and Bates (1997) found that children from a lower socioeconomic status (measured by parental education and occupation) were more likely to come into contact with aggressive peers. Among 4-year-olds, children from low-income families were 40% more likely to interact with aggressive peers in their own neighborhood and 25% more likely to interact with aggressive peers in childcare settings than were their middle-class counterparts. Moreover, Sinclair et al. reported that children of low-income backgrounds had 70% more contacts with friends who are aggressive. Brody et al. (2001) reported that the presence of deviant peers in a neighborhood is associated positively with a family’s household income. Low-income neighborhoods have both greater numbers of deviant peers and more violence than do middle-income communities.

The United States wastes human potential and incurs financial losses when it fails to develop the assets of its youth. For instance, the national cost for youths’ alcohol abuse alone is $53 billion a year (Levy, Stewart, & Wilbur, 1999). Similarly, the financial costs for teenage pregnancy and school dropouts are also in the billions of dollars (McWhirter et al., 1998). Each year’s class of U.S. high school dropouts will cost the country more than $200 billion during their lifetimes in lost earnings and unrealized tax revenues. Failure to prevent one youth from dropping out of school for a life of crime and drug abuse costs U.S. society from $1.7 million to $2.3 million (Cook & Laub, 1998). Moreover, 82% of prisoners in the United States are high school dropouts (Hamburg, 1998).

Increasingly, counselors are dealing with at-risk youth beyond the initial signs of problematic behavior. Youths may have joined gangs or become drug users or drug distributors and/or they may be in foster care because their parents are abusing alcohol, crack cocaine, heroin, or methamphetamines (Dryfoos, 1997). Families in the United States have their own problems, which hinder their ability to serve as protective havens for youth. In the United States, divorce occurs in half of all new marriages. As a result, children are being polarized into two distinct economic groups—those living in affluent, double-income married households and those living in impoverished, single-parent households (Cook & Brown, 1993; Eggebeen & Lichter, 1991).

Despite these disturbing statistics, a consistent amazing finding over the past two decades of resilience research has been that most children, even those from highly dysfunctional or resource-deprived families, manage not only to survive but also to forge decent lives for themselves (Benard, 1991;
Werner, 1995; Werner & Smith, 1982, 1992). In most studies, an average of 70% to 75% of youth who have been placed in foster care were gang members, were born to teenage mothers, were sexually abused, had substance-abusing or mentally ill family members, or grew up in poverty overcame adversity and achieved good developmental outcomes during their adult lives (Benard, 1991; Rutter, 1985a, 1985b).

Researchers have explained that these children overcame adversity because they were exposed to protective factors that served as buffers (Werner & Smith, 1992). Furthermore, protective factors had a more profound influence on children who grew up under adverse conditions than did specific risk factors. Some scholars concluded that myths about youth resiliency have their roots in the medical model of psychopathology that has dominated the social sciences for decades, and this deficit paradigm sees the proverbial glass as half empty (Benard, 1991).

The strength perspective provides a corrective paradigm that allows psychologists to see the glass as half full rather than half empty. The perspective maintains that humans have a self-righting tendency that allows children from adverse circumstances to move toward adult development under all but the most persistent, adverse life circumstances (Werner & Smith, 1992). The strength perspective emphasizes clients’ assets rather than their deficits or problems (Burt, Resnick, & Novick, 1998). This perspective is founded on the belief that people are resilient, that they bounce back from life’s adversities, despite what appear to be overwhelming odds (Katz, 1997; Kozol, 1998). As the adage goes, “What does not kill me makes me stronger.” All youth have strengths; if only the adults in their lives could learn to recognize and build on them.

Strength-based counseling is significant for counseling psychologists because it represents a dramatic paradigm shift in psychology, from the medical model that focused on pathology to a model that stresses developing assets (Seligman, 1991, 1998, 1999; Walsh, 2004). This approach seeks to understand human virtues and to answer the questions What strengths has a person used to deal effectively with life? and What are the fundamental strengths of humankind? Strength-based counseling provides a theoretical and practice framework designed to engage counseling psychologists in capacity and asset building across a person’s lifespan (Benson, Galbraith, & Espeland, 1995).

Furthermore, strength-based counseling helps counseling psychologists learn a new language of strengths and positive human qualities that are often unrecognized, unnamed, and unacknowledged, both in therapeutic and school settings (Benard, 1991; Benson, 1997; Rutter, 1985a, 1985b; Wolin & Wolin, 1993). This new language helps families and schools seek and find strengths in young people. Moreover, young people are taught to identify
their own strengths and to marshal them in the face of adversity. Strength-based language helps parents, teachers, and other caregivers modify and reframe how they see young people (Connell, Spencer, & Aber, 1994). Such language provides the means for counseling psychologists and other helping professionals to shift from seeing only risk in the circumstances of some youth to seeing incredible resilience and strength (Albee, 1994; Garbarino, 1991, 1994; Wolin & Wolin, 1993).

The rationale for this special issue of The Counseling Psychologist is based on several factors. First, the strength-based perspective is part of the rapidly growing positive psychology movement seen throughout psychology in general and counseling psychology in particular. For instance, the October 2004 issue of the Society of Counseling Psychology Newsletter reported that a Positive Psychology Section had been formulated within the society, with 150 members and student affiliates (Lopez, 2004). This special issue is needed because it indicates the direction in which counseling psychology is headed—strength-based rather than deficit-based counseling. It makes the literature on resilience a centerpiece of the strength-based counseling model.

In the past, the literature on resilience has been not been integrated into a meaningful whole with a counseling model or counseling techniques. The special issue integrates the literature on resilience with that of the strength perspective in counseling.

In addition, this special issue is the first time a researcher has been able to bring the diverse elements of the strength perspective into a counseling model that has meaningful and researchable propositions to test the underlying concepts. Relatively few articles have been written on the strength perspective in counseling, and social workers (Rappaport, 1990; Saleebey, 1992, 2001), rather than psychologists, have authored most. This special issue adds to the psychology literature because it summarizes a compilation of strength-based counseling techniques and a case study that illustrates risk factor, protective factor, and strength assessment.

This issue contributes to the cross-cultural counseling literature because a core component of the strength-based theory is that culture has a major impact on how people view and evaluate human strengths. All strengths are culturally based. One of my theses is that cross-cultural counseling should focus on clients’ cultural and individual strengths rather than on the victimizing effects of racial or ethnic discrimination.

Hopefully, this special issue will encourage cross-cultural researchers to begin identifying the cultural strengths that have permitted members of various ethnic groups to survive and flourish. We might begin to learn what strengths are universally valued and which are valued only by some cultures. How do we use clients’ cultural strengths, and at what stage of the counseling process do we enlist cultural strengths?
Part I provides a historical overview of the strength perspective in the helping professions. I summarize contributions from counseling psychology, prevention work, positive psychology, positive youth movement, social work, solution-focused therapy, and narrative therapy.

Part II presents core concepts of the strength perspective by defining strength, presenting characteristics of strengths, and offering categories of strengths; a theoretical framework for strength-based counseling is provided. Propositions that outline the basic principles of strength-based counseling are presented. In addition, 10 stages of strength-based counseling and counseling techniques gleaned from the contributory sources are discussed briefly.

Part III introduces risk and protective factors and covers resiliency in more detail. In addition, part III discusses client resiliency because client strength grows, in part, from adversity. I maintain that psychologists can teach people how to become resilient in facing life’s adversities. As Martin (2002) stated, “Resilience can be learned. It is a journey, not a single event or a point in time. No two roads to resilience are alike” (p. 52) I have provided a case study to illustrate the strength perspective in counseling. Counseling psychology instructors are urged to encourage their students to assess clients’ risk and protective factors as well as their strengths.

Part IV discusses research issues, ethical considerations, and training implications.

I. HISTORICAL CONTRIBUTIONS TO THE STRENGTH PERSPECTIVE

Several professions and movements laid the foundation for strength-based counseling: counseling psychology, with its pivotal role in helping to create multicultural guidelines and competencies; prevention and positive psychology movements; social work; solution-focused therapy; and the narrative therapy movement. The following sections highlight each group’s contribution(s) to the strength perspective.

Contributions From Counseling Psychology to the Strength Perspective

The professional history of counseling psychology is interwoven with the vocational guidance movement in the United States, the return of veterans after World War II, and the need for job counseling and placement (Meara & Myers, 1999). Counseling psychologists stress patterns of normal development, even though they are also trained to recognize patterns of abnormality.
and pathology (Brown & Lent, 2000). A major goal of counseling psychology is to facilitate human growth by focusing on individuals’ “sturdy roots.” According to Gelso and Fretz (1992), counseling psychology has traditionally adopted preventive, educative and developmental, and remedial roles. Furthermore, Gelso and Fretz identified five unifying themes on which the profession has focused: (a) intact personalities, (b) people’s assets and strengths, (c) relatively brief interventions, (d) person-environment interactions, and (e) educational and career development and environments.

Counseling psychology’s contribution to the strength perspective is threefold. First, it has historically focused on individuals’ assets and strengths (Brown & Lent, 2000). Second, it has emphasized the importance of cultural diversity and the impact of culture on the expression of individual strengths. Counseling psychology has traditionally focused on youth and the cultural strengths of ethnic groups (Brown & Lent, 2000; Gelso & Woodhouse, 2004). Recently, for instance, Maton et al. (2004) called on Americans to invest in children, youth, families, and communities.

Third, counseling psychology has traditionally been in the forefront of promoting social change (Brown & Lent, 2000; Walsh, 2004). Researchers have recently focused on such issues as counseling for total human health, optimal human functioning, and fostering human strength through diversity (Bingham & Saponaro, 2003; Leong & Blustein, 2000). One of counseling psychology’s most important roles has been to help Americans appreciate the strength of diversity in its society (Bingham & Saponaro, 2003). Counseling psychologists assumed a major leadership role in helping the APA to establish as its policy the “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists” (APA, 2003a).

Strength-based counseling has also developed partly out of the efforts of many cross-cultural counseling psychologists who several decades ago began to question the relevance of some underlying assumptions of traditional counseling models. Early theorists (Cross, 1971, 1991; Padilla, Cervantes, Maldonado, & Garcia, 1988; Parham & Helms, 1981; Pedersen, 1979, 1985; Ruiz & Padilla, 1977; Smith, 1973, 1985a, 1985b; Wrenn, 1962) began to note that many assumptions of the dominant cultural approaches contained inherent biases that were inappropriate for ethnic minority groups, including African Americans, Latinos, and Asian Americans. These early counseling psychology theorists asserted that many clients had strengths that were infrequently considered by leading psychotherapy theories and that many personality theorists minimized societal factors such as racism and sexism on an individual’s development (Ponterotto & Casas, 1991; Smith, 1977, 1989). Hence, counseling psychologists forced psychology to acknowledge that each ethnic group and culture has its own strengths, which
may serve as protective factors during times of crisis (Sue, Arrendondo, & McDavis, 1992).

Moreover, counseling psychologists redirected psychologists’ attention to the healing aspects of culture. Youth need a sense of belonging and connection to a cultural or ethnic group (Smith, 1985a, 1991). For instance, I remember working with an Irish American youth who was distraught over his teenage sister’s death from cancer. His pain hung over the room, causing group members to recall their loss of loved ones. Breaking the silence, he stated,

I just couldn’t make sense of it all. I kept seeing pictures of my sister wasting away, I wasn’t there for her at the end, and that used to tear at my heart like a ton of bricks sitting on my chest. At times I didn’t think I could go on, and sometimes I didn’t want to go on. I got into so much trouble with the law during my sister’s illness. My mom said that I always seemed to be angry about something. I started drinking, drugs—a whole lot of things happened. I moved to Montana in search of something. I was just running, running as fast as I could. I couldn’t go on, and sometimes I didn’t want to go on. I got into so much trouble with the law during my sister’s illness. My mom said that I always seemed to be angry about something. I started drinking, drugs—a whole lot of things happened. I moved to Montana in search of something. I was just running, running as fast as I could.

The strength approach to counseling posits that communities with a strong sense of positive ethnic identity and strong bonding among its members protect youth from many risk factors (such as drug abuse and violence) to which they may be exposed (Smith, 1991). This approach emphasizes the importance of using ethnic and cultural rituals to provide healing contexts for individuals.

Contributions From Prevention Research

Prevention research began during the 1960s when researchers became interested in learning how to build a young person’s self-esteem and decision-making skills as antidotes to drug abuse and alcoholism (Dryfoos, 1990). In 1976, the National Institute of Mental Health held a meeting with leading researchers and practitioners who asserted that primary prevention was central to improving mental health for Americans (Klein & Goldston, 1977). During the 1980s, the APA convened a task force on prevention, promotion,
and intervention alternatives in psychology that began a major effort to identi-
tify research-based prevention programs (Price, Cowen, Lorion, & Ramos-
McKay, 1988). Since 1988, rigorous standards have been established for
prevention research (Weissberg, Kumpfer, & Seligman, 2003). In 1998,
Seligman appointed an APA presidential task force titled Prevention: Pro-
moting Strength, Resilience, and Health in Young People.

The prevention movement and prevention research have contributed to
our understanding of at-risk youth and the strength perspective. The preven-
tion movement has been the one area in psychology that has consistently rec-
ognized and addressed the condition of youth as a whole in the United States.
The movement highlighted the changing, negative conditions under which
American children were being raised. For instance, researchers noted the
high divorce rate, the frequency of unmarried women bearing and rearing
children, and the rapid disappearance of the traditional family structure (i.e.,
one parent at home and the other in the labor market; Weissberg, Walberg,
O’Brien, & Kuster, 2003).

Contributions From Positive Psychology

In his studies of learned optimism, Seligman (1991) found that pessimists
respond to adversity with helplessness; they give up early instead of perse-
vering. In contrast, optimists persevere. Hence, optimism pays off when peo-
ple are faced with a life problem or setback. An optimistic thinking style
helps one to maintain hope, increases one’s resilience, and improves one’s
chances of a successful outcome. Optimists tend to be sought because people
like them better than they like pessimists.

Seligman’s 1998 presidential address for the APA articulated his vision
for a positive psychology by echoing the early themes of two earlier APA
Maslow first used the term positive psychology in his book Motivation and
Personality (1954), the last chapter of which was titled “Toward a Positive
Psychology.” Maslow’s vision for a positive psychology stressed such con-
cepts as promoting positive self-esteem among youth, peak experiences, and
self-actualization.

Seligman (1998, 1999) challenged psychologists to learn more about the
influences of optimism and positive thinking on human development. Do
positive thinkers learn better in school? To what degree might one’s learned
optimism or pessimism affect one’s progression through childhood and ado-
lescent developmental stages? Can we impact adolescent suicide rates by
teaching adolescents to become learned optimists? Do positive thinkers
experience less depression or anxiety?
Positive psychology emphasizes individuals’ well-being, sensual pleasures, and present sense of happiness and helps clients to construct positive cognitions about the future through optimism, hope, and faith (Gillham & Seligman, 1999; Seligman, 2002). On the individual level, positive psychology seeks to develop such personal traits as the capacity for love, courage, perseverance, forgiveness, and wisdom. On the group level, it stresses responsibility and altruism (Seligman & Csikszentmihalyi, 2000).

Contributions From Positive Youth Development

Within the past decade, psychologists in the United States have begun to focus on positive youth development (Larson, 2000). The positive youth development movement asserts that although people younger than age 18 constitute only 25% of the U.S. population, they represent 100% of the future of the United States. National data indicate that a large proportion of U.S. youth are reaching adulthood unprepared to become productive citizens, effective parents, or even responsible citizens (Children’s Defense Fund, 2001). Youth younger than 18 years of age have become our most impoverished group, with one out of five living in poverty. Minority children have a poverty percentage rate almost twice as high (Bureau of the Census, 1997, 2001). In the United States, a single parent heads more than one in four families. About 8 million children younger than age 14 spend time without adult supervision on a regular basis. Another 11 million have no health insurance, despite the fact that nine of ten have parents who work (Bureau of the Census, 1997, 2001).

The positive youth movement is a new paradigm designed to support and strengthen families to meet their children’s needs (Larson, 2000). The paradigm focuses on helping young people to realize their developmental assets and needs (Benson, 1997). The positive youth movement is also advocating a special certification for youth workers.

Contributions From Social Work

The social work profession has made many contributions to the strengths perspective in the helping professions. In a benchmark article, Weick, Rapp, Sullivan, and Kisthardt (1989) coined the term strengths perspective. Saleebey (1992) identified the basic assumptions of the strengths perspectives for social workers and challenged practitioners to change how they worked with clients so that they focused on learning how the individual has survived. From his perspective, members of the helping professions must know what clients have done, how they have done it, what they learned from their experiences, and what resources they used in their struggle to surmount
difficulties. Other social workers (Maluccio, 1981; Rappaport, 1990; Weick, et al., 1989) asserted that if practitioners focused on the client’s mental disorder or diagnosis, clients may become discouraged and feel they are victims of a disease over which they have little control. The goal of helping should be to empower clients to discover their own individual and family strengths (Lee, 2001; Simons & Aigner, 1985).

Contributions From Solution-Focused Therapy

The primary emphasis of solution-focused therapy has been to find solutions to clients’ issues rather than focusing on their problems. The solution-building theory was pioneered through the efforts of Steve de Shazer (1985, 1988, 1994), Insoo Berg (1994), and their colleagues, who noticed a dramatic change in a family’s functioning when they asked the question What is happening in your lives that you want to continue to happen? The practitioners observed that focusing on a problem and finding a solution are not necessarily connected. The process is more effective if the practitioner emphasizes the solution the family wants out of therapy rather than stressing the family’s many problems.

Solution-focused therapy maintains that the best way to devise a solution is by the counselor obtaining an accurate description of what the client would be doing differently were the problem to be solved (i.e., the miracle question) and determining how the client’s life will change when problems are solved. The stages for solution building are (a) describing the problem, (b) developing informed goals, (c) exploring for exceptions, (d) participating in end-of-session feedback, and (e) evaluating client progress (De Jong & Berg, 2002).

Two counseling techniques that the strength-based model borrows from solution-focused therapy are the miracle question and the exception situation. Therapists use the miracle question when they ask members of a distressed family to pretend or to imagine that all their problems are magically solved. A family therapist might ask the miracle question by posing a series of questions: Suppose you go to sleep tonight, and while you are asleep, a miracle happens, and all of your problems are solved. When you wake up, how will each of you be able to tell that this miracle really took place? What would be different about the family? How would your individual situation have changed? Clients are encouraged to dream as a method of identifying the kinds of changes they most want. Clients begin to consider a different kind of life that is not dominated by a particular problem.

The exception question is based on the belief that there were times in clients’ lives when the problems were not evident. Solution-focused therapists ask exception questions to focus clients’ attention to times when the problem did not exist. Exceptions represent those experiences during which the client
might reasonably have expected that the problem would have occurred but somehow did not (de Shazer, 1985). Solution-focused therapists ask clients what must take place to make these exceptions occur more often.

Contributions From Narrative Therapy

Michael White and David Epston, two family therapists, introduced narrative therapy to the helping professions. These therapists observed how their clients were affected by the meaning they ascribed to life traumas and otherwise stressful life events. Clients' stories typically involved descriptions of themselves as victims rather than as survivors. Soon, White and Epston (1990) encouraged their clients to retell their personal stories of pain and rejection in new ways that liberated and empowered them. Narrative therapists help clients retell their stories in writing so that clients recall their strengths in dealing with the problems rather than their weaknesses. Similarly, strength-based counseling asks clients to retell their stories, emphasizing their strengths. The contributions of narrative therapists are highlighted in Stage 2 (presented in part II) of my theory of strength-based counseling, in which clients are asked to narrate their life stories from a position of strength.

II. CORE CONCEPTS IN THE STRENGTH-BASED MODEL OF COUNSELING

The various contributory streams (positive psychology, social work, narrative therapy, etc.) led to the gradual emergence of core philosophical and theoretical concepts for the strength-based model of counseling. Part II develops a definition of strength and the contextual process in which strengths develop; it also discusses 10 strength characteristics. For instance, strengths may be internal or external; they may be valued intrinsically or extrinsically; and they are usually culturally bound, contextually based, and/or development and lifespan oriented. Strengths also have characteristics involving adaptability and functionality; they have a normative quality because they exist in comparison with other states, and each society tends to establish both enabling and limiting structures that permit individuals to move from one strength level to another. Strengths are characterized by a certain transcendent quality; they often develop out of polarities and are associated with good life outcomes. The core concepts of the strength-based model form the foundation for propositions leading toward a theory of strength-based counseling.
Definition of Strength

Aspinwall and Staudinger (2003) have noted the difficulties involved in defining human strength. According to these researchers, one reason that psychology was entrenched in the predominant medical model of repair and healing was that defining the desired or adaptive direction of change is easier if the goal of such a change were to return to a prior state of normality. The researchers maintained that defining a human strength is more difficult if one focuses on psychological changes other than those involving returning to a previous state or condition. *Strength* may be defined as that which helps a person to cope with life or that which makes life more fulfilling for oneself and others. Strengths are not fixed personality traits; instead, they develop from a dynamic, contextual process rooted deeply in one’s culture.

*Culturally bound strengths*. Strengths are almost inevitably culturally expressed. Characteristics regarded as strengths in one culture may be viewed as weaknesses in another culture (Smith, 1985a). Ethnic groups may be said to have particular cultural strengths (Chang, 2001). A strength for one culture may be its emphasis on the family, whereas the strength of another culture may be its ability to save and to engage in profitable commerce. The importance of strengths differs among cultures. For example, in cultures labeled as individualistic, autonomy is highly valued (Smith, 1985a). Conversely, in cultures described as collectivist, relational skills may be emphasized more. Psychologists are faced with the challenge of learning and understanding both individual and cultural strengths so that they can address the needs of diverse clients.

*Contextually based strengths*. Human strengths have contextual dependencies (Aspinwall & Staudinger, 2003) as they involve interaction with a material environment or with human contexts (Staudinger, Marsiske, & Baltes, 1995; Staudinger & Pasupathi, 2000). Strengths are developed within a given situation containing certain contextual characteristics that may either promote or retard the human strength. During war, for example, certain character strengths, such as courage or cowardice, may be exemplified.

Counseling psychologists must consider the contextual situation confronting clients. A client’s behavior might be considered a strength in one setting and a liability in a different social context. For instance, studies have found that clients who evidence internal control beliefs and problem-focused coping may become highly dysfunctional under conditions of high constraints, such as poor health (Staudinger, Freund, Linden, & Maas, 1999). Furthermore, in some non-Western cultures (Chang, 2001), pessimism is adaptive rather than dysfunctional because it increases active problem solving.
Developmental and lifespan-oriented strengths. Strengths are developmental in that they require a certain level of cognitive, physical, and emotional maturity or experiential development (Lyons, Uziel-Miller, Reyes, & Sokol, 2000; Masten & Reed, 2002). Strengths are age-related because young children’s actions cannot be interpreted in terms of strengths such as courage (Benson, 1997). Strengths are both malleable and changeable. They can be learned or taught. An individual’s strengths may unfold or blossom over his or her lifespan (Benson, Galbraith, & Espeland, 1995). Strengths are also incremental, so that one strength provides the foundation for achieving another.

Adaptability and functionality. A person’s ability to apply as many different resources and skills as necessary to solve a problem or to achieve a goal may be considered a human strength. Charles Darwin’s (1859/1995) work on the origin of species first highlighted the importance of a person’s ability to adapt to change. Darwin stated that individuals’ ability to adapt to change equals their chances of survival. Strengths may be conceptualized as part of the human adaptational system (Masten & Reed, 2002). From this perspective, people are biologically prepared to develop strengths (Watson & Ecken, 2003). Researchers have characterized human strengths as critical survival skills that allow people to right themselves (Masten & Coatsworth, 1998). Strength develops as individuals move toward external adaptation. Humans are self-righting organisms engaged in an ongoing adaptation to the environment (Bronfenbrenner, 1974; Masten & Coatsworth, 1998).

More recently, psychologists have begun to study the critical significance of a person’s ability to apply in a flexible manner as many different resources and skills as required to solve a problem or to work toward a goal (Staudinger et al., 1995; Staudinger & Pasupathi, 2000). Researchers have found that adaptability strength may entail using discriminative abilities that require individuals to use the optimal or best regulatory mechanism at the precise time to solve a problem or to complete a particular task (Frederic & Lowenstein, 1999; Staudinger, 2000). For instance, some researchers have viewed the functionality of wisdom as the balancing of one’s own well-being and the well-being of others (Baltes & Staudinger, 2000; Sternberg, 1998).

Normative quality and enabling environments. Strengths also have a normative quality because they exist in comparison with other, often less developed, states. For example, the strength of courage exists in contrast to cowardice. Each society develops norms for what are considered human strengths. Individuals’ violations of strength norms may cause societal sanctioning and rebuke. Moreover, each culture or environment contains enabling and limiting conditions that assist or thwart individuals in their progress
along the strength hierarchy (Smith, 1985a, 1985b). Social class structures may prevent individuals from achieving particular strengths (McCubbin, McCubbin, & Thompson, 1993). Each society tends to establish situations, events, or structures to help individuals move from one strength level to another. Cultures provide role models and parables that indicate the desired strength (e.g., Jackie Robinson, patience and skill; George Washington, truth and honesty). Cultures establish institutions and rituals for cultivating strengths. Some cultures establish various organizations—the Masons in the United States, for instance, teach members how to attain the desired strength (33 degrees of wisdom). Some Asian cultures have priests or Buddhist levels for wisdom, expertise, or warrior skills.

Each environment has physical and social attributes that affect well-being. Some social, cultural, economic, and political environments exert a negative effect on a person’s strength development, while others have a positive influence. Studies have found that some environments have restorative qualities (a sense of getting away), which promote relaxation and alleviate stress (Kaplan, 1995; Korpela & Hartig, 1996; Ulrich, 1984). Some environments or places are imbued with symbolic meanings related to an individual’s personal or group identity (Csikszentmihalyi & Rochberg-Halton, 1981). Such shared meanings of place historically represent the continuity of people’s attachments to particular places and support their feelings of belonging to an ethnic group, thereby leading to a sense of “shared placed identity” (Proshansky, Fabian, & Kaminoff, 1983; Tuan, 1974). Poverty environments tend to delimit the strength of individuals and entire communities (Putnam, 2000; Sarbin, 1970). Hence, strength development is a process influenced by heredity, environment, and an interaction of these two forces. The social and economic attributes of environments can build strength if they have positive effects on individuals’ lives.

Transcendence. Human strengths can also have qualities of transcendence, as they can be used to resist a force or attack, whether mental or physical (Aspinwall, 2001). Many studies on resilience emphasize the importance of a person’s ability to transcend life circumstances. Strengths help one transcend and improve personal (e.g., being physically handicapped or learning disabled) and societal (e.g., living in poverty or having parents with substance addiction or mental illness) circumstances (Affleck & Tennen, 1996; Isen, 2002). Strengths may develop from a need to find meaning and purpose in our lives so that we seek people, places, and transformational experiences that help us feel a sense of connectedness with the world.

Polarities. Strengths often develop from polarities. Human existence is characterized by polarities such as happiness/sorrow, autonomy/dependency, and
health/sickness (Riegel, 1976). Human strengths may develop from the co-activation of negative and positive human states. Youth, for instance, is a time of physical prowess; thus, young individuals work hard to compete athletically, but they are not typically wise. A shift in polarity occurs as we age, so that age is associated with a loss in physical functioning but a gain in wisdom. Developmental losses produce compensatory efforts that cause strengths.

The core concepts of strength-based counseling provide the foundation for building strength categories and a rationale for counseling intervention. Categories of strengths suggest several attributes that contribute to positive or negative social and emotional functioning (Aspinwall & Staudinger, 2003). Strength categories are needed because they help the clinician identify a client’s positive attributes, focus on what is going right in a person’s life, and place such strengths within an overall framework of the client’s psychological and social functioning (Peterson & Seligman, 2003). Moreover, once the characteristics of strength are understood, psychologists can better clarify the role of client strengths in psychotherapy (Peterson & Seligman, 2004).

Categories of Strength

Researchers with the Values in Action (VIA) project at the University of Pennsylvania have developed a diagnostic strengths manual (Peterson & Seligman, 2003, 2004), which lists the following classification categories: (a) strengths of wisdom and knowledge, (b) strengths of courage, (c) strengths of humanity and love, (d) strengths of justice, (e) strengths of temperance, and (f) strengths of transcendence (see http://psych.upenn.edu/seligman/taxonomy.htm). A manual of strengths could be used in conjunction with the current manual of mental disorders to measure an individual’s level of self-actualization or positive life growth. A strength-based manual represents an exciting challenge for psychology.

Psychologists are in the initial stage of defining, isolating, and categorizing the human strengths that cut across cultures. Among the strengths addressed in psychotherapy are courage, interpersonal communication, insight, optimism, perseverance, putting troubles in perspective, and finding purpose in life (Peterson & Seligman, 2004). Ten categories of strengths that have emerged from the literature are described briefly below. These categories are presented to assist psychologists in assessing client strengths and helping them in the counseling relationships. They are by no means exhaustive, and psychologists are encouraged to develop a universal classification of strengths that will apply in all cultures.

Throughout the centuries, most cultures have valued wisdom and spiritual strength, and therefore, wisdom is presented as the first universally recog-
nized human strength (Baltes & Staudinger, 2000; Sternberg, 1998). Wisdom is usually age related, in that older people are considered wise and young people foolish. G. Stanley Hall, the first APA president, attempted to develop a model of wisdom (1922); however, little additional research has been conducted on this topic until recently. The philosopher Epicurus (341-270 BC) concluded his maxims for a happy life with advice about wisdom: “The wise man is but little favored by fortune: but his reason procures him the greatest and most valuable goods, and these he does enjoy, and will enjoy the whole of his life” (trans. C. D. Yonge). Epicurus focused on the strength of wisdom some 2,300 years ago.

A second strength category consists of emotional strengths, such as insight, optimism, perseverance, putting troubles in perspective, finding purpose in life, and having the ability to endure. Hope, optimism, faith, and love of life are also emotional strengths. According to Goleman (1995), our emotional strengths are frequently more significant than our intellectual strengths. Researchers have studied the strength of optimism (Carver & Scheier, 1990; Scheier & Carver, 1985; Seligman, 1991) and have determined that optimism is related to sound mental health.

A third strength category is labeled character strengths and include such behaviors as integrity, honesty, discipline, courage, and perseverance. The University of Pennsylvania’s Signature Strengths Survey has identified 24 character strengths, as defined by the VIA classification of the term. The VIA project is an ongoing Internet research strategy with a Web site that allows surveys to be completed. Adult respondents answer questions, and data are automatically stored, scored, and made available to positive psychology researchers (see Peterson & Seligman, 2003). There are 274 questions on the VIA Strengths Scale Questionnaire, and the test typically takes 30 to 45 minutes to complete. When participants complete the Signature Strengths Survey, they receive feedback on their strengths. During the past 4 years, more than 25 separate studies have been conducted with large and diverse samples, which involved investigations of character strengths and life satisfaction, character strengths and trauma, parental perceptions of character strengths for their young children, and orientations to happiness.

The names and the descriptions of such strengths are taken from Character Strengths and Virtues: A Handbook and Classification (Peterson & Seligman, 2004). Under wisdom and knowledge, the authors list cognitive strengths that involve the acquisition and use of knowledge, such as creativity (i.e., novel and productive thinking), curiosity (i.e., interest, novelty seeking, and openness to experience), and love of learning. I identify a fourth category that entails creative strengths, such as the ability to appreciate the arts and the ability to express oneself in writing, voice, and other art forms. Throughout history, people have recognized the contribution of music (e.g., Haydn and
Beethoven), visual art (e.g., Michelangelo, Van Gogh, and Picasso), and literature (e.g., Shakespeare and Robert Frost) to the enrichment of human life. In contrast to Peterson and Seligman (2004), I maintain that creative strengths should be grouped separately from wisdom and knowledge. Creativity involves the arts and goes beyond novel and productive thinking.

A fifth strength category encompasses relational and nurturing strength and reflects such strengths as an individual’s ability to form meaningful relationships with others, an ability to communicate, and a capacity to nurture others (Peterson & Seligman, 2004). People develop their relational and nurturing strengths from a psychological need for belonging (Maslow, 1954, 1971). Relational strengths such as compassion, cooperation, tolerance, forgiveness, and empathy may be conceptualized. Peterson and Seligman (2004) place nurturing strengths under their category of humanity, which includes such character strengths as love, kindness, and social intelligence.

An individual’s relational strength may interact with other strength categories. For instance, Staudinger and Baltes (1996) found that participants’ wisdom knowledge and judgment, as related to difficult life situations, were increased significantly by one standard deviation if they were offered the opportunity to discuss the difficult life problem with a person whom they knew well before they revealed their individual response. Thus, participants’ relational strength (i.e., talking and exchanging ideas with a familiar person) provided the foundation for their expression of wisdom about life.

A sixth strength category comprises educational strengths, which include such factors as academic degrees, level of educational attainment, and informal education. A seventh strength category consists of individuals’ analytical and cognitive strengths, such as problem-solving and decision-making strengths and the ability to think and reason. Individuals’ work-related and provider strengths constitute an eighth strength category, which includes the ability to secure employment, to provide for their family, and to generate wealth. A ninth strength category refers to individuals’ ability to secure or make good use of social support and community strengths. Survival skills compose the tenth strength category, which encompasses the ability to avoid pain and to maintain physical survival in a culture or society. Survival strengths help people to provide for their basic physiological and safety needs, and survival often refers to health status (Masten & Coatsworth, 1998; Masten & Reed, 2002).

Individuals may possess strengths in several categories simultaneously. Few individuals possess strengths in all categories, simply because each individual has limitations and weaknesses. Researchers theorize that several factors may cause individuals to move from one strength category to another, including gender, life developmental stage, life experiences, exposure to and
survival from adversity, and the ability to reflect on life experiences. I propose that individuals live in either strength-building or strength-limiting environments. Strength-building environments produce individuals who have a high sense of self-efficacy and self-esteem, while strength-limiting environments tend to produce individuals who have lower levels of self-efficacy and self-esteem. Risk factors interact with protective life factors, and the individual’s successful maneuvering or negotiation of risk factors may lead to his or her development of resilience. Resilience, then, is a process of strength development.

Theoretical Framework for Strength-Based Counseling

Little effort has been directed to conceptualize the strength perspective as a coherent theoretical orientation with propositions that can be tested. Furthermore, research has not produced a viable theory of strength-based counseling that delineates stages of counseling. Instead, the focus has been to describe counseling techniques. Yet what is the rationale behind using them, and how do they fit within the overall strength perspective? The strength-based theory of counseling constitutes a theoretical integration of several theories blended to produce a conceptual framework that synthesizes the best of several psychotherapy conceptual frameworks. Culled from a review of the literature on the strengths perspective, prevention movement, current positive psychology movement, need and drive theory, and logotherapy (Aspinwall, 2001; Frankl, 1963; Isen, 2002; Maslow, 1954, 1971; Seligman, 1998, 1999), the theory represents an integrative approach that blends different theories, movements (positive psychology, prevention, resilience theory, and hope theory), and techniques that build client strength within a multicultural framework.

Strength-based counseling draws from the dominant theme of the positive psychology movement, which maintains that psychology should study strength and virtue as well as disease, weakness, and damage (Seligman & Csikszentmihalyi, 2000). Each person’s greatest room for growth is in the area of his or her strength. Psychological treatment is about client competence building, as well as about repairing damaged psychological well-being. Psychotherapy should be about the installation of hope (Snyder, Ijadi, Michael, & Cheavens, 2000).

Moreover, strength-based counseling theory is grounded in the prevention research literature. Training clients to become resilient can be instrumental in preventing mental illness. For instance, studies have found that teaching optimism to participants prevents depression and anxiety in adults and children (Seligman, Reivich, Jaycox, & Gillham, 1995; Seligman, Schulman, & DeRubeis, 1999). Young people who learn persistence and interpersonal
skills such as anger management and conflict resolution may be at reduced risk for violence and drug abuse. By identifying the positive qualities of at-risk people, psychologists facilitate effective prevention.

Strength-based counseling theory also builds its foundation on the growing body of resilience literature and research. Resilience is defined as the process of struggling with hardship, characterized by the individual’s accumulation of small successes that occur with intermittent failures, setbacks, and disappointments (Desetta & Wolin, 2000; Kaplan, 1995; Wolin & Wolin, 1993). Individuals’ recognition of their own resiliency provides the route to authentic self-esteem. Such self-esteem is based on individuals recognizing their actual accomplishments and identifying how they have used and can use their strengths. Resiliency research establishes that individuals possess an innate capacity for bouncing back. Resiliency provides the process by which strength is developed. Moreover, a resiliency perspective maintains that an adaptational quality of resilience strengths exists. Resilience is not a fixed trait; it is instead a dynamic, contextual process developed as a result of the interactions between individuals and their environments.

The strength-based model of counseling also draws on need theories. Maslow’s (1954) need hierarchy, which portrayed people as a blend of biological and social needs, provides part of the theoretical explanation for human motivation to build and express strengths. Maslow (1954, 1971) posited a hierarchy of needs based on two groupings: deficiency needs and growth needs. For the deficiency needs, each lower need level must be met or satisfied before moving to the next higher level. He proposed that individuals are ready to act on their growth needs, if and only if the deficiency needs were satisfied. Self-actualized individuals find self-fulfillment and realize their potential or strengths. Maslow suggested that as people become more self-actualized and transcendent, they develop wisdom (a culturally and universally recognized strength).

Updating Maslow’s (1954, 1971) theory, Deci and Ryan (2000) suggested three needs that are not necessarily ordered: the need for autonomy, the need for competence, and the need for relatedness. By way of comparison, strength-based counseling theory proposes that individuals have an innate need to recognize their strengths. Their need to recognize strengths, however, is not necessarily premised on complete satisfaction of their lower ordered safety needs. Young people who are given opportunities for positive ways to develop their strengths have different life experiences than those who are not given such opportunities. The needs for competence and relatedness described by Deci and Ryan are partly addressed in the competency stage of strength-based counseling.

People develop strengths as part of their driving force to meet basic psychological needs, such as belonging and affiliation, competency, feeling safe,
autonomy, and/or finding meaning and purpose in life (Bandura, 1997; Baumeister & Leary, 1995; Maslow, 1954; Ryan & Deci, 2000). Our psychological need to feel competent motivates us to develop our cognitive, problem-solving strengths. Our need to find meaning in our lives motivates us to seek other people, places, and transformational experiences that give a sense of purpose. Our nurturing and relational strengths are developed out of our psychological need for belonging and out of our need to relate to and to connect with others (Maslow, 1971).

In addition, Frankl’s (1963) logotherapy forms a cornerstone for strength-based counseling, with its emphasis on the search to find meaning out of adversity. Greenstein and Breitbart (2000) described Frankl’s belief in the importance of life meaning by noting, “Having a feeling of purpose and meaning can also help alleviate the distress caused by these painful facts of life [terminal illness] in the first place” (p. 487). Brady, Peterman, Fitchett, Mo, and Cella (1999) reported that patients who found a significant degree of meaning in their lives through the use of logotherapy experienced considerably more enjoyment than did those who experienced a lesser sense of meaning, even when participants experienced severe pain or fatigue. Many researchers have pointed to individuals’ ability to find meaning from loss (Davis, Nolen-Hoeksma, & Larson, 1998; McIntosh, Silver, & Wortman, 1993). Similarly, the strength perspective focuses on helping clients to find meaning out of their adverse life circumstances.

Furthermore, the strength-based model of counseling is founded on concepts within the multicultural counseling literature (Smith, 1985a, 1985b, 1991). All cultures have strengths, and some cultures value certain strengths more than others. In cultures described as individualistic, such as that of the mainstream United States, autonomy is a highly valued personal strength, whereas in collectivist cultures, such as parts of Asia, social competence and connectedness skills are valued. Cultural socialization may provide protective factors, which insulate or buffer individuals from the harmful effects of a racially discriminatory environment (Miller, 1999). Such socialization may also help the individual cope with and develop individual resiliency. For instance, one product of a racially hostile environment is that individuals may be motivated to overcome roadblocks, thereby providing evidence of their own resiliency and, hence, promoting self-esteem.

I present the theoretical framework of strength-based counseling to the psychology profession for both heuristic and conceptual purposes because we must begin to coherently organize the principles that a growing number of practitioners are adopting. Twelve propositions are offered that outline the basic principles of strength-based counseling. The propositions are grounded on the core concepts and theoretical foundations for strength-based counseling presented in the preceding sections. The core concepts pro-
vide the context within which the propositions for strength-based counseling can be viewed. Because little empirical evidence exists, counseling psychologists who review this contribution are called on to conduct empirical research studies to test the validity of the principles offered.

Proposition 1. Humans are self-righting organisms who engage perpetually in an ongoing pattern of adaptation to their environment, a pattern that may be healthy or unhealthy (Benard, 1991; Bronfenbrenner, 1979, 1989; Darwin, 1859/1995). Strengths develop as people try to right themselves as they adapt to their environment (Masten & Coatsworth, 1998). All people engage in the self-righting mechanism, although some are more effective than others. The self-righting mechanism allows people to develop strengths for survival, which may be archetypal and encoded in their genetic makeup.

Proposition 2. People develop strengths as a result of internal and external forces and as part of their human driving force to meet basic psychological needs (e.g., safety, belonging and affiliation, autonomy, meaning and purpose in life) (Carver & Scheier, 1990; Frankl, 1963; Maslow, 1954, 1971). For instance, our social competence strengths, including nurturing and relational strengths, are human efforts to satisfy the psychological need for belonging and our need to connect with others (Maslow, 1954). Our needs to experience power and accomplishment are a function of our mastery motivational system (Bandura, 1997).

Proposition 3. Each individual has the capacity for strength development and for growth and change (Maslow, 1971; Rogers, 1961, 1964). Strength development is a lifelong process that is influenced by the interaction of individuals’ heredity and the cultural, social, economic, and political environments in which they find themselves. People develop strengths through resiliency. Resilience strengths are critical survival skills that typically may be intrinsically motivated or biologically driven but culturally expressed. In part, survival needs drive healthy strength development.

All people have a reservoir of strengths, some of which have been tapped and others of which have been left unexplored and unrecognized (Cowger, 1992; Dryfoos, 1990; Epstein, 1998; Epstein & Sharma, 1998; Saleebey, 1992, 1996). People develop personal strengths when the community provides opportunities for them to turn to their developmental assets (Benson, 1997; Clark, 1999; Comer, 1996). Strengths can be learned or taught.

All people also have a natural drive for positive growth and a natural tendency to seek the realization and/or expression of their strengths and competencies (Maluccio, 1981; Maslow, 1954, 1971; Rogers, 1961, 1964; Weick & Chamberlain, 2002). Strength-based counselors engage and sup-
port this natural drive when they help clients to identify their strengths during counseling.

**Proposition 4.** Strength levels vary, ranging on a continuum from low to high (Epstein, 1998; Epstein & Sharma, 1998). Each person’s level of strength is influenced by several contextual factors, including the environment in which they are raised, the people to which they have been exposed, and the available vicarious and real-life role models in their lives (Bradley & Corwyn, 2002; Bronfenbrenner, 1979, 1989; Goodman, 1999; Hewlett, 1991).

Individuals raised in resource-deprived environments may evidence different strengths than do those raised in environments that are rich in community, family, and individual resources. Strengths will vary, however, even within families, because each person’s contact with resources and others differs.

**Proposition 5.** Strength is the end product of a dialectical process involving a person’s struggle with adversity. Riegel (1976) asserted that human existence appears to be influenced by basic dialectics (e.g., happiness and sorrow, autonomy and dependency). Growth may depend on the losses we experience during our lifetimes (Baltes, Lindenberger, & Staudinger, 1998). In response to the physical losses one undergoes during middle and old age, one develops ways to compensate. Thus, one goal of counseling is to intervene in such a manner that the therapist helps the client to achieve an optimal balance between dialectical pairs (e.g., happiness and sorrow) with regard to any given circumstance. The therapist assists the client in exploring the positive aspects of negative life events. The strength-based counselor assists the client to understand that strengths are developed out of adversities. The goal is to help the client understand the paradox of adversity, as reflected in the client’s past and present difficulties (Desetta & Wolin, 2000; Garbarino, 1991, 1994). The therapist acknowledges that all strengths are culturally conditioned (Affleck & Tennen, 1996).

**Proposition 6.** Human strengths act as buffers against mental illness (Seligman, 1991; Seligman et al., 1999; Vailant, 2000). Through the process of resilience development, individuals become aware that they have internal resources permitting them to overcome or to mitigate obstacles. Individuals gain what might be labeled “strength awareness,” which has the net effect of giving a sense of self-efficacy or authentic self-esteem derived from observing their strength in action (Bandura, 1997). Individuals’ strength awareness and authentic self-esteem serve as mediating forces or buffers when signs of mental disorder occur. For instance, individuals sense that something is
wrong with them, and they seek remedy. Their strengths alert them that their mental health or survival is somehow threatened. Crisis counseling helps reduce, remove, or place that which threatens individuals’ mental health.

The strength-based model of counseling is based on the premise that all individuals possess the potential to suffer from mental disorder. Strengths allow humans to function with or keep in check psychological disorders so that they can continue to function. Mental illness occurs when strengths are insufficient to deal with the threats to psychological well-being. The strength-based model proposes that by identifying and focusing on a set of strengths that buffers at-risk individuals against mental disorder, we do effective prevention work (Beck, Rush, Shaw, & Emery, 1979; Peterson, 2000; Seligman et al., 1995). To restore the individual to a state of mental equilibrium, the psychological treatment must focus on rebuilding his or her strengths. Human strengths keep mental disorders in check or under control.

**Proposition 7.** People are motivated to change during counseling when practitioners focus on their strengths rather than on their deficits, weaknesses, or problems (Saleebey, 1992, 1996). As the psychologist focuses on a client’s strengths, he or she provides an external verbal and relational reward (Weick et al., 1989). Good or effective psychotherapy builds strength. Strengths built during psychotherapy may include courage, optimism, personal responsibility, interpersonal skills, perseverance, and purpose. Strength building during psychotherapy has healing effects on clients.

**Proposition 8.** Encouragement is a key source and form of positive regard that the therapist intentionally provides to effect behavioral change in the client. In psychotherapy, encouragement functions as the fulcrum for change. It provides the basis for the client to be willing to try or to consider change in behavior and self. The strength-based counselor builds an arsenal of encouragement techniques, including the compliment (De Jong & Berg, 2002; Rogers, 1961).

**Proposition 9.** In strength-based counseling, the therapist consciously and intentionally honors the client’s efforts and struggles to deal with his or her problems or presenting issues (Rogers, 1961, 1964). The therapist’s strength perspective philosophy creates an atmosphere that dignifies and respects clients (Goldstein, 1990; Rapp, 1998). Clients who feel they have been intentionally validated are theorized to achieve their counseling goals at a higher rate than those who feel they have not been so validated by their counselors (Weick & Chamberlain, 2002).
Proposition 10. The strength-based counselor understands that people are motivated to change dysfunctional or self-defeating behavior because they hope that doing so will effect the desired life changes and anticipated rewards. Hope mobilizes the individual (Snyder, 2000). Hope functions to create within clients a sense of anticipated or expected positive reinforcement for their behavioral or attitudinal changes. Hope for a better life or future sustains clients’ positive participation or involvement in counseling. Clients who evidence a higher sense of hope are hypothesized to achieve their counseling goals at a higher rate than those who evidence pessimism (Snyder, McDermott, Cook, & Rapoff, 1997). Similarly, clients treated to strength-based counseling will manifest less anxiety and depression both during the course of counseling and at its termination than will those given problem-centered counseling.

Proposition 11. The strength-based counselor understands the process of healing from pain and adversity (Goldstein, 1990) and designates counseling sessions to help clients heal from their pain (Janoff-Bulman, 1992). The strength-based counselor may aid the healing process by helping clients identify calming healing beliefs within their culture. The therapist may assist by devising healing rituals that will help clients make peace with their painful experience.

Proposition 12. The strength-based therapist assumes that race, class, and gender are organizing elements in every counseling interaction (Albee, 1994; APA, 2003a; Baines, 2000; Betancourt & Lopez, 1993; Wrenn, 1962). The psychologist analyzes the manner in which the larger social structures affect clients and the resources available to them (Katz, 1997; Kozol, 1998; Smith, 1991). He or she considers how clients’ opportunities, expectations, and choices are influenced by factors such as race, gender, and class relations (Albee, 1994). Furthermore, the therapist considers clients’ ethnic group membership, cultural identifications, and the strengths of the ethnic and cultural community with which he or she identifies.

The 12 propositions for strength-based counseling provide the theoretical framework within which therapists can conduct counseling. The next section proposes stages for strength-based counseling based on these propositions. Each proposition need not be included for each proposed counseling stage. Rather, the propositions provide an overall theoretical rationale for the proposed counseling stages. For instance, Propositions 1 to 4 are intimately related to Stages 1 to 4. Proposition 11, which deals with principles related to
healing from pain, is relevant for Stage 5, which helps clients confront issues of forgiveness (Brown, 2004; Holeman, 2004).

**Stages of Strength-Based Counseling**

Approaches to helping people have been changing (Seligman, 1998, 1999). Psychology, and the helping professions in general, is gradually emerging from a problem-focused, deficit perspective to a strengths perspective that emphasizes resources and capabilities (Cohler, 1987; Rapp, 1998). Nevertheless, the counseling and human service literature has evidenced some confusion about what is meant by the term **strength-based**.

The strength perspective requires psychologists to learn that regardless of how poor, downtrodden, or sick the clients may be, they have survived, and in some instances they have thrived, sometimes under the worst circumstances (Saleebey, 2001). People have summoned their strengths when all else seemed lost, and they have coped. The psychologist searches for what people have rather than what they do not have, what people can do rather than what they cannot do, and how they have been successful rather than how they have failed.

Strength-based counseling does not involve solely focusing on positives while ignoring concerns or fabricating client or family strengths that do not exist. Instead, strength-based counseling means discovering how to recognize and help clients identify their strengths so that they can build on their existing competencies (Norman, 2000). Moreover, strength-based counseling helps clients identify resiliencies within themselves, their family, or group, as they take place in specific problem contexts. Strength-based counseling programs maintain that clients have the resources to learn new skills and to solve problems (Masten & Coatsworth, 1998).

Ten stages of strength-based counseling gleaned from counseling psychology and other helping professions are outlined to illustrate how this approach may be implemented. These stages have emerged from many strands of the counseling and psychotherapy literature. Corsini (2001) has listed 250 different systems of psychotherapy, and Corsini and Wedding (2005) have recently stated that more than 400 such systems probably exist. Despite the large number of psychotherapies, most counseling theories focus on therapeutic goals, the therapist’s function and role, the relationship between the therapist and client, the mechanisms of client change, and the techniques and evaluation of therapy.

Similarly, I deal with these issues in the strength-based model of counseling. Stage 1 (creating the therapeutic alliance) has been widely viewed as part of the curative factors in counseling (Yalom, 1995). Stage 3 (assessing presenting problems) is part of most counseling relationships. All psycho-
therapies are designed to change people, to make them think, feel, and behave differently (Corsini & Wedding, 2005); it is the unique strength focus of strength-based counseling that distinguishes it from other therapies.

STAGE 1: CREATING THE THERAPEUTIC ALLIANCE

During the first stage, the strength-based counselor builds a relationship with clients by helping them to identify and marshal strengths and competencies to confront their difficulties and adversities. An emphasis on clients’ strengths creates a sense of safety and security in the counseling relationship, a sense that they will be respected and not judged negatively (Cowger, 1992; De Jong & Berg, 2002; Goldstein, 1990). Discussing clients’ strengths validates them in positive ways as worthwhile humans (Desetta & Wolin, 2000; Rogers, 1961, 1964; Simon, 1990). The psychologist establishes a relationship with clients by conveying a respect for their struggles.

STAGE 2: IDENTIFYING STRENGTHS

The strength-based psychologist teaches clients to narrate their life stories from a strength perspective. Telling one’s life story, making sense of one’s life, and viewing oneself as a survivor (rather than a victim of bad parents, poor family, etc.) has a powerful effect during psychotherapy. Therapy may be the first time that an individual has had an opportunity to tell his or her life story. Therefore, competent strength-building psychotherapy should be based on narration of the client’s life story. Counselors should be trained to help clients’ narration of their stories.

In working with survivors of trauma, White and Epston (1990) observed that people often define themselves around and in terms of the traumatic event. These family therapists began helping their clients retell their stories in ways that highlighted their courage rather than their helplessness and that distanced the clients from the particular problem. In working with clients’ narratives, psychologists can be compared with editors searching for an undiscovered subtext, as they adopt their own narrative strategy (Dyche & Zayas, 1995). Brower (1996) has suggested that narratives can be used in group counseling by having each group member keep independent logs of their responses to the group and later reading them at group meetings. Such a narrative helps give their group experience coherence, history, rules, and meaning.

Narrative stories help clients externalize and distance themselves from their problems (White, 1989). Next, clients are encouraged to look for exceptions, meaning those times when they were in most control of their problems. This process is known as finding exceptions. Unlike the psychoanalytic per-
spective, strength-based counseling maintains that early problems should not define a person’s total identity (Bretton, 1993; Goldstein, 1990; Rapp, 1998). A person’s identity is primarily described in terms of his or her talents and assets. Strength-based counseling shifts focus from problems to assets for overcoming adverse circumstances.

Finding a client’s strengths may not be easy because we may not be seeking what is working and because strengths may be obscured by symptoms or oppressive circumstances (Bretton, 1993). The psychologist helps the client uncover strengths at the biological, psychological, social, cultural, environmental, economic, material, and political levels (De Jong & Miller, 1995). Biological strengths can include rest, nutrition, compliance with medication, health status, exercise, and adequate leisure time. Psychological strengths might be subdivided into such categories as cognitive (e.g., intelligence, problem-solving abilities, and knowledge), emotional (e.g., self-esteem, stable mood, optimism, good coping skills, self-reliance, and self-discipline), social strengths (e.g., belonging and support, friends, family, and mentors), cultural strengths (e.g., beliefs, values, traditions, stories, strong positive ethnic identity, sense of community, and bicultural identity), economic strengths (e.g., being employed, having sufficient money and adequate housing), and political strengths (e.g., equal opportunity and having a voice in decisions).

The therapist helps identify client strengths by asking clients to describe what positives they would like to continue in their relationships (Durrant & Kowalski, 1992; Saleebey, 1992; Schumm, 1985). To help clarify a client’s strengths, the psychologist might ask such questions as the following: How have you managed to survive? What do you do well? What do other people look to you for? What are your outstanding qualities? How and with whom do you build alliances? How have you been able to adapt to change? What special characteristics or talents distinguish you from others?

STAGE 3: ASSESSING PRESENTING PROBLEMS

Strength-based assessment has been defined as the “measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishments; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development” (Epstein & Sharma, 1998, p. 3). Although strength-based counselors focus on finding solutions, they also must take time to arrive at a clear understanding of clients’ perceptions of their problems during the assessment phase (Cowger, 1992). If counselors do not take the time to
explore with clients their view of the real problem and if they edit or disregard clients’ problem-saturated story too early in counseling, solutions generated are unlikely to work (Selekman, 1997). Hence, the therapist must have clients reveal what they perceive their problems to be, why they believe the problems exist, what behaviors/situations cause them the most problems, and the consequences of the problems.

Selekman (1997) offers more examples of critical problem-finding questions that strength-based therapists might ask clients: If there were one question that you were just dying to ask me about your problems, what would that question be? How can I be most helpful to you? What’s your theory about why you have this problem? If there were one question that you were hoping I would ask you, what would that question be?

STAGE 4: ENCOURAGING AND INSTILLING HOPE

Strength-based counseling may be conceptualized as encouragement counseling that is based on the behavioral principle of positive reinforcement. *Encouragement* has been defined as feedback that emphasizes individuals’ effort or improvement rather than the outcomes of their efforts. The counseling psychologist positively reinforces clients for coming to therapy, whether voluntarily or involuntarily, by emphasizing their strengths (Dreikurs, 1971).

According to Adlerian psychology, encouragement is the process of developing a child’s inner resources and supplying him or her with courage to make positive choices (Adler, 1931; Dinkmeyer & Losoncy, 1996). Children misbehave because they lack encouragement. Psychologists use encouragement when they acknowledge and accept a child and when they convey faith in the child to move forward in a positive direction (Evans, 1996). Clients who feel their counselors have encouraged them sufficiently are theorized to have a lower pretermination rate than those who feel they have not been so encouraged (Adler, 1931; Dinkmeyer & Losoncy, 1996).

Encouragement is not praise or external rewards used to obtain compliance in the classroom or in counseling (Dreikurs, 1971). Praise is usually judgmental, extrinsically oriented, and controlling, such that it sets up a superior/inferior relationship in which children must work to please the teacher or counselor and prove themselves worthy. Praise is usually given only when one has achieved the desired goal, whereas encouragement can be given to a person even when things are not going well. An encouraging counselor is one who conveys to young people that their participation, contribution, and cooperation are valued. During the therapeutic process, encouraging counselors are those who listen without interrupting before a child has completed his or
her version of events. A counselor can also activate encouragement during counseling by complimenting the client or by making statements that contribute to the client’s sense of self-worth and sense of belonging (Evans, 1996).

Moreover, clients stay in counseling because they hope that good changes will happen (Snyder & Lopez, 2002). During this stage, strength-based counselors seek to help clients change their perspectives on their difficulties and to imbue a sense that clients have possibilities. Counselors use narrative strategies so clients can retell their life stories to portray themselves as survivors rather than victims. They use compliments to direct clients toward change and hope of a choice in a situation that previously appeared unchangeable (Wall, Kleckner, Amendt, & Bryant, 1989).

The psychologist’s hope, respect, and optimism begin to be transferred to the client and to serve as a beginning for both a trusting relationship and client change (Cowger, 1992; Goldstein, 1990). Emphasizing the clients’ strengths gives a sense of safety and security in the counseling relationship, a sense that the client will be respected and not judged negatively (De Jong & Berg, 2002). The psychologist establishes a relationship with clients by conveying respect for their struggles. The therapist actively helps uncover evidence that the client met life’s challenges in the past and that they can do so again so that the client begins to shed a victim’s mentality. Strength-based counselors understand the concept of survivor’s pride (Desetta & Wolin, 2000), which refers to a client’s feeling of prevailing over an adversity or a difficult situation. Clients acknowledge the pain and suffering that they have experienced, yet they also report a sense of pride for being able to outwit, sidestep, or endure that hardship. Survivor’s pride carries something of the message that “I’m still standing.”

Hope is a cornerstone of strength-based counseling because hope is a buffer against mental illness (Seligman, 1991; Seligman et al., 1999). People range from high to low in the degree of hope they have for themselves and their future. Those who have high hopes have goals and pathways to obtain their goals (Snyder & Lopez, 2002). Typically, people who have hope have successfully met their developmental tasks (Seligman et al., 1995; Snyder et al., 2000). Conversely, those who have had difficulty achieving developmental tasks often lose hope in their ability to achieve goals (Seligman et al., 1999). The strength-based counselor works to encourage clients to rekindle hope by asking about the last time they felt hopeful about life and what life circumstances made them feel hopeful. Questions designed to rekindle clients’ hope include When was the last time you felt hopeful about your life and circumstances? and What was going on in your life that made you feel hopeful?

A technique to instill hope during counseling is creating a hope chest. Counselors encourage clients to imagine a hope chest that would permit all of
their problems to disappear. The counselor posits that three wishes might be granted from the hope chest under the condition that changes must be made to ensure their continuation. Clients are then asked to describe the three hopes they would take out of the hope chest and how the granting of these hopes would change their present situation. For instance, the strength-based counselor might structure the interview with the following questions: Let’s suppose you could create a hope chest that would permit all your problems to go away. You can make a request to take out of the hope chest three wishes. Although the three hopes will be granted, you must make changes to ensure their continuation. What three hopes would you take out of your hope chest? How would the granting of these hopes change your present situation? What would you have to do to keep your hopes alive? What strengths do you have as a person to sustain your three hopes? The hope questions reveal what clients want to change about their lives and what they are willing to do to sustain those changes.

STAGE 5: FRAMING SOLUTIONS

The strength-based therapist understands that you need not solve a problem to find a solution to a troubling situation (Walter & Peller, 1992). A useful counseling technique for this stage is the exception question. The psychologist actively looks for exceptions to the occurrence of the problem and enlists clients’ help in finding practical solutions to core or presenting issues. Practical solutions might be adopting a different schedule or finding a confidant (Berg & De Jong, 1996).

Strength-based psychologists engage in solution-building conversations with their clients (de Shazer, 1985, 1994). They address how the client is addressing problems rather than the problems themselves (Berg & De Jong, 1996). Strength-based psychologists help identify and evaluate the client’s past modes of coping and the current sources of support for confronting issues (Durrant & Kowalski, 1992). Psychologists seek information about what is working in a client’s life and may ask questions such as How have you been trying to solve this problem? What works for you, even for a little while? Is there ever a time you remember when the problem did not exist? What was going on in your life when the problem did not exist? Such questions move the client toward possible solutions to their difficulties (Clark, 1999; Friedman, 1992; Wolin & Wolin, 1993). A solution-focused atmosphere in counseling imparts optimism and confidence (de Shazer, 1988). The psychologist works collaboratively with the client to generate solutions. Together they construct a realistic plan of action that will help the client realize goals.

Another technique in strength-based counseling is the forgiveness technique, which encourages clients to release themselves and others from the
past. Forgiveness is an important part of healing (see http://www.forgiving.org; Brown, 2004; Brown & Phillips, 2005; Holeman, 2004). Often, clients are consumed by anger, bitterness, betrayal, and despair—emotions that may be debilitating. To help clients rid themselves of these negative emotions, counselors must have clients forgive the person they view as the wrongdoer or the persons responsible for their hurt. Most people must confront forgiveness during their lives (Brown, 2004; Holeman, 2004).

Strength-based counseling helps clients formulate a workable definition of forgiveness within the therapeutic process. It helps clients confront their misconceptions about forgiveness and to recognize the roadblocks to achieving forgiveness. Counselors note that forgiveness is a process and help clients understand their motivations for forgiveness and the steps to achieving forgiveness. The counselor suggests that clients forgive those who have helped create their present issues (Brown, 2004; Holeman, 2004). Clients are encouraged to create a circle of forgiveness, which includes those who helped create the pain or situation and themselves. As clients forgive themselves and others, they are asked to release the energies trapped in lack of forgiveness (Holeman, 2004).

STAGE 6: BUILDING STRENGTH AND COMPETENCE

People require competence and strength building across the developmental lifespan. Strengths that might be built during psychotherapy include courage, insight, optimism, perseverance, putting troubles in perspective, and finding purpose (Walsh, 1998). During the competence-building stage, therapists help clients realize that they are not powerless to effect change in their lives. This recognition contributes to a sense of autonomy as clients learn that they can find solutions (Dana, 2002; Wall et al., 1989).

Although competence building is important across the lifespan, it is especially important for young people. The Search Institute in Minneapolis (Benson, 1997) identified 40 developmental assets considered to be the building blocks for healthy or positive youth development. Benson (1997) divided the assets into two general categories: external and internal.

External assets are positive life experiences youth receive from those in their environment. The strength-based counselor or psychologist develops programs and counseling practices that incorporate the following external assets: (a) support, care, and love from their families, community, and teachers; (b) empowerment so that young people feel valued by their community, have opportunities to contribute, and feel safe and secure in their homes; (c) boundaries and expectations so that young people know what is expected of them and what activities and behaviors are acceptable; and (d) constructive use of time because young people require constructive, enriching opportuni-
ties for growth through creative activities, youth programs, spiritual involvement, and quality time at home.

Internal assets entail nurturing a sense of focus, purpose, and centeredness. The school counselor or strength-based psychologist helps youth to build the following internal assets: (a) commitment to learning; (b) positive values that guide their choices; (c) social competencies that help them make positive choices, build relationships, and succeed in life; and (d) positive identity to promote a strong sense of their own power, self-efficacy, purpose, worth, and promise (Benson, 1997).

STAGE 7: EMPOWERING

Practitioners use the concept of empowerment to refer to the practice of developing a framework within which they can identify the circumstances of individuals and groups in society (Bretton, 1993; Comer, 1996; Rappaport, 1990; Resnick et al., 1993). The framework represents an attempt to make interconnections between personal and political realities by shifting power to the client. Empowerment is the process of recognizing and promoting the client’s competent functioning through collaboration between counselor and client during counseling (Dunst, Trivette, & Deal, 1988; Lee, 2001; Simon, 1990).

During empowerment, the practitioner works to develop a critical consciousness about the interconnections in the realities of the client’s socio-political life (Lee, 2001; Simon, 1990). The practitioner develops conscientization (Bretton, 1993), which examines the inseparability of private troubles and public issues addressed. Empowering counselors explore the social origins of clients’ actions, and they focus on the context in which clients’ problems occurred. Counselors recognize that problems are not necessarily within the person and that the client has most likely attempted a solution for each problem, with varying degrees of success and failure. The counseling psychologist helps clients activate resources within themselves and their communities (Lee, 2001).

STAGE 8: CHANGING

Strength-based counselors understand that change is a process, not an isolated event. Clients’ strengths are viewed as the foundation for making desired changes (Friedman, 1992; Simons & Aigner, 1985). Throughout counseling, psychologists speak the language of change with their clients (Selekman, 1997). Change talk consists of productive dialogue that helps clients become aware of what modifications they must make to improve their lives and to describe what strengths or resources they have to make those
changes. Clients are encouraged to view mistakes as opportunities for learning (Watzlawick, Weakland, & Fisch, 1974). Counseling psychologists help clients focus on what they are doing right regarding the situation. Consequently, clients begin to see that all is not hopeless.

Helping clients to establish goals is also part of change talk and the change process. Goals should be explicit and operational, realistic and attainable, discrete and time limited, observable and measurable (Siporin, 1975). Therapists assist clients in identifying small steps toward the accomplishment of their goals, and they help clients to recognize obstacles that block the path of goals. Counselors provide encouragement by recognizing individuals’ efforts, improvements, and accomplishments, even when they have fallen short of goals.

Changing the meaning of life circumstances. In addition to establishing goals, psychologists assist clients by helping them revamp the meaning they have attributed to specific life events or circumstances. Strength-based psychologists collaborate with clients to alter the meaning they have ascribed to their situation, distress, trauma, or pain (Thompson, 1985; White & Epston, 1990). They help clients understand that they can choose how they will view their adversities. As two philosophers of antiquity, Democritus and Epictetus, argued, it is not what happens to us that determines how happy we are, but how we interpret what happens to us. People are social constructivists; they act in ways consistent with what they believe to be true, rather than in accordance with objective truths.

Janoff-Bulman (1992) studied survivors of traumatic events to determine how individuals can change the meaning of life circumstances. She discovered that individuals who experienced and overcame traumatic events often spoke about the valuable lessons they learned from the adversity. Survivors of traumatic events stated they no longer take life for granted, that life has taken on new meaning, that they have developed a greater appreciation of themselves, and that they now see in themselves an inner strength.

Similarly, Frankl (1963) has given important insights about changing the meaning of life circumstances. During his time in a Nazi concentration camp, he realized he could choose how to view his situation. He discovered he could use the power of his mind to gain meaning from his circumstances that allowed him to endure the horrors. Frankl maintained that people have a choice in how their negative life events are felt, faced, and interpreted. They can face the most humiliating stressful life events with dignity, simply by changing their perspective.

Reframing. Reframing examines a life experience previously viewed as negative and takes a fresh look, describing the experience as positive, func-
tional, or useful (Watzlawick et al., 1974). As the client experiences the diffi-
culty from a new or different perspective, the strength-based therapist notes
the positive aspects of the situation. Consequently, the negative features of
the life circumstance have a better chance of being changed or diminished in
their importance (Walter & Peller, 1992).

Ben-Ari’s (1995) investigation of coming out found that the way parents
perceive a son’s or daughter’s disclosure of homosexuality affects their
response. If the psychologist helps the parents frame the youth’s homosexu-
ality disclosure as a means to gain intimacy rather than to shock or to blame
parents, parents adjust more easily to their child’s coming out. The practitio-
nor moves the parents to consider positive aspects of coming out (e.g., What’s
good about his or her coming out?).

Reframing has been conceptualized as more than just a one-step proce-
dure because several types of a client’s emotional reactions and behaviors are
required. For example, Gerber, Ginsberg, and Reiff (1990) outlined four
steps in the reframing process for learning-disabled adults: (a) recognition,
(b) acceptance, (c) understanding, and (d) action. I have modified the work of
Gerber et al. to apply more to adversities (e.g., sexual abuse, trauma, aban-
donment, and physical abuse) that youth experience.

I offer the following steps for client and counselor reframing: (a) recogni-
tion, (b) acceptance, (c) understanding, (d) learning there is always choice
for how to view adversity, (e) changing the meaning ascribed to an event, (f)
deriving lessons from the painful event, (g) redefining ourselves around our
strengths and multiple talents, and (h) taking constructive action around our
new strength-based identities and perseverance. During the recognition step
of the reframing process, the counselor acknowledges and validates clients’
suffering and traumatic ordeal. The client acknowledges, confronts, and
accepts what has happened.

Steps d to g emphasize that reframing involves the critical skills of reflec-
tion and reevaluation. Clients assume greater control over what has happened
to them by actively changing the meaning of the event. Clients not only rede-
fine themselves during reframing, but they also take action to reflect the
changed meaning and identity they have given to the traumatic life event
(e.g., rape or sexual assault). Clients might join a sexual assault or survivor
group or decide to volunteer to work with other individuals who have been so
assaulted.

STAGE 9: BUILDING RESILIENCE

The strength-based psychologist actively seeks to help clients build resili-
ency that will fortify them from a recurrence of the same problem or to insu-
late themselves from similar problems (Dunst et al., 1988). Some resiliency
goals for a person might be to develop social competence (Maluccio, 1981), to break the cycle of family problems, to develop good problem-solving skills, to develop critical school competencies, and to evidence good coping skills (Garmezy, 1993; Wang, Haertel, & Walberg, 1997).

STAGE 10: EVALUATING AND TERMINATING

During this phase, both therapist and client honor the progress that has been made (Weick & Chamberlain, 2002). They determine whether the client has accomplished goals, whether changes can be attributed to the intervention, and what client strengths and environmental resources were most significant in helping them achieve their goals. During termination, strength-based counselors seek to answer questions such as Has the client accomplished what he or she contracted to do? What factors brought about the client change? Does the current situation suggest the need for further counseling?

Strength-Based Group Counseling

Although I have emphasized individual counseling, the principles also apply to group counseling. According to Yalom (1995), group work helps individuals become strong, especially adolescents and young children. The group provides acceptance, a feeling that one is not alone, and a place for testing new values and judgment. Moreover, group counseling allows people to help others while encouraging them to develop a positive support network. As members interact with each other, new meanings and solutions may be found.

Strength-based group work stresses the identification of members’ resiliencies while acknowledging clients’ problems. The counselor directs the group’s attention to when the problems occurred and how the member coped. Another technique is to organize the group around identifying the seven resiliencies (insight, independence, relationships [i.e., connecting] with people who matter, initiative [i.e., taking charge], creativity, humor, and morality) that Wolin and Wolin (1993) articulated as a means to get group members to talk about their strengths.

In group work, the counselor teaches members the language of strengths so that they can talk about their self-protective factors. Group sessions encourage young people to build on what they have and to see themselves less as victims by promoting an appreciation of the strengths that helped them survive (Desetta & Wolin, 2000).

As group members become aware of strengths that other members have forgotten, minimized, or ignored, they gain greater insight into their own
strengths. They then may begin to consider using their strengths to effect desired changes (Desetta & Wolin, 2000). The group may also be used to dispute inaccurate views clients may have of their own weaknesses or strengths. Group members provide each other with support that will allow them to change. Gradually, members use their strengths to bounce back from adversity and to change their lives in positive ways. In essence, the strength-based group creates a forum that helps clients identify and marshal their own resiliencies. They learn how to identify the risk and protective factors in their lives, as well as their own resiliencies. Part III describes client resiliency, risk, and protective factors.

III. CLIENT RESILIENCY: ASSESSING RISK AND PROTECTIVE FACTORS

Understanding risk factors, protective factors, and resiliency is essential to strength-based counseling. A risk factor is that which increases the likelihood that a person will experience harm (Resnick et al., 1993; Rhodes & Brown, 1991). Psychologists use the public health approach to risk factors by identifying factors that put youth at risk, determining how they function, and designing programs to prevent the problematic behavior. Risk factors increase the probability that a young person will become violent, take drugs, or become involved in a teenage pregnancy (Dryfoos, 1990, 1997). Researchers have described at-risk conditions, such as living in high-growth states, being a member of a low-income family, having low academic skills, having parents who dropped out of high school or are addicted to drugs, and/or living in crime-ridden neighborhoods (Druian & Butler, 1987).

Educators have described at-risk students as having low academic scores, low achievement motivation, or high potential for dropping out of school. Several researchers have characterized at-risk youth as being alienated and disconnected from school (Denti & Guerin, 1999) and as being underachievers and unmotivated (Husted & Cavalluzzo, 2001). Slavin and Madden (1989) have identified that schools with a high proportion of children from low socioeconomic backgrounds represents a risk factor alone.

Regardless of socioeconomic status, family functioning dynamics contributes to at-risk behaviors among youth. A national survey reported that 80% of the parents said they do not spend enough time with their children (National Commission on Children, 1991). Sometimes, high socioeconomic status may buffer youth from the full impact of their negative social actions. In some instances, middle-class to upper-middle-class youth are given more differential and preferential treatment than that afforded youth from lower
socioeconomic backgrounds. Moreover, they might not be subjected to the same legal consequences as are those from less fortunate backgrounds. Ordinary families break under well-guarded secrets of alcoholism, incest, physical violence, and mental illness.

Most research conducted on risk factors identifies and measures the predictive power for a problematic behavior. Studies have found that a youth’s accumulation of risk factors is especially critical (Evans, 2004). The more risk factors to which a youth is exposed, the greater the chance that he or she will become violent, drug dependent, or pregnant. Herrenkohl et al. (2000) found that a 10-year-old exposed to six or more risk factors was 10 times more likely to be violent by age 18 as was a 10-year-old exposed to only one risk factor.

Risk factors may be internal or external. Internal risk factors involve the way that youth process, interpret, and respond to their environment (Durrant & Kowalski, 1992; Herrenkohl et al., 2000; Werner, 1995). They are related to lifestyle decisions (e.g., sexual activity at an early age, smoking, and drinking) and to genetic makeup, cognitive ability, and internal dispositions toward life. Children’s unique traits can promote the development of at-risk behavior. Typically, young people who exhibit internal risk factors have established a learning process that results in negative self-fulfilling prophecies for themselves and others.

External risk factors are outside the individual, such as growing up in a poor neighborhood or in a low-income family. Prevention of problematic behavior is based on understanding when and how risk factors emerge at various stages of youth development. Risk factors have varying effects on a youth at different stages of development (Evans, 2004). External risk factors exist in five domains: individual, family, school, peers and community, and society at large (Cowan, Cowan, & Schultz, 1996; Davis, 1998).

**Protective Factors**

Not all at-risk youth succumb to their risk factors (Kersting, 2003; Werner & Smith, 1992). Protective factors help explain why children and adolescents who encounter the same degree of risk may be affected differently (Benard, 1991; Bradley et al., 2001; U.S. Department of Health and Human Services, 1999). In certain instances, children with exposure to multiple risk factors can sometimes elude the full impact because of the presence of protective factors (Smith, Lizotte, Thornberry, & Krohn, 1995).

Protective factors have additive and cumulative effects (Garmezy, 1993; Kersting, 2003; Luthar, 1991). They do not guarantee that a youth will not develop problem behaviors, but protective factors function to decrease the
likelihood that problem behavior will surface within the youth or that a youth may have sufficiently strong refusal skills for drugs and violence. Protective factors in a child’s family and school can, over time, mediate or promote a child’s development of resiliency (Kersting, 2003).

Smith and colleagues (1995) found that several protective factors prevent high-risk youth from engaging in delinquency and drug use. They identified youth in the seventh and eighth grades who had experienced risk factors, such as an unemployed head of the household, family members with drug problems or trouble with the law, or an official record of child abuse before their 12th birthday. The researchers determined that youth exposed to five or more of these risk factors were at high risk of drug use and delinquency. Twelve to 18 months after they were surveyed, high-risk youth were much more likely to be seriously delinquent and to use drugs than a comparative group of young people who had zero to four risk factors. Nonetheless, 60% of the high-risk youth were resilient and had not become involved in serious delinquency or drug use.

Smith and colleagues (1995) also identified protective factors that contributed to positive outcomes for the resilient youth. Educational protective factors included being committed to their education, bonding with teachers, and high reading and mathematics achievement levels. Protective family factors were close parental supervision and a strong parent-child bonding. The Smith et al. study found that youth who were resilient at one stage of their lives were not so at a later stage, primarily because they began experiencing the cumulative effects of numerous risk factors. Lack of sufficient parental supervision became much more critical during adolescence than during middle childhood.

According to Garbarino (1994), each child has a tipping point between doing well and doing poorly. A close relationship with a caring adult who serves as a positive role model is a strong protective factor that shifts a child from being at risk to being resilient (Dana, 2002). Studies have found that a child who has a good relationship with even one caregiver manifests greater resiliency than one who lacks such a relationship (Werner, 1995; Werner & Smith, 1992). Benard (1991) has listed three key protective factors for children: (a) a caring and supportive relationship with at least one person, preferably an adult; (b) consistently clear, high expectations communicated to the child; and (c) sufficient opportunity to contribute meaningfully to one’s social environment.

Similar to risk factors, protective factors may be internal or external. External protective factors involve the family, school or educational system, peers and community, and societal forces (Pines, 1984). Family protective factors include good parental supervision, attachment to parents, paren-
tal attachment to child, parental involvement in child’s activities, effective management of family stress, clear parental expectations for child’s behaviors, nurturing and protective parent(s), quality parental time with children, positive parental values for education, positive parental expectation that child will attend college, and a high warmth–low criticism parenting style (Resnick et al., 1993; Rhodes & Brown, 1991).

Critical school-related protective factors for youth are commitment to school, attachment to teachers, positive relationship with at least one teacher, academic achievement, college aspirations, high expectations for academic success expressed by youth, instruction stressing meaningful student learning, and leadership and decision-making opportunities at school (Smith et al., 1995; Wang et al., 1997). A strong relationship exists between inconsistent parental discipline and juvenile delinquency (Baumrind, 1995). Inconsistent discipline leads to a child’s feelings of internal conflict and aggression.

Effective schools serve as external protective factors for children and adolescents. In effective schools, teachers, administrators, and students have the expectation that all students can and will learn. Effective schools establish clear rules for behavior that are fairly enforced, provide instruction, and carefully monitor student progress (Edmonds, 1979; Hamilton, 1986). By way of comparison, at-risk schools have low expectations for children, especially those from minority backgrounds. Such schools lack consistent discipline, have little teacher accountability for student achievement, and fail to engage students in meaningful learning. Furthermore, Wehlage and Rutter (1986) found that the most powerful determinants of a student dropping out of school were low teacher expectations, low grades combined with disciplinary problems, and student truancy.

Protective peer factors include peers with conventional values, positive evaluation of peers by parents, and peers bonded to conventional social groups and involved in drug-free activities (Freeman, 1995; Smith et al., 1995). Community protective factors, which are indigenous to the neighborhood in which the young person lives, include organized recreational opportunities for youth, positive relations with law enforcement, community control of crime in neighborhood, opportunities for youth to contribute positively through community service, and strong cultural bonding within the community (Kretzmann & McKnight, 1993; Maton et al., 2004). Societal protective factors involve the youth’s standing in the society or the society’s treatment of the youth’s ethnic group (Slavin & Madden, 1989).

Internal protective factors within a youth are those that may have been influenced by heredity and environment. Key internal protective factors are positive self-esteem, prosocial attitudes, good problem-solving skills, good interpersonal communication skills, positive sense of self-efficacy, good
coping skills, average intelligence, and a positive outlook (Werner & Smith, 1982).

The Concept of Resilience and the Paradox of Adversity

The term _resiliency_ is derived from a Latin word meaning to jump or bounce back. Resilience occurs when an individual shows competence in response to significant risk exposure (Kersting, 2003). Resiliency refers to an individual’s adaptation and healthy development despite stressors or challenges that may at times be severe (Katz, 1997). The resilient child achieves positive outcomes while being confronted with adversity. Examples of chronic risk exposure for children would be growing up with a mentally ill parent (Garmezy, 1987, 1993; Rutter, 1985a, 1985b) or growing up in poverty (Werner & Smith, 1982).

According to Garmezy (1993), resilience is made of ordinary rather than extraordinary processes. The average child can be taught to become resilient. Werner and Smith (1992) have used the term _resiliency_ to describe an individual who has been exposed to biological risk factors or stressful life events but who has adapted successfully despite these circumstances. Resiliency is the process of an individual’s persisting in the face of adversity (McCubbin et al., 1993). An individual’s manner of struggling with the hardship rather than the end goal or state characterizes resiliency (Kersting, 2003; Masten & Reed, 2002). Individuals who overcome addictions (e.g., alcoholism and drug abuse) are also labeled resilient (Garmezy, 1993).

The paradox of adversity is that we become stronger by confronting it, by trying to master it, rather than by running from or denying it (Affleck & Tennen, 1996). The other side of the paradox is the psychological harm of the adversity—the pain of childhood sexual and mental abuse and the pain of parental abandonment. Enduring human strength emerges from the paradox of adversity.

Researchers (Haggerty, Sherrod, Garmezy, & Rutter, 1994; Rak & Patterson, 1996; Werner, 1995) have identified important characteristics that resilient children exhibit. These characteristics are (a) an active, positive approach to life’s problems, using a proactive problem-solving framework that allows the youth to navigate emotionally threatening experiences; (b) an optimistic tendency to perceive the proverbial glass as half full rather than half empty, to perceive pain and frustration constructively; (c) the ability to garner positive attention from others; (d) strong faith that provides a moral framework from which to judge one’s actions and those of others; (e) basic competencies in school and social and cognitive areas; and (f) the ability to be autonomous.
Assessment of Child and Family Strengths

A few strength-based instruments have been developed to assess children and adolescents in the school setting. These strength-based instruments include the Behavioral and Emotional Rating Scale (Epstein & Sharma, 1998), California Healthy Kids Survey–Resilience Module (Constantine, Benard, & Diaz, 1999), Child and Adolescent Strengths Assessment Scale (Lyons et al., 2000), and Strengths and Difficulties Questionnaire (Goodman, 1999). Both the Behavioral and Emotional Rating Scale and the California Healthy Kids Survey measure individual strengths and have strong psychometric properties. Lopez and Snyder (2004) recently published a book about positive psychological assessment.

Using a strength-based perspective is responsive to national initiatives from the U.S. Department of Education (1994), as specified in its National Agenda for Achieving Better Results for Children with Serious Emotional Disturbance. This document advocates a strength-based approach to assessment for all children, and especially for children with serious emotional needs. The agenda also responds to the current positive–child development movement and its emphasis on capacity building to help children and adolescents cope with challenges (Larson, 2000; Murray, 2003). The focus of such assessment is not just on identifying and eliminating risks and deficits but rather on how psychologists should foster resilience and promote asset building in youth and families (Benson, 1997; Benson et al., 1995).

How do we interview and assess clinically for clients’ strengths? During strengths assessments, a counselor helps clients clarify their competencies as well as their personal and environmental assets (Maluccio, 1981). Rapp (1998) has suggested that these assets be organized into six life domains: daily living situation, financial situation, vocational or educational domain, social and spiritual supports, health, and leisure/recreation. Because psychologists are often trained from a pathology perspective, they may not know how to conduct a strength-based initial interview (Saleebey, 1992, 2001; Schumm, 1985).

More than other psychologists, counseling psychologists are trained to consider clients’ sturdy roots. In strength-based counseling, the practitioner allows clients to describe themselves positively rather than from the negative perspective of their problems. Thus, the first part of the interview concentrates on getting clients to describe the best thing about themselves. Such a technique builds the relationship, as clients expect the counselor to focus on what’s wrong rather than on assets. Other strength-building questions might be the following: Describe the best thing you’ve ever done for another person. Tell me what you do when you are at your best. Describe a situation that
involved your solving a problem successfully; How you have broken the cycle of your problem in the past?

Strength-based psychologists assess for risk factors, protective factors, and strengths. They highlight the client’s understanding of the facts, and they discover what the client wants out of counseling. The risk and protective factor assessment concentrates on at least five domains: (a) individual, (b) family, (c) school, (d) neighborhood, and (e) peers or social friends.

After psychologists have assessed clients’ risk and protective factors, they address clients’ resiliency. Some characteristics of resilient youth include the following: social competence, coping with and managing painful family memories rather than being consumed by them, avoidance of the victim posture, and breaking the losing cycle of their family and old neighborhood. Moreover, the resilient youth understands and knows how to obtain social support, has good emotional control over impulses and desires, can defer immediate gratification to accomplish goals, and knows when to take advantage of opportunities rather than let them slip away untouched (Benard, 1991; Martin, 2002).

During assessment, strength-based psychologists arrive at an index of client resiliency, which is based largely on examining the client’s possession of the eight core resilient competencies that I propose for positive youth development: (a) critical support in the family, school, and community; (b) positive self-identity, self-esteem, and self-efficacy; (c) academic achievement and school bonding skills; (d) secure ethnic identity, with achievement of cultural competence and acceptance within at least one ethnic group; (e) coping skills and self-control; (f) communication and social competence skills; (g) a sense of purpose that is based on a positive outlook on life; and (h) religious faith that provides moral leadership and guidance to one’s actions and decision making.

Case Study of Strength-Based Counseling

Assessment should be a joint activity between the service provider and the client. In teaching strength-based assessment and counseling, I usually provide students with four documents: (a) a list of risk factors, (b) a list of protective factors, (c) a list of the eight core resilience competencies, and (d) a case study of a high-risk youth involved in problematic behaviors (e.g., alcohol or substance abuse, school truancy). First, I ask students to assess the case study from the perspective of the client’s risk factors only. Second, I require them to put aside their risk assessment and examine the same case study in terms of the client’s protective factors (Johnson & Friedman, 1991; McQuaide & Ehrenreich, 1997). Third, students examine the client from the perspective of
his or her resiliency, and they are required to arrive at an index of resiliency for the client. Finally, students are encouraged to develop practical solutions for dealing with the client’s presenting issues. They are encouraged to assess the potential usefulness and practicality of solutions with clients for their input in the decision-making process.

Case study: Jessie. Jessie is a 15-year-old, White, second-generation, Polish American young woman who lives with her mother in a low-socioeconomic, high-crime urban area. Her parents divorced 3 years ago. Although her father visits her frequently, he typically ends up fighting with her mother over her failure to raise Jessie properly. Jessie spends some weekends with her father and his new wife. The father works, but he is just barely solvent. Jessie’s sister and brother also live with her mother. All three children argue with each other and with their mother frequently. Jessie’s mother works two part-time jobs, so she is unavailable to supervise Jessie and her siblings most of the time. The family is part of the working poor. Jessie’s mother is fairly isolated from her larger family. Rarely does the mother attend any family gatherings, and when she does, conflict erupts between the mother and the mother’s sisters.

Up until about a year ago, Jessie was attending public school on a regular basis; recently however, she was picked up by the school truant officer and was charged with truancy. The truancy charge led to Jessie’s being taken to family court, where she was ordered to undergo counseling for 6 months. Therefore, Jessie is an involuntary client at a community counseling center located outside her neighborhood.

Jessie’s mother is upset, and she is afraid that her former spouse will seek custody of Jessie to bring Jessie’s behavior under control. Jessie’s mother has not consulted with the father about Jessie’s truancy, although the other children have told him what happened. Jessie’s mother is ashamed to tell her extended family about the problem. She is fairly isolated from her neighbors and relies primarily on herself.

Jessie sometimes baby-sits for her aunts (her mother’s sisters) to earn extra money for going to the movies and to the downtown mall. Her aunts feel that she does a good job taking care of the younger children. Recently, Jessie’s mother found a journal in which Jessie had written about concerns about having sex with her boyfriend.

Jessie’s peers have pressured her to become sexually active, “to just do it and get it over with.” Jessie cannot make up her mind about what she will do regarding having sex with her boyfriend. She feels alienated from some of her friends because one crowd has begun to smoke marijuana and drink. Jessie does not want to smoke, but she is considering doing so, just so her friends will not reject her. Although Jessie has friends who are both prosocial
and delinquent, she feels depressed, lonely, and isolated. She feels that nei-
ther her father nor her mother really loves her.

Within the past 3 months, Jessie’s grades have dropped; she earned three
Ds and two Cs. Jessie is discouraged about school and does not expect to do
well. She is concerned that she will never be able to graduate or to make any-
thing of herself. Jessie reports interests in music and drama, and she had a
minor singing role in one of the school plays.

Jessie is having difficulty figuring out who she is and what she wants to be.
She constantly obsesses over her weight gain and her occasional zits. She
feels as if she does not really belong with either peer group with whom she
goes out occasionally. Jessie is only marginally involved in the church’s
youth group.

What are Jessie’s risk factors in each of the five domains of individual,
family, school, neighborhood or community, and peers? Indicate what you
believe to be the severity of Jessie’s risk factor. Considering only Jessie’s risk
factors, at what level of risk would you place her (low, medium, high, or
imminent danger)? What is Jessie’s most critical or threatening risk factor?
What risk factor might serve as a tipping point for her?

What are Jessie’s protective factors in each of the same five domains?
What is Jessie’s strongest protective factor? In what domain is this protective
factor located? To what extent do Jessie’s protective factors moderate her
level of risk for increased development of problematic behavior? What pro-
tective factor might slow or decrease Jessie’s engagement in further risky
behavior? In what areas of Jessie’s life does she need protective factors? How
resilient is Jessie? What evidence do you have of her resiliency? What kinds
of experiences, knowledge, or skills must Jessie possess to make her more
resilient? In what kinds of programs might you get Jessie involved?

Concerning developmental issues, I typically ask students, Where would
you place Jessie along the developmental continuum for her age? What
developmental tasks has she mastered? With what developmental tasks is she
having difficulty? To what extent do her risk factors impede her mastery of
the developmental tasks outlined for her age group? What are Jessie’s devel-
opmental assets?

What are Jessie’s personal strengths? How do you know that these are per-
sonal strengths for her? What is Jessie’s strongest strength? To what extent is
Jessie aware of her strengths? What support has she ever received from sig-
nificant others for her strengths? How might you help Jessie to become aware
of her strengths? How might you help Jessie to reframe problematic areas
of her life? What are Jessie’s hopes? Her fears? What are Jessie’s family
strengths? How well has the family bonded? What are the family competen-
cies? To what extent is Jessie bonded to an ethnic culture? Does Jessie have
an achieved ethnic identity? How might Jessie’s culture help her and her fam-
ily to heal and move forward? What cognitive and social competence skills must Jessie develop, and how might you assist her in achieving these skills?

Strength-based counseling psychologists understand on a deeply human level that part of their mission is to extend to Jessie a “hope lifeline” (Snyder, 2000). Just as one therapist once described psychotherapy as the purchase of friendship, strength-based counseling psychologists know they sell hope in the counseling relationship, hope that the client can change, and hope that the client’s life will improve.

Case analysis: Jessie. An in-depth analysis of Jessie’s case is beyond the scope of this article; however, this section highlights training directions for understanding the case. Jessie’s individual risk factors deal with how she processes information, interprets her life situation, and responds to her environment. Individual risk factors are also related to her lifestyle decisions (e.g., smoking, drinking, and becoming sexually active) and to her genetic makeup, including her intelligence. Jessie’s individual risk factors involve her decision to become truant from school, her indecision about whether to become sexually active or to smoke, her physical appearance (e.g., zits), her depressed mental state (e.g., feeling lonely and isolated), her feelings of not being loved by both parents, her discouragement and low expectations about her school performance, and her inability to form independent positions for her own value system. Jessie has interests in music and drama.

Jessie’s risk factors in the family domain are related to insufficient parental monitoring and supervision, behavior of friends, divorce of parents, lack of economic resources, family’s lower socioeconomic status, lack of family bonding and caring (e.g., sibling conflict and arguing with mother), and lack of communication between divorced parents regarding the child. Moreover, the mother as custodial parent is isolated from her extended family and from neighbors.

Jessie’s risk factors in the peer domain are significant because she appears to be at the crossroads for deciding whether to become involved in delinquent behavior. Her peers have favorable attitudes toward alcohol and marijuana, and some of her friends are delinquent. Her truancy from school may have been influenced by truant peers. Jessie seems to have greater peer than parental influence.

The case study does not present in detail Jessie’s school risk factors; it states that Jessie had low individual academic achievement. Her grades dropped recently to three Ds and two Cs. The fact that Jessie’s mother works two jobs suggests that the mother may have little parental involvement in Jessie’s school. Community risk factors include a neighborhood with low socioeconomic and high crime levels. Jessie’s involvement in family court is another critical area. The fact that Jessie has to attend a community counsel-
ing center outside her neighborhood suggests that the community may have few resources to help neighborhood residents.

Jessie’s risk assessment is medium or moderately severe. Her most critical risk factor is involvement with delinquent friends. Strength-based counseling maintains that the people with whom one associates have a more powerful force on one’s behavior than does one’s intelligence or family background. Highly intelligent individuals have been persuaded by their friends to break the law. The risk factor that might serve as a tipping point is Jessie’s continued conflict with her mother and siblings and her contact with family court.

Protective factors have been conceptualized as conditions that interact with risk factors to reduce the latter’s negative impact on the individual, thereby preventing the appearance of problem behavior. A major individual protective factor for Jessie is that she appears to be of average intelligence, as evidenced by the fact that previously she was getting grades higher than Cs and Ds. Average or above average intelligence indicates that Jessie has good information processing skills. She has not established negative educational self-fulfilling prophecies for herself. One may infer that Jessie has reasonable interpersonal and communication skills because she has friends.

Jessie’s family protective factors are that she has two parents who evidence prosocial behavior (noncriminal record) and who appear to be concerned about her welfare. Her father visits her frequently, and Jessie spends some weekends with him and his new wife, suggesting that despite the divorce he still wants to be active in her life. Despite the low socioeconomic level of the family, her parents provide the basic needs of the children, without assistance from the state. Both parents are employed, implying their acceptance of a work ethic. The concern of Jessie’s mother for her daughter is reflected partly by her fear that her former spouse will seek custody of Jessie. Despite family conflict, both parents care about Jessie’s welfare. The fact that the family has survived is strength. The family still communicates significant developments among themselves, as shown by the siblings’ informing the father about Jessie’s truancy. There is an extended family to which Jessie’s nuclear family may seek assistance. Jessie’s mother’s feelings of shame about the truancy suggest that the extended family is primarily prosocial or conventional in its adherence to norms.

A major school protective factor is the evidence that Jessie has bonded with her school, as seen through her minor singing role in a school play. Moreover, Jessie was attending school regularly up until about a year ago; therefore, her truancy is not long-standing. Jessie’s protective factors in the peer realm are that she has prosocial peers. A significant counseling issue will be how to increase her contact with the prosocial peers. Jessie’s involvement with her church’s youth group is a protective community factor. The
church may serve to provide spiritual counseling and support for the family. Moreover, Jessie’s Polish American ethnic membership may be advantageous by offering the opportunity to be involved in cultural events related to her ethnic group. Finally, Jessie’s involvement with family court may be a blessing in disguise because it forces the family to examine itself, to get help, and to chart a more responsible course of action for Jessie.

Jessie’s strongest protective factor is that she has two parents who care about her welfare, and the next strongest protective factor is her prosocial friends. Jessie’s protective factors have moderated her risk factors. For instance, although she lives in a crime-ridden neighborhood, she has two parents who work and who want the best for her. Jessie’s father offers the greatest possibility for decreasing her engagement in further risky behavior, primarily because he appears to have clear ideas about how she might be raised properly. Jessie’s weekends with her father and his new wife provide an opportunity for a new supportive family setting without the conflict with her siblings.

Family isolation is a critical factor in Jessie’s life. She must have additional positive role models and influences in her life, especially in the area of school and community. An effort should be made to contact the guidance counselor for assistance in helping Jessie to join activities such as the school choir, drama club, or newspaper. Greater prosocial involvement with the school might reduce any available time for socializing with delinquent friends. Ways to increase Jessie’s academic achievement must be explored. What has caused her grades to drop? Greater involvement with the church might function to buffer the negative effects of Jessie’s neighborhood.

Jessie is moderately resilient because she has been able to survive and function reasonably well in school despite the family’s low socioeconomic level, the crime-ridden neighborhood, and the divorce of her parents 3 years ago. There is no evidence that she has adopted maladaptive behavior in response to the family breakup. On the contrary, Jessie appeared to bounce back from her parents’ divorce until recently.

Developmentally, Jessie is reasonably on track. For most of her years, she has been able to succeed academically in school. She has mastered the developmental task of industry and making friends outside the family. She is having some difficulty with the developmental tasks relating to personal identity and sexual behavior. She is trying to forge a personal and sexual identity for herself. At this point, her peers have an undue influence on her decision to engage in problematic behaviors. Jessie needs help in clarifying her value system and the type of people with whom she wants to spend time. She is having difficulty with the developmental task of discovering what she wants to do in life. This situation may have occurred because of the financial limitations of her family and because she may have few role models in her neigh-
borhood. Poverty may force Jessie to grow up fast and may not give her the chance to try different interests and behaviors in a safe environment.

Jessie has creative and relational or nurturing strengths. Evidence of her creative strengths is found in her journal, her participation in a school play, and her singing. Nurturing and strengths are found in her ability to care for children and in her making of friends. Jessie is in danger of not recognizing her strengths because there is no evidence that she has identified any of her creative pursuits as strengths. Her awareness of her creative and nurturing strengths might be increased by pointing out her involvement in activities that required these strengths. One might ask Jessie the miracle questions, such as What would you do with your life if tomorrow you awakened and no longer lived in the neighborhood in which you are now living? What would your life be like? One might also use the hope chest technique: Let’s suppose that there was a magical hope chest, Jessie, and you could be anything that you wanted. What would be your first wish out of the hope chest? Another approach might be Tell me about what you perceive as your greatest strength, or When you are at your best, what are you doing?

Additional information might have to be provided to answer other questions related to Jessie’s family competencies and the influence of her ethnic culture. This case study demonstrates, however, that strengths can be found in most individuals and in most families, despite their challenging situations. Families require help in understanding how they have survived and what family strengths have helped them survive.

The Strength-Based Competence Continuum

Psychologists may not have the necessary skills or training to help clients such as Jessie. Such counseling competence or mastery occurs on a continuum of lifetime skill development. Strength-based counselor competencies occur on a continuum of counselor skill from deficit-based destructiveness to strength-based proficiency. Psychologists and practitioners who focus entirely on a client’s problems, weaknesses, and deficits represent the most negative end of the competence continuum (Berg, 1994; Epstein, 1998). When clients leave such practitioners’ offices, many are left with feelings of being drained from the experience (Rapp, 1998). Their self-concepts and sense of self-efficacy may even be lowered because of the almost exclusive focus on their negative, presenting problems (Saleebey, 2001). The deficit-based counselor gives the client a diagnostic label that results in the client’s having a devalued master status. They may believe that childhood trauma is the predictor of adult pathology. Such a therapist lacks encouraging and hope-instilling counseling skills. He or she devalues or may not be aware of clients’ strengths or their resiliency in coping (De Jong & Miller, 1995).
The second level on the continuum deals with strength-based precompetence. Practitioners begin to develop an awareness that traditional counseling approaches have focused on the deficit model (De Jong & Berg, 2002). While practitioners have found some success with this model, they feel that its value is limited in working with youth and other individuals who are at risk in the broader society. Such practitioners are both consciously and unconsciously searching for a better and different way of working with clients, but their training may have provided few clues in this direction.

Precompetent strength-based practitioners realize the limitations of the psychiatric worldview for minority clients, at-risk clients, and clients in general (Berg, 1994). In fact, they may have tried to modify their counseling practices to better serve members of these groups. One critical problem facing precompetent strength-based counselors is that they have been trained in only traditional counseling methods (Berg, 1994; Maluccio, 1981). Accordingly, they have little professional knowledge or training for working with ethnic minorities or with youth who are at risk. In fact, their own supervision most likely focused on the problem-centered approach (Cohen, 1999).

What sets precompetent, strength-based psychologists apart from their deficit-based counterparts is that they are beginning to desire to change their counseling practices to meet clients’ needs more effectively. Precompetent, strength-based counselors actively seek to gain knowledge and training about positive ways to work with clients and at-risk youth. They may have even noticed a difference in how clients respond; however, they can only articulate vague notions of strength-based counseling, asset development, and so on. One danger faced by precompetent counseling psychologists is that negative trial experiences with at-risk or targeted clients from represented groups may send them scurrying back to their old counseling framework.

The third level of the continuum involves the competent, strength-based counselor. Such psychologists have received some training in strength-based counseling, asset development, and risk and protective factors. They understand these concepts, but more importantly, they can assess their impact on clients’ lives. The competent strength-based counselor understands that trauma, abuse, illness, and struggle may be injurious but that they may also be sources of challenge and opportunity. Competent, strength-based psychologists are culturally aware. They understand both their own and their clients’ culture (APA, 2003b).

One danger at this level is that practitioners allow themselves to believe that they are now expert in working with at-risk youth, racial or ethnic minorities, or other targeted populations because they have participated in training related specifically to the clients under study. While competent strength-based counselors may have adopted part of the philosophy of the strength
research on the strength perspectives consists of detailed case studies conducted largely by social workers (Maluccio, 1981; Rapp, 1998; Saleebey, 1992). Psychologists are just now moving in the direction of the strength perspective. Scholars must clarify the nature of human strength. Although much has been learned about the types of family, school, and community environments that foster strength development, further research is

IV. RESEARCH, ETHICAL, AND TRAINING IMPLICATIONS

Research Implications

Most research on the strength perspectives consists of detailed case studies conducted largely by social workers (Maluccio, 1981; Rapp, 1998; Saleebey, 1992). Psychologists are just now moving in the direction of the strength perspective. Scholars must clarify the nature of human strength. Although much has been learned about the types of family, school, and community environments that foster strength development, further research is
needed to better understand how we can enhance youth’s resiliency via pre-
vention programs. Counseling psychology must develop a taxonomy of 
strengths and instruments to measure such strengths (Savickas, 2004).

Instrumentation is critical to the strength-based theoretical framework. I 
encourage researchers across the helping professions to construct instru-
ments that measure the degree of risk and resiliency in a client’s life. Simi-
larly, I recommend that psychologists revise their traditional intake forms to 
include questions about risk, protective factors, and especially client 
strengths. Clients might be asked to describe their greatest strengths, the suc-
cesses they have experienced with their presenting problem, or the cultural 
strengths that help them cope.

Strength-based counselor competencies should be further examined and 
clarified in terms of counselor attitudes, knowledge, and skills in several 
domains—for instance, in the areas of the school, family, community, and 
school. A strength-based attitude is one in which the counselor understands 
that even the most desperate families have some kind of strength or resource. 
A skill competency related to risk and protective factors might be one in 
which the strength-based counselor has developed counseling skills that 
encourage clients to become resilient in dealing with the problematic areas of 
their lives. Another counseling skill might be when the strength-based coun-
selor knows how to make counseling interventions that motivate clients by 
emphasizing their strengths.

I challenge counseling psychologists to develop instruments that measure 
levels of strength-based competencies for themselves. Such instruments 
should be tested on clients during the initial stage of their counseling. I envi-
sion a strength-based competency instrument that would measure four levels 
of counselor competency, notably (a) the deficit-based counselor, (b) the 
precompetent strength-based counselor, (c) the competent strength-based 
counselor, and (d) the proficient strength-based counselor. Empirically based 
competencies would be established for each level.

Moreover, facilitative counseling skills would also be linked to counselor 
competence levels. Such a proposed instrument might measure four levels of 
facilitative counseling skills. If a counselor made a facilitative response at the 
destructive competence level, he or she would be given a Level 1 rating. Facilitative counseling responses that indicate a counselor is at the pre-
competent stage of strength-based counseling would be given a Level 2 rat-
ing; those who make facilitative responses at the competent level would be 
give a Level 3 rating; and those at the proficient level of strength-based coun-
seling competency would be given a Level 4 rating.

Researchers might investigate the extent to which positive results such as 
increased self-efficacy, increased life satisfaction, and greater self-esteem 
based on an understanding of one’s own resiliency occur as an outcome of a
strength-based counseling approach. Other positive outcomes of strength-based counseling might include increased emotional intelligence, increased insight, knowing the difference between being needed and being wanted, and internal peace. As noted earlier, strength-based counseling is grounded within the psychological construct of optimism and hope. Optimism is characterized by the extent to which people focus on positive experiences and expectations. As Carver and Scheier (1990) have noted, optimists by definition have favorable expectations about the future. Positive expectations of success in solving a problem increase the likelihood that individuals will continue their problem-solving efforts.

It is hypothesized that people who effectively identify and articulate their strengths and then focus on those strengths in their planning and daily activities are theorized to be optimistic in their outlook. This situation occurs because they tend to focus on activities in which they have used their best strengths and in which they were successful in the past. Young people and adults should be encouraged to articulate their strengths and then to focus on those strengths when making and implementing their plans and decisions.

Schools might benefit from curricula, counselors, and teachers who can assist students to focus on their positive thoughts, emotions, and actions. In a 1990 pilot program at the University of Pennsylvania (Penn Resiliency Program [PRP]), researchers showed 70 children aged 6 to 10 how to retreat from habitually negative thinking (see http://my.webmd.com/content/article/12/1674_50504). The participants were at risk for depression because of conflict or instability in their homes. Researchers then asked the children to examine their own fears, and they inquired, “What’s the worst thing that could happen? How likely is it that this will pan out?” The young people had to test their expectations to see if they were realistic or overly pessimistic. After being involved in this resiliency program, only 22% of the participants still felt depressed, compared with 44% of children from similar backgrounds in a control group. In the PRP, young people learned the skill of “de-catastrophizing” or looking for other outcomes and putting their energy to work on things they could control. They learn the skills of optimism and hope. Findings indicated that the program improved optimism and prevented depressive symptoms through 2 years of follow-up. The program was so successful that it was replicated in 10 locations over a 9-year period. The PRP has trained teachers from New York, Pennsylvania, Minnesota, Texas, California, Canada, Australia, and China. Currently, the PRP is conducting a study related to resilience using 700 children and teens, which is sponsored by the National Institute of Mental Health (see http://my.webmd.com/content/article/12/1674_50504).

If the research studies on learned optimism are valid, efforts in strength-based education may have a far greater impact on young people’s success and
happiness than do many academic skills currently measured in high-stakes testing, which determines their right to graduate from high school and attend college (Aspinwall & Staudinger, 2003; Chang, 2001; Fredrickson, 1998, 2000; Seligman, 2002; Seligman et al., 1995; Snyder, 2000; Snyder et al., 2000). Schools might be encouraged to help students identify their strengths and to consider themselves in terms of their strengths instead of primarily in terms of their standardized test scores. Schools may consider developing guidance programs that offer strength-based workshops for both students and parents. For instance, studies have found that girls are inclined to become resilient by building strong, caring relationships, whereas boys typically bounce back from adversity by learning how to better problem-solve difficult situations (http://my.webmd.com/content/article/12/1674_50504). Children tend to learn resilience from their parents up to age 11; after that age, they learn resilience skills from their peers. Although parents find it easy to teach resilience when children are young, they may need help with rebellious teenagers and with encouraging their children to consider themselves in terms of their strengths.

In addition, studies might compare the strength approach with other counseling models. These types of comparisons would determine whether clients who have been given strength-based counseling evidence fewer hospitalizations and whether psychologists who use strength-based counseling have fewer premature counseling terminations than do those who use problem-centered counseling. Researchers might clarify the relationship, if any, between strength-based counseling and clients’ recidivism rate for substance abuse and alcoholism. Studies might determine whether psychologists trained in the strength perspective would be rated as more effective by their clients than do those who have been trained in the problem-centered framework or whether clients might prefer strength-based versus problem-centered counseling. The strength-based counseling model should be linked with positive psychology research.

Ethical Issues for Strength-Based Counseling

Strength-based counseling is responsive to the APA’s Ethical Principles (APA, 2003b). For instance, Principle A, beneficence and nonmaleficence, states that “psychologists strive to benefit those with whom they work and take care to do no harm.” The strength perspective is designed to do no harm, and it demonstrates concern for this principle by not unduly labeling clients with diagnoses that may serve as negative master statuses. Strength-based counseling is also responsive to Principle D, justice, by focusing on empowering clients and by including systemic intervention as one possible technique used to help empower clients. Moreover, strength-based counseling
does not always locate the problem inside the client. Likewise, the model also supports Principle E, respect for people’s rights and dignity. Strength-based counselors are trained to understand that special efforts, such as making a concerted effort to work with community leaders and churches, may have to be used with vulnerable communities.

Graduate education psychology programs are organized around deficit paradigms that have limited value for increasing individuals’ resiliency to adversity (Seligman, 1998, 1999). The strength-based model adheres closely to the Ethical Principles (APA, 2003b) related to boundaries of competence. Perhaps the dominant ethical issue facing psychologists is whether they been trained adequately to work with youth from a strength perspective. Strength-based counselors must seek training in identifying risk and protective factors and in designing school or community prevention programs designed to increase youths’ resiliency to combat targeted problematic behaviors. Strength-based counselors provide services only in the areas of their competence based on their education, training, supervised experience, consulting, or professional experience.

**Training Implications for Strength-Based Counseling**

The strength-based counseling model has training implications for the psychology profession. The cognitive course content for psychologists, especially counseling and clinical psychologists, must change if psychologists are to move toward a strength-based model. First, counseling psychologists should be trained in the principles of positive psychology, strength psychology, and prevention psychology. Courses on children and adolescents might deal with the concepts of risk and protective factors and the concept of encouragement and resilience. Each training program might consider at least one course on at-risk youth.

Counseling psychologists might be encouraged to understand the paradox of adversity. Psychology preparation programs might entertain adopting components on (a) strength identification and strength assessment and (b) solution identification and assessment. Strength-based counselors in training would be required to identify common human strengths, the contexts in which such strengths are developed, and the types of strengths that they desire as the focus of their psychotherapy. Psychology preparation programs are encouraged to provide both cognitive and clinical experiences that teach psychologists how to assist clients to construct solutions to their problems.

Counseling psychology training programs need courses that help students identify how sociopolitical factors such as race, gender, and social class influence clients. Programs should be more field based than university based so that counselors learn how to work cooperatively with the communities that
they seek to serve. Presently, some programs may not be able to make major changes in their training programs because of institutional, state, or APA guidelines.

Exercises might be designed to train strength-based counselors without making major programmatic changes. The “reframing our lives” exercise asks students to describe a difficult or trying time in their lives from any of the existing counseling theories (e.g., psychoanalysis or cognitive-behavioral). They then retell the same story using a strength perspective. Students describe how they felt about the experience from each perspective. Likewise, the changing lenses in the assessment exercise requires students to give any assessment instrument (e.g., depression or anxiety scale, intake inventory) to a client using the deficit approach. Next, students rewrite the same instrument from a strength-based perspective, and they administer the same instrument to the client. They discuss the results with the client and consider how they might use either instrument as part of the counseling process. Moreover, supervision for counselors and psychologists in training should also be strength based. Professors should be encouraged to have counselors in training describe their most successful counseling case, as the professors focus on the students’ counseling strengths.

SUMMARY

The theory of strength-based counseling was presented as part of this researcher’s effort to provide a theoretical basis for examining human strengths within the counseling relationship. Strength-based counseling signifies a dramatic paradigm shift from the medical model to a competence development model. It provides a theoretical and counseling practice framework that helps psychologists engage in capacity and asset building for people across the lifespan (Benson et al., 1995).

Part I gave a historical overview of the strength perspective within the helping professions. In part II, I delineated core concepts of the strength perspective, characteristics of strengths, and categories of strengths. I provided a theoretical framework for strength-based counseling and propositions that outlined its basic principles. Part II concluded with a discussion of the stages of strength-based counseling and counseling techniques integrated from several contributory sources. Part III discussed the concepts of resiliency and risk and protective factors, and a case study illustrated the strength perspective in counseling. Part IV discussed research issues, ethical considerations, and training implications of the strength perspective.

Although the strength-based model applies to counseling individuals across the lifespan, I singled out at-risk youth because the situation may be
dire for adolescents in the United States (Carnegie Council on Adolescent Development, 1995; Dryfoos, 1997; Evans, 2004). Counseling at-risk youth presents enormous challenges to psychology and to the helping professions in general. We cannot, in good conscience, continue to use a deficit model that has limited value for increasing individuals’ resilience to adversity. Approximately 15 million youth in the United States are at risk for alcohol and substance abuse, teenage pregnancy, school dropout, violence, and criminal involvement in the juvenile justice system (Dryfoos, 1997). The national cost of their involvement in any of these problematic behaviors is in billions of dollars. Yet it is not just the money that matters. Human lives matter. As Americans, we need to reclaim our youth. Helping professionals from diverse backgrounds must begin to learn a language of strengths and to search for positive human qualities that are often unrecognized, unnamed, and unacknowledged, both in therapeutic and school settings (Benard, 1991; Benson, 1997; Pines, 1984; Rak & Patterson, 1996; Rutter, 1993; Weick et al., 1989; Wolin & Wolin, 1993).

The strength-based perspective provides a new framework that offers an opportunity to counseling psychologists to modify the psychiatric worldview that still dominates so much of psychology. Just as the field of counseling psychology led in helping the APA embrace multicultural competencies for psychologists, it can also lead in assisting the psychology profession to adopt a strength-based counseling perspective.

REFERENCES


