DIRECT PRACTICE IN SOCIAL WORK

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0-205-40162-7 Exam Copy ISBN
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Sample Chapter

The pages of this Sample Chapter may have slight variations in final published form.
Sharon and Bill Parker live with their two children (Amy, age twelve, and Steven, age sixteen) in an inner-city housing unit. Bill works as a day laborer and Sharon picks up shifts as a waitress at a nearby restaurant. Between their income and the low-cost housing, they have been able to pay their bills but little else. They have no insurance for health care. After becoming ill, Amy has been diagnosed with leukemia, and the Parkers will need to be able to negotiate the medical system in order to get Amy the care she needs.

Many of the individuals, families, and communities that social workers work with do not recognize the strength or power they have to create changes in their lives. Very often social workers see clients for the first time when it becomes clear that the client is in need of empowerment. The Parkers, although possessing many strengths, may never have tackled as powerful a system as the institution of health care. This is often the point at which we encounter clients like the Parkers, when they are vulnerable and need the support of someone to help them with their situation.

Empowerment serves as both a process and an outcome in social work practice to help clients recognize and use their own strengths. With empowerment as a process, social workers help clients through activities that use their strengths to create change in their lives. A social worker might, for example, suggest the activity of confrontation to shift a power differential between the Parkers and the health care community. As a product, empowerment serves as the “end outcome whereby a measure of power is achieved” (Boehm & Staples, 2002, p. 450). In this case, the ideal outcome for the Parkers might be the best care possible for their daughter.

Empowerment as a term in treatment “indicates the intent to and the processes of, assisting individuals, groups, families, and communities to discover and expend the resources and tools within and around them” (Saleebey, 1997, p. 8). Empowerment also refers to “processes and outcomes whereby less powerful individuals and groups move to reduce discrepancies in power relationships” (Boehm & Staples, 2002, p. 450). For example, the mother who must obtain food for her children might be empowered enough to use reasoning to explain her situation to the food bank. Alternately, she might use advocacy skills to change welfare rules and regulations. To do either, though, she must feel strong enough about herself and her skills to try.

As social workers, it is critical that we be able to empower ourselves. Clients look to us to model those behaviors that we say are so important for them. It is often said that social workers can aid a client in growth only as far as they have grown themselves. Without our own use of empowerment, we cannot advocate for our clients or teach our clients to use their own power. Strengths-based practice, as noted in Chapter 2, is often more powerful than a deficit-oriented model of practice. Empowering
clients to recognize and use their strengths enables them to move beyond the problem and to help themselves.

Empowerment Guidelines

A social worker often needs to help clients understand how to operationalize their empowerment skills. For any act of empowerment to occur, however, general guidelines important to the process must be followed. Simon (1994, pp. 25–29) identifies the following:

1. “Shape programs in response to the expressed preferences and demonstrated needs of clients and community members” (p. 25). Building on the needs and preferences of clients and community members, social workers are often able to make programs work for the clients who use them rather than benefiting the programs themselves. Focusing on intervention from a community perspective could very well be more appropriate for clients than working with one client at a time.

2. “Make certain that programs and services are maximally convenient for and accessible to one’s clients and their communities” (p. 25). The location of an agency and its access by public transportation is one way the agency shows it respects for clients and its commitment to empowerment.

3. “Ask as much dedication to problem solving from one’s client as from oneself” (p. 25). Asking clients to take responsibility for their own situation through their own problem solving is more helpful than trying to solve the problem for them.

4. “Call and build upon strengths of clients and communities” (p. 26). Strengths are the core ingredient in empowerment, and unless we as social workers work with our clients’ strengths, change will never be permanent.

5. “Devise and redefine interventions in response to the unique configuration of requests, issues, and needs that a client or client group presents. Resist becoming wedded to a favored interventive method” (p. 27). Doing only one form of intervention, such as family therapy, does not allow for the different methods that individual clients may need. In order to help clients, the empowering social worker must employ different interventions to aid that particular client and assist him or her with challenges.

6. “Make leadership development a constant priority of practice and policy development” (p. 28). When we make leadership development a constant priority, we are ensuring that our clients and communities are able to develop their own skills and methods to change the environmental situation surrounding them.

7. “Be patient, since empowerment takes substantial amounts of time and continuity of effort” (p. 28). Empowerment is a process that takes time. However, in some situations, waiting for things to change is not always possible. It is important to recognize that people achieve more when they are able to make the changes themselves. Social workers who can be patient while helping clients empower themselves will be rewarded when those clients continue to make changes through building on strengths within themselves.

8. “Take ongoing stock of social workers’ own powerlessness and power at work” (p. 29). There is a saying in our field—that we cannot expect clients to achieve what we have not achieved ourselves. In
order to best understand our clients’ struggles with empowerment, we need not only to have struggled with it ourselves but also to have succeeded at it.

9. “Use local knowledge to contribute to the general good (Geetz, 1983)” (p. 29). Through the use and understanding of local knowledge of political situations, social workers are better able to create an environment of change for their clients.

These guidelines aid the social worker in ensuring that empowerment activities can occur. However, helping a client carry out the act of empowerment requires more than the social worker following these guidelines. The clients and communities practitioners work with will generally not have had a lot of experience using their strengths and skills. More often than not, clients will have a lifelong history of feeling powerless. Those individuals within a community will not necessarily understand how to overcome a situation because up to that point they will not have used their strengths and skills as an organized group. Rather, they will have experienced poverty, abuse, and other harmful life experiences (Sheafor & Horejsi, 2003). To begin to enable clients to use their empowerment skills, Saleebey (1997) suggests the following tasks:

1. **Eliminate negative labels for the clients we engage.** When we label clients, we are not really seeing them as the individuals they are. Words and terms are powerful messages we give people, and by using negative labels such as “depressed,” we make it difficult for clients and others to see their strengths and abilities.

2. **Promote the individual’s awareness of resources in families, institutions, and communities.** Without individuals’ knowledge of their resources in all areas, they may view their situation as hopeless. The involvement of others in our struggles creates a sense of hope and support. This hope and support helps individuals move forward knowing they are not alone.

3. **Foster changes in clients’ mind-sets to help them see themselves as strong and capable of creating change.** To label a client as weak and incapable of change is to set up the client for failure. As mentioned in the use of negative labels, clients respond to how they view themselves and their capabilities. Clients seek to live up to their own sense of self and what others believe they can do.

4. **Believe in people and their strengths, resources, abilities, and dreams.** Believing in clients is a critical skill all those engaged in practice must learn. Clients learn to see themselves as others see them. Our ability to see all the strengths and resources a client has to offer enables us to help clients move forward to reach their goals.

5. **Reject paternalistic views of individuals that fail to recognize their strengths.** Social workers might be tempted to assume such a caring role toward clients that they do everything for them and do not allow clients to use their own resources and skills. But social workers who make clients’ decisions for them encourage clients to feel like children and incapable of fulfilling their own goals. Rappaport (1990) states, “To work within an empowering ideology requires us to identify (for ourselves, for others, and for people with whom we work) the abilities they possess which may not be obvious, even to themselves” (p. 12). Although individuals have often used their strengths before, they have not necessarily recognized them as

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strengths. Even those individuals who have struggled through life have strengths that have kept them going (Saleebey, 1997). The individuals we work with may have often used a skill they do not recognize as empowering. It is our responsibility to help clients recognize their skills and put names to them. In other cases, individuals do not have a particular skill yet have the resources to learn it. In these situations, it is our job to help clients recognize the skills needed and to use them in whatever manner is effective for them. Case Example 9.1 gives an idea of how a social worker might aid a client in recognizing their own strengths and skills:

The social worker should encourage clients by talking about what they have accomplished and which strengths they used to accomplish it. Empowerment and strengths are closely tied together. We empower our clients, at least in part, through the use of their skills and strengths. To better conceptualize the use of empowerment, we need to look at it from a strengths-based practice perspective. Although the strengths perspective is reviewed in Chapter 7 in a discussion of the solution-focused model, this chapter explores the foundation of

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**CASE EXAMPLE 9.1**

**Empowering Conversation**

**Social worker:** I know this must be a very difficult situation with your child so ill.

**Ms. Parker:** We just do not know what to do. She is so sick and we seem to be getting very little help from the hospital and the doctors. They are treating her because of a policy of giving so much of their services to those without insurance; however, they have not really told us what they are doing and if they are doing everything they can.

**Social worker:** I have been very impressed by what you have accomplished so far. You have been able to get Amy into the pediatric ward and have good oncology doctors working with her. What kind of skills did you use to get that done?

**Ms. Parker:** Well, we were just so upset, we refused to leave until they found her an oncologist. We were stubborn and did not take no for an answer.

**Social worker:** What you were was strong and persistent. You were able with your strength of love for your daughter to make something happen. I wonder if you can just use that same kind of strength to ensure she gets the best care. What would you need to do to accomplish this?

**Ms. Parker:** Well, for one thing, I would have to not be scared to face these doctors.

**Social worker:** But is that really true? You have worked hard all your life, been able to raise your children well, and know so much more about your child than any of the doctors.

**Ms. Parker:** I guess I can face them and demand that they tell me what care they are giving her and if it is the most I can do. Would you be willing to go with me when I talk to them?

**Social worker:** I would be glad to. Why don’t we practice what you are going to say?

They seem so much better than me.
a strengths-based perspective without prescribing any particular model.

**Strengths-Based Practice**

Saleebey (1996) states that the strengths-based practice perspective in social work began, in part, with an approach to case management with people with severe mental illness (Saleebey, 1992; Sullivan & Rapp, 1994; Weick, Rapp, Sullivan & Kisthardt, 1989). Since then, more and more practitioners and theorists have focused on a strengths-based perspective. Other programs and practices, such as “developmental resilience, healing and wellness, solution-focused therapy, assets-based community development and narrative and story” (Saleebey, 1997, p. 4), have developed along with and as part of the strengths perspective. The strengths practice perspective now plays a major role in social work practice across many interventions. Despite the research that shows the effectiveness of strengths-based practice (Rapp, 1996; Chamberlain & Rapp, 1991), a significant number of theorists still believe that the biomedical model is the best approach. They point to the fact that the biomedical model is the one we as social workers must respond to within the direct practice system. They also point out that clinicians cannot pay attention only to strengths but must also address the problems people are experiencing in order to resolve them. These statements speak to the differences between the biomedical and the strengths models. In one, the major responsibility for client change relies heavily on the social worker (biomedical model), whereas in the other the responsibility is placed more on the client (strengths model). As you review the model, think about how these different approaches might affect the clients with whom you are working.

Strengths-based practice in social work means that “everything you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients’ strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings” (Saleebey, 1997, p. 3). The emphasis in this statement is on social workers’ role to help their clients resolve their own problems and achieve their goals. Issues will be resolved through the client’s strengths and skills. The practitioner’s role is to provide a way to develop or tap into these strengths. In order to go about this, Saleebey (1997, pp. 12–15) cites the following five principles as the foundation of the strengths perspective:

1. *Every individual, group, family, and community has strengths.* Although it may not always seem as though everyone has strengths, they do. Often we become so overwhelmed that we cannot necessarily identify our strengths or those of others. Sometimes we may need to begin at the beginning and simply note that the fact that the client came in shows strength, an ability to reach out for help and engage in a situation that might provide aid. As we come to know our clients, we will begin to pick up on other strengths. The following case presents a dilemma for the social worker, who has met the client for the first time and faces the client’s lack of hope and belief in herself. As you read Case Example 9.2, put yourself in the social worker’s position and find at least three strengths you might call to the client’s attention.

2. *Trauma and abuse, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity.* It is
sometimes hard to understand how a difficult situation can produce strengths and opportunities. Yet, as we think back to times of struggle, it would be unusual not to see something we gained from the struggle. These gains might include a new way of thinking about things, a new insight about ourselves, or a new skill that we learned. These strengths often emerge as we deal with a difficult time in our lives. Using Case Example 9.3, write down two things the client might develop as strengths through the situation.

3. Assume that you do not know the upper limits of the capacity to grow and change, and take individual, group, and community aspirations seriously. Oftentimes we have a set idea about what our clients are capable of doing. Even when they would like more out of their lives, we sometimes hinder their success. Every client needs to be viewed as someone who can obtain his

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**CASE EXAMPLE 9.2**

The Martinez Family

Mrs. Martinez is forty-three years of age and has three children. She has never married, and none of her children's fathers is involved in their lives. Her oldest son, Rick, age sixteen, is currently in a juvenile detention center for drug use and breaking and entering. Her middle child, Ned, age thirteen, is in and out of trouble at school and has recently been involved in some drug-related activities. Her youngest child, Rose, is developmentally challenged and has been kept behind in school for two years. Recently, Rose developed leukemia and is on massive doses of chemotherapy.

Mrs. Martinez has a job at a clothing factory and makes about $10.00 an hour. She has had difficulty getting to work because of Rose's illness and has run out of sick days and vacation time. Mrs. Martinez is seeking help from a social worker to be able to access services she might need and to work through how she will handle all the current and emerging issues in her life.

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**CASE EXAMPLE 9.3**

The Gerry Family

Mr. and Mrs. Gerry have come in for marital counseling. They have struggled with their marriage this past year because Mr. Gerry had an affair with another woman. Although Mrs. Gerry claims that she has forgiven her husband, the issue is always reemerging. Both agree that things have been difficult since that time, and they fight a great deal. Mrs. Gerry states that she no longer trusts her husband and does not know how to change this feeling.
or her dreams and aspirations. Our role is not to stop them but to find ways to encourage their progress. Using Case Example 9.4, identify a way in which you feel that this community is aiming too high, and then name two ways in which you would encourage this community to pursue its dream.

4. **We best serve clients by collaborating with them.** Many times in the course of social work practice we would like to collaborate with clients but don’t, either because it is easier to take care of the issue ourselves or because we don’t agree with what the client wants to do. Collaboration is a critical and ethical aspect of practice. Anytime we do not encourage and support collaboration, we are not encouraging or supporting the client. In Case Example 9.5, note when the social worker could have collaborated more with the client.

5. **Every environment is full of resources.** Although there are times when certain environments seem less full of resources than others, resources are always present. Whether the situation involves low income, illness, or juvenile delinquency, resources (and strengths) are available in every situation. Name three resources available in the situation shown in Case Example 9.6

Being able to put these principles into action is an important skill that social workers must possess. Working through a strengths perspective means having your own set of strengths that can foster your clients in their empowering processes.

Applying a strengths perspective to a client situation means more, however, than simply recognizing strengths and writing them down on an intake sheet. It requires an orientation to a strengths perspective that forms the primary foundation of the practitioner’s approach. Part of this orientation is an understanding of the “post-structural notion that social workers must increasingly respect and
engage clients’ ways of viewing themselves and their worlds in the helping process. Or, to put it differently, the strengths perspective asserts that the client’s meaning must count for more in the helping process and the scientific labels and theories must count for less” (De Jong & Miller, 1995, p. 729–730). Although we strongly support the use of theory, it is important to recognize that the strengths perspective requires a degree of belief in clients’ ability to know for themselves what is best and what is the most appropriate way to achieve this.

Empowering Engagement and Overview

Social workers operating from a strengths perspective are doing so from within a framework of empowerment. This means that the social worker’s verbal and nonverbal communications with clients will be designed to emphasize that the seeds of change reside in the

CASE EXAMPLE 9.5

Terri Jones

Terri Jones has suffered from chronic kidney disease for about two years. She has been in dialysis at least three times a week for over a year. Although she has been able to keep her job by working in her home, a new company manager is no longer approving this work arrangement. Terri states that she is afraid to talk with her new manager because she does not know her. Terri is worrying about her resources and how she will manage without a job. As the social worker, you recommend that she bring in her bills to the next session and you will place her on a budget. You also offer to call the company manager to explain the client’s situation. When Terri expresses concern that she will not be able to keep her apartment, you tell her not to worry about that now and that you will handle her concerns for her.

CASE EXAMPLE 9.6

Nora Davis

Nora Davis is fifteen years old and a straight A student at the local high school. She has come to the Planned Parenthood Center because she is pregnant. None of Nora’s family or friends knows about the pregnancy. While talking with Nora, you find out that she attends church regularly and does not want to have an abortion. She states that she is too frightened to tell her parents because they will hate her. She refuses to let you discuss the situation with them. She says she just wants to move away and not let anyone know where she is. When you ask where she would go, she says she would go live with her aunt.
client’s untapped strengths and abilities. This sometimes comes as a surprise to clients when they seek help for a specific problem and expect that the problem itself will be the focus of their work with the practitioner. However, accentuating a problem can create both negative expectations and negative outcomes, which clients can seldom overcome once they are set in this negative frame of mind (Saleebey, 1997). Therefore, the initial focus should be on the person and not the problem. Social workers can emphasize this focus through the attitudes they bring to their working environment with the client. Manning (1998, pp. 105–106) recommends a series of empowerment attitudes for the social worker in the mental health field. These observations, however, are just as appropriate in other social work venues.

1. **Think of and interact with the person, not the label or diagnosis.** The social work field has long questioned the use of labeling or diagnosis as a way of treating a client. Although there can be reasons to use a diagnostic system, from a strengths perspective this would not be appropriate. A strengths focus requires getting to know a client from an interpersonal perspective. By knowing the client as a person, the social worker provides a safe environment for strengths to emerge. Further, a strengths focus presupposes that through getting to know the client the social worker will have a better understanding of the obstacles that hinder the client from recognizing his or her strengths and/or using them. The interpersonal relationship provides the map that guides both social worker and client.

2. **Respect the person’s right to self-determination.** In the process of getting to know clients, the social worker will also come to respect their ideas and their decisions. From a strengths perspective, clients’ ability to make their own self-determinations recognizes the main role that clients play in their own treatment. Self-determination is the action that occurs when clients believe in themselves and are capable of making their own decisions.

3. **Be responsible to the “whole person,” taking quality of life and environmental factors into account.** When social workers work with a person, they must consider the total context of the client’s life. Viewing the client from an internal perspective only negates what is occurring around the client and the effect this environment has on the client’s strengths. A person with a strong sense of self can operate from an empowering perspective but must also have the ability to pull supports from the environment to foster this perspective. Whether through family and friends, the success of a job, or the enjoyment of hobbies and talents, individuals find many different ways to draw support from their environment.

4. **Focus on a strengths perspective rather than on a deficit model for assessment and practice.** A deficit model for assessment and practice examines what is wrong in the person’s life and what is not working. This negative focus pulls the client’s attention from strengths and successes. By focusing on the strengths perspective, the social worker is supporting the client to achieve his or her goals and supporting the helping relationship that develops.

5. **Respect the diversity of skills and knowledge that consumers bring to the relationship. Let go of being the “expert.”** By letting go of being the expert, social
workers set aside their need to be right. By allowing clients to direct the intervention, practitioners support clients’ positive development. The intervention becomes part of a collaborative process in which the client and the social worker work together to bring about change.

6. **Trust consumers’ internal motivation to learn and direct their lives.** Social workers need to believe that clients have an innate wish to improve the quality of their lives and to determine what is best for them.

7. **Respect consumers’ ability and right to contribute—to you, to other consumers, to the agency, and to the community.** Too often, practitioners assume that clients are incapable of contributing to other areas because of their troubles in one realm. In effect, their problems are seen as a negative halo that reduces their potential in other areas.

8. **Recognize the individuality of people, respecting each person’s unique qualities, values, and needs.** As a general rule, social workers are very much aware of their clients’ individuality. At the same time, there is a tendency to lump people together because they share some characteristics such as a diagnostic label or a particular problem. This lumping undercuts the individuality that the client deserves and needs.

Manning (1998, p. 106) also emphasizes the following role for the social worker from the strengths perspective:

- Develop a client-driven model of care focused on the goals and values held by the consumer.
- Emphasize building connections through roles, involvement, and community to replace lost culture, history and identity.
- Develop opportunities for meaningful activities that help to build skills, knowledge, and reflexive thinking.
- Enhance consumers’ ability to transform their environment rather than adapt to it.
- Engage consumers in taking risks, making decisions, and learning from them.
- Emphasize information, education, and skill-building that increase self-efficacy.
- Involve consumers and family members in decision-making roles in the relationship and within the organization.

### Assessment

Numerous principles and tasks need to be carried out in strengths-based practice. One of the primary tasks is the assessment of strengths and skills that the social worker helps the client recognize. In order to carry out this assessment process, we need to recognize what strengths are. Strengths include the following, according to Saleebey (1997, pp. 50–51):

1. What people have learned about themselves, others and their world
2. Personal qualities, traits and virtues that people possess
3. What people know about the world around them
4. The talents that people have
5. Cultural and personal stories and lore
6. Pride
7. The community surrounding the individual

The social worker asks a series of questions to bring these strengths to the consciousness of the client. These questions might focus on how a client has coped with a situation before, what types of support a client now has, and what the
client has established as his or her goals. Social workers ask these questions not in an interviewing sense but as part of the conversational process. In a strengths-based model, the client and the social worker should be able to talk at a conversational level. The social worker should also strongly believe that people are able to make changes in their lives (both social and political), see clients as the only people who can bring insight and understanding to their lives and situations, help clients build self-confidence and experience personal power, help clients identify sources of strength, and work with them to put these strengths into action (Sheafor & Horejsi, 2003).

Assessing from a strengths-based approach requires the social worker to assess not only present abilities but also future strengths and the application of them to achieve goals. The social worker works from the exception perspective, seeing not what the problem is now but what has been successful in the past and how this insight might help clients change the future. Questions that relate to the assessment phase might include those listed in Figure 9.1. These types of questions during the assessment phase move clients away from the problem to contemplate times and moments when the problem was not or will not be present. By asking these types of questions, we are not only gathering information but also calling attention to times of client strength when they did not have or will not have the problem. Although it is important to allow the client to explain the problem, a strengths-based model of assessment focuses its questions more on times when the problem does not exist.

The manner in which questions are asked is also important from a strengths-based perspective. Your nonverbal behaviors imply the clients your belief in them and in what they are saying. A comfortable body posture that indicates your openness and willingness to hear what they are saying is critical to the process. Likewise, a facial expression that is open and shows interest encourages clients to think more about their strengths and their ability to resolve the situation. When you are being empowering, your attention—both verbal and nonverbal—needs to be completely on clients and their responses to the questions you are asking. This is essential because you are saying back to them that they have the strength and power to accomplish what they want to accomplish. The following example demonstrates this.

The practitioner is seeking, through the use of both verbal and nonverbal communication, assessment questioning that leads to positive strengths-based responses. The practitioner is examining the uniqueness of the individual. The intervention should focus on the individual and what he or she brings to the treatment. Guidelines for a strengths-based assessment are discussed in Chapter five are not repeated here.

**Intervention**

The intervention process in strengths-based practice begins even before the social worker
first meets the client. Whether clients have been referred from other sources who provide background data or whether clients have called for an appointment on their own, social workers need to view the information they receive from a strengths-based perspective. How the social worker begins to engage in the situation is part of the intervention. It would be nearly impossible to enter a first session without having formed in your mind a picture of the client from the information gathered. What social workers must do is think about the client in empowering ways, noting already what appear to be the client’s strengths and hopes for the outcome. By approaching intervention in this way, the social worker can, through the engagement and assessment process, begin the intervention immediately.

**Intervention Techniques**

The active intervention phase comes after engagement and assessment. During this period, the social worker moves forward from the assessment questions into those questions, comments, and processes that are more specific and unique to the person’s situation. This phase includes the following techniques.

**Using Confrontation:** As in the chapter-opening involving the Parkers, many clients will want to learn the use of confrontation techniques. The Parkers have obviously done some of this while initially dealing with the hospital and doctors, but in what additional ways might they use this skill? *Confrontation* as a term has generally had negative connotations. When we think of confrontation, we often think of people arguing or being unable to resolve their differences. In social work practice, however, this is generally the opposite of what confrontation is expected to do. Confrontation in social work practice should enable the social worker and the client to move through issues that may be keeping the client from success.

In order to help a client learn and use confrontation, it is important that social workers
be skilled at it and able to use it with their own clients. If practitioners are afraid of confronting others, they will do their clients little good. Confrontation should not be an argument; it is a means to an end, with the ending being a better understanding between the individuals engaged in the process. Confrontation is used in many different situations between a social worker and a client. Among these are identifying discrepancies, pointing out dangerous issues for the client, denying particular circumstances, rationalizing a situation, being unwilling to recognize the consequences of one’s behavior, and failing to follow through on stated values or moral responsibilities (Sheafor & Horejsi, 2003).

In client–worker situations, one of the major issues that may come up is the discrepancy between what the client is saying or believing and the behavior the client is carrying out. When behavior and statements conflict with each other, clients may not recognize it themselves. They may be laboring under the impression that their behavior expresses their words. Let’s look at an example of this:

Mr. Parker expresses anger over the time the doctors seem to spend with Amy. He identifies one doctor in particular who comes by only every other day and does not speak to the family while he is there. Mr. Parker says that he is going to give the doctor a piece of [his] mind the next time he comes in but instead says nothing to the doctor and remains frustrated. He expresses little during the next meeting with the hospital social worker and will not engage in conversation with his wife about what is going on.

In this case, the father is experiencing feelings (anger and frustration) and not expressing them to the doctor who treats Amy. These types of discrepancies are important to confront because they create difficult situations for the client and do little to enable the social worker to help the client.

Other types of situations in which confrontation is important include clients not following through on agreed-upon plans, refusing to help themselves and expecting the social worker to do all the work, behaving in such a way that they create a danger for themselves or others, and letting the opinions of others outweigh what they know is best for them. It may seem inconceivable that we would not want to do what is best for ourselves, but we all have been in circumstances in which we did or said something that was not in our best interest. When we make these decisions, generally it is because of emotional reasons. Often when we are reacting to an emotional need, we cannot see clearly what is happening because emotions have affected our reasoning.

In all confrontations, particular steps need to be followed. Kirst-Ashman and Hull (2001, p. 71) identify these steps as the following:

1. **Always consider whether your relationship with the client is strong enough to handle a confrontation.** If the situation with the client has reached a point of trust, a social worker should be able to use confrontation in a manner the client finds helpful. Without trust, confrontation can create a defensive situation. Hepworth, Rooney, and Larsen (2002) emphasize the importance of not using confrontation too soon; they also state that in dangerous situations, confrontation should be used no matter how developed the relationship between social worker and client.

2. **A social worker should also consider the client’s state of mind before using confrontation.** If a client is upset, he or she probably won’t understand what is being
said and why. For example, if Mr. Parker displays a great deal of anger in his discussion with the social worker, the worker may not be able to help Mr. Parker understand how to approach the doctor. He might become angry at the social worker for not “understanding” the situation.

3. **Use confrontation only when necessary** (Compton & Galaway, 1999; Hepworth et al., 1997). When you use confrontation, do it sparingly. An overuse of confrontation can cause the client to not respond to what you have to say or not come back for treatment. Used too often it begins to resemble arguing and can drive the client away.

4. **Use empathy with confrontation** (Hepworth et al., 2002). This suggestion is critical to the effect that confrontation will have on the client. When empathy is used as part of an approach that seeks to help the client accomplish his or her goals, the client will handle confrontation appropriately.

5. **Use “I” statements during the confrontation** (Sheafor et al., 2003). “I” statements used in any context allow for more open discussion because each person is taking responsibility for what he or she feels or does. This allows you to take a nonblaming approach to the situation. If, for example, the social worker says to Mr. Parker, “I am surprised that you are not saying more since it seems as though you are upset” instead of “You need to talk more,” the social worker is giving Mr. Parker the opportunity to respond to what the practitioner is sensing rather than simply react to the comments.

6. **If, after a confrontational statement has been made, the client becomes angry, defensive, or upset, it is important to use an empathetic statement at this point.** By giving an empathetic response, the social worker is responding immediately to what the client is feeling and at the same time sending a clear message that what the client thinks is important.

7. **Use nonverbal messages to convey to the client that what he or she is experiencing is important to you.** If, for example, you have an open posture toward the person you are confronting, you are telling that person that you are open to a response and are not afraid to hear what he or she has to say.

**Emphasizing Motivation and Commitment:**
When we emphasize motivation and continuing commitment to the client, we are moving them forward in their own progress toward creating change. Johnson and Yanca (2001) identified three variables that are important for motivation to occur: “the push of discomfort, the pull of hope that something can be done to relieve the problem or accomplish a task, and internal pressures and drives toward reaching a goal” (p. 131). Motivation has often been described as the process that allows the individual to become more willing and able to carry out a plan. In strengths-based practice, client motivation can be enhanced through the use of specific verbal and nonverbal methods that make up a large part of the interaction between the client and the social worker. Through empathy, self-determination, genuineness, and warmth, the social worker can set the stage for positive interchange and, as a consequence, motivate the client for the work to be done. Emphasising the strengths and successes the client brings sets up an atmosphere of motivation and commitment.
Shebib (2003) suggests the following skills in creating motivation and commitment:

1. Discuss previous actions and any successes achieved.
2. Work with clients to eliminate distorted thoughts and self-defeating talk.
3. Set small steps for achieving goals and celebrate success.
4. Congratulate clients on any change.
5. Convey hope and belief in the client.

**Maintaining Focus:** Maintaining focus is the process that allows the client to stay centered on the issue and its successful outcome (Poulin, 2005). Often in practice, clients will seek to avoid difficult situations that they believe provide no chance of a successful outcome. By helping clients maintain their focus on the plan they have set for themselves, the social worker encourages clients to continue working toward the successful resolution of the problem. Focusing on positive outcomes and the success they are achieving enables clients to continue making decisions that result in change. The social worker maintains clients’ focus by returning them to the situation when they stray off course and reinforcing the decisions and plans they have made. Often this can be done through open-ended and empathetic questioning, which helps the client narrow down the details to figure out the next step. By exploring areas in detail, the social worker and the client stay focused on the important issues emerging in their sessions.

**Checking for Ambivalence and Resistance:** Ambivalence is a response that many clients evince during the engagement and intervention phase (Poulin, 2005). For any number of reasons, clients may feel ambivalent about the work they need to do or even resist the social worker’s efforts in the session. Oftentimes practitioners deal with this ambivalence by doing nothing. As long as the client comes in to talk and pays lip service to the situation, it is easy to ignore the lack of change or the client’s lack of effort to achieve his or her goal. Shulman (1999) refers to this as an “illusion of work.” Rather than taking on this difficult situation, we allow it to continue. This is not what social work is about. Social work is about change, and the social worker has a responsibility to persist in bringing the client back to difficult situations.

We deal with this situation by recognizing the ambivalence and talking it through with the client. Ambivalence should be viewed as a normal part of the intervention process. All individuals experience some kind of ambivalence or resistance to change (Poulin, 2005).

Preston (1998) does not believe resistance is an impediment but rather that this resistance, and dealing with it, is therapy itself. Corey (2001) recommends some of the following steps for dealing with resistance in clients:

1. Be positive about what resistance is. It is dealing with changes in the client’s life, and this is a normal part of the therapeutic process.
2. Encourage clients to talk about their ambivalence and resistance to elicit feelings about the treatment and changes occurring.
3. Make clients aware that ambivalence and doubt are normal and that they should not be discouraged by their reaction.
4. Design changes in small steps so clients can accomplish more and feel more successful in the work they are doing.

**Rehearsing:** Rehearsal is a process of trying out, through role-play, the action steps clients
hope to take in the future (Poulin, 2005). Clients and the social worker can recognize and deal ahead of time with any obstacles, such as ambivalence and resistance. In this technique, the worker generally plays the other person the client is dealing with; the worker then provides feedback after the role-play is done. This supports clients and helps them move forward in their action plan. More about rehearsal and role-play can be found in preceding chapters.

**Story and Narrative Building:** Story and narrative building are techniques most commonly associated with narrative therapy. This model is discussed in Chapter 12. From a strengths-based perspective, story and narrative building enable the client to look at the situation from a positive perspective rather than as a problem that is unsolvable. By listening to their individual stories, clients can imagine a new story told from a reframed perspective. Clients who might have interpreted their lives in negative ways can, through re-framing and story building, take a completely different approach to their lives and their possibilities.

In story and narrative building, the client is helped to “develop a new story from the seeds of (preferred) unique outcomes” (Nichols & Schwartz, 2004, p. 344). For the social worker, this would mean questions such as:

- How is what you are picturing now different from the picture you had before?
- What are you doing differently in your new story?
- Who will be happy for you with this positive outcome?

These questions ask clients to think about a new story they have written for themselves through the positive changes they have made. Clients create new story by thinking through several questions the social worker asks. These questions encourage clients to tell about their victories over problems in the past and the accomplishments they are achieving now. Through narrative and story building, clients are strengthened as they acknowledge their new lives and the positive meaning in them. Stories and narratives are often reinforced through the confirmation of client change by other people. A social worker might suggest to clients that they ask others who have seen a change to comment to them on what is different. This then reinforces the story.

**Building and Using Natural Helping Networks:** An important component of the intervention phase in strengths-based practice is the building and using of natural helping networks. Friends and family, along with social support groups, can play a major role in building up the client’s confidence and lending support to the changes the client has undertaken. These interpersonal relationships give clients a strong sense of self and support for their situation. Social workers help clients build and use these natural helping networks by encouraging clients to think about who in their lives is supportive of them or who is close and would be willing to support them, and then encouraging clients to take action by reaching out to these people as supports.

**Complimenting Success:** Compliments are not something practitioners give just to make the client feel good; instead, compliments must be based in reality (DeJong & Berg, 2002). This technique helps clients acknowledge their successes and become more confident about themselves. Compliments also allow the social worker to gather more information about a situation. The client’s response to a compliment can provide more and new data that can lend insight into the client’s situation. DeJong and
Berg (2002, pp. 35–36) identify different types of compliments:

1. Direct compliments, which consist of those reactions a social worker has to a client in direct response to something the client has accomplished.

2. Indirect compliments, which are generally stated in the form of a question and may express admiration, or they may simply ask a question to which the social worker knows the answer will be positive.

3. Self compliments, in which the client acknowledges something he or she has successfully achieved. A social worker’s response would generally reinforce self-compliments with an indirect compliment.

All these types of compliments work well in helping the client achieve success and build on it.

**Ending**

During the ending phase of a strengths-based approach, the social worker needs to be aware of the client’s feelings about ending the relationship. This can be a difficult period for both the social worker and the client, but the focus on the client’s strengths, resources, successes, and natural helping networks does a lot to alleviate endings. In a strengths-based approach, it is critical for clients to decide to the intervention. This may occur because a set amount of time has passed or because clients feel they are at a good ending point. Either way, clients must be involved in the decision-making process. Strengths-based practice does not support dependency, and clients should, through the intervention process, have been a part of all decision making and feel good about their own sense of independence.

Poulin (2005) identifies two main practice skills unique to the ending process. These are (1) generalizing, in which clients are helped to transfer what they have learned to other situations, and experiences, and (2) identifying the next steps, in which clients plan for what will happen after the intervention is over. In generalizing, the social worker might review the progress with the client and talk specifically about those things that can be seen in the context of other situations. In identifying the next steps, the social worker might have the client visualize the plan after the ending or might help the client specify how the changes will be maintained. Additionally, some strengths-based practice approaches recommend continued follow-up for a certain period of time to ensure that clients are maintaining their changes.

In the next section, we discuss the empowerment perspective as it relates to specific oppressed populations. Although the underlying principles of this perspective are pertinent to each population, significant differences in each population require specific applications of the basic model. These are discussed in each population section.

### Empowerment of Women

To understand the role of empowerment in women’s lives, we must first understand the powerlessness that women often face. Within societies around the world, the role of women is seen as less important than that of their male counterparts. Social work has long considered women to be more vulnerable due to their limited access to resources and the exclusion of women from positions of power (Busch & Valentine, 2000). However, women’s powerlessness incorporates more than this. Rappaport (1985) defines empowerment as:

a sense of control over one’s life in personality, cognition, and motivation. It expresses
Voices from the Field

When I graduated from the MSW program at UCLA, I was smitten with the psychodynamic appreciation of human behavior and social work practice. The idea that you could discern what was wrong with people when they did not have a clue, gave an immature young man a little gloss of confidence and sophistication. But in my first job as a social work officer in a large Air Force hospital’s psychiatric service (inpatient and outpatient), I began to realize that people their snares and troubles, their hopes and dreams were not captured well by this orientation. But it was not until a fortuitous meeting with a young street minister in Fort Worth and later a move to the University of Kansas, that I began to realize that my approach to helping had been narrow and problem drenched. In the years since then, I have been lucky to be working with and learning from colleagues, practitioners, and scholars who are involved in developing approaches to practice funded by a firm belief in what people know, what they want and hope for, and what resources they have within and around them. A practice based on possibility and promise rather than exclusively on pathology and problems is exciting and challenging. Working with residents in three public housing communities over the years also was, on a daily basis, a remarkable demonstration of how resilient and resourceful people are, even under very challenging conditions.

I urge you as you work with individuals, families, groups, and communities to be aware of, account for, affirm, and act on their strengths, assets, resources, and wisdom. You do begin clients are, of course, but as soon as they begin to share their narrative you can begin the search for and discovery of strengths. In the end, that is all you really have to work with as you collaborate with clients in helping them articulate and move toward their hopes and dreams.

Dennis Saleebey, DSW

AU: Please Clarify "You do begin clients are,"

itself at the level of feelings, at the level of ideas about self-worth, at the level of being able to make a difference in the world around us... We all have it as a potential. (p. 17).

This definition broadens the perspective and takes into account the notion of internal feelings of powerlessness brought on by both internal and external factors. Women, according to Glenmaye’s (1998) theory, share three conditions that add to their sense of powerlessness:

- **Alienation from the self.** Alienation from the self refers to the “estrangement of a woman from her inner self” and an “estrangement from personhood itself” (Glenmaye, 1998, p. 32). Women often internalize inferior feelings and negativity, which affects their self-esteem and sense of self-worth. This in turn alienates women...
from their real selves and allows oppressive factors such as stereotyping, cultural domination, and sexual objectification to rule their lives (Glenmaye, 1998).

- **The double-bind.** The double-bind refers to the position women are often placed in when they must decide between their own needs and society’s stereotype them. Glenmaye (1998) shares the example of a woman who chooses to stay home with her children. Some people will see her as lazy and incapable of making a living, but if she chooses to work, some people will see her as not caring about her children. In almost every decision a woman makes, Glenmaye states, a woman “will feel guilty, inadequate and at some deep level of being, a failure as a woman” (p. 33). This is the double-bind situation; society’s views of women place them in a no-win situation.

- **Institutional and structural sexism.** Institutional and structural sexism is active within U.S. society. Male domination of social, economic, and other systems often preclude women from power positions. Glenmaye (1998) states that the “unequal distribution of power is manifest in laws, economic resources, personal status, and the many ways in which women are physically and sexually victimized by male violence” (p. 34).

These factors alienate women from more powerful positions and add to their sense of self-alienation.

The question then remains as to how social workers can help empower women in our society. Although many articles, books, and chapters have been written on this subject, certain factors stand out as important to the process of empowerment in an intervention.

Gutiérrez’s (1990) model for empowering women of color is significant for all empowerment strategies in an intervention process. Her model incorporates the idea of group work as the preferred venue for an empowerment process. She notes that small groups are a “perfect environment for raising consciousness, engaging in mutual aid, developing skills and solving problems and an ideal way for clients to experience individual effectiveness in influencing others” (p. 151). This same point has been reinforced by Coppola and Rivas (1985), Garvin (1985), Hirayama and Hirayama (1985), Pernell (1985), and Sarri and duRivage (1985).

Gutiérrez (1990) also emphasizes the importance of the “collaborative helping relationship” (p. 151). Through this relationship, the “interaction should be characterized by genuineness, mutual respect, open communication and informality” (p. 151). The client can also gain self-empowerment through the relationship by the way in which the social worker helps the client transfer her success in the sessions out into the real world.

The techniques in Gutiérrez’s (1990, pp. 151–152) model are as follows:

1. **Accepting the client’s definition of the problem.** When you accept the client’s definition of the problem, you are opening up control of the situation to the client. She is empowered to guide the intervention’s process. This gives women an opportunity to control their lives in a stressful situation.

2. **Identifying and building on existing strengths.** In identifying and building on a client’s existing strengths, social workers are reinforcing the client’s already existing strengths and recognizing her abilities beyond the present situation. For women,
recognizing their struggles and their success within society reinforces them outside of the helping situation in the real world.

3. **Engaging in a power analysis of the client’s situation.** This power analysis involves an in-depth reading of the client’s situation. It begins with “analyzing how conditions of powerlessness are affecting the client’s situation” (Gutiérrez, 1990, p. 152). This analysis considers not only the conditions within the personal situation but also those outside in society that are producing powerlessness. The second step in the power analysis is to “identify sources of potential power in the client’s situation” (p. 152). These sources of power can be found both within the person’s present situation and within the larger society. Oppression and power in the external world are important factors that impinge on women’s lives, and to ignore these is to not work from an empowerment perspective.

4. **Teaching specific skills.** When social workers teach specific skills to clients, they are giving them powerful methods with which to overcome their own powerlessness and to gain control of their present situation. Skills such as problem solving, parenting, and organizing can all be used by women to empower their situations.

5. **Mobilizing resources and advocating for clients.** When we mobilize resources and advocate for clients, we are teaching them the same skills if we do it in an empowering way. Having clients be a part of mobilizing resources and advocating for themselves leads to empowerment and the ability to transfer these skills to other situations. Mobilizing and advocating are important skills women need to function in our society.

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**Empowerment of Older Individuals**

Intervention with older individuals in our society has for a long time hinged mainly on medical issues. As the older adult population increases, so do their needs for medical services. Around the mideighties, the population of persons sixty-five and older was 12 percent. By 2030 this population will have increased to 22 percent (U.S. Bureau of the Census, 1985). The needs of those eighty-five and older are creating the most concern because they live longer and are still in need of daily care. In addition to daily care and medical services, Smith and Eggleston (1989) state, older adults wish to feel useful and contribute to society, to not be socially isolated, and to have as normal a daily life as possible. Considering the physical situation and needs of older adults, it is not surprising that they often feel powerless. Older individuals tend to be devalued in society largely due to their loss of employment in our work ethic–oriented culture. They are often seen as using up the resources the current generation of workers is providing. Although attitudes differ from culture to culture, older adults in our society are not generally revered. They are sometimes considered “throw-away people,” individuals for whom society has no use. Our society makes few efforts to provide for them in an empowering manner.

Empowerment intervention with older adults needs to place self-determination at the center of the conceptual framework (Fast & Chapin, 1997). Self-determination allows the older person to take back control of his or her life. Although there may be many situations in which self-determination does not seem possible, it is important for the social worker to recognize those situations in which the older adult
can make decisions. Because many decisions are medical, the medical model prescribes that the expert professional make the decision for the older person. From an empowerment and strengths-based perspective, however, decision making involves the individual in mutual collaboration whenever possible. Social workers also need to be able to identify those situations in which clients can make decisions or to create situations that increase the likelihood of their involvement in decision making. Fast and Chapin (1997, pp. 122–128) suggest that the following strengths-based and empowerment perspective practice methods be used with older adults:

1. **Personalized assessment and planning.** In personalized assessment and planning, the older adult is viewed as a unique individual with unique qualities and strengths. The relationship between the older adult and the social worker should be based on mutual trust. When social workers are assessing or planning with an individual from a strengths-based perspective, they are looking for and acknowledging individual qualities and finding ways to give the client some control over his or her life. This is furthered by using the client’s strengths to make daily and long-term decisions.

2. **Assertive outreach to natural community resources and services.** As part of being social workers, we need to reach out assertively to natural community resources and services. Seeking out natural helping resources is a concern for older adults, which is why including them in the process is so important. They may not have many personal resources or they may have them but not be able to acknowledge it. The social worker needs to work with clients to identify those resources and to help them become more comfortable with their use. Additionally, the social worker’s personal help in navigating community resources can make a big difference to the older adult. Although it is important for clients to decide whether to have you accompany them, it is also important to always offer. Thus, the client decides whether or not to use you in this capacity.

3. **Emergency crisis planning.** In working with older adults, it is important to help them set up emergency crisis planning. This allows the client to make some decisions before an emergency occurs. With preplanning, the client’s wishes can be carried out if he or she is in an acute medical state, and natural helping networks are considered before a crisis has occurred.

4. **Ongoing collaboration and caregiving adjustments.** The social worker working with an older adult needs to have an ongoing plan for continued contact and collaboration. This does not mean the social worker never ends the relationship, but it does suggest that helping to find resources and services is not enough. It is important to reinforce the client’s strengths and power through continuous contact. This contact also aids in dealing with those caregiving situations in which adjustments must be made, as often happens at some point in the process.

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**Empowerment of Gays and Lesbians**

Oppression and the powerlessness of lesbian and gay individuals are prevalent throughout many societies. DeLois (1997) calls our attention to the fact that lesbians and gays “are
already actively involved in their own empowerment” (p. 65). She suggests that each time a person comes out into the open about his or her sexuality, this individual has already been involved in the empowerment process. However, everyone is not out, and those who are have much to fear, including “loss of family, loss of job, loss of child custody, retreat into depression and alcoholism; and the constant threat of verbal and physical assault” (DeLois, 1997, pp. 64–66). This places lesbians and gays in the center of social oppression and powerlessness.

In working with lesbians and gays, social workers need to be as clear as possible about their own feelings and beliefs. To be able to work from an empowerment and strengths-based perspective, social workers need to support and empower their gay and lesbian clients to accept themselves for who they are. They also need to work with their clients to identify those areas in which clients feel the most powerless and find ways to validate their sense of identity and value as people. Barret and Logan (2002, p. 61) suggest that practitioners:

- Explore and challenge their own homophobia
- Connect lesbian clients with the feminist community
- Understand and appreciate how difficult it is to accept a homosexual orientation

DeLois (1997) recommends the following empowerment practice concepts for working with gays and lesbians:

1. **Establishing a trusting alliance between the worker and the client within a safe environment.** The relationship between the worker and the client must have a foundation of trust and support. Social workers need to provide their gay and lesbian clients with not only an accepting environment but also one that supports their sexuality. Social workers have a responsibility to provide their clients with an intervention that uses empowering approaches as well as ones that take proactive stances on the legal and political rights of clients.

2. **Helping clients become aware of the effects of societal factors in their lives and moving them forward in a coping manner.** Clients are sometimes not aware of how societal factors affect their internalized lives. Helping clients to figure out this influence and how to cope is an important process in empowering practice.

3. **Working with clients to help establish their advocacy and mobilization skills to fight for their political and legal rights.** Social workers need to work within the political and legal systems to advocate for fair treatment of gays and lesbians. They also need to help their clients understand the role of advocacy in their lives and help them mobilize resources for active participation in societal change.

4. **Making sure that social workers themselves understand the history of oppression of gays and lesbians in the United States.** It is an important responsibility for social workers to engage in knowledge building around gay and lesbian issues. The greater the social worker’s understanding of a situation, the more likely he or she is to serve clients in their best interests.

5. **Seeking change within organizations to challenge the obstacles for gay and lesbian clients and to provide a nonheterosexual practice.** Social service agencies must provide the right environment for not only the client but also gay or lesbian social workers. An agency has a responsibility to support clients and workers who are gay or lesbian and also to advocate for
their rights both within and outside the organization.

Empowerment of People of Color

People of color have long had to deal with issues of racism and oppression. In her study of poor communities of color, Okazawa-Rey (1998) notes that members of her study “face the issue of powerlessness rooted in racial and economic inequality” (p. 52). This overarching sense of powerlessness has consequences that keep people in oppressive situations. Lum (1986) states that:

the color factor has been a barrier that has separated Black, Latino, Asian and Native Americans from others. Anglo-Saxon and European minority groups have successfully integrated with each other and become assimilated into the mainstream of American society and power. But by and large minority people of color have been without equal access. The history of racism, discrimination, and segregation binds minority people of color together and contrasts with the experience of White Americans. (p. 1)

This lengthy history of racism and oppression has been challenged over the years but has yet to yield the types of change that open up societal systems to equality for all.

Social work practice has been part of the societal movements to create change, and yet during the last two decades it has done little to promote this type of change within practice texts. Leigh (1984) notes that helping interventions that include empowerment processes need to educate people about oppressive societal systems and create support groups to help them understand their legal rights to and work with their self-worth issues. Lum (1986) notes the importance of social workers having “minority” knowledge, which consists of a “range of information, awareness, and understanding of the minority situational experience. It includes history, cognitive-affective-behavioral characteristics and societal dilemmas of people of color” (p. 25). This perspective, which calls for educating clients as well as ourselves about relevant issues related to powerlessness and oppression, is the type of empowerment practice needed with people of color.

Okazawa-Rey (1998) has developed the following practice principles for working with people of color:

1. Expand definitions of problems to incorporate the micro, meso, and macro factors affecting communities of people of color. Although Okazawa-Rey was speaking about the issue of health, the same is true in other situations. Issues affecting clients of color need to be looked at from a holistic view of factors (social, economic, cultural) that may be affecting the situation. These other factors play into the presenting situation, and they must be examined in order for a social worker to work from an empowerment basis with a client.

2. Use both the client’s cultural and personal backgrounds to empower the client. It is critical to not only examine issues within the context of a client’s cultural and personal backgrounds, but also to find answers that incorporate the perspectives found within these contacts. Support groups, persons with similar situations, and cultural helping networks all provide a strong base that people of color can call on for help.

3. “Analyze and understand the structural inequalities that affect the lives of people of color” (p. 62). Clients need to understand
that inequalities and oppression in their lives may be contributing to their situation. Rather than allowing clients to blame only themselves for the situation, the social worker needs to help them understand what other factors are affecting the situation. Clients need to be involved in this analysis of the effects of inequality and oppression.

4. Work together collectively with clients to take action within their communities.

Skill Development: Empowerment

Underlying the following case examples, practice your empowerment skills responses.

1. Fifty-eight year old woman
   Client: I just don’t think I can take it anymore. Ever since the death of my husband, I feel like dying myself.
   Model Empowering Response: It’s very difficult to lose someone and I know that you feel like dying yourself. I have felt fairly comfortable about your safety since I recognize all the strength you have. It’s important now to talk about your feelings and to try to understand if you are still safe.

2. Twenty-three-year-old woman
   Client: My sister broke up with her boyfriend two weeks ago, and she has been really drinking heavily. I’ve been going out with her, and my drinking has gotten heavy too.
   Model Empowering Response: It sounds like you have been trying to support your sister and yet you now feel caught up in her situation. Drinking has not been a problem for you before, so let’s figure out how you can continue to be a support without the drinking.

3. 35-year-old woman, crying
   Client: It’s awful when you can’t stand your own child. I have no control over him, and sometimes I wish he wasn’t mine.
   Model Empowering Response: You have been very successful at managing him with his ADD. It sounds to me like you are feeling worn out and frustrated. Let’s talk about all the good you have been able to accomplish with him.
4. Phone call from client

Client: I need to tell you that I’m having an affair but I don’t want my wife to know. So let’s just keep this a secret between us.

Model Empowering Response: I’m pleased you feel you can share things with me, but as you know I stated in the first session that there could be no secrets between myself and one of you. I think it is important that you consider how committing to your marriage will affect your life. We need to talk about your commitment during the next session.

5. Forty-eight-year-old man

Client: I just can’t get along with my boss at work. He hates me, and nothing I do at work is right.

Model Empowering Response: There are so many things you do that are right in your life that it’s hard for me to believe you do nothing right at work. Tell me more about your relationship with your boss.

6. Twenty-four-year-old man

Client: I’m ashamed to tell you this, but I hit my son so hard the other night that it caused bruises.

Model Empowering Response: There are times when we may feel like hitting our children, but at no time is it appropriate. When you first came in, I mentioned to you that I would not be able to maintain confidentiality if child abuse is involved. This is one of those times. However, I would like you to call the child protection agency yourself while I am sitting here with you. This will give them a chance to hear from you what happened and give you a chance to express how bad you feel about it.

7. Client noticing social worker is staring out window

Client: I think you’re not listening to me. You seem to be thinking about something else.

Model Empowering Response: I must honestly tell you that you are right. I had a difficult phone call from a family member right before you came in, and I am having a difficult time concentrating. Your situation is very important to me, and I admire the fact that you were able to be so honest with me when you realized things were not working.

8. Thirty-four-year-old man

Client: We never can agree on the amount of money to spend. He yells at me if I spend too much, and I yell at him when he spends too much.

Model Empowering Response: It sounds to me like finances may be a problem between you, and I think it is important that you are able to recognize this. What might be the best way you can handle it?
9. **Sixty-seven-year-old man**

   **Client:** I've been sick with cancer for the last six months, and now they tell me that I may only have three months to live.

   **Model Empowering Response:** I recognize that you have been fighting to survive so hard these last six months and now they are telling you that you have only three months to live. This is a very scary situation, and I wonder if you can think about what you would want these next three months to look like.

10. **Father during a family session**

    **Client:** We want you to make Sandy behave. I don't think we need to talk about us when it is her problem. That's why we come to you.

    **Model Empowering Response:** I know it's important to you that I concentrate on Sandy. I wonder if you can think about all the times you have been able to problem-solve together and come up with a way to make this situation better for all of you. Think first about how you would want the situation to be.

11. **Woman talking to child welfare worker**

    **Client:** Get out of my house. I'm not going to talk to you anymore about my children.

    **Model Empowering Response:** You sound very protective about your children and family situation. I can understand that, however, I am required to talk with you about this and I hope we can find a way to sit down and resolve the situation together.

12. **Woman during first session**

    **Client:** Do you have any children of your own?

    **Model Empowering Response:** It sounds like it's important to you that I also have children and I think it was good that you were able to ask me. I don't have children yet.

13. **Fourteen year old male**

    **Client:** I plan to go out partying with my friends tonight. You said this was confidential, so I guess I can tell you I'm gonna smoke some weed.

    **Model Empowering Response:** I am glad that you feel safe enough to tell me about what you are going to do tonight. However, I remember that there were a lot of good things that happened for you when you did not smoke. Can you remember those?

14. **Thirty-three-year-old woman**

    **Client:** I can't seem to get along with my boyfriend. He's always cheating on me but I really love him and want to work it out.

    **Model Empowering Response:** You sound like you want to make things work but that he isn't as committed to it as you are. What would you want your situation to be like with your boyfriend?
This chapter examines the definitions of empowerment and strengths-based perspectives and their importance to direct social work practice. Empowerment in social work practice has been written about from various viewpoints. However, some commonalities generalize to all empowerment practice. These include (1) the importance of the agency and/or program maintaining an empowerment perspective in working with clients, (2) soliciting client involvement in collaborative efforts, (3) the building of strengths, (4) the focus on client uniqueness, (5) the building on clients’ strengths and their communities, and (6) awareness of the social worker’s own personal issues of powerlessness and empowerment.

Although strengths-based practice is carried out through different models, certain principles underlie this practice no matter which model is used: (1) every individual, group, family, and community has strengths, (2) everyone has the ability to grow in strength, (3) the practice relationship and the social worker’s collaboration with clients are important to success, and (4) the social worker must be aware of all the different kinds of resources a client might have. Strengths-based practice can be offered through a social work continuum including...
Case Examples

You have just been hired as the director of social work services at a small nursing home. The owners want the residents to experience a better quality of life and participate in decisions about their treatment and activities. The previous owners were taken to court for not having adequate client participation in the programming. You’re excited about the opportunity to develop a sense of community among the residents. When you interviewed several of the residents, they seemed uninterested in participating in any changes. In fact, some said they wanted the old owners to come back.

The community board at your agency, The Helping Way, has asked the director to come up with counseling methods that will empower the clients to be more self-sufficient. For more than ten years your agency has been a domestic violence shelter. The board wants the agency to participate in some community funding between local churches and service agencies that would target housing and employment for the abused parent. Each supervisor is to come up with ideas about areas of community need and prepare a short report for the director within two weeks. The person submitting the best plan will be given funding to an upcoming out of town workshop that will focus on domestic violence services.

The Dipsie County Juvenile Court Probation Department has just been awarded a grant to develop programs to empower youth to make better choices, complete high school, and engage in employment opportunities. The program will be limited to first-time offenders during the start up. The director has asked you and the other supervisors to develop a budget proposal built on community needs and national programs who have already been operating to provide these services.

Critical Thinking Questions

Answer the following questions related to each of the previous cases:

1. What activities would be necessary to complete each of these assignments?
2. How would you present the new program to your constituents?
3. How would you present the new program to the other stakeholders in services to this group?
4. At what point would you want to include ideas and suggestions from the community about this program and why?

Research Activity

Using the Research Navigator website www.researchnavigator.com, find articles and program information about one of the case examples. Prepare a short draft that identifies some of the current programs related to the case example.
engagement, assessment, intervention, and ending. During the intervention phase, specific techniques can help build clients’ strengths and power. These include confrontation, motivation and commitment, maintaining focus, checking for ambivalence, rehearsal, story and narrative building, building and using natural helping resources, and complimenting success.

When working with oppressed groups, the social worker needs to understand the importance of several different practice components. These include building a solid, trusting relationship; accepting clients for who they are and what they bring; focusing on strengths of not only the client but also of the client’s community; working collaboratively and collectively; assessing clients and their situation from a holistic perspective, including self, family, community, and society; teaching clients specific skills that will work within their environment; and helping clients mobilize resources and advocate for themselves. The final section of the chapter is devoted to potential client statements and empowering responses the social worker might make.