



# Dilemmas in applying strengths-based approaches in working with offenders with mental illness: A critical multidisciplinary review



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## ABSTRACT

The recent focus on extending risk assessment and treatment in forensic mental health with protective factors relates to the increasing interest in strengths-based approaches in various professional disciplines: law (e.g. human rights), criminology (e.g. desistance), mental health care (e.g. recovery), forensic psychology (e.g. the Good Lives Model), special needs education (e.g. Quality of Life) and family studies (e.g. family recovery). In this article, we will discuss the available knowledge with regard to strengths-based approaches for offenders with mental illness, in relation to these different disciplines. Several dilemmas are observed across these disciplines: (1) “Living apart together”: the integration of different disciplines; (2) “Beyond Babylonian confusion and towards more theoretical research”: conceptualization of strengths-based practices in different fields; (3) “No agency without autonomy”: the individual in context; and (4) “Risks, strengths and capabilities”: the search for an integrated paradigm. In our view, these different disciplines share a shift in how humankind is viewed, respecting agency in the interaction with people who have offended. Yet, differences apply to the objectives that the disciplines strive for, which warrants not to eclectically consider strengths-based working in each of the disciplines as ‘being small variations of the same theme’.

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## 1. Introduction

Treating offenders with mental illness and protecting society are to be considered as essential parts of an integrated approach to this population (Barnao, Ward, & Robertson, 2016). In recent years, (risk) assessment and treatment for offenders with mental illness have been influenced by strengths-based approaches, targeting not only risks, deficits and problems, but also tapping into capabilities, dreams and aspirations. There seems to be consensus on the fact that risk assessment and treatment in forensic mental health services should incorporate (1) historical/static, (2) dynamic as well as (3) protective factors (de Ruiter & Nicholls, 2011). This relates to current strengths-based approaches in different disciplines: *law* (e.g. human rights), *criminology* (e.g. the desistance paradigm), *mental health care* (e.g. the recovery-paradigm), *forensic psychology* (e.g. the Good Lives Model), *special needs education* (e.g. Quality of Life-approach) and *family studies* (e.g. family recovery).

In one of the other papers in this special issue, Ward (2017–in this issue) raises several problems with regard to the theoretical underpinning and conceptualization of protective factors and other terms that are often used as synonyms or at least as related concepts, including resilience and strengths. One of the difficulties mentioned relates to the lack of clear definitions, as people may wrongfully assume that these concepts, exactly because of the positive associations they evoke, are intrinsically valuable and therefore should not be critically examined (Ward, 2017–in this issue). In this article, we will discuss and reflect on how strengths-based approaches for offenders with mental illness are conceptualized, in relation to these different disciplines mentioned above. We will start by describing the strengths-based paradigm after which we will focus on the current state of the art and pending questions in each discipline. In the discussion section, a number of dilemmas will be elaborated.

This theoretical article draws on an ongoing multidisciplinary research project on the development of multidisciplinary strengths-based strategies, which offers a unique opportunity to study different aspects of strengths-based approaches for offenders with mental illness (Vander Beken et al., 2016). Because of the broad diversity of disciplines involved in supporting and treating offenders with mental illness, we specifically focused on the fields of psychiatry, criminology, law, and special needs education as these are also represented in the research project. These disciplines obviously use different terminologies and theoretical models with regard to strengths-based approaches, but are – at the same time – contributing to a more global and holistic perspective.

Throughout the text, the term *offender with mental illness* will be used instead of other concepts (e.g., mentally ill/disordered offenders, forensic psychiatric patients, ...). By so doing, we aim to focus on the fact that – first and above all – offenders are human beings (Ward, 2012a).

## 2. The strengths-based paradigm

Over the last decades, the strengths-based approach in social work has been conceptualized and operationalized by several authors (e.g. Rapp & Sullivan, 2014; Saleebey, 2006). Still, the term is often loosely used to denominate a variety of practices, reflecting a generally poor understanding of what strengths-based work really consists of (Rapp, Saleebey, & Sullivan, 2005). Rapp and colleagues have identified the following six key “ingredients” of the strengths-based model (Rapp et al., 2005; Rapp & Sullivan, 2014, p. 132): (1) persons who experience (e.g., mental health) problems have the capacity to grow; (2) it is

essential to move beyond deficits and emphasize strengths, which have to be mapped systematically; (3) the focus is placed on the context and its natural resources; (4) the client is ‘in control’ of his/her treatment or support process, e.g. in regard to defining the goals that are personally meaningful to him or her; (5) the relationship between professional and client is key and contributes to fostering hope; and (6) strengths-based practice should – if possible – take place in the natural surroundings/the community. These six characteristics clearly show that strengths-based approaches comprise individual and interpersonal competencies (Tse et al., 2016), as well as community resources (Hui et al., 2015).

According to Rapp and Sullivan (2014, p. 134), the evidence base for strengths-based approaches is “far from conclusive yet promising”. In a recent theoretical study on the development and evolution of the strengths model, Rapp and Sullivan (2014) refer to the effect of strengths-based case management for substance misusers on treatment retention, that – in its turn – predicts better outcomes (Siegal, Li, & Rapp, 2002). Further, they make reference to studies that showed increased employment rates and less criminal involvement when a strengths-based approach for substance abusers was implemented (Siegal et al., 1996). More recently, Tse et al. (2016) performed a systematic literature review on the effects of strengths-based interventions for persons with serious mental health illness. Findings indicate positive results on various indicators, including treatment retention, treatment satisfaction, education and employment rates, recovery-promoting attitudes and service utilization. Yet, one study also showed less favorable results of strengths-based case management on post-treatment social network and symptom indicators, compared with treatment as usual. The authors conclude that their “(...) review has revealed emerging evidence that the utilisation of a strength-based approach is effective for yielding desirable outcomes, including ‘hard’ outcomes such as duration of hospitalisation, adherence to treatment and employment/educational attainment, as well as ‘soft’ outcomes such as self-esteem, self-efficacy and sense of hope” (Tse et al., 2016, p. 289).

### 2.1. Strengths-based approaches across various disciplines dealing with offenders with mental illness

#### 2.1.1. Law: Human rights

Human rights approaches constitute important ethical and therapeutic resources for academics and practitioners working from a strengths-based and Quality of Life (QoL)-oriented perspective. Human rights are considered to facilitate the process of rehabilitation and treatment and direct attention to the conditions required for individuals to live socially acceptable and personally meaningful lives (Connolly & Ward, 2008). Quality of Life emphasizes shared humanity and points out that even individuals who have committed the most unpalatable crimes are striving to lead good lives. From that perspective, recognition of our commonality of purpose makes the violation of human rights less tenable (Barnao et al., 2016).

In fact, the fundamental values expressed in QoL and legal human rights standards are identical. QoL is conceptualized and operationalized more at the level of individual support with a view to clinical use, while legal human rights instruments and standards better address social-political implications at the societal level (Buntinx, 2013).

However, from the perspective of the legal discipline in general, and the field of human rights and criminal law in particular, the connection to and values shared with QoL stay under the radar. Moreover, therapeutic approaches that are inspired from a human rights-based

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