Taking Strengths Seriously

(2011)

I've often talked about doing strengths-based work, but until recently I didn't seriously try to build my understanding of or skill in doing strengths based work. I more or less assumed that if I found things I liked about a person, described a few positive traits, didn't focus on their barriers and deficits, and nurtured hopefulness that I was being more or less strengths-based. Unfortunately, over time I've found that while the first two are usually relatively easy, the third one is almost impossible since I, like most people, naturally gravitate towards fixing what's wrong, and the fourth depended on my mood and how frustrating the person is.

As I've investigated strengths-based approaches, I've found four paradigms that seem promising to me: 1) social determinants of health, 2) protective factors, 3) self efficacy, and 4) building resilience by finding strengths in struggles. This article describes my impressions of these four approaches and then tries to put it together into a serious service plan.

Social Determinants of Health

There has been a lot of research that has demonstrated substantially different outcomes from the same illnesses depending on the social situation of the patient. For example, someone with health insurance in a wealthy country is likely to have a much better outcome from treatment for an infection than someone from a poor country who is malnourished and has no access to antibiotics. This is also true for mental illnesses. Some differences seem obvious and some such as people with schizophrenia who are from third world countries have better outcomes than those from developed countries seem counterintuitive and should lead us to considering less obvious social factors.

Social determinants of health

- Poverty
- Segregated housing
- Diminished social network
- Incarceration
- Family
- Spirituality
- Racial bias
- Political disenfranchisement
- Victimization – abuse, trauma
- Accessibility to health care
- Health seeking behaviors and self stigma

While public mental health providers may say we're treating the "sickest of the sick" far more often we're really treating the "poorest of the sick" or more precisely the people with the worst social

determinants of health. How much more effective would our services be if we worked to improve the foundation people are standing on too?

Certainly from an "in the trenches" clinical perspective, it's obvious that people who are poor, uninsured, struggling to survive on a daily basis, and being actively victimized regularly don't engage well in services or recover from their illnesses unless something is done to get them off the streets, out of jail, on benefits and in a safe environment. Our service plans should actively reflect that reality. What if those factors, or a similar list, were overtly included in our initial evaluations and people's initial goals?

It makes me wonder how much of the Village's success is due to building these strengths without us realizing it. When we help people get income, insurance coverage, IDs, legal immigration status, scattered site housing, advocate for themselves within the community, reunite with families, and reconnect with their spiritual faith… are we actually making them more healthy? The likelihood is that the more we help people build strengths in these areas the more effective their treatment would be.

Protective Factors

I first heard about protective factors form Carl Bell, a black, activist child psychiatrist from Chicago. He showed us two graphs. The first one showed, not surprisingly, that children who are exposed to more "risk" for example parental substance abuse and mental illness, violence, physical and sexual abuse, removal from families, etc have more mental illnesses and symptoms. Then he said let's look at a graph of just children with protective factors. This time the line was almost flat. In other words, if children had protection, they could endure risky events without becoming mentally ill. He accused us of being in the business of making iron lungs to treat people after they became hopelessly ill rather than being in the business of protecting people form illness in the first place. There are a number of versions of protective factors too, but as I remember it, the ones he shared with us was something like

Examples of Protective Factors

- Having enough income to last the month and a little for emergencies
- Having stable housing
- Having a family (it didn't have to be an "intact" or "functional" family)
- Having some other adult who cared about them, for example a teacher, or coach, or relative, or minister, as an "adult protective shield"
- Having some roles outside of mental problems (some idea of who they are and what they want to be when they grow up)
- Spirituality / God

This is another list that strikes a chord with me even though all of my work is with adults.

Whereas I used to spend a lot of time up front with clients focused on crisis management and prevention of hospitalization, more recently I've found that if we help them build these protective factors that the number and severity of their crisis goes down on its own.

Our Welcoming Team spends a lot of time helping people get benefits, especially writing comprehensive disability evaluations for social security. We practice "housing first"; loaning or sometimes even giving people money for housing and accessing housing subsidy programs. We help people reconnect with long lost family members. Sometimes we become the "adult protective shield" ourselves and sometimes we help them connect with other people. Many people say they need someone to call in an emergency and someone who will believe in them and not let them give up. We spend a lot of time in court rooms telling lawyers and judges that we'll try to help people meet their responsibilities if they'll give them another chance in the community. Our Village culture emphasizes relating to people in roles beyond their illnesses from the very beginning. We share ourselves with them, socialize and play sports, eat together, and give them jobs helping to run the Village. We actively encourage connections to local religious institutions and their personal spiritual practices.

I've come to believe that we do a lot of crisis interventions, including hospitalizations, because people don't have sufficient protective factors. That's like trying to put out a fire with a leaky bucket. What if our service plans had a section for building protective factors?

Self Efficacy

I spent a full day this year with the LA county Jail staff; the jail that has repeatedly been called the largest mental hospital in the country. When I asked them to tell me how they thought their inmate-clients would describe themselves and their lives, they answered that they didn't think most of them could describe themselves. They saw themselves as drifting through life, not having any impact on what happened, trapped in unfair, unintelligible lives. They didn't have an identity or life of their own creation. They perceived everything as coming from outside themselves: Soothing, calming, and feeling good comes from cigarettes, drugs, alcohol, and sometimes meds. Money isn't earned. It's given to them. Punishments aren't consequences of their actions. They're the result of people "out to get them." This reactive stance makes it almost impossible to productively engage with mental health services to rebuild their lives.

There is a spectrum from those inmates all the way to people who are self confident, self responsible, goal pursuing, and recovering. We can overtly help people build inner strengths and move along that continuum. That's one of the main reasons it is so important for us to be empowering, collaborative, building shared decision making, client-driven instead of taking control of their lives. It's often better for someone to experience that their decisions actually have consequences, good and bad, than to have a good decision made for them.

Useful models for building self efficacy and self responsibility:

- Increasing one's ability to affect their own inner states directly – self soothing, comforting, emotional regulation, etc – instead of relying on others
- Increasing one's role in their own life – impacting their outcomes, fighting helplessness, avoiding victimization, taking responsibility, finding personal power, decreasing blaming
- Developing specific goal driven skills to achieve personal growth – illness and symptom management, housing, employment, social, emotional, etc.
- Making developmental progress through life's stages – e.g. Erikson's stages
- Building interpersonal and community based efficacy – interdependence skills, helping others, becoming a valuable neighbor and citizen, investing in others and the community, creating social networks and mutual support systems
- Increasing one's spirituality – moving from blaming and vengeance to acceptance and forgiveness, connecting to a "higher power", developing meaning and purpose in life

It seems to me that as people build their self efficacy in any of these ways that they are building the strength to overcome their illnesses and succeed in life. Different people will feel more connected with different approaches and they will be at different points in their development. We can help them find a model for building personal strength that works for them and begin the work wherever they're at.

Building resilience by finding strengths in struggles

This is the kind of strength building I have experienced most powerfully in my own work. The endpoint of a successful recovery isn't "I'm so glad I met you. You really understand me. You gave me the right medications. You took care of everything. I know I can always rely on you to solve any problem for me. I'm going to stay in treatment with you and count on you forever because I'll never be well enough to handle things on my own" even though it often seems like that's our most common "positive outcome". The endpoint of a successful recovery is "I wouldn't have wished this illness on my worst enemy. The pain and suffering have been enormous, but in a strange way it has been a blessing in disguise. I've found and developed strengths I never knew I had. I've learned what's really important in life. There have been deep gifts from my deepest wounds. It's made me into the person I am today." To get to that endpoint, we must change our initial response from, "You did the right thing coming to see me. I'm a good doctor. I'm going to be able to help you" to "I can already see in you the strengths you are going to use to overcome this terrible illness." The hope in recovery is that they will develop, not that we will cure them.

Strengths aren't people's skills or talents or things we like about them. They are the things they will use to overcome their illnesses. Strengths can be internal qualities like determination, hopefulness, self awareness, self responsibility, pride, a strong work ethic, family values, and spiritual faith and strengths can be external resources like money, family, community, stable and safe housing, mentors and friends. Strengths can be discovered (or rediscovered) or newly developed. When someone has enough strength to overcome the next symptom increase, drug relapse, relationship breakup, job loss, family disappointment, or even tragic loss without falling apart entirely, without becoming homeless or jailed or hospitalized, without losing everything they've worked so hard for, then they have resilience. Our goal is not to protect them from tragedies but to help them build enough resilience to handle tragedies when they come, because they always will come.

Putting it all together

I was hoping that these four paradigms would fit together into some coherent model or journey (like the MORS) but if they do, I don't see it yet. On the other hand, I think that each of these four paradigms is valuable in its own right and worth considering with each person I meet, so I don't want to subsume some of them under the others either. I settled on a visual image to include all four paradigms – Leonardo Da Vinci's man:

- Social determinants of health are the foundation, the ground he stands on
- Protective factors form the circle around him
- One arm rises with progressive self efficacy

- The other arm rises with strengths from struggles and building resilience

Together they form the strength to overcome mental illnesses.