

# Tracing the Impact of the Strengths Perspective: A Personal Narrative

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The development of the Strengths Perspective represented a profound paradigm shift in the field of social work. Thirty years since its inception, the impact of this framework on social work practice and policy is undeniable. Although some might claim that some of the ideas associated with this perspective might seem simple, this shift in the underlying assumptions that undergird the field has been profound. I myself am about to celebrate 30 years in social work, first as a student, then a practitioner, and later, an academic. In this chapter, I will use my personal narrative to illustrate the ways this perspective impacted not just my own work and approach to social work practice, but as an indicator of how these ideas have and can continue to define the field moving forward.

## **SHIFTING SOCIAL WORK'S FOCUS FROM PROBLEMS TO STRENGTHS**

I started college at 17 years old with a desire to pursue a career that would allow me to help people. Like many, I chose psychology as my major and was busy taking classes in theory, statistics, and diagnosis of mental health disorders. During my junior year, I experienced a sense of disillusionment about what I was and was not learning. I was lamenting to my psychology faculty advisor one day when I stated, "I am learning a lot about the causes of social problems, but I still do not know what I would say to a person who might be sitting across a desk from me in need of help." Even as early as 20 years old, I was worried about the translation of theory and

research to practice, and I recognized that I would be graduating in a year and could remain ill-prepared for doing the very thing I wanted to do, that was, to help a person in need. My psychology professor heard something specific in that conversation, and he asked me, "Have you ever taken a class in social work?" I responded, "Social work, what's that?"

I am incredibly grateful to this faculty advisor because this one question ended up driving my professional life in a direction that was exactly where I wanted to go. I took his advice and took an *Introduction to Social Work* course that spring semester. Within just the first few weeks of that course, I came to recognize that social work's mission and core values resonated with me in a powerful way. It was too late to change my major, so I quickly added a social work minor to my undergraduate studies and then headed off directly to pursue a master's degree in social work. That was 1991, just two years after the article published by Weick, Rapp, Sullivan, and Kisthardt (1989) and just before the first edition of Saleebey's seminal text was published in 1992, both advancing a paradigm shift called the Strengths Perspective.

As academics know, the translation of new knowledge to the field is slow, often slower than we would prefer. Because of the timing, neither of these publications nor the ideas promoted within them made their way into the course syllabi or classroom teaching during my graduate-level education in social work. I had a wonderful experience in my MSW program but it is important to note that like all of my peers, I was trained in a problem-centered approach. My coursework focused on assessing, diagnosing, and treating mental health disorders. My research courses taught single-subject design focused on measuring incident rates of symptoms. My practice classes focused on important theoretical frameworks such as family systems theory, person-in-environment, and cognitive behavioral theory, all important contributions to the field, but all were framed in identifying and addressing dysfunction. The idea of asking about a client's strengths was only lightly mentioned and might be listed on a biopsychosocial assessment, but there was no discussion about using those strengths to guide practice. Strengths seemed to me to be an afterthought. Our focus was solely on problem identification and reduction.

During those first two years, I had two impactful internship experiences working with youth and families involved in the child welfare system. This was hard work, yet, I loved it. This launched a 12-year practice career in two states during which I worked almost exclusively with mandated clients who were involved in the child welfare system and most of whom were also co-involved in the juvenile justice and/or mental health systems. When working with this population, it is true, I saw problems. In fact, I assessed, measured and treated some of the most serious issues we face in social work practice.

During my first year of doing this hard yet important work, something struck me. When reading the referral packets for these clients, I was overwhelmed by the presenting problems that were being described in the intake paperwork. However,

when I met the actual people who were struggling with these problems, and when I came to connect with them as human beings, I realized that most of them were functioning far better than I would have expected considering what they had and were facing. I immediately felt that the problem-centered approach in isolation did not prepare me to fully understand the people with whom I was working. I felt it only told part of the story and in fact, this approach directed me as a young professional to only consider part of the story. I was again left unsatisfied.

Similar to my conversation with my undergraduate faculty advisor, I again found myself lamenting about these concerns to a colleague. Although I did not yet have the language to explain what I was concerned about, when I described this practice conundrum, she suggested that I read the book *The Resilient Self* by Wolin and Wolin (1993). I found that book transformational in that it acknowledged something I was observing in my own practice, that people can indeed overcome even some of life's most difficult challenges. This then set me on a path of trying to think bigger about what is possible for the young people and families with whom I was working. I tripped into some early work on family-centered practice and then finally came across the first edition of Dennis Saleebey's (1992) text *The Strengths Perspective*.

Reading this text had a profound impact on me and influenced every step of my career moving forward. Why was it so powerful? This text spoke directly to what I was observing in practice. Saleebey, Weick, and others did not suggest that people do not have real problems and needs, nor that we should be Pollyanna in our approach to problems and somehow not acknowledge the pain and suffering that flows from loss, poverty, discrimination, and violence. Never would these leaders nor would I take lightly the very real pain experienced by the people we serve in social work. That is a dramatic mischaracterization of the Strengths Perspective that I have spent two decades trying to combat. It is not about avoiding problems or minimizing their impact. It is also not about moving away from a commitment to prevention. Any time we can prevent a child from being hurt by a caregiver, we should do all we can to stop that painful experience. The difference is not about our desire to address very real pain and problems, the pivotal contrast being put forth in the Strengths Perspective remains in *how* we go about addressing these concerns.

Risk-focused research suggests that a person who experiences a high level of cumulative stress faces a higher likelihood of negative outcomes (Fraser, Richman, & Galinsky, 1999). This research is important because it helps inform the field of prevention. If we know that smoking increases the likelihood of cancer, we can educate young people about the dangers of smoking. If we know that facing serious financial stressors increases the likelihood of family conflict and violence, we should do all we can to eradicate poverty. The pioneers who developed the Strengths Perspective were not soft on poverty or child maltreatment. However, if our only mechanism for understanding people, families, and communities is through this lens of risk, what do we then say to clients who are referred to us who already experienced child maltreatment or already experienced poverty? Is our answer, "That's a shame, the

trajectory of your life will now forever be defined by these experiences?” That cannot and should not be our answer. Considering the vast majority of people I served throughout my career fell in that category, that answer leaves very little hope for the population I served. It also leaves very little hope for a young professional who still just wanted to help people.

In his text, Saleebey (1992) discussed how important it is that social workers not put an upper limit on what is possible for the children, adults, families and communities we serve. This is the essence of the fundamental shift in our thinking as practitioners. Yes, we must address the problems being presented head-on. However, we must do so from a perspective of hope. We must not just assess problems, but also the strengths and the protective factors that help children, youth, families and communities overcome the very problems we seek to alleviate. And, we use those internal and external strengths to activate the process of resilience as a way of yes, addressing the problems we are there to address.

I found the ideas associated with a Strengths Perspective simple, and yet profound. They fundamentally shift our mindset and create a tremendous amount of opportunity that was previously not present. These strengths-based practice principles provided me with very real and practical things I could do and say as a social worker to empower the people with whom I worked. I later adapted these ideas into my work as a supervisor and developed Strengths-Based Supervision (SBS; Lietz, 2013) to help supervisors understand their role in advancing strengths-based, family-centered practice principles by modeling these very concepts in supervisory conferences. Ultimately I pursued a PhD and left direct practice to launch a research agenda focused on cultivating the process of resilience for families who were considered high risk for break-up or discord (Lietz, 2007; Lietz & Strength, 2011; Lietz, Julien-Chinn, Geiger, & Piel, 2016). The ideas put forth by Saleebey, Weick and others in the early 1990s undeniably impacted social work practice, research, and teaching for me, and for so many others.

My students often ask me if I left social work practice because I was “burned out.” It is a fair question considering the stress associated with direct practice, particularly when working with the population I served. My answer is quite clear, “No, I did not leave practice because I was discouraged about the people I served. I loved to practice and in fact, still miss it.” I was, however, at times discouraged about our field. I observed many caring and ethical professionals who were engaging in high-quality practice. However, I far too often also observed practitioners who were not instilling the kind of hope Saleebey called for back in 1992. I moved into teaching and research to advance these very ideas to ensure that all people are treated in a way that honors their cultural identity, uses their strengths to guide the work, is relational, seeks to understand people not defined by a problem they seek to address, and one that instills an undeniable sense of hope.

In this chapter, I will offer three examples of how the Strengths Perspective informed my work as a direct practitioner, later as a supervisor, and finally, as a scholar. My hope is that these examples will provide illustrations of real-world application of the Strengths Perspective. I do find that students and practitioners value these ideals but have difficulty practically translating strengths-based principles into day to day social work practice. My hope is that these examples will offer some practical ways to consider what it really means to fully embrace the idea that believing in one's capacity to grow and change and using a client's past successes and resources is transformational.

## **RESILIENCY BASED SOCIAL LEARNING**

As a result of the work of Saleebey, Weick and others, I can say that my approach to social work practice was fundamentally altered. Early in my career, this impacted my own practice and more specifically, the individual, family, and group counseling that I conducted with youth and their families. I authored an article describing how I integrated a strengths-based approach to the groups that were assigned to me (Lietz, 2007). For example, I was able to launch a group for single parents with a colleague, a group that had traditionally experienced very low engagement. We reimagined this group through a strengths-based lens. For example, we infused the voice of the parents into the decision making about logistics like scheduling but also regarding the topics that would be discussed. Parents were also given ownership over leading the group. Each parent chose a group session, did some light research and was responsible for facilitating one night. This not only incorporated the expertise of the parents into the planning of this group, it also created an opportunity for building confidence and cultivating mutual aid from a group of people with a shared experience. For more information about this and other groups, see Lietz (2006).

As time moved on, the strengths perspective influenced not just my practice, but my oversight of others. As I moved forward in my career, I was promoted to supervisor and then clinical coordinator of one program. This was the first time I had the ability to influence practice beyond just my own. As the clinical coordinator, I was responsible for setting the standards for our program. As I did an initial review of our practice, I realized that we did not have a coherent practice model guiding our work. Each counselor was doing his or her own practice without agreeing upon how we wanted practice to be implemented consistently at our organization. I set forth a plan to bring our team together through a strategic planning process. We made a list of all of the theories and models informing each individual counselor and ultimately pulled that together into a coherent model to drive our work.

The model we created is titled Resiliency Based Social Learning (Lietz, 2004), and describes the work we conducted at a residential treatment program for children and youth aged 6 to 17. Individual and family therapy was an important part of the program. We also led an onsite therapeutic school and because it was a residential program, the young men lived in cottages which included a system of reinforce-

ments to teach and then reward positive behavior. Interventions grounded in social learning theory such as labeling, practicing, reinforcement, and role-plays were all important interventions that occurred before and with greater intention once the practice model was developed. What was new was the addition of resilience as one of the overarching constructs that guided this program.

Resilience is a process of coping and adaptation that occurs over time (Luthar, Cicchetti, & Becker, 2000). It acknowledges that while we all experience loss and difficulty as part of the human experience, people who have a multitude of serious risk factors within a short period of time are considered at high risk for negative outcomes (Fraser, Richman, & Galinsky, 1999). The cumulative effect of risk can increase relationship conflict, mental health symptoms, and poor health outcomes more generally. The young men who were placed in our treatment facility experienced a great deal of stress in their backgrounds that led them to this placement. Taking a problem-centered approach would have involved advancing counseling and programmatic decisions focused solely on the difficulty they brought with them.

The Strengths Perspective was an essential part of reframing this program from one that was focused on risk-only, to one that sought to identify and grow the internal and external strengths needed to activate the process of resilience in these young. To advance this approach, all of the counselors, school teachers, and cottage staff were trained in resilience and social learning theory. The counselors learned how to infuse these theoretical concepts into the individual, family and group counseling sessions. At the end of each school day, the cottage staff held a daily group with the clients to transition from school to cottage. In the past, this had been a negative experience where staff reviewed mistakes from the day and instituted consequences for any poor behavior that occurred during the school day. This happened in front of the peers and increased the likelihood that any negativity that had occurred continued on into the cottage milieu. Once the theory was enhanced by the Strengths Perspective using a resilience framework, each week the daily cottage group was transformed to instead focus on one of the seven resiliency factors: relationships; humor; insight; creativity; initiative, morality, and independence (Wolin & Wolin, 1993). On Monday, the clients learned how to define the term, on Tuesday they would read a story illustrating how someone had used that resiliency factor to overcome a challenge, on Wednesday they discussed how they have used that same skill in the past, on Thursday they discussed how they could use it moving forward and on Friday, they debriefed all of the conversations from that week. In this way, the cottage group was completely reimaged as a result of taking a strengths-based approach. It was used for skill building of protective factors rather than processing negative events of the day. Not only did this shift impact how the clients experienced the group, it also set the tone for how the evening would proceed in the cottage. The skill-building of the protective factors was then brought in the counseling and also often emerged in the language during the school day. This change meant the three units (counseling; school; cottage) were now working according to

a common framework and that framework was grounded in a perspective of hope and a belief in the ability for people to grow and adapt.

Framing all of the work that happened in that residential treatment center in a commonly agreed-upon theoretical approach was important in that it increased the focus and intentionality of this program across multiple different functional areas. Choosing resilience as one of the overarching theoretical constructs meant the approach was inherently strengths-based. The program sought to activate the current internal and external strengths of the clients being served. The psychoeducational groups were conducted to cultivate new strengths by teaching these young people how to build new protective factors that were grounded in research. This was an important development for this program, but, it also had an unintended positive consequence. As the therapists, case managers, teachers, and behavioral health technicians were framing their work with these young men in the strengths perspective, I noticed a shift in the organizational culture and climate. The consistency increased a sense of comradery and teamwork across these disciplines. In addition, the interaction was more hopeful and positive. As the language used with the clients spread throughout the program, so did the language used when communicating with one another, an observation that influenced the next step in my career.

### **STRENGTHS-BASED SUPERVISION**

In addition to overseeing the clinical programming, I was promoted to supervisor and had the opportunity to directly oversee the work of our student interns and practitioners, some of whom were working toward social work licensure. Because I had come to see firsthand the powerful impact of using a strengths perspective in my work with clients, it just seemed natural that this same approach should also inform my supervision. I had learned about the parallel process and the idea that the ways supervisors interact with their direct reports parallel the ways that direct reports interact with the children, youth, and families they serve (Shulman, 2005). I was working at this point in a private agency serving young people involved in the child welfare system, but I started my career as an intern working with children who were placed in foster care by a large public child welfare system. I was watching as child welfare leaders were seeking to advance Family-Centered Practice (FCP), a strengths-based, family-centered approach to ensure the safety, permanency, and well-being of children and youth. Despite working toward adopting a strengths perspective in this practice setting, I was observing the challenge it takes to accomplish organizational culture and climate change in one of the most stressed systems in social work.

Later when I moved from practitioner to faculty member, I was invited to provide training regarding supervision as a result of my experience as a social work supervisor. This process allowed me to develop Strengths-Based Supervision (SBS; Lietz, 2013). SBS was created to increase intentionality around supervision. Many social workers are promoted to be supervisors because they were effective practitioners. Although that is a good start, that does not necessarily mean that they have the

skills necessary to manage a workforce. Historically, there was very little training offered in the process of social work supervision, although more recently, this has changed some. SBS provides language regarding supervisory processes allowing supervisors to move away from what organically emerges, to making intentional decisions about how to conduct the important role of supervision. Grounded in the idea of the parallel process, SBS involves having supervisors model strengths-based, family-centered practice principles in supervision.

What does it mean to model strengths-based practice principles in supervision? Strengths-based practice is empowering and expects the voice of the client or family to inform decision making. To model this practice principle, supervisors would be sure to include the voice of their direct reports in decision making. The strengths perspective is hopeful and believes that coping and adaptation is indeed possible. In this same way, supervisors should approach their direct reports from a position of hope. They should also instill a sense of hope when talking about cases in the process of clinical supervision. Strengths-based practice involves moving away from cookie-cutter case plans and focused on individualizing case plans to fit the personal and cultural preferences of the client. In this same way, supervision should foster creative, critical thinking allowing direct reports to learn how to think outside of the box. Questions regarding a client's culture are important clinical supervisory questions that should help highlight the importance of identity and difference. Finally, modeling a strengths-based approach to supervision means uncovering and utilizing the strengths of each direct report in accomplishing the important work before them. It also means driving the conversation toward one that uses past successes and internal and external resources to accomplish goal progression. The strengths-based practice is collaborative, relational, contextual, creative, and culturally grounded. In the same way, supervisors need to adopt this approach if they are to model the very practice principles they seek in their workforce.

A set of four supervisory components are integrated into SBS (Lietz, 2013) to support the effective implementation of strengths-based, family-centered practice principles. First, supervisors using SBS must be sure to fulfill the three functions of social service supervision: administrative, educational, and support (Kadushin & Harkness, 2014). This first component ensures supportive supervisor/supervisee relationships are formed enabling a supervisor to simultaneously monitor and mentor the workforce.

Second, SBS involves the use of both in-depth and crisis supervision. Practitioners need supervisors to be available in a crisis, but too often, this becomes the sole approach to supervision. When supervision only occurs when there is a crisis, supervisors do not have an opportunity to offer consultation regarding cases that are stuck but not in crisis mode. It also means successes are not recognized or discussed, something that remains in contradiction with taking a strengths-based approach.

Third, SBS involves the use of individual and group supervision modalities. Individual supervisory conferences allow a supervisor to get to know the strengths and goals of each direct report, something that is valuable in advancing FCP. At the same time, group supervision allows a supervisor to leverage the strengths and diversity of the team when addressing complicated cases. Group supervision helps to prompt critical, creative thinking, and it fosters a sense of mutual aid across the team, ideas that are all consistent with the strengths perspective.

Finally, SBS involves modeling strengths-based, family-centered practice principles in supervision. Grounded in this idea of a parallel process, supervisors are asked to develop a supervisory program that remains theoretically coherent to the practice model of the organization. If an agency adopts a practice such as family-group decision making with clients, then supervision should similarly take a team approach to making decisions as professionals. If an organization seeks to instill a sense of hope with its clients, the organizational culture and climate should facilitate this same approach across all units of an organization.

Research suggests the adoption of strengths-based principles has been slow in some settings including child welfare (Michalopoulos, Ahn, Shaw, & O'Connor, 2012; Sandau-Beckler et al., 2002; Smith & Donovan, 2003). Choosing a model of supervision that remains theoretically consistent with the organization's practice model increases the opportunity for practitioners working directly with children, youth, adults, and families to observe and replicate these very practice principles. Taking a problem-centered approach to supervision undermines the ability of an organization to fully adopt the strengths perspective (Cohen, 1999). Adopting a model of supervision such as SBS allows supervisors to not just teach the practice model, but also demonstrate this approach to practice through their interactions with their direct reports.

## **FAMILY RESILIENCE**

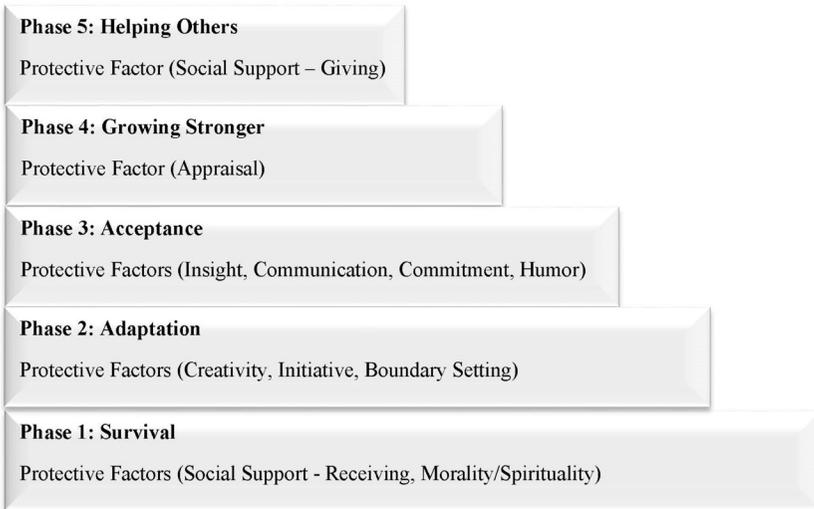
As I moved from social work practice to academia, I was excited by the opportunity to influence the field by advancing a practice-oriented research agenda that would address some of the concerns I was observing in the field. As I contemplated how I wanted to spend the next several decades of my career, I reflected back on my practice experience to inform this important decision. It was clear that the Strengths Perspective had a substantial impact on my mindset and approach to practice with children, youth, and families. I appreciated the work by Wolin and Wolin (1993), Werner & Smith (1992), Fraser (2004), Ungar (2008), Luthar and Cichetti (2000), and so many others who provided research regarding the protective factors that are helpful in activating the process of resilience for young people. With that said, as mentioned, I was committed to taking a strengths-based, family-centered approach. That meant that I included family members, biological and/or foster parents in my work with youth whenever possible. Most of my career focused on conducting family therapy, yet the family theories remained very problem-centered. I decided there

was a gap in the literature related to how the construct of resilience can be applied to families at a systems level. Although there was some important early work in this area (McCubbin, McCubbin, & Thompson, 1993; Walsh, 1998), I felt more work was needed to understand how family units cope and adapt despite adversity, particularly in a social work context.

My family resilience research involves utilizing mixed methods designs to identify a sample of families who rate as high risk while also scoring within the healthy range on a standardized assessment tool. Using a narrative approach to data collection, in-depth qualitative interviews are conducted with families who then describe their stories of family resilience. Thematic analysis is used to identify consistencies that emerge across these family narratives. Findings from this research indicate resilience is a process of coping and adaption that occurs over time. As illustrated in the figure below, a model of family resilience emerged from this research which includes five phases and ten protective factors that help units adapt overtime (Lietz, 2007; Lietz & Strength, 2011; Lietz, Julien-Chinn, Geiger, & Piel, 2016). This research will be translated to practice through the creation of a manualized intervention that can be used in social work practice with families who are experiencing a high level of stress or trauma. Understanding how to integrate a strengths perspective to social work with families has important implications when working with families who are grieving, facing trauma, overcoming a history of intergenerational violence, caring for older adults, or facing other types of changes to the family system. Understanding the process and strengths that activate resilience can provide interventions that fit within a broader family-centered practice framework.

### The Process of Family Resilience

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The Strengths Perspective has informed the way I look at risk and resilience; these ideas are framed in a perspective of hope. Resilience is a process of coping and adaptation that can be cultivated. We cannot and should not put an upper limit on what someone is capable of – instead, we persistently embrace what is possible, passionately communicate a sense of hope, and patiently take one step at a time.

## CLOSING THOUGHTS

To say that the work of Saleebey, Weick and others informed my work is an understatement. The Strengths Perspective fundamentally altered how I approached my work as a social work practitioner who worked with youth and families involved in the child welfare system for over ten years. This perspective then shaped how I approached my role as supervisor and manager, allowing me to develop a leadership style that was theoretically consistent with the organization's strengths-based practice model. As I moved forward, I translated these ideas beyond my own practice setting by developing SBS, a model of supervision that has been adopted by over 2,000 supervisors in multiple locations including Arizona, Texas, Idaho, Michigan, and Florida. I adopted a research agenda focused on advancing family-centered practice including the development of a model of family resilience. I currently lead Bridging Success, a campus-based program that seeks to provide access and support in post-secondary education for young people with a history in foster care. Young people who age out of foster care have far lower college attendance and graduation rates than their peers. Because of the influence of the strengths perspective, we are creating solutions to this challenge that are grounded in a resilience framework. Finally, my teaching is fundamentally grounded in a strengths perspective.

This is just one story of a career forever changed by the meaningful contributions of leaders advancing the Strengths Perspective. My story offers an illustration of how powerful ideas shape one's mindset and therefore, the practice approach moving forward. This story also demonstrates the legacy of this work; as my path has changed due to this perspective, so are people who were impacted initially by the strengths-based approach to supervision and more recently, when this approach informs all of those impacted by the teaching and research that followed.

As this text celebrates 30 years of impact by these pioneers, the conversation should turn to how this work can be further developed, fine-tuned, and advanced. At the same time the Strengths Perspective was being advanced, so was an evidence-based approach to practice. I am pleased to see models like Motivational Interviewing (Miller & Rollick, 2012) that can be conducted using strengths-based principles is recognized as an evidence-based approach that assists people with behavior change regarding eating, diet, substance misuse or managing symptoms associated with a health or mental health issue. However, more work is needed to manualize, test, and translate specific strengths-based practices to our list of recognized evidence-based practices in social work. Without more rigorous research, we are at risk of losing the impact of these influential ideas on the field.

Finally, as the medical field is moving toward precision medicine, one that considers and applies evidence-based medical interventions in a way that is personalized to meet each patient's unique make-up and needs, so should social work consider how evidence-based practices are applied contextually and individually. The idea of individualizing practice to meet the personal and cultural preferences of the client is an idea put forth by leaders advancing the Strengths Perspective three decades ago. The precision medicine movement may offer some guidance to social work regarding how to allow research to inform practice in a uniquely individualized fashion. Thirty years of impact should be extended for decades to come through new refinements and advances to early influential ideas that continue to guide the field today.

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