




Strengths Based Practice: A New Way to Think About Addiction Counseling

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Strengths Perspective

- Dennis Saleebey (1992, 1997, 2002)
The Strengths Perspective in Social
Work Practice
- Katherine van Wormer & Diane Rae
Davis (2003)
Addiction Treatment: A Strengths
Perspective

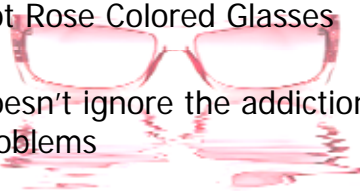


Many of you are already
doing these things!!

Provide a framework and
focus for your practice

What Strengths Based is NOT

- Not Rose Colored Glasses
- Doesn't ignore the addiction or problems



What Strengths Based IS

- ➔ **Different way of looking at the person and their addiction**
- ❖ Dramatic departure from traditional treatment and medical model
- ❖ Everything therapist does focuses around strengths
- ❖ Requires ingenuity and creativity
- ❖ Stimulates collaborative efforts

Borrows From:


- Self-Help
- Motivational Interviewing/Stages of Change
- Harms Reduction
- Positive Psychology
- Narrative Therapy
- Empowerment Theory



Micro Practice


Therapeutic Alliance
first step toward healing

- Based on collaboration, mutual trust, and empathy
- Built on love and trust
- Should grow and improve
- Gives client the feeling you are going to walk with them through recovery




Strengths Based Counselor

Believes no matter how dismal the circumstances, people have possibilities, resiliencies, & capacity for change; even transformation.




Thinking Strengths

- Trauma and abuse, illness and struggle, ADDICTION may be injurious but they may also be sources of challenge and opportunity
- With pain and scares, life often can change for the better
- Assume that you do not know the upper limits of the capacity to grow and change




Assessment

- Central to strengths perspective
- How define the client problem situation, evaluate and give meaning to the dynamic factors related to that situation sets the **context** and **content** of the helping relationship
- Focusing on deficits may lead to self-fulfilling prophecies




Assessment

- On-going mutual process
- Counselor role is to listen, discover, clarify, and articulate their concerns, needs, and possibilities
- Provides structure for confrontation




Assessment

- Working from a strengths perspective means to start where the client is and come from a place of "not knowing"
- "Not Knowing" refers to seeing each client and each encounter without a predetermined assumption and judgment



Assessment


- Don't read previous assessment/medical records
 - *We tend to predefine people by their diagnosis*
 - *Cannot ignore problems and needs; but we should hear those from the person*
- Look at strengths in childhood
- Defense Mechanisms are often formed in childhood



Saleebey's 2 Component Assessment Model

Defining the Problem Situation

1. Brief summary of the identified problem situation
2. Who is involved?
3. How or in what way is client involved? – before, during, and following drinking episode



4. Client's meaning to use??
5. What does client want related to problem? – what do they gain from use?
6. What want/expect from seeking help?
7. What would clients life be like if problem resolved?

Assessment

- "What has worked in the past to stay sober??"
- Need to know what they have done, how they did it, what they learned from doing it, who was involved, what resources (internal and external) were involved
- Cultural Strengths

Component 2: Framework for Assessment

Strengths

Environmental Factors Personal Factors

Deficits (Obstacles)

Component 2: Framework for Assessment

Strengths

quadrant 1 Psychological Factors
Cognition, Emotion, Motivation, Coping, Interpersonal


quadrant 2 Physiological Factors

Environmental Factors Personal Factors

quadrant 3 Physiological Factors


quadrant 4 Physiological Factors

Deficits (Obstacles)




Treatment

- Really comes from the client
- Internalize goals – make them their goals
- Remember, no one likes to be told what to do




Treatment

- Centers the work around what is life affirming for the client.
- Centers the work around the remarkable resiliency human being manifest.
- Centers around the desired outcomes and potentials that many clients have never been asked about in traditional practice




Thinking Solution-Focused

- Rather than questions that dwell on the problem and its cause and history, workers listen for those moments when the issues are not as difficult or is better.
- The focus is on “constructive questions.”




Constructive Questions

Used not to gather information but rather to generate new experiences about potential solutions and the strengths and capabilities of the client




Constructive Questions

- Goal setting questions
- Miracle questions
- Exception questions
- Coping questions
- Scaling questions




Thinking Solution-Focused

- Our clients with whom we collaborate are already engaged in constructive action when they are seeking help: Pre-session change.
- It is not the problem as much as it is what the client wants to be different. What the client wants as a desired outcome of our work or for the challenges they face. Hard question.




Treatment Process

- Positive confrontation
 - Reframing
 - Empowerment
- Positive reinforcement
- Self-efficacy: "I can do it"
- Positive self talk
- Don't ignore the small accomplishments




Treatment Process

- Point of Convergence – When "the Miracle" happens
- Discuss the benefits of addiction
- Substance Use/Abuse is only one of their many problems



Thinking Strengths


- Centers on building upon client's resources which for many clients have never been recognized, even by the client.
- Centers on desired outcomes and possibilities rather than problems and pathologies even for the "most pathological client."



Rename, Reframe, Reclaim


Rename:

- "Drunk" to "recovering alcoholic"
- Allow client to label self – "Survivor"
- Becomes positive – gives meaning to their crazy behavior
- Allows person to take pride in their identity
- Look at the obstacles you've overcome
- Children of alcoholics are not doomed



Reframe:

- Reframe old reality
- Must surrender to the reality of the present – requires moving through a spiritual awakening toward wholeness
- Allow new reality to form

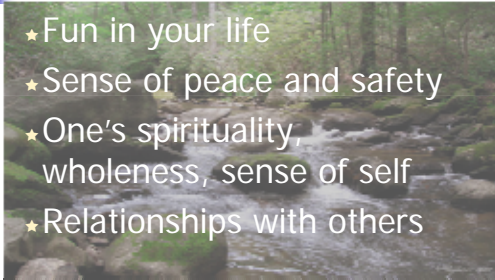


Reclaim: You're in control now!

- Healing comes from inner change
- Results from reframing events, recognizing how past has influenced present feelings, thoughts, and behaviors
- Reclaiming lost and damaged childhood selves

There is so much to reclaim in addictions:

- ★ Fun in your life
- ★ Sense of peace and safety
- ★ One's spirituality, wholeness, sense of self
- ★ Relationships with others



Self-Help Meetings

- *Fit with strengths perspective*
- *Empowerment in identification*
- *Change in a public forum*
- *Provides new set of attitudes and values*
- *Social niches – social support and construct social norms and skills*

Relapse

- Relapse becomes a learning opportunity
- Therapeutic Alliance is critical
- Reframe – keeps from moving to full blown relapse – guilt moves person to self-fulfilling prophecy
- “Thinking back, can you think of anything positive from this experience?”

Suggested Steps in Managing Relapse


- Stop, look, listen – what was going on?
- Stay calm; avoid feelings of guilt, self-blame – a mistake; not a failure
- Renew your commitment – why did you want to change in the first place??
- Review again situation leading to lapse
- Make immediate plan for recovery
- Draw on support systems

Merging Traditional Treatment and Strengths Based


- Work within the rules but utilize the framework
- Three fold disease: *spiritual, mental, physical*
 - Implies wholeness and connectedness - not just a medical condition
- One day at a time
 - Client self-determination

Spirituality

- Spirituality is perhaps the most ignored and least tested dimension in addiction recovery, yet are arguably among the most important factors structuring human experience, behaviors, beliefs, and values (Miller, 2005)
- Of over 3,000 papers identified on PsycINFO database, only 200 were concerned with addiction (Cook, 2005)




- Since 1990's Joint Commission of Accreditation of Hospital Organizations (JCAHO) has required intakes to ask about clients spirituality. Yet this is often the only time spirituality is addressed in addiction treatment (Wesa & Culliton, 2004)
- Most treatment centers refer to 12-step meetings, however, does not address spiritual needs of clients in treatment




Benefits to inclusion

- Connectedness with self and others
- Change in thinking, self-concept, and world around them
- Dealing with stress, guilt, & other negative feelings
- Forgiveness of self and others
- Positive life orientation; meaning/purpose
- Overall mental health and life satisfaction
- Give hope
- Cultural competent practice



Ethics

- The *manner* a topic is addressed is more important than the topic
- Same ethical standards apply as with any value laden topic
- Counselors ask and guide – they don't have to have the answers
- Fear of offending
- Withholding a vital recovery tool crosses ethical boundary



*If you look for the problem,
you'll probably find it.*
