ADMIRE: Getting Practical about Being Strength-Based

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A cardinal principle of the wraparound approach is that it must be a strength-based practice. But if one asks what it means to be strength-based, the answer often contains a tautology—a strength-based practice is one that is based on people's strengths. For wraparound to make a successful transition from a philosophy to a methodology, a more concrete formulation is needed. First we need to explain why being strength based is important, then we have to describe actions or behaviors that would characterize a strength-based practice, and finally we need specific metrics for determining whether and to what degree a given service, including wraparound, is being delivered in a strength-based way.

Why be Strength Based?

A variety of strength-based interventions have been developed in the mental health, child welfare, developmental disability, medical and juvenile justice fields (See accompanying box, next page). The rationale given for the shift from what is usually described as a deficit or problem-based model is that when an intervention focuses on what's right about a person or family who is in a difficult situation, rather than on what's wrong, a number of benefits accrue:

- First, a therapeutic relationship is likely to have a stronger foundation when a family experiences the provider as recognizing and valuing positive aspects of the family members' personalities, life histories, accomplishments and skills.

- Second, if the point of the service encounter is to help the family develop improved coping skills for dealing with the challenges in their life, it will be easier to start that process using the family's existing competencies and characteristics as a foundation.

- Third, since a significant challenge for many families served through the wraparound process is the lack of a natural social support network, a process that elucidates and illuminates the strengths of the family members will make it easier to identify potential points of attachment that can grow into informal sources of friendship and support.

- Finally, if our goal is to help families with complex needs transition from service dependence to normalized social interdependence, an approach that only focuses on eliminating negative characteristics and conditions is less likely to be successful than one that balances the reduction in vulnerabilities with a measurable and sustained increase in capabilities.

What Does Being Strength Based Look Like?

Despite the widespread advocacy noted above, it remains difficult to describe the common elements of a strength-based approach with sufficient clarity to support reliable implementation, maintenance and improvement. Existing descriptive materials often concentrate on a given model's underlying value structure, or focus on its highly specific process steps. The reason why it's hard to pin down the components of strength-based practice is that it is a metaskill[1]. As such it represents a context or perspective within which

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1 A metaskill is a capacity for knowing not just how to do a particular task, but also why and when to do it, and having a grasp of the larger meaning of a given activity. Thus a skill would be knowing how to ask a youth to tell you a story about times when some of the problems she had been experiencing were less of a problem, as part of a strength-based inquiry. A metaskill would be recognizing the context of the conversation in terms of the youth's culture, immediate life situation, relationship with the person asking the question, and the purpose for learning about the youth's coping strategies, as well as a variety other aspects of the personal and interpersonal dynamics at play during the interaction.

Selected Strengths-Based Interventions

In addition to wraparound, strengths-based interventions have been developed within a variety of fields. Descriptions of a few are provided in the resources below:

Nissen, Laura. (2006). Bringing strength-based philosophy to life in juvenile justice. *Reclaiming Children, 15*(1), 40-46.

Linely, P. A. (2006). Counseling psychology's positive psychological agenda: A model for integration and inspiration. *Counseling Psychologist, 34*(2), 313-322

Green, B. L., McAllister, C.L. & Tarte, J.M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 326-334.

Neff, J.M., Eichner, J.M., Hardy, D. R., Klein, M., et al. (2003). Family-centered care and the pediatrician's role. *Pediatrics, 112*(3), part 1, 691-696.

Blundo, R. (2001). Learning strengths-based practice: Challenging our personal and professional frames. *Families in Society, 82*(3), 296-304.

Rowlands, A. (2001). Ability or disability? Strengths-based practice in the area of traumatic brain injury. *Families in Society, 82*(3), 272-287.

Saleebey, D. (Ed.) (1997). *The strength perspective in social work practice*. New York: Longman.

a variety of services and activities can be carried out.

To help strength-based practice make the transition from an underlying value or philosophical goal to a consistent way of doing business, three things are necessary:

- First, the elements of strength-based practice must be defined with enough clarity to facilitate their implementation by practitioners and allow an objective observer to determine when they are, and are not, present.

- Second, sufficient resources must be in place to help practitioners acquire the understanding, knowledge and skills necessary to comfortably and consistently use a strength-based approach in their interactions with families.

- Third, the organizational climate of any agencies whose staff are expected to use a strength-based approach, and of the system of care in which those agencies are operating, must actively encourage and support the use of strength-based services.

Defining the Elements

What are the specific steps that a wraparound facilitator, family support worker, or other service provider should follow in developing a strength-based relationship with a family? The arc of involvement of any service encounter starts with the point of view the provider carries into the relationship, then moves to the process through which the provider gets to know the family, includes the way the provider shares information and develops a plan of action with them, flows into the interventions, actions or services that form the heart of the encounter, and concludes with the way that the provider captures and evaluates the results of the interaction and services.

One way to describe how these six steps could be carried out in a strength-based manner would be to use the acronym ADMIRE:

Attitude: A strength-based practitioner should enter into each service interaction with a disciplined and informed conviction that it is a family's strengths that will ultimately empower them to accomplish the changes or growth that are needed for them to have better lives.

Discovery: To put a strength-based attitude into practice, a provider needs a range of tools for identifying family member's functional strengths and key unmet needs, even when they are masked or hidden, and place them in a context that supports proactive and individualized planning, assistance and change.

Mirroring: To establish an effective relationship with a family based on this discovery of strengths and needs, the provider should reflect back these observed strengths to insure accuracy and mutual understanding, to facilitate engagement and to help family members see themselves as having strengths.

Intervention: To move this relationship into action, the provider must have a repertoire of strength-based and competency-building services that can be matched with or be adapted to fit with each family and family member's unique profile of strengths and needs.

Recording: To maintain consistency and accuracy, a strength-based practitioner should have a reliable system for documenting observations, assessments, interventions and impacts, as well as families' opinions, responses and outcomes.

Evaluation: Finally, to assess the fidelity and effectiveness of current practices and to build a foundation for service improvement, the provider should have a system for determining whether proposed practices are actually being implemented, whether they are helping families achieve their hoped-for goals, how families feel about the assistance they are receiving, and whether the provider is finding ways of improving the assistance.

Together the six ADMIRE characteristics define qualitative elements that should be present in any strength-based practice model[2] (Cox, 2006). These elements can be expressed in many ways, depending on the type of service being provided

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2 The core elements of the ADMIRE system were inspired by the innovative research of Kathleen Cox, who developed a model linking the attitudes and behaviors of practitioners who were aspiring to be strength-based with the outcomes being achieved by their clients.

and its context.

For example, attitude in a strength-based juvenile probation service model might be founded on an understanding of the role that personal, family and community protective factors play in helping youth shift from a developmental pathway leading towards habitual delinquency to a more prosocial sequence, and be linked to assessment tools, structured interactions, interventions, documentation and evaluation that are built on this understanding (Pullman, Kerbs, Koroloff, Veach-White, Gaylor, & Dieler, 2006).

An equally strength-based service for women with co-occurring disorders who also have experienced severe traumas may be based on an understanding of the role that positive, mutual and reciprocal relationships play in supporting resiliency and recovery (Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005).

Implementation at the Individual Level

A strength-based practice model must have at its foundation resources to help service pro-

viders understand why identifying and building on strengths is important, learn how to discover strengths and incorporate them into the service response, and acquire the skills to put this understanding and knowledge into action, even in challenging situations. The model must also provide the tools needed to determine whether these providers have in fact acquired and implemented a strength-based perspective. The understanding, knowledge and skills supported by the practice model should be expressed in providers' behavior during each element of a service encounter:

Attitude: The perspective or orientation with which providers enter into service relationships will have a major impact on the outcomes achieved through those relationships. While it is easy to say that they should start every new encounter with a positive regard for the person or family they are being asked to assist, in reality many factors make this a difficult practice to maintain. Just knowing that one is supposed to be looking for strengths is not enough. Providers should understand why the exposition of strengths supports effective engagement with clients, feeds into a proactive service response, and helps support development of a positive narrative of future success for the individual and/or family. Providers should know how to express this understanding in a variety of service encounters, and have the skill to maintain a strength-based orientation even when their own situation or the behaviors of the individual or family militate against this attitude.

Discovery: This element will be reflected at the practice level when providers understand that it is important to take the time to identify functional strengths in each service encounter, know how to use a variety of formal and informal tools and techniques to accomplish strengths discovery (to be discussed later in this article), and have the ability to use the right tool in each situation.

Mirroring: For this element, strength-based practice will be present to the degree that providers understand that families must see and validate the potential strengths that the provider is attempting to identify through the discovery process, know how to use a variety of techniques to provide feedback and obtain family input without cueing excessive defensiveness, and be able to facilitate reciprocal relationships with family members who come from a wide variety of personal situations and present with highly idiosyncratic characteristics.

Intervention: Unless a practice can link strengths discovery with strengths development, it is only halfway there. A strength-based practitioner should understand that the most effective interventions are those that help families acquire or improve key personal and interpersonal com-

Directive Supervision

Patricia Miles has developed a system that uses strength-based feedback on a selected group of service data points as a core element of staff support and supervision. In her system, key information from family satisfaction reports, activity documentation and client outcomes are gathered and interpreted at the direct service, unit and agency levels and organized in an integrated model of human resource management, continuous quality improvement, value clarification and skill development. To learn more about her model, visit www.paperboat.com and click on the section entitled "Directive Supervision."

petencies to counteract the challenges they are facing and know enough about the available range of interventions to decide which ones are best matched with the strengths and needs of a given family. The practitioner should also have the skill necessary to implement a chosen intervention, or to link families and family members with providers who can deliver those services.

Reporting: Documentation is rarely a practitioner's favorite activity. Nonetheless, without consistently recording the activities and results of a service encounter, the reliability of a given practice model can easily erode. Therefore a strength-based practitioner must understand why it is as important to gather and record information about family and family member strengths, culture and preferences as it is to identify and label the nature and extent of the challenges they face. These days, it is also important to know how to operate the information management system associated with the practice model, and to have the skills needed to accurately, succinctly and quickly record appropriate data, including how to tweak the system if necessary in order to include competencies and accomplishments in the chart.

Evaluation: For any methodology to become infused throughout the operations of an agency or system of care, it is essential that an ongoing dialog about purpose, performance, outcomes, impact and improvement be maintained among direct service providers, service recipients, supervisors and managers and community stakeholders. For complex methodologies like strength-based practice, this dialog must be anchored in concrete and measurable descriptions of what is being done, how it is affecting the people involved, and what is being learned about ways of doing it better.

Therefore if we are to identify wraparound as a strength-based practice, we must have a system in place that succinctly conveys both the reasons why establishing helping relationships through the discovery and support of families' functional strengths is essential to assisting them in the process of growth and change, and also the ways in which this discovery and assistance is carried out. In addition, the system must have the capacity to quickly and accurately gauge the degree to which the core elements of strength-based practice are being expressed at any given time in the interactions with specific children and families, in the ongoing conduct of individual staff and in the culture and functions of the agency as a whole.

Finally, the system must have the ability to acquire, aggregate, interpret, and feed back these evaluations to practitioners, managers and stakeholders in a timely, accurate and useful format so that they have the opportunity to translate the information they receive into better ways of helping the families they are serving. To do this, staff will need an understanding of why data about performance and its effects should drive continual practice improvement, knowledge of how to use evaluation tools and interpret their results, and the skill to translate evaluative information into service improvement. (See accompanying sidebar, left, for an example of one such method.)

Support at the Agency and System Levels

An agency seeking to accomplish a consistent implementation of strength-based practice throughout its operations, or a system designed to make this happen across all of the participating agencies, must diligently create an organizational climate that models, guides, supports and rein-

forces the practice model regardless of the specific modality in which it is being expressed. Five specific components of this climate that must be aligned to accomplish reliable implementation of the model are:

- Incentives for appropriate practice,
- Disincentives and corrections for digressions,
- Removal of barriers to consistent practice implementation,
- Provision of resources to enable effective practice activities, and
- Expressed understanding of and support for strength-based practice by leaders, managers and supervisors (Allen, Lehrner, Mattison, Miles, & Russell, 2007).

Putting all five elements together in an agency or system of care is no easy feat, but the more each is present, the greater the likelihood that the agency or system will acquire a pervasive strength-based orientation.

Incentives. The number one incentive to strength-based practice is establishing a staff recruitment, selection, retention and advancement system that reflects strength-based principles. Human resource departments should have the capacity to identify staff that bring a strength-based attitude to their work, and reward those who practice what they preach at each stage of their service encounters. Agencies can also post or circulate materials that support and encourage strength-based work. For example, a number of agencies using the wraparound approach publish a monthly newsletter that includes descriptions of successful efforts by family teams and celebrations of accomplishments and innovations by youth, families, facilitators and service providers. More recently some agencies are developing

DVDs and on-line training programs to show what these skills look like in practice. Finally, agencies can hold pre-service and in-service trainings that teach this approach; host recognition events for those who display exceptional understanding, knowledge and skills; and present ongoing workshops to demonstrate new techniques for improving strength-base practice.

Disincentives. If those expected to implement a strength-based approach observe that while agency administration or system leadership give lip-service to the model, no repercussions occur for the failure to deliver it, a natural tendency will be to drop back to more familiar strategies for client interactions and services. Some hierarchy of response should be in place that is designed to encourage accurate implementation. At the system level, agencies that fail to document continual improvement in their ability to provide strength-based services may need to face reduction in or even loss of their contracts.

At the practice level, agencies should have the means to identify staff members who are having difficulty implementing strength-based approaches and remediation systems to help them find ways to improve their work. It is important, however, to take this suggestion in the strength-based context in which it is offered. The point is not to punish staff when they get it wrong, but to help them become more comfortable with doing it right. For example, a supervisor might see from family member feedback or from her staff person's self-report that a wraparound facilitator had a tendency to focus more on problems than solutions in a child and family's situation. Her response might be to team the staff person with a more accomplished facilitator to co-facilitate some teams. Or perhaps she might gather some of the other staff and set up some scenarios for them to role-play together. The point is that since strength-based practice is a

metaskill, knowing how to walk through the steps isn't enough; practitioners have to get a feel for it to be able to use it successfully.

Removal of barriers. Strength-based practice is a new approach and many of the traditional operational components of service systems aren't well aligned with the practice model. Service access, billing, quality assurance and productivity measures, the old practice manuals lying about the office, and the habits that have become a part of day-in, day-out work can all present barriers to the consistent implementation of strength-based work. To overcome these barriers, agencies and systems may form quality practice groups to help identify and resolve barriers to effective implementation of the model, to provide in vivo support to staff who are making the transition to the new approach, and to recognize and share innovations as they emerge. The transition from a standard model to a strength-based approach in any of the operational aspects of human service delivery is likely to be challenging. For example, service access in standard publicly-funded human service models is often based on things having gone terribly wrong. Many financially strapped child welfare agencies have limited intake to "petitionable" situations – meaning that there has to be grounds for filing a court petition on abuse or neglect – before services can be provided. The strength-based shift that is currently working its way through the nation's systems is called Alternative Response or Differential Response. Families who are at risk of disruption, but whose current situation is not so severe as to require formal intervention are being connected with a wide variety of resources (including wraparound in some cases) on a voluntary and informal basis.[3]

Billing may be an even more difficult barrier to overcome than access. Many programs using the wraparound process rely on medical assistance as a principal funding source. But medical assistance requires that a specific deficit—via diagnosis—must be present. This means that many wraparound facilitators have to start their supposedly strength-based relationship with a family by first diagnosing and labeling the child. Two trends are emerging to overcome this barrier. First, clinicians are discovering ways of using assessment and diagnosis in a more strength-based and productive way. When children and adults have serious behavioral, emotional or neurobiological conditions, having a clear grasp of what is going on and what can be done about it can be an important step in the healing process. Second, when a mental health diagnosis is not going to be a useful part of the assistance a child and family needs, agencies are learning how to "port" wraparound technology into non-mental health contexts: probation officers, child welfare workers, public health nurses and economic support specialists are all using child and family teams to support their clients.

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Provision of resources. If an agency or system is serious about transforming its current practices into strength-based approaches, a rich array of resources to support this change should be provided. These ought to include consistent, practical training, mentoring and case consultation for staff, supervisors and managers, access to outside workshops to enhance staff understanding and skills, strength-based formal tools for assessment, planning and evaluation, opportunities to observe implementation of strength-based practices in other agencies either in person or through video recordings, and making sure that a strength-based orientation is built into the service access, delivery and funding pathways.

Support from leadership. Staff notice what leadership pays attention to. All the words in the

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3 For more information on Alternative Response, visit http://www.childwelfare.gov/famcentered/overview/approaches/alternative.cfm.

Resources for Practitioners

For an example of a broad based application of mindfulness, see:

Thich Nhat Hanh (1987). *The Miracle of Mindfulness*. Boston: Beacon Press.

Or visit the website of the University of Massachusetts Center for Mindfulness in Medicine, Healthcare and Society at:

http://www.umassmed.edu/cfm/

Information about Nonviolent Communication and links to training opportunities around the world can be found at the website of the Center for Nonviolent Communication:

www.cnvc.org

Or, see:

Rosenberg, Marshall B. (2002). *Nonviolent Communication: A Language of Compassion*. Encinitas, CA: Puddledancer Press.

An extensive bibliography on Appreciative Inquiry can be found at a website maintained by Case Western Reserve University:

http://appreciativeinquiry.case.edu.

An overview by Dr. David Cooperrider, who developed the model, is available there as well. For a more detailed description of Appreciative Inquiry, published by the institute Dr. Cooperrider founded, see:

Barrett, Frank & Fry, Ronald (2005). *Appreciative Inquiry: A Positive Approach to Building Cooperative Capacity*. Chagrin Falls, OH: Taos Institute Publications.

world are quickly either reinforced or erased by a few actions by leadership. Specifically, staff will be guided by the way that leaders react to crises, provide recognition for accomplishments, share in learning experiences, allocate rewards, frame challenging situations and in the way that choices are made about advancement and dismissal of employees. If these events reflect the importance of using strength-based approaches with clients then that model will gradually become a part of the agency or system's culture. If the overt actions of leaders contradict the espoused value of strength-based practice, the labels may remain but the heart of the model will erode.

Resources

Many published and on-line resources are available to help agencies and practitioners learn about and adopt a more strength-based approach in their work. Some are practice specific; others are more generally oriented. A few examples are provided here as a sampling of what is available, but interested individuals will find that a few moments of research will identify a trove of useful ideas for bringing a strength-based perspective to the full breadth of human services and educational approaches.

Attitude: Sometimes the best first step toward a more strength-based attitude in human service delivery is to step back and find a way of grounding one's perspective on a broader foundation. Examples of tools that can help one in this effort are the practice of mindfulness, the use of non-violent communication, and the technique of appreciative inquiry. (See accompanying box at left.)

Discovery: Wraparound uses a narrative approach to informal strengths discovery during the initial engagement phase of the process. A facilitator listens to the family's stories and extracts from them examples of descriptive, contextual and functional strengths that can serve as a foundation for an effective action plan. Another approach to identifying strengths can be found in the solution-focused practice model developed by Insoo Kim Berg and Steve DeShazer (1994) in which clients are asked to identify times when the current problem has been less of a problem and coping strategies that they have used to address

similar challenges in the past. Several tools for formal strengths discovery have been developed including the BERS, the CANS, the CALCAT and the YCA. (See accompanying box, right).

Mirroring: Agencies and systems looking for a way of helping staff become more effective at hearing what clients are saying and reflecting that information back to them to make sure information and meaning are being accurately shared need look no further than the well-known practice of active listening.[4]

Intervention: An increasing number of services and interventions are being designed from the ground up to help parents and children establish and enhance competency and resiliency (Caspe & Lopez, 2006). Many of these efforts are working their way through the evaluation process in an effort to gain recognition as evidence-based practices.[5] An agency or a system seeking to become firmly grounded in strength-based practice should regularly and carefully examine these options and maintain an up-to-date resource array well-aligned with the needs of the population they are serving.

Recording: The documentation and information management systems used by agencies and sys-

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4 There are many references for active listening. For example, Joe Landsberger has posted a succinct summary on his website at http://www.studygs.net/listening.htm.

5 The federal Substance Abuse and Mental Health Services administration has established a National Registry of Evidence-based Programs and Practices that keeps an updated roster of interventions that have met the criteria to be identified as promising programs, effective programs or model programs. http://nrepp.samhsa.gov.

Measures and Instruments for Assessing Strengths

The *Behavioral and Emotional Rating Scale* assesses child strengths within the dimensions of interpersonal capacity, family involvement, intrapersonal competence, school functioning and affective ability. Scoring produces an overall strengths quotient and standard subscale scores within each domain. It can be obtained through its website at http://www3.parinc.com/products/product.aspx?Productid=BERS-2.

The *Child and Adolescent Needs and Strengths Assessments* are a suite of open use (no fee) tools designed to support effective service and support planning for children with complex needs and their families. Currently there are six tools available depending on whether the focus is on issues in early childhood, child welfare, developmental disabilities, mental health, juvenile justice, or sexual development. The tools can be used both for initial screening and for measuring client progress, and can also be used to look at system of care functioning. The manuals and forms and a description of their development are available from the CANS website, operated by the Buddin Praed Foundation, which was established by the developer of the CANS, John Lyons of Northwestern University, to support the dissemination of these tools. http://www.buddinpraed.org/.

The *California Child Assessment Tool* is a child welfare specific tool developed by the SPHERE Institute in Stanford for use in California's county-operated child welfare systems. The tool is designed to support consistency in assessing strengths and needs with regard to child safety, permanency and well-being and is being piloted in about 5 counties. Information about it is at http://www.sphereinstitute.org/cat.html.

The *Youth Competency Assessment* tool was developed by NPC Research in Portland, Oregon, to support strength-based restorative justice assessment of youth in the juvenile justice system. Although copyrighted, the tool can be reproduced and used for nonprofit purposes. Information is at http://npcresearch.com/ (Click on "materials" to get to the section on the YCA.)

tems seeking to support strength-based practice must evolve beyond being a time consuming obligation through which practitioners demonstrate rote compliance to become tools that guide appreciative, interpretive and reflective inquiry into the relationships they are forming with clients and the impact those relationships are having on the outcomes clients are achieving (Hornberger, Martin, & Collins, 2006). Two examples of such systems are the Synthesis data management system used by Wraparound Milwaukee (for more information visit their website at http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm) and the information technology system used by Choices, Inc. in a variety of its efforts, including the Dawn Project in Marion County, Indiana (Indianapolis). http://www.choicesteam.org.

Evaluation: Although many new methodologies identify themselves as strength-based, and there is a growing consensus that the use of strength-based approaches is a more effective way of helping people achieve and sustain positive outcomes, the true impact of these practices must be tested both in clinical settings and in the field to prove their promise. From a clinical perspective, well-designed experimental models are needed to reliably demonstrate what works and what doesn't (Harrell, [undated]). From the point of view of an agency or a system of agencies, the operational structure must include an information collection and analysis mechanism that provides practitioners, supervisors and managers with a functional and timely dashboard that keeps them reliably informed about key aspects of the services they are providing and presents this data in the context of a metric that reflects the core values of strength-based practice (Cohen, 2005).

Conclusion

Ultimately, the point is not to be strength based, but to be helpful and promote positive outcomes. The goal of an effective practitioner is to bring the best understanding of the current state of the art in a given area of service to each client interaction, and to use what is learned through these interactions to constantly advance the standard of practice in that art. One of the originators of the concept of evidence-based practice has put it this way (Muir Gray, 1997):

Evidence-based clinical practice is an approach to decision making in which the clinician uses the best scientific evidence available, in consultation with the patient, to decide upon the option which suits the patient best.

Applying this principle to strength-based practice, the purpose of the ADMIRE framework is to identify a series of anchor points so that reflective practitioners can not only check themselves on the degree to which they are expressing a strengths orientation in their ongoing interactions with families, but also observe whether maintaining that orientation is associated with helping those families achieve positive changes in their lives.

In the specific case of wraparound as a strength-based practice, the framework can provide an outline for an ongoing conversation among facilitators, family members, agencies, formal and informal family supports and community stakeholders. To the extent that wraparound is a co-created system of reciprocal support for recovery, all of us participating in using this approach and in establishing the organizational and community environment that sustains it should regularly ask ourselves several questions:

- Are we consistently expressing a strength-based orientation in our interactions both with families and with other service providers and family team members?

- Do we begin each new relationship with a family with an engagement process that includes formal and informal processes for strengths discovery?

- Do we share the results of our observations with our families and teams in a way that supports an increase in mutual understanding and a shared commitment to finding a way to make things better?

- Do we build the interventions in our plans of care on the strengths of our families and design them to help families make progress toward accomplishing the mission they have chosen for themselves?

- Have we documented the essence of what we have observed, what we are doing, why we are doing it and what is happening as a

result, both in terms of family progress and family and community satisfaction? and

• Are we collecting and aggregating information about our services in a way that provides a useful overview of what works, where things could be better and how best to achieve this improvement?

These checkpoints can help us maintain our focus on strengths so that we bring to every service encounter the best of what we are learning about how to assist families with complex needs. Ultimately, the measure of our implementation of a strength-based methodology will be the degree to which both families and family teams experience a shared sense of recovery, growth and change.

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