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**Aotearoa New Zealand Strengths-Based  
Counselling Practice Framework for  
Social Work**

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## **Abstract**

The practice of counselling in social work has been contentious over the years, both globally and in Aotearoa New Zealand. Social work can be considered along a change continuum with a therapeutic work/counselling perspective on one end and a community work/social change perspective on the other. One perspective might be favoured above the other at a particular time and in a particular context, or social work practice could fully comprise both perspectives.

It is noteworthy that the Aotearoa New Zealand Association of Social Workers (ANZASW) is committed to the dual perspective in social work in Aotearoa New Zealand (ANZASW, 2013). Recent research, regarding the therapeutic work perspective, confirmed that many social workers in Aotearoa New Zealand consider therapeutic practice or counselling to be an integral part of their social work role and are offering counselling within their general social work practice (Staniforth, 2010c). A significant number of these participants, however, indicated that they did not feel adequately supported and equipped for the counselling role in their social work practice and that they sought additional professional development in this regard. This qualitative study aimed to explore the core contextual considerations and practice components that are vital for counselling in social work practice. In particular, the study focused on strengths-based counselling in social work practice in the Aotearoa New Zealand context.

The reason for the focus on strengths-based counselling is significant. Social work in Aotearoa New Zealand (including the therapeutic component), is committed to bicultural as well as culturally competent practice. This is in fact a requirement of membership or registration for both the ANZASW and Social Workers Registration Board (SWRB). Culturally competent social work, which aims towards socially just, non-discriminatory and anti-oppressive practice, often draws on strengths-based theories (Maidment & Egan, 2016; McCashen, 2010). The international as well as local literature are clear that culturally appropriate social work practice is aligned with strengths-based practice (Eketone, 2006; McCashen, 2010; Munford & Sanders, 2011; Saleebey, 2013).

Data for this project were collected in two phases. In the first phase the knowledge and views of key stakeholders in the social work profession in Aotearoa New Zealand were

explored through in-depth interviews. Based on these findings, the study produced a draft practice framework for strengths-based counselling practice in Aotearoa New Zealand. In Phase 2, practising social workers appraised the proposed framework through focus group interviews. The draft practice framework was consolidated with the findings from the focus group data and the relevant literature to produce the Aotearoa New Zealand strengths-based counselling practice framework for social work.

The researcher hopes that the results of this study will, as encouraged by Connolly, enhance existing knowledge, support, and tools for social workers in their counselling practice in social work and contribute to the knowledge bases through a “conceptual map” with which interventions and outcomes in social work counselling might be influenced (Connolly, 2007, p. 827).

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# Table of Contents

<b>Abstract.....</b>	<b>iii</b>
<b>Acknowledgements .....</b>	<b>v</b>
<b>List of Figures.....</b>	<b>xi</b>
<b>List of Tables.. .....</b>	<b>xiii</b>
<b>Glossary of Māori Terms .....</b>	<b>xv</b>
<b>Chapter One: Introduction .....</b>	<b>1</b>
The Counselling Component in Social Work Practice .....	2
The Aotearoa New Zealand Context.....	7
Culturally Appropriate Practice and Strengths-Based Practice .....	10
Locating the Researcher in the Research .....	11
Culturally Sensitive Research .....	12
Focus of the Study .....	15
Methodology .....	16
Structure of the Thesis .....	17
Conclusion .....	18
<b>Chapter Two: Literature Review .....</b>	<b>21</b>
Historical Development of Social Work in Aotearoa New Zealand.....	21
Culturally Relevant Social Work Practice in Aotearoa New Zealand.....	27
The Strengths Perspective.....	34
The strengths perspective in practice .....	39
Strengths-based practice approaches .....	46
Considering some of the strengths perspective debates.....	50
The Nature of a Practice Framework .....	55
Conclusion .....	59
<b>Chapter Three: Research Methodology .....</b>	<b>63</b>

Research Approach .....	63
Participants.....	65
Phase 1: Key stakeholders .....	66
Phase 2: Focus group participants.....	67
Data Collection .....	68
Phase 1: In-depth interviews with key stakeholder participants .....	68
Phase 2: Focus group interviews.....	69
Data Analysis .....	70
Phase 1: Analysis of interview data .....	72
Phase 2: Analysis of focus group data .....	77
Trustworthiness.....	77
Ethical Procedures .....	80
Limitations of this Study.....	82
Conclusion .....	83
<b>Chapter Four: Strengths-Based Knowledge .....</b>	<b>85</b>
Profile of the In-Depth Interview Participant Sample .....	85
Profile of the Focus group Participant Sample .....	87
Themes and Sub-themes .....	88
Draft Practice Framework.....	91
Foundational formal and informal strengths-based knowledge.....	92
Focus group feedback on the knowledge section of the draft framework .....	103
Conclusion .....	106
<b>Chapter Five: Strengths-Based Practice Components.....</b>	<b>109</b>
Strengths-Based Counselling Assumptions .....	109
All people have strengths, resources, abilities, and capabilities .....	110
People's strengths, resources and abilities provide the keys to growth and change .....	110
People are the experts on their own lives and collaboration is essential .....	111

It is not just about the problem but also about hearing positives and exceptions ....	112
Focus group Feedback on Strengths-Based Counselling Assumptions .....	113
Strengths-Based Counselling Skills .....	116
Focus group Feedback on Strengths-Based Counselling Skills.....	119
Strengths-Based Counselling Interventions .....	123
Focus group Feedback on Strengths-Based Counselling Interventions.....	129
Strengths-Based Counselling Phases .....	135
Therapeutic-alliance phase.....	136
Assessment phase.....	138
Work phase .....	145
Termination phase.....	146
Focus group Feedback on the Strengths-Based Counselling Phases .....	148
The initial phase .....	149
The assessment phase .....	150
The termination phase.....	151
Strengths-Based Counselling Positive Client Outcomes .....	153
Focus group Feedback on Strengths-Based Counselling Positive Client Outcomes ...	158
Conclusion .....	159
<b>Chapter Six: Context of Practice.....</b>	<b>163</b>
Practice where client and practitioner have a shared cultural background .....	164
Cross-cultural practice .....	165
Culturally appropriate practice .....	167
Synergy between strengths-based practice and culturally appropriate practice .....	171
Focus group Feedback on the Context of Practice.....	173
General Focus group Feedback and Impressions on the Framework .....	177
Interconnectedness, ranking, structure and word choice of the sections .....	178
The diagram .....	179

Applicability and positive feedback.....	180
Enabling practitioners to implement the framework .....	181
Conclusion .....	181
<b>Chapter Seven: Discussion .....</b>	<b>185</b>
Counselling in Social Work in the Aotearoa New Zealand Context .....	185
A Practice Framework for Strengths-Based Counselling in Social Work in Aotearoa New Zealand .....	190
Practice philosophy .....	193
Foundational formal and informal strengths-based knowledge.....	196
Context of practice .....	199
Practice components .....	203
Conclusion .....	222
<b>Chapter Eight: Conclusions and Recommendations.....</b>	<b>223</b>
Research Question and Methodology .....	223
Key Findings of this Study .....	224
Recommendations.....	226
Further Areas of Study.....	227
Concluding Reflection .....	228
<b>Appendices.....</b>	<b>229</b>
Appendix A – Training handout .....	229
Appendix B – Interview Schedule, Phase 1 .....	235
Appendix C – Interview Schedule, Phase 2.....	236
Appendix D – Participant Information Sheet, Phase 1 .....	237
Appendix E – Participant Information Sheet, Phase 2.....	239
Appendix F – Consent Forms, Phase 1 .....	242
Appendix G – Consent Forms, Phase 2 .....	243
<b>References.....</b>	<b>244</b>

## List of Figures

Figure 1.1. Research design.....	17
Figure 3.1. NVivo screenshot of Phase 1 data analysis. ....	76
Figure 3.2. NVivo screenshot of Phase 2 data analysis. ....	78
Figure 4.1. Strengths-based counselling practice draft framework. ....	92
Figure 4.2. Foundational formal and informal strengths-based knowledge. ....	93
Figure 5.1. Practice components – Assumptions.....	109
Figure 5.2. Practice components – Skills.....	116
Figure 5.3. Practice components – Interventions.....	124
Figure 5.4. Practice components – Phases.....	135
Figure 5.5. Practice components – Positive Client Outcomes.....	154
Figure 6.1. Context of Practice .....	163
Figure 7.1. The Aotearoa New Zealand Strengths-Based Counselling Practice Framework	192



## List of Tables

Table 3.1. Example of Text Units Identified and Coded .....	73
Table 3.2. Example of Codes Sorted Into Initial Themes.....	74
Table 3.3. Example of Data Excerpts Assembled Per Initial Theme.....	75
Table 4.1. Sample Profile of Phase 1 Participants .....	86
Table 4.2. Sample Profile of Phase 2 Participants .....	87
Table 4.3. Themes and Sub-Themes of Phase 1 Data.....	88
Table 4.4. Themes and Sub-Themes of Phase 2 Data.....	90
Table 4.5. Consecutive Phase 1 and 2 Themes and Sub-Themes of the Knowledge Section ... .....	107
Table 5.1. Consecutive Phase 1 and 2 Themes and Sub-Themes of the Practice Component Section.....	160
Table 6.1. Consecutive Phase 1 and 2 Themes and Sub-Themes of the Context Section ....	182
Table 6.2. Phase 2 Themes and Sub-Themes of the General Impressions on the Practice Framework .....	183
Table 7.1. The Aotearoa New Zealand Strengths-Based Counselling Practice Framework summary.....	221



## Glossary of Māori Terms

Ako	Learn, study, teach, advise
Aotearoa	New Zealand
Hā a koro mā, a kui mā	Ancestral or cultural legacy, inherited strengths
Hapū	Sub-tribe or clan
Harakeke model	Native flax plant, Māori model of well-being
Hinengaro	Mental well-being
Homai ki te tangata, te kanohi ki te kanohi	Respectful and face to face communication
Iwi	Tribe
Kaiatawhai	Advisor or Māori health worker
Kaumatua	Elder
Kaupapa	Ideology, principles, values
Kete	Basket
Ko au	Identity and interconnectedness
Koha	Offering or gift
Kowhaiwhai	Painted patterns
Kuia	Māori female elder
Mahi	Work
Mana ake	Uniqueness of individual and family
Mana	Power, status, honour and respect
Manaakitanga	Hospitality, generosity, care and support
Marae	Meeting house
Mātauranga	Knowledge, wisdom, understanding
Matua	Father, parent, adult, uncle
Mauri ora	Holistic well-being
Mauri	The vitality and life force or essence
Ngā manukura	Leadership
Paiheretia	Unite or unify
Pākehā	European or foreigner
Pou	Support post

Poutama	Steps pattern or pathway to heaven
Puao-te-ata tu	Daybreak
Rangatahi	Youth
Taha hinengaro	Mental health
Taha Māori	Māori perspective or Māori way
Taha tinana	Physical health and well-being
Taha wairua	Spiritual health
Taha whānau	Family/extended family
Tangata Whenua Takawaenga o Aotearoa	Māori caucus of ANZASW
Tangata whenua	Māori people of Aotearoa New Zealand
Tauīwi	Foreigner
Tautoko	Close support or allegiance
Te mana whakahaere	Autonomy and self-determination
Te oranga	Well-being, health
Te Pāe Mahutonga	Constellation of stars known as Southern Cross
Te Whare Tapa Whā	Four cornerstones, model of Māori health
Te wheke	Octopus, Māori model of well-being
Tikanga/kawa	Protocols and customs
Tino rangatiratanga	Chieftainship or self-determination
Toiora	Well-being, welfare
Tukutuku panels	Woven panels
Waiora	Health and safety
Wairuatanga	Spirituality
Whakairo	Carvings
Whakamanawa	Tribute, inspire, instil confidence, support
Whakapapa	Genealogy
Whānau	Family and extended family
Whanaungatanga	Broader concept of family, relationships, kinship, belonging and connectedness
Whatumanawa	Expression of emotion

## **Chapter One: Introduction**

This research focuses on the therapeutic social work, or micro practice side, of the social work change continuum in Aotearoa New Zealand. There is a significant therapeutic component in social work (Brearley, 1995; Seden, 2005; Staniforth, 2010c), and various therapeutic or micro skills are crucial in regular social work practice (Maidment & Egan, 2016; Seden, 2005). Even though the therapeutic component of social work is recognised in Aotearoa New Zealand (Aotearoa New Zealand Association of Social Workers [ANZASW], 2013) some practitioners reported that this aspect of their role is not always fully supported (Staniforth, 2010c).

Social work practice, in the bicultural milieu of Aotearoa New Zealand, requires culturally competent practice (ANZASW, 2013; Munford & Sanders, 2011). Culturally competent practice often draws on strengths-based practice, as strengths-based approaches are consistent with anti-oppressive principles and culturally appropriate practice (Eketone, 2006; Maidment & Egan, 2016; Munford & Sanders, 2011). This research study explores strengths-based counselling in social work practice in the Aotearoa New Zealand context. In this process, this study sets out to develop a practice framework for strengths-based counselling in Aotearoa New Zealand in order to contribute to the available information, support, and tools for social workers in their social work therapeutic or counselling roles.

This chapter introduces this research project and starts with a discussion of the counselling component in social work practice, followed by a reflection on the counselling component in social work in the Aotearoa New Zealand context. This leads into a discussion around the link between culturally appropriate practice and strengths-based practice. The chapter continues by reflecting on how the researcher was situated in the research, as well as on the aspect of culturally sensitive research and the researcher's journey in this regard. An exploration of the focus of the study, the research methodology, and structure of the thesis follows.

## **The Counselling Component in Social Work Practice**

The practice of counselling in social work globally, as well as in Aotearoa New Zealand, has been a cause for debate over many years (Beddoe & Maidment, 2009; Brearley, 1995; Staniforth 2010a, 2010c; Staniforth, Fouché, & O'Brien, 2011). Social work is often viewed from a community development/social change perspective, on the one hand, to a therapeutic work perspective, on the other. There seems, however, to be a change in many countries, as well as in Aotearoa New Zealand, from viewing social work as either 'the one or the other', to regarding both aspects as being crucial in social work practice (Connolly & Harms, 2009, 2011, 2013; Healy, 2012; Maidment & Egan, 2009, 2016; Payne, 2014; Staniforth, 2010c; Staniforth et al., 2011). Some authors have described the change continuum of micro (change work with individuals), through to macro (community, policy, and organisational change work) practice as characteristic of the profession of social work (Connolly & Harms, 2013; Healy, 2012). Staniforth et al. (2011) expressed this view strongly as follows:

There appears to be a growing recognition that a 'both/and' view is necessary in relation to the skills required for working at micro- or macro-change levels, and that both sides can sit within a practice framework which holds social justice as an overarching principle. (pp. 193-194)

Moreover, the 2014-revised global definition of social work, approved by both the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), defined social work as follows:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels (IFSW, 2014, n.p.)

Although this global definition of social work may seem to lean towards social change and does not, at first glance, draw attention to the therapeutic component of social work, the

commentary notes to this definition, dealing with the profession's core mandates, underscore micro change practice:

The social change mandate is based on the premise that social work intervention takes place when the current situation, be this at the level of the person, family, small group, community or society, is deemed to be in need of change and development. (IFSW, 2014, n.p.)

The commentary notes further outline the full range of change practice by indicating, "Social work practice spans a range of activities including various forms of therapy and counseling, group work, and community work; policy formulation and analysis; and advocacy and political interventions" (IFSW, 2014, n.p.).

In addition to the international bodies, several prominent authors have highlighted this dual focus on the nature of social work. Payne (2014) identified three views of social work: "empowerment" (clients are enabled to attain well-being through growth and change), "social change" (enabling people towards liberation from oppression), and "problem solving" (meeting clients' needs through supplying welfare services; p. 21). This is comparable with the three main approaches in social work described by Dominelli (2009) as "therapeutic approaches," "emancipatory approaches," and "maintenance approaches" (p. 50). Asquith, Clark and Waterhouse (2005) have also endeavoured to categorise the main roles in social work. They have described the main roles as "counsellor," "advocate," "partner," "assessor of risk and of need," "care manager," and "agent of social control" (Asquith et al., 2005, pp. 2-3).

The early years of social work had some recognition of a dual focus in social work, although, true to the individualist nature of the Victorian era, emphasis was predominantly on work with individuals and families (Brearley, 1995). It was in this milieu that Mary Richmond, seen as a pioneer of social work, wrote her seminal text *Social Diagnosis* in 1917 describing social casework practice (Healy, 2012; Richmond, 1917). Some years later, Perlman (1968), who was also regarded for her ground-breaking work in social casework, underlined a dual approach that included casework work with individuals as well as social-change work. She remarked that social casework was one method of social work, and held the other two methods as group work and community work. Perlman (1955) recognised the social context:

If social work were to adopt a symbol for its profession...it might well use the head of Janus. Janus is the god, you remember, whose head has two faces, each of which looks in the opposite direction, but both are joined together. As a symbol of social work, he would be looking with one set of eyes upon individual man, with the other upon the society in which man lives and, in the light of his joined perceptions, he would ponder upon their interlocking relationships. (pp. 386-387)

The term casework, now somewhat dated as the use of the term has declined since the mid-1970s, referred to direct practice with individuals and families and was the first comprehensively developed process of social work (Brearley, 1995; Richmond, 1917). Casework created the foundation of the therapeutic component in social work and used to be central to social work. Social workers who qualified in the 1960s and 70s were well skilled in casework (Seden, 2005). But casework had its limitations, especially around its ability to deal with social problems. However, discarding casework because of this limitation would have been denying individuals the support they needed and seemed callous and in opposition to social work values (Brearley, 1995).

Uncertainty around the focus of social work was clear in the 1970s, and these tensions between therapeutic work and social change work became more apparent (Brearley, 1995). The scrutiny of the social work profession and uncertainty around its direction in the United Kingdom in the 1970s led to the establishment of the Barclay Committee to review the roles and tasks of social workers in England and Wales (Brearley, 1995). This committee produced a report in 1982 that indicated that social work had two main activities: counselling and social-care planning. The committee members, however, had great difficulty agreeing on a model of service delivery. Among the options, the majority of the committee voted for a community social work approach; a minority voted for an approach where social casework was a vital part of a social worker's role.

By the middle of the 1990s, therapeutic practice and the therapeutic relationship were no longer seen as a main approach or focus in social work in the UK. Some even argued that counselling skills were not applicable to social work anymore and that a focus on the individual's adversity was pathologising (Seden, 2005). Seden (2005), an author who has

written extensively about counselling skills in social work (Seden 1999, 2005, 2013), explained that social workers from the 1980s onwards found themselves overwhelmed by work of a bureaucratic and directive nature that impeded their ability to focus on therapeutic relationships with clients. This trend continued and Seden (2013) indicated that the tone in social work in the early twenty-first century was also set by managerialism and bureaucratisation, with a major focus on business methods and the efficient management of resources.

Seden (2013) described a tension in social work between a managerialist focus and a client- or person-centred focus. She advocated for the inclusion of a relationship- and person-centred dimension in social work and argued that when resources are limited, the use of interpersonal and communication skills is more central than ever in service delivery that aims to benefit the well-being of clients. Notably, Seden (2005) also pointed out that clients identify essential skills for social workers as “the capacity to listen, hear and respond respectfully” (p. ix). Seden (2013) furthermore indicated that clients value supportive and caring practitioners with good interpersonal and communication skills. She concluded that clients would like social workers to be practical, competent, and effective in their role, as well as to make use of counselling skills through the course of their duties (Seden, 2005).

On the other hand, Harms and Connolly (2013) stated that social workers have the liberty to choose their area of practice according to their interest, skills, and values. But, although most social workers enter the profession with the aspiration to care, help, and make a difference on a personal level, the counselling component in contemporary social work has not always been valued and acknowledged (Seden, 2013). International authors, however, have supported the legitimacy of the counselling component in social work. There is, for example, a deep-rooted tradition of counselling in social work in the USA, known as clinical social work. This is a significant field of practice in the American context and is extensively written about as can be gleaned from the *Clinical Social Work Journal*. Ntshwarang and Malinga-Musamba (2015), from the University of Botswana, insisted, “There is a misconception that social workers do not provide counselling” (p. 219). Furthermore, the number of scholars publishing on counselling skills, offering, specifically, counselling skills for social workers and highlighting the importance of counselling competence in social work practice, is an

indication of the recognition of counselling as a function of social work practice (Brandell, 2011; Miller, 2012; Riggall, 2012; Seden, 1999, 2005). As Hill, Ford, and Meadows (1990) stressed:

The significance of counselling in social work has been variously construed and often undervalued. We believe that counselling is an important element of social work, both in its own right and in conjunction with the provision of routine services or crisis intervention. It is vital that social workers should have the training and confidence to counsel in a variety of situations. (pp. 169-170)

The meaning of counselling in social work, however, is often misunderstood, and defining counselling in social work is not a simple task as there are various counselling approaches, and theoretical foundations that include several different ways of working (Seden, 2005). Seden (2005) held that social workers need counselling skills to competently communicate and engage with clients and that counselling skills are the foundation of communication. She further underlined that communication is a critical social work skill, employed in forming relationships, giving information, and sharing thoughts, views, emotions, beliefs, and aspirations, in the process of facilitating goal attainment and change. Seden (2005) also pointed out that regular social work practice is rich in situations and tasks requiring counselling skills; this, for example, includes tasks such as assessment, planning and advocating. She listed the necessary communication and counselling skills in social work as: “attention giving, active listening, non-critical acceptance; paraphrasing, reflecting back, summarizing, checking; the ability to use different kinds of questions; empathic understanding, immediacy and linking; challenging, confronting, work with defences; goal setting, problem solving, focusing techniques; understanding own and other’s body language; avoidance of judging, patronizing and moralizing comments; boundary awareness, the ability to say difficult things constructively; and the ability to offer feedback, techniques for defusing hostility and for avoiding hostility, assertiveness” (Seden, 2013, p. 357).

Maidment and Egan (2016) developed a framework called the integrated framework for practice in social work with individuals, families, and groups. These authors also identified the relevant micro skills for this framework, defining micro skills as verbal and non-verbal communication techniques used in communication with others. These micro skills are:

“listening, responding, using empathy, summarising, questioning, conciliation, validating, transfer, reflecting, paraphrasing, using silence, assertiveness, goal-setting, interpreting, externalising, verbal and non-verbal cues, clarifying, negotiation, prioritising, normalising, challenging, universalising, conflict management, affirming, using immediacy, boundary-setting, confronting, and recording” (Maidment & Egan, 2016, p. 8). Beddoe and Maidment (2009), furthermore, wrote that practitioners should be able to use the basic micro skills appropriately in practice upon completion of their social work qualification.

Turning attention to social work training and competency, in 2004, the IASSW and the IFSW developed global standards for social work education and training. In considering the core purposes of the profession, they stated that social workers “form short and longer-term working relationships with and mobilise individuals, families, groups, organisations and communities to enhance their well-being and their problem-solving capacities” (IASSW, IFSW, 2004, p. 3). In addressing the methods of social work practice they included that social workers should have “sufficient practice skills in, and knowledge of, assessment, relationship building and helping processes to achieve the identified goals of the programme for the purposes of social support, and developmental, protective, preventive and/or therapeutic intervention” (IASSW, IFSW, 2004, p. 7).

Payne (2014) has argued that social work is socially constructed and there is not just one understanding, across time and different contexts, of what makes up social work. The nature of social work, as has been described in this chapter, is dynamic, changes according to how it is used in practice (Payne, 2014), and depending on the contextual factors, the focus of social work may differ over time and from place to place (IFSW, 2014). “It is impossible to understand any phenomenon in isolation from its environment and the setting in which it finds expression” (Brearley, 1995, p. 1). Therefore, the counselling component in social work in Aotearoa New Zealand, has to be understood in the context of Aotearoa New Zealand.

## **The Aotearoa New Zealand Context**

In considering the phenomenon of counselling in social work in Aotearoa New Zealand, this section now turns to literature in this regard. The literature specifically on counselling in

social work in Aotearoa New Zealand is scant. One indication in the literature about this came from the late 1970s when Simpson (1978) wrote, in the *New Zealand Social Work Journal*, about a counselling crisis in statutory social work. In this article, Simpson referred to counselling as part of statutory social workers' role but argued that training in this regard was inadequate. Two other studies that gave some indication of the counselling component in social work in Aotearoa New Zealand were done in the late 1970s and early 1980s. In 1979, The New Zealand Social Work Training Council (NZSWTC) was interested in exploring whether the training of social service workers was aligned, in practice, to their tasks. Rochford and Robb (1981) conducted a large-scale workforce study to explore social workers' roles in practice. Their findings showed that a significant percentage of social workers, in the 1980s, identified counselling or casework as either part of their main role or their main social work role. Soon after, Sheafor (1982) conducted a job analysis, exploring the roles and tasks of social workers in the lower half of the North Island of Aotearoa New Zealand. The results of this study also showed that social workers indicated that counselling and problem solving is by far the top task or activity in their role.

Apart from this, two more recent Aotearoa New Zealand-based studies, Munford (2000) and Staniforth (2010c), have specifically explored the counselling component in social work and concluded that many social workers in Aotearoa New Zealand consider counselling to be a valid and significant part of their social work role and are doing counselling within their general social work practice. Munford's (2000) study explored the relationship, as well as differences and similarities, between social work and counselling. He believed that counselling and social work in Aotearoa New Zealand are viewed as two separate professions. He also stated that there is often debate between the two professions around professional boundaries and although there are differences, there are also similarities and overlap. Munford (2000) reported, "Counselling and social work practice is closely related in terms of theoretical models, skill components, value assumptions and the personal and professional qualities of practitioners" (p. 18).

Moreover, Staniforth's (2010c) study, a doctoral research project entitled *Past, Present and Future Perspectives on the Role of Counselling in Social Work in Aotearoa New Zealand*, provided detail on the perspectives and practice of social workers in this regard. In her study,

she first interviewed 14 prominent practitioners on the topic of the development of the role of counselling in social work in Aotearoa New Zealand. She then used a quantitative questionnaire to explore her topic; 404 completed questionnaires were returned to her. Her findings showed that counselling is included in the job description of 33% of her respondents and 96% indicated that they believe that counselling skills are required across various social work fields of practice. Furthermore, 62.6% of the respondents indicated ‘some to the majority’ of their work consists of counselling, 30.8 % reported that although they use counselling skills in their work they are not doing counselling, while 6.6% said that they do not do any counselling at all. However, 67% of her respondents did not believe that social workers are adequately equipped to perform counselling tasks. Accordingly, respondents suggested that social workers need more counselling-skills training. Also, 75% of respondents have undertaken supplementary training to aid them in their counselling tasks in social work practice, and 68% showed a desire to undertake additional training in counselling. These participants echoed what Simpson (1978) pointed out nearly four decades ago, namely, that social workers need to be better equipped for their counselling role in social work practice. More recently, a survey on the public’s perception of social work and social workers in Aotearoa New Zealand found that many people in Aotearoa New Zealand believe that social workers “did counselling with people” (Staniforth, Fouché, & Beddoe, 2014, p. 55).

Ludbrook (2012), in his book *Counselling and the Law: A New Zealand Guide*, pointed out that counselling is a legitimate activity of social workers in Aotearoa New Zealand. Ludbrook (2012) defined counselling as:

A therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of clients’ lives by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships or the workplace, or to change or modify patterns of behaviour that are actually or potentially harmful to the client or others. (pp. 36-37)

What is more, ANZASW (2013), in their publication *Code of Ethics*, supported enabling and empowering “individuals, families, groups and communities to find their own solutions to the

issues and problems that beset them” in their commitment to a dual focus in social work in Aotearoa New Zealand (p. 4). The literature review in Chapter 2 explores the historical development of social work in Aotearoa New Zealand and the development and practice of social work, and counselling therein, in Aotearoa New Zealand, in more detail to provide a foundation for this study.

Furthermore, social work in Aotearoa New Zealand, and so too counselling practice in social work, is committed to bicultural practice as well as culturally competent practice. In light of this, the meaning and significance of bicultural and culturally appropriate practice in Aotearoa New Zealand will be explored in Chapter 2. Both the ANZASW’s code of ethics and standards of practice, as well as the Social Workers Registration Board’s (SWRB) code of conduct and core competence standards, embrace an active commitment to bicultural and culturally competent practice (ANZASW, 2013, 2014; SWRB, 2011, 2016). In addition, both the ANZASW and the SWRB require applicants to demonstrate competent social work practice with Māori as well as with other ethnic and cultural groups in Aotearoa New Zealand, before membership or registration can be granted (Ludbrook, 2012).

## **Culturally Appropriate Practice and Strengths-Based Practice**

Culturally competent social work emphasises non-discriminatory and anti-oppressive practice. Maidment and Egan (2016), with their integrated framework for micro practice in the Aotearoa New Zealand and Australian contexts, indicated that they and many others draw on strengths-based theories (Saleebey, 2013) to apply anti-oppressive principles and practice in social work with individuals, families, and groups. They pointed out that strengths-based theories are particularly concerned with the contextual factors that influence individuals, and several Aotearoa New Zealand authors have affirmed that bicultural practice and culturally appropriate social work practice are aligned with strengths-based practice (Eketone, 2006; Munford & Sanders, 2011).

Furthermore, the earlier-mentioned Staniforth (2010c) study also established that respondents’ views underscored the strengths-based and collaborative approach as well as the significance of a bicultural orientation in social work practice (Staniforth et al., 2011).

Staniforth found this through her exploration of respondents' views regarding their definition of counselling, as well as their experience and impressions regarding counselling within social work in Aotearoa New Zealand. This is consistent with a shift towards a strengths-based orientation in the helping professions (Corcoran, 2005; Hirst, Lane, & Stares, 2013; Munford & Sanders, 2011; Saleebey, 2002, 2006, 2013) as well as with a movement to practise in a culturally appropriate manner (Gray, Coates, & Yellow Bird, 2008; Munford & Sanders, 2011; Walsh-Tapiata, 2004).

McCashen (2010) pointed out that strengths-based practice is used within the perspective of anti-oppressive and socially just practice. He referred to inclusion, collaboration, self-determination, transparency, respect, the sharing of resources and regard for human rights, as social justice principles that are integrated into socially just practice. "These principles are essential to the strengths approach because they reflect a belief in people and their potential" (McCashen, 2010, p. 14). Socially just practice also includes the right to self-determination, for instance where people are in control of their own process of change. Socially just practice further embraces the richness of diversity and resists an undermining or disempowering of people through contextual realities or based on difference (McCashen, 2010). As referred to earlier, the principles of socially just practice are also central to the global definition of social work (IFSW, 2014). Harms and Connolly (2009) have argued that social workers may debate various aspects of practice but can unite around the principles of social justice, no matter where on the change continuum they practice. The strengths perspective and strengths-based practice, as well as the alignment between the strengths perspective, bicultural practice, and culturally appropriate practice, will be discussed in detail in Chapter 2. Next, the chapter continues with a reflection on how the researcher was situated in the research, and on the importance of culturally sensitive research and the researcher's experience in this regard.

## **Locating the Researcher in the Research**

The researcher's interest in this study was professionally and personally motivated. She is South African-born and completed her professional qualification in social work in South Africa with a master's degree in clinical social work. From early on in her professional career, she chose to practice within the counselling or therapy domains of social work. She

has a keen interest in the strengths-based approaches and has mostly drawn on these approaches in her social work practice over the years. She has worked in private practice for a number of years and is humbled by, and takes pleasure in witnessing clients' responses to strengths-based practice.

Upon emigrating from South Africa to Aotearoa New Zealand in 2009, she found the position on counselling in social work in her new country to be viewed differently to her previous experience. This kindled a curiosity.

The aforementioned formed some of the strengths, subjective lenses, and motivations that shaped the researcher's perspectives and that she brought to this research. Academic, practice, and cultural supervision, along with a review of the literature, were, and continue to be, valuable processes in gaining an understanding of social work in the context of Aotearoa New Zealand, and about counselling in this context in particular. This assisted not only in growing an understanding of the position of counselling in social work in Aotearoa New Zealand, but increasingly contributed to addressing bias and subjectivity in approaches and perceptions about social work globally.

Contextually and culturally sensitive research formed part of this research process and contributed to the researcher's journey through this project. This is reflected on next.

## **Culturally Sensitive Research**

Biculturalism in Aotearoa New Zealand under the Treaty of Waitangi, as will be discussed in Chapter 2, recognises and respects Māori as tangata whenua, and recognises the Treaty relationship between tangata whenua and all others living in Aotearoa New Zealand (Briggs & Cromie, 2009; Munford & Walsh-Tapiata, 2006). This was an important factor to consider in the process of developing a culturally sensitive, strengths-based practice framework. Consistent with the postmodernist philosophical foundation of this study (as will be discussed in Chapter 3), research in Aotearoa New Zealand necessitates an awareness of cultural competence in the research method. Cultural competence is underpinned by respect and sensitivity towards the different cultures represented in the research (Patton, 2015).

Gibbs (2001) stated that in doing research with people from indigenous communities in Aotearoa New Zealand, an essential factor is how researchers conduct themselves and how they engage with those participants. “Respectful, open, honest, and timely communication, ideally leading to relationships of trust between researchers and researcher participants, is the foundation of successful cross-cultural collaborative research” (Gibbs, 2001, p. 684). Gibbs (2001) further advocated for equal power relationships where both parties benefited from the research.

Smith (2012), an Aotearoa New Zealand author affiliated to the Ngāti Awa and Ngāti Porou iwi, wrote about research as a dirty word “in the indigenous world’s vocabulary. When mentioned in many indigenous contexts, it [research] stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful” (p. 1). Smith (2012) wrote about growing up with stories of caution that talked about research, injustices, and colonisation in the same context. She referred to research that was of no use to the participants but powerful as an instrument against indigenous communities, communities who were often overresearched and misrepresented. She further indicated that because of this history, it is understandable that there is often a lack of engagement with Māori participants as Māori may have good reason to avoid Pākehā or non-indigenous research.

The researcher, having emigrated from South Africa seven years ago at the time of this research, found the culturally appropriate research aspect of this study daunting. A sense of *wanting to get it right* together with ample uncertainty in this regard heightened anxiety. This aspect was discussed in supervision, with both Pākehā academic supervisors. The best way forward was contemplated to ensure that the researcher had the necessary support to consider the cultural aspects relevant to this study. It was clear that acquiring the services of a professional cultural supervisor would provide much-needed guidance for this important but unnerving part of the research.

Cultural supervision is valuable to enhance awareness, obtain knowledge, and develop capability in engaging with Māori in a suitable and considered manner (Elkington, 2014). Lang (2007) pointed out that bicultural best-practice was found through cross-cultural dialogue that shed light on necessary changes, and adjustments that supported the

development of bicultural tikanga/ethics. In the process of this research study, cultural supervision provided the opportunity for dialogue to explore some of the unknowns and improve cultural understanding, as well as to explore personal subjective filters and perspectives.

These cultural supervision sessions, with a wise and knowledgeable Māori supervisor, covered various things, from aspects of appropriate connection with tangata whenua and protocol, through to world-view conversations. One aspect discussed early on, as it pertained to the research design of this study, was consultation versus cultural supervision. Reflections on Māori history considered relevance, significance, and benefit for Māori, as well as sincerity versus possible tokenistic actions. Cultural supervision was a fitting approach to inform and support the bicultural aspects of this study. The topics further covered specific aspects of research methodology, including the suitability of the interview guides and interview format, as well as conducting interviews with cultural sensitivity. One powerful example from cultural supervision related to whanaungatanga (establishing relationships/relating to others), where the researcher was encouraged to share her story of who she is to allow participants a sense of realness and transparency, and to foster an open and honest approach. These discussions also informed the language and wording of the protocol around how participants would be consulted on the manner in which they would like to start the interview and what an appropriate koha (offering or gift) would be. Data analysis and interpretation were also aspects discussed in cultural supervision, to ensure that which is precious to Māori was held carefully and with respect.

The researcher discovered through this research, and with the support of cultural supervision, that culturally sensitive research is more in the manner of approach than in a list of tasks. It is a manner that holds an awareness of social structures and cultural history and the effects of these aspects on people, as discussed in the previous chapter. It is a manner that: recognises and values difference and similarity; values collaboration, respect, and humility; is mindful of power dynamics; is, furthermore, teachable; and is trustworthy and considerate and aimed to benefit those involved. Smith (1999) and (Gibbs 2001) reflected on the possibility of meaningful research through collaborating with indigenous people, having a shared agenda and vision, and using a new language towards finding new ways of developing insight. The

focus of this research study is explored next.

## **Focus of the Study**

This research focuses on the therapeutic social work, or micro practice side, of the social work change continuum. As indicated earlier, some social workers in Aotearoa New Zealand have reported that there is a significant counselling or therapeutic role in their regular social work practice but feel that they have inadequate support and training to guide them in this area of practice (Staniforth & Booyesen, 2016). With this study, the researcher sought to answer the question: **What are the core contextual considerations and practice components that are vital for strengths-based counselling in social work practice in the Aotearoa New Zealand context?** Based on findings to the research question the study aims to produce a practice framework for strengths-based counselling practice in Aotearoa New Zealand.

The strengths perspective has a compatible nature, is capable of being integrated, and can provide a foundation for the development of a practice framework for strengths-based counselling in social work (Gray, 2011; Sanders & Munford, 2010; van Wormer & Davies, 2013). “Social work has pioneered the creation of practice frameworks. Contemporary frameworks have continued this tradition, demonstrating the profession's on-going commitment to the development and application of its knowledge bases” (Connolly & Healy, 2009, p. 34). A practice framework contains “the philosophies, and principles” to direct practice and can provide an underpinning “for practice, influencing interventions and outcomes” (Connolly, 2007a, p. 827). It is a useable tool that may guide social workers in social work practice; it can integrate different knowledge types and be both contextually informed and culturally sensitive (Connolly, 2007a; Connolly & Healy, 2009; Connolly & Ward, 2008; Healy, 2005; Payne, 2008). The nature of practice frameworks will be discussed in more detail in Chapter 2.

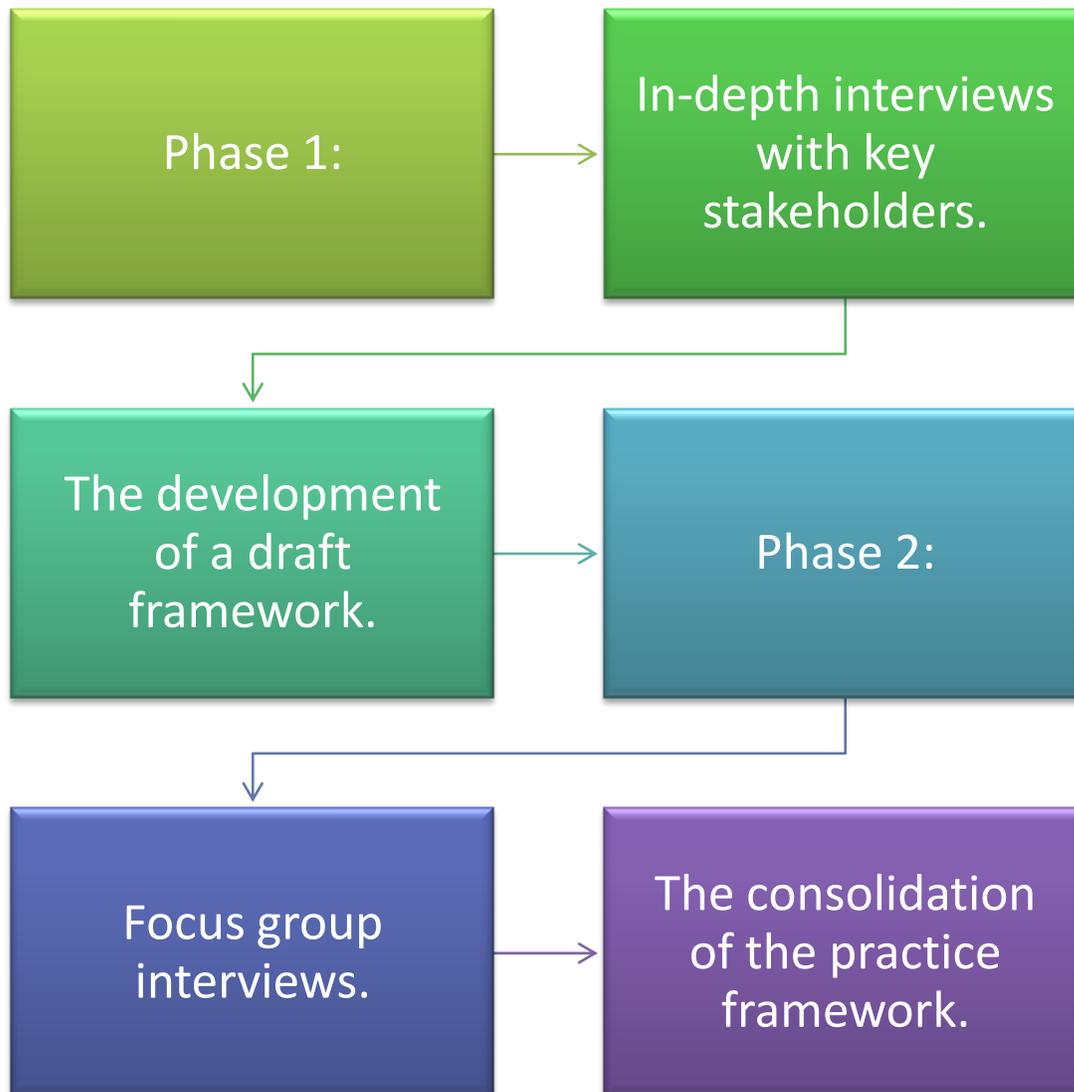
Identifying the core contextual considerations and practice components that are vital for strengths-based counselling, and subsequently producing a practice framework for strengths-based counselling practice, is likely to be important for the following reasons:

- Strengths-based counselling is linked to positive client outcomes, and hence clients may benefit from social workers utilising a practice framework for strengths-based counselling.
- It will contribute to the development and application of social work knowledge bases and to the ongoing professional debate about counselling in social work. In this regard, it may also contribute to the development of practice competencies and training for counselling in social work.

## **Methodology**

This study followed a qualitative methodological approach and had an exploratory purpose. A qualitative research methodology was decided upon to gather rich data with deep meaning and to gain good exposure to the topic and context (Carey, 2012; Rubin, 2000; Rubin & Babbie, 2013; Thyer, 2012). This was also a multi-method sequential study, which followed a linear progression (Hesse-Biber & Leavy, 2011). The study design, as seen in Figure 1.1 (next page), enhanced the credibility, transferability, and confirmability of the study (Bryman, 2012).

This qualitative enquiry utilised in-depth interviews with key stakeholders (in Phase 1) and practitioner focus group interviews with social work professionals (in Phase 2) in regard to strengths-based counselling. In both phases of this study purposive sampling was used (Padgett, 2008; Wayne, 2013) for an in-depth exploration of the research question (Bryman, 2012; Carey, 2012; Kreuger & Neuman, 2006). Interviewing key stakeholders provided specialist knowledge relevant to the research question (Rubin & Babbie, 2013) and this data-gathering method was used to gather deep and rich data to explore complex issues (Johnson & Rowlands, 2012). Furthermore, homogeneous focus groups were used as an economical way to stimulate creative ideas and to maximise the amount and detail of information gathered in the appraisal of the practice framework (Alston & Bowles, 2003; Morgan, 2012). This project used a general inductive, thematic data-analysis method, similar to the process described by Braun, Clarke, and Rance (2014) and Thomas (2006), for the analysis of both the interview data and focus group data.



*Figure 1.1.* Research design.

## **Structure of the Thesis**

This chapter has provided an introduction to the research and highlighted the context of the study, with a particular emphasis on the crucial dual focus in social work practice, specifically contemplating the counselling component in social work practice and counselling in social work practice in the Aotearoa New Zealand context. In the next chapter, these discussions will be expanded upon with a focus on the literature and particularly the historical development of social work in Aotearoa New Zealand, as well as culturally

relevant social work practice in Aotearoa New Zealand. An in-depth discussion of the strengths perspective and the nature of practice frameworks will follow. The literature review serves to provide a foundation for the study and inform the development of the interview guide. The literature review, furthermore, underpins the discussion of the findings and the consolidation of the final practice framework.

Chapter 3 will describe the qualitative, sequential research design of this study. Attention will be paid to the epistemology, theoretical foundation, and methodology as well as the trustworthiness of the study. In Chapters 4, 5, and 6 the research findings from Phase 1 and 2 of the study will be collated and reported. These research findings capture the themes and sub-themes that were developed through the analysis of the individual interview data and focus group interview data. The Phase 1 themes and sub-themes summarise the findings around the core contextual considerations and practice components for strengths-based counselling and were employed in the development of the draft practice framework. This draft framework comprises the sections: knowledge, practice components, and context, and these sections are in turn the focus of the three findings chapters. Each of these chapters highlights not only the particular section of the draft framework but also the feedback received from the focus groups, in Phase 2, on the particular section, which influenced the final development of the practice framework.

Chapter 7 continues to build on Chapters 4, 5, and 6. The practice framework, as developed and consolidated from the research findings and the relevant literature, will be presented in Chapter 7 before the final conclusions and recommendations that follow in Chapter 8.

## **Conclusion**

To introduce the research and clarify the focus of the project this chapter has explored the central elements of this study. Social work, globally and in Aotearoa New Zealand, has a dual focus. This study particularly considered the micro or counselling aspect of this dual focus, based on findings from previous research where social workers in Aotearoa New Zealand indicated that counselling falls within their definition of social work (Staniforth, 2010a, 2010c). Many authors also support the legitimate function counselling has in social

work practice (Hill et al., 1990; Seden, 2005; Staniforth, 2010c). Of particular interest was that some social workers indicated that they undertook tasks in their counselling role in social work practice on a daily basis, but at times felt under-equipped and unsupported in this regard.

Another central element of this study is the bicultural and culturally appropriate practice commitment of social work in Aotearoa New Zealand. Many Aotearoa New Zealand authors emphasise that they employ strengths-based practice to apply anti-oppressive and socially just practice in micro change work. Moreover, as the strengths perspective is capable of being integrated it lends itself to providing a basis for a practice framework for strengths-based counselling in social work. Chapter 2 follows with an expansion of these aspects and provides a foundation, through the literature review, for the study.



## **Chapter Two: Literature Review**

This chapter will be organised in four parts. Building on the introductory chapter, the first section focuses on the historical development of social work in Aotearoa New Zealand and the development and practice of social work, and counselling therein. Following this, the second section considers culturally relevant social work practice in Aotearoa New Zealand, which also emphasises an alignment between culturally sensitive practice and strengths-based practice. The chapter continues with an in-depth exploration of the strengths perspective with the purpose of exploring the foundational practice components for strengths-based counselling from the literature, and, finally, focuses on the nature of a practice framework to present the motivation for developing a practice framework.

### **Historical Development of Social Work in Aotearoa New Zealand**

The history of social work reflects the social, political, cultural and economic circumstances in which it is practised. It is also why it is so useful to know about the history of social work in order to evaluate what is happening in the present or proposed for the future, and keep it in perspective. (Nash, 2009, p. 376)

The purpose of this section is to provide a foundational reflection of the historical development of social work as well as of the elements that have shaped the counselling component of social work, in Aotearoa New Zealand. It is not the aim of the researcher to give an extensive account of the history of social work in Aotearoa New Zealand, as sources providing significant accounts are available, for example, Nash (1998, 2009) and Staniforth (2010c).

Present-day writers on the history of social work consider that modern social work, which evolved through many years of philanthropic aid, appeared around the middle of the 1800s in the UK and the USA (McDonald, 1998; Staniforth, 2010c). Charity Organisation Societies formed in both the UK and USA for the provision of welfare services. These societies took charitable aid to a more scientific level, played a significant role in furthering the development of social work in the UK and USA, and are deemed the originators of casework

in social work (McDonald, 1998; Staniforth, 2010c; Younghusband, 1981). An early major debate in the profession of social work was around defining social work, with the main question revolving around whether it should be aimed towards therapeutic work or social change (Brearley, 1995; Younghusband, 1981).

Comparatively, the social work profession developed later in Aotearoa New Zealand than in the UK and USA. Trends, information, and ideas from the UK and USA considerably influenced the development and practice of social work in Aotearoa New Zealand (McDonald, 1998; Staniforth, 2010c). With the arrival of British immigrants in the 1800s, Pākehā (European) welfare models were introduced to Aotearoa New Zealand and the welfare state started to emerge. These welfare models were a product of the immigrant population and were based on British practice at the time (Nash & Miller, 2013). In the early days, welfare in Aotearoa New Zealand was exclusively aimed at poor Pākehā settlers, whereas Māori needs were mostly disregarded (Beddoe & Maidment, 2009).

Social work in Aotearoa New Zealand, however, did not have only one starting point. Tangata whenua (indigenous people of Aotearoa New Zealand) and the bicultural nature of Aotearoa New Zealand have also played significant roles in the development and practice of social work in Aotearoa New Zealand (Nash, 2009; Ruwhiu, 2013). Social care in Aotearoa New Zealand can historically be taken back to the Māori framework of whānau, hapū, and iwi. Early Māori society structures included various tasks and roles for caring for people (Nash, 2009; Staniforth, 2010b). Nash and Miller (2013) comment that in this traditional welfare approach, through “the extended family network, people accepted a social system of responsibilities and rights according to which their welfare was safeguarded” (p. 332).

One of the most prominent aspects of Indigenous social work is an understanding of the history of these groups, which does not begin with colonialism. Indigenous Peoples inhabited and civilized their worlds long before the various waves of colonial invasion. (Gray, Yellow Bird, & Coates, 2008, p. 50)

An aspect that influenced social services greatly, and is a pivotal point in the history of Aotearoa New Zealand, was the signing of the Treaty of Waitangi. The Treaty was signed as an agreement between the British Crown and the indigenous people of Aotearoa New

Zealand. Admittedly, despite the Treaty being signed on 6 February 1840, the tremendous impact it has had on social services and legislation has mostly only emerged over the last couple of decades and consequently, it features late in the shaping of the profession. Nevertheless, the Treaty formed the foundation upon which bicultural social work practice was founded in Aotearoa New Zealand (Beddoe & Maidment, 2009).

Several further influences and events contributed to the evolution of social work in Aotearoa New Zealand. For instance, the Great Depression of the 1930s created an increase in the number of people requiring aid and led to changes in the provision of welfare services with the development of the social security system (McClure, 2004; Staniforth, 2010c; Tennant, 1989; Tennant, O'Brien, & Sanders, 2008). McClure (2004) explained that the provision of relief services became a duty of the state through the Unemployment Act of 1930, and that, as the economic situation deteriorated, in 1938 the Social Security Act was introduced as a foundation for health and welfare services. This produced the basis of the welfare state and as the social work profession grew from this service provision it contributed to the early shaping of the profession. The state's influence on the emerging profession continued, as it was, from early on, the primary employer of social workers and the principal welfare service provider (McDonald, 1998).

The late development of social work education and training was also significant. Formal social work education in Aotearoa New Zealand only commenced in 1949 with the School of Social Science at Victoria University which continued to be the main social work education provider until 1976 (Nash, 1998, 2009). Nash and Miller (2013) noted that the first curriculum was based on the English tradition and hence offered a combination of casework and social administration content. Social work education played a considerable role in the manner in which the counselling component in social work in Aotearoa New Zealand developed. The Victoria programme had a significant focus on a clinically oriented approach to social work in its early years (McCreary, 1971a, 1971b; Nash, 1998). A social work programme was introduced at both Massey University and the University of Canterbury in 1976. The Canterbury programme had a clinical focus from its beginning and the Massey programme commenced with a balance between community and therapeutic work (Staniforth, 2010c). In Aotearoa New Zealand, in social work education, the international

therapeutic versus community debates became pronounced at a national level. This tension, in terms of finding a balance in education, continued to evolve and change within the different social work programmes over the years (Staniforth, 2010c).

A further significant aspect in the development of social work and its counselling component in Aotearoa New Zealand is biculturalism. Social work in Aotearoa New Zealand initially developed between two cultural paradigms and over the years has gradually moved towards a bicultural framework and commitment to biculturalism. Counselling, often perceived as a Western construct, does not always seem consistent with Māori values. The individualistic nature of counselling may, for example, be regarded as contrary to Māori collective values (Durie, 1985; Durie & Hermansson, 1990). There have, however, been some culturally relevant practice models developed for Māori over the last number of years, for instance, the *te whare tapa whā* model (Durie, 2001, 2004; Rochford, 2004; Staniforth, 2010c). This will be discussed in more detail in the next section of this chapter.

The launch of a professional social work association was another milestone in the development and practice of the profession. The New Zealand Association of Social Workers (later known as ANZASW, with the first 'A' indicating 'Aotearoa') was established in 1964 and the same year affiliated with the International Federation of Social Workers (McDonald, 1998; Nash, 2007, 2013). Nash and Miller (2013) wrote that branches of the Association were established throughout the country, and some of the initial goals of the ANZASW revolved around education and training for all practitioners. As there was such a small number of qualified social workers in the country, the Association decided on an inclusive policy around membership and admitted practitioners with or without professional qualifications, as long as they worked for recognised social work agencies. Nash (2007) pointed out that this step showed support for practitioners with experience and qualifications other than formal social work qualifications and, in this process, a social justice vision was rooted in social work. She believed that this contributed, in later years, to the debates between social justice and social action, and casework methodologies in social work practice.

The profession continued to develop through the 1970s and this period is seen as the start of a new phase in the development of social work (Nash, 2007). Of particular interest regarding

this time was the use of *social worker* as the official term, first referred to, in government services, in the Social Welfare Act 1971. Furthermore, the Department of Social Welfare (DSW) was established in 1972, and in 1973, the New Zealand Council of Social Services was formed (McDonald, 1998; Nash & Miller, 2013). The establishment of the DSW contributed to the acknowledgement of the importance of training for social workers and led to the NZSWTC being established in 1973 (McDonald, 1998; Nash, 2007).

The 1980s saw various developments that led to more change in the provision of welfare services and, in addition, contributed to the shaping of the profession. In the early 1980s, the Māori Perspective Advisory Committee for the DSW was formed (Nash, 2009). The task of this committee was “to advise the Minister of Social Welfare on the most appropriate means to achieve the goal of an approach which would meet the needs of Māori in policy, planning, and service delivery in the Department of Social Welfare” (DSW, 1988, p. 5). The committee, chaired by qualified social worker John Rangihau, found proof of racism in the DSW. The committee report was made available in 1986 and called “Puaote-Ata-Tu,” meaning *daybreak*, and is a seminal document in bicultural social work in Aotearoa New Zealand (McDonald, 1998; Nash & Miller, 2013). This report called for the development and use of indigenous practice models and highlighted that Māori often do not experience Western counselling frameworks as beneficial (DSW, 1988).

The Labour government of 1984 was also instrumental in a new approach to social welfare policy, which led to a complete overhaul of the welfare state. This new direction emphasised the responsibility of the local community and family for welfare (Nash & Miller, 2013). Nash (2009) wrote that government cost-cutting at the time supported a grass-roots desire for greater independence in the rendering of welfare services, especially among Māori communities.

Towards the end of the 1980s, further factors impacted the development of social work in the Aotearoa New Zealand context. In 1986, the NZSWTC was dissolved and, in its place, the New Zealand Council for Education and Training in the Social Services (NZCETSS) was established. The latter council was more equally representative of Māori and non-Māori and had strong views about the social justice function in social work (Nash, 1998; Nash & Miller,

2013). “NZCETSS developed sound standards for social service practice, which made sense in the Aotearoa New Zealand context and were widely accepted” (Nash & Miller, 2013, p. 334). (The New Zealand Industry Training Organisation replaced the NZCETSS in 1993; Nash, 2009.) Then, in 1988, with a successful attempt to address declining membership and a threat to social work identity, the ANZASW introduced a competency assessment, which was based on its practice standards. This move significantly strengthened the ANZASW and proved to be beneficial for social work’s identity, and hence pivotal in the development of social work in Aotearoa New Zealand (Nash & Miller, 2013).

The registration of social workers in Aotearoa New Zealand has formed part of the recent history of social work as well as continuing to be a present-day aspect that shapes social work. Historically, there has been ambivalence in Aotearoa New Zealand about the professionalisation of social work. Some held professionalisation as elitist and contrary to the aims of social justice (Beddoe & Maidment, 2009). But even so, members of the ANZASW voted in support of registration in 1999, and the Social Workers Registration Act, which supported voluntary registration, was passed in 2003. Following this, the SWRB was appointed to ensure that the public receive a competent service from qualified practitioners (Nash & Miller, 2013). Incidentally, at the time of writing this thesis, mandatory registration seems imminent. However, for the time being, and relevant to the development of social work in the Aotearoa New Zealand context, voluntary registration continues and therewith, as main aspects of this, competency assessment and course accreditation. Moreover, bicultural competency remains as a central practice standard in social work in Aotearoa New Zealand (Nash, 2009).

This first section of a review of core literature, has established that Aotearoa New Zealand social work, and its counselling component, has been formed and impacted by its historical past and contextual variables, as well as by Aotearoa New Zealand’s bicultural status. In view of this, culturally relevant social work practice in Aotearoa New Zealand is discussed next to further provide a context for the study.

# **Culturally Relevant Social Work Practice in Aotearoa New Zealand**

*Culture* specifically refers to a system of shared beliefs, values, customs, behaviours, and artifacts among various groups within a community, institution, organization, or nation. From generation to generation, members of society use their cultural references to cope with their world and with one another. (Bertolino, 2010, p. 43, emphasis in original)

Authors in many parts of the world have described a movement in contemporary social work, towards practising in a more culturally aware, appropriate, and relevant manner than what so often has been done in the past. Many of these authors have also increasingly recognised strengths, skills, and solutions in indigenous cultures as valuable assets and resources (Gray, Coates, & Yellow Bird, 2008; Munford & Sanders, 2011; Walsh-Tapiata, 2004). Briggs and Cromie (2009) highlighted that “Indigenous understandings, values and beliefs are of critical importance in social work practice. Knowledge of Indigenous understandings will help ensure that service delivery resonates with the economic and cultural realities of the client population being served” (p. 229). Faith (2008) are of similar opinion and stressed that:

Rather than a benevolent gesture motivated by guilt, anthropological attraction or political correctness, the incorporation of Indigenous knowledge and methods into professional social work education and practice needs to be viewed as an imperative for all of us, in order to bring our profession into a greater place of balance, harmony and respect for all of our relations. (p. 255)

Several authors have argued that the local context, in which social work is practised, has informed culturally appropriate, relevant, and effective social work practice (Gray, Coates, & Hetherington, 2008; Gray, Coates, & Yellow Bird, 2008). Notably, the connection between a client’s emotional health and social environment has formed part of the social work foundational tenet (Staniforth et al., 2011; Truell & Nowland, 2002). Moreover, people are inclined to view the world, and their place in it, through a contextualised and culturally shaped lens (Beddoe & Maidment, 2009; Saleebey, 1994).

Staniforth et al., (2011) described the move in social work from modernism to postmodernism. Postmodernism succeeded the modernistic way of thinking and it proposed that what was seen to be reality was influenced by aspects of culture, history, politics, and economics, and was the result of interpretations formed in relation to the context one found oneself within (Payne, 1997). Postmodernism also supported a strengths-based, collaborative practice, which was not solely concerned with Western constructs. In this regard Staniforth et al. (2011) noted:

One of the defining features of social work is that it sits within the social context in which it is practised. The same may be said for the definition of social work, with recent trends moving it towards strengths based, non-exclusively Western perspectives that recognize the importance of local and indigenous cultures. (p. 196)

The growing diversity in Aotearoa New Zealand has called attention to culturally appropriate social work. The 2013 Aotearoa New Zealand census indicated 74% of the population identified with a European ethnicity, 15% identified with a Māori ethnicity, 12% with an Asian ethnicity, 7% with a Pacific ethnicity, and 1% with a Middle Eastern, Latin American or African ethnicity (Statistics New Zealand, 2013). Over the years, a number of authors have written about an effective practice response to such ethnic diversity. Nearly two decades ago, McDonald (1998) insisted that there is a difference in Aotearoa New Zealand between Māori and tauwi (foreigners or non-Māori) in regards to helping and receiving help and thus that social work practice would differ between Māori and tauwi too. Maidment (2009), as well, affirmed that “effectively negotiating and bridging difference based upon dimensions of identity, place and space in the world lies at the heart of daily social work practice” (p. 161). Munford and Sanders (2011) pointed out that, in the Aotearoa New Zealand context, social work practice was strengthened once cultural processes were included and utilised. They explained: “The bicultural approach which combines the knowledge and practice that both Māori and tauwi bring to the helping relationship allows workers to develop culturally sensitive and responsive practice” (Munford & Sanders, 2011, p. 74).

As referred to in the previous section, bicultural and culturally appropriate social work practice in Aotearoa New Zealand are required under the Treaty of Waitangi (Briggs & Cromie, 2009). This requirement was derived from Article 2 of the Treaty of Waitangi,

which deals with self-regulation and self-management. Various government initiatives have supported this requirement and acknowledged the significance of the Treaty (Briggs & Cromie, 2009). Mental health practice is one example where Aotearoa New Zealand government initiatives and requirements have had an effect on practice. Some examples of this are Te Puawaitanga, the Māori Mental Health National Strategic Framework (Ministry of Health, 2002); and *Building on Strengths: A Guide for Action a New Approach to Promoting Mental Health in New Zealand/Aotearoa*. The latter was a Ministry of Health (2001) document supporting a culturally relevant and collaborative approach. The Mental Health Commission (2007) document, *Te Hononga (Connecting for Greater Well-being)*, also presents a model underpinned by culturally appropriate practice. In fact, modern-day policy and legislation has applied the core principles of the Treaty of Waitangi, namely, partnership, active protection, and participation (Beddoe & Maidment, 2009). The aforementioned documents reflect and support these principles.

In Aotearoa New Zealand, there is constitutional support for both the groups represented under the Treaty to be sufficiently accommodated by social services. However, although Māori and Pākehā are recognised under the Treaty, other cultural groups in Aotearoa New Zealand are not excluded (Briggs & Cromie, 2009; Jonson, Su'a, & Crichton-Hill, 2004). An underlying principle of the Treaty is that it recognises the rights and varying needs of different cultures. An extension of this principle into contemporary Aotearoa New Zealand would equally recognise the rights and differing needs of other cultural groups (Briggs & Cromie, 2009). Munford and Walsh-Tapiata (2006) explained that biculturalism in Aotearoa New Zealand signifies that, under the Treaty of Waitangi, Māori rights as tangata whenua are protected and the presence of tauwiwi, who live in association with Māori, are recognised. Tauwiwi, who include various cultural groups, may point towards a need for a multicultural approach. However, “multiculturalism and the worldviews of all populations living in Aotearoa New Zealand are built on an understanding of the bicultural relationship between the indigenous population and all others living in this land” (Munford & Walsh-Tapiata, 2006, p. 427).

In the context of cultural differences, and here specifically referring to ethnic difference, as discussed in the previous section, counselling as an appropriate social work construct may be

challenged, as some Western mental health theories could be quite foreign to Māori and other cultures (Durie & Hermansson, 1990). Mafile’o (2008), however, pointed out, “Western and other cultural knowledges, rather than being imposed from outside – in claims of ‘universal’ or ‘global’ social work – might be incorporated if they were deemed culturally appropriate via negotiation within particular local cultures” (p. 127). Harms and Connolly (2009) agreed that “useful theories” and “good practice models,” developed outside of Aotearoa New Zealand, do not need to be disregarded, but, drawing on Aotearoa New Zealand’s “rich depth of cultural and professional knowledge as well as skills,” could contribute to appropriate practices in the Aotearoa New Zealand context (p. 453). Staniforth (2010c) also referred to the incorporation of indigenous approaches in practice. One of her interviewees, Bella Wikaira, a prominent Māori social worker in Aotearoa New Zealand, spoke about using what was good from Western models and incorporating that with her own cultural concepts to develop models for practice that benefited tangata whenua. One example of a therapy programme that employs useful Western approaches together with cultural practices and concepts, to be relevant to various cultural groups in Aotearoa New Zealand, is the Just Therapy programme at the Family Centre in Lower Hutt, Aotearoa New Zealand (Waldegrave & Tamasese, 1994; Waldegrave, 2009). Durie and Hermansson (1990) underlined the ideal of relevant therapy programmes:

I believe that we have the opportunity in New Zealand, if we explore the potential of biculturalism, to develop something that is uniquely ours... It will finish up as a New Zealand mix, and therefore will be relevant to all, including our Māori people. (p. 116)

A central advancement in contemporary social work practice has been the development of practice approaches, informed by indigenous knowledge and wisdom (Mafile’o, 2013). Culturally relevant practice in Aotearoa New Zealand requires practice to draw on cultural concepts and knowledge. Several concepts are fundamental to consider in culturally effective and relevant practice in Aotearoa New Zealand. It is not the purpose of this thesis to provide an exhaustive list of culturally relevant concepts but rather to give an indication of such concepts. Munford and Sanders (2011) affirmed, “In Aotearoa New Zealand, Māori world views, knowledge and language have brought vibrancy to practice,” highlighting “the

importance of context, including the historical context” (p. 64.). They further underlined that “indigenous meaning systems” inform and enhance the therapeutic relationship (Munford & Sanders, 2011, p. 64).

Another Aotearoa New Zealand author, Ruwhiu (2009, 2013), introduced “recognition points” that aid in the understanding of how spiritual, natural, and human elements impact Māori and assist and inform culturally appropriate social work with Māori. These recognition points are firstly, “the significance of history” which refers to considering Māori perspectives on the effect of history on Māori. Secondly, “narratives as promoters of identity” refer to narratives contributing to Māori cultural identity, enhancing belonging and connection in a family and community context. And lastly, “Māori concepts of well-being” considers concepts that are significant to Māori well-being (Ruwhiu, 2013, p. 125). Ruwhiu (2006) also identified six Māori well-being concepts (cited in Ruwhiu, 2013, pp. 130-132). These concepts are wairuatanga (Māori group spirituality and ideology), whānau (family, relatedness and belonging), tikanga mātauranga (protocols and cultural understanding), mauri ora (holistic well-being), mana (power, honour and respect), and ko au (identity and interconnectedness).

Munford and Sanders (2011) similarly reflected on constructs from Māori culture that enrich social work practice in application. Firstly, kaupapa is considered as “a process of thinking about what we value and what influences the way we do things” (Munford & Sanders, 2011, p. 68). It provides a basis for working together to find solutions and is compatible with a strengths orientation. They emphasised the constructs of tikanga/kawa, mana, wairuatanga, whakapapa (genealogy) and whānau as related constructs that express the kaupapa (Munford & Sanders, 2011, pp. 68-69). These constructs are respectful in nature and emphasise strengths, resilience, belonging, and connection. Munford and Sanders (2011) also offered further constructs but pointed out that these constructs are complementary to the above “values and philosophical positions” and are compatible with strengths-based practice (p. 67). Ako, which implies that everyone can learn and teach; “homai ki te tangata, te kanohi ki te kanohi” which refers to respectful and direct communication to find solutions; and manaakitanga, which is a hospitable, respectful and inclusive way of caring and supporting that enhances collaboration and cooperation (Munford & Sanders, 2011, pp. 69-73).

Furthermore, Durie and Hermansson (1990) highlighted three essential concepts to consider in Māori mental health: whanaungatanga (the broader concept of family, relationships, belonging and connectedness), whakamanawa (to compassionately support and encourage people to find and identify their strengths and resources), and mauri (the vitality and life force or essence, origin and spirit of a person; pp. 112-115).

A number of Māori models and frameworks related to health and well-being have been developed from a Māori world-view over the last three decades. These models and frameworks have drawn on traditional cultural practices and have often been relevant to a range of different contexts (Walsh-Tapiata, 2004). The indigenous, mana-enhancing, social and community work theoretical framework that Ruwhiu (2013) developed, incorporates and observes the recognition points noted earlier. This framework is known as “Te Mahi Whakamana - mana-enhancing theory and practice” (Ruwhiu, 2013, p. 133). Ruwhiu (2013) indicated this framework had its origin in “Māori ways of doing, thinking and feeling” (p. 133). He further wrote that social workers often work with Māori who have experienced emotional pain, trauma, and loss, and he suggested that Te Mahi Whakamana practice:

Needs to be restorative – building on inherent strengths and demonstrating a commitment to facilitative emancipatory strategies, positive self-worth, deconstructing oppressive practices and traditions, service to others, informed collective responsibility, wellness, interrelatedness, interconnectedness and love for others. (Ruwhiu, 2013, p. 134)

Further examples of such models include te whare tapa whā (Durie 1998, 2001), te wheke (Pere, 1991), and te pāe mahutonga (Durie, 1999). These models have in common a holistic approach to health and well-being. The te whare tapa whā model can be applied across different fields of practice, different sectors and in different contexts. This model uses the metaphor of a house with the four walls representing four balanced dimensions of Māori health and well-being: taha tinana (physical health), taha wairua (spiritual health), taha hinengaro (mental health) and taha whānau (family/extended family; Durie 1998, 2001). Some Māori-centred approaches to counselling have focused on achieving balance across these four dimensions, for example, paiheretia or relational therapy (Durie, 2001). The te wheke model uses the octopus (te wheke) to depict Māori health. The head represents the

whānau and the eyes represent the waiora (individual and family well-being). The eight tentacles represent the eight elements of health, namely, wairuatanga (spiritual), taha tinana (physical well-being), hinengaro (mental well-being), whanaungatanga (relationships and extended family), mana ake (uniqueness of individual and family), mauri (life force, vitality), hā a koro mā, a kui mā (legacy from ancestors or cultural heritage) and whatumanawa (expression of emotion; Durie 1998, Pere, 1991). The te pāe mahutonga (Southern Cross star constellation) model refers to the six stars of the Southern Cross constellation. The four central stars of the Southern Cross represent four main elements of contemporary health support and promotion, namely, mauriora (access to cultural identity), waiora (protection of the physical environment), toiora (promotion of healthy lifestyles), and te oranga (to freely participate in society). The two pointer stars represent ngā manukura (leadership) and te mana whakahaere (autonomy and self-determination). Early travellers used this constellation of stars for navigational purposes and here it is symbolic of navigating and promoting good health for Māori and all other people of Aotearoa New Zealand (Durie, 1999). Other models include Taina Whakaatere Pohatu's model Ata (Pohatu, 2004) and Malcolm Peri's Dynamics of Whakawhanaungatanga (Herewini, 2008). Although a number of significant Māori models and frameworks are available, it is beyond the scope of this thesis to provide an exhaustive list and description of all these models and frameworks.

Various Pasifika frameworks for a culture-centred approach to social work practice have also been developed. Pasifika is an overarching term used to describe a variety of indigenous people across Oceania (Mafile'o, 2013). In Aotearoa New Zealand, where there are various Pasifika groups, the term refers to indigenous people from other Pacific nations. One Pasifika framework is the fonofale framework, developed by Fuimaono Karl Pulotu-Endemann (Mafile'o, 2013). Some similarities and differences can be noted between the fonofale framework and the te whare tapa whā model of Māori health and well-being. Mafile'o (2013) explained that at the heart of this framework is family, culture, and spirituality; the metaphor is based on a *fale* (Samoan meeting house), the extended family or *aiga* is the foundation of the house, and culture is the roofing. The four support posts connect the family (foundation) and culture (roof) and represent the spiritual, mental, and physical dimension as well as other elements that can affect a person and family's well-being like their socio-economic status.

Additional aspects that influence well-being, for example, the environment, encircle the fale. This framework depicts the extended family at the heart of Pasifika-centred social work practice and culture as protective and providing a place of safety.

In reviewing the concepts, constructs, and models presented in this section, their general significance to and compatibility with respectful, collaborative, and strengths-based practice is noticeable. These concepts are congruent with strengths-based practice as they imply a move away from the notion of the professional as an expert, represent inclusive ways of care and support, and encourage people to find and identify their strengths and resources. Thomas (2005) emphasised “The key to strengths-based approaches was in respectful, hopeful and solution-focused as opposed to deficit-focused, problem-solving processes” (p. 190). Munford and Sanders (2011) concluded that using local knowledge to inform practice is consistent with bicultural practice and strengths-based practice, which has been well applied in Aotearoa New Zealand over the last two decades in social work practice. They furthermore pointed out that:

This orientation to thinking about and approaching practice has a strong fit with strengths approaches which are now widely used in social work practice globally. What a kaupapa-based set of understandings allows us to do is to find new ways of enacting strengths-practices that are based on centuries-old traditions that draw on local knowledge and provide long-term solutions for troubles faced by families and communities. (Munford & Sanders, 2011, p. 69)

In light of this, the next section of this literature review presents the strengths perspective.

## **The Strengths Perspective**

At its philosophical core, this perspective merely affirms or, rather, reaffirms, our dedication to understanding and revering the resources and resourcefulness that individuals, families, and communities bring to social workers when they seek our help. The central proposition of social work practice, as I see it, is to exploit the best in all of us; to work together...in the direction of hopes, dreams, and possibilities. (Saleebey, 2013, p. 22)

This section reviews the literature concerning the strengths perspective in the helping professions, with emphasis on social work practice, and consists of three parts. The first part reviews the fundamentals of the strengths perspective and includes a reflection on the principles of the approach. The second part considers the strengths perspective in practice and this includes reviewing strengths-based approaches. The third part considers some of the debates in the strengths perspective.

“A perspective refers to ways of seeing the world” it is our “world-view” (Maidment & Egan, 2016, p. 20). According to Hirst et al. (2013), “A strength-based approach is a perspective. It strives to lead with the positive and values trust, respect, intentionality, and optimism. It is based on the idea that people and environments interact and change each other in the process” (p. 331). Many authors have recognised that at the core of the strengths perspective is a respectful, optimistic, and positive outlook, which has been driven by a focus on internal strengths and an alignment with resources. This has drawn attention to the potential, abilities, capabilities and strengths of individuals, families, groups, organisations, and communities in the professional helping process (McCashen, 2010; Rapp, 1998; Saleebey, 2002, 2006, 2013; Sullivan & Rapp, 2006; Weick, Rapp, Sullivan, & Kisthardt, 1989). Strengths-based practice is particularly concerned with the contextual factors in people’s lives and is also pertinent to the postmodern philosophical stance and the focus of this study. This perspective has provided a refreshing view in social work practice, of clients and their context, in contrast to the more traditional problem-based or deficit approaches.

Several authors have expressed concerns regarding the problem-based approach (Rapp, 1998; Saleebey, 2002, 2006, 2013; Weick, 1983; Weick et al., 1989). The medical model paradigm underpins this more traditional approach in which the focus is on the problem and pathologies (Blundo, 2001; Hirst et al., 2013; Saleebey, 2002, 2006; Weick et al., 1989). Weick et al. (1989) concluded that the problem is all too often seen as a lack of ability inherent in the client; the problem is diagnosed, described, and defined by the professional and once the problem is named, the treatment is aimed at overcoming the client’s inadequacy. Frequently, as the focus is on the identified problem, it stays on the problem and thus limits acknowledgement of growth and potential. Similarly, as people are given a label they might then become defined, or define themselves, by that label. Furthermore, the

professional dialogue and jargon around the problem are often disempowering and limit a client's control while enhancing the professional's power and control. The individual's uniqueness and context are thus lost in this process, and the potential for helplessness is increased (McCashen, 2010; Rapp, 1998; Saleebey, 2002, 2006, 2013; Weick et al., 1989).

The strengths perspective developed in response to discontent with the pathology-based models and deficit approaches (Sullivan & Rapp, 2006; Weick, Kreider, & Chamberlain, 2006; Weick et al., 1989). It started in social work early in the 1980s, at the University of Kansas School of Social Welfare, and grew from an endeavour to find a more effective way of working in mental health (Sullivan & Rapp, 2006; Weick et al., 2006). In these early years, it was called the Resource-Acquisition model and highlighted incorporating community resources in the recovery from mental illness (Sullivan & Rapp, 2006). The idea was that in working with people who experienced persistent mental illness, the emphasis should be on what these clients wanted in their lives. Furthermore, it was assumed that clients could have "a life beyond the problem" and required a shift in focus from problem to "talents, assets, resources and capacities" (Weick et al, 2006, p. 118). Weick wrote a seminal article in 1983 entitled "Issues in Overturning a Medical Model of Social Work Practice." She urged a shift from a medical model to a holistic health-oriented paradigm. A few years later, in another pioneering article, Weick et al. (1989) originated the term *strengths perspective*. Weick et al. described the strengths perspective as "an alternative to a preoccupation with negative aspects of peoples and society and a more apt expression of some of the deepest values of social work" (p. 350). Since those years, this approach has extended to many areas of social work practice and a number of healthcare professions and fields of human services (Weick et al., 2006).

The last two decades have seen a paradigm shift away from the focus on deficits and pathology to a strengths-based focus in such diverse fields of human services as education, mental health, psychology, social work, and child welfare (Corcoran, 2005; Hirst et al., 2013; Munford & Sanders, 2011; Saleebey, 2002, 2006, 2013). It was nonetheless a challenge in practice to make the change from a deficit-based approach to a strengths-based approach, and required a significant paradigm shift (Blundo, 2001, 2006, 2013; Smith, 2006b). Blundo (2001) believed "the emphasis shifts from problems and deficits defined by the social

worker, to possibilities and strengths identified in egalitarian, collaborative relationships with clients” (p. 302). It is, therefore, a radical change in practice perspective to shift from the perception of pathology, to strengths and possibility.

The growing body of empirical support for the strengths perspective backs up this radical change. Rapp and Goscha (2004, 2006) reported favourable results and positive outcomes on the part of the strengths model regarding research done on case management in mental health service. Further, Saleebey (2013) noted, “both quantitative and qualitative research shows that the strengths model of case management has a degree of effectiveness that would suggest its use with a variety of clients” (p. 293). Additionally, many studies from the field of positive psychology have shown that levels of well-being improve as people increasingly use their strengths (Linley & Harrington, 2006; Linley, Nielsen, Wood, Gillett, & Biswas-Diener, 2010; Wood, Linley, Maltby, Kashdan, & Hurling, 2011).

To better understand the strengths perspective, a further exploration of its assumptions and insights may be useful. These assumptions and insights have been summarised by various authors as the key principles of this approach (Kisthardt, 2013; Saint-Jacques, Turcotte, & Pouliot, 2009; Saleebey, 2013; Weick et al., 1989). The principles of the strengths perspective guided and directed this perspective and its practice. Saleebey (2013) outlined six key principles, which underpin the strengths-based perspective. The first principle, namely, that “every individual, group, family, and community has strengths” (Saleebey, 2013, p. 17), clarifies that each community, group, family or individual possesses strengths and resources ready to be discovered. Moreover, it underscores the view that while people face adversity they still have assets, wisdom, resources, and knowledge as well as the capacity and ability to grow and change (Blundo, 2013; Kisthardt, 2013; McCashen, 2010; Rapp, 1998; Saint-Jacques et al., 2009; Weick et al., 1989).

Saleebey (2013) outlined the second principle as “trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity” (p. 18). He indicated that when people experience affliction they can get overwhelmed, but he argued that the evidence has shown that most people who face adversity are able to not only overcome adversity but even learn skills and abilities that may be useful in the future. Kisthardt (2013)

added that people grow and learn through trying.

The next principle challenges people to “assume that you do not know the upper limits of the capacity to grow and change and take individual, group, and community aspirations seriously” (Saleebey, 2013, p. 18). With this principle, Saleebey suggested that rather than accepting a diagnosis as an indication of client limitations, anticipation could shift towards possibilities and potential, which may serve the client better. Kisthardt (2013) agreed that people are much more than “a collection of symptoms and an amalgam of problems” (p. 59). It was thus arguably possible that the expected level of potential growth can and does affect the actual growth. Saleebey (2013) offered a strong argument that if limits of potential cannot be known then they cannot be assumed.

“We best serve clients by collaborating with them” is the fourth principle, which cautions that an *expert* stance with clients does not promote discovering clients’ capacities, skills, and wisdom (Saleebey, 2013, p. 19). Collaboration, in contrast, is fruitful and productive for both parties. As seen so often in history, power, which many experts had, could easily lead to oppression; therefore, the strengths perspective advocates plans *with* people rather than plans *for* people (Kisthardt, 2013; McCashen, 2010; Rapp, 1998; Saint-Jacques et al., 2009).

“Every environment is full of resources,” as the fifth principle, stresses that every community has something to offer, no matter how deprived or challenging the environment (Saleebey, 2013, p. 20). Saleebey pointed out that there are often resources available in the environment, which may be unrecognised or overlooked. It is a strengths-based practice perspective, however, which encourages the search for these unexploited resources. This principle in action, consequently, fosters a mutually beneficial affiliation between client and environment (Kisthardt, 2013; Rapp, 1998; Saint-Jacques et al., 2009).

The last principle considers “caring, caretaking, and context” (Saleebey, 2013, p. 20). Caring and caretaking are seen to be the democratic right and responsibility of every individual. This principle reflects the notion of liberty to care for loved ones as well as to receive the care one needs (Saleebey, 2013). Caring and caretaking are also crucial aspects in well-being. Saleebey (2013), moreover, insisted that social work cannot be separated from caring, and

neither can the strengths perspective. Caring and caretaking are furthermore realised in and through the client's environmental context (Rapp, 1998). Context is also worth considering, as opportunities and obstacles, within the client's context, may significantly influence well-being and life satisfaction.

It follows that practising from a strengths perspective necessitates a respectful and collaborative approach as well as principles, which draw attention to the idea that individuals, families, groups, organisations, communities and cultures all have inherent strengths and resources that can be used for their own empowerment. The principles that underpin the strengths perspective form the foundation of strengths-based practice. The next section continues to explore the strengths perspective in practice.

### **The strengths perspective in practice**

Many social workers consider themselves to be practising from a strengths perspective (Saleebey, 2002, 2006, 2013; Staniforth, 2010c). According to Saleebey (2013), this means, “*Everything* you do as a social worker will be predicated, in some way, on helping to unearth and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams” (p. 1, emphasis in original). Corcoran (2008) argued that the strengths perspective is not only a perspective and philosophy, but also a way of practice. In the strengths-perspective literature, there are various examples of its broad application in practice across a range of client groups. This includes clients with substance abuse issues (Rapp & Lane, 2013; van Wormer & Davis, 2013), families (Saint-Jacques et al., 2009; Sanders & Munford, 2010), abusers and survivors of family violence (Cagney & McMaster, 2013), at-risk youth (Smith, 2006a), school and tertiary students (Galassi & Akos, 2007; Galloway, 2013; Ingamells, Napan, & Gasquoine, 2013), clients in criminal justice (Clark, 2013), older people (Hirst et al., 2013; Nelson-Becker, Chapin, & Fast, 2013), people living in poverty (Bricker-Jenkins, Barbera, Young, & Beemer, 2013), people with psychiatric disabilities (Rapp & Goscha, 2004) as well as working with people from different cultures (Munford & Sanders, 2011; Waller, 2006).

Promoting change is an integral part of practice in the helping professions. In the

aforementioned study by Staniforth et al. (2011), the majority of respondents indicated that helping individuals, families, and groups to change formed part of their scopes of practice and definition of social work. Authors who wrote about vital factors in advancing change indicated a range of factors. These factors include strengths, resilience, social supports, individual and social resources, fortuitous events, the experience of a positive therapeutic relationship, anticipation or hope, the placebo effect, and interventions used in practice (Asay & Lambert, 1999; Blundo, 2001, 2006; Saleebey, 2013). However, Asay and Lambert (1999) claimed that the greatest degree of change is attributed to strengths and resources in the individual and their environment and is called the *extratherapeutic* factors. These aspects encourage a different practice perspective, which underline client strengths and resources in the client's process of change. Blundo (2001) similarly concluded:

There is growing evidence that it is actually the client that is responsible for the changes that take place. It is what the client brings in terms of strengths, resilience and social supports that are responsible for most of what is going to change and how it is going to change. (p. 301)

It is arguable that just about anything that assisted in dealing with difficulties or challenges might be deemed a strength “under certain conditions” (Saleebey, 2013, p. 102). Hence compiling an exhaustive list of strengths was nearly impossible. Saleebey (2013) listed, as possible strengths or sources of strengths: what people have “learned” from difficulty and hardship; “personal qualities, traits, and virtues;” “what people know about the world around them;” “talents people have;” “cultural and personal stories” and wisdom; “pride;” “the community;” and “spirituality” (pp. 102-105). Alongside, and with some overlap, the 11 categories of strengths that Jones-Smith (2014) identified were “wisdom, emotional strengths, character strengths, creative strengths, relational and nurturing strengths, educational strengths, analytical and cognitive strengths, economic and financial strengths, social support strengths, survival skills, and kinaesthetic and physical strengths” (p. 17). Saleebey (2002, 2006, 2013) and Jones-Smith (2014) hence both identified an array of internal and external types of strengths to consider and draw on in practice.

*Strength* may be defined as that which helps a person to cope with life or that which makes life more fulfilling for oneself and others. Strengths are not fixed personality

traits; instead, they develop from a dynamic, contextual process rooted deeply in one's culture. Our strengths are the lenses we use to process information, to experience others, to view time and structure, to accommodate or to make change in our lives, and to communicate with others. (Jones-Smith, 2014, p. 13, emphasis in original)

A key method to explore and amplify strengths in practice is with strengths-based questioning. Sanders and Munford (2010) identified strengths-based questions that could be used in a strengths-based practice. These questions are clarifying questions; "visioning" questions; questions exploring internal strengths and resources, questions exploring "external strengths and resources," and questions exploring "the immediate future" (Sanders & Munford, 2010, pp. 129-130). Clarifying questions explore clients' concerns in context, and visioning questions explore their preferred future, regarding what they would like to be different and how this would be beneficial. An internal strengths and resource exploration focuses on what has worked in the past and what resources can be used now. The external strengths and resource exploration questions focus on how others could be helpful, and, lastly, questions focusing on the immediate future explore possible small steps and actions that could be employed immediately.

Saleebey (2013) further proposed eight kinds of strengths-oriented questioning styles. These are: "survival questions," for example, How have you managed to survive, given all you had to cope with?; "support questions," such as, When you were facing these challenges, who gave you support or understanding?; "exception questions," such as, When things were a bit better, what was different at those times?; "possibility questions," for example, What are your hopes for the future?; "esteem questions," for instance, When people are asked about your strengths, what are they likely to say?; "perspective questions," for example, What do you think about what is currently happening?; "change questions," for instance, What have you done before to achieve the changes you wanted?; and, lastly, "meaning questions," for instance, What do you believe in and value above all? (Saleebey, 2013, pp. 107-108). Open-ended questions have special relevance in strengths-based practice. De Jong and Berg (2013) explained:

We want to do whatever we can to cast our clients into the role of experts about their own lives. When asked with genuine curiosity, open questions transfer both control and responsibility to the clients. In comparison with closed questions, they give clients more choice about what to say about themselves and how to say it. Using open questions is one way to respect and promote client self-determination. (p. 30)

Originally, the development of practice models or frameworks, particularly for strengths-based therapy, was slow, and when this study was commenced in 2013 there were not many available in the literature. In response to the need for a theoretical framework for strengths-based counselling, Smith (2006a) presented a strengths-based counselling model in 2006. This model sought to comprehend virtues and discover the strengths that someone had used successfully before. It further encouraged the enhancement and continued development of these strengths. The model also offered 12 propositions and 10 stages for strengths-based counselling, and this theoretical framework drew on various theories, movements, and techniques, all capable of being integrated with a strengths-based practice. These contributing constructs included resilience theory, hope theory, solution-focused therapy, narrative practices, multicultural counselling practices, and positive psychology. Smith proceeded to produce a handbook for strengths-based therapy in 2014, under the name Jones-Smith. Here, she presented in detail her strengths-based therapy model, albeit slightly different from the earlier presented 2006 model, underpinned by a fully developed strengths-based counselling theory. This strengths-based therapy model was based on the following aspects, across eight stages in the process. These aspects are: resolving client's concerns; employing client strengths in therapy; making use of particular questions in the process; identifying success factors to expand; identifying success obstacles; identifying client needs to address in regards to the presenting problem; and finding solutions that clients will be motivated to put into practice (Jones-Smith, 2014).

Another such model was a strengths-and-skills-building model, with the emphasis on people's resilience, strengths, and capacities, put forward by Corcoran (2005). The focus of this strengths-and-skills-building model was the idea that people have strengths and resources, as well as a further notion that they may benefit from developing additional strategies and skills. Indeed, working collaboratively and respectfully regarding the client's

perspective, strengths, and resources are vital throughout this model. It obtained its techniques, procedures, and principles from solution-focused therapy, motivational interviewing, and cognitive-behavioural therapy. This model also has a broad application for practitioners in the various helping professions and it, moreover, “can fit any number of roles, including those of case manager, probation officer, caseworker, medical social service worker, counsellor, crisis worker, and therapist” (Corcoran, 2005, p. vi). There was also an alignment with the criteria for a strengths-based practice approach that Rapp et al. (2005) described (as will be discussed in the following section of this chapter) in the helping process of this strengths-and-skills building model.

Corcoran went on to produce a framework for social work direct practice in 2012. “Direct practice focuses on helping skills enacted in one-to-one fashion in individual and family modalities, known in social work terms as the micro level of practice” (Corcoran, 2012, p. 5). Hence, direct practice is applicable to the counselling role. The structure of this framework is organised similarly to her strengths-and-skills-building model and is also applicable to various fields of, and roles in, social work practice. This framework, moreover, draws on motivational interviewing and solution-focused therapy approaches (Corcoran, 2012).

The strengths approach informed some social services in the Aotearoa New Zealand and Australian contexts. The Australian organisation St Luke’s Anglicare (now known as Anglicare Victoria) started in the 1980s to develop a strengths approach in response to challenges they found with the deficit approach in child and family welfare service delivery. This approach drew on solution-focused therapy and narrative practices, was used in micro to macro practice, and influenced social services in both Australia and Aotearoa New Zealand (McCashen, 2010).

In the Aotearoa New Zealand context, the strengths perspective features in the service delivery of a number of social service agencies. Child, Youth, and Family Services, (now called Ministry for Vulnerable Children / Oranga Tamariki) Aotearoa New Zealand’s statutory child welfare agency, included strengths-based practice in their various areas of work, youth justice work being one example (Sanders & Munford 2010; Wood, 2009). Two Aotearoa New Zealand-based authors, Sanders and Munford (2010), also developed a

framework for strengths-based practice with families called “The Gentle Hand”. This framework, developed from work done with Te Aroha Noa Community Services, in Palmerston North, and other service providers over 15 years, draws significantly on the strengths-perspective literature, and narrative-therapy practices, and underscores reflective practice. The Te Aroha Noa Community Services, an integrated community centre, also developed a theory of change for communities called the spinifex effect, which is strengths-based in nature (Handley et al., 2009). This theory incorporates the spinifex plant as a metaphor and refers to three main elements of kaupapa, essence, and skills, as well as ten conceptual components, all interconnected therein. The spinifex plant is a tough Aotearoa New Zealand coastal plant that grows in and adapts to difficult conditions. “Adapting, responding and integrating local social and cultural practices, norms and values have been important characteristics of the approach to change developed at Te Aroha Noa” (Handley et al., 2009, p. 18). Relational, collaborative, and strengths-based work are critical components of this theory of change (Handley et al., 2009).

The scarcity of practice models and frameworks for strengths-based counselling, over the last couple of years, seems to be changing, presumably as a need for such frameworks or models is becoming more apparent. In 2016, Maidment and Egan produced an integrated framework to guide micro practice in social work with individuals, families, and groups, with attention to the Australian and Aotearoa New Zealand contexts. This integrated framework has five interwoven components, namely, anti-oppressive practice, practice theories, skills, phases, and organisational context. The theoretical foundation of this framework draws on strengths-based practice approaches that include solution-focused therapy, narrative practice, ecological/systems theory and crisis intervention (Maidment & Egan, 2016).

In 2015, Family Works New Zealand, a child and family service organisation and initiative of Presbyterian Support New Zealand, developed a strengths-based framework and practice model to guide their casework services. In this framework, casework is defined as:

A documented and evidence informed process whereby the staff member works with the individual or the family (or members of the family) within a strengths-based framework. The outcome of the work is the client is assisted to utilise skills and available resources in their community, to achieve their goals. (Family Works, 2015,

p. 1)

The Family Works framework's theory of change, which underpins the casework framework, has among its theoretical influences cognitive-behavioural therapy, attachment theory, child development theory, ecological systems theory, te whare tapa whā model, te wheke model, the strengths-based perspective, family-focused therapy, and goal-oriented practice. The practice model is based on nine principles of strengths-based practice, by Hammond (2010), and outlines elements of effective practice and casework protocols in the client's journey with Family Works (2015).

These models and frameworks employ strengths-based practice across a number of phases in practice. Corcoran (2005), in her skills- and strengths-building model, has identified the phases of this process as engagement, exploring the problem, exploring the solution, goal setting, taking action, and evaluation and termination. Similarly, in her framework for social work direct practice, Corcoran (2012) identified the phases of direct practice as engagement, assessment of problems and strengths, goal setting, intervention, and evaluation and termination. Smith (2006a) named the phases of her strengths-based counselling model: creating the therapeutic alliance, identifying strengths, assessing presenting problems, encouraging and instilling hope, framing solutions, building strength and competence, empowering, changing, building resilience, evaluating, and terminating. McCashen (2010) identified six phases to a strengths-approach framework, namely, listening to stories and issues; picturing the future and goal setting; identifying strengths and exceptions; identifying other resources, plans and steps; and reviewing and evaluating.

Saleebey (2013), outlined the phases as “In the struggle – the hints and murmurs of strength;” “stimulate the discourse and narratives of resilience and strength;” “acting in context: the project;” and “move towards normalizing and capitalizing on one's strengths” (pp. 109 – 111). These stages entail starting where the client *is* to gain an understanding of the client's concerns, before proceeding to discover the client's strengths and resources, which includes introducing a language of strengths and positive reflection regarding the client's abilities and capacities. Next, clients are encouraged to start to act on their enhanced knowledge of strengths and competency, as well as to begin to expand on these in the direction of hopes

and goals. Finally, the new behaviour, language, and ideas regarding strengths, resources, and capacity are consolidated, reinforced, and, once so strengthened, termination follows (Saleebey, 2013).

Maidment and Egan (2016) described the four phases of their integrated framework as engagement, assessment, intervention and evaluation, and closure, while the Family Works (2015) casework practice model employs three phases, namely, engagement and assessment, intervention, and review and closure. The phases of the previous-mentioned models and frameworks could be broadly summarised as engagement and alliance; assessing the problem, strengths and resources; goal setting, preferred future; plans and action; and evaluation and termination.

The strengths perspectives' compatibility and capability of integration have been demonstrated by the presence of various strengths-based practice approaches in different strengths programmes, frameworks, and models, as seen in this section. Consequently, the strengths perspective lends itself to eclecticism; it is highly compatible and capable of being integrated. "It fits harmoniously with diverse post-modern—narrative, spiritual, and multicultural—perspectives emerging in social work" (Gray, 2011, p. 7). Similarly, van Wormer and Davis (2013) reported the strengths approach to be highly adaptable and effective in practice. Sanders and Munford (2010) also described the strengths perspective as an approach that can be used with other interventions or models. Corcoran (2011) further clarified that various interventions and models can be grouped under strengths-based practice. Some authors, moreover, indicated that the strengths perspective provides a foundational assumption to practice, and that the various related interventions and models all have, in common, emphases on collaboration and the resourcefulness of clients (Corcoran, 2011; Sanders & Munford, 2010). There is, subsequently, a range of practice approaches and interventions that relate to, and align with, the strengths perspective.

### **Strengths-based practice approaches**

Rapp et al. (2005) suggested criteria for identifying and evaluating what constitutes a strengths-based practice approach. The first criterion is that it be goal oriented and hence able

to assist clients in setting goals that they would like to achieve. Second, it should have a systematic procedure for assessing and documenting client strengths. Third, it should regard the community and client's environment as a source of support, resources, and opportunity. Fourth, specific techniques should be used to help clients discover internal and environmental strengths in reaching their goals. Fifth, therapeutic relationships should be empowering and hope-enhancing. Lastly, the practice should be collaborative, allowing clients the right to choose and be in control of their process. Two examples of practice approaches that Rapp et al. (2005) viewed as strengths-based, according to these criteria, are solution-focused therapy and strengths-based case management.

Other authors have also described what they deem to be strengths-based approaches. Hirst et al. (2013) referred to appreciative inquiry, capacity-building/asset-based community development, quality of life, resiliency, and solution-focused therapy, as examples of some strengths-based approaches. Van Wormer and Davis (2013) named harm reduction, motivational interviewing, and solution-focused interventions, as strengths-based approaches used in addiction treatment. It is not the purpose of this thesis to describe each one of the possible strengths-based practice approaches in detail, but rather to reflect on some of these approaches to indicate the accord between the strengths perspective and these practice approaches. Notably, the practice approaches most often mentioned in strengths-based frameworks in the literature are the solution-focused approach and narrative practices. A brief look at the solution-focused approach, strengths-based case management (SBCM), narrative practices, motivational interviewing, strengths-based cognitive-behavioural therapy, resiliency, positive psychology, and culturally effective practice, will now be taken in turn.

Steve de Shazer and Insoo Kim Berg pioneered solution-focused therapy (de Shazer & Berg, 1997; Molnar & de Shazer, 1987). Solution-focused therapy has a focus on the client's solutions, desired outcomes, and preferred futures, rather than their problems. Both the strengths perspective and solution-focused therapy developed in an attempt to shift intervention strategies away from the problem (Weick et al., 2006). Many further similarities have been found between the two approaches. These include beginning where the client is, focusing on goals and solutions, being guided by what people desire, creating a partnership, and the idea that knowledge about the problem is not necessarily linked to the solution

(Weick et al., 2006). Corcoran's (2005) description of solution-focused therapy, as highlighting people's strengths and focusing on how these strengths are applied to achieve desired changes, underscored the alignment with the strengths perspective.

SBCM, which is closely associated with the foundations of social work practice, principles, and values, also aligns strongly with the strengths perspective, according to Rapp and Lane (2013). These two authors have described that the two broad elements of SBCM are case-management functions and strengths-based principles and that this approach builds on the client's successes and focuses on client strengths throughout the process. The underlying principles of SBCM are: a focus on strengths, the community is full of resources, interventions are founded on client self-determination, the relationship between client and practitioner is most important, out of the office client contact or outreach is essential in intervention, and all people can learn, grow and change (Rapp, 1998).

Michael White and David Epston introduced narrative practice, which focuses on people's skills, competencies, and abilities in overcoming their concerns. It views people as the experts in their own lives, and problems as separate from the person, and further uses personal stories and storytelling in the therapy process (White, 2007; White & Epston, 1990). Narrative therapy also aligns well with the strengths perspective because stories of survival, courage, and success direct the focus to possibility, capacity, ability, skills, and resources. Such stories reinforce a belief in the possibility of prevailing over adversity, and enhance resilience, hope, and empowerment (Ingamells & Epston, 2012). Sanders and Munford (2010) suggested that stories serve to identify strengths and possible solutions as well as to reframe experiences in narrative practices. Furthermore, noting previous achievements encourages hope for change in other areas and provides alternatives. "Strengths approaches, while not ignoring what is difficult for whānau/families, focus on what is possible by attending to stories that allow them to see their worlds from different perspectives and in ways that open up new possibilities" (Sanders & Munford, 2010, p. 116).

Motivational interviewing is seen to be client-centred in nature (van Wormer & Davis, 2013) and the strengths perspective underpins much of its ideology and principles (Corcoran, 2005). "Motivational interviewing is a collaborative conversation style for strengthening a

person's own motivation and commitment to change" (Miller & Rollnick, 2013, p. 12). At the heart of this approach is partnership, compassion, acceptance, and evocation (Miller & Rollnick, 2013). Moreover, this approach enhances the client's motivation, is non-prescriptive in nature, and uses a collaborative process to increase motivation to take action (Corcoran, 2005).

Strengths-based cognitive-behavioural therapy has been a fairly new development and was designed to build and strengthen resilience and positive qualities. Central to this approach is a focus on strengths through each step of the process. The focus is on searching for hidden strengths that are then brought to the client's awareness (Padesky & Mooney, 2012). Padesky and Mooney's (2012) model specifically focuses on building resilience, but, according to them, can be used to enhance other positive qualities too.

According to Norman (2000), resiliency is a "concrete way to operationalize the strengths perspective" (p. 10). She referred to 11 individual and interpersonal resiliency factors that are "positive," "strengths-based," and "enhanceable" through social work practice (Norman, 2000, p. 10). Strengths-based practice and resiliency both acknowledge the strengths and resources of the client and are comparable in many ways. Saleebey (2013) described alignment with the resiliency literature, in terms of a belief in people's inherent capacity and ability towards recovery and rebound, a focus on potential and possibility, and the value of belonging and finding environmental support.

Positive psychology was described by van Wormer and Davis (2013) as parallel to the strengths perspective. The emphasis in positive psychology on well-being, resilience, health, collaboration, and strengths is comparable to the strengths perspective. Over the years, the strengths and wellness focus in positive psychology has progressively developed (Seligman, 2011). Snyder and Lopez (2007) considered positive psychology to be the scientific study of human strengths. Developments in positive psychology have continued with the study of psychofortology/fortology (the science of psychological strengths) and fortigenesis (the origin of strengths; Strumpfer, 2006; Wissing, 2013).

Culturally sensitive social work practice, as seen in this chapter, is consistent with strengths-

based practice. Strengths-based practice supports indigenous practices, stories, and knowledge, as resources and strengths (Munford & Sanders, 2011). Munford and Sanders (2011) believed that strengths and empowerment are found in the utilisation of resources, as well as when the focus is shone on “capacities, competencies and the impact of context as a basis for creating change” (p. 67). Both strengths-based and anti-oppressive approaches in social work practice enhance empowerment (Beddoe & Maidment, 2009; Maidment & Egan, 2016). Egan and Papadopoulos (2016) further pointed out that anti-oppressive practice necessitates an awareness of the structures and systems that disadvantage clients. Payne (2014) noted that anti-oppressive practice aims to work in an unobtrusive, value-sensitive partnership with clients, to overcome barriers in order for clients to gain greater control over their lives. McCashen (2010) further explored the respectful and empowering practice of *power-with* rather than *power-over* in the strengths approach. This entails collaboration, partnership, and “a team approach to change” (McCashen, 2010, p. 33) between practitioners and clients. McCashen (2010) also pointed out that no practitioner could empower or change anybody, but that the strengths perspective provides a framework to collaborate in learning and to be change facilitators.

As demonstrated, the literature on strengths-based interventions and practice approaches indicates a common focus on client strengths and the importance of client strengths in the process of change, as well as highlighting the potential compatibility and ability to integrate these practice approaches and interventions. The actions and processes may vary somewhat from practice to practice, but the literature has shown that the integration of different practice approaches in a practice framework for strengths-based counselling in social work practice has been established.

### **Considering some of the strengths perspective debates**

In exploring strengths-perspective debates, this section reviews some critiques of the strengths perspective. One of the more frequent critiques is that a strengths-based perspective may possibly appear to disregard a client’s problem. Some critics of the strengths perspective have claimed that it shows disregard for poverty, injustice, inequality, oppression, and discrimination (Saleebey, 2006, 2013). Saleebey (2006), however, argued that the strengths

perspective aims to “restore, beyond rhetoric, some balance to the understanding of the human condition such that we recognize and honor the strengths and capacities of people as well as their afflictions and agonies” (p. 280). He also claimed that countering domination and oppression, as well as encouraging empowerment, are at the heart of this perspective. The strengths perspective does not ignore risk and harm but is an approach where practitioners can be focused on context and thus be aware of risk and harm (Rapp, 1998; Sanders & Munford, 2010). Rather than disregard risk and harm, Sanders and Munford (2010) argued that “what the strengths perspective offers is a transparent process for coming to this understanding and for working constructively to achieve resolutions that protect vulnerable parties” ( p. 29).

The *problem focus* versus the *strengths focus* became part of the strengths-perspective debate. McMillen, Morris, and Sherraden (2004) stated that the problem-focused and capacity-focused approaches in social work practice are not detached from each other. Furthermore, they believed that social work practice requires a problem and potential focus. They also underlined, in their critique, that problems should not be ignored and easy answers should not be given. Thus, *choosing sides* in social work practice was unnecessary and could be confusing. In response to these views, Saleebey (2004) referred to balance and sensibility:

But, in my experience, as soon as clients begin talk of problems, I begin to listen for hints and murmurs of strengths. If I had my druthers, the balance in the dual focus would be clearly tipped in the direction of the discovery, promotion, and honoring of strengths and consorting with the possible. (p. 590)

Gray (2011) also reported some concerns regarding the strengths perspective. She argued that seemingly strong links with liberalism led to the view that “the rational determining autonomous self is essentially individualistic” (Gray, 2011, p. 8). Seeing care as an individual responsibility enhances notions of neo-liberalism. Gray (2011) also underlined that the strengths perspective takes acceptance of the client’s world-view to extremes. Furthermore, she cautioned, “The strengths perspective needs to guard against an uncritical adoption of community development theory, which takes an overly optimistic view of communities as forces for good” (Gray, 2011, p. 8). Besides, the focus on communities and social networks could reduce the attention on the responsibilities of government. Links with

the subjective well-being movement could also prevent necessary structural changes needed to address basic survival needs. Gray (2011) clarified that “while stemming from sound philosophical foundations, it is in danger of running too close to contemporary neoliberal notions of self-help and self-responsibility and glossing over the structural inequalities that hamper personal and social development” (p. 10).

Saleebey (2006, 2013) identified and summarised the main concerns, brought by Gray (2011) and others, around the strengths perspective and provided the following rebuttals to address these key concerns:

- The strengths perspective can be seen as just another form of popular positive thinking.

Saleebey (2013) stressed that rather than just offering a reframing, the strengths perspective requires effort from the helping professional, clients, and communities, to discover and use strengths and resources. Moreover, in developing collaborative client relationships, it establishes a vehicle to assist and encourage clients in discovering and employing their strengths. Saleebey (2013) further insisted, “It also seems important that we continue to see the “reality” as the person, group, or community sees it and not as we think (or hope) it should be” (p. 283).

- The strengths perspective disregards the real problems and difficulties.

Ignoring clients’ real problems might add to the distress and damage and seem unprofessional and irresponsible, according to Saleebey (2013). Saleebey (2006, 2013) argued that nothing in the strengths perspective advocates for disregarding client problems, but rather cautioned against labelling and having the problem become nestled in the client’s identity. The underlying assumption is, however, that people will recover and that they have internal and external resources available to aid this recovery. A number of authors highlighted that while not making light of trauma and suffering, nor ignoring problems, the strengths perspective focuses on the capabilities and abilities clients have and utilise in survival, and rising above difficulties and challenges (Hirst et al., 2013; Munford & Sanders, 2005; Rapp, 1998).

- Often people who experience adversity do not, first of all, display strengths, but rather anger, depression, and rebellion.

This might be linked to a lesser awareness of their resources, internal strengths, and supports, at the time. Also, in experiencing adversity clients would often identify with a diagnosis or with the problems, which could reduce their awareness and experience of their personal power (Saleebey, 2013).

- The strengths approach simply offers a reframe of deficit and misery.

“It is as wrong to deny the problem as it is to deny the possible!” (Saleebey, 2006, p. 286). Saleebey (2013) argued not only for recognising people’s shortcomings and the array of problems people face, but also for recognising possibility, opportunity, and choice. Rapp’s (1998) influential script on the strengths perspective underlines, in this regard, the realness of people’s abilities, capabilities, skills, and strengths. It, furthermore, highlights the genuineness of opportunities and resources and the effect of these on people’s lives.

- Practising from a strengths perspective changes what social workers do.

Social workers have professional knowledge and skills that they use in practice. How they employ that knowledge and skills requires reflection on the concept of the expert as well as on the client’s context. However, at the core of the client-worker relationship in strengths-based practice is collaboration and equality. Saleebey (2006, 2013) held that perhaps the biggest difference between working from a strengths perspective or not, is in how the client is viewed. This refers to a move away from scepticism, disbelief, and cynicism, towards being watchful for a hint of potential or glimmer of hope. Payne (2014) pointed out that strengths-based social work, through respectful practice, is concerned with the client’s goals and objectives and is aimed to achieve social objectives serving the client rather than the organisation’s targets.

- Working from a strengths perspective in an agency that supports the deficit model is significantly challenging.

Although working in an environment where clients are viewed from a deficit approach, practitioners still have options about how they choose to view clients. They also have

options around how they find time to search for client strengths and resources, and how they understand and use information, and what types of information they collect (Saleebey, 2006, 2013).

- As the deficit model was widely accepted and established in the helping professions, why not opt to continue with this approach?

A critical assessment of the consequences and advantages of the deficit model could be useful. Such an assessment might indicate that the disease framework has existed in many shapes and forms for many years but has produced very few positive outcomes. The disease framework, however, has made some valuable contributions, for example in understanding disorders (Saleebey, 2006).

- The horrible things that people do to one another and to the innocent, and all that is wrong in the world, cannot, and should not, be ignored.

This, however, poses the question that if horrible acts happen, could it justify judging offenders as hopeless? Saleebey (2006, 2013) suggested careful consideration to some aspects in this regard. These aspects include moral decision-making regarding who is beyond redemption, the possibility of strengths that could enhance constructive living, the possibility of change, finding alternatives in meeting needs, and the basis of making a judgement of hopelessness.

The debates around the strengths perspective offer points of caution and support. Careful ongoing consideration of these debates is in the interest of effective social work practice and, after all, in the interest of clients. Payne (2014) has noted in regards to strengths-based approaches:

The strong argument in favour of these perspectives is their emphasis on building non-judgementally on the positives and achievements in people's lives. Instead of concentrating on the deficits in clients' social relationships or behaviour, you extend their advantages, offer alternative perspectives and in doing so reduce the importance of the deficit in people's lives. (p. 245)

The strengths perspective is all about the manner of thinking about practice, clients, and the

role of the professional. Moreover, the strengths perspective offers a constructive approach of promise, potential, and possibility to social work practice. It appears compatible and capable of integration by nature and provides a likely foundation for the development of a practice framework for strengths-based counselling in social work in this research project. Next, the nature of a practice framework is explored.

## **The Nature of a Practice Framework**

This section discusses the nature of a practice framework by considering literature on practice frameworks, as well as by referring to practice frameworks, designed and implemented, in social work practice in the Aotearoa New Zealand context. This is done in order to enhance an understanding of practice frameworks and provide foundational information on the process of developing a practice framework in this project. It, furthermore, presents a rationale for selecting the development of a practice framework, as opposed to other approaches, for strengths-based counselling. Connolly (2007a) described:

A practice framework as defined here is a conceptual map that brings together, in an accessible design, the organization's approach to social work practice. It links the foundational philosophical and theoretical underpinnings with the practice interventions used to support desired outcomes. (p. 827)

In the literature, practice terminology such as models, theories, approaches, and perspectives are used interchangeably and inconsistently in regards to language and meaning (Connolly, 2007a; Trevithick, 2008, 2012). It is not the intention of this thesis to unravel this terminology. However, it is important to clarify the meaning of a practice framework, within the bounds of this thesis, and to differentiate practice frameworks from theories, models, perspectives, and approaches. These terms will be referred to in turn.

Trevithick (2000, 2008) pointed out that there are various debates and discourses in the literature about the definition of theory. She stated that a characteristic of theory is to go beyond describing, to explaining phenomena (Trevithick, 2000, 2008, 2012). "We use theory in an attempt to make sense of the world and/or particular events" (Trevithick, 2012, p. 29). Payne (2014) also defined theory as "a generalized set of ideas that describes and explains

our knowledge of the world around us in an organized way” (p. 5). He further underlined that theory was different from knowledge, and from practice, but connected to them. Both Payne (2014) and Beddoe and Maidment (2009) recognised formal and informal theory, where formal theory suggests academic and scientific elements, and informal theory has a practical, lived, and experiential flavour.

Trevithick (2008) and Payne (2014) have also shared some basic similarities in their views of what makes up a practice theory. Trevithick (2008) stated that practice theories “describe a coherent body of theory and a conceptual language that attempts to explain, and to intervene to change, certain aspects of behaviour or a particular course of events” (p. 1221). Although Payne (2014) also stated that practice theories guide how and what to do in social work practice, he added that the term also covers the four approaches to practice, namely, perspectives, frameworks, models, and explanatory theory. Moreover, Connolly and Harms (2011) highlighted causality and method in practice theories by stating that “practice theories help us to navigate our way through complex human troubles. They differ from these broader explanatory theories in that they embrace both causal explanations and practice responses” (p. 14). Explanatory theories, Payne (2014) clarified, are based on knowledge that is informed by research, and guides practitioners’ best-practice responses to produce likely outcomes.

Perspectives, according to Payne (2014), are linked to personal worldviews and values and provide practitioners with general guiding principles and ideas on how to view different situations. “Applying different perspectives can help you see situations from different points of view” (Payne, 2014, p. 9). Similarly, Trevithick (2000) used “the term perspective to denote a partial but important way of thinking about, observing and ordering phenomena and how they relate to society as a whole” (p. 19). Hence, these authors have agreed that perspectives are beneficial in making sense of certain phenomena and experiences. Trevithick (2005), however, cautioned that although the term perspective is often used in the literature, it is seldom defined and its partial nature may contribute to bias. Trevithick (2000, 2005) further argued that approaches and perspectives are similar in that both make sense of, and order, experiences and phenomena, but only approaches are related to specific theory and methods. Trevithick (2012) stated, “practice approaches draw on a coherent and identifiable

body of theory that can be applied and adapted in a systematic way in response to the situation encountered and the context” (p. 47). She referred to the strengths-based approach as an example of a practice approach. The term *practice approach* is also used inconsistently in the literature, and Trevithick (2005) referred to models, methods, perspectives, and practice theories, which are all terms used, by different authors, to describe practice approaches.

Models, directive in nature, provide precise and structured practice guidelines for consistent responses to specific situations (Payne, 2014). Trevithick (2000, 2012) again stated that the word *model* has also been used differently by different authors. For example, some would use the concept *model* for what she called a practice approach or perspective, and others to describe what she called a theory. It appeared that the use of the concept *model* in the literature occurs with little uniformity.

Social workers, though, in dealing with complex issues, need to have a useful manner to integrate information from practice theory with a variety of social work knowledge, services, and contexts (Connolly & Ward, 2008; Payne, 2008). Payne (2008) agreed with Healy (2005) and Connolly (2007a) that practice frameworks provide a way to bring together these different knowledge types into “conceptual guides for practice” (Payne, 2008, p. 19). More specific than perspectives, frameworks systematically arrange a corpus of knowledge, which gives guidance to practitioners’ choice in their selection of methods to apply in different practice situations (Payne, 2014). Practice frameworks can thus bring clarity to social work practice through facilitating knowledge that informs social work interventions. The knowledge base of social work includes formal and informal sources of knowledge. Hence factual knowledge, tacit or practice knowledge, and theoretical knowledge, can all be integrated with principles and values to guide effective practice (Connolly & Healy, 2009; Connolly & Ward, 2008; Healy, 2005; Trevithick, 2008, 2012). Practice frameworks could also be presented in a useful, handy, and practical manner that enables the application of knowledge in social work practice (Connolly & Healy, 2009; Connolly & Ward, 2008). Furthermore, practice frameworks could “be developed for a particular sector,...or for a specific agency,...or for functional groups of social workers based on the relevant theoretical commitments, the practice area, and the knowledge and skill sets present” (Connolly &

Healy, 2009, p. 32). Connolly and Healy (2009) wrote in this regard that:

Professional frameworks will undoubtedly be informed by the institutional discourses within the practice environment, the history and origins of the practice theories used, the informal practical knowledge that is acquired within the practice context, and the developmental opportunities that social workers are exposed to. Critically exploring these areas will help to clarify the components that are important within a particular practice environment, and articulating all of these within a coherent but succinct framework will increase the framework's utility for social workers. (pp. 32-33)

Some practice frameworks have been designed and implemented in social work practice in the Aotearoa New Zealand context. Connolly (2007a) developed a care and protection practice framework to guide child-welfare practice in Aotearoa New Zealand. This practice framework highlights various characteristics of a practice framework. Firstly, this framework “provides the philosophies, and principles that guide the work and provides best-practice triggers. Hence it establishes the foundation stones for practice, influencing interventions and outcomes” (Connolly, 2007a, p. 827). Next, it draws together numerous knowledge sources to steer and inform interventions, and clarifies the connections between knowledge, practice, and outcomes. It is based on the notion that practice quality was enhanced by developing practice frameworks constructed on various knowledge sources (Connolly, 2007a; Healy, 2005). Furthermore, it is useful, accessible, supported by research, and it builds upon local and international best-practice initiatives. It is also based on social work values and is culturally sensitive in a diverse society (Connolly, 2007a). “The family-led and culturally responsive strand of the framework reinforces the need to work with family cultures and to support them in their primary role of carers and protectors of their children” (Connolly, 2007a, p. 830). Working actively with the community and cultural supports contribute to culturally sensitive results. This particular practice framework provides a tool for practitioners that incorporates client-centred, family-led, strengths, and evidence-based perspectives and is firmly situated in the real world. Connolly (2007a) pointed out that this work “supports strengths-based and resilience focused approaches” (p. 832). The metaphor she used to represent the framework was a Māori kete, a traditional Māori basket, often woven from flax, symbolising “a basket of knowledge”, with the woven fibres strengthening

practice (Connolly, 2007a, p. 828). Here the phases of work are woven with principles and perspectives to achieve the desired outcomes for children and their families (Connolly, 2007a).

Building on this work, the New Zealand youth justice practice framework was developed and this further demonstrates the nature of a practice framework. The goal here was also to provide a base to underpin practice and link knowledge, practice, and outcomes (Connolly, 2007b). The New Zealand youth justice practice framework incorporates the main aspects of the youth justice legislation, research, and best-practice principles, with an emphasis on empowerment of families, cultural sensitive processes, and client rights. This framework presents three phases of work: “the engagement and assessment phase; the seeking solution phase; and the changing behaviour and enhancing well-being phase” (Doolan, 2009, p. 313). Throughout the phases, four practice perspectives are interwoven: “the justice and accountability perspective; the young-person-centred perspective; the family-led and culturally responsive perspective; and the strengths and evidence-based perspective” (Doolan, 2009, p. 313). Again, the kete metaphor has been used to weave together principles and perspectives with the phases of work to provide the basket of knowledge for practice (Connolly, 2007b).

Practice frameworks are described in the literature with clarity and illustrative examples of practice frameworks are found in social work practice in the Aotearoa New Zealand context. Hence this thesis considers a practice framework to be a useable tool that may guide social workers in a particular social work practice area. The practice framework integrates and combines theoretical knowledge with factual knowledge and practice knowledge. It furthermore offers a foundation for practice to influence interventions and client outcomes, is contextually informed and culturally sensitive, and may be supported by research and best-practice initiatives.

## **Conclusion**

This chapter has reviewed the literature that underpins the focus of the study and provides a context for this study. The literature around the historical development of social work in

Aotearoa New Zealand, culturally relevant social work practice in Aotearoa New Zealand, the strengths perspective, and the nature of a practice framework, were explored.

The section on the historical development of social work in Aotearoa New Zealand showed that social work, and counselling therein, developed in a particular manner through several particular influences in Aotearoa New Zealand. These influences included the late development of social work and especially social work education in Aotearoa New Zealand, the bicultural nature of Aotearoa New Zealand, and the development of the social security system. Furthermore, the particular manner in which the social work association's role developed over the years, and the ambivalence around the professionalisation of social work, were all discussed as influential factors in how social work, and counselling therein, developed in Aotearoa New Zealand.

The section on culturally relevant social work practice in Aotearoa New Zealand confirmed the significance of culturally sensitive practice and indicated the value that cultural concepts, knowledge, and wisdom have in practice. Moreover, it underlined that biculturalism honoured the Treaty relationship between tangata whenua and all non-Māori in Aotearoa New Zealand, and that effective social work practice considered the bicultural context of this country. This section also confirmed the congruency between biculturalism, culturally sensitive practice, and a collaborative, respectful, strengths-based approach.

A discussion of the strengths perspective highlighted a particular world-view of respect, positivity, and optimism, with a central focus on strengths and resources that is expressed in collaborative action. It furthermore confirmed that the availability of models and frameworks in strengths-based practice, and in particular in strengths-based counselling practice, was growing, possibly in response to a need in this regard. It was emphasised that strengths-based approaches are highly capable of integration, compatible, and lend themselves to eclecticism. Due to this compatible nature, the strengths perspective is likely to be able to provide a suitable theoretical foundation for a practice framework. This is consistent with authors indicating that the strengths perspective can provide a foundational assumption to practice (Corcoran, 2011; Maidment & Egan, 2016; Sanders & Munford, 2010).

An exploration of the nature of a practice framework ended this chapter. This section emphasised the ability of practice frameworks to integrate and arrange theory and knowledge in a manner that can provide practitioners with best-practice response options in a variety of practice situations. The next chapter outlines the research methodology of this study aimed at answering the question: What are the core contextual considerations and practice components that are vital for strengths-based counselling in social work practice in the Aotearoa New Zealand context?



## **Chapter Three: Research Methodology**

This chapter focuses on the methodology of the empirical part of the study. The rationale for the research design is considered within constructionism as an epistemological paradigm. The sampling and recruitment of the participants for this study, data-collection methods, and the procedures for the data analysis are all discussed and the ethical considerations and limitations of the study are also addressed.

### **Research Approach**

This study employed a qualitative methodological approach, with an exploratory purpose. This qualitative enquiry endeavoured to explore, in an in-depth way, the experiences and knowledge of key stakeholders and practitioners in social work practice in Aotearoa New Zealand, with regards to strengths-based counselling. Hesse-Biber and Leavy (2011) indicated that exploratory research often focuses on an area where research has not been exhaustive. Such was the case with this project.

Several authors highlighted that the benefits of qualitative research include the likelihood of accessing rich data with deeper meaning and good exposure to the topic and context, which could further enhance insight and understanding (Carey, 2012; Rubin, 2000; Rubin & Babbie, 2013; Thyer, 2012). In addition, qualitative research in social work is seen to enable new insights into systems that influence practice, further the understanding of client needs, and enhance service delivery through the new knowledge and skills gained in the research process (Carey, 2012). Carey (2012) adds:

Qualitative research will tend to provoke meaning and critical thought. Qualitative approaches also tend to provide more engagement with theoretical and philosophical theory or models, which again can help us think deeper and more critically. Despite this, there is also often a ‘pragmatic edge’ to qualitative social work research. (p. 14)

The epistemology, theoretical perspective, methodology, and method are all interrelated foundational components of qualitative research. Each of these components affects the project, from the formulation of the research question, through to conceptualisation of the

project, to how the study is done (Carter & Little, 2007). Crotty (1998) clarified that the epistemology, which underpins the theoretical perspective, is “the theory of knowledge embedded in the theoretical perspective and thereby in the methodology” (p. 3). Crotty’s (1998) framework has been used in this study. According to him, the theoretical perspective is the philosophical foundation, which informs the methodology. The methodology is the research design, plan, and process that influences the selection of methods employed in the study. The methods are, furthermore, the practices to collect and analyse the data in relation to the research question (Crotty, 1998). Hesse-Biber and Leavy (2011) suggested that methodology is the bridge that brings the philosophical standpoint and method together.

The epistemological position of this study was constructionism, which refers to meaning and knowledge constructed in the social context, through interaction with one another and with the world. Different people, therefore, may develop different meanings around the same occurrence, with this outlook (Crotty, 1998). Payne (2014) and others suggested that social work is also socially constructed. Consequently, constructionism was deemed a suitable epistemology, as the researcher, participants and all involved with this study contributed to the development of ideas about social work in several ways, for instance, through interaction, writing, and through the participants’ sharing about their practice experience. Furthermore, constructionism embraced the possibility of change and that social work itself is changeable and continuously evolves through influences like time, place, context, players, and their interactions and experiences. This view further indicates that people can change, and therefore this bodes well for both social work practice as well as the clients we work alongside (Payne, 2014). Payne (2014) described social constructionism as:

An interpretivist, postmodernist set of ideas proposing that understandings about the world come from interactions between people as part of many interchanges in a social, cultural and historical context. Knowledge is therefore constructed within cultural, historical and local contexts through the language used to interpret social experiences. (pp. 58-59)

The theoretical perspective or philosophical stance of this study, informed by the constructionist epistemology, is interpretive and postmodern in nature. Payne (2014) drew a correlation between constructionism, an interpretive approach, and postmodernism. Crotty

(1998) believed the interpretivist approach “*looks for culturally derived and historically situated interpretations of the social life-world*” (p. 67, italics in original). In addition, Hesse-Biber and Leavy (2011) noted that researchers working from an interpretive approach “value experience and perspective as important sources of knowledge” (p. 17). Consequently, an interpretivist approach is a suitable approach for this study as participants with particular knowledge and experience are central to this research design.

Furthermore, postmodernism also informed the theoretical perspective of this study. This refers to a complex and nuanced perspective of a society that embraces the likelihood of finding alternatives to social views, and that rules out absolute, singular, generalised, and simplified views in understanding how things are, or should be, in the world (Payne, 2014). “Instead of espousing clarity, certitude, wholeness and continuity, postmodernism commits itself to ambiguity, relativity, fragmentation, particularity and discontinuity” (Crotty, 1998, p. 185). Payne (2014) indicated a strong connection between social construction, postmodern theory, and strengths-based approaches. As reflected in Chapter 2, postmodernism is also seen to be consistent with collaborative and culturally sensitive practice (Payne, 2014; Staniforth et al., 2011). As the strengths perspective was foundational to this study, and as this study was contextually aware, postmodernism was, therefore, pertinent to the research question and objectives of this study.

The qualitative approach to this study, with an exploratory research question and inductive approach, influenced the methods used in the study. The data-collection methods were in-depth interviews with key stakeholders and practitioner focus group interviews as illustrated in Figure 1.1, Chapter 1. Thematic data analysis was employed, as will be discussed in more detail further in the chapter. This chapter continues by providing a reflection on the sampling and recruitment of the participants.

## **Participants**

Social work professionals were required for both Phase 1 and 2 of the study. These professionals were from various ethnicities and various fields of practice represented in Aotearoa New Zealand, and identified as having knowledge and practice experience of

strengths-based counselling. In both phases of this study purposive sampling, where participants were selected according to these criteria, was used (Padgett, 2008; Wayne, 2013). Several authors indicated that research employs purposive sampling when the emphasis is on gathering rich data through an in-depth exploration of the research question (Bryman, 2012; Carey, 2012; Kreuger & Neuman, 2006). Therefore, specific participants were selected according to their ability to provide rich data. Snowballing was also employed to expand the purposive sampling strategy.

This study sought adequate tangata whenua representation and the selection process included oversampling, also known as boosted sampling, used in both phases of the research project. Research has often applied oversampling with ethnic minority groups to prevent underrepresentation (Cohen, Manion & Morrison, 2011). The recruitment procedures used in this study invited a number of potential Māori participants and, furthermore, used snowball sampling in an attempt to recruit Māori participants. The ANZASW assisted with the participant recruitment by sending out focus group invitations, on behalf of the researcher, to all the ANZASW members, as well as with a second send-out to the ANZASW Māori caucus, Tangata Whenua Takawaenga o Aotearoa, members, therewith specifically requesting Māori participation. Notwithstanding these recruitment attempts, the response was still low. There may be several reasons for this, including negative past experiences related to unequal power dynamics and misrepresentation, or the fact that indigenous populations may be overresearched, or people are overcommitted due to multiple demands in the workplace. This aspect is discussed further in the sample profile section of Chapter 4.

### **Phase 1: Key stakeholders**

Key to the recruitment of participants in Phase 1 of this study was requesting “knowledgeable persons to name or select eligible persons based on the study criteria” (Padgett, 2008, p. 54). Rubin and Babbie (2013) noted that interviewing key stakeholders is an approach that “is based on obtaining expert opinions from individuals who are presumed to have special knowledge” (p. 150) relevant to the study or research question. The list of people who could contribute to this research, was drawn up through consulting with informed and knowledgeable people to identify likely participants (Carey, 2012). Through the

professional networks of academic and practice supervisors, as well as recommendations from other respondents, the researcher identified individuals most likely to offer in-depth knowledge of strengths-based counselling in social work in Aotearoa New Zealand. To expand upon the initial sample of possible stakeholder participants, a snowball sampling technique encouraged the selected participants to consider who else they believed could be interviewed as key stakeholders (Bryman, 2012; Rubin & Babbie, 2013). The potential key stakeholder participants received an invitation by emailed letter to invite their participation in this study. The Phase 1 participants also had the option to express an interest in Phase 2 focus group participation.

## **Phase 2: Focus group participants**

Some authors have indicated that successful focus groups are attentive to recruitment procedures and group composition (Carey, 2012; Hesse-Biber & Leavy, 2011; Rubin & Babbie, 2016). The goal in this phase was to compose a sample of people who could contribute to the research topic through their knowledge and experience. A focus group sample can be heterogeneous or homogeneous. Heterogeneous group members could be dissimilar with regards experience, demography, or field of practice, whereas homogeneous groups may consist of members who are similar in this regard. Homogeneous focus groups are pertinent when researchers want to gain in-depth knowledge about the views of a specific group of people on a particular topic. The benefit of a homogeneous group, because of the commonalities, is that it can contribute to participants feeling comfortable with one another, and this might consequently encourage participation and interaction (Hesse-Biber & Leavy, 2011). Carey (2012) confirmed that when participants have something in common, but are not well known to one another, it can enhance collection of information, debate, and discussions in focus groups. This study utilised homogeneous focus group sampling in order to gather in-depth data in the appraisal of the practice framework. These participants were practising social workers, who reported using strengths-based counselling skills in their social work role in Aotearoa New Zealand.

The purposive sampling strategy used for the focus group participants' recruitment, invited participants in Phase 1, who had already indicated that they would like to be involved in a

focus group, to critique the draft practice framework. These Phase 1 participants were also asked to identify any other eligible participants in their professional networks, who may have been interested in participating in a focus group. Additionally, ANZASW was approached to email its members to invite eligible participants to participate in Phase 2. According to Carey (2012), between four and 15 members per focus group might be optimal but the sample size could vary according to the research process, and by the practicality of access to participants. Wayne (2013) recommended the use of several focus groups to ensure greater trustworthiness. In this project, four focus groups were conducted, with three members in the first group, four members in the second and third group, and nine group members in the fourth group.

## **Data Collection**

The data-collection methods applied in this study were in-depth interviews with key stakeholders (in Phase 1) and practitioner focus group interviews (in Phase 2). This two-phased or sequential study followed a linear progression format (Hesse-Biber & Leavy, 2011). Phase 1 informed Phase 2; hence Phase 1 was completed and the findings utilised to develop the draft practice framework before Phase 2 commenced (as demonstrated with Figure 1.1 in Chapter 1).

### **Phase 1: In-depth interviews with key stakeholder participants**

In-depth interviews were usually conducted face-to-face to enhance information sharing. Researchers often use this method of data collection when deep and rich data are required to explore complex issues with various perspective possibilities (Johnson & Rowlands, 2012). For this study, the researcher conducted in-depth face-to-face interviews with 15 key stakeholders, and one in-depth telephone interview, in order to explore core contextual considerations and practice components for the development of a draft practice framework for strengths-based counselling in social work practice in the Aotearoa New Zealand context.

In-depth interviews are a collaboration between the interviewer and interviewee, where the conversation is used to discover knowledge central to the topic and is focused on the research

topic (Hesse-Biber & Leavy, 2011). In-depth interviews are somewhat flexible, not highly structured, and use a few open-ended questions in the conversation (Alston & Bowles, 2003). Moreover, “in-depth interviews are often seen as being more of a discussion, and ideally are guided by the respondent rather than the interviewer” (Alston & Bowles, 2003, p. 117). Hesse-Biber and Leavy (2011) indicated active listening and showing of interest by the interviewer enhances cooperation, rapport, and the comfort level of the interviewee. In addition, within an interpretive approach, the researcher aims to reduce hierarchy and control with the focus on cooperation in knowledge construction. Moreover, the interviewee remains regarded as an expert on the topic. Two pilot interviews, which were also regarded as the first two interviews for the purpose of data collection, were done. These two interviewees were people who were willing and able to give feedback on the interview process and the interview guide. The researcher considered their feedback and no major adjustments were required.

An interview guide with predetermined topics is useful in the interview process. Even though it introduces some structure, it still allows enough flexibility for clarification and probing so that more information can be gained where necessary (May, 2011). Using an interview guide further allows the scope to adapt the interview style and format to each particular interviewee without impeding the flow of the conversation (Rubin & Babbie, 2013). The development of the interview guide used in this study was steered by the literature review as well as the research question (Appendix B). Johnson and Rowlands (2012) added that a word-for-word record was invaluable in this manner of data collection, and hence the interviews were recorded and verbatim transcriptions were produced.

## **Phase 2: Focus group interviews**

Some authors regard focus groups as an economical way to gather data, enhance creative production of ideas, and increase the amount of information gathered (Alston & Bowles, 2003; Morgan, 2012). Rubin and Babbie (2013) and Wayne (2013) have indicated that focus groups can often be used to assess a new social programme or service, and Bryman (2012) added that focus groups are often used to explore a particular aspect or topic in detail. A number of authors have highlighted that group discussion is especially encouraged in focus

groups, and the focus group interaction and dynamics contribute to the data in regard to how people respond to one another's opinions and ideas (Bryman, 2012; Carey, 2012; May, 2011). The role of the researcher in focus group interviews is as moderator. The more interested people are in the topic, the higher their level of participation tends to be, and the lower the level of moderation required. Moderation and structure can have an influence on the focus group dynamic and is therefore employed with care (Hesse-Biber & Leavy, 2011).

An interview guide is a useful tool in focus group facilitation and instrumental in initiating and directing the conversation. Depending on the research goals and design, an interview guide could be more or less structured (Hesse-Biber & Leavy, 2011). In this research study, the data from the key stakeholder interviews informed the development of the draft practice framework and this draft framework supported the development of the focus group interview guide (Appendix C). The interview guide was used in facilitating the focus group process, and the focus group discussions explored and provided feedback on the proposed framework. In this second phase, each focus group was also recorded and transcribed.

## **Data Analysis**

This project used a general inductive, thematic data-analysis method, which was similar to the process described by Braun and Clarke (2006, 2012, 2013), Braun et al. (2014), and Thomas (2006), for both the analysis of the interview data as well as the analysis of the focus group data. Inductive analysis gathered insights from the data and developed categories and patterns from the raw data and not from pre-existing notions (Thomas, 2006). The general inductive, thematic data-analysis process entailed: getting to know the data well; coding the dataset; identifying broader patterns or potential themes; reviewing and refining the potential themes; articulating, defining and naming the final themes; and clear and accurate reporting (Braun & Clarke, 2012). This “systematic approach for identifying, analysing and reporting patterns—themes—across a dataset” (Braun & Clarke, 2012, p. 178) was valuable to clarify the connection between the research question and the data. This is consistent with the three general stages of qualitative data analysis described by Alston and Bowles (2003), namely, data reduction, data organisation, and data interpretation. Or, as Roulston (2014) similarly holds: data reduction, data reorganisation, and data representation.

Analysis for both phases consisted of a process where recordings were transcribed (by an external transcriber who had signed a confidentiality agreement), all transcripts were read multiple times by the researcher and checked for accuracy, and initial notes were made to enhance familiarity with the data. This was the first step of the general inductive thematic data-analysis method. The participants in Phase 1 were given the opportunity to confirm the accuracy of their transcripts and make changes where necessary. Due to the nature of focus groups, the Phase 2 transcripts included other participants' information, therefore in order to maintain confidentiality, the focus group participants could not review their transcripts.

The second step of the general inductive thematic data-analysis method was to generate codes in the data. A process of complete coding across both the datasets, first the one in Phase 1, and later the other in Phase 2, was employed and entailed identifying all text units that related to the research question and then coding these units (Braun & Clarke, 2013). The process of developing the findings from the data was driven by the research question, aims, and relevant theory (Roulston, 2014).

In the next step of this data-analysis process, the codes were assembled through a process of sorting and comparing the data into initial or potential themes (Bryman, 2012; Roulston, 2014). This entailed reviewing and examining each code for its relevance to the research question, the frequency at which it occurred, whether it overlapped with other codes, and how similar or different it was from other codes (Braun & Clarke, 2013; Ryan & Bernard, 2003; Willig, 2014). This review and examination of the codes led to a grouping together of similar codes, or codes that could be merged, to capture meaningful patterns in the data in relation to the research question and aims (Braun & Clarke, 2012).

Following on from identifying the initial themes, these potential themes were refined and compared to the dataset to determine if they had the potential to answer the research question. This entailed collating the data excerpts in each potential theme and conducting a detailed analysis of each potential theme to clarify the focus and meaning of each theme. In the process of refining the themes, some were collapsed together and some were divided or even repositioned to become a sub-theme (Braun & Clarke, 2012). "A theme captures something important about the data in relation to the research question, and represents some

level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p. 82). The final themes were then defined and named (Braun & Clarke, 2012).

The defining, naming, and clarifying of the themes and sub-themes was followed by the stage of data interpretation and representation. Interpretation refers to the process of understanding the data and making meaning through the data within the relevant context (Braun & Clarke, 2013; Flick, 2014). Roulston (2014), furthermore, indicated that data representation refers to the development of the argument, taking into consideration the existing research and theory. Hence the reporting of the findings, or data interpretation and representation, tells the interpretive story of the data that answers the research question (Braun et al., 2014).

As discussed earlier, the practice framework was developed in Phase 1 and later consolidated in Phase 2. The analysis of Phase 1 data was completed and the findings employed to develop the draft framework that was appraised in Phase 2. This interpretive approach followed an inductive reasoning to theory, where theory was developed and produced from the data (Carey, 2012; Hesse-Biber & Leavy, 2011). For instance, through the thematic analysis of the interview data, themes were identified and used in the construction of the practice framework. According to Thomas (2006), the outcome of an inductive analysis is the development of the themes into a model or framework, and this is exactly what eventuated in this project.

### **Phase 1: Analysis of interview data**

The analysis started with a thorough reading of the interview transcripts and consideration of possible meanings related to the text (Thomas, 2006). The process of coding across the dataset systematically identified and labelled the text units that had particular relevance to identifying the core contextual considerations and practice components for strengths-based counselling in social work practice in the Aotearoa New Zealand context. Braun and Clarke (2012) described codes as “the building blocks of analysis” (p. 61). Table 3.1 (following page) displays an example of the coding of the relevant text units where each data excerpt was marked and labelled with a code, and every additional text segment was either labelled with an existing relevant code, or a suitable new code was developed for its labelling

(Thomas, 2006).

Table 3.1.

*Example of Text Units Identified and Coded*

Text excerpt:	Codes:
<p>the training I've had was psychodynamic and suddenly I was presented with talking about something other than problems. Or something, you know which was more about, what is it that you like about your child, what are the strengths that they have and I really enjoyed doing it. I really enjoyed having different conversations with people, working from a point of actually finding out what they were good at, what they enjoyed about their lives, in the context of extreme difficulty as well but opening that up. And so it started me off too, I think narrative therapy, very big influence. Um, the skills to actually listen and engage with people, if I was to look at where that came from, and that was from Carl Rogers, and my very first training which was around humanistic or person-centred, and that was all about engagement and once again that emphasised very much about hearing the individual and respecting what the individual had to say which I think was quite counter to the medical model which is more about this is what we assess and this is what we think is wrong with you and therefore we'll diagnose you. So for me in a way, the humanistic or the patient person-centred model began, also start the ball rolling a little around recognising that people have resources of their own and able to solve their own issues and that sometimes we need to just facilitate that within them.</p>	<p>Different approach/ Contrary deficit approach            Explore client's strengths and resources            Enjoyable for worker            Different approach/ Contrary deficit approach            Explore client's strengths and resources            In context of difficulty            Narrative therapy            Listening and engaging skills            Person-centred/ Humanistic            Listening and engaging skills            Respect            Different approach/ Contrary deficit approach            Person-centred/Humanistic            Clients have the ability to solve their own problems through resources</p>

This coding process generated numerous codes that were further reviewed, examined, and reduced. After the data were coded, the search for broad patterns across the dataset started and the codes were sorted into initial or potential themes, as seen in Table 3.2 (overleaf). These initial themes were strengths-based counselling assumptions, strengths-based counselling practice, phases, assessment, skills, processes, outcomes, context, training, fields of practice, and counselling in social work in Aotearoa New Zealand. Not surprising, at this early stage of analysis, the initial themes roughly paralleled the questions asked in the interviews.

Table 3.2.  
*Example of Codes Sorted Into Initial Themes*

<b>SBC assumptions</b>	<b>SBC practice</b>	<b>Phases</b>	<b>Assessment</b>	<b>Skills</b>	<b>Processes</b>
<p>Equalise and collaborative - 'no expert' approach</p> <p>Identify and focus throughout on strengths, resources, capacity</p> <p>Different way of doing to medical model</p>	<p>Future focus</p> <p>Collaboration</p> <p>Let client own process</p> <p>Client drives process</p> <p>Relationship building is key</p>	<p>Can differ from client to client</p> <p><u>Connect</u>            'Set the stage' for the way of working</p> <p><u>Assessment</u>            Strengths, support and risk</p> <p><u>Work phase</u>            Build on strengths, resources and capacity</p>	<p>Strengths-based assessment discovers strengths, resources, abilities, potential</p> <p>Happens throughout</p> <p>Use exception finding</p>	<p>Externalise problem</p> <p>Exception finding</p> <p>Normalise</p> <p>Clinicians use a mix of strengths-based skills and approaches</p>	<p>Appreciative enquiry</p> <p>Solution-focused</p> <p>Person-centred</p> <p>Narrative</p> <p>Positive psychology</p>
<b>Outcomes</b>	<b>Context</b>	<b>Training</b>	<b>Fields of practice</b>	<b>Counselling in SW in NZ</b>	
<p>SBC is experienced positively by the worker and clients</p> <p>Effective</p> <p>People feel respected and heard - have a voice</p> <p>Enhance cooperation</p>	<p>A culturally aware process is richer and important</p> <p>Culture is a strength</p> <p>Collaboration</p> <p>Respectful way</p> <p>Hospitable</p>	<p>The process of SB counselling practice is not clear in training</p> <p>Desire for continued professional development and tools in SBP</p> <p>Social work training didn't provide sufficient therapeutic skills</p>	<p><u>Health:</u>            Social workers have many counselling tasks in health</p> <p>Health requires balance between strength and deficit</p> <p><u>Foster care:</u>            SBP policy</p>	<p>Social workers have many counselling tasks</p> <p>Crossover/overlap between social work and counselling</p> <p>Would like to have an SBP framework for what do</p>	

Next, this process compared each initial theme to the data and the research question to determine its viability. The relevant data excerpts across the dataset were assembled in the appropriate initial theme, and each theme was compared against the collated data to

determine if there was a good fit between the data and the theme (Braun & Clarke, 2012), as displayed in Table 3.3. The data turned out to be voluminous and, at this stage, the analysis, which had been done manually up until this time, shifted to an electronic process where data from each initial theme was imported to computer-assisted qualitative data-analysis software. The software used was QSR International's NVivo 10 qualitative data-analysis software (QSR International, 2012). Authors often recommend computer-assisted qualitative data-analysis software (CAQDAS) for dealing with a significant volume of data, as well as to enhance the efficiency, transparency, and rigour in the data-analysis process (Bazeley & Jackson, 2013; Bryman, 2012; Welsh, 2002).

Table 3.3.  
*Example of Data Excerpts Assembled Per Initial Theme*

<b>Strengths-based counselling assumptions</b>
That no one is broke. Despite the fact that I'll meet some very very um people with lives that's been really difficult and distressing and challenging. The really poor who don't have very much, people aren't broke. When I met them they have been, they got themselves to this point. And so there's a lot of resourcefulness in there. P1 p. 14 473-476
Finding the gold in the person, cause there is always gold in the person. P1 p. 14 495
That we need to as well as hearing the awfulness of the story we also need to be able to hear the positive, you know, it's not just about problems. P2 p. 3 78
Surely you need to know your strengths if you going to take on a difficult issue. P2 p. 5 137

By using the NVivo software, the data from each initial theme and sub-theme underwent a further in-depth analysis to clarify the focus and scope of each theme and sub-theme (Braun & Clarke, 2012). In this process, some themes were merged, some divided, and some underwent a hierarchical change from theme to sub-theme (Figure 3.1, overleaf). This led to the defining and naming of the Phase 1 themes. Through the inductive process, where theory was produced from the data, the draft strengths-based practice framework for counselling in social work in Aotearoa New Zealand was developed from the themes and sub-themes of the key stakeholder interview data. Or, as Thomas (2006) indicated, the outcome of this analysis was the Phase 1 themes that were developed into the draft practice framework. The themes and sub-themes that were generated in Phase 1 of this study will be introduced in Chapter 4.

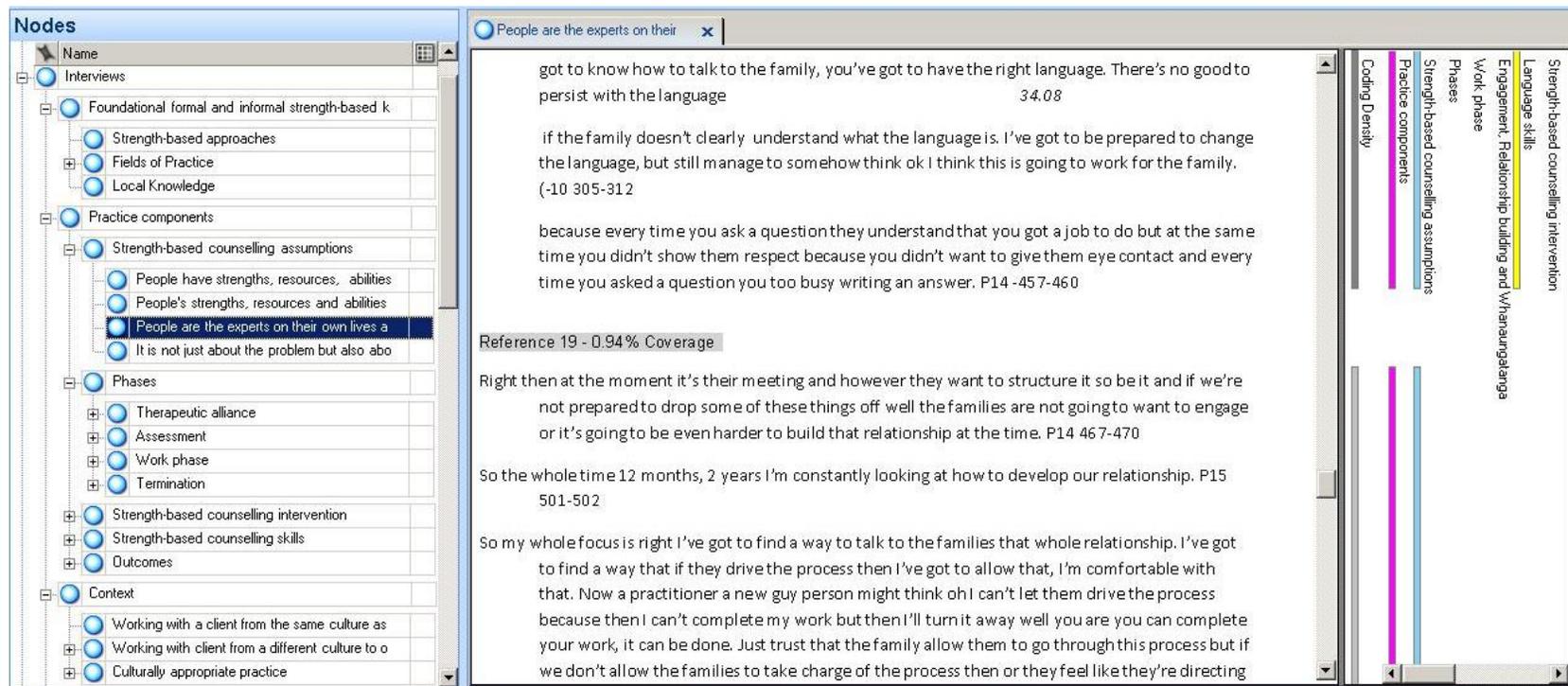


Figure 3.1. NVivo screenshot of Phase 1 data analysis.

## **Phase 2: Analysis of focus group data**

The focus group data-analysis method paralleled the data analysis of data reduction, organisation, and representation that was utilised in Phase 1 with the individual key informant interviews, but with the difference of using NVivo from the start. The focus group transcripts were imported into NVivo and text segments were coded or categorised to nodes (as categories are known in NVivo) across the dataset that identified the initial nodes or categories. These initial nodes were outcomes, practice framework, the diagram, phases, interventions, cultural appropriateness, the overlap between circles, strengths-based skills, strengths-based assumptions, strengths-based knowledge, social work and counselling; and fields of practice. A benefit of working with the NVivo programme is that it allows one to examine the coded text in the context of the broader and original data (Engel & Schutt, 2014). These initial nodes or categories and their text sections were reviewed and examined for broader patterns and organised into potential themes, which included reconsidering the node structure, splitting or merging nodes, and renaming some nodes. Each potential theme was refined and checked against one another, as well as against the research question, to deliver the themes and sub-themes, or nodes and child nodes as they are known in NVivo, for the Phase 2 data, as demonstrated in Figure 3.2 (overleaf). These themes, generated from the Phase 2 data, will be reflected in Chapter 4 and will be addressed in more detail in the following chapters.

### **Trustworthiness**

In the 1980s, social science research authors, Guba and Lincoln, proposed trustworthiness as a substitute for positivist debates on validity and reliability—concepts that were core to the quantitative approach but were challenging within the qualitative milieu at the time. They outlined credibility, transferability, dependability, and confirmability as the criteria for trustworthiness (Guba, 1981; Guba & Lincoln, 1982).

Credibility and integrity are essential with research that focuses on aspects of social reality, as several different outcomes are possible with such projects. Credibility can be determined through triangulation and respondent or member validation, where the participants in the

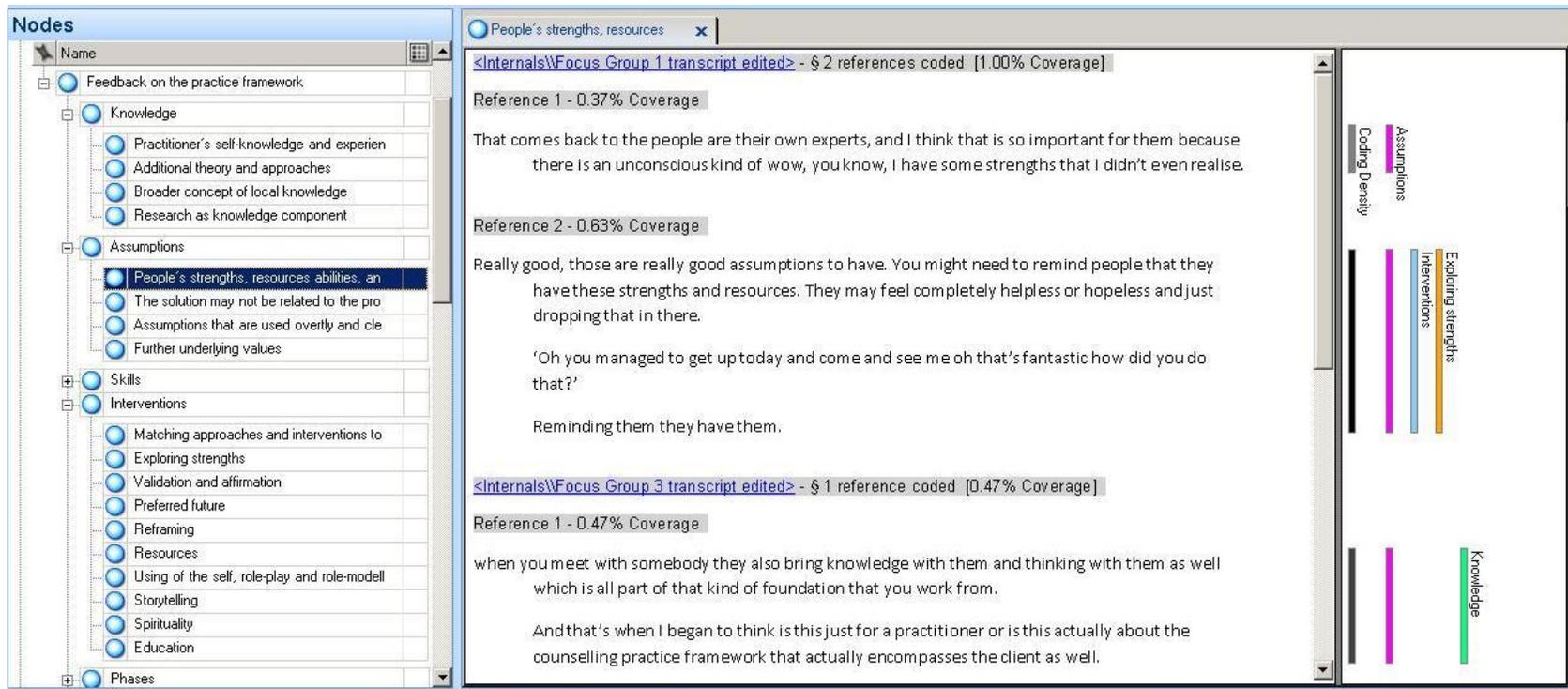


Figure 3.2. NVivo screenshot of Phase 2 data analysis.

study confirm the data and/or interpretation of the data (Bryman, 2012). With triangulation, if more than one data-collection method is used and matching findings are produced, the credibility of the findings is enhanced (Rubin & Babbie, 2016). The credibility of the findings in this study was enhanced through triangulation and respondent validation. As an example of triangulation, this study employed two different data-collection methods, namely, key stakeholder interviews and focus group interviews, and, as will be discussed in Chapters 4, 5 and 6, these two data-collection methods produced mostly corresponding results. Two examples of respondent validation were firstly, key stakeholder participants in Phase 1 who reviewed and confirmed their interview transcripts. Secondly, focus group participants in Phase 2, who included key stakeholder participants from Phase 1 as well as practising social workers who had not engaged in this research study prior to their focus group participation, all appraised the draft practice framework.

The rich and in-depth data of a qualitative study delivers the foundation for an assessment of the transferability of the results (Bryman, 2012). Rubin and Babbie (2016) pointed out that when rich and detailed data are provided, readers are enabled to determine if the findings are likely to apply to their particular contexts. Such rich data may include detail regarding the research context, participants, and background. In-depth interviews with a number of key stakeholder participants, as well as several focus groups with practitioners from various ethnicities and from various fields of practice represented in Aotearoa New Zealand, provided rich data and were likely to have added to the transferability of the results. This aspect is, however, for readers to judge in regard to their particular situation or context, according to Rubin and Babbie (2016).

Dependability refers to the scrutinising of the research process; good documentation and record keeping of the research process are essential to allow for inspection by peers (Bryman, 2012). The use of the data-analysis software NVivo, audio recordings, transcripts, and supervision assisted with the dependability of this study. Several authors suggested the trustworthiness of data analysis is enhanced with the use of CAQDAS like NVivo as it benefits the transparency, quality, efficiency, and depth, and hence the integrity and robustness of the analysis (Bazeley & Jackson, 2013; Sinkovics & Alfoldi, 2012; Smyth, 2008; Welsh, 2002). Closely linked to dependability, as a factor in trustworthiness, is

confirmability, which refers to the researcher endeavouring to take an objective stance, work with sincerity, and have honest intentions throughout the study (Bryman, 2012). Reviewing the data analysis in academic and cultural supervision, as well as the participants assessing the draft practice framework in several focus groups, contributed to the confirmability of this study.

Williams and Morrow (2009) identified categories of trustworthiness as the integrity of the data (sufficient, adequate data and a good match between findings and data), the balance between reflexivity and subjectivity (between participant perspectives and researcher understanding), and clear communication of the findings (what was discovered and how it is important). This study collected ample data, to the extent that a CAQDAS was needed to manage the large volume of data. Feedback from the focus groups pertaining to the draft framework indicated a good match between the findings and data, as well as the balance between the participant perspectives and researcher understanding, and this was also reflected on in supervision. The researcher, through this thesis document, endeavoured to report a clear account of the findings and the implications thereof as is reflected in the following chapters.

## **Ethical Procedures**

An ethical approach in research endeavours to exercise sensitivity, consideration, respect, and truthfulness, and to avoid any deception, taking of advantage, or mistreatment of any of the research participants (Carey, 2012). It did not seem that any considerable ethical issues arose from this project or that any issues posed a threat to the participants or researcher, but there were some areas where ethical issues were considered.

The ethical well-being, safety, and welfare of the participants were pursued in this study and, for instance, attempts were made to ensure that the confidentiality or privacy of the participants was protected (Bryman, 2012). Confidentiality was protected by not naming the participants in the reported findings and documents. However, although participants were not identified by name, given the small community of participants there was a small chance that participants might be identified by their comments. Also, given the fact that Phase 2

participants were participating in focus groups, they were known to their co-participants and might be identified by them. These possibilities were clearly indicated in the participant information sheets (Appendices D and E). Participants in the groups were also requested to maintain confidentiality. However, it was also noted that the data collected were not of a sensitive nature. Furthermore, as the focus group recordings were of the focus group interviews, Phase 2 participants were not given the opportunity to review the transcripts as they also included other participants' information and hence affected their privacy. This was also clearly stated and explained in the Phase 2 participant information sheet, which addressed risk, rights, and procedures. Consent and voluntary participation were also addressed with all participants in advance and consent forms were signed (Appendices F and G). Participants, furthermore, also had many opportunities to ask questions and discuss the process and procedures.

Ethical issues around the direct recruitment approach regarding safety and coercion were considered, as well as the similar ethical issues around snowball sampling. As this was a professional group, used to advocating on behalf of others, they had the capacity to say no, and only two invitational approaches were made. Also, only contact details available in and through professional networks were utilised.

Research in social work in Aotearoa New Zealand has a commitment to a culturally sensitive approach and requires attention to be paid to ethical issues that may arise in cross-cultural research. Accordingly, as detailed in Chapter 1, culturally sensitive research was an important factor to consider in view of the bicultural nature of Aotearoa New Zealand.

As also stated in Chapter 1, the researcher is of South African origin. Because of this different cultural context, particular attention had to be paid to: an appropriate connection with tangata whenua, protocol, suitability of the interview guides and format, as well as conducting interviews in a culturally sensitive manner. The data analysis and interpretation were further aspects to consider carefully in regard to representing the participants truthfully, and interpreting and reporting the data accurately. Furthermore, as indicated regarding the researcher's ideology of an education in South Africa, connection to clinical social work, and academic, practice, and cultural supervision, was valuable in addressing bias and gaining an

understanding of social work in the context of Aotearoa New Zealand, and about counselling in this context in particular.

The University of Auckland Human Participants Ethics Committee's approval for this study was obtained prior to the commencement of this research. The approval for Phase 1 was granted on 17 April 2014, and Phase 2 on 3 June 2015 (application numbers 011359 and 014811).

## **Limitations of this Study**

The findings of a qualitative, exploratory study can never be generalised to the population, and it is no different for this small-scale study. This study adequately represented the views and experience of the participants who participated in the project and may well reflect those of others in similar situations. The participants in this project were from Wellington, Auckland, Palmerston North, and Masterton, and are therefore not a full demographically representative sample of social workers in Aotearoa New Zealand.

There was an under-representation of Māori in the research sample and hence tangata whenua were not sufficiently represented. Further research would benefit from the greater inclusion of Māori, Pasifika, and other world views.

This study relied on participants reporting about their practice, and no direct strengths-based counselling practice was observed. The study also relied on participants reporting about their practice outcomes; no clients were interviewed about their experience and views. There would be merit in a larger scale study as additional data can include views of a greater diversity of participants and different groups, such as clients, and involve other measures, such as observation or outcome evaluations.

The scope of this study was to develop a practice framework for strengths-based counselling in social work practice in the Aotearoa New Zealand context. The study was thus only able to present findings around these parameters. Other counselling approaches, concepts, and contexts were not covered as they are beyond the scope of this study.

## **Conclusion**

This chapter described the research methodology and the many considerations around the empirical part of this study. An interpretive and postmodern philosophical stance was shown to serve the research question of this study, which had a contextual awareness, and a strengths perspective, at its core.

The other central elements in this research methodology were the purposive sampling and the recruitment of the research participants, the in-depth interview and focus group interview data collection methods, and the general inductive, thematic data analysis procedures. The ethical consideration and limitations of the study were also reflected. Chapters 4, 5 and 6 will present the findings from the key stakeholder interviews as well as the findings from the focus group interviews.



## **Chapter Four: Strengths-Based Knowledge**

This chapter and the following two chapters will focus on the implementation of the proposed design and, in particular, will present the findings from the data analysis of the in-depth interviews as well as of the data analysis of the focus group interviews. The themes and sub-themes of the Phase 1 and 2 data will first be presented in table format (Table 4.3 and 4.4 in the section Themes and Sub-themes) and thereafter discussed across the findings chapters. The draft practice framework will also be introduced along with these themes and sub-themes. This draft framework was developed from the Phase 1 data and subsequently evaluated in the second phase of data collection when practising social workers critiqued the draft framework and offered feedback based on their practice reality and experiences. The draft framework structure consists of strengths-based knowledge, practice components, and context of practice sections and these sections are in turn the focus of the three findings chapters. The themes and sub-themes that were developed from the data analysis of the focus group interviews paralleled the sections of the draft practice framework, and will, in the three findings chapters, be presented in response to the draft practice framework.

Chapter 4 now leads the way with an overview of the profiles of the in-depth interview and focus group participants. This is followed by a reflection of the Phase 1 and 2 themes and sub-themes, an introduction to the draft practice framework and a discussion of this framework's foundational strengths-based knowledge section.

### **Profile of the In-Depth Interview Participant Sample**

The professionals who participated in in-depth key informant interviews were from the various ethnicities and fields of social work practice that are present in Aotearoa New Zealand. These participants also had expertise in strengths-based counselling in social work practice. Out of 35 people invited for the key stakeholder interviews, 16 accepted. Only 15 participants returned their transcripts with permission for the data to be used so, as such, the total number of participant transcripts analysed was 15. These participants were identified in the discussion of the data as P1 to P15. The fields of practice that these 16 participants were working in at the time were statutory/government organisations, non-governmental

organisations (NGOs), and private practice. Participants had varied prior experience and reported working across a spectrum of different fields of practice in their previous positions, and it was evident that they drew on their current and previous experience in their participation. Some of their previous experience included work within care and protection; youth justice; adoptions; Child, Youth and Family; overseas agencies; prisons; police; hospice and residential care. Table 4.1 provides a breakdown of the sample profile of the Phase 1 participants.

Consistent with the diverse population of Aotearoa New Zealand, several ethnicities were represented; two of the participants identified as Māori, two as Samoan, one as Indian, one as Chinese, and nine participants as Pākehā or of European descent. Regarding adequate tangata whenua representation, a total of two Māori participants was not deemed consistent with the adequate representation aim of oversampling. Even though this cannot negate the under-representation of tangata whenua by this study, it is significant that four participants were from kaupapa Māori organisations—these were two Pākehā participants and the two Samoan participants. Furthermore, the majority of participants were from organisations that were clear about their commitment to the principles of the Treaty of Waitangi in their practice. This possibly indicates that the participants were sensitive to bicultural practice. As will be shown in the discussion of the data, the participants were, moreover, clear about their personal commitment to culturally sensitive practice.

Table 4.1.  
*Sample Profile of Phase 1 Participants*

<b>Statutory/government organisations</b>		<b>Non-governmental organisations</b>	<b>Private practice</b>
<b>Healthcare</b>	<b>Other</b>		
3 Pākehā participants	1 Pākehā participant	1 Chinese participant	2 Pākehā participants
1 Māori participant	1 Māori participant	2 Samoan participants (2 from Kaupapa Māori organisations)	
1 Indian participant		3 Pākehā participants (2 from Kaupapa Māori organisations)	

## Profile of the Focus group Participant Sample

A number of people indicated an interest in the focus group invitation, sent out through ANZASW, and 20 practitioners were able to participate in the four focus groups. The current employment of these participants could also be categorised in the same fields of practice as the Phase 1 participants, namely, statutory/government organisations, NGOs, and private practice. As with the Phase 1 participants, they too described drawing on both their current as well as previous experiences in their contributions. Some of their previous experiences included gerontology care, disability services, care and protection, supervision, psychiatric social work, youth justice, family support, foster care, education, rehabilitation, and community development.

The focus group participants, as in Phase 1, represented various ethnicities that included three Māori participants, fourteen Pākehā participants, two Samoan participants, and one Indian participant. In this phase, Māori representation, similar to Phase 1, was not aligned with the goals of oversampling and hence this study was not able to avoid under-representation of the tangata whenua voice. Again not overlooking this fact, a high majority of Phase 2 participants were also from organisations that indicated their commitment to the principles of the Treaty of Waitangi. This aspect, together with these participants also indicating a personal commitment to culturally sensitive practice, demonstrated their likely commitment to bicultural practice. Table 4.2 provides a breakdown of the profile of the Phase 2 participants. Various participant quotations have been used in the findings, but due to the fact that the information has come from focus groups, the quotations have not been attributed to any particular participant. The quotations have been labelled as coming from Focus Groups (FG) 1-4.

Table 4.2.  
*Sample Profile of Phase 2 Participants*

<b>Statutory/government organisations</b>		<b>Non-governmental organisations</b>	<b>Private practice</b>
<b>Healthcare</b>	<b>Other</b>		
4 Pākehā participants	2 Pākehā participants	7 Pākehā participants	1 Pākehā participant

1 Indian participant	1 Māori participant	2 Māori participants	
1 Samoan participant	1 Samoan participant		

## Themes and Sub-themes

The analysis of the data collected from in-depth interviews with key stakeholder participants on the core contextual considerations and practice components for strengths-based counselling in social work practice, led to the development of the Phase 1 themes and sub-themes. Table 4.3 reflects these themes and sub-themes.

Table 4.3.  
*Themes and Sub-Themes of Phase 1 Data*

<b>Themes</b>	<b>Sub-themes</b>
Foundational formal and informal strengths-based knowledge	Strengths-based approaches Fields of practice Local knowledge
Practice component - Assumptions	All people have strengths, resources, abilities and capabilities People's strengths, resources and abilities provide the keys to growth and change People are the experts on their own lives and collaboration is essential It is not just about the problem but also about hearing positives and exceptions
Practice component - Skills	Questioning skills Listening skills Facilitation skills Language Humour
Practice component - Interventions	Preferred future Exceptions Externalisation

	Normalisation Reframing Resources & tasks Role-play
Practice component - Phases	Therapeutic- alliance phase Assessment phase Work phase Termination phase
Practice component – Positive client outcomes	Fast progress & effective Neurobiological benefit Support client power Uplifting experience Hope enhancing Self-esteem enhancing Clients feel acknowledged Reduce anxiety Enhance engagement
Context	Practice where client and practitioner have a shared cultural background Cross-cultural practice Culturally appropriate practice Synergy between strengths-based practice and culturally appropriate practice

It was the goal of the focus groups to appraise the draft practice framework. The analysis of this focus group data delivered the Phase 2 themes of the research and Table 4.4 (overleaf) summarises these themes and sub-themes. An introduction to the draft practice framework follows Table 4.4.

Table 4.4.  
*Themes and Sub-Themes of Phase 2 Data*

<b>Themes</b>	<b>Sub-themes</b>
Foundational formal and informal strengths-based knowledge	Practitioner's self-knowledge and experience Additional theory and approaches Broader concept of local knowledge Research as knowledge component
Practice component - Assumptions	People's strengths, resources abilities, and capabilities are important The solution may not be related to the problem and is unique to each individual Assumptions that are used overtly and clearly support a client-directed process Further underlying values
Practice component -Skills	Questioning skills Listening skills Facilitation skills Language Humour
Practice component - Interventions	Matching approaches and interventions to client needs and context Exploring strengths Preferred future Reframing Resources and tasks Using the self Storytelling Awareness of spirituality Education
Practice component -Phases	Initial phase

	Assessment phase Work phase Termination phase
Practice component – Positive client outcomes	Enhance hope Enhance courage and self-trust Reduce anxiety Develop new neural pathways Accountability and funding
Context	More than ethnicity Practitioner from own culture Gaining cultural information and acknowledging the client’s culture Supervision and cultural consultation Respectful and humble Challenges
General impressions	Interconnectedness, ranking, structure and word choice of the sections The diagram Applicability and positive feedback Enabling practitioners to implement the framework

## **Draft Practice Framework**

The themes and sub-themes that were developed from the Phase 1 data gave a succinct representation of the Phase 1 findings around the core contextual considerations and practice components for strengths-based counselling in social work practice (Table 4.3, p. 88). As indicated in Chapter 3, Thomas (2006) found that an inductive analysis outcome is the development of the themes into a framework. The themes and sub-themes in this study were utilised to develop the draft practice framework structure, namely, knowledge, practice components, and context. This framework structure united the foundational formal and informal strengths-based knowledge with the context of practice that, together, underpinned

the practice components that were rooted in both strengths-based knowledge and culturally appropriate practice (Figure 4.1). This section continues with a reflection on the foundational strengths-based knowledge section of the draft framework.

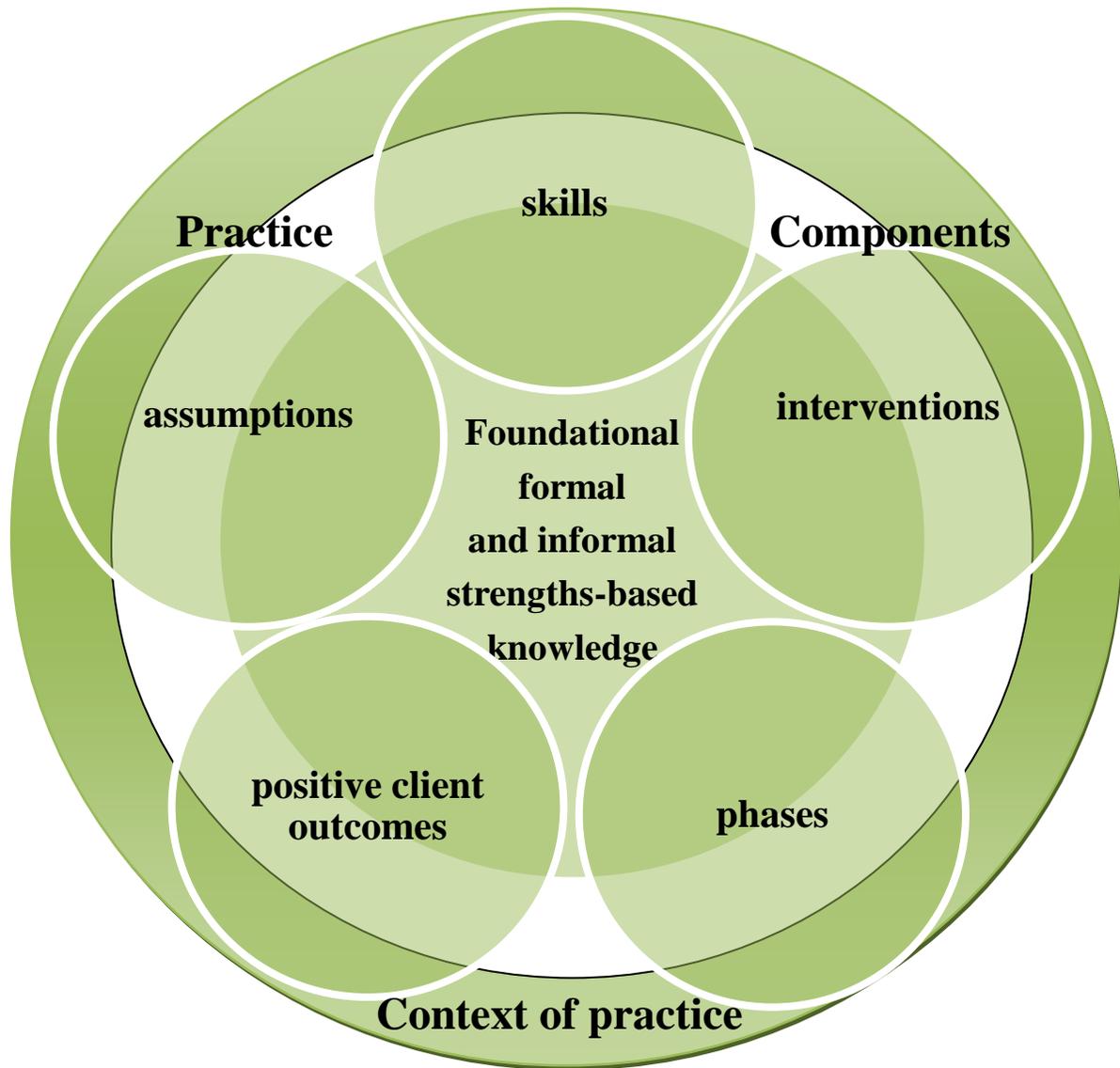
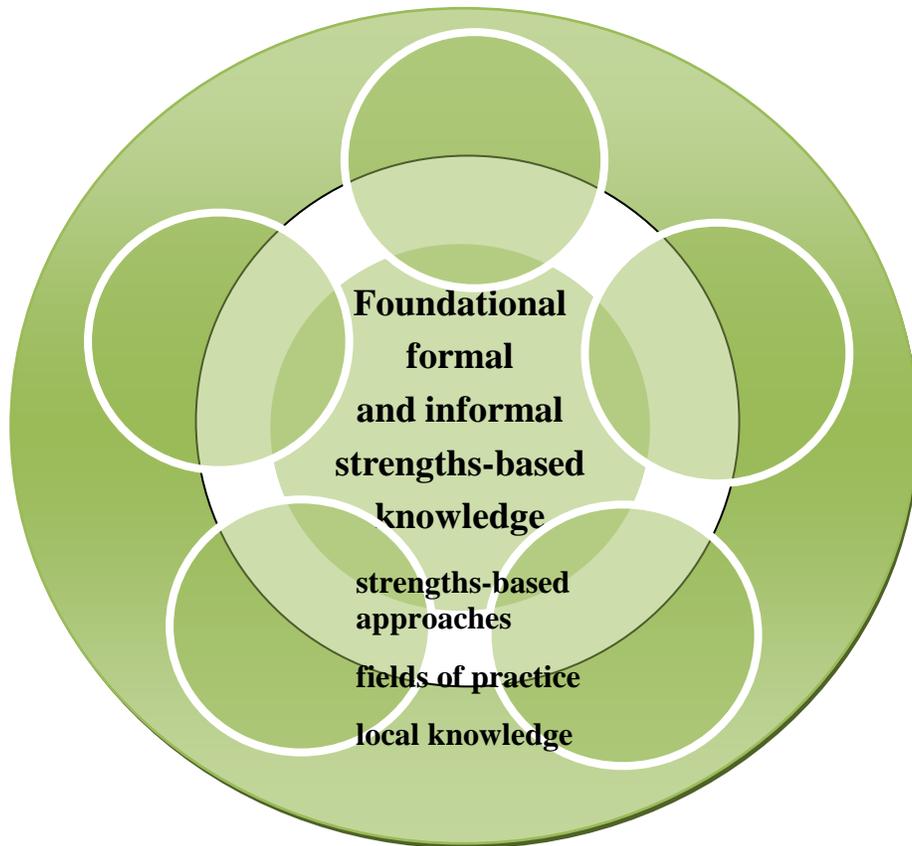


Figure 4.1. Strengths-based counselling practice draft framework.

### **Foundational formal and informal strengths-based knowledge**

As presented in earlier chapters, practice frameworks can facilitate the knowledge types that underpin and guide social work practice. As seen in Figure 4.2 (next page), the knowledge base, which included theoretical knowledge, practice knowledge, and local knowledge, to

guide strengths-based counselling practice, was at the core of this draft framework. This knowledge base integrated the theory on the strengths perspective and strengths-based practice approaches with practice knowledge and local knowledge. The foundational knowledge section is presented in three sub-sections, namely: strengths-based approaches, fields of practice, and local knowledge.



*Figure 4.2.* Foundational formal and informal strengths-based knowledge.

### **Strengths-based approaches**

Most participants reported that they used strengths-based practice, solution-focused therapy, and narrative therapy in their counselling approach in their social work role. Some participants further described that they believed that the various strengths-based approaches were capable of integration and have a shared positivity towards people's abilities and capacities. Participants also noted that they integrated and used different strengths-based approaches according to the needs of the clients. Participant P5, for instance, remarked that

he constantly assessed how appropriate an approach was for a client or family with a preparedness to “change it to find something that’s more suitable for the family.”

Other strengths-based approaches and models mentioned by the participants included some Western constructs like the task-centred model (Marsh, 2013), client/person-centred model (Rogers, 1956), strengths-based cognitive-behavioural therapy (Padesky & Mooney, 2012), positive psychology (Seligman, 2011), motivational interviewing (Miller & Rollnick, 2013), appreciative inquiry (Cooperrider, Whitney, & Stavros, 2008), and psycho drama (Greenberg, 1975). Some indigenous models were also mentioned, these included a Taina Whakaatere Pohatu model (Pohatu, 2004, 2011), te whare tapa whā model (Durie, 1998, 2001), te wheke model (Pere, 1991), and the harakeke model (Durie, 2001).

### **Fields of practice**

The key stakeholder participants discussed their experience and practice knowledge of strengths-based counselling in various fields of practice in Aotearoa New Zealand. This practice knowledge, from various fields of practice, also informed this framework. Knowledge from the broad categories of social work in statutory/government organisations, NGOs and private practice was gleaned from the data. The section on statutory/government organisations in the framework revealed a specific focus on healthcare and statutory social work. The data indicates that although strengths-based counselling practice can at times be met with resistance in statutory/government services, there are, however, ample opportunities in statutory/government services for strengths-based counselling practice, as social workers play an important role in facilitating the empowerment of clients in these systems. In addition, in the NGO sector, the strengths-based approach is fundamental to some of these organisations' philosophy of practice. The data, for example, illustrates that many opportunities for strengths-based counselling practice exist in NGOs dealing with foster care, with children and youth at risk, working with older people, and community services. Private practice, moreover, also offers much opportunity for strengths-based counselling practice. A discussion of the participants' experience of strengths-based counselling in these sectors follows, starting with statutory/government organisations.

*Strengths-based counselling practice knowledge from statutory/government organisations with a focus on healthcare*

Participants who had roles in healthcare pointed out that dealing with the medical model of diagnoses and treatment, especially in a multidisciplinary team, was commonplace. They reported that strengths-based approaches in healthcare were often met with resistance and doubt. Strengths-based approaches were also frequently seen as being contrary to the medical model. “Narrative therapy went down a little bit like a cup of cold sick....They just didn’t see it as an evidence-based approach” (P2). Some of the health-based participants also commented that the challenges in the healthcare environment included, for example, working with people in a multidisciplinary team who embodied the expert role but who did not necessarily connect well with clients. A participant pointed out, “Working in a medical model, I see a lot of experts who struggle to engage with families” (P2). There is, furthermore, a focus on what is wrong, damaged, or not working, as per the nature of the medical environment. “And if you think about that in the health environment that’s a constant challenge because the medical model is focused, and has to be to a large extent, on what’s wrong” (P8).

In addition, the challenges in healthcare included, as this participant reported, that often the focus was more on assessing the resources needed and making a referral than fostering a therapeutic alliance with the client. “What I think they lose is that counselling kind of relationship. Because they think clinical social workers go in assessing people, finding out what resources they need, referring them, and off they go” (P1). However, most participants reported that the social work role in healthcare included, and called for, various counselling tasks:

The reason for the referral might be something like discharge planning, but you’re actually working with them around their feelings around a violent relationship or how they might be dealing with the fact that they are going to die or that their child was born with a life threatening condition or a terrible disability or whatever. So dealing with really traumatic things, the work you are doing there is actually counselling. (P8)

Many participants discussed the essential role of social workers in introducing a different approach in healthcare, in order to facilitate empowerment of the clients in this environment.

Participant P9 relayed that clients can be disempowered in certain environments or systems, for instance, in a hospital setting. She said, “So if you are actually a social worker that is working with them [clients] you can be taking a strengths-based approach, which then empowers them to manage those visits and those experiences in the hospital setting.” Social workers, who might often find themselves as a lone voice in healthcare, could also play an important role in introducing a strengths focus in the healthcare environment. Participant P8, for example, spoke about encouraging the use of a different language:

So not talking about the person within the context of their problem all the time where people might be referred to as the ‘cabbage’ in bed six. The cabbage being a coronary artery bypass graft rather being the person who has undergone surgery for their heart in bed six. So gently challenging language, also in documentation and maybe in group discussions with other professions. (P8)

Several participants believed that there were significant opportunities for strengths-based counselling in social work in healthcare. “And so there is space for this in the medical world ...And I think strengths-based approaches have a lot of currency in the medical world really” (P2). They also reported that strengths-based counselling could be successfully merged with the medical model and some proposed a balance between a strengths-based approach and deficit focus. “Yeah, so I think maybe in summary I would say strengths-based counselling should be counselling that is not deficit focused but looking at strengths, but in the health context seeing the balance between the two” (P8).

***Strengths-based counselling practice knowledge from statutory/government organisations with a focus on statutory social work***

Participants described the distinctive challenge that the powerful position of the practitioner or organisation in statutory social work presented to strengths-based counselling practice. This participant articulated that the underlying power position influenced practice throughout. “So you can try things with the client as much as possible and help them to develop their resources but the bottom line is, you know, we have the power” (P11).

Another participant pointed out that often, in statutory social work, the emphasis was on deficit, and on what needed to improve, and not on strengths, hope and possibility:

For example, Child Youth and Family, they do refer a large number of families to us....I worked closely with the previous site manager and I admired her practice....One day I showed her [the referral] and I said 'look I am not happy with how your team's sending referrals. Really if you look at them they are very deficit based, they are all about, 'we see this, and this has to improve before we give them their children back,' or whatever. There are no comments about strengths or even your hopes for this family that may underpin why you made this referral.' (P13)

Other participants also indicated how they, or their organisation, influenced other organisations in statutory social work to develop or enhance a strengths-based approach in their practice. The aforementioned participant further described his experience in this regard:

So we began influencing a much bigger institution really...and they rewrote referral forms, they redid their analysis and so now when they make a referral they will have an area where they say the strengths they see in this family and...there will be a part which says their hopes for this family .... So we ask Child Youth and Family or any other referring agency...that they might come with the family ..... They would be introducing them and they would be speaking about...the strengths they see, in front of the family, and their hopes for that family. (P13)

Some participants further reported that challenges existed in statutory social work in strengths-based counselling practice with mandatory and, perhaps reluctant, clients. However, strengths-based counselling practice provided interventions for effective practice in this area of work, as captured by participant P7:

My field of practice is a bit different to many people's, in that I work primarily with people who are reluctant, although CYFs and Probation are similar, who have done harm. The issues are not just about what they bring, but actually how do they attend to the people that are affected. So this is a very curious place to develop solution-focused interventions because the demands are quite different in lots of ways....Now I don't take that [legal action] with joy but it is an interesting area about how do you maintain solution-focused intervention when you're having to do tough stuff. Now I would argue even in there you can sort of work in a strengths-based way even if you are having to be quite over powering of a client's decisions if they are in resistance.

This participant continued to highlight that good opportunities for strengths-based counselling practice in statutory social work exist:

Interestingly, under the new regulations the Domestic Violence Act, I see room for strengths-based work to be enhanced in motivational ways of working, of being integrated into the expectations about how the work is run. So these are fields of practice where these ideas and ways of working are actually very alive. (P7)

***Strengths-based counselling practice knowledge from non-government organisations***

Participants from foster care, organisations dealing with children and youth at risk, organisations dealing with older people, and community organisations, shared their experience with regard to strengths-based counselling practice in their field of practice. Some of these organisations had embedded strengths-based practice in their philosophy of practice: “I mean it’s part of their practice, you know, and they are proud of that and talk about that, that’s part of their philosophy” (P4). They further found that when the organisation’s philosophy was rooted in strengths-based practice, it supported their individual strengths-based counselling practice.

The participants, who worked in foster care particularly, reported that strengths-based counselling was part of their practice philosophy. These participants also described strengths-based counselling being an essential and powerful approach in foster care:

It’s not unusual that I get a referral and there’s one page. It’s just a list of all the homes they’ve been through. And you see that and you just think what we’ve got to do is prove to them how we are going to be different, being strengths-based, to hear their voice and what their goals are is vital. (P6)

These participants found that clients experienced the strengths-based counselling approach differently to their previous experiences, and it seemed to enhance engagement between the practitioners and clients. This participant explained “in their own experiences [they] have probably not had positive meetings like that because I tend to think the people they’ve been working with don’t use this type of language or come in and talk like this to them” (P5).

The participants who worked with children and at-risk youth discussed strengths-based counselling practice as a valuable approach to employ with children and youth. Participant P4, for instance, describing her youth clients as often being challenging and battling to find a positive perspective, indicated that the approach was particularly helpful with these young persons. She further indicated that focusing on what has gone well or finding some exceptions, as well as focusing on the positives, are significant aspects of her strengths-based counselling practice with youth. She described, “So a lot of the work is really focusing on the exceptions, so focusing on ‘you went to a whole day of school today, last week you didn’t go to any day, what happened today?’” She also added:

And it is really easy...to get really caught up in what’s not working, all the drama of it and the stress.... I just remind myself: ‘Take a step back.’ ‘What is the strength here?’ ‘What is working and what can work?’ ‘Let’s make that bigger and bigger and bigger and bigger.’ (P4)

Another participant found strengths-based counselling practice valuable in working with children who have experienced family violence. She relayed, “My previous job, I worked with the children who have experienced family violence. So some children, they have low self-esteem and low confidence. So in that job I used a lot of strengths-based [work] with children” (P12).

Participant P14 found strengths-based counselling practice effective in obtaining consent from, and engagement with, parents, in order to provide a service to their children:

Strengths-based [practice] is probably the one that we use all the time...especially in engaging with families, engaging with the children because our clients are the children. But when you’ve got to get the consent from your family, it’s all about the strengths-based, bringing out their strengths, not going there saying ‘we are going to fix your kids,’ ‘we want to fix your family because you’ve got problems.’ But it’s going in there and saying ‘look we know you are doing a good job but what is it that you need help with?’ And rather than us dictating [to] them, they are telling us what they need. (P14)

A participant who worked with older people stated that she found strengths-based

counselling practice to benefit the empowerment of clients, especially through collaboration between client and practitioner:

I will try to get my clients to be involved with decision making. Ask them what they want me to do, if that's appropriate. So I will ask them to involve them with their issues rather than me doing everything for them...I work alongside them. I'm not telling them what to do.... I'm still trying to empower people and...find out their resilience and try to draw on their strengths. (P12)

Participant P13, from a community services organisation, underlined that in his organisation the strengths-based approach permeated practice. He explained, "Strengths-based practice pervades...through every piece of my thinking about how do we encounter another [person] .... And so whether it be family therapy, counselling or more conventional social work or community development," strengths-based practice was at the heart of his practice. In his description of the use of strengths-based counselling practice with clients, he indicated that the focus here was on finding the client's competencies, building on those, working collaboratively, and working towards what was important to the client:

And we would explain to the family that we want to, yes, there may be things, an area of difficulty in their life, but we know from past experience that they might have huge competencies in other parts of their life, and that we want to use those competencies to help them grow. And we are telling them that we want to work collaboratively with them to say what the things they want to work on are, and that we start from almost their goals rather than our own. (P13)

The participant also added that it was his experience that strengths-based practice was a strong practice that could deal with some of the tough issues that community service organisations dealt with, as well as that it had the ability to challenge clients and other practitioners:

Now, one of the criticisms that is sometimes made of strengths-based practice is it is woolly, it is fuzzy thinking. Can it deal with the hard stuff? And we've been at pains to say actually another way of saying strengths-based practice is that it's strong practice. It deals with things honestly and transparently, it challenges not only the family but [also] other practitioners. (P13)

### ***Private practice***

Participants in private practice indicated that they experience a freedom to apply strengths-based counselling practice in their work with their clients. One participant shared that in private practice one did not necessarily interact with others “as a member of a multidisciplinary team or in a particular role within an organisation where you may be working with colleagues who were coming from a different perspective and they may be more deficit focused” (P9). She added, “I’ve always taken a strengths-based approach to my social work practice and that has as a natural flow gone into my private practice which is primarily counselling and supervision and some workshops and training” (P9).

### **Local knowledge**

As gleaned from earlier chapters, and as confirmed by the participants, local knowledge informing practice was consistent with strengths-based practice. Participants reported using local knowledge, for example, holistic and strengths-based Māori models like te whare tapa whā, te wheke model, and the harakeke model, in their strengths-based counselling practice:

We’ve had some practitioners come in recent years from Te Wananga Aotearoa and they have brought a model from Taina Whakaatere Pohatu [participant did not identify the particular T. W. Pohatu model] and it’s using Māori world views to inform your practice. Like Mason Durie’s te whare tapa whā model and Rose Pere’s te wheke model they are very holistic models and there’s another one called a harakeke model. So we use several models. (P13)

Strengths-based counselling practice also employed local knowledge, like knowledge about the marae, in metaphoric and symbolic work. Here, the practitioner drew metaphors and symbols from the parts of the marae that were representative of the client’s strengths. For example reflecting on the pou (post) in the marae, where the pou was symbolic of those things in the client or the client’s life that was strengthening. “The pou...are the strengths-based things, these are all the things that your strengths are built on” (P3).

Reference to the images in the marae panels, patterns, and carvings also provided much opportunity for metaphoric work. Participant P3 described some of this metaphoric work by referring to the kowhaiwhai (painted patterns), the whakairo (carvings), and tukutuku panels

(woven panels) inside the marae, which she talked about in her counselling process:

The kowhaiwhai...one that is called a hammerhead shark .... I explain to them [clients] the story behind the hammerhead shark is that they are so determined. So if you go to hook a hammerhead shark they will fight .... If you snare an octopus they give up. So...the hammerhead is about...not giving up. So what are we putting in place to get the hook out? It could be an illness or it could be an anger issue or an anxiety. You are going to get that hook out because you are the stubborn hammerhead shark.

This participant's strengths-based counselling practice further employed concepts from the local knowledge. She discussed how she used the concept of mana with her clients by relaying that the meaning of mana was "your self-worth, your values and what you have to offer to yourself first but extended to others" (P3). She furthermore noted using the concept of poutama with clients in her strengths-based counselling work. She drew a door on the white board, with steps to the door representing the different client strengths and resources that enabled the client to climb the steps to the door of well-being. Mauri was another concept that this participant used in her strengths-based counselling work with clients. She explained, "It sits right in the centre of your stomach or the centre of your body" and it was up to you to buff each part of it until it shines:

So that part of you can shine brilliantly...it could be your workplace, it could be you are a great mother, it could be you are a good cook...but that's part of the diamond that needs to be shined up and then starts to shine. Once you've got that, then you work on the other sides. (P3)

Moreover, based on local knowledge, many participants discussed that people's strengths may lie in their extended whānau, where they came from, and to whom they connected. Some participants also referred to supporting a client to strengthen his or her identity through knowledge of family connections as a strengths-based counselling practice. The connection to others was furthermore highlighted with the concept that the collective was strengthened by the individual's strengths, and the individual was strengthened through the collective. "The cultural community, the iwi agencies, and the kaumatua and kuia in the community are part of the strengths" (P9).

This foundational formal and informal knowledge section of the draft practice framework was presented to the focus group participants for their appraisal. Next, the themes and sub-themes that were developed from the data analysis of the focus group interviews, pertaining to the formal and informal knowledge section of the draft practice framework, will be explored.

### **Focus group feedback on the knowledge section of the draft framework**

Participants mostly indicated that they agreed with the knowledge component at the core of the framework as it was presented, and expressed an appreciation for the foundational role that knowledge has in the framework. One participant referred to knowledge as a starting point. The aspects of the knowledge section that the participants wanted to include and highlight were in regard to the practitioner's self-knowledge and experience, additional theory and approaches, a broader concept of local knowledge, and research as a component.

In appraising the knowledge section of the draft framework, many participants indicated the practitioner's self-knowledge and experience was an omission within the draft framework. They reflected on the importance of including an awareness of the practitioner's self-knowledge, knowledge in general, and own experiences in the framework:

So if you've got a client who has got issues with domestic violence. What do you know about relationships? What do you know about male and female or the society we live in? That's your theory and then you bring that in. That made it much easier for my supervisees to understand, what we were bringing, what strengths we were bringing to that situation and what knowledge we were bringing as opposed to theory. When you are new to a field of practice you might feel you don't have the knowledge, but actually everyone has got knowledge. Everyone has some knowledge about some situations...that they can apply to this field they now find themselves working in. (FG 1)

The participants pointed out that self-knowledge included awareness of personal qualities, skills, and attitudes, especially, professional attitudes. It became clear that they felt that these

knowledge aspects could be part of the practitioner's strengths and a benefit to the process:

It is also about personal qualities and skills in terms of what informs that knowledge. When you talk about strengths-based practice as part of that knowledge...how do you apply that? And that's about personal attitude [and] professional attitude towards clients. (FG 4)

A few participants also reflected on additional theory and approaches, other than the ones mentioned in the draft framework, that they integrated effectively as part of their strengths-based counselling work, still with an emphasis on strengths-based practice. The approaches were mindfulness (Kabat-Zinn, 2015), the systems perspective (Smeeton, 2013), family therapy with specific reference to genograms (Minuchin, 1974), and the ecological perspective (Pardeck, 1988). This participant, for instance, remarked, "Mindfulness wasn't there, and I'm using that more. I think that is quite strengths-based" (FG 1). Others added:

I often need to visually see whakapapa so [I] use those models to identify links in that whānau. So it's just about genogramming really, and finding those links for their supports. It helps them to see who their supports are and who's maybe not so supportive. (FG 4)

I just think about it in terms of my workplace. One of the things I'm becoming more and more aware of is with end of life care and working with people with their family systems and it being such a wonderful opportunity for healing and growth and change at the end of life. It's like it takes the system apart and allows opportunities for growth and change....So certainly in this role that I'm in now working much, much more with the system and facilitating those strengths within the system and also because of the limited resources that we've all got when we are working as social workers looking for the resilience in the families and looking for strengths in the family. So they draw on those strengths themselves and so we are outside that supporting, facilitating people, finding their own strengths rather than doing for or imposing it on. (FG 4)

A number of participants expressed their approval for the local knowledge component in the draft framework. However, most participants expressed uneasiness about the emphasis

placed on ethnicity in the local knowledge section, and felt that local knowledge comprises a broader concept of local knowledge. They felt that local knowledge is about more than culture and ethnicity, although inclusive of this; they reasoned that it was about the client's entire context. This included knowledge regarding the community, its structures, processes, services, and resources. This participant remarked, "Well, it's knowledge I suppose, knowledge of who is in the community" (FG 2). Local knowledge also included the necessary knowledge to make an appropriate referral, "It is sort of like the right agency for the right client" (FG 2), and similarly, another participant confirmed:

Local knowledge is sometimes...just about the community you are working in and how the community works. So there is a lot of knowledge within local communities. It's not about marae or Māori, it's about everybody. What do we know about living in Porirua? I know lots about living in Porirua, I've lived there all my life and I know different places to go and different things to help people with. (FG 1)

Local knowledge was, furthermore about understanding the client's immediate context, their life circumstances, experiences, and available resources or lack of resources within that context. One participant relayed the story of a young single mother who was discharged from their service because she continued to miss appointments. This young woman's appointments, however, were all scheduled for 9 o'clock in the morning and she had no childcare, no transport, and no family support to assist her with the care of her children (FG 2). Also, another participant reflected on his work with young people and the importance of understanding their context:

Our young people...they are men in their world and instead of going 'listen here young man you should be at school,' because they've dabbled in the world it is quite hard to come back out. That's all right, that is my mahi, that's our mahi to change it, but when you go into their world...they get big dollars accessible to P [Methamphetamine], how do I practice to see them change when he says to you 'How much is that? I can make [\$]200 a night.' (FG 3)

Local knowledge also includes public or political issues and the influence these may have had on the client's life and well-being, as well as on service delivery to the client.

And I was thinking those layers of knowledge around needing to have an

understanding of the public issues, which we touched on, and how that public issues like the housing and access to health services, poverty, and the government policies that sit alongside those public issues. So we see the private troubles, but surrounding the private troubles is all that public stuff. My experience over the years working in those big systems like having that system theory approach and knowledge of how the systems that our clients are overwhelmed by all interact and overpower the client and take away their own sense of strength. And how the systems shape how the clients see themselves in their world sometimes or view themselves. (FG 2)

Local knowledge could also relate to knowledge about a particular organisation and organisational culture and the effect this could have on service delivery. One participant explained, “The other thing that I have experienced is around organisational culture and how the organisational culture shapes our practice, but it also shapes the place that the client has within the organisational system as well” (FG 2).

Participants, also pointed out that research is an important component of knowledge, and that it could feature much more strongly in this section. For instance, this participant reflected on the rigorous research supporting strengths-based practice by saying, “It is also about evidence because I think there is sound evidence that supports strengths-based practice as well” (FG 3). Another added:

Yes, I support that because it underpins the reason why we are able to do something and have an intervention or build a relationship with someone because the research identifies there may be some reason where there could be an increased risk of depression for women. For example, who have not had any counselling after a termination or had a stillbirth and so it increases the likelihood of depression. So an intervention, or some social work, or some counselling support is warranted. (FG 3)

## **Conclusion**

Aotearoa New Zealand practitioners who currently use strengths-based counselling practice in their various roles shared their insights, knowledge, and experience in this regard. The analysis of this rich practice knowledge and experience resulted in the development of

themes and sub-themes. These themes and sub-themes were used to develop a draft practice framework.

The structure of this draft framework encompasses knowledge, practice components, and context as its main sections. The knowledge section was discussed in detail in this chapter whilst the practice components and context sections will be discussed in Chapters 5 and 6. The knowledge section highlighted knowledge as a foundational element and included strengths-based theoretical knowledge, practice knowledge, and local knowledge. Findings from the focus group appraisal of this section expressed the participants’ call to include the practitioner’s self-knowledge and a broader concept of local knowledge, as well as the importance of including research as a knowledge component, in the practice framework. Table 4.5 demonstrates the sequential progression of the knowledge section in the process of developing the practice framework. The bold typeface highlights the focus group participants’ suggested inclusions to the draft practice framework. Next, the practice components of the draft framework and the subsequent focus group response will be discussed.

Table 4.5.  
*Consecutive Phase 1 and 2 Themes and Sub-Themes of the Knowledge Section*

	<b>Themes</b>	<b>Sub-themes</b>
Phase 1	Foundational formal and informal strengths-based knowledge	Strengths-based approaches Fields of practice Local knowledge
Phase 2	Foundational formal and informal strengths-based knowledge	<b>Practitioner’s self-knowledge and experience</b> <b>Additional theory and approaches</b> <b>Broader concept of local knowledge</b> <b>Research as knowledge component</b>



## Chapter Five: Strengths-Based Practice Components

The previous chapter reflected the strengths-based knowledge section of the draft practice framework, while this chapter will focus on the strengths-based practice components of the draft framework. The five smaller circles in the draft practice framework diagram, Figure 4.1, represent the practice components of this draft framework. These practice components are practice assumptions, skills, practice interventions, phases of practice, and positive client outcomes, all supported by the underlying knowledge base and the context of practice. This chapter will now discuss these practice components in turn, and will present the findings of the data analysis of the focus group interviews in response to these components.

### Strengths-Based Counselling Assumptions

Collectively, the participants in this study indicated four main strengths-based counselling practice assumptions (Figure 5.1). First, all people have strengths, resources, abilities, and

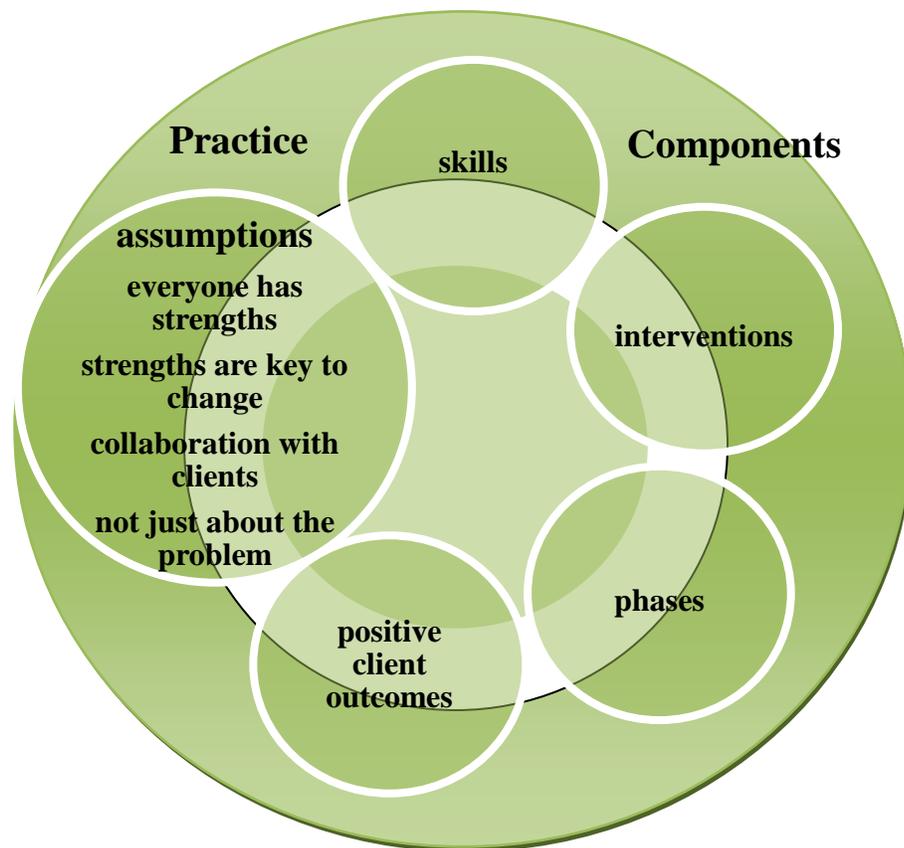


Figure 5.1. Practice components – Assumptions.

capabilities; second, people's strengths, resources and abilities provide the keys to growth and change; third, people are the experts on their own lives and working collaboratively is essential; and last, it is not just about the problem, but also about hearing positives and exceptions.

### **All people have strengths, resources, abilities, and capabilities**

The participants indicated a core belief that all people have strengths, resources, abilities, and capabilities. The participant below captured this well, as follows:

That no one is broke. Despite the fact that I'll meet some...people with lives that have been really difficult and distressing and challenging. The really poor who don't have very much, people aren't broke. When I met them they...got themselves to this point, and so there's a lot of resourcefulness in there. Yeah, they're not broke and I don't need to fix them. (P1)

The participants noted that practitioners could view these strengths and resources much more broadly than just occurring within the individual's internal world; for example, family and culture could be strengths:

There might be quite a narrow view of looking at strengths because a strength is not just a person's strengths. If we are looking at the ecological stuff it could be the strengths of their parents and the strengths of their learning and the strengths of their cultural understandings of who they are and where they are and where they come from, and all of those sorts of things. (P10)

### **People's strengths, resources and abilities provide the keys to growth and change**

Participants specified that people's resources, abilities, and strengths provide the means towards change and growth. This participant expressed this notion by saying, "Strengths-based for me is what does the client...have. Not what I have to give them, but what they have that we can build on" (P3). Participants also noted that a focus on strengths and resources

throughout the process is necessary for effective strengths-based counselling. One participant supported this idea, claiming “He would never have spoken about that in our first session. We got there, and I think it was the strengths-based work that got us to the point of being able to disclose what was going on” (P2). The participants found too, that when clients are aware of their strengths, they are better able to deal with the issues at hand.

Participant P2 also spoke about a client, a young man, who was dealing with significant health challenges and an uncomfortable and scary treatment. This young man had become very fearful of the treatment and experienced increased anxiety. Focusing on his strengths in treatment had a positive impact on his treatment outcomes:

The significance of the strengths-based work is that we were able to draw on the strengths that he showed in other areas of his life to begin to support him....So we worked on what were the skills he had, how he was going to build those strengths and how he was going to evidence those strengths. Anyway, that was over about six sessions, I must say, that we did that, that we did that work, and we got him to that point. (P2)

### **People are the experts on their own lives and collaboration is essential**

Almost all the participants indicated that, in working from a strengths-based counselling approach, they are mindful of not being an expert in the client’s life, but rather collaborating with the client. This participant highlighted this assumption as follows:

But I see when I look back, that I have never deviated in 40 years from this sense that we must come alongside people not as experts, diagnosing or acting on someone, but as people who journey with discovering, unpacking meanings, disturbing and disputing meanings so that we get to wider perspectives. (P13)

Some participants added that they work from the fundamental assumption that clients have a sense of what they need in order to address their challenges. Working from this premise, they encourage ownership and motivation towards the solution in the client:

Probably the other thing to note Petro, is I work with a basic assumption that clients

know and have knowledge of what they should be doing to challenge the issues that are in front of them. So I work from a position of ‘I’m not here to tell you, I’m here to engage you with what you might already know about what you are going to do, you can do, to make a change.’ (P7)

### **It is not just about the problem but also about hearing positives and exceptions**

Many participants discussed that just as practitioners need to hear clients’ concerns and problems, it is also essential to hear the positives and the exceptions. “And that we need to as well as hearing the awfulness of the story, we also need to be able to hear the positive, it’s not just about problems” (P2). Some participants highlighted that even though the problem must be heard, there could be other aspects of even greater significance, that could be more instrumental in bringing about change that need to be focused upon. These aspects include exceptions, positives, strengths, solutions, and the preferred future.

To take a strengths-based approach is that you are working *towards* something, not working *with*. And I think outside of strengths-based when we are on to that more pathologising of problems...you are actually, you are working on a problem or working with a problem, but with strengths-based you are actually working towards something. Yeah, so working towards is working towards that preferred future or working towards life without that issue in it, not working on the problem. (P9, emphasis added)

The participants indicated that a practitioner could be drawn to focus on the problem, as that is what motivates the client to approach the practitioner. However, they cautioned against this and against slipping into the expert role through a focus on the problem:

It’s really easy to look at the negatives because the reason someone has come to see you is a negative....So to not get caught up in the problem as the problem....To come to it from a perspective of this is what they’re coming to talk to me about, but you have to have the belief that people have the ability to, they are their own experts. You have to kind of let go of all the ‘I’m here I’m the expert’ stuff. (P11)

Some participants added that when the focus of the counselling process is on the problem, it could even exacerbate the problem or problematic behaviour. This participant remarked that “the more you focus on whatever you focus on,...it’s going to grow. So if we focus on what’s not going well, what’s that going to look like?” (P6). Another participant added:

Well a subtle description is if we keep talking about problems, we are just going to have a problem discussion. It is important to talk about problems, and sometimes people need to be able to unpack what’s happened in their lives. In fact, that’s an important step, but if all we do is talk about problems, particularly with clients who do harm, all we are going to do is rehearse their problems. (P7)

These four strengths-based counselling assumptions were presented to the focus group participants for their feedback. Next, the themes that were developed from the data analysis of the focus group interviews, regarding the strengths-based counselling assumptions of the draft practice framework, will be explored.

## **Focus group Feedback on Strengths-Based Counselling**

### **Assumptions**

Most participants concurred with the underlying assumptions indicated in the draft framework and often stated that they felt the four assumptions summarise the ethos of a strengths-based approach. This section sums up the participants’ reflections on the four assumptions, indicating that people’s strengths, resources abilities, and capabilities are important and that the solution may not be related to the problem and is unique to each individual. Furthermore, when these assumptions are used overtly and clearly a client-directed process is supported and, lastly, there might be further underlying values to consider.

Participants agreed with the draft practice framework that people’s strengths, resources, abilities, and capabilities are important. They emphasised the importance and power of actively seeking out, employing, and drawing attention to clients’ strengths and resources in the counselling process. One participant remarked, “That comes back to people are their own experts, and I think that is so important for them because there is an unconscious kind of ‘wow, I have some strengths that I didn’t even realise’” (FG 1). Another participant noted,

“You might need to remind people that they have these strengths and resources” (FG 1). Other participants further emphasised the value of focusing on and exploring a client’s resources, for example, one relayed a story of a client who struggled with breastfeeding and received help from a grandmother who shared her knowledge and experience (FG 4).

Many participants further affirmed that the solution may not be related to the problem and is unique to each individual. They reported that a strengths-based approach to the problem or issue at hand is to acknowledge and validate the problem, but it also calls for an understanding that the solution is often not related to the problem. Moreover, that people are unique and their solutions are unique too. Someone pointed out, in this regard, “The problem is the problem. The people are not the problem” (FG 1). Another participant added, “If we only look at the problem we might try and find a solution to the problem, but actually, the solution might have nothing to do with the problem” (FG 1). Another participant from FG 1 further explained:

When I work with people I always say that we work in this way [strengths-based practice] and actually it is really important for me to hear what the problem is so I can get a good understanding of that, but sometimes the problems bear no relation to the solution.

Various participants also indicated that these assumptions that are used overtly and clearly support a client-directed process. As one participant expressed it, “Kind of overt assumptions, you know, they are not assumptions you hold and don’t share” (FG 1). Sharing these assumptions further highlight clients’ rights, as this participant indicated:

I feel it is my job to move them [clients] towards that they are the customer and we are the provider. And so I always say to my clients if you buy something from the shop and you don’t like it, you would bring it back, and it is the same with service provision. If someone comes into your home or someone says something and you think ‘this is not ok, this is not on,’ you have a right to say no....I think for me that is what service provision is about. It is not about us in charge, but about them in charge. (FG 2)

Sharing these assumptions also supports the client’s power and self-determination and

clarifies that it is a client-directed process. This participant drew attention to the client's self-determination by saying, "What was coming to mind for me was tino rangatiratanga...identifying the issue, clarifying the issue, determining the starting point. It is about them identifying their own pathway to well-being" (FG 3). Another noted, "Just helping them to find their own way to solve their problems rather than us coming in to try and solve their problems for them" (FG 4). This participant added:

I use people as the experts a lot, whenever I meet anybody I go from the point where I say these people are experts in their own lives, parents are experts at their own children, you are an expert in your own life. It is not for me to be your expert. So for me it is a principle, I guess. (FG 3)

One participant cautioned, however, that some clients could at times, and in some situations, not be ready to work overtly with these assumptions, and might only be ready later on in the process to hear these assumptions:

However, it does allow for the fact that there are moments, particularly early in a relationship with someone, that people don't feel like they are the experts, they don't know their own strengths, and it's through the process [that they get to this point]. (FG 3)

Moreover, a number of participants indicated that acceptance, unconditional positive regard, respect, transparency, and a belief that people want to make changes are further underlying values to the four main assumptions. One participant, for example, held, "So the ability to accept people where they are and in however state or place we find them" (FG 1). Furthermore, participants also believed that strengths-based counselling practice ought to be guided by the understanding that the client is at the centre of everything we do. Discussions in FG 2 reflected some of these values:

But there is also that really important component of the client being at the centre of everything that we do...and what that actually then means in terms of our engagement with the client and how we communicate with the client right at the very outset. (FG 2)

It is strictly from a social work perspective, but what we carry with us, I think, are the

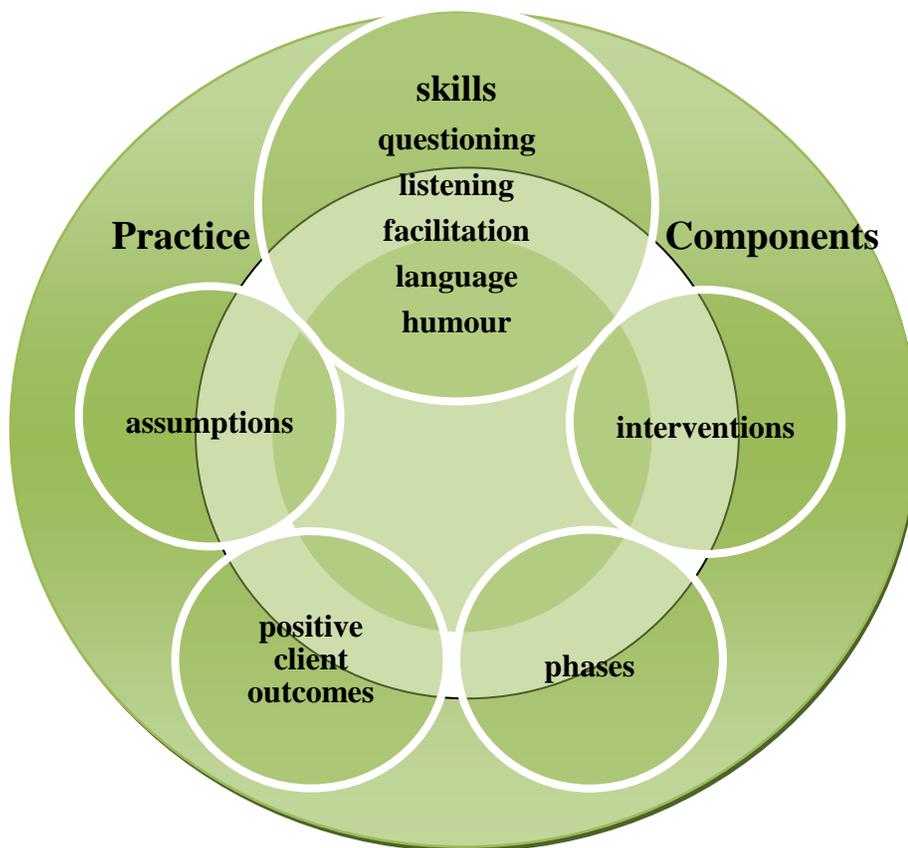
values and strong values of respect, strong values of transparency and I am certain that comes across with the families that we work with. (FG 2)

Most people that do engage, no matter what organisation or service we are offering, but when they are willing to engage and take that step, which is often a huge step for them, there is an assumption that people do want to bring about change in their life. They do want things to be different. I think it is about coming with intent....most people are really curious about what they can achieve. (FG 2)

The practice component following assumptions, is strengths-based counselling skills. This component will be discussed next.

## **Strengths-Based Counselling Skills**

The next practice component circle in the draft practice framework diagram represents strengths-based counselling skills (Figure 5.2). The skills discussed by the participants are



*Figure 5.2. Practice components – Skills.*

using questioning skills, listening skills, facilitation skills, language skills, and humour.

Strengths-based questioning skills are at the heart of the skills that the participants discussed regarding their strengths-based counselling work. They specified that strengths-based questions are determined by the manner in which the question is formulated:

Key influence of my work, motivational interviewing. So motivational interviewing has a strong fit with strengths-based, solution, and narrative, in terms of how do we move people from a position of pre-contemplation, to contemplation, to taking action? And that's often about how we frame questions and how we talk. (P7)

Participant P11 pointed out that strengths-based questioning needs to be learned and practised, but mostly understood in regards to the reasons for working in this manner. "In this situation it's about...helping clients to identify what their strengths are and what their challenges are and that's an absolute skill." She added that if this skill was not practised and understood, the practitioner may tend to revert to advice-giving, rather than being ready with follow-up questions should the client experience difficulty with strengths-based questioning.

Strengths-based questioning also facilitates the empowerment of the client by underlining the choice they have regarding their preferred future. Participant P7 discussed and demonstrated questioning in this regard:

So the skill is about engaging someone in the discussion, is actually helping them recognise their capacity for change, versus me telling them what they should change. But then it's about what we call, in my trade, invitational questioning, where you invite someone to see difference. Invite someone to establish goals around what they want with regard to this problem. So I'll often ask men 'what do you want with regards to your children and this stuff that is not ok?' 'What about your relationship, what is it you are seeking?' 'What do you hope can happen?' 'What sort of father do you want to be?' 'What do you want personally out of this?' 'Do you like what is happening here?' So some styles of questioning that revision the problem and by revision I mean re-vision, having a different vision.

The participants discussed various examples of different types of questions that they use in

their strengths-based counselling practice. This includes solution-focused questions, measuring or scaling questions, and open-ended questions. One participant reported using “the solution-focused miracle question...a lot” as well as “exception questions [and] scaling questions” (P1). Another spoke about using “lots of scaling [questions] with young people” (P4), specifically within the client-directed outcome-informed (CDOI) method (Duncan, Miller, & Sparks, 2004).

Most participants underlined the importance of listening skills. They pointed out that good listening communicates respect and acceptance to the client. This participant remarked, “There’s nothing wrong with good old listening skills in terms of just initially trying to actually position yourself so that someone feels heard. That’s how you receive a visitor and respect them” (P7). Another participant similarly emphasised:

We have to be really sensitive, attentive, listeners...the skills to actually listen and engage with people. If I was to look at where that came from, and that was from Carl Rogers, and my very first training which was around humanistic or person-centred. And that was all about engagement and once again that emphasised very much about hearing the individual and respecting what the individual had to say, which I think was quite counter to the medical model...which is recognising the person as they are, where they are, accepting them non-judgementally. Being open to hear their story and for me that is the foundation of listening. (P2)

One participant further indicated that through attentive listening, a practitioner would also be aware of the client’s non-verbal communication. “Very important, and sometimes it’s listening to the things that are unsaid because it’s displayed in their body language or their facials” (P3).

According to participant P2, the skill of facilitation is an important skill which he described as containing a session between the start and end point of that session. Aware of a client’s safety “so that they leave the session intact and feeling comfortable, as comfortable as they can be, but with some clarity around where they are going to go next.” He added:

So I’m always conscious that my role is to, in the very beginning, make people feel comfortable, to ease them into the process and then to facilitate an exploration and a

discovery. And then to work alongside them to explore the issue and think about ways forward and things that we might do, or things that they might want to do. And then the closing of the session, which then may check in with them about, how are you doing now? What are some of your thoughts about what we talked about today? What are the things that we are going to be working to before the next time we meet? And actually setting a time to meet for the next time.

Some participants spoke about language skills and paying attention to using language in a manner that benefits the client and the counselling process. Participants P5 and P11 explained:

You've got to know how to talk to the family, you've got to have the right language. It's no good to persist with the language if the family doesn't clearly understand what the language is. I've got to be prepared to change the language. (P5)

It's not about you being the expert. These people are their own experts, they just don't realise it. So phraseology is really important because if I said... 'you are your own expert' they would take one look at me and put their fingers down their throat make gagging sounds, [and] walk out of my office. So it's about getting that phraseology right so that it resonates with them. (P11)

Some participants who referred to using humour in their strengths-based counselling with clients, remarked that this is a valuable skill to use, and often useful in various practice situations:

And I might use a bit of humour. I find humour is sometimes a skill... I think laughter as well as bit of humour. But I explain to them [clients] lots of laughter, actually, without you realising it helps to lessen that load. (P3)

The focus group participants responded to the strengths-based counselling skills presentation. The findings of the analysis of their response to this section will be reflected on next.

## **Focus group Feedback on Strengths-Based Counselling Skills**

The participants especially reflected on the questioning skills, listening skills, facilitation

skills, language skills, and humour in strengths-based practice. Most participants here, similar to the Phase 1 participants, emphasised that questioning skills are essential, and should be highlighted as such and, furthermore, that questioning skills require practice. Also, the manner in, and attitude with which, a practitioner asks a question is at the heart of using this skill successfully. A genuine and inquiring manner, with attention to the tone of voice and body language, is vital. This participant concurred, “I agree with the questioning - is so important. The way you phrase a question can just either flatten a person or just completely open their mind to some new possibility” (FG 1). Another participant highlighted the importance of practising this skill:

I feel coming out of my applied social work training, that the questioning skill is the one that I still feel the least natural about. Like all the other stuff just flows but I still have to go ‘what is a good question I could ask here?’ That is not subconscious yet, I have to be quite conscious about yeah,...I think a lot of it is the sort of thing you practice. (FG 4)

Another participant noted and cautioned that questioning is powerful and requires awareness of the power dynamic in the conversation.

I think there is a thing that has been missed out though, around the questioning stuff, which links up with the dynamics of power again. The person who asks the question has the power. So that we have to use those questions with so much caution...I know when I start asking too many questions that I start feeling that I’m leading and that I’m taking too much power, and too much space in the conversation. (FG 4)

Participants also agreed that listening skills in strengths-based counselling practice are vital to the process. They emphasised active listening, “the ability to reflect and clarify” (FG 2); and listening for that which is not said or shared, and especially being aware of nonverbal communication, having: “the skills in listening to notice the tone of people’s voices and read their body language” (FG 4). They further indicated that careful listening validates clients and their experiences. They also underlined the importance of listening in strengths-based counselling interventions, especially identifying strengths, resources, abilities, a preferred future, and exceptions.

The participants indicated that facilitation skills are significant too, and expanded on the material presented in the draft framework with regard to facilitation. They suggested that this skill includes facilitating the discussion, setting the process up as a strengths-based process, using strengths-based language, and managing the process to serve the client's goals for the session. For instance, this participant remarked, "For me, the facilitation skills were the most important ones because [they serve] the purpose of the professional to set the scene for the person to trust you and to reveal" (FG 2). The participants particularly underlined that practitioners could facilitate sessions in a manner that communicates warmth and interest to clients, as well as in a manner that allows clients the opportunity to make meaning in the situations that they face.

Being reflexive and reflective during and outside of a counselling session is another important aspect of facilitating a strengths-based process. One participant spoke about "reflection in practice, so not just reflecting on your practice" (FG 3), but, whilst in a session, being able to reflect on the practice as it is happening. Another highlighted the importance of supervision in this regard, "Supervision is critical...for a supervisor to have the skills to draw that out and help a practitioner, counsellor, social worker to identify those things that they did in a moment" (FG 3). A third participant added:

When you do unpack, [it is] that you do think about all the multiple layers of things that we do. Like we watch body language, we look at eyes, we listen to the emotion and, at the same time in our heads, we are also conscious about what is going on inside our own minds and what we are hearing and what we've been triggered by and how we are constantly taking ourselves back to listening, to hearing a person. (FG 3)

Using professional judgement and perhaps intuition, reading the situation, hearing feedback, and being present, as well as time management, timing, and pacing, are all facets of facilitation:

It depends on the context of the relationship, because there might be times when we say 'I notice that you are making a joke when you are talking about something that is really sad,' in that reflective listening way. Or it might be that you notice yourself that this is too painful and you respect their desire to talk about something different. (FG 4)

Reading a situation and being reflective while you are working, so you are facilitating and you are reflecting. So some areas you move ahead and some areas you sense the conversation needs to pull back, facilitation skill and reading the feedback that you are getting in that situation. (FG 4)

The participants, in agreement with the draft framework, mentioned that the appropriate use of language in the strengths-based counselling process is a skill:

I find myself translating English often. I've got a couple of clients who are quite good at responding quite aggressively if they don't hear things the way that they want to hear it. But I find it's sometimes just the way people are saying it, and so I feel that is something I am reasonably good at, is taking what someone else is saying and being able to translate it in a way that the client sees it, so it is less combative. (FG 4)

I think it's an appropriate language for the client to understand and you know how to approach and talk to them. And usually with our Pacific Island people they, as soon as they say social workers, they just close them [up] because they go there with jargon words that they don't understand. How do you know that your client understands? So you know how to approach the old people and the young people. It's a matter of knowing your clients and understanding. (FG 4)

Participants also reflected on employing humour as a skill. A good number felt that there is a place and a need for humour in the counselling process. One participant remarked, "It doesn't matter sometimes about the circumstance, it can be quite dire or serious, and there is still a place for quirkiness or humour, depending on the context" (FG 3). Another participant relayed this example:

The other day I was working with a woman through her budget and this much was going to rent, and this was going to power, and at the end of the day she had three dollars left. That was before she bought any food and I said 'oh some people like to eat,' and it just, you know. It was the irony and the fact that she just didn't have any money left for food and that was quite desperate and she seemed to not be averse to using that sort of humour because it was quite a desperate [situation]...in many ways. (FG 4)

Others were uncertain about the use of humour in the counselling process and pointed out that humour needed to be used with caution, so as not to be unkind and not to add to the client's discomfort. Someone remarked, "It can very easily be inappropriate too" (FG 4). Another qualified, "I think it is a matter of how and when we are going to use it, because sometimes to you it might be humour but to the client it is mocking. So it's *when* you are going to use it" (FG 4, emphasis added).

Some preferred to reflect on laughter rather than humour, "Laughter is a huge part of my work, laughing *with* the people. When it is appropriate, and again that depends on the context of the relationship" (FG 2, emphasis added). Another participant relayed a story in this regard that reflected the possibility of humour even in a sad situation:

I popped in to see her later and she laughed and said every time I see you I cry. She's got tears pouring down her face and she is laughing at the same time and I apologised for that, for being compassionate. (FG 4)

Strengths-based counselling interventions follow strengths-based counselling skills in the draft practice framework, and these strengths-based counselling interventions will be discussed next.

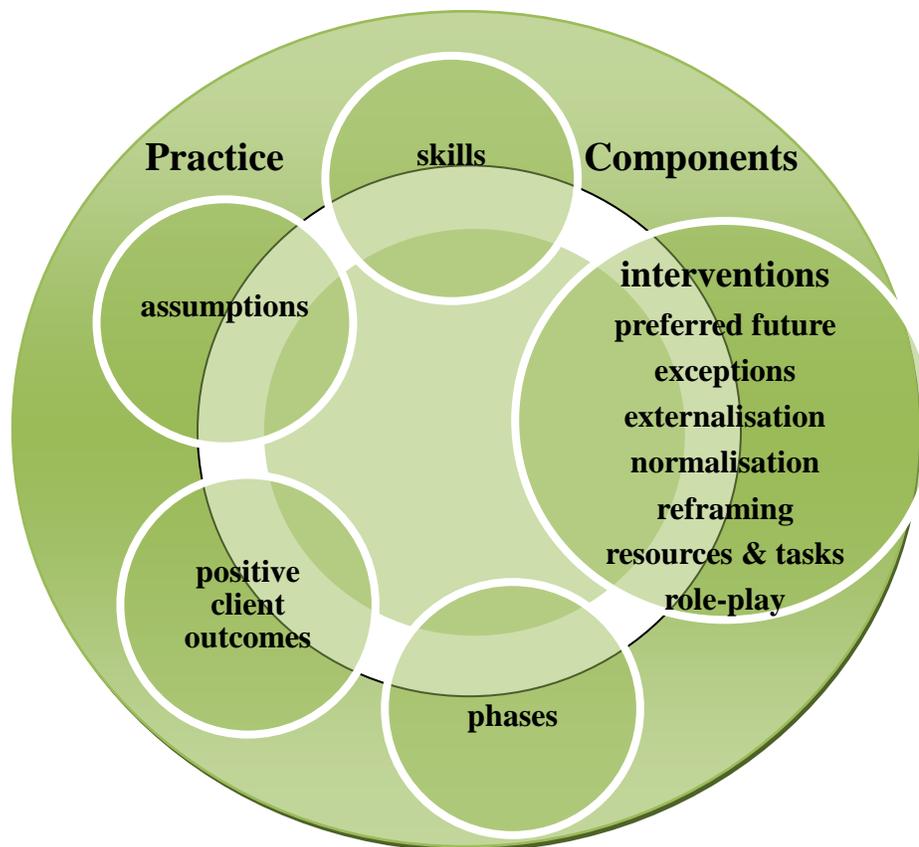
## **Strengths-Based Counselling Interventions**

The Phase 1 participants indicated various strengths-based counselling practice interventions and processes aligned with the strengths-based philosophy that are represented by the following practice component circle (Figure 5.3, overleaf) in the draft practice framework. These interventions and processes included a focus on the preferred future, exploration of exceptions and unique client outcomes, externalisation, normalisation, making meaning and reframing as well as resources and tasks, and role-play.

The majority of interviewees discussed the value of working with the concept of the preferred future in their strengths-based counselling practice:

So it's reminding them that there is a solution here....Some kind of preferred future about how that could be managed in the future....So the discussion right throughout

the engagement with the client is around future, it's future-focused discussions and the ending is future-focused as well. (P9)



*Figure 5.3. Practice components – Interventions.*

Many participants discussed finding exceptions or unique client outcomes in their strengths-based counselling work with clients to be a powerful intervention. “Narrative will talk about looking for the unique outcome. Solution focus will say look for the exceptions to the problem. But they are similar ideas of ‘let’s look for outcomes that challenge the old story of the problem’” (P7).

Participants further highlighted that they focused on that which is already working well, past success, and stories of coping, and that expanding these encourages client ability, capability, as well as clients taking ownership of solutions. As one participant said, “Just focusing on what is working and just trying to keep building on that” (P4), and as another proposed, “Get them [clients] to talk about how they’ve dealt with similar situations in the past [and]...apply that to the current situation and how would they see that working?” (P11). Participant P2

shared that, in his work in the intensive care unit, he will listen to what has happened and he will explore whether anything similar has happened to the clients in the past, as well as how they had managed that. “And so find stories of coping to enable the transfer of that knowledge into the present.”

Several participants reported that they found externalising to be a valuable intervention or process in their strengths-based counselling work with clients. Externalising an issue is helpful in supporting clients to view the problem as the problem and not themselves as the problem. One participant described:

I will almost always use the externalising of problems as a style of working. So how do I receive a client and [how do] we identify the [client's] issues? I'll work with them naming what that externalised position would be...So working in that externalised way of having externalising conversations where I can form an alliance, a therapeutic alliance with the client and they can feel respected and heard and actually identify that they are capable. Externalising an issue...is often a very profoundly helpful technique because all of a sudden I've depersonalised this from someone. (P7)

Another participant demonstrated how he would talk about the concept of externalisation with clients in the light of collaboration:

And it's about saying this is about us working together. So, for example, if I introduce the notion of externalisation, say it's with a child....I'll talk to the mum, and I'd say 'one of the ways we can look at that, doing something called externalisation.' Externalisation means nothing to the child, but I'll say 'it's almost like separating out the problem from Joe so that we can begin to get a clear idea about the problem...and actually look at what control we have over that.' And so when we talk about it, we might talk about *the* anger and how can we control it or *the OCD*...and I'll ask them what they actually call it. Sometimes they've already personified it or given it a character...but to do that I have to take them to that place of explaining. (P2, emphasis added)

Normalising was discussed as an intervention that enhances client perspectives and reduces a

sense of being overwhelmed. A number of participants discussed finding normalising useful in their strengths-based counselling work. One participant described normalising as “not negating what the issue is,” but “it’s being honest.” For instance, she spoke about clients who feel uncomfortable with their emotional response to an issue, and she would say, “See that folder there, that’s how many people I’m seeing, so you are not the first and you are not the last and this is what other people have told me about what they are going through.” She further added:

And so that puts it in context when they are at their wits’ end and it is for me about talking to them about so this is...what I know from my experience of dealing with [a particular issue]...there is a range of responses which are perfectly normal. (P11)

Reframing and making meaning was useful to assist the client to develop a different view and recognise opportunities and possibilities towards a solution. Several participants described using reframing and making meaning as valuable interventions in their strengths-based counselling work. As one participant described it, “The things they [clients] think of as problems, how are they opportunities? And then how we can help clients with change by making meaning and reframing real life situations?” (P1). Another said, “I like the narrative idea of: we need to initially...research the influence of the problem, externalise and name the problem and then reframe this by looking at resurrecting solutions and outcomes that challenge the problem.” (P7) Another reflected as follows:

Identifying with the client...the personal strengths and reframing the perception that the client has about the problem. So it’s like the problem is the problem you are not the problem....It’s focused on the strength and it’s focused on solution and also focuses on constructing new meanings out of the experience as well. (P9)

Many participants indicated the value of using strengths-based resources and tasks in strengths-based counselling practice with their clients. They specified that using resources makes the identified strengths visual and concrete. These resources include magnets that represented clients’ strengths or challenges, and strengths cards used in a variety of ways to highlight clients’ strengths and resources. They moreover indicated that counselling could successfully combine using resources with strengths-based questions. One participant described a process of using magnets of different kinds and colours with clients. The clients

would arrange the various magnets to depict their concerns as well as represent their strengths and resources. She noted that this visual and tactile process:

begins a reflective opportunity for the client because they actually identified a strength but choosing a magnet and thinking about the strength as they choose a magnet actually peels back some layers of that strength. So it strengthens the strength. And so then the client actually gets that they could fill the whiteboard up with a whole bunch of strengths and what happens when they do that on the other side the problem is just getting smaller and smaller and it doesn't minimise the problem, the problem is still there. Whatever the problem might be, whatever the issue might be, is still there but somehow it's less powerful. (P9)

Another participant described using strengths cards with groups where participants selected cards for one another representing strengths that they recognised in each other. He found that the sharing with, and acknowledging of, each other leads to a new sense of cohesion in the group. He concluded, "Incredibly simple but actually, in terms of pulling them together as a team, and for them to recognise and acknowledge each other through what had been a very difficult day, was a very positive result" (P2).

Some participants discussed using drawing or collage work with their clients. This participant described using interactive drawing therapy: "I might even do some IDT but not in a pure sense but just drawing...out...the strengths. So it's like...show me your strengths and it's amazing...clients get so absorbed in that" (P9). Another respondent described making a collage with a client around hope:

This is a girl, that to get her to say anything positive or to think about tomorrow, it just doesn't happen. So we just sat down...and said 'well let's look through here and let's dream about things, let's make a collage of the things that we want for ourselves.' And she did that and that's how she connected. And from there we started to talk about how do we get these things, and she said 'I want to be a doctor' and I said 'I heard you are really good at science, and that's important to become a doctor.' (P4)

Many participants also spoke about the value of using strengths-based tasks or homework

with clients in their counselling practice. These tasks are often set around strengths or the preferred future. Participant P7 said, “I would task people to work on identifying their strengths, their abilities, as well as naming their issues and the things that are in the way.” Participant P1 spoke about asking clients to do homework, “Her homework is to do a strengths board to write down the things she notices about herself.” A number of participants further stated that they would like to find more resources and information about using resources and tools in their strengths-based counselling work with clients.

A few participants discussed how they used role-play, psychodrama and visualisation in their strengths-based interventions with their clients. In using these techniques the emphasis, however, remains on the client’s strengths and ability. One participant demonstrated introducing role-play where the client could rehearse and strengthen his or her ability to deal with a particular situation by saying, “Hey look, if this is something new that you haven’t tried before, how about you talk to me as if I’m [the person you would like to address this to]?” She also suggested to clients “so pretend that I’m you...and if you were somebody else what would you say to me about this? To get them [clients] to look at this as if it was happening to somebody else” (P11).

Participant P7 talked about a psychodrama technique of two-chair work and mentioned the possibility of using anything across the room to represent various things for clients. He uses externalisation to put the undesired behaviour in one chair and the client in another chair. This technique supports the client’s power and helps the client to develop a different and more helpful perspective.

Another participant discussed combining relaxation and visualisation techniques with strengths-based questions and gave the following example:

I do use imagery and...relaxation grounding kind of work when people are really highly stressed....And that could be depending on whatever the client brings and the client and what seems appropriate. It may be doing some visualisation about remembering a time...when it was really tough, and you don’t need the information, it’s a process....And notice what was happening and notice the things that you did that helped you overcome that crisis or notice the strengths that you were able to call

on. Notice how resilient you were at that time. And then invite them to talk about that and all I ask is ‘what did you notice? So what are you thinking about that now, if we think about this crisis in your life now?’ (P9)

One participant, however, cautioned about the necessity of finding the appropriate technique and intervention for each client. “The challenge of how do we find the right mould that fits with the client, not the client fitting into what I do?” (P7).

The focus group participants reflected on the strengths-based counselling interventions presented in the draft practice framework. The findings from the analysis of their evaluation will be explored next.

## **Focus group Feedback on Strengths-Based Counselling Interventions**

The participants, in considering the various strengths-based interventions they used in their practice and the interventions presented in the draft framework, also commented on the importance of matching approaches and interventions to client needs and context, and pointed out that exploring strengths could be a specific intervention. They also reflected on the appropriate use of the preferred future in specific client situations, realistic reframing, the use of resources and tasks in interventions, using the self, storytelling, awareness of spirituality, and education.

The focus group participants agreed with the Phase 1 participants that matching approaches and interventions to client needs and context are vital. One participant believed what practitioners use from their toolkit “depends on your client first and foremost. Who is your client really and what would be appropriate for them?” (FG 2). He further offered this example:

I’ve used kaumatua in the past to help my job with a client, that was helpful for them to be linked with a person or to bring that person in...I think again there too what you bring in depends on how comfortable your client is with everyone talking. We may think it may be useful, but do they think it is useful?

Another participant spoke about starting where the client was and then continuing forward according to the needs of the client and family:

Probably from my perspective, my work, you could call it te whare tapa wha, you could call it holistic. When a referral comes through it might be...this client is presenting with financial hardship and because it is foremost on the client's mind is perhaps the best place to start. But once I go into the first home visit it can often start at that point, but then lead onto other things that are happening within the family like education, someone is having issues at school, housing is always a big problem inadequate housing, overcrowding, dampness, [and] health conditions. (FG 2)

Participants further pointed out that exploring strengths, as such, is not presented as a particular intervention of this framework and felt that it could be. This participant demonstrated how she used strengths exploration as intervention in her practice:

He talked about superpowers and I said, 'We have talked about a lot of superpowers today.' I said, 'Do you know you've got superpowers?' And he went 'yeah' and I said, 'Ok, awesome that's great, so let's talk about what is the first superpower you've got' and he said, 'Empathy,' and he's only little,...'Oh cool' I said, 'Remember the one we talked about before where you do the right thing?' Yeah, so it was really good, so we had a space...where we said let's talk about that. (FG 1)

Participants further underlined the importance of validating and affirming positives and strengths. This applicant reflected on this as follows:

There are just two words on there that I think of immediately when I think about strengths-based work, and that is the starting point for me, is validation and affirmation. Because when I'm talking with somebody there is always something...I see in front of me that is very genuinely incredible that someone is doing. The fact that this woman has come all the way down to see her father after 20 years of being estranged. Her motivation for healing must be huge and so to give her that back when she is saying all I'm doing is sitting here and crying, but to validate and affirm the steps that she is taking, I think that underpins the whole of the approach for me anyway. (FG 4)

So that is very empowering, but as I say, out of conversation always comes a wealth of strengths, which I work on, pick out, pluck out and then also affirm and encourage that ‘yes you can do it, you have just told me.’ (FG 2)

Participants also supported the use of the preferred-future exploration as an intervention but reflected on the appropriate and mindful application of this in specific client situations. An example of terminal illness was discussed:

I was just thinking about the preferred future and how for some people that has to be really, really short. Like when you are working with people, for example, who are terminally ill, the preferred future isn’t that they are going to be gone, it might just be about having the ability to get through the next phase of the illness or just being able to cope with today and tomorrow and not worry about the rest of it. The fact that that person is not going to be around, that you are caring for, that is not what they want necessarily, but they also want to be free from pain or suffering or whatever. Sometimes that preferred future is very, very short. (FG 1)

In working with the preferred future, participants pointed out that this does not oppose reality, but that validation and acceptance of reality are important aspects to use alongside work with the preferred future. Another participant from Focus Group 1 also used the example of terminal illness, and talked about supporting clients in accepting their current reality and how this could encourage them to move forward with goals like having certain conversations with family and making necessary arrangements.

Similarly, it was reported that reframing could sit alongside work with the preferred future and goal setting, not opposing the current reality but reframing the actual goal in a realistic way:

Some of it is about reframing the problem, the problem maybe isn’t that you came to see me because you had an accident and you are stuck in a wheelchair and will never walk again, because that happens to other people who didn’t come to see me. The reason you came to see me was because you are stuck in that and you can’t move forward and you can’t accept that this awful thing happened to you. So it’s about reframing that, this is why you have come to see me. I wouldn’t necessarily name that

out loud, but when we were doing solution-focused [therapy] and doing the miracle question...you would say the miracle is that the reason you came to see me has gone. And that wasn't that this shitty thing happened to you, but how you responded to that shitty thing. (FG 1)

Focus group participants, like the Phase 1 participants, supported the use of resources and tasks, as presented in the draft framework, and some participants described the use of resources in their strengths-based practice in highlighting the benefits this held. These are some examples:

Some of the things I do use sometimes are just to take a fresh sheet of paper and just write down really briefly what we talked about and what we noticed and give that to the client as a summary of our session....And just so they've got a visual reminder of what we talked about and they can pick it up during the week and look at it. I started doing that because I found people didn't always remember what we talked about. (FG 1)

Something I've been doing in practice over the last 12 months is using these small figures, little Playmobiles, to help with the externalising. They get so absorbed in the process and it's incredible to watch what they are able to identify in terms of externalising the problem and their strengths. (FG 2)

Additionally, many participants reflected on adding the practitioner's use of the self as part of the strengths-based interventions and affirmed that this could be employed in a strengths-based manner by walking alongside a client and not assuming an expert stance. They felt strongly about this inclusion, and some participants described using the self in the strengths-based counselling process as follows:

To help them I would say I come from a lens. I'm a father. I've got kids. I'm a grandpa. All these values and the teachings, I do the same with my very own child. I can have fun with them, laugh, tell them to sit up straight, say thank you, that is the father, that is a matua. I go back to, I think it is our own skill level, I suppose, and to deal and roll with them [youth clients]. And I say that rangatahi...all that rolling of them or being with them is intervention. As soon as the young person is face to face

[with the practitioner], the intervention starts. (FG 3)

The practitioner being an important part of the intervention too. The message, the unconscious message is ‘I believe in you,’ ‘I’m here to support you.’ I think that is really important. I think you can sometimes get people to do a bit more than maybe they would do if they really got that, that you as the practitioner are there....‘So how can you use that between now and the next time I see you?’ And they buy into it because you buy into it with them....So even though that is a pretty basic concept in counselling, the practitioner as an important part of the intervention, not just their skills, but actually who they are. (FG 1)

Some participants also employed the use of the self through role modelling when demonstrating certain skills or behaviour in their practice. This might again sound like an expert stance but it tends to enable the clients to develop confidence and expertise by witnessing certain tasks or actions and by encouraging clients that they can do this too. One participant reflected on her advocacy work with clients where she would demonstrate, for instance, contacting WINZ and through witnessing the process clients are often encouraged and empowered to advocate on their own behalf:

I think that they [clients] learn about advocacy, they learn because we are right there on the phone talking to WINZ, or whether it be to the health, or whether it be within the CYF’s meeting, how we interact with the other agencies. They are observing all the time, they are quite watchful, we are actually role models as well. (FG 2)

Many participants underlined the value of storytelling in their strengths-based practice and recommended this be added as a particular intervention of the framework. A participant relayed that he employs storytelling in his practice with youth where he uses stories from his own experience and knowledge and that this helps his young clients to relate to him and hear him (FG 3). Another participant also referred to the value of storytelling in the context of a narrative-therapy approach:

I like the ideas of stories...and I was thinking about alternative stories. I was thinking in narrative [therapy] you talk about landscape of reality, I think it is called, where often people have a set story that they follow and it is their story of suffering and

awfulness and actually finding alternative stories. (FG 3)

A few participants further indicated that for some clients spirituality could at times be central in a strengths-based counselling process and could be reflected as such in the framework. Some participants found that spirituality and the practice of meaning-making are often connected, as are spirituality and culture:

So for me in grief and loss work...talking to the person about if someone has died...and how they might make sense of what is happening now...I mean that is an obvious way in grief and loss, but often when awful things happen in people's lives, actually trying to find meaning is quite difficult. But that for me, meaning-making and spirituality I link them often. (FG 3)

I have had that [a focus on spirituality and culture] when women have a termination and it doesn't fit with their cultural beliefs and the challenges with that. The dilemma that they have with having to make a decision and feeling compromised about that and living with those feelings of guilt of what God might think. Just talking about it really and it is client-led. So as much as they want to say about that, and I guess being interested for them to talk more, because it is not something perhaps that I would be familiar with if it is a person from a different ethnicity. So I think once they know they can share because it is an interest, and it becomes something that is more able to be talked about I think. But, yeah, it's certainly a big dilemma, spiritual, cultural often just intertwined. (FG 3)

Some participants also pointed out that there is a place for education and information sharing among the interventions. Although this may also sound much like the practitioner taking on an expert role, these participants discussed how empowering education in a counselling intervention can be. These two participants explained:

I think we shy away from that [educating] because we think we are leading when we are educating, sometimes people want knowledge. Whether it's about systems or asking for is such an important part of empowering. (FG 4)

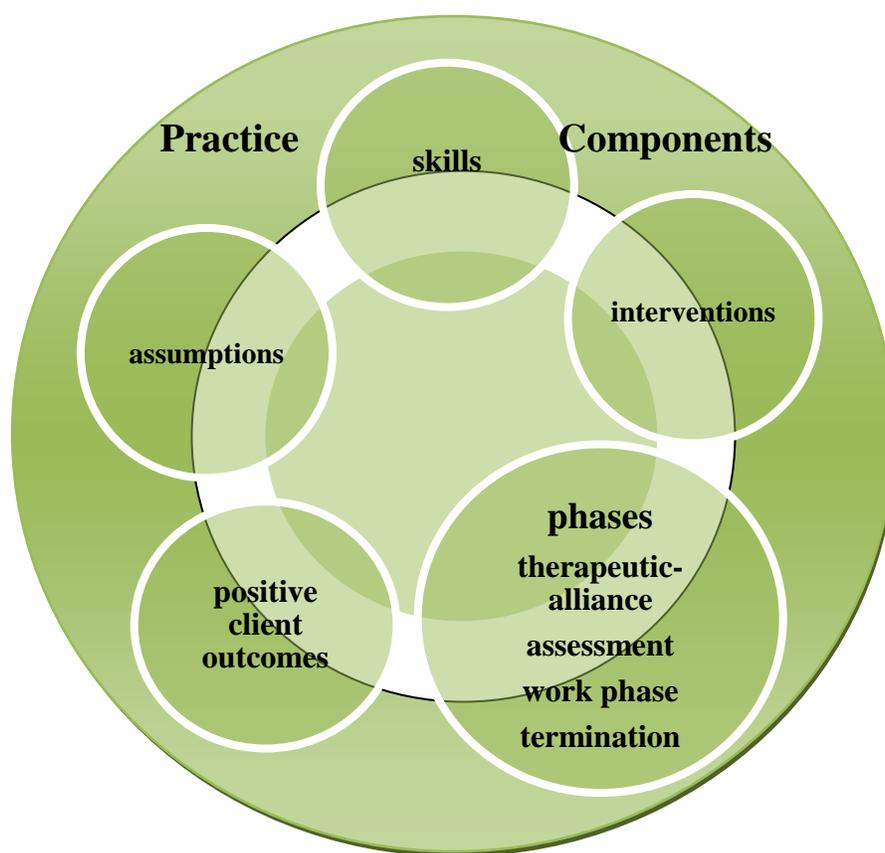
Yes, because when you talk about education, I mean we hear it all the time in our

practice from clients, ‘so I need some support,’ and then when you ask them a little bit more about that, they really are not sure what they are looking for. I guess it’s about us talking about what supports there are around in the community and that sort of thing. They have this idea they need support, [but are] not always quite sure what that looks like. (FG 4)

The practice component, strengths-based counselling phases, followed strengths-based counselling interventions and will be discussed next.

## **Strengths-Based Counselling Phases**

The Phase 1 participants identified the therapeutic-alliance phase, assessment phase, work phase, and termination phase, as the phases of a strengths-based counselling process (Figure 5.4). The therapeutic-alliance phase introduces the strengths-based process, and the



*Figure 5.4.* Practice components – Phases.

assessment phase follows. The assessment phase identifies the strengths and resources, unpacks presenting problems, and assesses the risks. Assessment is collaborative, and uses strengths-based tools and techniques, for example strengths cards. The work phase builds on clients' strengths and resources, the practitioner and the client collaboratively set goals, and work aims towards the client's preferred future. In the termination phase, the clients and practitioner celebrate progress and successes. This phase sees growth reinforced, empowerment emphasised, work reviewed collaboratively, and a maintenance plan developed. Termination is also client-led. Many participants indicated that the phases of the process vary between practice settings, as well as between clients, and that one would not want to be too rigid with following the specific phases in a linear manner.

### **Therapeutic-alliance phase**

Building rapport with the client at the onset of the counselling process was seen as a key aspect in this phase: "I think the first stage is always about rapport building" (P12). Most participants particularly emphasised the importance of receiving the client in a welcoming and respectful manner, in establishing rapport and developing a therapeutic alliance with the client. One participant indicated, "As soon as you don't welcome someone you are devaluing them" and further suggested that this could be detrimental to establishing a therapeutic alliance (P3).

Another explained that prior to the establishment of a relationship and the reaching of an agreement, the practitioner should receive clients as visitors. "We initially receive clients as visitors and visitors have neither agreed to nor contracted or accepted the terms of this relationship" (P7). He continued that in his culture visitors are received with "grace, with an offer of a drink, an introduction and we pace things. And that fits in terms of the tikanga approach too." He further pointed out:

A client is someone who's actually said 'yes, we have got an agreement and...we both agree the terms of this.' Well that's that idea of those phases of someone coming in as a visitor, as a complainant, not assuming they are a client. So a lot of my clients have been ordered here. So a simple reality is I need to give them space to be heard, to offer relationship, accept them as a visitor, work through with them what are their

needs. What do they think? What do they hear? Hear their complaints and treat them seriously and then start to negotiate once we've worked that through. (P7)

Some of the interviewees highlighted that introducing a strengths-based counselling process as a *strengths-based process* is an important part of the initial stage of this practice. As this participant indicated, "So you are actually setting an expectation" (P9). Participant P2 affirmed, "I think in some way, if we can say to our clients or the families 'this is the way I like to work,' then it prepares them, and it's almost it's a kind of contracting."

A number of participants indicated that introducing and initiating a strengths-based counselling process in a strengths-based manner entails talking with clients about the process and giving them information on what they could expect. Furthermore, it is empowering to let clients know about their rights and options, as well as about the collaborative nature of the process. One participant indicated, "Helping the family to feel comfortable in this space that we are meeting. Talking about confidentiality, talking about trust, safety, and I will also talk about working together" (P2). He added that he would introduce the idea that the clients are the experts on their children, "So recognising the expertise of specifically the parents, and also the child as well, recognising the child has expertise about their own life" (P2). Another participant included:

I also give them the option that they don't have to accept me as a social worker. They have the right to ask for another social worker...It's not about me it's about them. And then I also tell them the process for a complaints procedure...I really believe it becomes part and parcel of the strengths-based [approach] because they take ownership. (P3)

Some participants pointed out that building relationships with clients might take time and that the practitioner should allow for this, even if it means leaving some administrative tasks uncompleted. This participant relayed, "I usually go in there and I'll talk to them. I never think to do paper work then. It's really well, it's the buy in, in that first session" (P14).

## **Assessment phase**

The participants identified the assessment phase as the next phase of the strengths-based counselling process. Components of the assessment, as identified by the participants, are identifying strengths and resources, unpacking the presenting problem and assessing risk, engaging in a collaborative process, and using tools and techniques. This section explores these components in turn.

Most participants indicated that, from the onset, their assessments with clients are focused on identifying the client's strengths and resources. Participant P4 described how, when meeting families for the first time, she asks questions like: "What are the strengths of your young person?" Similarly, when she meets a young person she also asks about what they are interested in and what they enjoy. Another participant found that when he explores the strengths at the onset of the process "instead of a child sitting there thinking I'm here because I've got a problem," the child hears the parents talk about his strengths and positive qualities, and "what you start seeing in the child at this point is their eyes light up" (P2).

This interviewee discussed that in his work with people who do harm "there's a number of factors that are important to address...but we also need to think about what are the questions that elicit stories of capacity and change." A focus on the stories of capacity and change, in assessment, is powerful in order to support clients to build a perspective of their abilities and capacity. "If there are stories of domestic violence in the current relationships, are there other stories of where have you been the person you wanted to be in this relationship?" He continued by indicating:

So I've adapted Andrew Turnell's ideas around signs of safety and intervention in terms of what are the issues of risk we need to look at that, name them. But also, what are the signs of safety? We also need to elicit that. Not just asking questions that identify issues but actually strengths and capacities of people and...recording that information. So helping someone build up a picture of what I can do, not just what I can't do. (P7)

Many participants who discussed the importance of exception-finding in the assessment

phase reinforced the above notion. Participant P11 spoke about having conversations with clients around “if you had a similar situation before, how did you approach it?” This participant, for instance, remarked, “so we can hopefully apply those strengths in the past with the current issue, so maybe they can start to talk about their own solutions” (P12).

Some participants indicated that assessments conducted from a strengths approach would incorporate awareness of strengths throughout the entire assessment process, including the administration, the referral process, and case notes. Participants P8 and P4 described this aspect as follows:

It should be documented differently....If we are going to say we work from a strengths-based perspective your assessment will also indicate strengths....They are looking at what is, what was working well, how had he coped in the past....and then looking at building on that and shifting that focus from just a problem. (P8)

Our referral form talks about what the strengths are, who are the supports? What's working?...that kind of thing....It would be in our case notes, really mindful about how we are writing our case notes to ensure that they are strengths-based. But I mean not beating around the bush, there are challenges and so incorporating those challenges in a strengths-based way as well. (P4)

Some participants highlighted the importance of whanaungatanga and tikanga in the strengths-based assessment process with the client, as these aspects can form a significant part of the client's strengths and resources. Participant P3 explained:

I will ask in the assessment about their iwi. And then I will ask ‘so were you brought up there or were you brought up here?’ So they may identify, say with an iwi in Ngapuhi but in fact they've been brought up down in Invercargill...and so I will say ‘do you identify with that as being your iwi?’...And then I try and do links. And then I will question them further about their knowledge in tikanga because sometimes that's all they have....I will try and link up the dots culturally as to how we support them here like ‘are you interested in the marae?’

A number of participants spoke about a holistic assessment approach, where the assessment

focuses on the physical, spiritual, family, and mental-health dimensions of clients' lives. Here the assessment aims to identify strengths and resources in these areas, as well as challenges. This participant described being:

interested in the individual...which was around the strengths that the patient has and the perceived strengths of the parents. I'm also interested in who are the connections, who's the community around? If we are thinking of a child, who's the community around the child, where are the friendships, what is valued about those friendships, how might those friendships influence our therapy, should those people even be part of this process? I'll be thinking of the child in the context of their school and their community. How attached are they? For me, when I hear about a child who has friends, who may have a virtual world as well, they may have a Facebook world, who has parts of sports teams, maybe part of a church, or is involved in activities, [these] are all indicative of strengths that we need to be aware of and build on. I'm also interested in, they may have a spiritual, or religious life of some sort, whereas that part often is also about being part of a community, so I'll be focusing on that. Alongside those things also is recognising this is a child who has a physical being as well, and physically we need to look at what is it that they are able to do, what are some things that they are not so able to do? What are the things that they can do despite their disability or medical condition? So I have to be aware of that and check it with the family about their medical state as well. So their connection to their community, and I suppose you could say it's like a te whare tapa whā type of model...physical, emotional, spiritual, whānau or connections. (P2)

The interviewees underlined that it was important to unpack the presenting problem and assess the risk. This helps the client to feel heard and validated, and is furthermore a professional responsibility of the practitioner. One participant explained that he, for instance, still needed to find out about any previous mental-health issues and past traumatic events that the client experienced. He added, "It's not just about what have you managed to do, it is also about what else are the risks for you?" (P2). Another participant affirmed:

I think it's really important to assess the presenting problem. So what do people think is going wrong with them? Because my experience is, if you don't witness people and

validate them and hear them about what their [concerns are]...they'll keep bringing it up. Because mostly nobody witnesses them, I suppose....So if you can do that and clients can feel heard, then you've got a platform to work from. (P1)

The participants also indicated that assessing the presenting problem and hearing the client's concerns assists the process to move forward. "It's giving a client not only the opportunity to talk about what their presenting issue is but to empower them to kind of move forward with that" (P11).

Some participants indicated that the importance of assessing the risk and the presenting problem might lie in the possibility of finding, through the assessment, that another service or action, than what is offered by that particular practitioner or agency, is required. This could include psychiatric help, child protection services, or a referral to another suitable agency or practitioner. One participant stated:

Well, the simple reality is there are occasions where someone is in such a bad space they need other help and we have got to activate psychiatric, police, child protection services to put it right....You know there are times where there need to be a statutory intervention and that's where you might say the problems have become so saturated that the skills in this room aren't sufficient to make it safe....So it's about being honest and clear with clients, negotiating with them, well, accepting that clients aren't always going to like what you have to do in a statutory setting. So if you are having to section someone who is mentally ill, if you are having to remove children because the risks are too high, if you are having to have a man arrested because he assaulted, these aren't simple things. But actually, it's about how do you then reconnect with this person and actually keep the work going? (P7)

Some participants explained that, in the face of risk, a balance was required between unpacking the presenting problem and identifying strengths and resources:

So for me in health I see it as a balance. We do need to know what the problems are, we do need to know what a person's disability, deficit or whatever, is because we're talking about health and well-being. But to address those the best possible way, I think is to also then unpack all these strengths and whatever tools and strategies you

use to do that. Because without having the strength alongside the risk, you have no balance...But once you bring the strengths, you bring a balance. But don't disregard the risks because people are left in danger if we do. (P8)

A few participants cautioned that the manner in which the practitioner assesses the presenting issue can either demotivate the client or validate and encourage the client. One participant reminded us that if there is a sole focus on problems it "can demotivate a client and actually not engage them because they'll come out feeling pretty hopeless" (P7). Another participant highlighted that in doing an assessment, the practitioner is looking for information and "there is a way that you can do that and affirm and confirm." For example, the practitioner might say something like "wow, that's awesome, so you actually just need a bit of a hand here but you've been doing...[actions taken] already" (P1).

Many participants emphasised the importance of a collaborative-assessment process in strengths-based counselling. Some participants pointed out that this tends to enhance client collaboration in the process. Participant P7 supported this notion and remarked, "I very much share that whole process [assessment] with the client as well. So they are engaged in it more." Participant P2 said, "I found that actually, starting my assessment using a strengths-based approach...it does develop more of a collaborative process, because you're experts together."

One participant indicated that a collaborative-assessment approach highlighted the strengths-based counselling manner of *working with* not *doing to* the client in this joint information gathering process:

I mean assessment is just a fancy word for gathering information to make meaning. So how do I gather that information with a client as opposed to something I do to them? And how do we make meaning around the issues that are in front of them? The challenge of assessment is the beginning of a solution-focused strengths-based way of working and how do I engage that client in a joint process of enquiry? (P7)

Honour, respect, acknowledgement, and validation for the client are components of collaborative assessment that the participants described. One participant remarked:

I think the assessment starts at that very beginning connection with the client. With that respect for the client actually coming with this concern and saying at the outset that I may not, probably won't have the answers, but between us...And I will always talk about it being a collaborative process and I think that's the beginning of the client beginning to acknowledge for themselves...that they do have some strengths and they have wisdom about this. (P9)

The participants indicated various tools and techniques that they utilise with strengths-based assessments. One example was from participant P5 who discussed using storytelling in assessments. He would offer a story from his experience and the clients would answer by relaying their own narrative. For instance, rather than asking why the young people are not at school, when he sees some teenagers around, he will say something like, "When my son was 16, sometimes he wouldn't go to school and he would be on the Play Station." The clients might then respond, "Oh, our kids are like that all the time too." In that exchange of stories, he would learn how often the young people were attending school. He added that in his experience clients are more "willing to give much more in a life-story experience answer" than what they are with direct questioning. This participant also said that he had learned over the years to have a few stories of his own ready to share and when this was done authentically, it encouraged the development of a therapeutic alliance with the client.

Another participant spoke about the different assessment resources used in her organisation with young people. These included CDOI (Duncan et al., 2004), an effective client-driven assessment tool, and strengths-based cards. She described how, with CDOI, she "might say 'look, last week you put yourself here [on the scale] with anger with your family and today you are putting yourself here, what's happened?'" (P6). She held that this method is client-driven and "we are getting feedback about our practice from the people we are working with." The fact that it is also measurable means that they have a means to measure progress and client outcomes. She further spoke about the use of strengths-based cards with their assessments and how they have found this to be effective with, and meaningful for, the young people they worked with.

Another assessment technique that three of the participants referred to is circle work. Circle

work entails the practitioner, together with the client, reviewing a certain period, whilst other service providers, family, and significant others, as specified by the client, are present and participate in the process. The four questions that are focused upon in this process are, “What is your hope for this young person? What are their strengths? What is your commitment? And what is your fear?” (P6). Another participant added, “The aim is...to have real conversations that are strengths-based.” She further elaborated:

Talking about our fears for the young person, that brings it out. ‘I’m afraid that if you continue this...there’s going to be this result.’ But, talking about their strengths, talking about our hopes for them, is strengths-based as well. Talking about the commitment so it’s not just them that are doing it, there is a team of people....Then the young person hears that they are not alone...because the circle around you is quite literal...your circle of support. (P4)

Some practitioners and organisations developed their own strengths-based assessment tools. In these two examples, participants spoke about a strengths-based assessment framework and a video technique:

I’ve developed a strengths-based assessment framework for domestic violence....Someone might say ‘I have addictions’ and that might be 95% of their life for the last three years. But actually, they may say ‘I had one month where I didn’t do it,’ so that’s 5% of their time where they’ve actually managed to resist the problem with drugs. In there lies not only hearing the 95% of this addiction [that] has been powerful in their life, [but also] what is their capacity to actually resist this problem, and how do we focus on that and then build on that 5%? (P7)

The assessment is very much a collaborative one. We often even video families and then we sit down, rather than us sitting behind a screen at the end of it saying ‘well let’s study how we are going to work with this family.’ We sit down with them and they watch these videos and they are able to comment on them. What do they see? What strengths are they [displaying]...as they interact with their children and play? So assessment...has a strengths-based philosophy behind it, collaborative assessment, and joint setting of goals, primarily using a video technique. (P13)

Other practitioners, as demonstrated below, reported adapting their assessment to each client using strengths-based questioning, scaling questions, as well as various skills and tools in the process.

I am very much guided by the initial interactions with the client and I shape the assessment with those open-ended questions, those exploratory questions....I do have a lot of the strengths-based resources from the innovators' services that used to be called St Luke's Australia. And I've got quite a range of different resources that I can use, which I find really useful. (P9)

Some added that they assessed throughout the counselling process and not just at the start and end of it:

We are assessing all the time, not just when a person stops and starts. It keeps going with us....So when young people come in and the young people leave, and every 3 months we have what is called a case review, but we talk about it as a case celebration, so how the last 3 months have gone. (P6)

## **Work phase**

The participants in the work phase mainly focused on building on clients' strengths and resources and collaboratively working on the client's goals, and towards the client's preferred future.

The participants indicated that a focus in the work phase is to build on clients' strengths, competence, and resources. This participant stated, "I am really mindful to be building their [clients'] capacity, their learning, their strengths, [and] how they feel about themselves." She also emphasised "building the community around them, and making sure that I'm linking them in with their natural resources, their natural support, things that are sustainable for them" (P4). Another participant also described building strengths and resources in the work phase:

Identifying those strengths that come out of the assessment with clients and building a bridge between the strengths and clients' preferred future or how they would like their life to be. Talking with them about their personal resources, their inner

resources, their family resources, the community resources, and the opportunities that these resources might present. And...it's almost like a reflective process with clients, thinking about opportunity....They can start exploring the opportunities,...that's the bridge to setting the goals or the preferred future. (P9)

The participants emphasised the importance of collaborative goal setting and working towards the client's preferred future in this phase. The participants underlined that the client determines the goals, as it is a process of working towards the client's preferred future:

Developing that preferred-future focus and we could call it goal setting, which it is really....It's pulling the strengths in but also the other resources that might be available either within family or community....But whatever the goal is, it has to have absolute meaning for the client. (P9)

### **Termination phase**

The final phase is the termination phase. Here the participants described the focal points of this phase as: celebrating progress and successes, reinforcing growth, collaboratively reflecting on and reviewing work, and developing a maintenance plan, as well as the notion that termination is client-led.

Many participants discussed the value of celebrating any successes and progress with the client throughout the process, and especially at termination. This celebration tends to reinforce the progress made, as well as recognising the client's ability and capacity:

And at the end of it, we had a celebration....One of the things that I recognise is that every achievement that a child makes needs celebrating and recognising. And one of the things, that's come to me through the narrative work, is the importance of acknowledging what has been achieved. This kinda reinforces it. (P2)

Some participants gave examples of celebrating with food treats and activities, or of finding a practical way to capture some of the memorable moments. For example, participant P15 said, "Usually with our last meeting we have a celebration like a cake." Participant P4 relayed, "The whole way through, we are taking pictures, we are capturing moments, we are

capturing quotes, that kind of thing. So at the end of the group we put together quite a professional book with pictures and quotes.”

Most interviewees spoke about reinforcing growth and successes in the termination phase. Often the reinforcing is done through deconstructing the process and actions that have led to the changes. Participant P2 pointed out:

It is really about enriching the achievement of the child at that point. It's about acknowledging if you had a good outcome .... It's about sitting down and unpicking that, almost deconstructing it with the family, and saying 'what worked well, how did you manage that? Because you couldn't have done that at the beginning of this, now you can do this, what made this happen?' .... So there has to be a kind of almost like an analysis of what worked, at the end. Which I think concretes or cements it, it places it there.

One participant utilised homework to reinforce changes, decisions, and aspects to remember around the client's preferred future, hence ending the process with a future focus:

Sometimes some homework around that, maybe it could be something that's written, just some open-ended reflection-type questions. What have I learned? How do I take this with me into my preferred future? What do I leave behind? Those kinds of questions. So the discussion right throughout the engagement with the client is around future. It's future-focused discussions and the ending is future-focused as well, if that makes sense. (P9)

Many participants described a process of reflecting on and reviewing the process in collaboration with the clients. This participant indicated, “Mostly that would be reflection and reviewing. That would be a review of what we've done and where the client's at and getting feedback from the client about the changes” (P9).

Participants further discussed collaboratively constructing a sustainable maintenance plan with the client. This enhances the client's ownership of the maintenance or safety plan as it is meaningful and personal to that particular client. Participant P9 spoke about “thinking about maintenance, [and] what needs to happen to maintain these new strategies or this new

understanding.” Participant P7 described using a strengths-based feedback system that, for example, asks clients whether he, as practitioner, had asked about their strengths and capacities. He also used “relapse safety planning” with the clients and found that “most clients would say I own my safety planning.” He added, “So safety planning is personal and real to them, it’s not just some template they’ve had to fill in” (P7).

A number of participants emphasised the value of termination that is client-led and client-specific. Participant P5 relayed that when he started in his role, there was a guideline given for a timeframe for family support. He found that families “needed more, they needed me to still be involved because they didn’t feel as confident and they needed me in the background.” He brought about a change in regard to this directive in his organisation and started saying “to the families, ‘you tell me what you need now.’” He concluded, “So if they need three months, three months it is. If they need six months, six months it is. So I don’t put a timeframe on it now. I say it’s up to the families” (P5).

Another participant affirmed that in a strengths-based approach, review and termination was client-driven:

There is always the opportunity and the expectation that I have with clients that they will keep me updated so we will be reviewing what’s happened if they want to. Once again, it’s not me saying ‘well I think you should come back in a week and let’s see how you’ve gone.’ It’s about ‘so if you would like to review this in a formal kind of way come back and tell me about the progress that you’ve made.’ (P11)

The focus group participants considered the different phases, as presented in the draft practice framework, and compared this to their practice experience. The findings in this regard will now be discussed.

## **Focus group Feedback on the Strengths-Based Counselling**

### **Phases**

Many focus group participants reflected on the order and content of the different phases, as presented in the draft framework, and pointed out that the phases could have a different

order, depending on the specific client setting and process. They further indicated that the phases could be the same in a strengths-based counselling process as in most other counselling approaches, but the difference lies in how the process is approached.

The participants proposed that contact or connecting with the client is the initial step, followed by assessment, work phase, and termination. The participants concurred with the work-phase information presented in the draft framework. They also viewed the work phase as encompassing all the aspects around work with clients, as presented here. This includes skills, interventions, assumptions, phases, and culturally appropriate practice, and therefore they did not elaborate further on the work phase as such. Accordingly, only the initial phase, assessment phase, and termination phase will now be reflected on.

### **The initial phase**

In response to the draft framework that proposed the therapeutic-alliance phase as the first phase, some participants disagreed. They suggested, in their experience, the assessment phase could be the first phase in the process, as this is the expected protocol in their current roles. They furthermore suggested that the therapeutic alliance is a part of the process that happens throughout and across the phases of the entire counselling engagement. They did, however, indicate that establishing contact or connecting with the client occurs before the assessment commences and can be seen as the start of the therapeutic engagement. One person articulated, “Maybe that alliance needs to be overarching and connection is the first phase” (FG 1). Focus Group-1 participants further discussed:

For me...the assessment phase comes first because that is my role. And I am really overt about this. I say this is an assessment session and I’m really sorry I’m going to have to ask you a lot of questions and I’m going to write a lot of notes and then I tell them about confidentiality and stuff and then we’ll get into the work. (FG 1)

I think that is true for a lot of people. A lot of people are there for that first session to do an assessment..., but you have to, I think in order to have a good assessment, have a moment where you connect with that person. And that is the start of that alliance which goes all the way through. (FG 1)

Other participants also reflected on what they do in that initial contact phase in the counselling process. They indicated creating a safe space for people, developing trust and rapport, and focusing on confidentiality. Focusing on strengths and having strengths-based conversations, finding commonality, turning to whanaungatanga – particularly in making connections—and using humour, can all be useful aspects of the initial contact:

We start with an initial engagement and draw up an air of trust and rapport before the client really feels able to share. And once they are in that sharing mode I then turn to some of the strengths that they have....And so that is the basis, the grounds from which we start to work. (FG 2)

When I work with young people and I know nothing about them, only from what I've read....And I think when we look for our starting point to get into the strengths-based conversation, it is about trying to find commonality. And I work with an organisation where we meet kids I don't know...and I want to develop a good relation with them. So for me to...start, is to find the starting point. I would fish around, 'where are you from?', 'who is your family?' Trying to find a common point and once we find a commonality then we start from there. And if we are talking about strengths-based it is about finding something that young person can share with you. It is about him opening up to you and I guess, yeah that is a starting point....I need to make, crack a joke, crack a smile, and once they bring that veil down then you start conversing. (FG 3)

### **The assessment phase**

A number of participants, in their reflection on the assessment phase, underlined some aspects that they felt are important to emphasise in this phase. This included awareness of the power balance, that assessment may take more than one session, and emphasising that it is a collaborative process which, as this participant said, "is about the client, but mostly it is for the client" (FG 4). These participants reflected:

I guess in the assessment I do say things like 'I'm going to be asking you lots of questions. If you don't want to answer any questions that are awkward you don't have to answer them, and sometimes I'll ask a question and then you might answer and I'll

ask another question and you might not want to answer that, and that's ok. Or sometimes I might ask something and it might sound like I think I know something but I don't, I'm not the expert on you, you are.' I'm really overt like that. So people have permission to say 'no I'm not answering that' or 'no, you've got that wrong.' Especially with kids, it's really important for them to know that I'm not the expert, they are...Because I'm asking the question based on what I heard them say, but I don't want them to agree with me because I'm in a power position. I want them to be able to say 'oh no, you got that really wrong.' (FG 1)

I think it is a good reminder to keep it collaborative, because...you can easily feel like you are doing the assessment [to] tick your own box, but actually how can we do that in a way that is capacity-building or strengths-based for the client, not just for our own [process]? (FG 4)

One participant supported whanaungatanga and tikanga as important aspects in the assessment phase. She spoke about using whanaungatanga and tikanga in assessments across different cultures but adapted it, as need be, to other cultures. She also drew attention to the importance of holistic assessments:

I like that you put down whanaungatanga and tikanga are important aspects...I practice it with my Māori, you know, and Pacific clients. But I suppose I also do it in a different way, more the Kiwi way with other cultures, it is just adapting it, changing the process a little bit. I always say I think whanaungatanga is really important and keeping to the tikanga or the support for them and certainly, the holistic assessment is really important. (FG 4)

Other participants noted that practitioners not only employ whanaungatanga and tikanga in the assessment phase, and indicated that they would like to see this incorporated in the initial phase, and throughout the whole process.

### **The termination phase**

In considering client-led termination, as presented in the draft framework, many practitioners

reported that they work in environments where funding and organisational policy mostly determine the number of sessions clients might access. This, however, could vary greatly from organisation to organisation. A number of practitioners did find that they have some flexibility in this regard:

We are really overt that it is a brief intervention when giving four sessions of counselling....And four sessions isn't actually a lot, but if they need more then I will say,...'Oh, I think we probably have got a couple of more sessions in us what do you think?' Giving them that option. (FG 1)

We work with three monthly plans and in most situations the client is not going to overcome their hurdles in the period of three months....So we will come back to the drawing board and say 'ok where to from here?' But it is always led by the client. But with us we do set out with three monthly plans and they can go into six months to 12 months and a couple might reach up to two years. It just depends on the type of issues they have to deal with and work through. (FG 2)

Some participants reflected on environments, like the healthcare system, where clients have very little say on their termination date or, in some instances, the practitioner may not have a termination phase with the client:

I don't always see a termination phase and in a health setting people may go. It doesn't mean I will know what will happen or what the outcome is for them or how they feel about that. It is their ending. (FG 3)

Participants further pointed out that resources, funding, caseloads, and waiting lists are some of the elements that influence to what extent termination can be client-led, or not. Some participants also reflected on times where termination might be encouraged by the practitioner: "I think we have to sometimes [encourage service termination], for two reasons, sometimes it's resource driven and sometimes it is to break that dependence that may have formed" (FG 1).

Termination may not be client-led at all. At these times, practitioners found that they have to facilitate and manage the situation carefully and clearly as regards client expectations and

treatment goals. This participant emphasised the importance of a strengths-based and preferred-future focus in this regard:

A lot of the people that I work with through a couple of EAP services and funded PHO mental health programme actually have three to four sessions and the phases have to be concentrated to actually build on those strengths and work towards that preferred outcome....So really sharing that information with the client,...‘You are coming to see me for three sessions, what is going to be useful? What needs to happen for you? What would you be wanting to achieve?’ And really drawing out what is most important for the client. (FG 2)

The last and fifth practice component circle, as seen in Figure 5.5, represents the positive client outcomes of strengths-based counselling. These outcomes will be presented next.

## **Strengths-Based Counselling Positive Client Outcomes**

The positive client outcomes, as indicated by the participants, include being a process that offers fast progress and an effective way of working, has a neurobiological benefit, supports the client’s power, and is uplifting for the client and practitioner; it offers enhanced hope, enhanced self-esteem, reduced anxiety, enhanced client engagement, and acknowledges clients’ feelings (Figure 5.5, overleaf).

Several participants believed that strengths-based counselling practice is an effective way of working and enhances the client’s progress in a short timeframe. One participant spoke about employing a strengths-based process with positive client outcomes, with a particular client. She added, “And we’ve done [this in] a really short space of time, nine sessions for a woman that was significantly depressed with postnatal depression” (P1). Another participant highlighted:

With the client being the centre, when you get feedback and your own professional evaluation is that the interventions have made a difference for the client...it reinforces [the approach]. And I know there are some people...who will say, no, that using a strengths-based approach, that you are minimising the problems, and not everyone would agree. But when you’ve worked with the thousands of people in the many,

many different kinds of environments that I have worked in, I have a different opinion of that. (P9)

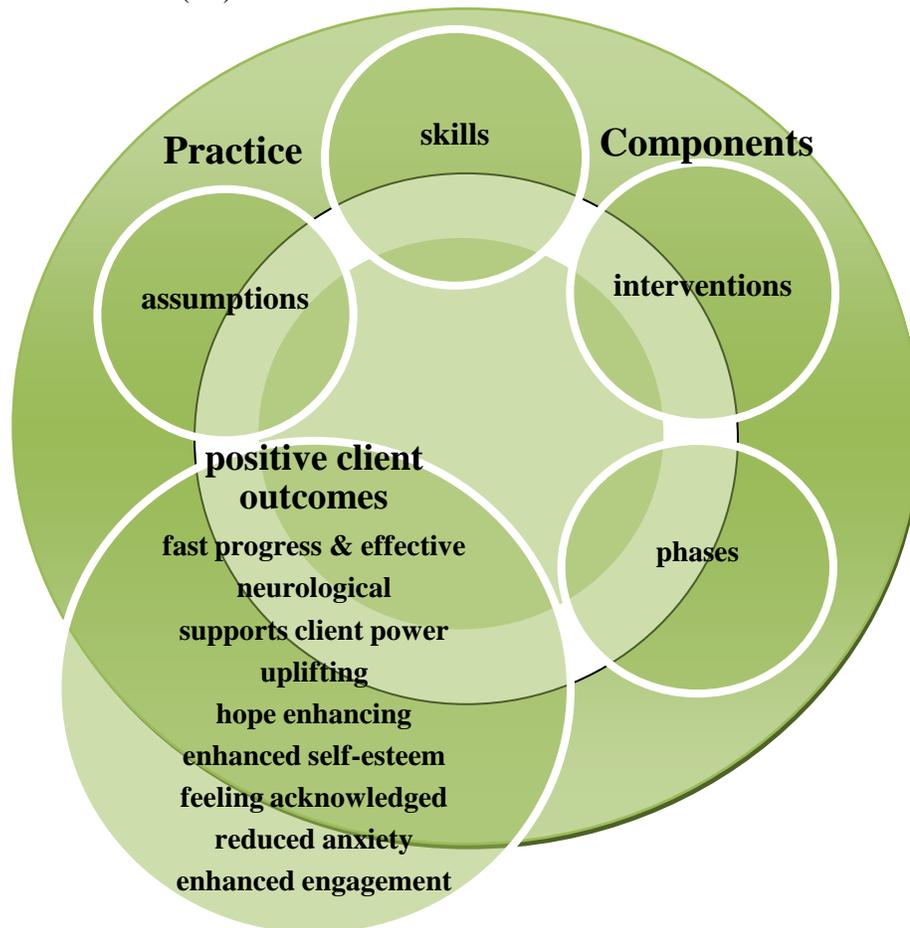


Figure 5.5. Practice components – Positive Client Outcomes.

The participants discussed various positive client outcomes associated with strengths-based counselling. One participant mentioned a neurobiological benefit with the release of oxytocin:

I think the bit that really intrigues me is how, in itself, the act of being engaged in positive work actually changes the way our brains work and it releases hormones, things like oxytocin, that actually mean that we function better or live happier lives or [are] more contented. It's also about celebration, about joy, about positive recollection. So where I'm getting to is that I realised that possibly in those places where I was encouraging a positive engagement, with a story about a child, neuropsych[ological] changes in the brain were triggered that were bringing about positive changes and positive feelings for the person. (P2)

Most participants stated that they find strengths-based counselling practice to be empowering for the client. They spoke about many examples of empowerment that they have witnessed in their practice. Two such examples are:

This young lady I went to see today, she's done really, really well. She went from being a young woman who couldn't leave the house to being able to go and advocate for herself at WINZ....[She] started to address the issues in her relationship....Start taking her son to kindy, going out, she'll probably do a parenting course in August....And there is a lot of solution-focused, strengths-based stuff with her. (P1)

Just recently I had...referred [to] me a woman with acute anxiety. Long historical anxiety but it was in a very acute phase...Her hands were clenched tight and opening and closing, she was clutching her body, she was rocking, she looked the other way, she wasn't making eye contact....At the end of the first session, she had turned and was communicating. And she had been saying that she felt worthless because she had always been a stay at home mum and she thought that people were judging her...And so by focusing on her strengths and talking about... 'Tell me what it's been like [to be a] stay at home mum?' 'What have been the benefits for your family?' 'What feedback do you have from your family about that?' 'What do they say about you as a mum?' And she started talking about all this stuff. And so we've had three sessions. The 4th session is next week and she has started talking about her strengths. She's started saying, 'It is absolutely okay that I was a stay at home mum. I'm actually really pleased, and now I'm a stay at home wife because I'm looking after my husband who is unwell.' So we were able to build on all of those strengths. And she had isolated herself, she had not been going out, she had very little social contact. She has now done...a walk, which meant that she was dropped off at a pick up point in xxxx and she got on a bus with strangers on a very wet and horrible day, and went on a 10k walk around the coast at xxxx. She's joined an embroidery group and she's now talking about other things that she thinks she might be able to do and all we've done is talked about how amazing it is that she was a stay at home mum and what did she do to enable that to happen on limited income. (P9)

Participants indicated that strengths-based counselling practice is an uplifting experience for

both the client and practitioner. Two interviewees described this outcome, as follows:

With my work with bereaved parents, when I have discussions with them about memories of their child, positive memories, the session would lift and they would lift in mood....They expect to come to a hospital and feel miserable, they don't expect to come in and have an appointment and actually feel uplifted by it....So the process of using strengths-based work is uplifting for me, actually, I enjoy using it. It just feels right...and there is a way of actually integrating a focus that is aware of risk as well, but it feels good and people seem to respond really well to it. (P2)

It would be very easy for me to come to work and almost go into a dark space because [of] the stuff we read and the stuff we hear about....And it's almost like for myself, my own well-being I need to work from that positive angle. Because I'm a team leader, I've actually got to go out there and sell this to the team, and there are moments that the team are like, 'oh gosh!' And I always acknowledge them, yes, this is a terrible time, this is a hard time, this is one of those times, but look at this, look at the opportunities. So for me that is incredibly satisfying. (P6)

Many participants felt that strengths-based counselling practice enhances hope in clients. So often, when the constant is all that is wrong, there is relief and hope in hearing some positives and possibilities. One participant remarked, "That gives them things like hope, it gives them a sense of that achievement that something can be done. They are looking to the future instead of looking back at the past all the time" (P5). Another participant emphasised this notion, saying:

That's of course where you should be able to ask questions and mould that conversation that it comes to a point where we are talking about strengths. And if you recognise that there are some strengths to work with here, you've introduced hope. Hope in a health situation is a life-giving force, pretty strong. (P8)

One participant specifically underlined the positive effect strengths-based counselling has on the self-esteem of the clients that she works with:

I guess there are lots of results for the girls that I think about. Self-esteem is a big one, huge, definitely self-esteem is huge. They are being praised for what they do and they

see for themselves that they are strong and something that they can achieve,...they can finish something. With the art project, they finish a picture at the end of the day, that's theirs, it's done, and it's like, 'look what I did.' (P4)

Participants stated that clients feel heard and acknowledged through strengths-based counselling practice. As one participant pointed out, "I think probably the most common feedback...would be feeling heard, being able to tell their story and somebody taking enough time to hear their story" (P8).

This participant also stated that she found strengths-based counselling leads to a decrease in the anxiety of clients:

I think probably the most obvious outcome I have experienced from clients is a decreasing in anxiety. The strengths-based approach tends to bring together ways of talking and lots of tools that all address anxiety because it does normalise things and validate things and also it allows people to be heard and say what they want to say and it all just brings down anxiety and that's quite a big part of our job – very useful. (P8)

Finally, participants indicated that strengths-based counselling practice enhances collaboration and engagement. One participant stated, "I would say strengths-based....Has really helped me to get their [clients'] engagement and alignment...I find it very good for the engagement" (P15). Participant P2 found:

It helps as a clinician, it enables me to establish a really good rapport with the family that I'm working with. They've been able to say something positive about themselves...and often we've laughed, we've enjoyed that process.

The focus group participants considered the strengths-based counselling positive client outcomes indicated in the draft practice framework. The findings from the focus group interviews, in this regard, follow.

## **Focus group Feedback on Strengths-Based Counselling Positive Client Outcomes**

The participants reflected on the positive client outcomes presented in the draft framework and found these consistent with their experience. They particularly highlighted an enhancement of hope, courage and self-trust, reduction in anxiety, and a broader neurobiological benefit. A few participants underlined that a strengths approach may contribute to finding hope and courage in dire situations. This participant noted, “When people are really in a terrible kind of situation and you just open that little chunk of light and said ‘hey I just noticed that’ [focusing on abilities and strengths]..., they might just hold onto that” (FG 1).

Some participants indicated that a client outcome of working in a strengths-based manner is that it enhances confidence and provides a foundation for clients to feel safe enough to take risks to try new things. One person remarked, “They actually have these strengths and abilities and are ready to try something again because they trust themselves” (FG 1). She also noted:

The ability to take emotional risks and practise, the ability to try and to practise things and not be afraid of that....People will not be sure of the outcome but be willing to give it a go anyway. So, you know, that kind of risk-taking, emotional risk-taking.

Participants further pointed out that an awareness of strengths helps to reduce anxiety and yet, again, increases the likelihood of attempting new behaviours and possibilities. This participant said, “It can also go with reduced anxiety. You are feeling less anxious and relaxed about outcomes and you are more likely to take those risks” (FG 1). Another participant also drew attention to how doing and seeing things in a new way encourages the development of new neural pathways.

Participants also reflected on accountability and funding as being related to outcomes. In considering outcomes of strengths-based counselling practice, some respondents reflected on how their organisations measure outcomes in striving towards accountability to the organisation and profession:

Just thinking in terms of how the department measures success and wants to be clear about outputs and outcomes. Output is how many people you counsel, a number. We want to know what the accurate outcome is. Did this actually happen? Is Johnny no longer stealing cars? Is mum managing the budget? (FG 3)

A few participants also explained that accountability and funding are interwoven and should be considered as a reality of social work practice. They considered it necessary to be able to measure and report treatment outcomes. This participant highlighted this aspect around funding, “When it comes to accountability you want to make sure those things did happen. That it’s written on a piece of paper to satisfy some funder” (FG 3). Another affirmed, “That’s right if you want the funding to continue...they are going to need to have some kind of evidence or accountability locked into that” (FG 3).

## **Conclusion**

This chapter explored the detail around the practice components of the draft practice framework. The practice components considered are practice assumptions, skills, practice interventions, phases of practice, and strengths-based practice positive client outcomes. The discussion on the assumption section pointed towards the ethos of the practice framework. It, furthermore, highlighted the importance of clients’ strengths and resources, solutions that might be unrelated to problems, overt use of the assumptions in the counselling process, as well as the significance of acceptance, unconditional positive regard, respect, transparency, people’s will to change, and client-centred practice.

The skills section emphasised questioning skills, listening skills, facilitation skills, language skills, and humour, while the intervention section drew attention to the importance of matching approaches and interventions to client needs and context. The intervention section further drew attention to the appropriate use of the preferred future in specific client situations, realistic reframing, the use of resources in interventions, using the self, storytelling, awareness of spirituality, and education.

The discussion on the phases of the practice framework followed and indicated that different participants viewed the order and content of the phases of the counselling process differently. The section on positive client outcomes reinforced the content of the draft practice framework in this regard, but also reflected on accountability and funding.

The focus group feedback was mostly congruent with the draft practice framework and the participants highlighted some aspects while also suggesting that some changes and some additions be made towards the construction of the final framework. Table 5.1 summarises the consecutive development of the practice component section. The bold typeface underscores the suggested changes and additions in the evolution of the practice framework from Phase 1 to Phase 2. Next, the attention turns to the context of practice, in the final findings chapter, where contextually and culturally sensitive practice will be reflected upon.

Table 5.1.  
*Consecutive Phase 1 and 2 Themes and Sub-Themes of the Practice Component Section*

	<b>Themes</b>	<b>Sub-themes</b>
Phase 1	Practice component - Assumptions	All people have strengths, resources, abilities and capabilities People's strengths, resources and abilities provide the keys to growth and change People are the experts on their own lives and collaboration is essential It is not just about the problem but also about hearing positives and exceptions
Phase 2	Practice component - Assumptions	People's strengths, resources abilities, and capabilities are important The solution may not be related to the problem and is unique to each individual <b>Assumptions that are used overtly and clearly support a client-directed process</b> <b>Further underlying values</b>

Phase 1	Practice component - Skills	Questioning skills Listening skills Facilitation skills Language Humour
Phase 2	Practice component - Skills	Questioning skills Listening skills Facilitation skills Language Humour
Phase 1	Practice component - Interventions	Preferred future Exceptions Externalisation Normalisation Reframing Resources & tasks Role-play
Phase 2	Practice component - Interventions	Matching approaches and interventions to client needs and context <b>Exploring strengths</b> Preferred future Reframing Resources and tasks <b>Using the self</b> <b>Storytelling</b> <b>Awareness of spirituality</b> <b>Education</b>
Phase 1	Practice component - Phases	Therapeutic- alliance phase Assessment phase Work phase Termination phase

Phase 2	Practice component - Phases	<p><b>Initial phase</b></p> <p>Assessment phase</p> <p>Work phase</p> <p>Termination phase</p>
Phase 1	Practice component – Positive client outcomes	<p>Fast progress &amp; effective</p> <p>Neurobiological benefit</p> <p>Support client power</p> <p>Uplifting experience</p> <p>Hope enhancing</p> <p>Self-esteem enhancing</p> <p>Clients feel acknowledged</p> <p>Reduce anxiety</p> <p>Enhance engagement</p>
Phase 2	Practice component – Positive client outcomes	<p>Enhance hope</p> <p><b>Enhance courage and self-trust</b></p> <p>Reduce anxiety</p> <p>Develop new neural pathways</p> <p><b>Accountability and funding</b></p>

## Chapter Six: Context of Practice

This chapter explores the context of practice section of the draft framework, and the focus group evaluation of this aspect. The outer circle of this draft framework (Figure 6.1) represents the context of practice. This draft framework is therefore nestled in a culturally and contextually sensitive orientation. The participants reflected on practice where the practitioner shares the same cultural background as the client, as well as on practice with clients across different cultures. From this reflection, the participants highlighted elements of culturally appropriate practice. These elements included culturally appropriate engagement,



*Figure 6.1. Context of Practice*

recognising and acknowledging the client's culture, the engagement of a cultural advisor, attention to whanaungatanga, the involvement of larger family groupings, a respectful and non-judgemental approach, and collaborative practice. The participants furthermore drew attention to a synergy between strengths-based practice and culturally appropriate practice (Figure 6.1). This chapter also includes a theme from the Phase 2 data that reflects the general feedback obtained on the draft practice framework.

## **Practice where client and practitioner have a shared cultural background**

Some participants indicated often being more comfortable, at the onset of a strengths-based counselling process, with a client of the same cultural background, as this provides a sense of a shared understanding. For instance, this participant shared:

When I work with somebody from my own culture I instantly feel comfortable. Now, I know I may be assuming that we are alike and maybe mistaken in that. Cause we're not always alike....I feel there is some shared understanding. (P2)

Although this sense of shared understanding may at times have more to do with assumptions than fact, another participant felt that it is helpful in establishing a therapeutic alliance with the client:

Even if it's an understanding that we might be from the same culture but we are totally different, you understand that and I understand that. So we can move into the same process or into the range of activities that make up a strengths-based encounter more easily and not stop so often at other assumptions or barriers that might not actually be there....And so I can quite see the value....to have a practitioner from your own culture....I think you have a fast trajectory to engagement, you have more energy and calm and common ground to explore strengths, and you can skip over some things which might stop somebody who is not from your culture and detract. (P8)

Participant P5 indicated that even though both counsellor and client might be of the same culture, having cultural awareness and cultural knowledge is still important. He explained,

“I’m a New Zealand born Samoan so when I meet with the more traditional Samoans there is a little bit of bridging that I need to do.” Furthermore, the development of a skill set to work with a group of people does not necessarily come automatically by virtue of sharing the same cultural background. Participant P10 had the same opinion and in underlining the importance of appropriate cultural knowledge and awareness, she pointed out, “Because somebody says ‘I am Māori’ doesn’t necessarily mean that they have the skills to work with Māori.”

A few participants also pointed out the possible peril to a client’s privacy when being from a small cultural grouping in Aotearoa New Zealand and working with a practitioner from the same cultural group. Participant P8 noted:

We do have patients that are from very small cultures for whom we can’t even find an interpreter because there wouldn’t be somebody that they don’t already know in this country and then we have to use an Australian interpreter. So if you’re looking at privacy or at protecting that person’s mana and their position or even just respecting them as an individual person, [if] they’re from a very small culture [and] if their practitioner was of the same culture, that would be a problem. (P8)

Some participants particularly emphasised the importance of assuring a client that the practitioner will protect their confidentiality when the practitioner shares a cultural background with a client. This participant underlined, “Remind the client of the importance of confidentiality because that’s the main thing they want to hear from you” (P15). Participant P5 demonstrated the point by using himself as example: “I am also part of the Samoan community. So I say to them [clients] whatever is going on they need to trust me that when I’m not working as a social worker then I won’t talk about whatever” (P5).

## **Cross-cultural practice**

Some participants reported that working cross-culturally can lead to anxiety and cautiousness or hesitation in the practitioner. “Often I think my anxiety about getting that right can prevent me from then moving in more comfortably to a strengths-based approach” (P2). Another participant relayed an example about inter-cultural practice that cautions about being overly concerned regarding wanting to *get it right* and not fully focusing on the client in the process:

A young Māori man...was standing outside the office with his mobile phone looking at my mobile number and was about to ring me....Anyway, we had a conversation and I gave him three options of where he could go to get the support that he might be looking for....And he just said to me ‘can’t I see you?’ And I said yes, sure you can. So we made an appointment for the next day and we had that conversation about what was ok, what was appropriate, was there any way he wanted to start the session....He just wanted to get on with dealing with it, working with it, getting that preferred future underway so using that strengths-based approach.

And so, on reflection I could have just...said sure I’d love to see you, straight away, instead of trying to be so culturally appropriate that I was trying to get him to talk to Te Hauora and other iwi agencies. He knew they were out there but he didn’t choose them. I was so focused on thinking about what’s culturally appropriate here that I actually missed the fact that he was standing outside my door and he was saying I want to talk to a counsellor. He was really saying I want to talk to you because he saw the sign and he was ringing me to make an appointment. So do you see what I mean? We can take it too far the other way as well. So I would question that need to make an assumption that because he was Māori he would want a Māori organisation. So I guess there was some of that old me that triggered when I saw this young Māori man who was really quite tearful and quite sad and I was actually thinking about a whole lot of other stuff, you know, like the loss of land, the loss of language. A whole lot of stuff that flicked through my mind when I saw him that got in the way of me just really engaging and saying ‘is it me that you would like to see or would you like some information?’...I immediately got into I’ve got to do this right and I think he was probably wondering why. I just got the feeling that he was thinking why on earth is she telling me all about all these other places when I’m here. That’s right and we need to pay attention to the person not to the political. (P9)

Participant P8 was of the same opinion on the above topic of caution:

If it’s a different culture you have that added layer of point of difference and lack of understanding because you just don’t, you are not their culture. So if that’s the practitioners anxiety, and that’s where they’re spending all their time making sure

that they're not crossing a cultural line here, well, what does that mean for the client? Rather listen, rather hear from them, ask, if there's something else they would do...But get to the solutions, get to the things that are working well or may work well and bring some hope. (P8)

## **Culturally appropriate practice**

The practitioner creates a safe environment for clients through culturally appropriate practice. Here participants highlighted culturally appropriate engagement, recognising and acknowledging the client's culture, the engagement of a cultural advisor, attention to whanaungatanga, the involvement of larger family groupings, a respectful and non-judgemental approach, and collaborative practice, as key elements of culturally appropriate practice.

Culturally appropriate engagement has many facets. Similar to the earlier discussed phase of therapeutic alignment, the participants highlighted giving information and transparency, talking about confidentiality, a respectful warm welcome, and the opportunity to open with prayer, to be significant aspects of culturally appropriate engagement:

Giving some ideas about where you are going, how long you are going to meet for. What you are going to do with the information that you are receiving. Key, I think for working with Māori, is around who you know, who you're connected to, and also what your training is. Are you qualified to do this? So those are very early, almost like contracting but that's contracting and engagement skills....And a prayer, I found, and some people don't want to have a prayer, and that's fine, but if you've offered it, that in itself creates a level of trust and engagement. The other thing is about talking about confidentiality. (P2)

But everything else is inclusive of all cultures, the respect, the welcoming. Not a 'hello' [but] a 'hi, nice to meet you, please come on in.' Those are all inclusive of every culture, every human being likes to be welcomed,...and in that welcome feel important that they're being welcomed. (P3)

Several participants discussed the importance of recognising and acknowledging the client's culture as well as obtaining the relevant cultural information when working cross-culturally. Participant P10 remarked, "It's about ensuring that people that we are interviewing feel safe, it's about acknowledging their cultural strengths." Another participant added:

I think for me I always try to...be respectful. And just owning the fact that I'm not from here, and talking to other clients, but not just clients, but to my colleagues asking questions, ...making sure I understand the difference in the cultures. (P4)

The involvement and guidance of a cultural advisor may be helpful in cross-cultural practice. One participant indicated, "If I'm going to be working with a Māori whānau, ideally I would want to work with one of the kaiatawhai, who are at the hospital, the cultural advisors" (P2).

In addition, participant P11 commented:

Back when I was working with a lot of Māori clients it was important for me to seek out advice from kaumatua. We have cultural advisors here [too] who I will talk to if I need to about a specific situation.

This participant pointed out that such an advisor is a person who knows the culture well and might even be a co-worker:

Me and another colleague, and she's not Chinese, she's Pākehā, [were] meeting with a couple of people, one of them is Chinese. So after the meeting my colleague say 'oh I feel like the man he totally, I think maybe he felt bored or something because he wasn't interested.' And I said to her 'he was interested, he was thinking, he was taking notes and he didn't give you a lot of eye contact but he was thinking.' So I think it is really important to have someone, if it's appropriate, having someone like a co-worker with you. Someone who knows the culture...otherwise...if you haven't really built the knowledge around another culture you'll do the assessment your perception is different...I don't really think anyone has the skills of working with all cultures so if we have the luxury, a co-worker would be really helpful. (P12)

A number of participants referred to the importance of whanaungatanga in culturally appropriate work, particularly with Māori clients. They indicated that honouring people's connections and affiliations, as well as their belonging, are important aspects of working in a

culturally appropriate manner. One participant explained:

I think that's very important because in our world everything is connected. The spiritual, the tangible, the physical and even though there are people outside this room and outside this country we still have a belief that we are connected to everyone and that's the spiritual connection. So that's why we have to be brought back to that support, the connections. Because in connecting people they are not isolated, they have that support, they have that friendship, they have that...tautoko, they have that like more than friendship, like brotherhood...or sisterhood. (P3)

Several participants recognised that individuals mostly do not live isolated lives and therefore underlined the importance of involving family groups in practice. This concept extends wider than the family and refers to a sense of belonging to a broader group or community:

I think there's a strong sense of always acknowledging that people are not as nuclear, that they have all these whānau links and that whānau is a much wider concept. That relationship is really important, and that the sense as a community everybody supports each other, when there's a tangi, including amongst our own, when something happens within our own team, there's a whole sense of everybody coming together to assist, whether it be baking or giving money or whatever. So a much more communal way of looking at life which I think...is a gift to the wider New Zealand. (P13)

One participant referred to the following example of working in a culturally appropriate manner by involving, acknowledging, and honouring the family structure:

I worked with a Tongan family. Dad was Tongan actually, Mum was Māori and Grandmother, paternal grandmother, was Tongan. She was the main caregiver for the son, the boy. He has a pretty nasty condition...[and] he wanted to have some discussions with the surgeon. And, what actually occurred was I managed to get the surgeon...to meet with the whānau and to have a family meeting. I guess if we look at strengths-base practice that the family working together to resolve issues and work through issues is really important...I got the surgeon...I said this family really needs to talk to you...So he came in...I greeted him and then he went straight into the room with the mother and father and I went to get the young man and his grandmother but,

in the meantime, the surgeon had started. And launched straight into saying what James' [not real name] situation was and prognosis, and talking about, then we walked in and he was still talking. I sat down with Grandmother and with James and then he said 'are there any questions?'

And the family said very little at all, and he said 'well I have to go,' so off he went....The registrar had also been in the room as well and I said 'shall we start again?' Because James had not had his questions answered. I looked to Grandma and said, shall we start with a prayer? Now Grandma was probably the most powerful person in that room and she was the one who had the control of what was going on, she was the main caregiver for James as well, and she was the kinda matriarch. And so she looked over and just kinda nodded at her son and he said a short prayer and then we started. Then I introduced the fact of why we were meeting, what was the purpose of it and even though we had already been in the meeting that had just happened. Then James started to ask some of the questions that he wanted to ask and then luckily the registrar was able to answer some of those questions and the parents were able to talk and then together we were able to talk and then the grandmother spoke finally. And, then we finished with a prayer. For me that was the correct process. I think it was working from the strengths and the cultural base of the family. What the surgeon failed to grasp was that that grandmother was the matriarch, she was the key spokesperson, and nobody was going to make any decisions without her. She needed to be central and she needed to be acknowledged and honoured. So for me that was good cultural practice. (P2)

The participants stated that a respectful and non-judgemental approach is essential in culturally appropriate practice. Participant P5 suggested, "You would see in my whole body language and the words that I use I'm showing a lot of respect to the families." Another participant pointed out, "Being respectful...in order to make that a safe as possible environment for the clients" (P9). Furthermore, participant P13 said, "Our social work and our counselling are...within the context...of an inclusive model that's...underpinned by respectful practice" (P13). One more participant added, "For me it comes down to the respect, respecting that person that culture" (P3).

Collaborative practice was an essential orientation in culturally appropriate practice. This participant, in focusing on the importance of collaboration with her clients, pointed out that strengths-based counselling practice fits closely with the principles of the Treaty of Waitangi:

By talking about the three ‘P’s’ of the Treaty of partnership, participation, and protection I can identify a lot of things from my work according to the Treaty, for example, participation. I will try to get my clients to be involved with decision making. Ask them what they want me to do, if that’s appropriate. So I will ask them to involve them with their issues rather than me doing everything for them. And also for partnership, for example, I work alongside with them. I’m not telling them what to do. (P12)

## **Synergy between strengths-based practice and culturally appropriate practice**

Many participants indicated a synergy between strengths-based practice and culturally appropriate practice. In exploring the synergy between strengths-based practice and culturally appropriate practice this interviewee commented, “I think that they probably go hand in hand...I see strengths-based as being quite respectful” (P4). Participants P2 and P7 explained:

Because you’re working from the strengths of the community, you’re working from existing knowledge of protocols traditions that actually enable a family...or whānau...who may have felt disenfranchised or alienated to then impose their own practices to solve a problem or to work around an issue. (P2)

So what we have is a range of skills here that are not a Western psychotherapeutic model. They actually say how do we understand this person and their stories and their narratives because those are important meanings that we need to actually understand if we are going to work [together]. So I think these are very compatible skills with working cross-culturally, biculturally, multiculturally....So that’s the power of solution-focus interventions of how do I hear that person’s story and make meaning versus me imposing something on them that actually doesn’t fit and alienates them. Now I think that’s culturally a nice fit. (P7)

A few participants highlighted the close fit between a strengths-based approach and a bicultural perspective; some, moreover, referred to the alignment between the Treaty of Waitangi and a strengths-based approach. One participant particularly drew attention to the respectful manner of strengths-based practice, pointing out, “If you think about it, strengths-based practice actually matches the Treaty,...there is...a connection between the principles of strengths-based counselling and the articles of the Treaty and our responsibilities under the Treaty” (P9). This participant, whose agency strongly operated from a strengths approach, indicated:

We’ve positioned ourselves from what I call the bicultural perspective. So we are very much trying to honour both the partnership that was in the original Treaty of Waitangi....We are working within a context where as much as I would say nearly 70% of our clients are Māori. So I would have to say it’s very strongly got Māori influences and taha Māori is woven into our whole way our agency works. But we do position ourselves as a bicultural agency and often as bicultural teams working with families and things like that. We have sat ourselves very firmly into the bicultural position and all of my Māori practitioners have a strong sense of wanting to fill that space of being bicultural practitioners. (P13)

Some participants did, however, caution that strengths-based practice could be unfamiliar within some cultures and with some people. These practitioners described their experience in this regard:

So it’s a moment for them [clients] when I say to them ‘Let’s explore together what your experience is and how you’ve reacted to these kind of things [before].’ And other cultures struggle understanding strengths-based practice because it’s completely unusual for them. In some cases because they’re used to...somebody who is older coming in telling them what’s right or wrong. And when you say to them ‘Let’s explore the options and how would you deal with that’ it can be harder for them initially....They haven’t necessarily had that experience of working with somebody in a collaborative way before. (P11)

Because New Zealand is such a diverse population, well different ethnicities and not every ethnic group is comfortable talking about their strengths in front of other

people....I think really, well, we need to also consider age and culture, and culture is really, really important. How you praise someone if someone doesn't feel comfortable to be praised. I remember it was very early stage when I left China and then someone praised me and I didn't really feel comfortable, I feel maybe someone is not genuine. Yes, I think because we are not really praised by parents or family or everyday so it's really kind of like a new thing for us. So when someone praised me I feel the person, they are not genuine because I wanted some feedback from someone not positive all the time. So for some cultures people don't really feel comfortable to receive praises all the time. (P12)

The participants in the four focus groups contemplated the draft practice framework's context of practice section. The findings from the analysis of their feedback in this regard follows.

### **Focus group Feedback on the Context of Practice**

The participants felt that this section covered the content, in regards to the context of practice, sufficiently but in their reflection on their own experience, they drew attention to a few additional aspects and further highlighted a few of the aspects presented in the draft practice framework. The first aspect they discussed was that cultural and contextual sensitivity is about more than ethnicity. They furthermore highlighted the aspects of using a practitioner from the client's own culture, the importance of gaining cultural information, and acknowledging the client's culture. Supervision and cultural consultation, and the importance of respect and humility, were other aspects raised, and the challenges regarding culturally appropriate practice were also considered.

Viewing the client's culture and context as being more than ethnicity was something that many participants felt strongly about. This participant pointed out that there were a number of factors that contributed to each individual's cultural uniqueness:

I also did a course on multicultural counselling and they had a really interesting way of looking at culture. Like we all have unique cultures because it's a combination of all the things that make us, us. So our gender, our age, the country we were raised and our ethnicity and then all the things that influenced us growing up. And if you put all

that together that makes us quite unique and we've got a thousand influences. Some of my influences are the same as yours, we are all women, we are all living in New Zealand, and some of them will be different, and it's about teasing out some of those things and acknowledging them and making them part of the session. (FG 1)

Another participant strongly agreed with this view, and said:

I would like to see explicitly that culture encompasses all of those other groups whether it's aged, whether it's teenagers, adolescents, whether it's disability, gender. So they are specifically mentioned as opposed to a focus that is solely on ethnicity. (FG 3)

She continued by supporting the importance of a bicultural perspective, adding, however, "But I just don't think that culture has to be limited by language or defined by ethnicity. So it is important that we are inclusive in what that broader sense of culture is" (FG 3). She also asserted that each individual and each situation is unique, and cautioned:

Because if you were in one of the other groups and you are reading this model then you might feel excluded from that because it only actually pertains to Māori or Pasifika specifically. And while I'm respectful of that, I'm just saying if you were something else, another group, you might feel offended by the exclusion and that is not the nature of either of our cultures to do that, to be exclusive. (FG 3)

Some participants also discussed the importance of offering clients the opportunity to work with practitioners from the same culture. This practitioner explained that in:

good cultural practices, we should always offer the client somebody of their own culture that is available. So like, I'm going to be assessing a little Māori boy and his family and we've got a Māori provider and I will ask if they want to see her because that is far more appropriate where possible. (FG 1)

However, in accord with the draft framework, participants also pointed out that this might negatively affect the therapeutic alliance if not done mindfully and carefully.

And for me where I am wanting to get it right is wanting to ensure they have an option of seeing someone from their own culture or checking out if they prefer that.

And for some people, they've come to see you...so it can actually damage the relationship....It's just that sort of over anxious kind of needing to know that this person is going to get the most culturally appropriate support, and am I the right person to be doing that?...Almost being too quick to get it right. (FG 2)

Moreover, the focus group participants, in agreement with the draft framework, highlighted that gaining cultural information and acknowledging the client's culture are important aspects of culturally appropriate practice. One participant described going through rapport building and engagement in a manner that maximises the practitioner's understanding regarding "where they [clients] are coming from culturally and what is important to them," "just to get some information about what is okay and what is not okay in terms of how we work together" (FG 2). Another participant shared:

Most recently I was able to come and have a discussion about Islam and which part of Islam this family was a part of and share some of the tiny bit of knowledge [I have], and their faces lit up, 'Oh she has half a clue.' And just doing a little bit of research, just enough to start a conversation in a humble way. (FG 4)

Participants further pointed out the value of not assuming anything, but rather asking and finding out about a particular client's culture. One participant reflected on an experience she had and relayed what she found useful was "that kind of assuming nothing, going in with a blank sheet and not making assumptions, but doing some of that research" upfront (FG 4). She also added:

To be invitational and to ask, and be very, very transparent about... 'I don't know, how does this work in your culture?' 'Are you okay talking to me because I'm female and I'm older than you?' You know, having those conversations. (FG 4)

Another participant pointed out that the onus should always be on the practitioner to adapt and learn in regards to cultural awareness and knowledge. "When you engage with someone who is from a different culture than you, you have to shift yourself to sit with that really, rather than come from where you're coming from" (FG 3).

Many participants added that supervision is critical for culturally appropriate practice, as

someone noted, “It is understanding and respect....so it’s more about going to good supervision, fleshing it out and supervision is really useful” in this regard (FG 2). Cultural consultation was also emphasised by participants as being valuable in culturally appropriate practice. This participant, however, drew attention to, and called for, consideration regarding how people who are available for cultural consultation can be overburdened. She stated, “It is so easy, people who are kuia and kaumatua and others in other cultures who are available for cultural consults...just get overworked and taken advantage of sometimes” (FG 2).

Furthermore, and consistent with the draft framework, most participants maintained that a respectful and humble approach is key to culturally appropriate practice:

Respectful, non-judgemental and, I would add to that, just a humility. I think humour was mentioned somewhere and I say there was something about they often apologise for their English and I say my xxxx isn’t very good either and essentially trying to level that out. That they feel ashamed they can’t speak my language, I can’t speak theirs either and just coming in with a humble [approach]. (FG 4)

The participants also reflected on a number of challenges that they experience in regards to culturally appropriate practice. Firstly, some participants described the challenge of different languages and not always being able to access the assistance of a translator. This participant spoke about “working cross-culturally in particular with some of our migrants and refugee clients. So the language is a real challenge there, and the need for translation, which is not always easy to get” (FG 4). Other participants emphasised that if using a translation service, it is important to ensure that a professional service is being delivered.

Another challenge raised was dealing with an issue that is particular to a certain culture but that is personally unacceptable to the practitioner. This participant mentioned, “I recently worked in elder abuse and in a neglect prevention role and it was just within different cultural groups how the elder abuse itself is seen. It was really challenging” (FG 2).

As reflected in the draft framework, some participants concurred that another challenge is maintaining a sense of confidentiality in a small cultural grouping of people, where both client and practitioner are from the same culture. One participant explained that clients from

a certain small community are quite a closed community and are especially private regarding any mental health issues. They found that arranging a support worker, from the same culture, for someone in this community, would often not be accepted, as someone in the family may know this person.

Another participant considered the challenge of working with people where the clients themselves are from different cultures and who experience difficulties based on their different cultural backgrounds. This participant relayed the following example:

When you have a couple, one is Dutch and the other one is Samoan, and quite Samoan entrenched and quite Dutch entrenched. The similarity being that the Dutch are very strong with their family support networks, but then so are the Samoans but in a different way. (FG 2)

Consistent with the draft framework, some participants reflected on the challenges of using a strengths-based approach with people from some cultures that may be uncomfortable focusing on a person's own strengths and abilities. One participant said, "Some of my experience around working with Chinese and maybe Korean, [is that] it is not okay to say I'm really good at this or I have strengths" (FG 2).

The focus group interviews further produced data around the general impressions of these practitioners on the draft practice framework. The findings from the analysis of this data are discussed next.

## **General Focus group Feedback and Impressions on the Framework**

Much debate and reflection on the visual representation (Figure 4.1) of the framework occurred during the focus groups. The participants considered the different sections and elements of the framework carefully, and in detail. Most participants had ideas around the diagram, structure, and sectioning of the framework that they wanted to capture. The participants also reflected on the applicability of the framework, as well as on the implementation of such a framework. This section presents a summary of these ideas by

discussing the interconnectedness, ranking, structure, and word choice of the sections; the diagram; as well as the applicability and implementation of the framework.

### **Interconnectedness, ranking, structure and word choice of the sections**

Many participants pointed out that an overlap between the different sections of the framework existed, and emphasised the interconnectedness between the different sections. They particularly mentioned the overlap between skills, interventions, assumptions, phases, and knowledge. They also expressed uncertainty in regard to what a skill was and what an intervention was, and in which sections to place certain elements of the counselling process. Comments that arose regarding some elements were for example, “So I think that goes in all of those things, skills, interventions and phases, and maybe assumptions” (FG 1), and “It is...really hard to separate them out, it is all so intertwined. What’s an intervention and what’s a skill? They are overlapping” (FG 2).

A number of participants also commented about the order of the practice components. Some said that they would like to see the practice component “assumptions” clearly feature as the first component, and others proposed a complete change of order among the components:

The divisions are fine, I think they are slightly in the wrong order. The assumptions should be probably right up at the top because that does inform everything else, and probably phases needs to come next and intervention, skills, and then you’ve got the outcomes at the end. I mean for me being visual, I’m just thinking they are not quite in the right spot. (FG 1)

I think that for me in terms of, if we are thinking in a strengths-based way, the skills are at the top and that is where it is important for them to be, as opposed to the assumptions, which I guess is what happens, but it is the stuff that is ‘what it is all about really?’ (FG 1)

Another participant would like to see the third assumption divided into ‘people are experts’ and a separate assumption for ‘working collaboratively’. “Those are two things [people are

experts and working collaboratively], I think they are separate.” (FG 3)

Some participants indicated that the assumptions section could also be foundational to the framework, rather than be a particular practice component. This participant said, “The assumptions [are] like the basis of the framework” (FG 1).

Some participants, who reflected on word choice, suggested using a more fitting word than the word *assumptions*. One participant, who felt strongly about a word change here, indicated that assumptions sounds like you are assuming something or that you are making a guess. Some participants recommended, rather, using principles or values. This participant remarked, “I agree that these are principles and it sounds like if you call them principles it is kind of like this fixed set of principles” (FG 3). Another participant added, “We are thinking assumptions may not be the right word, principles could be, but values maybe” (FG 3).

### **The diagram**

There were participants who liked the diagram as it was presented (Figure 4.1). Comments like “so I really like the way that you presented this and I’m not quite sure why if it’s about the fact you used circles and not squares, but yeah I like it” (FG 1), and “I think it is a really good visual interpretation of what happens and it is succinct...I think it is a really clear way of describing it” (FG 1) were offered. There were other participants, however, who proposed a rework of the image. Some suggested a change to the diagram that would represent movement and less rigid positions of the elements in the process, and others recommended a three dimensional diagram with different levels or layers.

Some contributions highlighted the overlap and interconnectedness of the components and sections and suggested that this might be represented visually by overlapping circles and components in the diagram. One participant said, “It is like an integrated whole so the circles would... just slight[ly] overlap, all linked, rather than separate” (FG 2), and another remarked that:

It’s a good thing that they are not separate because they are all part of the same whole....The skills and the context, they are all just part of the same thing, they are

all essential to...provide a service. (FG 3)

Some people further reflected on the colour and had varying preferences in this regard. Some participants liked the green and felt that it had an organic look to it, others felt that the use of more colour could better depict the process:

Because that is so interactive...and it is fluid. And using colour, [to depict] the vibrancy of the work....If we think about a journey, which is kind of what this is, it is a journey together of you and the client, that along the way, if we take a journey, we see many colours, we see greens, and yellows, and blues. (FG 1)

### **Applicability and positive feedback**

When asked if the framework was applicable in the practitioners' current field of practice, some responded that this is their daily practice. For instance, this participant said, "yes well, it is because I'm using it now" (FG 1).

Others had positive general impressions about the framework and remarked that this draft framework was a good foundation upon which to continue to develop the final framework. These two participants agreed:

I think it is actually really quite powerful and you are drawn to find out more about it. I really like it, I think it's amazing the way you've pulled out all of the information from your interviews and your reading and your research and you've designed this and come up with this. It's great. (FG 2)

I really like it, for me one of the reasons why I got involved is when this is all sorted, when you sent me that final [version of the framework]...I really want to use this framework in my agency with...that balance between counselling and social work....I thought it was well written, it was well presented, it was easy to read, it was language that was very understandable...Formulated in a way that made it easy to read, good job. (FG 2)

Another participant pointed out that even if one was not in a counselling role, the framework can be useful in providing a foundational knowledge about the strengths perspective. It might

also aid a shared understanding between colleagues, when working in a similar manner, which would be to the benefit of the client.

### **Enabling practitioners to implement the framework**

Among the participants, some wondered about the ability of practitioners of different levels of experience, to implement the strengths-based counselling practice framework. They reflected on the *how to* of the implementation and the importance of training to equip and enable practitioners to this end. One participant remarked:

So if we had practitioners that were new and this is the framework, they also need a bit of a *how to*...How do we ready people for this? Is it a workshop, maybe it is more like workshops? Because this is really good, but it is the *how to*, the next steps, how do we support people into being able to do that? (FG 1; emphasis added)

Another participant similarly reflected on preparing practitioners to use this framework and concluded that he would like the framework to be “something that is useful” (FG 3). He felt that it may give guidance to how strengths-based counselling was practised and how people were taught in this regard, but he pointed out that what he had “heard is, [that] this foundation is really complex” (FG 3). He also remarked: “there’s a lot in there that we almost take for granted, while these are all really important and I got really excited about the values, teaching values on their own isn’t going to do it” (FG 3).

In addition, some practitioners wondered when one would introduce such a framework to practitioners and if it would be introduced at university level. One participant asked, “How would you introduce it to a new practitioner who is still learning how to relate to a whole range of different people in different circumstances?” (FG 3). She felt that before this framework was introduced “there needs to be some proficiency in their [practitioners’] ability to communicate and build rapport in relationships” (FG 3).

### **Conclusion**

This chapter discussed the context of practice, as reflected in the draft practice framework, as

well as the findings from the appraisal by the focus group participants of this section. The context of practice section of the draft practice framework represents a cultural and contextual sensitivity in practice, and highlights particular elements of culturally appropriate and bicultural practice.

Focus group feedback regarding this context of practice section showed broad support for the draft practice framework, but emphasised the notion that cultural and contextual sensitivity is more than ethnicity. Table 6.1 reflects the progression of the context section in the sequential development of the practice framework and the bold typeface draws attention to the suggested change of this section of the draft framework.

Table 6.1.  
*Consecutive Phase 1 and 2 Themes and Sub-Themes of the Context Section*

	<b>Themes</b>	<b>Sub-themes</b>
Phase 1	Context	Practice where client and practitioner have a shared cultural background Cross-cultural practice Culturally appropriate practice Synergy between strengths-based practice and culturally appropriate practice
Phase 2	Context	<b>More than ethnicity</b> Practitioner from own culture Gaining cultural information and acknowledging the client's culture Supervision and cultural consultation Respectful and humble Challenges

The focus group participants, as demonstrated with Table 6.2 (next page), furthermore, offered various ideas around the diagram and sectioning of the framework, especially highlighting the interconnection and overlap of the sections. The general impressions further

focused on the applicability of the framework as well as the importance of enabling practitioners to implement the framework.

Table 6.2.

*Phase 2 Themes and Sub-Themes of the General Impressions on the Practice Framework*

Phase 2	General impressions	<p><b>Interconnectedness, ranking, structure and word choice of the sections</b></p> <p><b>The diagram</b></p> <p><b>Applicability and positive feedback</b></p> <p><b>Enabling practitioners to implement the framework</b></p>
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In the process of developing the strengths-based practice framework, each of the draft framework sections has been presented and discussed, in turn, in the last three chapters. These discussions reflect a strengths-based, culturally sensitive, approach to counselling in social work practice. Next, Chapter 7 presents the final strengths-based counselling practice framework as it evolved through a consolidation of the focus group feedback and relevant literature.



## **Chapter Seven: Discussion**

This chapter builds on Chapters 4, 5 and 6 and reflects the consolidated practice framework, strengthened through the focus group data and the relevant literature on strengths-based counselling. The final version of the practice framework is presented here as the Aotearoa New Zealand strengths-based counselling practice framework for social work, and reflects the contextual considerations and practice components that are vital for strengths-based counselling in social work practice in Aotearoa New Zealand. This chapter will firstly provide a reflection of the views of the participants in this study regarding counselling in social work in Aotearoa New Zealand, incorporated with the related literature. This reflection is followed by a visual representation and discussion of the practice framework, and a summary of the framework concludes this chapter.

### **Counselling in Social Work in the Aotearoa New Zealand Context**

As seen in Chapter 1, the writings of Rochford and Robb (1981), Sheafor (1982), and Simpson (1978), nearly forty years ago, indicated that there was a significant counselling or therapeutic component in social work in Aotearoa New Zealand. Munford (2000) and Staniforth (2010c) both confirmed this to be still relevant through their more recent studies. The participants in this study also shared information in relation to their views on counselling in social work. They confirmed that there is a significant counselling component in their regular social work roles and activities, across various fields of practice, which requires considerable counselling skill. For instance, a participant from Focus Group 3 stated, “We do counselling and it’s part of our everyday mahi,...because if you weren’t, then you are not functioning in your practice and your ethical role to the client.” Participant P1 also articulated this well:

Referrals might not always be for counselling but really, there is a whole lot of counselling that goes into social work - whether it’s identified as being counselling or not. So it might be a social work referral, but even in social work referrals with somebody that might need practical tasks and help...there is so much, such a big component of counselling that we might call social work but actually, it’s really counselling. (P1)

It is therefore clear that the findings of this research align with the local and international literature that holds that counselling is a legitimate activity and important element of regular social work practice (Ludbrook, 2012; Seden, 2005). The change continuum of micro through to macro practice is not only characteristic of social work (Connolly & Harms, 2009) but also a strength of the profession. Moreover, as indicated earlier, the ANZASW supports the full change continuum of social work practice in Aotearoa New Zealand.

Staniforth's (2010c) study also showed that a number of respondents are still experiencing what Simpson claimed in 1978, namely, that they did not feel that their initial social work training prepared them adequately for their counselling role in social work. Many of Staniforth's respondents expressed a desire for further professional development in regards to the counselling component of their social work role. Several participants in this study reported that they also found they needed to develop their counselling skills further, after completing their initial social work qualification. Participant P7 described his experience in this regard:

Twenty years ago, I was managing a sex offender programme and had a four-year degree in social work. I'm not sure that training has given me the clinical and the therapeutic skills I needed. So I then, over four years, completed a master's programme in counselling.

This participant further emphasised the need for counselling-skill training and that it is unethical to expect practitioners to deliver a service to clients when they are not well enough equipped for the particular task:

I think we do need to be teaching people the micro skills of how they work with an individual, with a family, with couples. So it is about micro skills versus social policy broad analysis, and we need to work in a way that integrates that. And if we are sending practitioners out without that set of skills, we are asking them to experiment with people...and that's probably unethical if you think about it. (P7)

Indeed, a number of participants from Staniforth's (2010c) study, as well as this study, reported that they have accessed various avenues to develop their counselling skills further. A number of participants in this study reported having obtained both a social work and a

counselling qualification and noted that they find their dual qualification invaluable in their social work practice; and others did additional counselling papers, courses, or workshops. (See Staniforth & Booyesen, 2016, for a further discussion on training for counselling in social work).

On the other hand, many of this study's participants also indicated an awareness of a protectiveness or uncertainty amongst social workers regarding the boundaries or perceived boundaries of the social work and counselling professions. Munford (2000), in his study, referred to the ongoing debate between the two professions regarding separate professional identities. These two participants indicated:

I managed an agency that had counsellors and social workers and...I think there are lots of synergies between the two. But, I noticed in that agency that counsellors were very protective of their roles and that social workers were very protective of their roles and that made it quite difficult at times when you were trying to work as a team across the spectrum. Really, and I was never quite sure why that was because a lot of counselling skills are required in social work and, to a degree, you know social work skills are required in counselling. (P10)

I'm a practice manager of a team of social worker and counsellors. We employ more and more counsellors in a dual role where there it becomes an issue, an almost territorial issue like 'What should I do? What should I not do?' (FG 2)

The participants in this study also reported that social workers themselves were often not comfortable acknowledging a counselling role in their social work positions. One participant indicated that she found social workers "don't see themselves as providing counselling other than supportive counselling and they would actually defend that and be very clear that they are not counselling" (P8). She further noted that social workers saw counselling as something separate to social work, and that they did not want to imply to be or do something that they do not have the qualification for. Other participants added that some of the discomfort and uncertainty from acknowledging the counselling component in their role stemmed from the denial of other professionals, colleagues, and governing bodies regarding the legitimacy of counselling in social work practice.

Staniforth (2010c) and Munford (2000) both indicated that this tension between the professions could be to the disadvantage of clients. Munford (2000) argued that finding common ground would be beneficial for social workers, counsellors, and clients, in that collaboration between professionals could lead to improved client outcomes. A participant from Focus Group 3 noted that windows of opportunity might be missed through rigid boundaries between the counselling and social work professions, and participant P13 also cautioned that rigid boundaries between the professions could disadvantage clients. He explained:

In working with pretty marginalised people virtually all of my career...[from] initially, when I was a youth worker way back nearly forty years ago, to the last twenty-five years....where I'm working in a more disenfranchised community, I have always felt that it's a huge privilege that people, and a very courageous step that people take, to even enter into encountering you as a professional...And so often they are adult weary because they've had poor experiences with adults in their lives, and so we need to be very careful of introducing too many [practitioners] to them.

He further indicated that although it was the norm to "refer people out" to a counselling service, it might result in clients perhaps not making the transfer because they already had a connection and trusting relationship with the referring social worker:

So that's been some of my thinking that yes, separating things into different disciplines, that can work perhaps when people have self-confidence, a strong identity. But if you are very marginalised those things can be recipes for people dropping through the cracks when the referral's made. (P13)

Overlapping boundaries exist between the social work and counselling professions. A number of participants in this study confirmed that there is a space in service delivery where there is an overlap between social work and counselling roles. Staniforth (2010c) confirmed this in her study and proceeded to develop a model that shows areas of overlap. These areas of overlap include biculturalism, anti-oppressive practice, contextual awareness, relationship-building skills, and problem-solving assistance. Munford (2000) also found interrelatedness between the two professions regarding theoretical models, skills, values, and ethics. Participant P10 considered her experience in this regard, as follows:

I think even sometimes people who are trained as counsellors and social workers themselves might have a few problems in making that very clear distinction because they do cross over incredibly...I don't know, maybe 70% of the types of things that you do are similar...But when I used to listen to, or if we did a case study where the counsellors and the social workers were there working with, say, a particular person, a lot of what they would talk about would be the similar sorts of things they were trying to achieve.

Participants in this study further spoke about terms like *social practitioners*, *integrated practitioners*, and *multi-skilled practitioners* demonstrating more flexible boundaries between the professions. Participant P7 referred to “David Epston [who] once talked about having social practitioners.” He especially liked this idea “because it spoke to the tension of social work versus counselling” and it confirmed to him that “there’s something in between” referring to interdisciplinary and transdisciplinary practice. Another participant elaborated:

Social workers might truly take on board that they can be counsellors within that. I have social workers, I have counsellors, I have educationalists, and I’m trying always to get all three of those disciplines to learn from each other. And to say you might be the one point of contact with a family, you’ve got to try and bring in even if you trained as a social worker, bring your counselling, bring what you’ve learned from these other practitioners, bring it into your practice, because then you are truly being an integrated practitioner....So I think I very much personify that term of being an integrated practitioner for virtually my whole career, but it started from certainly the discipline that I was trained in was called social work and it had strong components of counselling skills within it. (P13)

One of the study’s participants shared his experience about the tension between counselling and social work and pointed out that strengths-based approaches in practice are a particular point of interrelatedness between counselling and social work: “So I think narrative, solution-focused, strengths-based ways of working are probably the models and essence of what brings counselling and social work together. They are compatible models” (P7).

The respondents in the Staniforth (2010c) study indicated that they believed that counselling

in social work in Aotearoa New Zealand should hold a strengths-based collaborative approach that recognises the importance of a bicultural orientation. Moreover, as indicated in Chapter 1, there is a shift towards a strengths-based practice that aligns with collaborative and culturally sensitive practice in the helping professions. The participants in this study confirmed that they find strengths-based counselling practice to be consistent with a culturally appropriate practice approach. Other Aotearoa New Zealand-relevant examples of this are the Family Works (2015) practice framework and the integrated framework (Maidment & Egan, 2016), both culturally sensitive and strengths-based practice frameworks for micro change practice. Another example is the gentle hand framework (Sanders & Munford, 2010) which is a strengths-based and culturally sensitive framework developed for practice with families. This aspect will be discussed in more detail in the practice framework section of this chapter, pertaining to the context of practice.

This study undertook to explore the core contextual considerations and practice components that are vital for strengths-based counselling in social work practice in the Aotearoa New Zealand context. Based on those findings, this study also aimed to develop a practice framework for strengths-based counselling practice in Aotearoa New Zealand, in order to provide a useable tool that may support social workers in this area of their practice. Such a practice framework would integrate theoretical knowledge, factual knowledge, and practice knowledge; provide a foundation for practice to influence interventions and client outcomes; be contextually and culturally sensitive; and would be supported by research and best-practice initiatives, as seen in Chapter 2. This chapter continues to present the core contextual considerations and practice components of the strengths-based counselling practice framework for social work in Aotearoa New Zealand. This practice framework was developed through the relevant literature and the contributions of the research participants in this study.

## **A Practice Framework for Strengths-Based Counselling in Social Work in Aotearoa New Zealand**

The draft framework, as presented in Chapters 4, 5, and 6, consolidated with the feedback received from the focus groups, as well as the available relevant literature, is presented here

as the **Aotearoa New Zealand strengths-based counselling practice framework** for social work. This practice framework reflects the contextual considerations and practice components that are vital for strengths-based counselling in social work practice in Aotearoa New Zealand. This framework was developed from what practising social workers, who were involved in this research, reported that they do on a daily basis. Payne (2014) indicated that social work developed through social construction, and hence through how social workers practised. A number of study participants believed that the development of a counselling model or framework could be helpful to them in practice. Some pointed out that a model or framework could give recognition and validation to the counselling component in social work. Another remarked that a model or framework could be helpful in dealing with “really serious issues like the death of a child, grief and loss, [and] trauma” (P2). Other participants spoke about the value of a model or framework that is relevant in the particular context of Aotearoa New Zealand.

The research aimed to develop a practice framework, as opposed to a model. A model, as indicated in Chapter 2, is a structured and directive step-by-step plan of going about an activity (Payne, 2014), while a practice framework connects the philosophy, knowledge, context, practice, and positive client outcomes, and influences the interventions and client outcomes. It provides the philosophical foundation to guide practice, it is supported by research, based on social work values, and is culturally sensitive (Connolly, 2007a; Healy, 2005). A framework gives practitioners options from a body of knowledge, incorporating different knowledge types, to select the practice knowledge, methods, and interventions to employ in different practice situations, and can be applicable across different fields of practice (Payne, 2014). Consequently, a framework broadens the application potential of such a practice tool. The reader will note that this Aotearoa New Zealand strengths-based counselling practice framework presents various application options. It presents a body of knowledge, which includes different practice approaches and possibilities, a number of skills and activities, and a sequence of phases that can be employed in strengths-based counselling. The specific choice of application, however, would be guided by the practice philosophy of the framework and determined by the practitioner, practice situation, and that which is suited to the client and client requirements. It can be used in different fields of practice, and can be

adapted to particular practice contexts.

Even though this is not a model with a step-by-step plan, but rather a broad map with application options, the participants felt strongly about providing application guidance or *how to* guidelines for practitioners regarding its implementation. To this end, this chapter will provide a discussion of the Aotearoa New Zealand strengths-based counselling practice framework and its implementation, which includes reference to current literature and other practice frameworks. Furthermore, the handout for training included in Appendix A was developed as a succinct guide to the framework. To start with, however, a visual representation of the practice framework (Figure 7.1) depicts the framework sections nestled

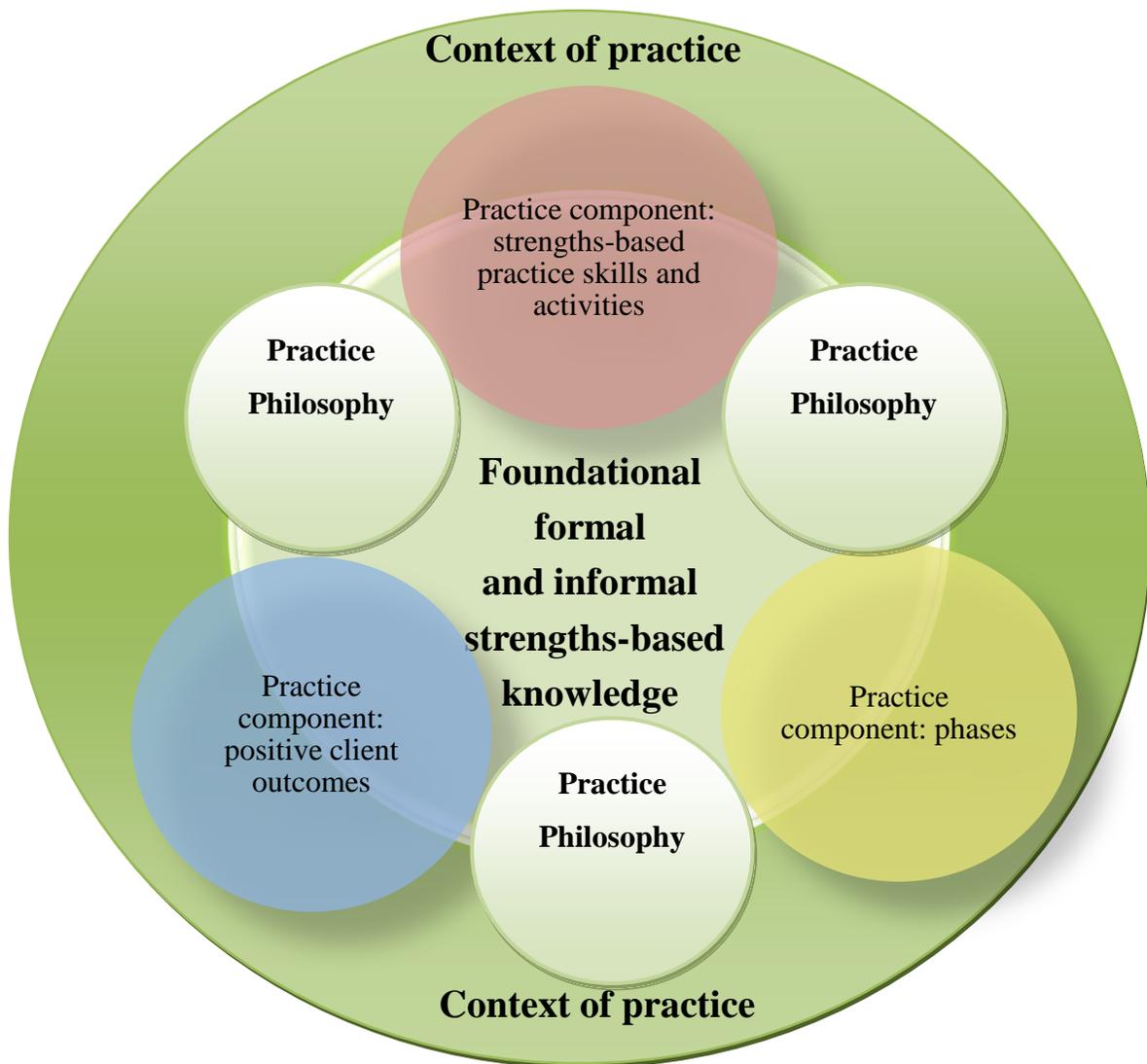


Figure 7.1. The Aotearoa New Zealand Strengths-Based Counselling Practice Framework

in a contextual awareness, with formal and informal knowledge at the core of the practice framework. It, moreover, shows the practice philosophy informing and connecting all the framework sections and the practice components, guided by the practice philosophy, knowledge, and practice context. This chapter concludes with a summary of the practice framework in the form of Table 7.1. The presentation on the practice philosophy of this framework begins this next discussion.

## **Practice philosophy**

The term *assumptions* was used in the draft practice framework but, based on the focus group feedback and available literature (McCashen, 2010), replaced with *practice philosophy*. *Assumptions* was one of the practice components in the draft practice framework but, again, based on the focus group feedback, is now interrelated to all the framework sections.

The strengths approach is based on a philosophy informed by certain principles, beliefs, ethics, ideals, and a particular stance—it is the philosophy that drives this approach (McCashen, 2010). The practice philosophy of this framework, interrelated to all of the framework sections (Figure 7.1, previous page), is the “glue” and the “driver” of this framework, and is presented here in five main ideas.

First, central to the practice philosophy of this framework is that all people have strengths, resources, abilities, and capabilities. This first main idea is consistent with Saleebey’s (2013) first principle, as seen in Chapter 2, namely that “every individual, group, family and community has strengths” (p. 17). People also naturally strive to grow and express their strengths, and this is supported in strengths-based counselling through the exploration of the client’s strengths and resources (Jones-Smith, 2014). Furthermore, people still have strengths and resources, as well as the ability to grow and change, whilst they are going through difficulty, even though they may at times not see this themselves (McCashen, 2010). They may also gain resilience and strengths as they move through these difficult times of adversity (Jones-Smith, 2014; Saleebey, 2013).

Jones-Smith (2014) also reported that people have different levels of strengths and that

various contextual factors influence a person's strengths level, for example, different people are exposed to different resources in their environments (Jones-Smith, 2014). The participants in this project highlighted that strengths and resources are not limited to those found in the individual's internal world, and that many resources can be found externally to the individual. Saleebey (2013), moreover, believed that every environment has resources to offer that need to be explored. External resources could also aid growth and change but should be used in a manner that complements rather than undermines people's strengths and objectives (McCashen, 2010). These resources are, for example, knowledge and information, people and organisations, culture and traditions, and financial and physical resources, to name a few (McCashen, 2010).

Second, a focus on strengths and resources throughout the counselling process is necessary, as people's strengths, resources and abilities provide the keys to growth and change. The participants further stressed the importance and power of actively seeking out, employing, and drawing attention to clients' strengths and resources in the counselling process. Jones-Smith (2014) and Saleebey (2013) both indicated that motivation to grow and change are enhanced when strengths are the focus in counselling, and it is important for people to feel that they have strengths in order to remain hopeful. Ingamells et al. (2013) showed that students experience personal growth and academic improvement when there is a focus on their strengths in tertiary education. A focus on strengths supports and enhances hope and, as Jones-Smith (2014) claimed, hope encourages change as well as clients' participation and engagement in counselling. Emphasising what people have and what is working already, rather than focusing on what is lacking and not working, is encouraging. Jones-Smith (2014) pointed out that encouragement is motivational and powerful in facilitating change. Crediting clients for their change and coping efforts validates clients and is also encouraging and motivational.

Third, if people are the experts on their own lives then no professional can presume to know the extent of someone's ability to grow or change (Saleebey, 2013). Furthermore, the practitioner cannot be the expert on the problem, as the client is the person who has the experience of the problem as well as the exceptions to it (Parton & O'Byrne, 2000). The specialised knowledge, skills, and expertise of the practitioner are helpful, for instance in

asking constructive questions, co-constructing new narratives that aid solution finding, and challenging harmful beliefs and prejudice (Parton & O’Byrne, 2000), but the way this knowledge and these skills are employed can either disempower or support people in their self-determination (McCashen, 2010).

Participants in this project indicated the importance of working from a belief that people want to make changes and that clients have a sense of what they need in order to address their challenges. They noted that working from this premise encourages ownership, and motivation towards the solution, in the client. McCashen (2010) suggested that practitioners look for and value what clients bring, from the foundational belief that people have their own way of making sense of what they are experiencing, and that they know themselves better than anyone else does, and also, that people have an inner knowledge of their strengths, hopes, experiences, and beliefs. Furthermore, people know best regarding what supports or stops change from occurring in their lives, and people have their own understanding about their behaviour. Healy (2014) noted, “Service users have the capacity to determine what is best for them and do not need human service workers to define their best interests for them” (p. 168).

Fourth, collaborative practice is essential in strengths-based counselling. This fourth main idea aligns with Saleebey’s (2013) fourth principle, as seen in Chapter 2. Collaboration reveals and boosts client strengths and it increases resources and facilitates empowerment. McCashen (2010) wrote, “The expertise, knowledge and resources of all parties are valued, shared and developed in a team approach to change” (p. 33). The support and active involvement of all parties enhances the possibility for growth and benefits solution finding (Healy, 2014). Participants also reported that walking alongside people and working together in discovering possibilities and meanings leads to greater understanding and more prospects. Furthermore, goals, solutions, and plans that are developed in collaboration with clients tend to be more relevant to clients than ones that are not the client’s preference (Healy, 2014).

Working collaboratively requires respect for people’s rights and uniqueness, and a belief in people’s potential, strengths, and their ability to contribute to the process (McCashen, 2010). Participants also emphasised the importance of respectful practice, and that it is essential for

engagement, cooperation, and effective practice. A number of participants indicated that acceptance, unconditional positive regard, respect, transparency, and self-determination are further underlying strengths-based practice values. This is consistent with McCashen (2010) pointing out that strengths-based practice is underscored by the perspective of socially just practice.

Fifth, strengths-based counselling is not just about the problem, but also about hearing positives and exceptions. It does not entail focusing on positives and ignoring the problems but rather supporting and assisting clients to identify and build on their strengths, resources, and resiliency (Smith, 2006a). The participants concurred with this, and many argued that it is important for practitioners to fully hear and validate the client's concerns, as well as to hear the positives, exceptions strengths, solutions, and the preferred future in facilitating change. The participants further pointed out that the solution is often not related to the problem, and is unique to each individual. They continued that a practitioner could be drawn to a focus on the problem, as that was what motivated the client to approach the practitioner, but warned against this as it can encourage moving into an expert role. Some participants noted that when the focus of the counselling process is mostly on the problem it could enhance the problem or problematic behaviour. Problems are something that people have, experience, or are affected by; they are not something the person is (McCashen, 2010).

This strengths-based practice philosophy underscores the knowledge base of the practice framework, and, alongside the practice philosophy, the relevant strengths-based formal and informal knowledge inform this practice framework. This practice framework discussion now continues with a reflection on the knowledge base.

### **Foundational formal and informal strengths-based knowledge**

The knowledge base informing this framework is at the core of the framework (Figure 7.1, p. 192). This knowledge base integrates the theoretical assumptions and research from the strengths perspective and strengths-based practice approaches, with practice knowledge and local knowledge. Practice knowledge includes knowledge regarding the application of a strengths-based counselling framework across various fields of practice, as well as the

practitioner's personal knowledge and self-awareness. Local knowledge includes cultural and ethnic knowledge, as well as knowledge about the community, systems, resources, and organisations.

Solution-focused therapy and narrative therapy are the strengths-based approaches mostly drawn on by the participants, and also the approaches most often applied in strengths-based frameworks and models, as reflected in the literature review. Participants further referred to using various models and theories that they integrate from a strengths perspective. These include, but are not limited to, models and approaches like the person-centred approach (Rogers, 1956), motivational interviewing (Miller & Rollnick, 2013), and appreciative inquiry (Cooperrider et al., 2008). Indigenous models such as a Taina Whakaatere Pohatu model (Pohatu, 2004, 2011), the te whare tapa whā model (Durie, 1998, 2001), te wheke model (Pere, 1991), and the pa harakeke model (Durie, 2001), were also reported to be used in strengths-based practice. Even facets of approaches are used in a strengths-based manner, for instance, genograms are used as a strengths-based tool. The different approaches are selected and used with the emphasis on an orientation towards people's abilities, capabilities, and resources, and on facilitating empowerment, and collaboration. This framework offers the scope to incorporate Western strengths-based approaches with indigenous approaches or cultural constructs, as is beneficial for clients and relevant in a particular context. Practitioners will therefore select the knowledge and approaches aligned with the practice philosophy and applicable to the particular practice environment and client concerns. For example, motivational interviewing (Miller & Rollnick, 2013) might be used to engage reluctant clients, or the work of Waretini-Karena (2012) might be drawn on to deal with intergenerational trauma and the strengths-based framework of Sanders and Munford (2010) might be employed in working with families and whanau.

Research is also a key element of the framework's knowledge component. There are several recent studies that show support for strengths-based approaches in creating positive behaviour change, as well as in having a positive effect on client outcomes (Fukui et al., 2012; Pransky & McMillen, 2013; Rapp & Lane, 2013).

The various strengths-based approaches are capable of being integrated and lend themselves

to eclecticism. Maidment and Egan (2016) noted that most practitioners report working in an eclectic manner and integrate a number of theoretical approaches in their practice. The benefit of eclecticism lies in the flexibility that it provides to select the strengths of different approaches and integrate theory, to match interventions to client needs and context (Beddoe & Maidment, 2009). A possible downside of eclecticism, identified by Beddoe and Maidment (2009), is the ambiguity and confusion caused by the occasional use of contradictory approaches. This aspect is less likely to occur in this framework where even though practitioners have the freedom to apply different strengths-based approaches it is done under the guidance of the strengths-based philosophy.

The participants indicated that they used strengths-based counselling in social work in Aotearoa New Zealand across various fields of practice. Social work practitioners in statutory/government, NGOs, and private practice found challenges but also many opportunities for strengths-based counselling practice. Miller (2016) wrote about the importance of working with children, young people, and families, from a strengths perspective in statutory social work. Cleak and Egan (2016) described strengths-based engagement with clients in different contextual settings, for instance in the office, at home, in hospital, a residential setting, a courtroom, or on the street. They also presented crisis intervention with clients from a strengths perspective. Hutchinson (2013) pointed out that strengths-based practice is able to inform all social work intervention. The participants indicated that social workers have an essential role in introducing a different approach, especially in the more deficit-based systems, an approach that facilitates the empowerment of clients.

The participants further indicated that personal knowledge coming from intuition, interpretation, and practical wisdom develops through regular and repeated practice, and experience is part of this knowledge component. This aspect was also affirmed by Payne (2014). Beddoe and Maidment (2009) argued that practitioner self-awareness is essential in service delivery as practitioners' philosophy, principles, attitudes, and world-view greatly influence the choices they make in practice. This was consistent with the participants indicating that employing self-knowledge and experience in strengths-based practice includes awareness of personal qualities, skills, and attitudes, as well as professional attitudes.

Local knowledge informing strengths-based practice is an essential part of the knowledge base of this practice framework. This includes indigenous models and concepts, culturally appropriate practices or tikanga, cultural narratives, and family and wider connections or whanaungatanga, as discussed in previous chapters. The participants indicated that local knowledge, however, is not limited to cultural or ethnic knowledge, and also includes knowledge regarding the community, its structures, processes, services, resources; and systems. It further includes an understanding of the client's immediate context, and public or political issues that affect the client's well-being and service delivery to the client, and is inclusive of the social service organisation and organisational culture that may affect service delivery. Maidment and Egan (2016) indicated, "practice knowledge is shaped by the historical and current social, economic and political contexts of practice" (pp. 21-22).

This strengths-based counselling practice framework is underpinned by a contextually informed, culturally sensitive orientation (Figure 7.1, p. 192). This section continues to explore this aspect.

### **Context of practice**

Context-sensitive work considers all the factors in clients' lives that benefit and disadvantage their well-being, and includes aspects of a political, social, economic, religious, and cultural nature (Sanders & Munford, 2010). Bertolino (2010) explained that problems and solutions are impacted by context. Context is therefore hugely influential in the occurrence of a problem, but also in the finding of a solution. Understanding the client's culture is an important aspect of contextually aware practice.

Various aspects of difference reflect culture, and culture further contains influential contextual factors like family history, relationships, development, physical biology, political and economic systems, time, place, and circumstances (Bertolino, 2010). Purnell (2014) provided a broad list of variant characteristics of culture that form people's world-view, namely, "nationality, race, skin colour, gender, age, religious affiliation, educational status, socio-economic status, occupation, military experience, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual

orientation, gender issues, length of time away from the country of origin, and reason for migration” (p. 4). Maidment and Egan (2016) also described broad cultural dimensions such as age, gender, class, sexuality, ability, and age, and stated that culture is not limited to ethnicity. The participants in the study noted that a person’s unique culture is a combination of various influential components including gender, age, country of origin, and ethnicity. They were clear that clients’ context and culture entails more than ethnicity, which is just one aspect of cultural diversity to consider in context-sensitive work. They felt that the other factors that also form part of a client’s context and culture need to be regarded with equal sensitivity and awareness.

The participants discussed the concept of culturally appropriate practice, and indicated a respectful and non-judgemental approach, collaborative practice, culturally appropriate engagement, as well as recognition and acknowledgement the client’s culture, as significant aspects in this regard. They furthermore specified that the engagement of a cultural advisor and supervision, attention to whanaungatanga, and the involvement of larger family groupings are key elements of culturally appropriate practice in Aotearoa New Zealand. Bertolino (2010) referred to appreciating and respecting diversity in strengths-based practice, and McCashen (2010) wrote about “power-over” versus “power-with,” and saw power-with as central to strengths-based practice. He further pointed out that a power-with orientation requires a respectful stance and collaborative partnerships. Collaborative practice was particularly underlined by the participants as an essential component of bicultural and culturally appropriate practice in Aotearoa New Zealand, consistent with the principles of the Treaty of Waitangi. Crawford (2016), in discussing bicultural practice in Aotearoa New Zealand, pointed out:

This is more than just learning about another culture or ethnicity. It is about recognising the indigenous place of tangata whenua in Aotearoa and the need to work in a way that acknowledges, respects, understands, protects and walks alongside in a way that actively supports the rights and dignity of the indigenous people of the land without the paternalism that can so often be associated with these intentions. (p. 82)

Three competencies of culturally competent practitioners are the practitioners’ awareness of their own assumptions, values, and biases; understanding the worldviews of their culturally

diverse clients; and developing culturally appropriate intervention strategies and techniques (Sue & Sue, 2016). The participants underlined the importance of acknowledging the client's culture and recognising and respecting difference. They indicated that recognising the difference from one's own cultural views was important. Beddoe and Maidment (2009) agreed that practitioners should become aware of their own cultural background, bias, and values in order to work with difference in a sensitive and empathic manner. Crawford (2016), too, described the importance of self-knowledge and self-understanding in being bicultural practitioners in Aotearoa New Zealand. The participants further indicated that culturally competent practice also entails acquiring as much information as possible around the client's culture and customs. This process further leads the way to discovering and acknowledging the client's cultural strengths. Sanders and Munford (2010) agreed that knowledge of cultural customs and values could be highly beneficial to practice. Participants further showed that involving cultural advisors for guidance is often invaluable, and furthermore that supervision is important in this regard too. Sanders and Munford (2010) also encouraged involving advisors, and noted that it can be supportive to the process and may add views that lead to additional solutions and possibilities.

Culturally sensitive practice acknowledges the client's family and other networks and their place in these networks. As indicated in the section pertaining to the phases of the helping process, a number of participants indicated the importance of recognising and honouring the concept of whanaungatanga in culturally sensitive work in Aotearoa New Zealand. This entailed recognising relationships, belonging, and connections with family and the wider community, as well as recognising that, for some people, this indicates a spiritual concept that everything and everyone is connected: the physical and spiritual dimensions. This concept highlights clients' strengths and resources in regards to the support that people can find around them, and emphasises belonging. People receive emotional strengths and enhanced resiliency through a sense of belonging (Jones-Smith, 2014).

The participants, as well as several Aotearoa New Zealand authors, indicated a synergy between strengths-based practice, culturally appropriate, and bicultural practice. Strengths-based practice and culturally appropriate practice are, for instance, respectful, collaborative, acknowledging of people's narratives and meanings, and transparent, and do not assume

anything. Bertolino (2010) described strengths-based practice as “culturally sensitive, collaborative, client informed, competency based, and change oriented” (p. 1). Culturally competent practice is a vital part of a strengths perspective (Bertolino, 2010; Jones-Smith, 2014). Maidment and Egan (2016) noted that “strengths-based theories are embedded in an understanding of social, environmental, economic and cultural influences that impact on individuals” (p. 6).

Some participants pointed out that some cultures and people are unfamiliar with strengths-based practice, and could find strengths-based practice uncomfortable. For example, respecting elders in some cultures entails taking direction from an elder, as opposed to working collaboratively. Also, some Asian cultures may not be comfortable with praise and with identifying their own strengths. An individualistic versus a collective orientation may find the focus on the individual’s strengths or internal strengths difficult, for example in some Eastern cultures that do not support a separate, individual sense of self (Jones-Smith, 2014). The Māori culture is another example of a culture with a collective focus (Durie, 1985; Durie & Hermansson, 1990).

Jones-Smith (2014) suggested that strengths-based therapy might be employed universally if careful consideration, regarding how different cultures view and demonstrate strengths, is used. As an example of its potentially wide application, she wrote about the employment of strengths-based therapy in China where strengths are found in the collective, and the individual’s strengths bring honour to the family and the collective. This also entails considering that some strengths are regarded as superior to other strengths, for instance interpersonal strengths that demonstrate respect, submissiveness, and the ability to bring accord, are valued highly in the Chinese culture. Therefore, meaningful practice tends to employ a focus on strengths and resources as they resonate with particular clients, in particular contexts.

The practice philosophy, knowledge base, and contextual elements of this framework are expressed in the practice components of the framework. This exploration of the practice framework sections now continues with a reflection on the practice components.

## **Practice components**

The three practice components of this framework are strengths-based skills and activities, phases, and positive client outcomes. These components are discussed in turn, starting with strengths-based practice skills and activities (Figure 7.1, p. 192).

### **Strengths-based practice skills and activities**

This Aotearoa New Zealand strengths-based counselling practice framework presents strengths-based practice skills and activities, utilised in collaboration with clients, as a practice component. What some authors in the literature described as skills, were described by other authors as interventions or techniques. De Jong and Berg (2013), on the other hand, referred to *activities* in solution-building practice. Referring to interventions and techniques could sound like something that *practitioners* do or use, whereas activities could be considered as a collaborative practice and something that is undertaken together.

Various strengths-based practice skills and activities can be found in practice and in the literature. McCashen (2010) described the skills of strengths-based practice as “acknowledging and validating people” in gaining understanding of their concerns; obtaining accurate information about their concerns; “identifying and mobilising strengths, resources and exceptions;” “reframing;” acquiring an understanding of the client’s preferred future and “establishing goals;” change-awareness; developing actions and plans towards the preferred future; and “externalising” (pp.52-53). It was not the aim of this thesis to discuss an exhaustive list of skills and activities that could be used by social workers in practice but rather to present the most prominent strengths-based practice skills and activities, as identified by the participants and supported in the strengths-perspective literature. This does not prevent other strengths-based skills and activities from being included in the practice framework under the guidance of the practice philosophy. These main strengths-based practice skills and activities identified by the participants were questioning; strengths-based listening; validation, affirmation, and acknowledgement; making meaning and reframing; normalisation; externalisation; strengths-based language; strengths-based resources and tasks; using the self; storytelling; and an awareness of spirituality. Combinations of these skills and activities can be employed, as needed and suited, in the strengths-based

counselling practice framework. Participants from both phases of this study indicated that the strengths-based practice skills and activities need to match clients' needs and contexts. Various authors who write about strengths-based practice confirmed this view (De Jong & Berg, 2013; Maidment & Egan, 2016; White, 2007).

Practitioners facilitate the strengths-based counselling process through the various strengths-based skills and activities as well as through a positive attitude towards, and a belief in, people (McCashen, 2010). Furthermore, practitioners facilitate change, rather than drive change, and facilitate the process in a manner whereby they become co-workers and equals to their clients, and not experts on them. McCashen (2010) stressed the importance of clients owning and directing their entire change process. Consistent with this, the participants in this study indicated that practitioners facilitate the process by setting the practice up as a strengths-based process, using strengths-based language, and working alongside the client to explore the client's goals, meanings, or preferred future. This is done in a manner that communicates warmth and interest to clients, and reflexivity and reflectivity, during and outside of a counselling session, as well as supervision, aid the facilitation of a strengths-based process.

The participants underlined that a central aspect of a strengths-based counselling process is the exploration of strengths that takes place throughout the counselling process. Jones-Smith (2014) noted that strengths can be found in the client's struggle with the problem. She proposed helping clients identify their strengths in four areas, namely, focusing on a client's personal or inner strengths; identifying strengths in the client's closest or personal support networks, like family; discovering strengths in the client's culture; and locating strengths in the client's community. This Aotearoa New Zealand strengths-based counselling practice framework uses the different strengths-based skills and activities, identified by the participants and supported by the literature, to explore or highlight the client's strengths and resources throughout the process. Starting with strengths-based questioning, these skills and activities will now be discussed.

### ***Strengths-based questioning***

The participants identified using strengths-based questions as a crucial skill of strengths-

based counselling that needs to be practised and mastered. “Using them [questions] effectively requires practice, just as does artistically performing a Beethoven concerto or a piece of modern Jazz” (De Jong & Berg, 2013, p. 25). Several different types of questions can be used to explore and discover internal and external strengths in practice, but participants indicated the manner in which these questions are used is vital. Asking questions with a genuine interest and respectful curiosity is important and can be conveyed by tone of voice and body language. Furthermore, a flexible and transparent manner, suspension of assumptions, and a belief in people’s skills and ability to change, grow, and take ownership of their change process, should all be demonstrated in a strengths-based questioning manner (McCashen, 2010).

Solution-focused therapy introduced some strengths-based questions such as exception-finding questions, goal oriented or outcome questions like the miracle question, scaling questions, and coping questions (De Jong & Berg, 2013). The participants in this study also highlighted a number of solution-focused questions that they use in practice.

Exception-finding questions invite the client to recall times when their current concerns were either absent or less pertinent, or when bits of the solution were already taking place, in order to establish what was different at those times, and how that came about, or who did what to make that exception happen (Maidment & Egan, 2016; Parton & O’Byrne, 2000). Exceptions give information about strengths, abilities, and possible solutions (McCashen, 2010). As clients describe what they do to make the exception happen, it often points to some of their strengths (De Jong & Berg, 2013). Exceptions also enhance self-efficacy, give hope, and support personal control (Parton & O’Byrne, 2000). Somewhat similar is the concept of unique outcomes, from narrative therapy. These are times when the problem has been defied (White, 2007). This is vital to solution building, as a focus on exceptions and unique outcomes can enhance its occurrence and reflect a picture of the future without the problem (De Jong & Berg, 2013; Parton & O’Byrne, 2000). The participants in this study emphasised the exploration of exceptions or unique outcomes as a powerful activity. They reported that exceptions and unique outcomes highlight clients’ ability and capability and encourage clients to take ownership of solutions.

In developing a picture of the preferred future, clients' preferred ways of being are explored, followed by developing clear descriptions of how things will be, and what people will be doing, when the concern is resolved (McCashen, 2010). The participants pointed out that strengths-based questioning further facilitates the empowerment of the client by underlining the choice they have regarding their preferred future. Developing a picture of the preferred future focuses on the client's hopes and, as Jones-Smith (2014) indicated, their aspirations and hopes fuel motivation towards change. Some of the participants described using the exploration of, and emphasis on, the preferred future, from the start of the counselling process through to the end.

Working with the preferred future is the start to developing clear and constructive goals. A well-known question from solution-focused therapy, to assist in goal formulation and develop the preferred-future picture, is the miracle question. This question encourages contemplation about various possibilities and is a future-focused question about a time when the concern is resolved or better and the difference between the present situation and the future is clear. This question furthermore disconnects the problem from the solution (De Jong & Berg, 2013; Parton & O'Byrne, 2000). There are a number of variations on this question but all invite a consideration of what the difference will be when the concern is resolved.

Coping questions are useful amid a sense of overwhelm or hopelessness, by introducing the notion of some accomplishment (Maidment & Egan, 2016). In times of loss, dire situations to "get through", or when exceptions cannot be found, people have days and times where they have coped better than other days or times. Coping questions can be used in these difficult situations to explore how people *did* manage, and what was different at these times (Parton & O'Byrne, 2000), and what strengths and resources they used to manage (Corcoran, 2012).

Scaling questions are used to measure and express any experience, impression, observation, or prediction. They are helpful to clarify vague feelings or factors of the client's life (De Jong & Berg, 2013; Maidment & Egan, 2016). Scaling helps people to notice how things have gone, over time; it helps to identify exceptions, strengths, steps forward, and a preferred-future picture, and to compare what is happening when things are good or not so good. Often a 0-10 scale is used, where 0 is most unpleasant and 10 is the best position. Scaling questions

emphasise small steps towards progress and that gradual change is possible (Parton & O’Byrne, 2000).

### ***Strengths-based listening***

Listening was also emphasised by the participants as a core skill in strengths-based counselling, and essential to identifying strengths, resources, abilities, a preferred future, and exceptions. They emphasised listening in a manner that is always on the lookout for any indication of strengths, resources, and abilities. Or, as De Jong and Berg (2013) indicated, listening for “hints of possibility” (p. 22) that do not filter the client’s account through the practitioner’s own frame of reference. McCashen (2010) described listening in strengths-based practice as entailing listening for lived experiences, with meaning and context attached to this; listening for hopes, ambitions and preferred futures; and listening for strengths, capacities, and their related stories. Sanders and Munford (2010) wrote that in strengths-based practice, the practitioner listens and watches carefully for indications of capacity and change, as small changes can accumulate to significant change.

The participants similarly spoke about a fine listening that notices non-verbal communication, as well as that which is left unsaid, and an active listening that allows clarification and reflection. Seden (2005) pointed out that the only way to ensure that one has heard another accurately is to confirm this, and paraphrasing, reflecting, and summarising are handy techniques in active listening for doing so. The participants further pointed out that attentive listening communicates respect and validation to the client. Active listening is essential in strengths-based counselling practice for building transparent trust relationships and helps clients to feel safe to tell their stories. Active listening also entails an engaged, non-judgemental, enquiring approach that encourages collaboration and supports clients to take an active role in directing their change process. Active listening builds confidence, as it supports clients to voice their perspectives as an essential part of the change process (Sanders & Munford, 2010).

### ***Validation, affirmation, and acknowledgement***

Validating, affirming, and acknowledging people’s concerns and perceptions are key aspects of effective listening. They can be used to develop an accurate account of the client’s

experience and the meaning that they ascribe to the experience (McCashen, 2010). Validating people's inner experiences is the first step before exploring and developing change possibilities (Parton & O'Byrne, 2000).

Affirming people's perceptions, as described by them, demonstrates respect, encourages self-agency and self-trust, helps them to feel understood, and benefits the client-practitioner trust relationship (De Jong & Berg, 2013). Bertolino (2010) explained that acknowledging what clients have communicated verbally and non-verbally helps clients to feel heard and encouraged to continue. Participants in this study indicated, and a number of authors agreed, that it helps people to move forward when they feel heard and validated (McCashen, 2010; Parton & O'Byrne, 2000).

### ***Making meaning and reframing***

Making meaning and reframing are further strengths-based activities of this Aotearoa New Zealand strengths-based counselling practice framework. Reframing assists people to see themselves, or others, and their concerns or situations, with a new and possibly positive perspective (McCashen, 2010). People are also given recognition for their motives, and positive aspects of their behaviour, through reframing (Corcoran, 2005). Reframing and making meaning are thought to boost clients' creativity and to stimulate the development of the preferred-future picture (Sanders & Munford, 2010).

Making meaning also assists clients to develop an alternative view, and is related to successes in the past, or possibilities in the future (De Jong & Berg, 2013); several participants saw this as a useful activity in strengths-based practice. Exploring, with clients, the helpfulness or usefulness of a past action, or future possibility, can help the client to construct meaning around this action or possibility. The constructing of meaning can then assist the client with options and possibilities towards a solution, as well as with decisions around taking or not taking certain actions (De Jong & Berg, 2013). Information sharing can also assist in the process of making meaning, not by taking an expert stance, but by providing clients with information on the achievement of their goals and preferred future. Participants indicated that, for clients, gaining knowledge and information could be highly supportive and empowering.

### *Normalisation*

Normalising is a type of reframing that allows people to see that others have similar experiences and responses, and therefore their responses are understandable in the circumstances. This can benefit collaboration and trust, help to de-pathologise and remove blame and guilt, and enhance self-compassion and personal power (McCashen, 2010). Knowing others have had similar experiences can give a sense of release, reduce overwhelm, and can introduce new perspectives. This might be done using everyday examples, self-disclosure, and metaphors (Bertolino, 2010). Normalising can further be employed through asking questions and sharing information that aids people to think about commonalities between their experience and that of others (McCashen, 2010).

### *Externalisation*

Externalisation is another activity of this strengths-based counselling practice framework. Externalisation was originally introduced through narrative therapy (White, 2007); it moves the problem from internal to the person, to external elements, for instance, the historical or cultural context, herewith separating the person from the problem (McCashen, 2010). White (2007) referred to “objectifying the problem” and said, “this makes it possible for people to experience an identity that is separate from the problem; the problem becomes the problem, not the person” (p. 9).

Parton and O’Byrne (2000) noted that in this process, language is employed that points to the problem being external and causing the harm, not the person. Metaphors are also used effectively in this regard, for example, enquiring how the problem tried to “rob” the person. Separating the person from the problem is a significant step in addressing concerns and developing a new perspective, as this new perspective may assist the person to recover some power and control. An externalisation can challenge unhelpful beliefs around the problem, for instance, that the problem exists because of a character flaw of the individual. Externalising may free people from seeing the problem as permanent and intrinsic to them (Corcoran, 2012). This new perspective can also support new narratives to develop, narratives of ability and capacity replacing narratives of defeat and suppression (Parton & O’Byrne, 2000). It can also promote an alliance, between practitioner and client, against the problem (Parton & O’Byrne, 2000). Several participants confirmed this as a powerful activity

in their strengths-based counselling practice and gave some examples of using role-play or psychodrama techniques in externalisation activities.

### *Strengths-based language*

Using language in a manner that benefits the client and the counselling process is a skill of this strengths-based counselling framework proposed by a number of participants in this study. Bertolino (2010) pointed out that practitioners' main ways of facilitating change are through language and interaction. Carefully listening to, and exploring, the client's words, shows respect for the client, while the use of jargon can undermine the client's confidence (De Jong & Berg, 2013). The participants in this study also referred to the importance of moving away from jargon and matching the client's language. Parton and O'Byrne (2000) wrote, "their words are listened to with great care so that discussion of the situation uses their language" (p. 98).

Bertolino (2010) identified deficit-based and competency-based terminology, and suggested an awareness of this in the language used in strengths-based practice. He, for instance, referred to using possibility language that encourages clients to develop new perspectives. Parton and O'Byrne (2000) suggested that when asking about problems there will be a greater problem focus, and when asking about solutions there will be a greater solution focus, highlighting the potential for solutions, possibility, and change. They stated that "change is the conversational creation of a new narrative" (Parton & O'Byrne, 2000, p. 59) and that the conversations we have co-construct our lives, and build new meaning, understanding, and social systems.

### *Strengths-based resources and tasks*

This strengths-based counselling framework further supports the use of resources, tasks, and tools in the counselling process to benefit change and growth. Participants spoke about using various tools, tasks, and resources in their practice. Some participants particularly referred to strengths-based tools and resources that they acquired from Innovative Resources, the publishing enterprise of Anglicare Victoria (<http://innovativeresources.org>). Tools and resources used by participants include magnets, strengths cards, play-mobile figures, drawing, and collage work. Some participants also use tasks and, for example, ask clients to

make strengths boards or strengths lists, naming or depicting their strengths. McCashen (2010) referred to various paperwork tools that can be used in strengths-based counselling, these include writing letters to clients; client records, for instance, a column tool that records the work and planning the practitioner and client do together; and a scaling tool to measure, for example, change or feelings. The Anglicare Victoria programme has also developed paper-based tools around strengths-based questions like the miracle question (McCashen, 2010).

The benefits of using resources in the strengths-based counselling process include concretising the solution, creating a visual reminder, aiding with externalising the problem, identifying strengths, and enhancing client engagement. Furthermore, there is value in using these tools to develop alternative stories, amplify strengths, and recognise hopes and solutions, but these tools need to be employed in a manner that is transparent and respectful of self-determination (McCashen, 2010).

### *Using the self*

Practitioners' use of the self is a further significant aspect of this strengths-based counselling framework. This aspect was emphasised by the participants and supported by various authors. The use of the self is an essential component of the effective therapeutic relationship and includes the practitioner demonstrating empathy, warmth, genuineness, and respect (Seden, 2005). Self-knowledge and understanding, as well as awareness of personal bias, assumptions, and vulnerabilities, are all aspects that play a role in using the self effectively in the helping process (Beddoe & Maidment, 2009).

Another use of the self is demonstrated through using humour. The use of humour depends on the practitioners' self-knowledge, and suitable use of their own strengths and attributes, as some are naturally more comfortable with using humour than others. Some participants indicated that there is a place and a need for humour in the counselling process, while others noted that they are not that comfortable with using humour in their practice. Corcoran (2005) indicated that counselling does not always need to be a grim process, and parts of the process, for example externalisation, could possibly introduce some humour, as humorous metaphors could emerge. Role-plays are other times when playfulness or humour can be

introduced. Kisthardt (2013) wrote that even though practitioners deal with clients who are experiencing adversity, the helping professions are becoming more aware of the benefit of humour, joy, and laughter. He furthermore indicated that humour supports engagement, and noted that clients report humour, honesty, and joy to be important characteristics of practitioners.

The practitioner's own life experience can also contribute to the counselling process, and self-awareness is important in this regard (Payne, 2014). Some participants reported that their own life experience plays an important part in their practice, not as experts but in walking alongside clients with understanding. The use of appropriate self-disclosure, not in standing apart from the client, but rather in enhancing connection and equality, was also important. Other participants reported using their skills and experience through demonstrating certain actions, again not as experts but rather facilitating clients' empowerment through demonstrating and encouraging clients to try out certain activities or actions they witnessed. Role-plays can also be useful activities in this regard. The practitioners' use of the self, in regard to life experiences, self-disclosure, and demonstrating actions, is done in a respectful manner that encourages and supports clients' self-determination.

### *Storytelling*

Storytelling is another powerful strengths-based activity utilised in this counselling framework, and has its roots in narrative practice (White, 2007). Storytelling can help to introduce new possibilities; draw attention to strengths, resources and exceptions; help to transfer solutions from one situation to the next; and normalise experiences (Parton & O'Byrne, 2000). Sanders and Munford (2010) also considered that storytelling supports clients to tell their story and report the impact of their experience from their perspective, and, in addition, encourages clients to contemplate possible solutions and develop preferred-future pictures. They further pointed out that it may provide the opportunity for clients to redevelop story endings and interpretations. Many participants underlined that storytelling is a highly useful activity in strengths-based counselling practice, and reported that storytelling enhances engagement and contributes to clients feeling heard.

People all have stories, and some stories can restrict freedom to make changes. Narrative

therapy indicates that these stories could be altered to bring about a new way of being and living, and that externalising and re-authoring can be used in the redevelopment of these stories (Maidment & Egan, 2016). Externalising was discussed earlier and re-authoring refers to employing unique outcomes or exceptions to redevelop stories, make new meanings, and create new perspectives where these outcomes and exceptions feature more significantly (White, 2007). Smith (2006a) stated that assisting a client to tell her life story from a strengths perspective, and as a survivor, is a very powerful practice and helps to establish externalisation and some distance from the problem.

### *Awareness of spirituality*

Awareness of the spiritual dimension, of a client's life, is another powerful aspect to include in this Aotearoa New Zealand strengths-based counselling practice framework. Canda (2013) pointed out that many regard spirituality as a source of resilience and strength, and Jones-Smith (2014) referred to a connection between spirituality and hope. Spirituality can boost resiliency in dealing with hardship, through promoting understanding, encouraging support systems, and self-compassion, as well as by providing support from the spiritual realm (Canda, 2013). Clients' meanings are central to collaborative practice; exploring clients' spiritual beliefs and practices, which are helpful and strengthening to them, can call attention to spiritual strengths upon which they can draw (Gale & Dudley, 2013).

Holistic practice embraces the complete lived experience, which includes the spiritual dimension. Culturally sensitive practice comprises spiritually sensitive practice, as spirituality is often linked to people's culture. Culturally and spiritually sensitive practice entails the understanding of clients' spiritual perspectives and activities and an awareness of the practitioner's own spiritual perspectives (Gale & Dudley, 2013). Participants affirmed that for some clients, spirituality is fundamental in their lives, and central to their strengths and resources, and is often linked to their cultural lives and to meaning-making, especially in times of crisis.

These strengths-based skills and activities are employed across the different phases of the strengths-based counselling practice framework. The phases of this practice framework are explored next.

## **Phases**

The literature review in Chapter 2 indicated a broad accord on the phases of strengths-based counselling practice, namely, engagement and therapeutic alliance; problem and strengths assessment; identifying goals, hopes, the desired future, and solutions; actions, plans, and steps; and reinforcement, termination, and evaluation. McCashen (2010) and Saleebey (2013) both, however, cautioned about being inflexible and too structured regarding the phases of a strengths-based framework. They underscored the idea that clients are all unique and could find themselves at different stages and places of their personal journey, with the effect that the helping process is varied with each client engagement. Effective practice employs a flexible process, which responds to the needs of the client. The Phase 1 and 2 participants in this study supported these ideas regarding the overlap of the phases, flexibility of the process, and uniqueness of each client and situation. Drawing on the literature and participant feedback, this practice framework broadly recommends initial engagement with the client as the first phase, followed by assessment, the work phase, and closure. Similar to the integrated framework from Maidment and Egan (2016), the earlier discussed strengths-based skills and activities are relevant to all the different practice phases but some might be used more in some phases than others. Each of these phases, with their applicable skills and activities, will now be discussed in turn.

### ***Initial engagement***

The initial engagement refers to the social worker's first meeting or engagement with clients and is the first phase of this strengths-based counselling framework. Clients engage with a social worker because they have a need that they have to or would like to address. Starting where the client *is*, and gaining an understanding of the client's concerns, validates the client's experience and is part of a respectful and professional engagement approach. Furthermore, being attentive from the start to any indication of a client's competence, ability, resources, and strengths, is aligned with working from a strengths perspective and 'setting the stage' for working together in a respectful and non-judgemental manner (Saleebey, 2013; Smith 2006a). Corcoran (2012) highlighted the early introduction of collaboration, and thus working together towards the client's desired changes, as well as the notion that the clients are the experts on what may be beneficial for them. The participants in this study were in

accord with these ideas and stressed that validating client concerns, initiating the counselling process as a strengths-based process, focusing on strengths, and having strengths-based conversations, are all important aspects of the initial phase.

Developing enough trust early on in the relationship, to be able to work together, is an important aspect of the initial engagement (Egan, 2016). The participants indicated that in the initial contact with clients they endeavour to create a safe space, work towards trust and rapport, give information regarding the service, and deal with the issue of confidentiality. The Family Works framework (Family Works, 2015) specifies giving information early on around privacy, parameters of confidentiality, complaints procedures, information recording, and boundaries or timeframes. Most of the participants further stressed that receiving the client in a respectful, warm, welcoming manner is key to the initial contact. Egan (2016) agreed and wrote that being respectful and courteous helps the relationship to develop and serves engagement. Therefore, the practitioner's effective use of the self in regards to a warm, authentic, empathetic, and respectful connection, is central to the initial phase of this framework. The participants, moreover incorporate the concept of whanaungatanga, finding commonality and making connections, as well as of tikanga, customary appropriate ways to engage with clients. Egan (2016) also stated that the practitioner needs to be aware of, and show regard for, the client's cultural context, and that appropriate engagement considers the client's cultural customs.

From the first meeting with clients, change is implied, language is hopeful, and the client's active role in the process of change is underlined. Brown and Norman (2012) highlighted the following solution-focused engagement actions and activities that may be valuable in the initial phase. Through suitable giving of compliments, cooperation can be enhanced, strengths recognised, awareness of resources raised, and understanding demonstrated. Reframing introduces a new perspective on the issue or situation. Normalising could de-pathologise the client's challenges, as the perspective shifts to the normality of the issue. Coping questions identify the strengths and resources that clients' have used to survive and handle their challenges. Relationship questions may encourage clients to view themselves through the eyes of another. This often encourages possibility finding, a new perspective, and realism. Encouraging clients to reflect on what has been helpful and what has not been

helpful, in previous helping situations, emphasises the position of the clients as the experts in their lives. Externalising is likely to help the client to avoid seeing the issue as inherent to him or herself, and supports empowerment (Brown & Norman, 2012).

### *Assessment*

Assessment of the problem and of the strengths and resources is the second phase of the strengths-based counselling framework. The participants underlined that assessing the concerns and risks validates the clients and is a professional responsibility of the practitioner. People, however, have often been so caught up in, and defined by, their difficulties that they are not always aware of their strengths, skills, and abilities (Corcoran & Walsh, 2013). The participants emphasised a focus on strengths and resources in assessment. Some participants also spoke about hearing stories of capacity and change in assessments, which informs a perspective of abilities and capacity. Family Works (2015) developed an assessment framework that assesses the core needs, namely, the safety, belonging, well-being, and learning, as well as the achievements or employment, and connection to the environment and community, of their clients. Their assessments are focused on identifying strengths and resources in their clients and their contexts, as well as on identifying needs and risks. Clarifying and exploring the scope of the problem may also shed light on strengths, resources, and exceptions. Exception-finding here helps clients identify skills, abilities, and resources that they have employed before (Corcoran, 2012; Corcoran & Walsh, 2013; Smith 2006a). The participants indicated the importance of exception-finding in assessment, to develop a view of change, possibilities, and capacity.

Open-ended questions, as well as reflecting statements, may be employed to explore both the presenting problem and the client's strengths (Corcoran, 2012). As indicated before, the effective use of questions is at the heart of strengths-based practice. Appropriate questioning enhances empowerment, self-determination, and possibility finding, and is essential for arriving at a clear description of what has happened that validates and acknowledges the experience of the client (McCashen, 2010; Smith 2006a).

The participants in this study also indicated a preference towards a holistic assessment and pointed out that a holistic assessment considers physical, spiritual, family, and mental health

as the dimensions of a person's life. They also added that the cultural milieu should be considered, as this aspect can be a major source of clients' strengths and resources. The participants further reported, similar to the initial phase, that culturally sensitive assessment in Aotearoa New Zealand also focuses on whanaungatanga or relationships, and kinship or wider connections in the client's life, as well as tikanga or customs and traditions. The Family Works holistic strengths assessment is culturally sensitive and focuses on the dimensions of mental health and emotional, physical, spiritual, economic, social, and environmental. Assessment from the integrated framework is situated in a cultural context, is collaboratively utilised, and is conducted from a strengths perspective. Similar to the Family Works holistic assessment, the integrated framework's assessment focuses on mind, body, spirit, environment, social, and economic factors (Maidment, 2016). Participants in this study emphasised that assessments are *about* the client but also *for* the client, and need to be employed collaboratively. Honour, respect, acknowledgement, and validation have been identified as aspects of collaborative assessment. The Family Works framework and integrated framework, as well as the participants in this study, hold that assessment is a continuous process that is employed throughout the client engagement.

The participants furthermore reported on various tools and activities that they used in their assessments. Some spoke about using storytelling, some indicated that they use the CDOI client-driven assessment tool, and others use strengths cards in assessment (Duncan et al., 2004). Some participants reported using circle work—as discussed earlier, some have developed their own assessment tools, and another spoke about using a video technique. The participants mentioned using the skills and activities discussed earlier, like solution-focused questioning, in their assessments. The integrated framework, from Maidment and Egan (2016), similar to some participants of this study, also uses genograms and ecomaps in assessments and indicates that these tools often provided rich information (Maidment, 2016). The tools and resources referred to under the heading *Strengths-based tools and tasks* could be employed effectively in the assessment phase.

### ***Work phase***

Goals, hopes, the preferred future, and solution finding are all elements of the third or work phase of the strengths-based counselling framework. Collaborating with the client to clarify

goals, hopes, and dreams, and connecting these to his or her growing perspective of ability and capability is an important part of this phase of the helping process. Clients are also encouraged to start to act on their enhanced knowledge of strengths and competency as well as to begin to expand on these in the direction of their hopes and goals (Saleebey, 2013).

Corcoran (2012) suggests the use of future-oriented questions as a goal-setting technique, from solution-focused therapy, to help clients to develop a description of their desired future. This technique can give hope and clarify what people are working towards, for example, exploring what will be different when the problem is solved (Corcoran, 2012). The miracle question, as discussed earlier, is also valuable here and using scaling questions is another powerful technique in the goal-setting phase. The participants also underlined a focus on collaborative goal setting and supporting clients in the development of their preferred-future construction in this phase.

Action, plans, and steps in strengths-based practice represent the client's change efforts. This describes the process whereby the worker supports the clients in their ideas and plans around change and solutions. Exploring with clients their descriptions of how they may put their plans into action and negotiate possible challenges and obstacles, is empowering and often motivational. One activity used in this regard is role-playing which can provide a valuable opportunity for the client to rehearse the planned action (Corcoran, 2012). Smith (2006a) also underlined exception-finding questions and coping questions as valuable techniques in finding practical solutions to clients' troubles. These could also be useful in creating a realistic plan of action.

Participants emphasised the importance of building on clients' strengths and resources in this phase. Smith (2006a) referred to competence and strength building where clients are supported in the helping process to realise the change that they can bring about in their lives. She noted clients' strengths are foundational in the process of change, in which they are also supported to adjust the meaning that they have attributed to different experiences, and to make meaning of things endured. Reframing is another empowering tool in the process of change that can allow an altered perspective to develop (Smith, 2006a).

### *Closure*

In the final phase or closure phase of this strengths-based counselling framework, emphasis is placed on reinforcement, termination, and evaluation. The new behaviour, language, and ideas regarding strengths, resources, and capacity are consolidated and reinforced, and once so strengthened, termination follows (Saleebey, 2013). Corcoran (2012) outlined “evaluation of the work, processing feelings attached to the termination, and making plans for the future” (p. 134) as the three tasks of termination. The focus of the evaluation discussion is on the client’s progress and their achievements (Smith, 2006a). The evaluation is done in a manner that highlights the client’s position as the expert in his or her life and underlines their role in achieving change. Focusing on the client’s feelings around termination can provide the opportunity to process these emotions. Considering how people can sustain and continue with the work already done, reinforces change, skills, and the strategies that have been learned (Corcoran, 2012).

Participants shared the importance of celebrating client progress and successes in this phase. They indicated that celebrating success is an activity that may take place throughout the counselling process and especially at closure. They further noted that this reinforces progress, acknowledges the client’s achievements, and is done in various ways, for example, with food, ceremony, or making a visual representation of the successes. Others suggested deconstructing the process of change, or reviewing the steps towards change, to reinforce the changes made, through identifying what worked. Another emphasised ending with the preferred-future image, and hence starting and ending the counselling engagement in a future-focused manner. Many participants stressed that termination is also a collaborative process of reflecting, reviewing, and developing a maintenance plan. The participants also indicated that client-led and client-specific termination, when possible, is valuable, although this may not always be possible.

### **Positive Client Outcomes**

The participants in this study reported finding various positive client outcomes with strengths-based counselling. These include a neurobiological benefit, fast progress with an effective way of working, empowerment, uplift for client and practitioner, enhanced hope, courage, self-trust, enhanced self-esteem, clients feeling acknowledged, reduced anxiety and

enhanced engagement. They also indicated that when they record and show positive treatment outcomes they evidence accountability and funding benefits, in turn.

Jones-Smith (2014) wrote about a neurobiological benefit where she describes that people have a deficit mindset and a strengths mindset. “A mindset refers to the way we see ourselves and the manner in which we embrace the world and others” (Jones-Smith, 2014, p. 50). She noted that this is often subconscious and has an enabling or limiting effect on people. People develop a strengths or deficit mindset through life experiences and in interaction with others. She furthermore explained that stimulating clients’ strengths-awareness in therapy builds their neural pathways for strengths through neuroplasticity, and can support a mindset change. A strengths mindset is positive, resilient, optimistic, and hopeful. A participant from a healthcare setting confirmed that he believed that strengths-based work brings about changes in the client’s neurobiology that benefit overall functioning.

Jones-Smith (2014) further indicated that strengths-based counselling helps clients to move towards their goals. Participants confirmed that strengths-based counselling is an empowering and effective practice that often delivers rapid progress. Jones-Smith (2014) also expressed her belief that a strengths focus boosts positive emotions that may lead to generally improved psychological functioning. A respondent, who spoke about a therapeutic strengths-based approach, concurred with this idea. Other participants pointed out that working in a strengths-based manner is an uplifting experience for the client and practitioner. Ingamells et al. (2013) found that a strengths focus enhance the confidence, academic performance, and personal as well as professional development of students in social work and nursing education. Jones-Smith (2014) and various participants all indicated that strengths-based counselling is hope-, courage-, and confidence-enhancing, and anxiety-decreasing. Various participants stated that strengths-based practice fosters client/practitioner engagement and collaboration.

Positive client outcomes, as the third practice component, concludes the description of the Aotearoa New Zealand strengths-based counselling practice framework for social work. Next, Table 7.1 (following page) provides a summary of this practice framework.

Table 7.1.

*The Aotearoa New Zealand Strengths-Based Counselling Practice Framework summary*

<b>Practice philosophy</b>		
All people have strengths, resources, abilities, and capabilities; People’s strengths, resources and abilities provide the keys to growth and change; People are the experts on their own lives; Collaborative practice is essential in strengths-based counselling and is underscored by socially just practice; It is not just about the problem but also about hearing positives and exceptions.		
<b>Practice component - Skills and Activities</b> <ul style="list-style-type: none"> <li>Strengths-based questioning: open-ended questions, exception-finding questions, exploring the preferred-future/goal-oriented questions, coping questions, scaling questions</li> <li>Strengths-based listening</li> <li>Validation, affirmation, and acknowledgement</li> <li>Making meaning and reframing</li> <li>Normalisation</li> <li>Externalisation</li> <li>Strengths-based language</li> <li>Strengths-based tools and tasks</li> <li>Using the self</li> <li>Storytelling</li> <li>Awareness of spirituality</li> </ul>	<b>Practice component - Phases</b> <p>Flexible process</p> <ul style="list-style-type: none"> <li><b>Initial engagement</b> Rapport, therapeutic alliance, develop trust, set up as a strengths-based process, give information, whanaungatanga and tikanga, respectful, warm welcome, attentive to strengths and resources.</li> <li><b>Assessment</b> Collaborative; focus on strengths, skills, resources, ability, capacity, possibility and risk, and needs and problems; holistic focus: physical, spiritual, family, mental health.</li> <li><b>Work phase</b> Goals, hopes, preferred future, plans, collaborative process, build and focus on strengths and resources.</li> <li><b>Closure</b> Evaluate; acknowledge and celebrate achievements; reflect, deconstruct, reinforce, and review change; maintenance plans; and collaborative process.</li> </ul>	<b>Practice component – Positive Client Outcomes</b> <ul style="list-style-type: none"> <li>Effective and fast</li> <li>Facilitate empowerment</li> <li>Uplifting</li> <li>Enhance hope, courage, self-trust, self-esteem, and engagement</li> <li>Validating</li> <li>Acknowledging</li> <li>Reduce anxiety</li> <li>Neurobiological benefit</li> </ul>
<b>Formal and informal strengths-based knowledge</b>		
Incorporates: <ul style="list-style-type: none"> <li>Practice theory from strengths perspective and strengths-based practice approaches (Indigenous and Western approaches) as well as strengths-based research.</li> <li>Local knowledge - cultural and ethnic concepts and narratives, tikanga, whanaungatanga, knowledge about the community and its structures, processes, services, resources, systems, organisational systems, and public and political issues.</li> <li>Practice knowledge from various fields of practice.</li> <li>Practitioner self-knowledge and self-awareness.</li> </ul>		
<b>Context of practice</b>		
Contextually and culturally informed and sensitive. Includes broad cultural dimensions. Respectful and non-judgemental, collaborative practice, culturally appropriate engagement, honours self-determination, recognises and acknowledges the client’s culture, the engagement of cultural advisors and supervision, attention to whanaungatanga, and the involvement of larger relationship groups.		

## **Conclusion**

This chapter presented and discussed the Aotearoa New Zealand strengths-based counselling practice framework for social work. The practice framework was presented with a contextually informed and culturally sensitive orientation. The discussion showed an alignment between this practice framework and the relevant literature as well as other strengths-based, culturally sensitive Aotearoa New Zealand practice frameworks for micro practice. The Aotearoa New Zealand strengths-based counselling practice framework is, however, unique in that it was developed from what practising social workers, across the statutory/government, NGO, and private practice fields, indicated they do in their daily strengths-based counselling practice activities in social work. The framework is likely to be applicable across different fields of practice in Aotearoa New Zealand, with scope to be adapted to particular practice contexts. The practice framework is also built on the bicultural nature of Aotearoa New Zealand.

All aspects of the practice framework serve the practice philosophy, and the practice philosophy serves it. This practice framework has the flexibility to include or exclude practice approaches, knowledge, theory, and activities based on its alliance with the strengths-based practice philosophy. The practice philosophy, moreover, is related to the client outcomes and likely client outcomes of this strengths-based counselling practice framework as postulated from what practitioners, as well as various authors, reported to be the positive client outcomes of their strengths-based counselling practice. This includes an effective way of working that may contribute to a broader neurobiological benefit for the client, and facilitate client empowerment; this practice is likely to enhance hope, courage, self-esteem, and client engagement. Chapter 8 follows with the conclusions and recommendations of this research project.

## **Chapter Eight: Conclusions and Recommendations**

This chapter concludes this thesis. It will review the research question and methodology and consider the main findings and recommendations of this study as well as indicate possible areas for future research before offering a concluding reflection.

### **Research Question and Methodology**

This research aimed to identify the core contextual considerations and practice components that are vital for strengths-based counselling in contemporary social work practice in the Aotearoa New Zealand context. Based on these findings, the study endeavoured to produce a practice framework for strengths-based counselling practice in Aotearoa New Zealand, to contribute to the available information, support, and tools for social workers in their social work counselling roles.

To develop an understanding and awareness of the contextual aspects of this study, the historical development of social work in Aotearoa New Zealand as well as culturally relevant social work practice in Aotearoa New Zealand were explored in a literature review. The literature review furthermore presented an in-depth discussion of the strengths perspective regarding relevant practice components, as well as a reflection on the nature of practice frameworks.

The bicultural nature of Aotearoa New Zealand was a crucial aspect to consider in conducting culturally sensitive research, as well as in developing a culturally sensitive practice framework. Culturally sensitive research was found, with this research project and with the valuable support of cultural supervision, to be an approach that considers the effects of history and social structures on people, and that values collaboration, respect, and humility. It also endeavours to be an approach that appreciates difference, is aware of power dynamics, and is considerate of participants, wishing to benefit those involved. These elements of culturally sensitive research are also consistent with the strengths perspective.

This research project was a qualitative, exploratory, and sequential enquiry that employed in-

depth interviews with key stakeholders in the first phase of the study, and focus groups with practitioners in the second phase. Both these phases engaged participants who were social work professionals. The project utilised a general inductive and thematic data analysis method (Braun & Clarke, 2006, 2014; Thomas, 2006). The findings from the analysis of the key stakeholder interviews informed the draft practice framework, and the focus group feedback, together with the relevant literature, was used to appraise and consolidate the practice framework.

## **Key Findings of this Study**

Notwithstanding the recognition of a dual focus in social work in Aotearoa New Zealand (ANZASW, 2013), counselling skills in social work have not always been fully supported and acknowledged. Over the years, the focus between micro- and macro-change practice in social work has oscillated. Authors over the last four decades have indicated that counselling in social work is a legitimate component of the regular social work role of many social workers in Aotearoa New Zealand. Social worker participants in this study also indicated that counselling plays a vital role in their practice and that they require counselling skills across various fields of practice. Authors and scholars have indicated a need for more counselling-skills training for social work students and practitioners. From the writings of Simpson (1978) through to Staniforth's (2010c) research and now, the findings of this study have indicated this need to be still relevant today. Participants in this study pointed out, to realise this need, they have pursued counselling-skills training through workshops, courses, and postgraduate qualifications; some hold both social work and counselling qualifications.

The participants in this study, however, also reported an uneasiness and uncertainty in regard to the boundaries or perceived boundaries between the social work and counselling professions. Furthermore, they reported that the boundaries between the two professions are not all that clear, and that debate around professional identities between the two professions continues. This study also showed that rigid boundaries between the professions could disadvantage clients through intervention opportunities that might be missed, or that when clients are referred to other practitioners for counselling, they may not make the transfer.

It was further indicated that the two professions shared roots, theoretical frameworks, knowledge, practice skills, values, and concepts (Munford, 2000). The participants in this study reported that they found that there was a space in service delivery where social work and counselling overlapped. The social work and the counselling professions have some similar goals and some similar ways of working, for instance with strengths-based approaches like solution-focused therapy and narrative therapy. The participants indicated a possibility of greater flexibility, in regard to these boundaries, with terms like *social practitioners*, *integrated practitioners*, and *multi-skilled practitioners* referring to interdisciplinary and transdisciplinary practice.

Participants in this research also indicated that the development of models or frameworks, particularly around the counselling component in social work, would help to recognise and validate the counselling component in social work. They further emphasised that a practice framework specifically for the Aotearoa New Zealand context would be valuable. Social work in Aotearoa New Zealand is committed to bicultural practice and the principles of the Treaty of Waitangi. The strengths-based approaches were shown to be consistent with anti-oppressive principles, culturally appropriate practice, and bicultural practice (Eketone, 2006; Maidment & Egan, 2016; Munford & Sanders, 2011). Strengths-based approaches are respectful, collaborative, and adhere to the principles of socially just practice. Moreover, the principles of socially just practice are central to both strengths-based practice and social work (IFSW, 2014; McCashen, 2010).

When the researcher embarked on this study, very few practice frameworks were available; however, other Aotearoa New Zealand-relevant strengths-based and culturally appropriate practice frameworks for micro practice have been developed over the last few years, which appears to confirm the need and relevance of such practice frameworks (Family Works, 2015; Maidment & Egan, 2016). One practice framework could never meet all the requirements for all clients, across all fields of practice, and therefore this practice framework could be seen as one potential tool for practitioners in regard to their counselling role in social work. This framework is, however, unique in that it is a practice framework by social workers, for social workers, developed from daily practice activities across different fields of practice in Aotearoa New Zealand. It integrates strengths-based practice knowledge

with scholarly insights, it is applicable to different fields of practice and adaptable to various practice situations, and it is built on the bicultural nature of Aotearoa New Zealand.

The practice framework, developed here from the core contextual considerations and practice components found in this study to be relevant to strengths-based counselling in social work in Aotearoa New Zealand, can be divided into four segments. Firstly, the practice philosophy of this framework informs and unites all the segments of the framework and is based on the strengths perspective. Practitioners have a choice to utilise practice approaches and activities noted in this framework, or combinations thereof, or to include other approaches based on their compatibility with the strengths-based practice philosophy and suitability to particular practice contexts and different fields of practice. Secondly, formal and informal strengths-based knowledge are at the core of the framework, and include strengths-based theory, research, local knowledge, practice knowledge, and practitioner self-knowledge. Thirdly, the entire framework is situated in contextually sensitive practice that calls attention to a respectful and non-judgemental collaborative approach, culturally appropriate engagement, and client self-determination. Lastly, the practice philosophy, knowledge, and context are foundational to the practice components. The practice components are strengths-based skills and activities, phases of practice, and positive client outcomes. The strengths-based practice skills and activities may be employed, as needed and in collaboration with clients. There is also flexibility in the application of the phases, depending on the practice context and client requirements. Positive practice outcomes are related to the practitioners' experience with strengths-based counselling practice and the available research confirming positive treatment outcomes connected to strengths-based practice.

Based on the findings of this study, certain recommendations can be made. This chapter continues with these recommendations.

## **Recommendations**

A training need for social work practitioners and students in regards to counselling skills is indicated. Participants in this study also indicated that practitioners need to be enabled to implement such a framework, for instance with training in foundational micro skills. There

are many potential ways to address this need, for instance counselling-skill training within the basic social work qualification, or at postgraduate levels, as well as other continuing professional-development opportunities. Whichever solutions are used to address this need, it remains that attention to training in this regard is crucial (Staniforth & Booysen, 2016).

Undertaking continued professional development is required of members of the ANZASW and for social work registration. The ANZASW offers continuing professional-development activities—perhaps a focus on counselling skills could be incorporated; for instance, a presentation of the findings of this study could be offered at such an event.

Furthermore, private providers are advertising counselling-skills workshops, but many participants indicated that the cost of training is a major barrier to continuing professional development and training. Many participants stated that social workers want more financial resources to be allocated to continuing professional development, particularly in regard to strengths-based counselling skills. It seems that budget allocation for continuing professional development needs to be more aligned with the training needs of practitioners and the actual cost of available training.

Scopes of practice for counselling skills in social work have not been developed. The professional social work association, ANZASW, and the SWRB, may embark on the development of competencies around counselling skills for social workers to ensure consistency and clarity in this regard. This movement may gain impetus if the registration of social workers in Aotearoa New Zealand becomes mandatory, and advanced practitioner competencies are considered.

These recommendations point to possible further research. These suggestions are reflected upon next.

## **Further Areas of Study**

A study on the practice competencies required for the counselling component in social work, as well as a study exploring the best training options to meet these counselling practice competencies, is recommended. Furthermore, a survey to determine what the different

schools of social work in Aotearoa New Zealand are currently teaching regarding counselling skills could be useful in the design of a counselling-skill training programme, and might enhance consistency and clarity in this regard in the profession.

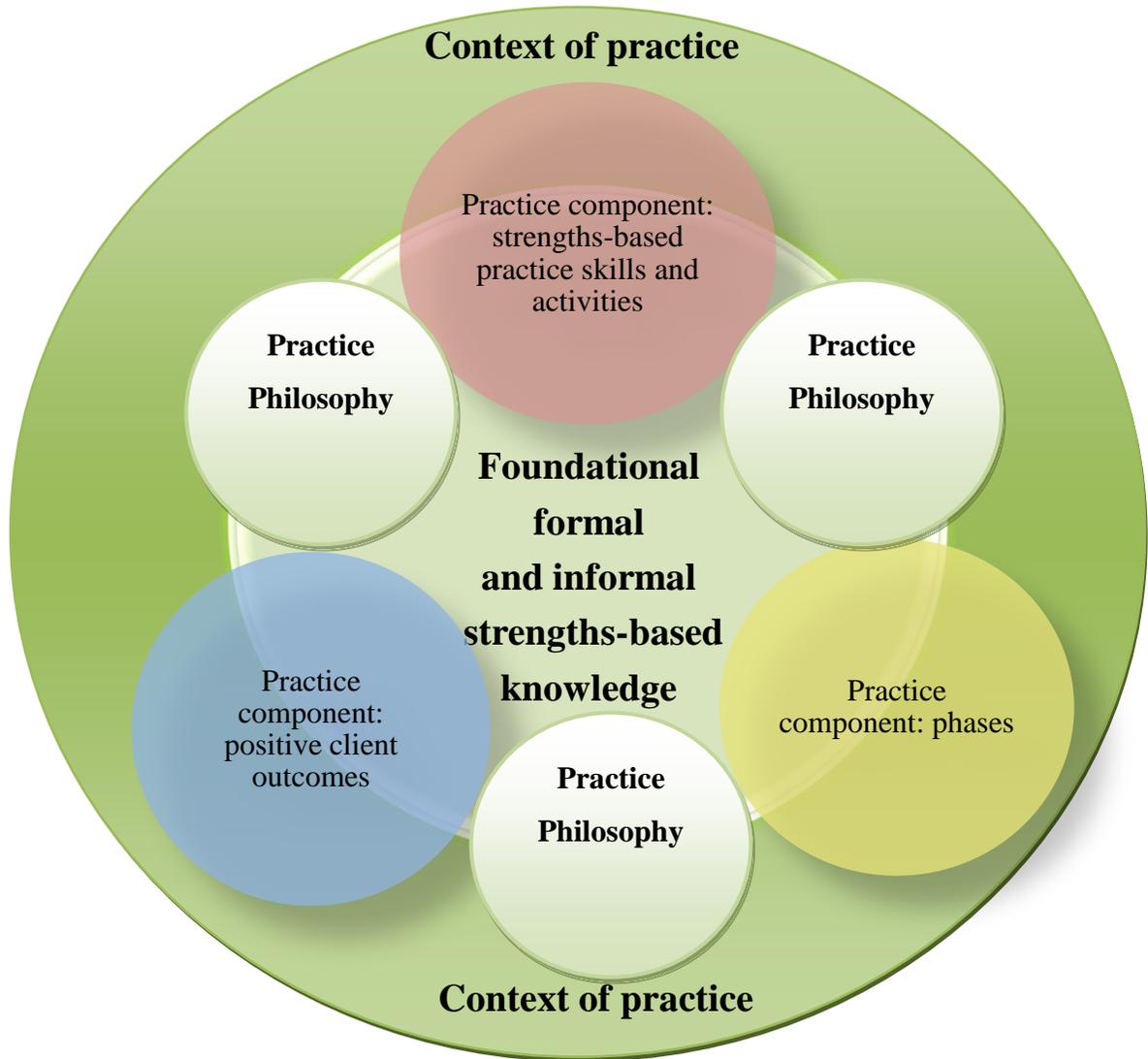
Revisiting the roles in social work in Aotearoa New Zealand with a large-scale workforce study, especially in the changing context of social work in Aotearoa New Zealand, is perhaps timely. It could be helpful in identifying the counselling-skill practice competencies, but also in training-budget allocations, as it will shed more light on *who does what* in social work in Aotearoa New Zealand.

## **Concluding Reflection**

This study is significant for a number of reasons. The strengths-based practice framework is built on the bicultural nature of Aotearoa New Zealand. It integrates academic and practice knowledge, as a number of social workers contributed to the practice framework from their practice experience and perspectives gained across different fields of practice. This practice framework provides a usable tool, applicable to a number of different social work areas and adaptable to various practice environments. This research may furthermore contribute to the development and application of social work knowledge bases and to the ongoing professional debate about counselling in social work. Increased recognition of the counselling component in social work could benefit clients and practitioners with improved training, competence, and clarity in this regard. The strengths-based counselling contextual considerations and practice components indicated here could aid training programmes and the development of counselling-skill competencies. This research may further make a contribution in policy development. It may, too, aid social work managers in regard to competency evaluation and expectations as well as in planning training programmes. Nonetheless, it is the hope of the researcher that this study will contribute to the support, acknowledgement, tools and training of social workers in their counselling task.

# Appendices

## Appendix A – Training handout



The Aotearoa New Zealand Strengths-Based Counselling Practice Framework.

**The Aotearoa New Zealand Strengths-based Counselling Practice Framework summary**

<b>Practice philosophy</b>		
All people have strengths, resources, abilities, and capabilities; People’s strengths, resources and abilities provide the keys to growth and change; People are the experts on their own lives; Collaborative practice is essential in strengths-based counselling and is underscored by socially just practice; It is not just about the problem but also about hearing positives and exceptions.		
<b>Practice component - Skills and Activities</b> <ul style="list-style-type: none"> <li>• Strengths-based questioning: open-ended questions, exception-finding questions, exploring the preferred-future/goal-oriented questions, coping questions, scaling questions</li> <li>• Strengths-based listening</li> <li>• Validation, affirmation, and acknowledgement</li> <li>• Making meaning and reframing</li> <li>• Normalisation</li> <li>• Externalisation</li> <li>• Strengths-based language</li> <li>• Strengths-based tools and tasks</li> <li>• Using the self</li> <li>• Storytelling</li> <li>• Awareness of spirituality</li> </ul>	<b>Practice component - Phases</b> Flexible process <ul style="list-style-type: none"> <li>• <b>Initial engagement</b> Rapport, therapeutic alliance, develop trust, set up as a strengths-based process, give information, whanaungatanga and tikanga, respectful, warm welcome, attentive to strengths and resources.</li> <li>• <b>Assessment</b> Collaborative; focus on strengths, skills, resources, ability, capacity, possibility and risk, and needs and problems; holistic focus: physical, spiritual, family, mental health.</li> <li>• <b>Work phase</b> Goals, hopes, preferred future, plans, collaborative process, build and focus on strengths and resources.</li> <li>• <b>Closure</b> Evaluate; acknowledge and celebrate achievements; reflect, deconstruct, reinforce, and review change; maintenance plans; and collaborative process.</li> </ul>	<b>Practice component – Positive Client Outcomes</b> <ul style="list-style-type: none"> <li>• Effective and fast</li> <li>• Facilitate empowerment</li> <li>• Uplifting</li> <li>• Enhance hope, courage, self-trust, self-esteem, and engagement</li> <li>• Validating</li> <li>• Acknowledging</li> <li>• Reduce anxiety</li> <li>• Neurobiological benefit</li> </ul>
<b>Formal and informal strengths-based knowledge</b>		
Incorporates: <ul style="list-style-type: none"> <li>• Practice theory from strengths perspective and strengths-based practice approaches (Indigenous and Western approaches) as well as strengths-based research.</li> <li>• Local knowledge - cultural and ethnic concepts and narratives, tikanga, whanaungatanga, knowledge about the community and its structures, processes, services, resources, systems, organisational systems and public and political issues.</li> <li>• Practice knowledge from various fields of practice.</li> <li>• Practitioner self-knowledge and self-awareness.</li> </ul>		
<b>Context of practice</b>		
Contextually and culturally informed and sensitive. Includes broad cultural dimensions. Respectful and non-judgemental, collaborative practice, culturally appropriate engagement, honours self-determination, recognises and acknowledges the client’s culture, the engagement of cultural advisors and supervision, attention to whanaungatanga, and the involvement of larger relationship groups.		

## **Summary of the Aotearoa New Zealand Strengths-Based Counselling Practice Framework for social work.**

This practice framework reflects the contextual considerations and practice components that are central in strengths-based counselling in social work practice in Aotearoa New Zealand. This framework was developed from what practising social workers, who were involved in this project, reported that they did in their practice. The practice framework represents a body of knowledge, which includes different practice approaches and possibilities, a number of skills and activities, and a sequence of phases that can be employed in strengths-based counselling. The specific choice of application, however, would be guided by the practice philosophy of the framework and determined by the practitioner, practice situation, and that which was suited to the client and client requirements. It can be used in different fields of practice but adapted to particular practice contexts.

The visual representation of this practice framework depicts the framework sections nestled in a contextual awareness with formal and informal knowledge at the core of the practice framework. The practice philosophy informs and connects all the framework sections and the practice components are guided by the practice philosophy, knowledge, and context of practice.

### **The practice philosophy**

The practice philosophy requires an approach to practice that demonstrates a belief that all people have strengths, resources, abilities, and capabilities. This entails seeking out and drawing attention to people's internal and external strengths and resources. This approach further demonstrates a belief that people's strengths, resources, and abilities provide the keys to growth and change and takes centre stage throughout the counselling process. This practice philosophy also trusts and respects that people are the experts on their own lives. This belief is demonstrated in the therapeutic relationship through a concerted effort to support and protect the client's self-determination. The philosophy, furthermore, supports collaborative practice as an essential characteristic of strengths-based counselling. Practice is focused on teamwork where all team members are respectfully engaged as equals in a process driven by social justice principles. This philosophy lastly also supports practice that

demonstrates a belief that it is not just about the problem but also about hearing positives and exceptions. This entails fully validating and assessing the client's concerns and problems but also focusing on the client's unique strengths, solutions, and successes.

### **Foundational formal and informal strengths-based knowledge**

The theoretical assumptions and research from the strengths perspective and strengths-based-practice approaches inform the knowledge base of this practice framework. This includes the theory from solution-focused therapy and narrative therapy as well as other theories, models, and frameworks that are supported by the strengths perspective and the aforementioned practice philosophy. This framework therefore offers the scope for eclectic practice and may incorporate various strengths-based approaches, including Western strengths-based approaches with Indigenous approaches or cultural constructs, as is beneficial for clients and relevant in a particular context.

Further knowledge components of this practice framework include the practitioner's self-awareness and self-knowledge as well as an awareness of local knowledge. Local knowledge includes indigenous models and concepts, culturally appropriate practices or tikanga, cultural narratives, and the concept of whanaungatanga or family, wider connections and connectedness. It also includes knowledge regarding the community, its structures, processes, services, and resources, systems, public and political issues, organisational systems, and culture. It further comprises an understanding of the client's immediate context and public or political issues that affect the client's well-being and service delivery to the client and is inclusive of the social service organisation and organisational culture that may affect service delivery.

### **Context of practice**

This practice framework is contextually sensitive and adopts a broadly inclusive view of various contextual and cultural factors that may impact a person's life. These factors may include, but are not limited to, ethnicity, age, political environment, socio-economic aspects, and gender. All aspects that form part of a client's context and culture need to be regarded with sensitivity and awareness. Practitioners' awareness of their own

cultural views and backgrounds are important in culturally appropriate practice.

Culturally appropriate practice includes a respectful and non-judgemental approach, collaborative practice, culturally appropriate engagement, as well as recognition and acknowledgment of the client's culture. The engagement of a cultural advisor and supervisor, attention to whanaungatanga, and the involvement of larger family groupings are further key elements of culturally appropriate practice in Aotearoa New Zealand.

## **Practice components**

### **Strengths-based practice skills and activities**

Practitioners are facilitators of change through a co-worker relationship with their clients in working towards the client's goals and preferred future. This Aotearoa New Zealand strengths-based counselling practice framework uses various strengths-based skills and activities to explore or highlight the client's strengths and resources throughout the process. These practice skills and activities include strengths-based questioning; strengths-based listening; validation, affirmation, and acknowledgement; making meaning and reframing; normalisation; externalisation; strengths-based language; strengths-based resources and tasks; using the self; storytelling; and awareness of spirituality. Other strengths-based skills and activities may also be included and employed under the guidance of the practice philosophy. Combinations of these skills and activities can be employed as needed and suited in the strengths-based counselling practice framework. The strengths-based practice skills and activities drawn on, however, need to have a good fit with the particular needs and context of clients.

### **Phases**

The phases of the practice framework are utilised with flexibility and are also adapted to the particular context and needs of clients. This practice framework broadly recommends initial engagement, assessment, the work phase, and closure, as phases of the counselling process. The aforementioned skills and activities are used throughout these phases.

The initial engagement with clients, from this strengths-based practice framework, calls for a

respectful, non-judgemental, and welcoming approach that sets the process up as strengths-based and is collaborative from the start. Further important aspects of the initial phase are validating client concerns, focusing on strengths and resources, change is implied and having strengths-based conversations. Other aspects include creating a safe space, working towards trust and rapport, giving information regarding the service, and dealing with the issue of confidentiality. A culturally appropriate engagement with clients in this phase is essential and includes an awareness of customs or tikanga.

In the second phase, concerns, needs, risks, strengths, skills, abilities, capacity, successes, exceptions, and resources are assessed collaboratively with the client. The focus is on a holistic assessment that considers physical, spiritual, family, social, economic, emotional, mental health and environmental dimensions of a person's life. The assessment is furthermore culturally sensitive and also focuses on whanaungatanga or relationships, kinship and wider connections in the client's life as well as tikanga or customs and traditions. Assessment is done from a stance that it is about the client, but that it also for the client.

In the third or work phase, collaboration around goals, hopes, the preferred future, solution finding, plans, and steps are characteristic. Incorporating the client's growing awareness around strengths, abilities, and competency is vital in this process.

In the closure phase, emphasis is placed on reflecting, reviewing, evaluation, reinforcement, and termination. Client progress and successes are acknowledged and celebrated, again through a collaborative process. A maintenance plan may be developed with a focus on the preferred future.

### **Positive client outcomes**

Various positive treatment outcomes are likely, for instance, an effective way of working that may contribute to a broader neurobiological benefit for the client, and may facilitate client empowerment; further, this practice appears likely to be uplifting, to enhance hope, courage, self-esteem, and client engagement. Recording the client outcomes could be beneficial for a treatment programme's development and evaluation, as well as for funding purposes.

# Appendix B – Interview Schedule, Phase 1

## Key Stakeholder interview schedule

### Opening:

Introductions

Brief discussion regarding the aims of the project

The participant will be asked if he/she would like to begin the interview in any particular manner.

### Body:

- 1) Social workers often have a range of activities that they engage in. Is strengths-based counselling one of those key activities that makes up your role currently or has made up your role before?
- 2) What would you consider to be your field or area of social work practice in which you use, or have used, strengths-based counselling?
- 3) Please tell me what you understand strengths-based counselling to be?
- 4) Can you tell me about your experience with strengths-based counselling in social work practice in Aotearoa New Zealand?
- 5) Thinking about your strengths-based counselling experience and knowledge, in terms of the proposed development of a framework for strengths-based counselling, what have you found, in your strengths-based work with clients, regarding:
  - how you do assessments?
  - what are the different stages/phases in a session and overall process?
  - which processes/models/methods you draw on?
  - what skills you use?
  - the kind of results and outcomes your clients experience?
  - any aspects that you would like to see happen to a greater extent in your own practice?
  - anything else you see as an important part of strengths-based counselling practice?
- 6) What have you found regarding training in strengths-based counselling?
- 7) How does your strengths-based counselling practice reflect the context of Aotearoa New Zealand in terms of the particular elements and influences that you see as essential to consider for practice in Aotearoa New Zealand?
- 8) In this regard, are there any aspects you would like your practice to give more emphasis to?
- 9) As you reflect on your strengths-based counselling work, are there any further insights that you can share about strengths-based counselling work:
  - in your particular field of practice?
  - with a client from your own culture?
  - with a client from a culture different to your own?
- 10) Is there anything else that you feel are important to mention in regards to this topic?

### Closing:

Thanking the participant

Closing in an appropriate way and offering a koha

## Appendix C – Interview Schedule, Phase 2

### Focus Group Schedule

Opening:

Refreshments will be available.

Participants will be asked if they would like to begin the focus group in any particular manner.

Introductions

Brief discussion regarding the aims of the project and purpose of the focus group will follow.

- Aims to develop and produce a practice framework for strengths-based counselling in social work practice in the Aotearoa New Zealand context.
- Previous as well as this current research confirmed a significant counselling component in the social work role.
- And that social workers did not feel adequately prepared for their counselling tasks upon completion of their basic social work qualification.

Brief discussion of the ground rules:

- I would like to invite you to do the talking and hence everyone to participate. The data is obtained from the interaction in the group and hence your discussion among one another about the framework and the ideas developed through this discussion is really valuable.
- It is better for the recording if only one person talks at a time.
- There are no right or wrong answers, every person's experiences and contributions are important and we don't have to reach consensus.
- Let's maintain confidentiality.
- I will be audio recording the group and would like to capture everything you have to say. You are not identified by name in the findings and will remain anonymous.

Body:

Findings from Phase 1 of the study and information pertaining to the content of the practice framework will be presented.

Questions:

- 1) What are your first impressions of this framework?
- 2) What is your feedback on the main structure or sectioning?
- 3) Let's discuss each section regarding omissions and further additions:
  - Knowledge
  - Practice components: assumptions, skills, intervention, phases, outcomes
  - Context
- 4) What is your feedback on the image?
- 5) What would you name such a framework?
- 6) How applicable would this be in your field of practice?
- 7) What are the main things that you would change?
- 8) What are the main aspects that you won't change?
- 9) Is there anything else that you feel are important to mention?

Closing:

Thanking the participants and closing in an appropriate manner.

# Appendix D – Participant Information Sheet, Phase 1



School of Counselling, Human Services and Social Work  
University of Auckland  
Faculty of Education  
Epsom Campus  
Private Bag 92601, Symonds Street  
Auckland 1150

## PARTICIPANT INFORMATION SHEET

(Key Stakeholder Participant)

A practice framework for strengths-based counselling in social work in the New Zealand context.

Petro Booyesen – PhD (Social Work) candidate

Dear

My name is Petro Booyesen and I am writing to invite you to consider participating as a key stakeholder participant in my PhD research project which aims to explore the core contextual considerations and practice components that are vital in developing and producing a practice framework for strengths-based counselling in social work practice in the Aotearoa New Zealand context. I am currently a PhD student in the School of Counselling, Human Services and Social Work at the University of Auckland. My supervisors in this research project are Associate Professor Christa Fouché and Dr Barbara Staniforth of the University of Auckland.

### **Project description**

As you may be aware, the practice of counselling in social work has been contentious over the years. Recent research confirmed that many social workers in New Zealand consider counselling to be an integral part of their social work role and they are doing counselling within their general social work practice (Staniforth, 2010). A significant number of these participants, however, indicated that they believe their training in regards to the counselling role in social work practice was inadequate and they sought additional professional development in this regard. Furthermore, the findings from this study are also congruent with a shift towards a strengths-based orientation in the helping professions, as well as with a movement to practice in a culturally appropriate manner.

I endeavour to study the experience and knowledge of key stakeholders and practitioners in social work practice in New Zealand, in regards to strengths-based counselling. This will be done in two steps with in-depth interviews occurring with key stakeholders in Phase 1 and focus group interviews with social work practitioners in Phase 2. The key stakeholders I would like to interview will be professionals, from various ethnicities and various fields of practice that are represented in Aotearoa, and who identify as having knowledge and practice experience of strengths-based counselling. The information that they provide as well as the existing literature, will inform the development of a draft practice framework. Practising social workers will then appraise this draft framework through focus group interviews in Phase 2 of the study. Should you decide to participate, you have the option to only participate in the key stakeholder interview or in the stakeholder interview as well as in one of these focus group interviews. The findings from the focus group interviews will be used to consolidate or redevelop the practice framework.

A list of potential key stakeholder participants as well as a list of other knowledgeable people who could nominate more potential key stakeholder participants, through their professional networks, was drawn up in

supervision. You have been suggested as a potential participant who can contribute to the development of a practice framework for strengths-based counselling in social work practice in Aotearoa New Zealand. Moreover, should it be necessary and appropriate to expand the sample of possible stakeholder participants any further, the snowball sampling technique will be used and you may be asked if you would be able to nominate someone as a potential key stakeholder participant.

I hope that the results of my study will contribute to the available information and support for social workers in their social work counselling role. Also, that this research may contribute to the development of practice competencies for counselling in social work and hence benefit both clients and social workers in the end.

I do not foresee any likely risks for you should you choose to participate in this research. Even though there may not be direct gains to you, you will make a valuable contribution to the development of a practice framework for strengths-based counselling in social work.

### **Project Procedures**

I request one to two hours of your time for a recorded interview that will follow the set of questions which I have attached. I am happy to meet with you at a suitable place and time, or a Skype interview can also be considered. The recordings will be professionally transcribed and the transcriber will sign a confidentiality agreement. You will be asked to review the transcript to your interview and you may amend this transcript, should you wish to. I would like to use the interview data in my PhD as well as possible future publications. Your confidentiality will be protected with respect to identity. Participants will not be identified by name in the research findings but given the small community of participants there is a small chance that participants may be able to be identified by their comments given. The data will be stored on a password protected hard drive of the student researcher for six years and thereafter be destroyed. The consent forms to this study will be held securely in the office of the principal investigator for six years after which they will be shredded.

Participation is voluntary. If you decide to participate, you have the right to withdraw from the study at any time and withdraw the information you have provided at any point up until you have signed the transcripts release agreement. You may decline to answer any particular question and you may ask any questions about the study. Participants will be offered a copy of a summary of the results of the research after Phase 2 of the research is completed. Also, a small token gift will be given as a thank you.

If you are interested in participating kindly let me know. Also, should you have any questions or concerns regarding this research, you are welcome to contact either:

Petro Booysen (Student researcher)

0210494418

[pboo606@aucklanduni.ac.nz](mailto:pboo606@aucklanduni.ac.nz)

AP Christa Fouché (Principal Investigator)

Tel: 09 623 8899 ext 48648

[c.fouche@auckland.ac.nz](mailto:c.fouche@auckland.ac.nz)

Dr Barbara Staniforth

Tel: 09 623 8899 ext 48349

[b.staniforth@auckland.ac.nz](mailto:b.staniforth@auckland.ac.nz)

Thank you for your consideration and possible participation in this study.

Chair contact details: —For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 87830/83761. Email: [humanethics@auckland.ac.nz](mailto:humanethics@auckland.ac.nz).

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE  
ON 17 APRIL 2014 FOR (3) YEARS, REFERENCE NUMBER 011359.

## Appendix E – Participant Information Sheet, Phase 2



School of Counselling, Human Services and Social Work  
University of Auckland  
Faculty of Education  
Epsom Campus  
Private Bag 92601, Symonds Street  
Auckland 1150

### PARTICIPANT INFORMATION SHEET

(Focus Group Participant)

A practice framework for strengths-based counselling in social work in the New Zealand context.

Petro Booyesen – PhD (Social Work) candidate

School of Counselling, Human Services and Social Work

Dear

My name is Petro Booyesen and I am writing to invite you to consider participating as a focus group member in my PhD research project, which aims to develop and produce a practice framework for strengths-based counselling in social work practice in the Aotearoa New Zealand context. I am currently a PhD student in the School of Counselling, Human Services and Social Work at the University of Auckland. My supervisors in this research project are Associate Professor Christa Fouché and Dr Barbara Staniforth of the University of Auckland.

#### **Project description**

As you may be aware, the practice of counselling in social work has been contentious over the years. Recent research confirmed that many social workers in New Zealand consider counselling to be an integral part of their social work role and they are doing counselling within their general social work practice (Staniforth, 2010). A significant number of these participants, however, indicated that they believed their training in regards to the counselling role in social work practice was inadequate and they sought additional professional development in this regard. Furthermore, the findings from this study also indicated that practitioners were engaged in a strengths-based orientation and that there was a commitment towards practising in a culturally appropriate manner.

I endeavour to study the experience and knowledge of key stakeholders and practitioners in social work practice in New Zealand, in regards to strengths-based counselling. This is being done in two steps. Firstly, with in-depth interviews occurring with key stakeholders in Phase 1 and followed by focus group interviews with social work practitioners in Phase 2. I have already completed the key stakeholder interviews and the information that they have provided, supported by the existing literature, informed the development of a draft practice framework.

I am now commencing with Phase 2 of this study where practising social workers will be asked to appraise the developed draft framework through focus group interviews. I would like to invite social work professionals, from various ethnicities and various fields of practice that are represented in Aotearoa, and who identify as having knowledge and practice experience of strengths-based counselling to participate in such a focus group. The findings from the focus group interviews will be used to consolidate or redevelop the practice framework.

Participants will be recruited in three different ways:

- Participants from Phase 1 who have indicated an interest in participating in focus groups will be invited to participate.
- Phase 1 participants will be asked to consider any of their colleagues who they feel may make a contribution to this study and will be asked to forward an invitation.
- The ANZASW will also be requested to email their members with an invitation to participate.

I hope that the results of my study will contribute to the available information and support for social workers in their social work counselling role and that this research may contribute to the development of practice competencies for counselling in social work. I do not foresee any likely risks for you should you choose to participate in this research. Even though there may not be direct gains to you, you will make a valuable contribution to the development of a practice framework for strengths-based counselling in social work. Participants will be presented with the draft framework information and may eventually also use and refer to this framework in their own practice.

### **Project Procedures**

I request around one to two hours of your time for an audio recorded focus group interview that will look at the draft framework which I have identified from the previous interviews and the literature. I will endeavour to arrange the meeting place and time to suit most participants. There will be focus groups held in both Wellington and Auckland. The recordings will be professionally transcribed and the transcriber will sign a confidentiality agreement. As the recordings will be of the focus group interviews, participants will not be given the opportunity to review the transcripts due to the fact that the transcript will also include other participants' information and hence affect their privacy. I would like to use the focus group interview data in my PhD as well as possible future publications, conference presentations and teaching.

Participants will not be named in the reported findings and documents however, given the fact that participants are participating in groups, I cannot guarantee that each participant will keep the discussions confidential. Participants will be asked to maintain confidentiality. The data will be stored on a password protected hard drive of the student researcher for six years and thereafter be destroyed. The consent forms for this study will be held securely in the office of the principal investigator for six years after which time they will be shredded.

Participation is voluntary and you may withdraw from the study at any time and you may decline to answer any questions. You will not however be able to withdraw any information that you provide after you have given it. Participants will be offered a summary of the results of the research after Phase 2 of the research is completed. A ten-dollar petrol voucher will be made available to each participant and refreshments will be served at the focus group meetings.

If you are interested in participating kindly let me know on my below email or telephone number. Also, should you have any questions or concerns regarding this research, you are welcome to contact either:

Petro Booysen (Student researcher)

0210494418

[pboo606@aucklanduni.ac.nz](mailto:pboo606@aucklanduni.ac.nz)

AP Christa Fouché (Principal Investigator and Head of School)

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Faculty of Education and Social Work  
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[b.staniforth@auckland.ac.nz](mailto:b.staniforth@auckland.ac.nz)

Thank you for your consideration and possible participation in this study.

Chair contact details: —For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Research Office, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711. Email: [ro-ethics@auckland.ac.nz](mailto:ro-ethics@auckland.ac.nz).

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE  
ON 3 June 2015 FOR (3) YEARS, REFERENCE NUMBER 014811.

# Appendix F – Consent Forms, Phase 1



School of Counselling, Human Services and Social Work  
University of Auckland  
Faculty of Education  
Epsom Campus  
Private Bag 92601, Symonds Street  
Auckland 1150

## CONSENT FORM (Key Stakeholder Participant) THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

A practice framework for strengths-based counselling in social work in the New Zealand context.

Petro Booyesen – PhD (Social Work) candidate

I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree to take part in this research under the conditions set out in the information sheet.
- I understand that I am free to withdraw participation at any time, and to withdraw any data traceable to me up until such time I have signed the transcripts release agreement.
- I agree to be audio recorded.
- I understand that a third party who has signed a confidentiality agreement will transcribe the tapes.
- I understand that data will be kept indefinitely.

I wish to receive the summary of findings: Yes/No

I would be interested to receive information about participating in a focus group in Phase 2 of this study: Yes/No

If yes, please provide contact details for summary of information and/or information about Phase 2 of this study:

\_\_\_\_\_  
Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS  
COMMITTEE ON 17 APRIL 2014 FOR (3) YEARS REFERENCE NUMBER 011359.

## Appendix G – Consent Forms, Phase 2



### EDUCATION AND SOCIAL WORK

Counselling Human Services and Social Work

Epsom Campus  
Gate 3, 74 Epsom Ave  
Auckland, New Zealand  
T +64 9 623 8899  
W [www.education.auckland.ac.nz](http://www.education.auckland.ac.nz)  
The University of Auckland  
Private Bag 92001  
Symonds Street  
Auckland 1135  
New Zealand

#### CONSENT FORM (Focus Group Participant) THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

A practice framework for strength-based counselling in social work in the New Zealand context.

Petro Booysen – PhD (Social Work) candidate

I have read the Participant Information Sheet and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction, and I understand that I may ask further questions at any time.

- I agree to take part in this research under the conditions set out in the information sheet.
- I understand that the focus group will take between one to two hours of my time.
- I understand that the information from this focus group will be used for the purpose of completing your PhD thesis, and possibly for future conference presentations, articles in academic journals or teaching purposes.
- I understand that participation is voluntary and that I can withdraw from participating or decline to answer questions at any time. I will not be able to withdraw any information once it has been provided.
- I agree to not disclose anything discussed in the focus group.
- I agree to be audio recorded.
- I understand that the audio recording and the transcripts from the focus group will be kept securely on the researcher's password protected computer.
- I understand that a third party who has signed a confidentiality agreement will transcribe the recordings.
- I understand that data will be kept for six years.

I wish to receive the summary of findings: Yes / No

If yes, please provide contact details for summary of information:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 3 June 2015 FOR (3) YEARS, REFERENCE NUMBER 014811).

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