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Muskie School of Public Service

2004

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Recommended Citation

McMillen, J.C., Morris, L., & Sherraden, M. (2004). Ending Social Work's Grudge Match: Problems versus Strengths. Families in Society, 85(3), 317-325.

Ending Social Work's Grudge Match: Problems Versus Strengths

J. Curtis McMillen, Lisa Morris, & Michael Sherraden

ABSTRACT

Some in social work have called for a paradigm shift away from a focus on problems to a focus on strengths, empowerment, and capacity building. This call sets up an unnatural dichotomy, asking social workers to identify with one side or another. In this article, we review social work history to argue that the best social work practice has always maintained a dual focus on both problems and capacity building. Throughout our history, those who championed a problem-oriented practice also emphasized strengths and growing client capacity, and today's strength-based, capacity-oriented practitioners typically advocate for the solving of consumer's presenting problems.

Recently, on a professional Listserv to which one of the authors participates, a social worker made an inquiry about potential research into "what goes wrong" when a particular intervention "fails." A day of disparaging messages followed, encouraging the original poster to instead "study what goes right" and wondering whether a person with this "deficit mindset" was qualified to practice the profession. In the past 15 years, social workers have been encouraged to refashion themselves into strengths-based, solution-focused, capacity building, asset creating, motivation enhancing, empowerment specialists. And somewhere along the line, it became an insult to be called problem-focused. Yet, social work consumers still ask for help with presenting problems, and those who pay our salaries still consider a reduction of those problems as the primary evidence of our effectiveness. In spite of the admonishments, problem-focused strategies still flourish.

These different approaches to social work practice have typically been positioned as dichotomies. The dichotomy-makers have, in effect, proposed a grudge match, with the future of the profession in the balance. In one corner, in

black spandex, we can find the social worker therapist with a keen focus on his client's psychopathology, waving above him a copy of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders.* In the other corner, with her white flowing robes, open arms, and olive branch in her teeth, stands the social work partner ready to work as an equal with her disempowered neighbors to create sustainable change.

The prematch posturing has been pointed. The strengths-focused camp has accused the problem-focused crowd of:

- creating hierarchical worker–consumer relationships;
- labeling and blaming consumers with their problem-focused terminology, breeding shame, guilt, and a victim mindset;
- inviting defensiveness by starting with the question, "What is the problem?"
- obscuring consumer capabilities and creating a set of pessimistic expectations, whereby potential resources within the client and the client's system are overlooked;
- overemphasizing the individual and ignoring the

complex social, political, and economic forces that constrain consumer choices and cause or worsen individual-level problems;

- being of limited effectiveness, offering mere band-aids that create and perpetuate dependency. (See Locke, Garrison, & Winship, 1998; O'Melia, DuBois, & Miley, 1994; Pray, 1991; 1997a ; Weick & Chamberlain, 1997; Weick, Rapp, Sullivan, & Kirsthardt, 1989).

In summary, Dennis Saleebey (1997b) wrote that social work's deficit models of helping have "evolved into means of domination through identity stripping, culture killing, status degradation, base rhetoric and/or sequestering" (p. 231). The strengths crowd has crafted their arguments so that you are either with social work consumers or against them. What social worker wants to be against strengths and empowerment and for culture killing and degradation?

The counterposition has rarely been articulated in print, but in our experience, it has been vigorously offered orally when social workers have gathered safely out of earshot of known strengths-perspective proponents. Recently, Staudt, Howard, and Drake (2001) offered a volley in print, arguing that the strengths-based approach is:

- poorly defined;
- not much different from other approaches, and;
- not yet based on evidence of its effectiveness.[1]

Alliances are being subtly formed behind one or the other camp, although, we argue, with faulty reasoning. With the problem-focused social workers, we can often find the evidence-based proponents, the positivists, and the mental health industry, including behavioral health managed care companies and other third-party payers. Among the strengths supporters, we find those who advocate "alternative ways of knowing" and feminist social workers. If the escalation continues, we may soon find the field of social work embroiled in a rivalry that equals that of the functionalist–diagnostic debates of the 1940s and 1950s. As social work lore has it, during a social work conference from that era, a waiter eager to avoid problems was heard to ask entering diners whether they preferred to be seated with the functionalists or the diagnostics (Gottesfeld & Pharis, 1977).

It can all be avoided.

Our analysis of social work history shows that both sides in this newer debate have created straw social workers as their foes. In this article, we provide some historical perspective to this new debate. First, we retrace the popular but selective histories of problem-focused and strengths-focused social work. Then, we demonstrate how there has always been a capacity-building aspect to problem-focused frameworks and how today's strengths-based social workers rarely advocate ignoring problems. In the end, we argue for

a dual focus to social work practice that partners capacity- and problem-oriented approaches to change. In order for these arguments to make sense, we start by outlining the history of social work's problem orientation.

The Problem Focus in Social Work Practice

When it has served social workers' purposes, it has always been easy to find fault with the part of the profession's history associated with the Charity Organization Societies (C.O.S.) that developed at least partially in response to the fear that welfare efforts were creating dependency and encouraging deviance (Axinn & Levin, 1982). Incorporating social Darwinism, Christian Victorian morality, and even eugenics into what was considered a scientific framework, C.O.S. conducted investigations of applicants for assistance by using methods that were designed to detect family and individual flaws, separate out the undeserving, eliminate fraud, and prevent dependency. It was the recipe for the problem-focused approach that many social workers fear is still too frequently followed today. When Harry Specht and Mark Courtney (1993) needed an example of the pathology focus of the C.O.S. for their book *Unfaithful Angels*, they turned to W. H. McClain of the St. Louis Provident Society. Asked to address the 1907 National Conference on Charities and Corrections on the character faults that lead to poverty and dependence, McClain produced this telling list: inefficiency, improvidence, immorality, stupidity, intemperance, shiftlessness, and ignorance (McClain, 1907).

In this context, Mary Richmond's (1917) thesis that it was the *social aspects* of family problems that impede their resolution was a leap forward. She made clear that social work is about both the internal, psychological causes and the external social causes, a principle that remains a core of modern social work. But the accent remained on dysfunction and problems. By the historically unfair standards of the modern social worker, Richmond still did not get it. In a case described in *Social Diagnosis* (1917), the presenting problem of the Ames family was a lack of money due to the family patriarch's tuberculosis. But Richmond focused her efforts on the man's wife and described her as spending foolishly and holding her husband back for her own needs. Only after her deficits were addressed could the man enter a sanitarium for treatment.

Social work's dive into pathology and problems was undoubtedly aided by the profession's embrace of psychoanalytic theory. Social work has long argued about why psychoanalysis was so welcomed. It has been seen as an answer to the call to address wartime neuroses (Robinson, 1930), as symptomatic of social work's inferiority and identity complexes, creating a drive toward professionalism (Axinn & Levy, 1982), and as a backlash against progressive-era reform efforts (Axinn & Levy, 1982). Others have suggested that social workers simply liked what Freud had to say about the poor—that by combining psychoanalysis with material

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[1] These arguments were really aimed specifically at strengths-based case management, but they could be aimed at the broader movement.

support, poor people might be able to enhance their lives (Strean, 1996). Nevertheless, by the end of World War I, much of U.S. social work was moving toward psychoanalysis. By 1919, the psychiatric social work school at Smith College, the Department of Mental Hygiene at the New York School of Social Work, and a course in social psychiatry at the Pennsylvania School of Social Work had all been established (Robinson, 1930). Social work schools literally invited psychiatrists into the classroom to teach theories of human behavior and intervention, and they brought with them the physicians' practice of assessment, diagnosis, and treatment. Over time, these psychodynamic versions of social work practice became known as the diagnostic school, and many schools remained "diagnostic" for several more decades, maintaining a focus on psychopathology. Florence Hollis (1972) of Columbia University, perhaps the most well-known diagnostic school writer, offered the following as the first two initial assessment questions for social workers in her classic *Casework: A Psychosocial Therapy*: "Is the client probably psychotic, or does he fall somewhere in the neurotic group? Does there appear to be a character disorder of some type, or is this individual in the normal range?" (p. 275). If McClain's list of character defaults defined the problem focus of

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the C.O.S. movement, these questions could be said to exemplify the problem orientation of the diagnostic school. Contemporary examples of this line of thinking include Bruce Thyer and John Wodarski's handbook of social work practice, which uses *Diagnostic and Statistical Manual* diagnoses as its organizing framework (Thyer & Wodarski, 1998).

The diagnostic school had its competitors through the years, but most retained a focus on problems. Beginning in the 1930s, the faculty at the University of Pennsylvania School of Social Work began promoting the functionalist approach as an alternative social casework model. Functionalism largely grew up in collaboration with three Philadelphia child placement agencies and thus developed a bedrock belief in the role of the agency in determining and limiting client–social worker interactions, an emphasis historically credited to Jessie

Taft (see Yelaja, 1986). Although functionalism offered a growth-oriented view of development, the much-needed agency emphasis had the unintended consequence of keeping the focus on problems and away from a client's wider aspirations. From the functionalist perspective, for example, a child welfare social worker was concerned primarily with how a parent functioned in his or her role as parent, not in his or her overall well-being. Although the functionalists cared more about social context than their psychoanalytically inclined counterparts, their interventions were purposefully narrow and short-term.

By the 1950s, social work was polarized. The authors of a Council on Social Work Education study on the state of social work curricula in 1957 concluded that "Two theoretical frameworks seem to exist side-by-side: a psychiatric one which sees problems in terms of psychopathology and a somewhat submerged and less developed social-psychological one which sees problems in terms of social functioning" (Boehm, 1959, p. 85). The two approaches seemed to agree only on one thing: to focus on problems.

Helen Harris Perlman and her colleagues from the University of Chicago's School of Social Service Administration solidified social work's emphasis on problems with the introduction of the problem-solving framework for social casework (Perlman, 1957). Perlman proposed that the common denominator of social casework was problem solving. And she provided a step-by-step framework for how to help people solve problems in which clients helped choose the problems that were the focus of the work, explored possible causes of the problems, and chose among intervention options. Just as no social worker today wants to be seen as against strengths, few in Perlman's era wanted to be seen as against problem solving, especially when it was done in such a client-focused manner. Problem solving became a cornerstone of many social work practice textbooks (e.g., Compton & Galloway, 1999; Compton & Galloway, 1989; Loewenberg, 1977; Reid, 1978; Reid & Epstein, 1972) and was incorporated into other practice texts that took a broader look at social work practice (Hepworth & Larsen, 1982; Pincus & Minihan, 1973).

The problem-solving approach prevailed as one of social work's most durable practice models for over 40 years. By the 1970s, few schools used psychodynamic formulations to undergird their curricula, but problem solving flourished. In 1979, 45 of 52 social work programs reviewed in one curriculum study had a program objective related to problem solving (Dinerman, 1981). Problem solving displayed a remarkable ability to adapt to the times, becoming the Dick Clark of social work practice models—seemingly everywhere, never looking completely out of place (but never quite hip), and, for several decades at least, never looking its age. As social workers began advocating more ecological and systems views of human behavior, we discovered that the problem-solving approach could encompass these views as well. Because the problem-solving model never advocated for any specific worker actions to remedy problems, social workers could use an ecosystems perspective to develop ever-wider targets for problem solving. Social workers could help Mom with Johnny's behavior problems by assessing and intervening with Johnny, his mother, his immediate or extended family, his school, his neighborhood, or his community and still practice from a problem-solving perspective. In fact, many schools of social work merged problem solving with an ecological, ecosystems, or person-in-environment perspective in their formal theoretical statements.

When casework branched out into a more generalist approach, the problem-solving model went with it, as social workers learned to help groups, organizations, and communities solve problems (cf. Brueggemann, 1996; Kirst-Ashman & Hull, 1999, 2001). Problem solving has also been an almost invisible foundation of social policy development. For example, most large-scale antipoverty efforts in the United States emphasized income maintenance and the meeting of the immediate and basic needs for food, housing, and medical attention. Macro social work textbooks equate the policy development and analysis process with a problem-solving approach (Jansson, 1999; McInnis-Dittrich, 1994). For example, in a book instructing social workers how to engage in policy advocacy, Jansson (1999) described the process as beginning with problem identification, followed by the development of "curative strategies"—programs and interventions devised to solve problems.

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This is but one view of the problem focus in social work practice. We offer an alternative in a moment. This view, however, that social work has long been enamored of a problem focus is based in solid facts. This is not the part of the straw social worker that is made of straw. But this is the view of social work history that the strengths–capacity–empowerment proponents want to accent when arguing that it is time for a paradigm shift. But they also argue for a return to social work's roots. However, with this second argument, they are referring to what can simplistically be viewed as the other side of social work's family tree.

A Briefer History of the Capacity-Building Approach in Social Work

Whereas the problem-focused history counts Victorian moralists among its forbearers, Barbara Levy Simon (1994), in her history of the empowerment movement in social work, claimed the following historical influences: the populist movement of the late 1800s, unionism, the suffragettes, the social gospel movement, and pragmatism. Yet, it is with the writings of the settlement house workers with which today's capacity-oriented social workers feel the most kinship. Just like the C.O.S., the settlements were founded by wealthy Christians interested in the moral betterment of the poor, but they packaged their help differently. The list of activities offered to neighborhood residents at the settlements were extraordinarily varied. Although many programs offered practical solutions for urban struggles (e.g., rat patrols), many offered programs such as public theaters and college extension courses aimed to increase neighbors' potential. The Hull House, for example, hung replicas of famous paintings on its walls so that people in the neighborhood could be enriched by great art (Addams, 1910). Today this seems elitist, but the intent was noble—to enrich lives. Some settlements even shared the power. Chicago's Neighborhood House formed a governing body of residents and neighbors (Cole, 1908). Asked to name the head of the Neighborhood House in an official report, they answered, "We do not consider to have a head resident. We all work together" (Cole, 1908, p. 16). One link to modern empowerment theories was the settlements' involvement in social reform efforts. Catherine Cook Gilman, of a Minneapolis settlement, clarified the role of reform among settlement

houses when she urged settlers to "Keep your fingers on the near things and eyes on the far things" (Simon, 1994, p. 72, as cited in Chambers, 1963, p. 150).

Strengths-focused practitioners also ally with the history of social group work (Weick & Chamberlain, 1997), especially the emphases on democracy, social justice, and the unleashing of human potential through group support seen in the writings of social work luminaries such as Gisela Konopka and Helen Northen. They might also include in their history the African American associations built during the early 20th century. On the basis of a mutual aid model, associations such as the African Union Society, the Free African Society, the Black Masons, and the Negro Oddfellows facilitated community organization and the development of social capital in addition to providing medical and educational services and meeting basic needs. Other African American organizations with social work ties that worked to build capacity in the Black community included the Niagra Movement (precursor to the National Association for the Advancement of Colored People) and the National Urban League (Axinn & Levin, 1982; Dolgoff & Feldstein, 2000; Karger & Stoesz, 1998).

> Social work has always needed a dual focus: a focus on problems and problem reversal coupled with helping people move forward to realize their dreams and potential.

Evidence of Capacity Building
Within the Problem-Solving Tradition

It is an oversimplification that social work abandoned its emphasis on the environmental causes of personal distress, capacity building, growth, and strengths in its pursuit of professionalization and social casework. This is the straw portion of the straw social worker that the strengths scholars attempt to exploit. We echo the words of Compton and Gallaway (1999), who wrote, "The identification and use of strengths has always been a part of the problem solving model" (p. 89). A corollary myth holds that the strengths–empowerment–capacity movement offers breakthrough practice concepts. Saleebey (1997a), for example, called the strengths perspective "a dramatic departure from conventional social work practice" (p. 3).

Using an alternative reading of social casework history, we offer a counterview. A dual focus—on problems and growth, on strengths and deficits—has long coexisted at the core of traditional social work practice. From all corners of the historical "deficit-focused" crowd—the C.O.S. movement, the functionalists, the diagnosticians, and the problem solvers—we find a practical emphasis on strengths, growth, and capacity building.

As Axinn and Levin (1982) pointed out, even early institutional models of social intervention contained elements of a capacity-building approach. The punitive and coercive nature of almshouses, children's homes, and mental institutions notwithstanding, there was, at least in the beginning, an expectation that these and other specialized institutions could cure both individual and societal ills by providing opportunity for growth and development as well as shelter and safety. For example, by providing opportunities for work and discouraging idleness, almshouses for the poor sought to develop skills and better work habits. Child welfare reforms were based at least in part on a beginning awareness that children must be aided in growing into competent adults able to avoid dependence and participate in democratic government. Even the separation of poor children from what were then considered the bad influences of their families, while considered inhumane today, at the time was considered the best way to "save" children from the transmittable effects of poverty and a life of ruin (Axinn & Levy, 1982).

The C.O.S., despite their flaws, were not as one-sided as their own writings portrayed. First, they did not ignore environmental causes of poverty to focus on the "defective" personality. For example, McClain (1907)—he of the deficit-laden lists of characterological contributions to poverty—pointed to what he termed "immediate," "remote," and even "more remote" causes of poverty that included environmental and industrial influences. Furthermore, the thinking of the C.O.S. leaders was not entirely deterministic. Some were positively systemic. McClain wrote,

> The more we observe people in dependence, the more complex and indefinable the causes seem to be. Almost any cause which one hits upon is found to be partly an effect, with other intricate and tangled up causes lying still farther in the background. (pp. 349–350)

The C.O.S. leaders not only identified and understood environmental effects on poverty, they advocated for government provisions for bettering the housing, sanitary and working circumstances of the poor, and for the reform of child labor practices (Axinn & Levin, 1982).

The functionalist caseworkers, trained to limit social worker–client interactions to solve the narrow problems associated with agency function, were among the first social workers to recognize the dangers of the deficit orientation inherent in psychoanalytic theory and to work from the perspective that humans had underlying tendencies toward growth. The University of Pennsylvania's Virginia Robinson

(1930) offered a "new psychology for social case work" and was heavily influenced by two analysts, Marion Kenworthy and Otto Rank. Kenworthy strove to combine Freudian libidinal ego psychology with her belief that the analytic method should be a constructive growth experience. Robinson (1930) appreciated the new direction but criticized the lack of specificity in Kenworthy's desired clinical outcomes, such as maturity and adjustment. Rank offered Robinson a term she appreciated more—*will*—representing a person's conscious and unconscious desires and strivings. The goal of intervention from this perspective became for a client to discover what she or he truly wanted, and this was accomplished through the dynamics of a time-limited treatment relationship. As the functionalist movement grew, it never abandoned the emphasis on growth. Ruth Smalley (1971), perhaps the last great functionalist, wrote, "The psychological basis for functional social work practice is a view that the push toward life, health and fulfillment is primary in human nature" (p. 198). Functionalist practice, at its best, was a melding of this growth-oriented perspective within a limited client–worker relationship that focused on relevant problems.

This dual focus was also in full germination at the University of Chicago, the birthplace of explicit problem-solving casework. In the 1930s, Charlotte Towle was charged with developing a social casework curriculum at the school. Her pioneering client-centered casework approach focused on the relationship between inner life and the social environment and continues to influence social work to this day (NASW Foundation, 2002). She developed a human growth-and-behavior sequence taught by social workers, not psychiatrists, and developed a theory of professional education that focused on motivation, capacity, and opportunity (Towle, 1954). Near the same time, Lillian Ripple published two articles on the theoretical foundation of capacity and the role of capacity in client outcomes (Ripple, 1955; Ripple & Alexander, 1956). And in 1964, Ripple and her associates integrated Towle's troika of motivation, capacity, and opportunity into Perlman's problem-solving model, proposing that they are the key predictors of whether the problem-solving casework approach is effective (Ripple, Alexander, & Polemis, 1964).

In the 1970s and 1980s, social work practice textbooks with explicit problem-solving frameworks encouraged analyses of the capacity of organizations and communities (e.g., Compton & Gallaway, 1999). By 1999, Beulah Compton and Burt Gallaway's sixth edition of the classic social work practice text, which had long been organized around a problem-solving framework, taught problem solving, the ecosystems perspective, and the strengths perspective alongside one another.

Not even the diagnostic school of social casework can be viewed as focused completely on the individual or on client deficits. Gordon Hamilton (1940, 1951), who wrote perhaps the first widely used diagnostic school text, took a wider view of casework than some of her later followers. First, she saw social work as comprising two major objectives:

promoting health and decency and promoting "social growth through satisfying relationships and experiences" (1951, p. 12). Second, she argued against social workers defining their clients by their problems:

> A social case is not determined by the kind of client (a family, a child, an old person, an adolescent), nor can it be determined by the kind of problem (an economic disability or a behavior problem). A social case is a 'living event,' within which there are always economic, physical, mental emotional and social factors in varying proportions. (1951, p. 4)

Third, she advocated for the assessment of client strengths. "Evaluation is a balancing movement which weighs assets and liabilities, strengths and weaknesses, constructive and destructive courses of action" (1951, p. 232). Finally, Hamilton wrote passionately about terms like *growth* and *capacities* and *goals* for social casework. "The greatest gift is to enable another to realize his own capacities for change and growth" (1951, p. 22).

> The caseworker is interested in preventing social breakdown, in conserving strengths, in restoring social functions, in making life experiences more comfortable or compensating, in creating opportunities for growth and development, and in increasing the capacity for self-direction and social contribution. (1951, p. 239)

It is really only among the most die-hard diagnostic school writers, such as Florence Hollis (1964), that the lack of content on environment, strengths, growth, and opportunity becomes painfully evident when read through the lens of the modern social worker. But today's modern psychoanalytically oriented clinical social worker does not drive her father's Oldsmobile. Jean Sanville (1996) wrote that the goal of modern psychodynamic social work practice "is not seen as a cure, as in the medical model. Instead, it is to remove obstacles to ongoing development, so that the person becomes able to take more charge of life in the future" (p. 440). She envisions empowered clients who possess a greater sense of freedom through comprehending the forces that have shaped them. She writes that

> the basic ethic of both psychoanalysis and clinical social work is not to change the person in a direction determined by us, but to enhance insight so that the person will be equipped to modify patterns that have been unrewarding. (p. 423)

This modern practice deals with clients face-to-face, often in the field, and emphasizes a profound respect for clients and a deference to the client's right to self-determination. Although it continues to rely heavily on Freudian concepts such as transference and countertransference in the working relationship, it now often involves direct

intervention to improve client's situations and remains "alert to the possibilities of fortifying the patient who is on the threshold of trying out a new way of thinking, feeling or being" (p. 440).

We have mentioned that much of U.S. social policy has taken a deficit, needs-oriented approach. However, some major social policies—mostly during the 1960s War on Poverty—also took an empowerment-oriented, capacity-building approach. The Economic Opportunity Act of 1964 provided for youth programs that emphasized education and keeping youth in school, job programs meant to rehabilitate and revitalize impoverished and blighted areas, compensatory educational programs like Head Start and Upward Bound, day-care centers, neighborhood recreation centers, neighborhood health clinics, and, perhaps most significantly, Community Action Programs designed to provide for "maximum feasible participation" of clients and residents (Axinn & Levin, 1982; Karger & Stoesz, 1998).

So when was it that social work supposedly lost its way and forgot about capacity building, strengths-oriented practices? Was it the 1970s and 1980s? Unlikely. These were the decades that brought social work, among other things,

- the Life Model Approach (e.g., Gitterman & Germain, 1976), which conceptualized people as "active, purposeful, and having a potential for growth, development, and learning through life" (Germain & Gitterman, 1979, p. 370);
- the ecosystems approach (e.g., Greif & Lynch, 1983), which accented interconnectedness, reciprocity, and environmental context;
- the competence approach to social work practice (Maluccio, 1981), which took client competence as the premier social work outcome; and
- family-centered social work practice (Hartman & Laird, 1983), which involved some of the following strength-oriented or antipathology concepts: a systems perspective, problem reframing, going with rather than challenging resistance, a holistic view of family–environmental relationships, and environmental targets of change.

If any group active in social work practice scholarship today would be a candidate for maintaining a problem-only focus to social work, it would be those who advocate for social work practice guidelines and evidence-based practice, since most of the evidence generated to date has focused on what works to help people with particular problems. But even among this group, there are calls for a broader view of social work practice. Recently, Proctor and Rosen (2003) encouraged social workers to broaden their taxonomy of favored client outcomes, to look beyond problem reversal to focus on functioning and well-being.

It is not just that social work scholars advocate including strength- and capacity-oriented aspects to traditional social work practice. Social workers in the trenches are actually doing it. In one study, fewer than half of the outcomes social workers and clients chose to pursue were related to reversal of problems (Proctor, Rosen, & Rhee, 2000).

There is no need for a grudge match. Today's social worker is not Florence Hollis of 1964. Today's problem-oriented social worker "gets it." She or he understands that strengths are important considerations in intervention planning. She or he understands that problems are largely environmentally based. She or he likely understands that it is important to inquire about clients' dreams and aspirations as well as their problems. She or he wants and works to empower her or his social work clients. But she or he also needs to help clients with the problems they confront.

Evidence of Problem Solving in Capacity-Based Frameworks

Just as there has always been a strengths-based, capacity-oriented aspect to traditional problem-solving social work, there has always been a practical, problem-solving orientation hidden among the empowerment-based approaches to practice. For this article, we focus on present conceptualizations of strengths-oriented, empowerment-based social work.

Dennis Saleebey (1997b), in his edited book on the strengths perspective in social work practice, after many pages of what could be considered problem-focused bashing, concluded that,

> if practitioners using a strengths framework do disregard real problems that afflict clients and those around them and thus end up contributing to the damage done to people's lives, that is capricious, perhaps even reckless. There is nothing in the strengths approach that mandates the discounting of problems in life that people bring to us. (p. 238)

Judith Lee (2001), in her book, *The Empowerment Approach to Social Work Practice*, includes a chapter called "Working on Problems Together" that accents helping clients meet basic survival needs. This is the exact starting point proposed by Guiterrez, Parsons, and Cox (1998) in their conceptualization of the empowerment model. Social workers are urged to help clients meet immediate and pressing needs by linking clients to existing services. At the very least, in this model, the social workers at these agencies to which clients are referred by empowering social workers are supposed to help clients with their problems using, presumably, problem-focused strategies.

Today's strengths-based, capacity-oriented social worker also gets it. She or he understands people have real problems that hinder their daily functioning that occasionally need to be addressed at micro or mezzo levels.

The Dual Focus

Problem-focused and capacity-focused social work are not dichotomous categories. They need each other and work well together. Social work has always needed a dual

focus: a focus on problems and problem reversal coupled with helping people move forward to realize their dreams and potential. Consumers do not seek social work services when their lives are problem-free. Moreover, problems often cannot be ignored because they serve as constraints to building capacity, or because consumers are in crisis, and solving their problems (such as meeting basic needs for food, shelter, and safety) must come first in the interest of their well-being. Similarly, clients need more than just simple answers to current problems. They deserve services that aim to change situations and other key determinants so that problems are avoided and meaningful lives can be constructed and enjoyed.

The obligation to keep an eye on two targets is demanding. We humans tend to simplify and even take sides when faced with ambiguity, complexity, and competing demands. It is a tall order to use the multiple perspectives, conceptualizations, and practice tools this dual focus entails. But we must resist the dichotomizing rhetoric. It stifles creative innovation and hinders efforts to develop integrated practice models that address both problems and capacity improvements. And it confuses social work students, who typically do not yet have the practice experience to understand how both foci are needed, and yet who possess a driving desire to do the right thing. To many such students, at first glance, that means to disregard a problem focus as outdated and harmful. It is time to stop the grudge match. It might be good theater, but it is bad for social work.

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