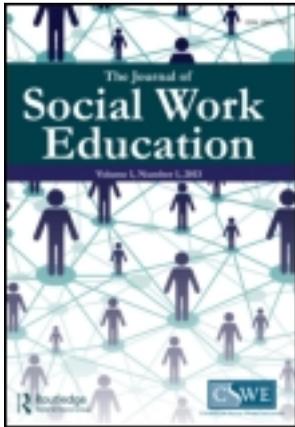


This article was downloaded by: [University of New Hampshire], [Emily M. Douglas]
On: 08 April 2014, At: 10:59
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered
office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Social Work Education

Publication details, including instructions for authors and
subscription information:

<http://www.tandfonline.com/loi/uswe20>

Does a Social Work Degree Predict Practice Orientation? Measuring Strengths-Based Practice Among Child Welfare Workers With the Strengths- Based Practices Inventory-Provider Version

Emily M. Douglas, Sean C. McCarthy & Patricia A. Serino
Published online: 04 Apr 2014.

To cite this article: Emily M. Douglas, Sean C. McCarthy & Patricia A. Serino (2014) Does a Social Work Degree Predict Practice Orientation? Measuring Strengths-Based Practice Among Child Welfare Workers With the Strengths-Based Practices Inventory-Provider Version, *Journal of Social Work Education*, 50:2, 219-233

To link to this article: <http://dx.doi.org/10.1080/10437797.2014.885241>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

Does a Social Work Degree Predict Practice Orientation? Measuring Strengths-Based Practice Among Child Welfare Workers With the Strengths-Based Practices Inventory–Provider Version

Emily M. Douglas, Sean C. McCarthy, and Patricia A. Serino

Strengths-based practice (SBP) is one of the primary modalities of social work practice. The literature on SBP does not address a standardized tool for measuring SBP or whether receipt of a social work degree is related to practice orientation. We measure SBP with a provider-based Strengths-Based Practices Inventory (SBPI-P) and examine whether a social work degree is associated with a higher level of SBP among 453 child welfare workers. The results indicate that the SBPI-P is a reliable measure of SBP, with three factors—Empowerment, Community–Culture, and Sensitivity–Knowledge—and that receipt of a social work degree is not associated with SBP. We discuss the potential reasons for the results and make recommendations for future research in the measurement of SBP.

Strengths-based practice (SBP), a cornerstone of social work practice and education, is an approach that seeks to identify adaptive resources used by an individual or system to reach identified goals. *Strengths* are commonly associated with individual characteristics such as intelligence, temperament, life experience, available support systems, tangible resources, and access to services (Rapp & Chamberlain, 1985). SBP is credited by many practitioners as the answer to deficit-based models of social practice, which purportedly do not always identify solutions to problems (Weick, 2009). According to proponents of SBP, it is a practical and tangible approach to problem-solving that uses aspects of an individual or his or her environment to serve as the intervention itself (Saleebey, 1996). Despite the integration of SBP into the social work profession, this approach has not been well-measured as a construct or as something that uniquely belongs to the social work profession (Staudt, Howard, & Drake, 2001). We address the need for the measurement of this practice approach by adapting the Strengths-Based Practices Inventory (SBPI) from a client-based instrument to one that is provider-based. We use the SBPI-Provider (SBPI-P) to examine several dimensions of SBP among a multistate sample of child welfare workers and to explore whether receipt of a social work degree is related to SBP.

Accepted: November 2012

Emily M. Douglas is associate professor and Sean C. McCarthy and Patricia A. Serino were students at Bridgewater State University.

Address correspondence to Emily M. Douglas, PhD, School of Social Work, 95 Burrill Avenue, Bridgewater State University, Bridgewater, MA 02325, USA. E-mail: emily.douglas@bridgew.edu

HISTORY OF SBP

SBP was formally developed in the early 1980s by faculty at the University of Kansas School of Social Welfare and quickly moved into community-based practice (Rapp & Chamberlain, 1985; Saleebey, 1992; Staudt et al., 2001; Weick, Rapp, Sullivan, & Kisthardt, 1989). SBP was developed in response to the deficit-based model of practice (Weick et al., 1989), and it can be traced to charity organization societies in the 19th century, which attempted to combat poverty by addressing what they would have termed individuals' moral shortcomings (Trattner, 1999). This model was also born from the profession's relationship to medicine, which seeks to identify problems to remedy. This is accomplished through assessment for physiological pathology. According to strengths-based practitioners, when the medical model is applied to the psychosocial domain, it can lead to the potentially erroneous conclusion that pathology is attributable to an intrinsic flaw of the individual and may ignore environmental contributions (Weick, 2009).

SBP seeks to combat the medical model through the following foundational beliefs: (1) all individuals possess the materials necessary to change and flourish; (2) emphasizing strengths will promote change and empowerment; (3) clients are motivated to change within the security of a relationship with a provider that focuses on strengths; (4) focusing on strengths orients providers away from blaming the victim and allows providers to uncover how clients have overcome past challenges; and (5) clients know what is most appropriate for themselves and serve as experts in their own lives (Saleebey, 1992; Weick et al., 1989).

Speaking broadly, SBP emerged from the postmodern movement. Postmodern thought, such as constructivist and narrative theories, emphasize the uniqueness of each individual's story and define the role of a clinician as a consultant as opposed to expert (Brun & Rapp, 2001). This practice orientation also emphasized the examination of strengths versus an examination of deficits. Postmodern practice approaches were juxtaposed to the predominant practices of the time and were met with resistance (Staudt et al., 2001). Critics of SBP hold that the modality ignores objective reality as it is merely a positive reframe of serious situations (Saleebey, 1996). Proponents of SBP contend that this approach does not ignore presenting problems—rather, the orientation emphasizes strengths as points of entry for interventions (Rapp & Chamberlain, 1985). Thus social workers who use SBP focus on solutions instead of problems and refrain from defining problems in homogeneous diagnostic categories (Weick et al., 1989). Furthermore, SBP is not only congruent with the principals of social work but also enhances worker–client collaboration by providing direction and resources to overcome presenting problems (Weick, 2009; Weick et al., 1989). SBP is now one of the primary modalities of social work practice and education, and it is a regular subject at professional conferences and trainings for frontline workers, administrators, educators, and researchers (Cohen, 1999).

SBP and Empirical Evidence

Research on SBP approaches has found positive outcomes. Studies implementing nonexperimental designs reveal that individuals who receive services within an SBP framework evidence high rates of goal achievement, decreased inpatient stays, satisfaction with services and service provision, and higher rates of subjective well-being and psychosocial functioning (Rapp & Chamberlain, 1985; Rapp & Wintersteen, 1989; Siegal, Rapp, Kelliher, & Fisher, 1995). Studies

implementing quasiexperimental and experimental designs found that individuals receiving services using an SBP framework were more likely than control groups to achieve greater employment/vocational involvement, social support, increased income, increased stress tolerance, adjustment in community and life skills, decreased symptoms of mental illness, decreased hospitalization rates, and overall better outcomes at follow-up (Macias, Farley, Jackson, & Kinney, 1997; Macias, Kinney, Farley, & Jackson, 1994; Modrcin, Rapp, & Poertner, 1988; Siegal et al., 1995). None of this research, however, considers provider training. This is especially important among social work practitioners, because SBP is the foundation of social work education and practice techniques today (Rice & Girvin, 2010). We address this gap in the literature by examining whether receipt of a social work degree results in a higher degree of SBP.

Further, Staudt, Howard, and Drake (2001) argue that research on SBP has not been adequately operationalized by measurable behaviors, and we lack standardized tools to increase the validity of research on SBP. Staudt, Howard, and Drake (2001) sought to operationalize SBP through a review of the literature and found that the major themes included (1) emphasis on client strengths; (2) services provided in person; (3) provision of both tangible and intangible services; (4) individualized services based on the needs of the client; (5) high level of responsibility given to the client to define needs and course of action; and (6) an emphasis on client–clinician relationship versus a team approach. In fact, there is no existing instrument that measures SBP techniques (C. A. Rapp, personal communication, May 10, 2010). This gap will be addressed in this article as well.

Green and colleagues (Green, McAllister, & Tarte, 2004) built on the work of Staudt and colleagues (Staudt et al., 2001) to develop the Strengths-Based Practices Inventory, which was designed to assess the use of SBP among providers from a client’s perspective. The instrument was validated using samples of parents receiving community-based parenting support and child education services, such as Head Start, and measures the client’s perception of the manner in which services were delivered on four scales: (1) Empowerment—the extent to which social workers encourage their clients to see their own strengths and to have faith in their own skills and resources; (2) Cultural Competency—the extent to which social workers engage and encourage their client’s cultural background into service provision; (3) Interpersonal Sensitivity—the extent to which the worker can identify challenges and provide additional services for his or her client and support client decisions they make about their family; and (4) Relationship-Supportive—the extent to which the provider encourages social support through linkages with other parents in the community as well as the client’s extended family. The SBPI was found to be a reliable and valid measure of the SBP, with alphas ranging from .72–.92. We adapted this instrument to be a provider-based, self-report measure of SBP—the SBPI-P.

THE CURRENT STUDY

SBP has been embraced by the social work profession as an effective and ethical modality in which to provide services to clients (Tate, 2010). The literature on SBP, however, has not generated a solid instrument for measuring SBP (C. A. Rapp, personal communication, May 10, 2010) or indicated whether providers with a social work degree are more likely to use SBP techniques. We address some of those gaps among a multistate sample of child welfare workers by

measuring SBP with the SBPI-P and assessing whether social workers are more likely to use SBP skills. Specifically, we address whether

1. the SBPI can be adapted from a client-based to a provider-based measure of SBP, and
2. child welfare workers with a social work degree are more likely to practice SBP than non-social workers.

METHOD

Procedure

Data for this study were collected as part of a larger study, *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals*, from September 2010 to January 2011. Child welfare workers (CWWs), including frontline workers and managers, were recruited to participate in an online survey that focused on CWWs' perceptions of and experiences with child maltreatment fatalities (CMFs). Potential participants were recruited through (1) online advertisements (e.g., Child Welfare League of America) and (2) postings on social networking sites. Most responses, however, came from (3) announcements that were made to the Child Maltreatment Research electronic mailing list (maintained by the National Data Archive on Child Abuse and Neglect, Cornell University), where members in the field forwarded the recruitment statement to workers and supervisors, and (4) through direct appeals that were e-mailed to the most appropriate and easily identified agency administrator on each state's child welfare services website.

Individuals who responded to the solicitation were directed to the online survey hosted by SurveyMonkey. Potential participants were informed of their rights as a participant in the study, including that some of the questions might cause them distress. Participants were assured that they could skip any questions and cease participation at any time. The final page of the survey featured resources to national hotlines and websites where they could seek assistance for psychological distress should they need it after taking the survey. The methods for this study were approved by the Institutional Review Board at Bridgewater State University. Responses were received from 493 CWWs, 453 of which were complete enough to retain for analyses. More detail about this study can be found in additional publications (Douglas, 2012a, 2012b, 2013).

Participants

Table 1 shows that almost 77% of the child welfare workers in this sample identified as White; 26.5% identified as a racial minority with the largest percentage being African Americans/Blacks (16.3%). The sample of CWWs had a mean age of 42 and were predominately female—almost 90%. The sample of CWWs was also well educated, with 47.8% reporting that they had a bachelor's degree and 51.3% a master's degree. Only one respondent had an education level lower than this, with an associate's degree. Slightly more than half of the sample had a degree in social work (57.6%) or human services (4.2%). More than a quarter had a degree in another social science discipline (31.5%); the rest (6.7%) had a degree in another field. The CWWs came from 27 different states, with the majority reporting from the South (44%).

TABLE 1
Demographic Characteristics of Study Participants, $N = 451$

<i>Demographic Characteristic</i>	<i>Percentage</i>
Age	41.7 ^a
Gender—female	89.8
Race/ethnicity ^b	
American Indian	1.6
Asian	3.1
African American/Black	16.3
Latino/Hispanic	6.2
Pacific Islander	0.7
White	76.6
Education	
Associate's degree	0.9
Bachelor's degree	47.8
Master's degree	51.3
Area of specialization	
Social work	57.6
Human services	4.2
Other social science field	31.5
Other	6.7
State of employment	
North (CT, ME, MA, NY, PA)	10.6
Midwest (IL, IN, MI, ND, OH, WI)	16.6
South (AL, DC, GA, LA, MD, NC, OK, TX, VA, WV)	44.0
West (AK, CA, CO, OR, WA, WY)	28.8

^aAge mean (SD) = 10.78.

^bRace/ethnic minority categories were collapsed into 1 = any minority (26.5%); 0 = nonminority.

Instrument

The survey asked participants about their opinions and knowledge concerning maltreatment fatalities, whether or not they had a child die on their caseload and their experiences with the fatality, assessed their SBP behaviors, measured their trauma symptomatology, and had a section on demographic questions. The survey was pretested on a small sample of caseworkers and supervisors in Massachusetts and Texas before full implementation. The only questions that are used in the present set of analyses concern SBP behaviors and demographic questions.

Strengths-based practice behaviors. SBP behaviors were assessed using an adapted version of the SBPI (Green et al., 2004). The 16-item SBPI measures the client's perception of the manner in which services are delivered: (1) Empowerment—5 items, (2) Cultural Competency—3 items, (3) Provider Sensitivity—Knowledge—4 items, and (4) Relationship-Support—4 items. We adapted the SBPI to assess SBP behaviors, from the CWW's perspective. For instance, a question on the Cultural Competency scale was changed from "The program staff encouraged me to learn about my culture and history" to "I encourage my clients to learn about their culture and history"; a question on the Relationship-Supportive scale was changed from "The program staff

encourage me to share my knowledge with other parents” to “I encourage my clients to share their knowledge with other parents.” We also adapted the response set from a 7-point scale ranging from 1 = *strongly disagree* to 7 = *strongly agree*, to a 4-point scale to be consistent with most of the questions in the survey; 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly disagree*. The full instrument is in the Appendix.

Demographic information. Participants were asked about their age, race/ethnicity (which we dichotomized as minority = 1, not a minority = 0), education (less than high school degree, high school degree, some college, 4-year degree, and master’s degree), and disciplinary background (social work, human services, other social science, and other specialization). Receipt of a master’s degree was dichotomized as yes = 1, no = 0, as was receipt of a social work degree.

RESULTS

SBPI-P

We examined whether the SBPI could be adapted to a provider-based version by first conducting a principal components analysis with varimax rotation for the 16 items in the inventory. Three factors emerged from this analysis, which were confirmed with a scree plot. The three factors are presented in [Table 2](#): (1) Empowerment, (2) Community–Culture, and (3) Sensitivity–Knowledge. The reliability for each of these factors was .88, .76, and .78, respectively. The finding of three factors differs from the four factors that emerged with the client-based SBPI. A comparison between the items and the factors onto which they loaded for the SBPI and SBPI-P are noted in [Table 3](#), where the left-hand column displays the item, the middle column displays the scale onto which that item loaded in the SBPI, and the right-hand column displays the scale onto which that item loaded in the SBPI-P. A number of differences are apparent, predominantly that no factor in the provider version addresses Relationship and Support. Instead, these items load with the factors that encompass Community–Culture and Empowerment. Further, many more items in the SBPI-P loaded with the Empowerment factor than in the client-based SBPI. The Empowerment scale in the SBPI-P has 7 items, as opposed to 5; the Community–Culture scale has 5 items as opposed to 3; and the Sensitivity–Knowledge scale has 3 items, as opposed to 4.

The Influence of a Social Work Degree on SBP

Prior to conducting a multivariate analysis to determine the influence of a degree in social work on SBP behaviors, we conducted a correlation between the independent demographic variables and the three dependent SBPI-P scales. The results are presented in [Table 4](#). Having a social work degree is only marginally related ($p \leq .10$) to Empowerment at the bivariate level and was not related to any other SBP scales. We regressed the independent variables onto the SBP scales, in three different ordinary least-squares regression analyses; the results are presented in [Table 5](#). Receipt of a social work degree was not statistically related to any of the SBP scales, and the percentage of variance explained with the models that we tested ranged from 1.8%–3.2%.

TABLE 2
Summary of Items and Factor Loadings From Principal Component Analysis With Varimax
Rotation of the 16 SBPI-P Items

<i>Item</i>	<i>Factor Loading</i>			<i>Communality</i>
	<i>Factor 1 Empowerment</i>	<i>Factor 2 Community– Culture</i>	<i>Factor 3 Sensitivity– Knowledge</i>	
I help my clients to see strengths in themselves that they didn't know that they had.	.812			.71
I help my clients to use their own skills and resources to solve problems.	.783			.76
I work with my clients to meet their needs.	.775			.75
I help my clients see that they are good parents.	.682			.64
I encourage my clients to think about their own personal goals or dreams.	.674			.60
I respect my clients' families' cultural and/or religious beliefs.	.536			.43
I encourage my clients to go to friends and family when they need help or support.	.492			.44
I support my clients in the decisions that they make about themselves and their families.	.387			.39
I provide opportunities for my clients to get to know other parents in the community.		.767		.59
I encourage my clients to get involved and help improve their community.		.750		.59
I encourage my clients to share their knowledge with other parents.		.667		.50
I encourage my clients to learn about their culture and history.		.591		.54
I have materials for my clients' children that positively reflect their cultural background.		.586		.43
I give my clients good information about where to go for other services they need.			.880	.84
I know about other programs that my clients can use if they need them.			.867	.80
I understand when something is difficult for my clients.			.564	.52
Eigenvalues	5.14	3.36	2.31	
Percentage of variance	40.09	12.88	6.51	

DISCUSSION

SBP has been embraced by social workers as an effective and ethical modality in which to provide services and is one of the dominant modalities of social work practice. This approach has largely existed as a theoretical orientation and has not been routinely examined through empirical inquiry or study (Staudt et al., 2001). The purpose of this study was to examine whether a client-based instrument of SBP behaviors could be successfully adapted for practitioners and

TABLE 3
Comparison of Items and Scales in the Original SBPI and SBPI-P

<i>Item</i>	<i>SBPI Scale</i>	<i>SBPI-P Scale</i>
I help my clients to see strengths in themselves that they didn't know that they had.	Empowerment	Empowerment
I help my clients to use their own skills and resources to solve problems.	Empowerment	Empowerment
I work with my clients to meet their needs.	Empowerment	Empowerment
I help my clients see that they are good parents.	Empowerment	Empowerment
I encourage my clients to think about their own personal goals or dreams.	Empowerment	Empowerment
I encourage my clients to learn about their culture and history.	Cultural Competence	Community–Culture
I respect my clients' families' cultural and/or religious beliefs.	Cultural Competence	Empowerment
I have materials for my clients' children that positively reflect their cultural background.	Cultural Competence	Community–Culture
I know about other programs that my clients can use if they need them.	Provider Sensitivity–Knowledge	Sensitivity–Knowledge
I give my clients good information about where to go for other services they need.	Provider Sensitivity–Knowledge	Sensitivity–Knowledge
I understand when something is difficult for my clients.	Provider Sensitivity–Knowledge	Sensitivity–Knowledge
I support my clients in the decisions that they make about themselves and their families.	Provider Sensitivity–Knowledge	Empowerment
I encourage my clients to share their knowledge with other parents.	Relationship-Support	Community–Culture
I provide opportunities for my clients to get to know other parents in the community.	Relationship-Support	Community–Culture
I encourage my clients to go to friends and family when they need help or support.	Relationship-Support	Empowerment
I encourage my clients to get involved and help improve their community.	Relationship-Support	Community–Culture

TABLE 4
Pearson's Correlations of Independent and Dependent Variables

<i>Independent Variable</i>	<i>Client Empowerment</i>	<i>Community–Cultural Competence</i>	<i>Sensitivity–Knowledge</i>
Gender	–.079	–.038	–.055
Age	–.079	.097*	–.105**
Member of minority group	.020	.068	.001
Master's degree	.004	–.065	–.025
Degree in social work	.090	.038	.055

* $p \leq .10$. ** $p \leq .05$.

TABLE 5
Multivariate Regression Analysis Summary for Child Welfare Worker Variables Predicting
Practice Behaviors on the SBPI

<i>Independent Variable</i>	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Empowerment, $R^2 = .018$ ($N = 352$, $p < .001$)					
Gender ^a	-.770	.540	-.076	-1.424	.155
Age	-.020	.016	-.069	-1.249	.212
Member of race/ethnic minority group ^b	-.072	.372	-.011	-.195	.846
Master's degree ^b	-.112	.354	-.019	-.317	.751
Degree in social work ^b	.493	.357	.080	1.383	.168
Community-Cultural Competence, $R^2 = .032$ ($N = 358$, $p = .041$)					
Gender ^a	-.305	.442	-.036	-.690	.491
Age	.034	.013	.140	2.599	.010
Member of race/ethnic minority group ^b	.527	.303	.093	1.738	.083
Master's degree ^b	-.568	.291	-.112	-1.953	.052
Degree in social work ^b	.446	.293	.087	1.523	.129
Sensitivity-Knowledge, $R^2 = .020$ ($N = 363$, $p = .204$)					
Gender ^a	-.215	.223	-.050	-.963	.336
Age	-.013	.007	-.109	-2.029	.043
Member of race/ethnic minority group ^b	-.089	.152	-.031	-.582	.561
Master's degree ^b	-.102	.146	-.040	-.698	.486
Degree in social work ^b	.145	.147	.056	.986	.325

^aThis is a dummy variable, where 1 = Male, 0 = Female.

^bThis is a dummy variable, where 1 = Yes, 0 = No.

whether providers who have a degree in social work are more likely to use an SBP orientation than providers with a different disciplinary background. We conclude that the SBPI-P measures constructs slightly differently than the client-based version and likely needs replication. We also conclude that, with regard to the sample examined in this study, receipt of a social work degree was not related to SBP orientation.

Constructs of SBPI-P

The measurement of SBP has lagged behind the widespread adoption throughout the social work profession. Critiques argue that SBP was not well operationalized (Staudt et al., 2001), and even the principal founders of SBP acknowledge that there is no validated measure of SBP (C. A. Rapp, personal communication, May 10, 2010). We addressed this through our examination of the SBPI-P. Our analyses for the SBPI-P identified three constructs of SBP, all with good measures of reliability ranging from .76–.88. This tool, adapted for providers, resulted in factors addressing (1) Empowerment, (2) Community-Culture, and (3) Sensitivity-Knowledge, but not Relationship-Support, which is a scale in the client version. The items that are in the Relationship-Support scale for the client version were redistributed to the other scales. The fact that the sample comprised only CWWs may have influenced this outcome. Anecdotal evidence suggests that some CWWs exercise poor power-relations with their clients (Wexler, 2008). Similar concerns have been noted in the professional literature about the need for workers to attend to unequal power relations with their clients (Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Mandell,

2008) and the need to provide training around empathy within the child welfare workforce (Gelfand, Starak, & Nevidon, 1973; Mullins, 2011). On a related note, child welfare workers have to balance their role as provider and as an agent that polices their clients (Booth, 2006; Deukmedjian, 2008; Hayes & Spratt, 2009), which may explain why a factor that focuses on Relationship Support did not emerge from the analyses as it did in the client version. We recommend that SBPI-P be tested on a sample with a larger variety of provider roles. We also did not include any measures of validity, as Green and colleagues (Green et al., 2004) did in their assessment of the client version. This is an important next step for researchers measuring SBP techniques.

Social Work Degree and SBP

Schools of social work vary considerably. At the same time, because the education that they offer students is accredited by a national professional association—the Council on Social Work Education—there is also great similarity between schools with regard to content, professional standards, and practice orientation, such as social justice and SBP. The literature suggests that it would be nearly impossible for a student to emerge from a school of social work today and not learn about SBP (Johansson et al., 2008; Kivnick, Jefferys, & Heier, 2003; Rice & Girvin, 2010). Thus one could argue that social service providers with a social work degree are in a better position to use SBP techniques in working with clients than are providers without a social work degree. Our analyses, however, did not provide support for this argument. There was no statistically significant relationship between having a social work degree and SBP for any of the scales in the SBPI-P. It is possible that a degree in social work does not uniquely prepare one for SBP. The SBP model has been widely stressed and implemented throughout most of the social service sector (Allison et al., 2003; Lietz, 2011; Lietz & Rounds, 2009; Rapp, Saleebey, & Sullivan, 2005; Sheely & Bratton, 2010; Whitley, White, Kelley, & Yorke, 1999), which means that providers will be exposed and trained in SBP, even without a degree in social work.

Further, the lack of association between a degree in social work and SBP may be related to the fact that SBP was tested on a sample of CWWs, where SBP orientations are sometimes questioned, both within the profession and by others (Gelfand et al., 1973; Mullins, 2011; Wexler, 2008). That said, SBP has been integrated into the child welfare profession since at least the early 1990s (Abbey, 1993; Brownlee, Rawana, MacArthur, & Probizanski, 2010; Lietz, 2011; Rawana & Brownlee, 2009).

Another consideration is whether the SBPI-P actually measured SBP. Others have noted the difficulty of measuring clinical practice modalities and practice techniques as they vary between social workers and clients (O'Hare & Collins, 1997; Sheafor, 2011; Zimmer & Bound, 1987). The practice techniques in the SBPI were based on the literature concerning SBP and were validated as well (Green et al., 2004). That said, given that SBP is part of social work education throughout the nation (Johansson et al., 2008; Kivnick et al., 2003; Rice & Girvin, 2010) and the SBPI-P did not find an association between having a social work degree and this instrument, it is worth considering that the SBPI-P does not adequately measure SBP. If that is the case, researchers may want to review SBP curricula and assess the degree to which it overlaps with items in the SBPI-P.

Small Amount of Variance Explained

The models that we tested to predict SBP explained a very small amount of the variance, for which we provide a number of potential different explanations. First, it is possible that models predicting practice behaviors need to include information beyond demographic information and educational specialization. For example, other studies that have examined practice orientations and behaviors have considered social workers' beliefs (Bernard & Gupta, 2008), training, as well as the workers' life experiences (Palmer-House, 2008), worker level of stress and confidence in skills (Regehr, Bogo, Shlonsky, & LeBlanc, 2010; Van Hook & Rothenberg, 2009), and co-worker support (Curry, McCarragher, & Dellmann-Jenkins, 2005). Researchers could also examine the number of years in the field, type and level of supervision received, and size of caseload, in addition many other factors.

Second, it is possible that child welfare workers do not use an SBP orientation. Some research has found that child welfare professionals do not always use SBP, even though they may be trained to do so (Lietz, 2011; Werrbach, 1996). The literature has also noted barriers to adopting this practice technique within a child welfare setting. Some have argued that because of the policing function that CWWs play, it is impossible to use an SBP approach in this particular field (Cowger, 1998). Still others have noted CWWs' collaboration with other professions that are not strength-based, such as law enforcement, the courts, and timelines mandated by federal law, makes it difficult to use an SBP approach (Anderson & Sundet, 2006). Thus, although workers may learn SBP techniques while they are in school, they may find it difficult to implement this practice orientation when they are in the field of child welfare.

Third, it is possible that CWWs use SBP techniques in their work with families, but the items in the SBPI-P are not especially relevant to their work. We have already noted this concern, but it is relevant to the discussion here as well. For example, the statement "I provide opportunities for my clients to get to know other parents in the community" may not be a valid measure of CWWs' practice skills. Parents may not want others to know about their involvement with child protective services. Similarly, the statement "I encourage my clients to share their knowledge with other parents" may also be irrelevant to CWWs because most parents are involved with services as a result of concerns regarding their capacity to adequately parent their children.

Last, it is possible that social work educators are not teaching SBP. There is no evidence to support this (Johansson et al., 2008; Kivnick et al., 2003; Rice & Girvin, 2010), but it is worth exploring. These are five plausible reasons why the models we tested predicted so little variance. We recommend testing the SBPI-P with a sample of providers from diverse fields of social work/human services.

LIMITATIONS

This study is not without limitations. First, data for this study was collected as part of a larger study, *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals*. CWWs were recruited to participate in an online survey that focused on CWWs' perceptions of and experiences with child maltreatment fatalities. The primary intent of the study was not to test the constructs measured by or the reliability of the SBPI-P. Second, the study is based on a convenience sample of CWWs and is not representative of all workers

nationwide or workers in their respective states. Our sample has a lower proportion of males, is less racial/ethnically diverse, and is better educated compared to a national sample of workers (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008). Other limitations have already been noted: potential problems of testing the SBPI-P with a sample of CWWs and whether the items on the SBPI-P are especially relevant for this profession.

CONCLUSIONS

This article presents the results for the first comprehensive measure of SBP techniques that is designed to be administered to social service providers working with children and their families. Three factors of SBP emerged—(1) Empowerment, (2) Community–Culture, and (3) Sensitivity–Knowledge—all with high levels of reliability. Receipt of a social work degree, however, was not related to SBP. Further, the models that we tested predicted a very small percent of the variance in the SBPI-P measures. Based on these results, we recommend the following.

1. Researchers replicate this study with a group of social service providers from a diverse array of professional fields.
2. Researchers include additional measures in order to test the validity of the SBPI-P.
3. Social work educators examine the extent on which they are teaching SBP and the extent to which their alumni use SBP techniques after graduation.

FUNDING

Funding for this project was in part provided by the Presidential Fellows Program at Bridgewater State University.

REFERENCES

- Abbey, J. M. (1993). *Decade of analysis: Common recommendations & themes of six reports to reform Michigan's child welfare system*. Detroit, MI: Skillman Foundation.
- Allison, S., Stacey, K., Dadds, V., Roeger, L., Wood, A., & Martin, G. (2003). What the family brings: Gathering evidence for strengths-based work. *Journal of Family Therapy*, 25(3), 263–284. doi:10.1111/1467-6427.00248
- Anderson, K., & Sundet, P. (2006). Making a mission statement a reality in child welfare: Resiliency and solution-focused therapy as core strategy. *Professional Development*, 9(2/3), 54–64.
- Barth, R. P., Lloyd, E. C., Christ, S. L., Chapman, M. V., & Dickinson, N. S. (2008). Child welfare worker characteristics and job satisfaction: A national study. *Social Work*, 53, 199–209.
- Bernard, C., & Gupta, A. (2008). Black African children and the child protection system. *British Journal of Social Work*, 38(3), 476–492.
- Booth, T. W. (2006). The uncelebrated parent: Stories of mothers with learning difficulties caught in the child protection net. *British Journal of Learning Disabilities*, 34(2), 94–102. doi:10.1111/j.1468-3156.2005.00368.x
- Brownlee, K., Rawana, E., MacArthur, J., & Probizanski, M. (2010). The culture of strengths makes them valued and competent: Aboriginal children, child welfare, and a school strengths intervention. *First Peoples Child & Family Review*, 5(1), 106–113.
- Brun, C., & Rapp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship. *Social Work*, 46, 278–288.

- Bundy-Fazioli, K., Briar-Lawson, K., & Hardiman, E. R. (2009). A qualitative examination of power between child welfare workers and parents. *British Journal of Social Work, 39*(8), 1447–1464. doi:10.1093/bjsw/bcn038
- Cohen, B. Z. (1999). Intervention and supervision in strengths-based social work practice. *Families in Society: The Journal of Contemporary Social Services, 80*(5), 460–466.
- Cowger, C. D. (1998). Clientism and clientification: Impediments to strengths based social work practice. *Journal of Sociology and Social Welfare, 25*(1), 25–37.
- Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review, 27*(8), 931–948.
- Deukmedjian, J. E. G. (2008). From community to public safety governance in policing and child protection. *Canadian Review of Sociology, 45*(3), 367–388. doi:10.1111/j.1755-618X.2008.00020.x
- Douglas, E. M. (2012a). Child welfare workers' training, knowledge, and practice concerns regarding child maltreatment fatalities: An exploratory, multi-state analysis. *Journal of Public Child Welfare, 6*(5), 659–677. doi:10.1080/15548732.2012.723975
- Douglas, E. M. (2012b). Child welfare workers who experience the death of a child client. *Administration in Social Work, 37*(1), 59–72. doi:10.1080/03643107.2012.654903
- Douglas, E. M. (2013). Case, service and family characteristics of households that experience a child maltreatment fatality in the United States. *Child Abuse Review, 22*(5), 311–326. doi:10.1002/car.2236
- Gelfand, B., Starak, I., & Nevidon, P. (1973). Training for empathy in child welfare. *Child Welfare, 52*(9), 595–600.
- Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The Strengths-Based Practices Inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*, 326–334.
- Hayes, D., & Spratt, T. (2009). Child welfare interventions: Patterns of social work practice. *The British Journal of Social Work, 39*(8), 1575–1597.
- Johansson, I.-M., Sewpaul, V., Horverak, S., Schjelderup, L., Omre, C., & Børnholdt, L. (2008). Empowerment and globalisation in a Nordic social work education context. *International Journal of Social Welfare, 17*(3), 260–268. doi:10.1111/j.1468-2397.2008.00572.x
- Kivnick, H. Q., Jefferys, M. D., & Heier, P. J. (2003). Vital involvement: A key to grounding child welfare practice in HBSE theory. *Journal of Human Behavior in the Social Environment, 7*(1/2), 181–205.
- Lietz, C. A. (2011). Theoretical adherence to family centered practice: Are strengths-based principles illustrated in families' descriptions of child welfare services? *Children and Youth Services Review, 33*(6), 888–893. doi:10.1016/j.childyouth.2010.12.012
- Lietz, C. A., & Rounds, T. (2009). Strengths-based supervision: A child welfare supervision training project. *Clinical Supervisor, 28*(2), 124–140. doi:10.1080/07325220903334065
- Macias, C., Farley, O. W., Jackson, R., & Kinney, R. (1997). Case management in the context of capitation financing: An evaluation of the strengths model. *Administration and Policy in Mental Health, 24*(6), 535–543. doi:10.1007/bf02042831
- Macias, C., Kinney, R., Farley, O. W., & Jackson, R. (1994). The role of case management within a community support system: Partnership with psychosocial rehabilitation. *Community Mental Health Journal, 30*(4), 323–339. doi:10.1007/bf02207486
- Mandell, D. (2008). Power, care, and vulnerability: Considering use of self in child welfare work. *Journal of Social Work Practice, 22*(2), 235–248. doi:10.1080/02650530802099916
- Modrcin, M., Rapp, C. A., & Poertner, J. (1988). The evaluation of case management services with the chronically mentally ill. *Evaluation and Program Planning, 11*(4), 307–314.
- Mullins, J. L. (2011). A framework for cultivating and increasing child welfare workers' empathy toward parents. *Journal of Social Service Research, 37*(3), 242–253. doi:10.1080/01488376.2011.564030
- O'Hare, T., & Collins, P. (1997). Development and validation of a scale for measuring social work practice skills. *Research on Social Work Practice, 7*(2), 228–238.
- Palmer-House, K. E. (2008). The perceived impact of strengths-based family worker training: Workers' learning that helped empower families. *Families in Society, 89*, 428–437.
- Rapp, C. A., & Chamberlain, R. (1985). Case management services for the chronically mentally ill. *Social Work, 30*, 417–422.
- Rapp, C. A., Saleebey, D., & Sullivan, W. P. (2005). The future of strengths-based social work. *Advances in Social Work, 6*(1), 79–90.

- Rapp, C. A., & Wintersteen, R. (1989). The strengths model of case management: Results from twelve demonstrations. *Psychosocial Rehabilitation Journal*, 13(1), 23–32.
- Rawana, E., & Brownlee, K. (2009). Making the possible probable: A strength-based assessment and intervention framework for clinical work with parents, children, and adolescents. *Families in Society: The Journal of Contemporary Social Services*, 90(3), 255–260.
- Regehr, C., Bogo, M., Shlonsky, A., & LeBlanc, V. (2010). Confidence and professional judgment in assessing children's risk of abuse. *Research on Social Work Practice*, 20, 621–628.
- Rice, K., & Girvin, H. (2010). Using a strengths-based perspective to change perceptions: An exploratory study. *Journal of Baccalaureate Social Work*, 15(2), 1–16.
- Saleebey, D. (1992). *The strengths perspective in social work practice*. New York, NY: Longman.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296–305.
- Sheafor, B. W. (2011). Measuring effectiveness in direct social work practice. *Social Work Review*, 1, 25–33.
- Sheely, A. I., & Bratton, S. C. (2010). A strengths-based parenting intervention with low-income African American families. *Professional School Counseling*, 13(3), 175–183.
- Siegal, H. A., Rapp, R. C., Kelliher, C. W., & Fisher, J. H. (1995). The strengths perspective of case management: A promising inpatient substance abuse treatment enhancement. *Journal of Psychoactive Drugs*, 27(1), 67–72.
- Staudt, M., Howard, M. O., & Drake, B. (2001). The operationalization, implementation, and effectiveness of the strengths perspective: A review of empirical studies. *Journal of Social Service Research*, 27(3), 1–21.
- Tate, T. (2010). Strength-based assessment: A triad of troubles. *Reclaiming Children & Youth*, 19(3), 45–52.
- Trattner, W. I. (1999). *A history of social welfare in America: From poor law to welfare state* (6th ed.). New York, NY: Free Press.
- Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers: A study of the child welfare workers in community based care organizations in Central Florida. *Social Work & Christianity*, 36(1), 36–54.
- Weick, A. (2009). Issues in overturning a medical model of social work practice. *Reflections*, 15(3), 7–11.
- Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work*, 34, 350–354.
- Werrbach, G. B. (1996). Family-strengths-based intensive child case management. *Families in Society: The Journal of Contemporary Social Services*, 77, 216–226.
- Wexler, R. (2008). *Return of the cruelty: Why Kansas child welfare is broken—and 15 ways to fix it*. Alexandria, VA: National Coalition for Child Protection Reform.
- Whitley, D. M., White, K. R., Kelley, S. J., & Yorke, B. (1999). Strengths-based case management: Application to grandparents raising grandchildren. *Families in Society*, 80, 110–119.
- Zimmer, D., & Bound, V. (1987). Where have all the hours gone? Understanding workload measurement for social work. *The Social Worker*, 55(1), 14–18.

APPENDIX

Strengths-Based Practices Inventory—Provider

The following questions ask about your approach to working with your clients, in general. Please note that child welfare professionals use a variety of acceptable approaches when working with families. Remember that there is no right or wrong answer. We are looking for your honest responses. Please indicate the extent to which you agree with each of these statements.

<i>Item</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I help my clients to see strengths in themselves that they didn't know that they had.				
2. I help my clients to use their own skills and resources to solve problems.				
3. I work with my clients to meet their needs.				
4. I help my clients see that they are good parents.				
5. I encourage my clients to think about their own personal goals or dreams.				
6. I encourage my clients to learn about their culture and history.				
7. I respect my clients' families' cultural and/or religious beliefs.				
8. I have materials for my clients' children that positively reflect their cultural background.				
9. I know about other programs that my clients can use if they need them.				
10. I give my clients good information about where to go for other services they need.				
11. I understand when something is difficult for my clients.				
12. I support my clients in the decisions that they make about themselves and their families.				
13. I encourage my clients to share their knowledge with other parents.				
14. I provide opportunities for my clients to get to know other parents in the community.				
15. I encourage my clients to go to friends and family when they need help or support.				
16. I encourage my clients to get involved and help improve their community.				