The Strength-Based Counselling Model: Is It a Fit Model For Counselling the MENA At-Risk Youth? (An Exploratory Multiple Case Study)

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ملخص

شهد مجال علم النفس تحولاً مهماً من التركيز على جوانب الضعف، إلى تبني مدخل النظر إلى جوانب القوة في دراسة السلوك الإنساني. نبع هذا التحول من الاهتمام بدراسة علم النفس الإيجابي الفعّال، خاصة بعد دعوة مارتن سليجمان – رئيس الجمعية الأمريكية لعلم النفس – إلى ضرورة النظر إلى جوانب القوة وليس العجز عند دراسة السلوك البشري، وكذلك ما ألفه من أول دليل لجوانب القوة في الجنس البشري على غرار دليل الجمعية الأمريكية للأمراض النفسية. و في هذا الإطار قدمت سميث ٢٠٠٦ نموذجاً للإرشاد النفسي القائم على الاهتمام بجوانب القوة، دون النظر لجوانب العجز، حيث يهتم هذا النموذج بمراعاة البعد الثقافي في الإرشاد وهي مشكلة دامت كثيراً، خاصة عند نقل نظريات الإرشاد النفسي ونماذجه من بيئات غربية إلى بيئتنا العربية ذات الثقافة الخاصة. وقد لقيَ هذا النموذج العديد من ردود الفعل من جانب الباحثين والممارسين للإرشاد النفسي خاصة أنه نموذج تم تقديمه من أجل استخدامه مع الشباب المعرضين للخطر، وكذلك الأفراد من ذوي الإعاقات الجسمية و الإضطرابات النفسية.

و في هذا الإطار، فإن هذه الورقة البحثية تلقي الضوء على هذا النموذج الإرشادي، وتختبر مدى ملائمته لثقافة منطقة الشرق الأوسط وشمال أفريقيا. كما تركز على عرض النموذج وأهم جوانبه، ثم تقدم لدراسة حالة متعددة، مكونة من ثلاث حالات من طلاب الجامعة المعرضين لخطر الفشل الاكاديمي وترك الدراسة. وقد استخدم النموذج في استكشاف عوامل الخطر وعوامل الحماية وتشخيص مدى مرونة الحالة من حيث تعاملها مع الخبرات المؤلمة. ومن ثم، فإن هذه الدراسة ركزت على استخدام النموذج كأداة تشخيصية ممهدة، في الوقت ذاته، لعملية الإرشاد التي من المفترض أن تركز على جوانب القوة، حسب الخطوات التفصيلية لعملية الإرشاد المذكورة في النموذج.

Abstract

At-risk youth are defined as young people whose life situations place them in danger of future negative events. Such youth have personal characteristics or environmental conditions that predict the onset, continuity, or escalation of problematic behaviour. At-risk youth have been stereotyped as coming from the inner cities and from disadvantaged members of minority groups, (Smith, 2006). At-risk youths have always been a major concern for societies and this has made them the focus of counselling research and practice. Counselling research and practice have always adopted a pathology model in terms of addressing the behavioural disorders associated with at risk youth. Smith (2006) argues for a paradigm shift in counselling at risk youth through presenting her Strengths Based Counselling Model (SBM). This paper is attempting to raise the issue of counselling research and practice in the MENA area not only through an argument of adopting the SBM but also through the scaffolding of such model with an ecological approach which considers the cultural and societal influences in the MENA area that might differ in essence form those of western cultures. The present paper argues for an adoption of the strengths based philosophy within the ecological framework of the MENA area. Three exploratory and illustrative multiple case studies of university truancy and study quit are used to support the argument; and a final framework is introduced to both researchers and practitioners such as school counsellors, educators, social workers, and other human service professionals.

Introduction:

The field of psychology has recently witnessed a drastic shift of focus to the strength of human behaviour. The move towards such a strength approach was both in philosophy and practice of counselling psychology, (Walsh, 2004; Lopez & Snyder, 2004; Snyder, 2000). With Martin Seligman's (2000) call to psychologists to examine human strengths because 'treatment is not just fixing what is broken; it is nurturing what is best within ourselves' (p.10), psychologists started to explore such a new trend in both research and practice. In this respect, Smith (2006)

introduced the Strength-Based Model (SBD) of counselling to psychologists, school counsellors and educators in an attempt to influence the field of counselling psychology and move it away from its long lasting classical focus on human weakness as being the first step towards treatment and therapy. Grounded in positive psychology movement, the SBM is meant for use with clients with psychological disorders, students with academic problems and at-risk youth.

In the Middle East and North Africa (MENA) region, the growth of population is still hindering any development plans particularly in the Sub Sahran Africa where growth is less than that of the Gulf Area. With the increasing number of youth in the region and the fact that they are not prepared to the new global world where they have to compete in order to improve, the MENA youth is becoming more and more vulnerable to experiencing many crises on different levels: economic, social, and psychological. The psychological problems are in fact a normal result of having economic and social crises. Cordesman (1998) monitors the demographics on the MENA region setting the alarm for impending problems which they might confront in case education systems, economics and population growth remain in their present status. Similarly, Kabbani & Kothari (2005) report on the youth employment situation in the MENA region in an attempt to put a general prescription for the unemployment problem in the MENA region in addition to unique prescriptions to unique countries inside the region. The fact that the MENA youth are confronted with many problems or dilemmas put them at risk for developing psychological problems or experiencing life dilemmas which might affect their decisions and control their life arrangements. In such situations the role of counselling emerges as being of optimal importance as it provides help and guidance for them that might help them reconsider their decisions or pull them out of a whirl of psychological illnesses.

In this paper, the SBM is being critically reviewed and practically explored for use in the MENA region. The exploration is meant to highlight the promising nature of the model for the MENA region and the aspects which should be taken into consideration if it is to be put into real practice across the MENA region. It should be pointed out, however, that the current paper explores the diagnosis of resiliency which stands at the heart of the model. This exploration is meant as a test of the possibility of counselling the MENA at-risk youth adopting the SBM. Therefore, it should be made clear that the current exploratory study does not report on the results that are to come out after utilizing the SBM in counselling the MENA at-risk youth.
Research Context:

The term 'at-risk youth' refers to individuals whose life situations put them in danger of future negative events, (McWhirter, McWhirter, McWhirter & McWhirter, 1998). Such youth have been reported to have personal characteristics or environmental conditions that predict the onset, continuity or escalation of problematic behaviour, (Rutter, 1987, cited in Smith, 2006). Although at-risk youth have been stereotyped as coming from disadvantaged living conditions, Mitchell (1996) postulates that any person can experience some risk at any point in his life due to a certain life situation such as divorce, academic failure, frustration, war participation...etc. A typical view of at-risk youth is that they live in families where supervision is always absent. Familial conditions have always been highlighted to be a contributing factor to the creation of at-risk youth situations. At-risk youth, likewise, were associated with families that have low income, (Emery, Laumann-Billings, 1998)

Tidwell and Garrett (1994) argue that the term 'at risk' was often used to refer to 'social ills and personal pathology', while overlooking the element of prediction which the words at risk carry. After combining the two words in one word 'at-risk' the term lost it developmental meaning. They claim that the term has been used with many connotations suggesting different meanings and applications; and recommend precise identification of the conditions and structure of the problems before using the term 'at-risk'. Tackling the same issue of the somewhat loose nature of the term 'at-risk', McWhirter, McWhirter, McWhirter, & McWhirter (1995, 2001) attempt to clarify the meaning of the term by highlighting three concepts underlying it: future time dimension of the term, 'at-risk' as a continuum rather than a dichotomy, and interaction between

treatment and prevention. For the future time dimension the term is argued to have anticipation to what might happen in the future. A youth who started delinquent behaviour in early adolescence is at risk of developing criminal behaviour in the future. The 'at riskness' can also be viewed as a continuum of minimal risk, remote risk, high risk characteristics, and at risk category activity respectively. This continuum helps us to think of both prevention and intervention simultaneously across the stages of the continuum. A six grade pupil, for example, who receives a treatment or intervention for his aggressive behaviour towards his classmates, is in fact receiving prevention strategies against bullying and violent behaviour in secondary school and against developing criminal behaviour in later stages of life.

Therefore, any young person is at risk of education and social failure when his/her potential for becoming a responsible and productive adult is limited by barriers at home, at school or in the community. Risk factors include poverty, lack of parental supervision, illegal drug use, high school incompletion, juvenile crime, negative attitudes towards life, and lots of other negative experiences. At-risk youth have been a continuous target to counselling efforts, (Soresi, Nota and Ferrari 2005; Smbrano et al., 2005). However, such efforts were often dominated by a remedial medical model of psychopathology which is based on a deficit paradigm that sees the 'proverbial glass as half empty', (Smith, 2006, P. 16). Kaczmarek (2006) argues that counselling at –risk youth has always adopted a remedial approach rather than the prevention or the educational and developmental approach.   Changing the previously adopted paradigm, Smith's SBM adopts an alternative paradigm that 'allows psychologists [and practitioners] to see the glass as half full rather than half empty'. The strength perspective adopts clients' assets rather their deficits or problems, (Burt, Resnick & Novick, 1998). In her SBM, Smith (2006) claims that strength-based counselling allows psychologists and practitioners to learn a 'new language of strengths and positive human qualities that are often unrecognized, unnamed, and unacknowledged both in therapeutic and school settings', (P.16).

The SBM has a core component of culture awareness which is perhaps the most striking advantage of the model, simply because it poses a theoretical framework which is adjustable to the culture in which it is applied. The issue of cross cultural validity of counselling psychology research and practice was raised by Constantine and Sue (2006) who hit the thorny issue of the inappropriateness of having similar therapeutic and counselling goals for different cultures. Intervention and prevention counselling programs which considered the cultural aspects of the target audience proved to be more successful than those adopting the traditional counselling models. Chipungu et al., (2000) reported on the success of an Africentric prevention program based on Africentric principles and themes for African American youth who were at risk of substance and drug abuse. Fusick and Charkow (2004) tried to look into an appropriate model of counselling at-risk African-American youth after the use of traditional counselling models led to discomfort and misdiagnosis. The researchers attributed the failure of such counselling models to the cultural conflicts between the client and the counsellor. They suggested that counselling at –risk African American should focus on empowerment rather than deficiencies in their performance.

In the MENA region there has always been a debate on the appropriateness of applying western research results and counselling models that were developed in a western culture and brought into the MENA region for practice. Badri (1998) argues that the findings of western research in education systems cannot be blindly applied in the MENA region because of the cultural and structural differences. Opponents of this transfer argued for looking for a model which fits the culture of the region, while proponents argued for the possibility of selecting from the model what is adaptable to the culture of our region. The SBM represents the desired compromise between these two teams. It admits that each culture has its own strengths which the counsellor can use during the counselling situation.

In an article entitled ' A positive psychology that matters', Lopez (2006)links strength based counselling to successful multi-cultural counselling, while Lazarus (2006) considered the call

for moving towards positive psychology in counselling in just a 'fad', a stand which Mollen, Ethington & Ridley (2006) reject. Lopez (2006) and Lopez et al., (2006) draws the researchers' attention to focus on the underpinnings of positive psychology movement and to apply its principles in counselling after the remarkable initiative taken by Peterson & Seligman (2004) who authored the Values in Action (VIA) classification of strengths and virtues. This classification identified 24 character strengths arranged under six virtue headings: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. This movement influenced counselling research in general and counselling at-risk youth in particular. Amatea, Smith-Adock and Villares (2006), for example, recommend moving from the deficit approach to the strength approach through adopting family resilience perspective in counselling families of students so as to strengthen the relationship between school and families for the enhancement of students' school performance. The same reaction was taken in school counselling, (Akos, Galassi, 2004)

Receiving contributions from counselling psychology, prevention research, positive psychology, positive youth development, social work, solution focused therapy and narrative therapy, the SBM is based on some core concepts. These concepts are beyond the scope of this paper, so only the related concepts to the paper will be discussed here. The major core concept is the definition of strength. Linely (2006) define strength as 'a natural capacity for behaving, thinking, or feeling in a way which allows optimal functioning and performance in the pursuit of valued outcomes', P.314. According to Smith (2006), strength refers to 'what helps a person to cope with life [and to what] makes life more fulfilling for oneself and others. Strengths are not fixed personality traits [but rather] they develop from a dynamic contextual process rooted deeply in one's culture', P.29. This definition entails seven determinants of strength. Four of them are of interest to the current paper:

Culture as a determinant of strength: According to the SBM, strengths are associated with culture and can be said to be culture specific. What is considered strength in one culture might not be regarded as such within another culture. For example, within the MENA region culture which can best be described as a collectivist culture, relation skills are of high importance.

Context as a determinant of strength: Aspinwall & Standinger (2003) postulate that human strengths have contextual dependencies because they result from interaction with physical environment or with human contexts. Take, for example, the current issue of the Israeli Arab conflict in Palestine and Lebanon. In such context certain character strength such as patience and solidarity may be exemplified. Counselling psychologists dealing with people living in such context have to keep this in mind during the counselling process.

Adaptability and functionality as determinants of strength: Staudinger et al, (1995) point out that a person's ability to carry out in a resilient manner as many different resources and skills as required to solving a problem or to attain a goal reflects his/her readiness for 'the full half glass' view.

Transcendence as a determinant of strength: Aspinwall (2001) claims that human strengths possess a transcendent nature because they are utilized to counterbalance personal disequilibrium whether mental or physical. For example, people with physical disability may need to transcend their life circumstances so as to rejoice a bit of life. Similarly, many students in the MENA region who grew up within a family that lived in poverty could transcend their societal circumstances to improve and attain success.

Polarities as a determinant of strength: Smith (2006) claims that strengths 'develop from polarities', and that our lives can best be described as being polar in nature such as happiness/sorrow; health/sickness. Human strength springs from the intermingling of both 'negative' and 'positive' human states.

Categories of Strength: The SBM is based on literature which argued for developing a strength manual as opposed to the deficit manual of mental disorders (DSMIV, 1994; ICD10, 1996). Smith (2006) argues that her model considers ten categories which psychologists and counsellors can work on identifying and building throughout the counselling process. These categories include: (1) wisdom, (2) emotional strength (insight –optimism, perseverance, putting troubles in perspective, finding purpose in life and having the ability to endure, hope, faith, and love), (3) character strengths: integrity, honesty, discipline, and courage, (4) creative strengths: curiosity, novel and productive thinking, (5) relational and nurturing strength: such as the individual's ability to relate to others through establishing and maintaining healthy relationships, (6) educational strengths: such as academic degrees, level of educational attainment and informal education, (7) such as problem solving and decision making strengths, (8) work-related and provider strength: which include the ability to secure employment and to secure life for the family and to generate wealth, (9) social support community strength, (10) and survival strengths: such as avoiding pain and keeping oneself safe from dangers.

In discussing the theoretical framework of her SBM, Smith (2006) offered twelve propositions which form the basis of the model. She invites all researchers from all over the world and from different cultures to test them in their research and practice. Of interest to the current papers are propositions 3, 6, and 7. In proposition 3, Smith (2006) argues that 'each individual has the capacity for strength development and for growth and change'. This is in fact an important point which most of our counselling efforts in the MENA region often overlook. Counsellors in the MENA region or professionals who provide counselling services like school social workers, mental health professionals, psychologists or psychiatrists do not look into what promising aspects the client is bringing into the counselling situation. Epstain & Sharm (1998) emphasize that everyone has a repertoire of strengths and that some of such strengths might have not been discovered yet. Everyone wants to be ideal and has an internal 'drive' for positive growth; but strengths are often shattered and shadowed when we are experiencing severe problems or adversities. In proposition 6 Smith (2006) puts emphasis on the role of human strength and claims that they act as 'buffers against mental illnesses'. Without possessing a minimum degree of strength and using it in a certain situation, the client can fall a prey to mental illnesses. The fact that the client is acting in the counselling situation is mainly due to this least level of strength which he/she is showing, a fact which is in many cases absent to both the counsellor and the client. In proposition 7, Smith (2006) calls counsellors to be as active as they should be in the counselling situation if they are to apply the SBM. She confirms that 'people are motivated to change' during the counselling situation when only 'practitioners focus on their strengths not on their deficit'. From the personal experience of the researchers many university students in the MENA region who were seeking counselling services did not complete the expected number of counselling session which they ought to. This fact was often attributed back to the unfamiliarity of our culture with counselling as a whole. However, it can be argued that most of these students could not stand a counselling which is always focusing on their deficits and not allowing for a small space of how far their thinking might not be faulty. The SBM provides a compromise for such cases.

As for the strengths based counselling process, it consists of ten stages which start with creating a therapeutic alliance and end with evaluation and termination. Since the focus of the current paper is not on the counselling process itself and what positive results it brought to the client, the stages will be overviewed in a pyramid shape figure 1[1]

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[1] The figure is created by the researchers based on the reading of the model.

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        ┌─────────────────────────────────┐
        │ 10- Evaluating and Terminating  │
        └─────────────────────────────────┘
       ┌───────────────────────────────────┐
       │      9- Building Resilience        │
       └───────────────────────────────────┘
      ┌─────────────────────────────────────┐
      │            8- Changing               │
      └─────────────────────────────────────┘
     ┌───────────────────────────────────────┐
     │            7- Empowering               │
     └───────────────────────────────────────┘
    ┌─────────────────────────────────────────┐
    │     6- Building Strength and competence  │
    └─────────────────────────────────────────┘
   ┌───────────────────────────────────────────┐
   │             5- Framing Solutions           │
   └───────────────────────────────────────────┘
  ┌─────────────────────────────────────────────┐
  │        4- Encouraging and instilling hope    │
  └─────────────────────────────────────────────┘
 ┌───────────────────────────────────────────────┐
 │           3- Assessing present problems         │
 └───────────────────────────────────────────────┘
┌─────────────────────────────────────────────────┐
│             2- Identifying strengths              │
└─────────────────────────────────────────────────┘
┌───────────────────────────────────────────────────┐
│          1-Creating the therapeutic alliance        │
└───────────────────────────────────────────────────┘
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Figure (1)

The Pyramid of stages of strength-based counselling

From Figure (1) it can be argued that the SBM shares certain features with previously developed counselling models. Features such as 'creating the therapeutic alliance', ' assessing problems', and 'framing solutions' have been mentioned before in counselling literature and may be said to be intuitive to counselling practitioners. On the other hand, among the stages outlined above in figure (1) some features stand out as being relatively new or even if they were not new in mentioning they are new in the focus. The second stage of 'identifying strengths' makes it evident to the reader that the handling of the counselling situation is quite different. In that stage, according to Smith (2006), clients are encouraged to tell their life stories or their memories about a certain difficult situation from a strength perspective. This entails viewing oneself as a survivor rather than a victim and reflecting upon what helped him to survive. Take, for example, the tragic event of the Egyptian ferry which sank in the red sea in February 2006. Researchers suggest that traumatic events such as that of the Egyptian ferry might incur a lot of unexpected changes in survivors. They suggested that the narrative of such traumatic events can help people externalize and pull themselves out of the attached memories if they are encouraged to tell the narratives from a strengths perspective rather than the helpless one, (White, Epston, 1990; Rapp, 1998).

The issue of resiliency which can be considered both a starting and an ending point is crucial to the SBM. According to the SBM, the understanding of resiliency is important for both assessing the client and working with him during the counselling process. Resiliency, which is the focus of the present paper, is defined as the ability of an individual to stand unaffected in response to enormous risk exposure, (Kersting, 2003, Smith , 2006). It also refers to the individual's ability to adapt successfully to adversities in spite of the stressors on him which put him at high risk of a downfall. Smith (2006) argues in her model that two polaritie are associated with the term 'resiliency', namely risk factors and protective factors. A risk factor is that 'which increases the likelihood that a person will experience harm', (Smith, 2006, P. 49). For example, at-risk students are described as having low academic scores, low academic achievement or a tendency for absenteeism. Risk factors can be classified as either being internal or external. Internal risk

factors are those which have to do with the thinking, interpretation and response processes that a person adopts when interacting with the environment, (Herrrenkohl et al., 2000). Therefore, risk factors could be said to exist inside the individual and relate to his own perspective regarding his life, a perspective which develops with him across his life. On the other hand, external risk factors are related to environmental conditions which affect the individual from outside. Thus, conditions like parental conflict, poor family background and low income are examples of external risk factors.

The second polarity in the resiliency concept is what Smith coins as 'protective factors'. Protective factors are the conditions which 'interact with risk factors to reduce the latter's negative impact on the individual, thereby preventing the appearance of problem behaviour'. It is the protective factors which may make a difference between two individuals who were exposed to similar risk factors. Protective factors can be considered a 'cushion' that absorbs the bang resulting from at-risk conditions. However, as Kersting (2003) argues, it is not guaranteed that protective factors will always have an inhibitive nature but at worst they can help decrease the probability that at-risk youth will deviate. For example, a youth who grew up within a family where drug use and crime acts were exercised by some family members is at risk of following the same path. However, a protective factor such as educational protective factors might hinder the risk factors to function. In the MENA region, youth are exposed to an amalgam of risk factors such as unemployment, delayed marriage, identity dilemma, family conflicts, and protective factors such as education commitment, a loving relative, or an ideal model figure. Between these two polarities of risk factors and protective factors the resiliency of at-risk youth staggers till one polar attracts the other.

Applauding the SBM, Bowman (2006) suggests increasing its feasibility by adding Role Strain and Adaptation (RSA) to the model. Role strain is what individuals experience when they have objective difficulty and their cognitive appraisals of such difficulty, whereas role adaptation is the process 'through which resilient individuals faced with objective role difficulty mobilize multi-level cultural strengths……to promote adaptive coping , well-being and health' P. 119.
Aim of the study.

The aim of this study is to assess the MENA at-risk youth using the polar resiliency concept inherent in the SBM of counselling. The aim is, likewise, questioning the promising validity of the SBM for use in the MENA region. In this paper, the SBM is used for diagnosing and considering the possibility of strength based counselling.

Research Question: Is the SBM fit for diagnosing the resiliency concept of the MENA at risk youth?

Methodology:

The present study adopts the multiple case study approach (Yin, 1994, 2003; Merriam 1998) guided by an interpretative epistemology and idiographic approach to answer the above mentioned research question and to achieve the aim of the study. Merriam (1998) confirms that the case study approach assists to obtain a deep understanding of the phenomenon under investigation; and defines the case study in terms of its end product as: "an intensive, holistic description and analysis of a bounded phenomenon such as a program, an institution, a person, a process or a social unit." (p.) The multiple case studies conducted in the present study can be argued to be both exploratory and descriptive as there is a focus on each case in terms of providing a detailed account of the risk and protective factors which compose the resiliency concept. At the same time there is an attempt to illustrate and support the theoretical proposition held prior to collecting the data, (Yin, 2003).

Yin (2003) recommends the use of multiple case studies over the selection of one case and considers that the replication logic brings about a vigorous research piece. Yin (1994) claims

that replication logic is the most appropriate logic to use when selecting cases within multiple case studies since it increases the external validity of the study. He postulates that replication logic includes 'literal replication', which predicts similar results across cases and 'theoretical replication', in which different cases produce different results but for predictable or theoretical reason. In multiple case study research, each case would be a single experiment. The evidence from multiple case studies is more compelling, therefore, than from a single case study.

Three cases were selected for the present studies. The three cases were chosen among university students who are among the target audience for counselling service provided by the counselling clinic located in the school of education at Assiut University. The Methods of data collection included interview and demographic data questionnaire, (Silverman, 1993, 2004, 2005; Miles & Huberman, 1994; Huberman & Miles, 1994).

Case Studies Description and Analysis:

First Case Study: W.M.A. She is a 23 year old university student who is studying the foundations of religion at Alazhar University. Her family members can be said to be educated although the level of education varies among them. The father completed his elementary education, two brothers completed their vocational education, four have joined higher education and the mother is illiterate. The urban family has a low socioeconomic status. The father's job is keeping him busy most of the time leaving the whole process of supervising the boys and daughters to the mother. It is a typical description of many urban families of low socioeconomic status. Up to the stage of joining the university education at Alazhar University the case often showed a promising education performance which the family was proud of. However, out of a sudden the case started to show rejection of attending university lectures and classes which was reflected in failing in the first year and the third year. She stopped attending lectures in spite of all the family efforts to convince her to do so in order to decrease the financial burdens on the family. The case is at risk of leaving her higher education without completing it. She is now not able to set a goal for her life and has started to show symptoms of depression and social isolation. The individual risk factors of W.M.A. include her inclination to be truant from her college, how she is processing information that affects her perspective about her life goals and decision making, and finally her depressed mental state that might even exasperate her present condition and lead her to fall a prey to a severe psychological disorder. The risk factors of W.M.A. in the family domain include the absence of sufficient supervision due to the inadequacy of the parents whose level of education does not rise to their daughter; the poor background of the family poses a threat to the continuity of proper supervision parental care. The case showed a 'sense of indifference and even apathy to the value of education' attributing it 'not to a bad personal experience with her university teachers or even the nature of what she is studying' but to ' her own perspective about what difference her education would make to her destitute family'. The possibility that her education might help her to get a job is even satirized by her reflecting a sense of her own perspective that education is only for job attainment. The case shows interest in talking about the problem of unemployment which most of her generation is suffering from. Given examples of successful fellows by the interviewer, the case shows a defensive mechanism and withdraws to formal talk about how she ' would like to be educated and completed her higher education'. Reflecting on the personal experience of failing more than once in the college, the case talks about how this affected her personality and rendered her ' too shy to talk to my colleagues who are now ahead of me in the year of study...I can not even initiate a new social relationship...I just do not feel comfortable with others'. The case study does not show much on the peer risk factors of W.M.A. The protective factors of W.M.A. include here interest in something which is for her ' very important and makes me happy', namely reciting the Quran and memorizing as much as she can. She even could find a job for her from this interest by teaching children in her neighbourhood to memorize Quran. Another protective factor which might be said to be embedded is that although she is at risk of truancy form the college, this risk does not have a long standing history. She was committed to the completion of her education till a recent time when she showed that change in attitude, a change

which has no more profound explanation than experiencing a time of frustration. Developmentally The Case can be said to be normal because she could succeed academically in previous stages of education and had lots of acquaintances of her age in both schools and the neighbourhood. W.M.A can be said to be moderately resilient because she could maintain good performance academically and socially in spite of her poor familial background.

Second Case Study: M.N.M. She is a 19 year old second year university student who is studying social work at Assiut University, Egypt. Coming from a small city in Assiut, she belongs to an extended family consisting of 8 daughters and three brothers in addition to the parents. Due to the low socioeconomic status of the family, only three out of 11 family members are educated. The parents are illiterate and have a strong negative attitude towards education. The case has been reported to be absent from more than the allowed percentage of absenteeism. She was notified that she is putting her academic situation into peril. During the interview the case, to the surprise of the interviewer, showed a massive commitment to education and talked a lot about the importance of education for her personality. Asked about the reasons behind her absenteeism, the case attributed all her situation to her family attitude towards the education of girls. The case completed her secondary education with a brilliant grade which could have enabled her to join the faculty of Medicine, the top faculty which represents a dream to even many students whose families enjoy a high socioeconomic status. Due to the negative attitude of her family towards the education of girls in general, her parents refused to allow her to carry on her higher education because of 'the financial burdens which it poses to the family'. This refusal took the form of a fight between the family and the case till it settled down by allowing her to join a faculty which does not require 'so much cost' and after she fell ill for quite some time because of the family attitude and decision. The mediation of her Physician in the situation is 'not forgettable' to her. Moreover she had to 'lie to her parents and tell them that the faculty of social work does not bring any costs on the family', a lie of which she feels guilty of so far. The risk factors which were identified for that case include: very low socioeconomic status, big family size, the educational level of the family members in general and the parents in particular, the negative attitude which the parents hold about the education of girls. The protective factors include: 'education for me is like air and water; I can not live without it', good and healthy relationships with her colleagues and university teachers who 'help me and encourage me to stand in front of all the difficulties which I meet within my family context', and a better relationship with her elder sister who, in spite of being deprived of education, has a positive attitude towards it. The strengths of the case lie in her talents which are many: writing poetry, drawing, and so many memories about her past school achievements when she used to win competitions and get prizes. However, all that she met did not leave her unaffected. Many times 'I stop talking to others and prefer to sit by myself and cry'. The top of case's strengths lie in her strong religious belief which picks her up from any unhappy feelings about her conditions.

Third Case: Mido, the nickname which the case agreed to be used for referring to him in the present study, is a 21 year old. He is in the first year at the faculty of Engineering. Belonging to an educated family consisting of educated parents, one brother and three sisters of whom the eldest is married. Mido stopped attending the lectures and classes in the faculty and failed one year and is preparing himself for failing for the second time as he claimed. His father passed away one year after Mido joined the faculty and his mother is now taking responsibility of the family. Although Mido's family enjoy a moderate socioeconomic status, Mido's life witnessed a change after the death of his father. The shock could not be absorbed by him and led him to a state of unbalance. His father was the one whom 'I loved so much…more than my mother even'. Having lost the figure that represented so much for him, Mido's life started to receive more shatters. He experienced a feeling of loss that led him to depression after 'one girl whom I loved for one complete term and kept following and observing' rejected my approach to her and refused even my engagement proposal'. This rejection made him generalize his feelings of hate to that girl to all other girls. The only thing that led him to develop relationships with the other gender is his 'desire to see the same feelings which he experienced himself on other girls by himself'. The risk factors for Mido include: quitting his study, joining youth who have 'interests

in fashions of western culture', losing his affiliation and sense of belonging to the country whose people 'often seek their own interests and nobody loves you for yourself', isolating himself from his companions because 'I can not find a friend who is faithful whether a girl or a boy', transferring his hate to all the other gender members including his Mom who ' tries to befriend me but I do not allow her to do so…I never speak to her like a son to his mother', developing solitude and loneliness, behaviours which might lead to chronic psychological disorders: ' I can stay for one week without leaving my house and inside the house I have my own flat …nobody is bothering me', and developing defence mechanisms such as reaction formation and blame: ' I do not like my university teachers…they love criticizing our capabilities and even their teaching assistant, although they treat us well sometimes, but I am sure they will change when they become professors.' The protective factors for Mido are not many and that is the reason he has been regarded as being in bad need for counselling help. The main protective factor that emerged when data was analyzed is that he has a big interest in talking to his elder sister because she 'understands me'. The strengths of Mido lie in his predilection to romanticism. He has shown a strong need for love which was symbolized in his father who passed away. Apparently love to Mido is not only the love of the other gender but he is looking for an ideal world which of course can not be guaranteed: 'money is everything in life…if you do not have money believe me you will die…even after you die you need money …I could not have finalized the procedures of burying my father unless I had bribed most of the employees in the hospital to make it quick'. For Mido this strength needs to be nurtured in the right way not in its ideal way as it exists. The counsellor will have to work on making a balance between understanding the existence of love, not sheer love, and the existence of the other polarity of love and how a person can make the compromise.

Discussion

The description of the three cases above can allow for cross case comparison in order to allow for explanation building, (Yin, 1994, 2003; Miles & Huberman, 1994). From Figure 2, it can be argued that the three cases share some risk factors such as specific family problems and all the three cases have developed a readiness for psychological disorders of which they are not aware of.
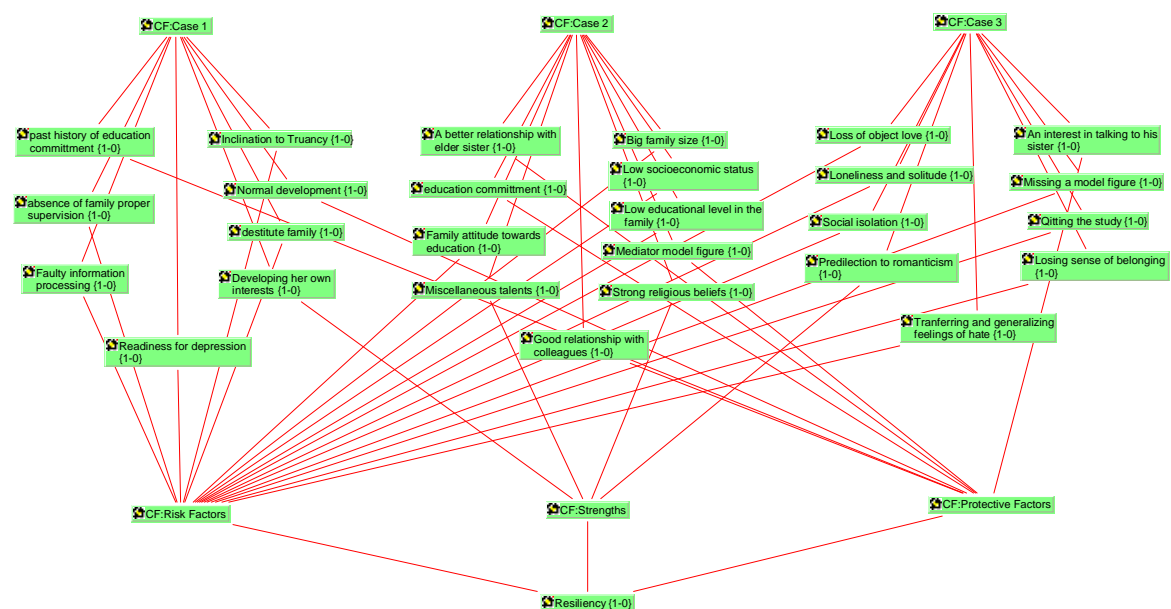
Figure (2)[2]
Diagram showing the risk factors, protective factors and the strengths of the three cases

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[2] The figure is reproduced by ATLAS.Ti. software, version, 4.2.

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The cases are heading towards social isolation which is expected to incur a lot of other psychological problems such as depression, social anxiety and phobia, preoccupation with faulty thoughts. The protective factors for each case emerge from the environment the case is living in and idiosyncratic nature of the experiences which each case passed. However, all the three cases have had a past history of academic commitment and brilliance. The strengths that were explored for each case might seem simple and normal if we look into them from the cultural point of view. However, such strengths might mean a lot and make a difference if they are strongly considered in future counselling efforts based on the SBM.

The present study did not explore the how successful using the SBM in counselling the three cases would be, because it concentrated first on exploring how we can start the counselling process with our eyes on finding the strengths and protective factors which help maintain the case at least as it is without getting worse. However, the three cases were also encouraged to talk about their strengths more and to reflect on what they love doing in their lives and how this helps to bring some time of happiness amidst the suffering they complain about. But since this paper sets the stage for presenting the model and acquainting the reader with its philosophy and diagnostic feature we preferred to report on the results of the counselling process elsewhere particularly because the counselling process takes quite some time before it can be judged or reflected upon.

The limitations of the methodology used in this study lie in the fact that the data collection depended upon on one main method, namely interviews. It would have been better if the data collection included other methods recommended by Yin (1994, 2003) for multiple case studies, such as observation, psychological tests since the use of more than one method helps in achieving the triangulation which can ensure validity. However, the data was collected at the end of the academic year when all students were busy with exams. It can be argued, per se, that the interest of the students in receiving the counselling service put so much credibility in what they were mentioning in the interview, thus increasing the trustworthiness of the data produced in this study.

Implications of the study

The present study has focused on the SBM of counselling as a promising model which can be adopted in the MENA region. The study has some implication for training school counsellors, school psychologists or social workers in addition to psychiatrists or professionals involved in the counselling service. The strengths based counselling needs a change to be adopted in the course given to counselling profession. Such a change should include the study of positive psychology movement at the courses given to university students who are preparing for taking the counselling job as a career. In service professionals who are providing counselling service at universities, schools, hospitals or private and public rehabilitation centres should receive training courses on positive psychological principles and practice in addition to specific training on the SBM of counselling. Smith (2006) calls researchers and practitioners of counselling to design instruments of measuring degrees of risk and resiliency. Therefore, it should be our own lead and initiative to design our own instruments which match our culture and structure instead of waiting for these instruments to be developed in western culture and then we standardize and transfer them into our region, a technique which has raised many reservations on the part of some researchers. It should be pointed out in the end that this paper was meant to be an exploration in one spot in the MENA region and researchers from the whole region should be encouraged to test the model and report on its validity and suitability for our culture and structure.

References

Akos, P., & Galassi, J. P. (2004). Training school counselors as developmental advocates. *Counselor Education & Supervision, 43*, 192-206.

Amatea, E. S., Smith-Adock, S., & Villares, E. (2006). From family deficit to family stregth: Viewing families'contributions to children's learning from a family resilience perspective. *Professional School Counseling, 9*(3), 177-189.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of the mental disorders*. Washington, DC: American psychiatric Association.

Aspinwall, L. (2001). Dealing with adversity: Self regulation, coping, adaptation, and health. In A. Teaser & N. Schwarz (Eds.), *Handbook of social psychology: Intraindividual processes* (pp. 591-614). Malden,MA: Blackwell.

Aspinwall, L., & Staudinger, U. (2003). *Apsychology of human strengths: Fundamental questions and future direction for a positive psychology.* Washington DC: American Psychological Association.

Badri, A. (1998). School social work and school effectiveness in the Gulf States. *School Psychology International, 19*(2), 121-134.

Bowman, P. J. (2006). Role strain and adaptation issues in the strength-based model: Diversity, multilevel, and life-span considerations.*The Counseling psychologist, 34*(1), 118-133.

Burt, M., Resnick, G., & Novick, E. (1998). *Building suportive communities for at-risk adolescents.* Washington, DC: American Psychological Association.

Chipungu, S. S., Hermann, J., Sambrano, S., Nistler, M., Sale, E., & Sringer, J. F. (2000). Prevention programming for african american youth: A review of strategies in csap's national cross-site evaluation of high risk youth programs. *Journal of Black psychology, 26*(4), 360-385.

Cordesman, A. (1998). Demographics and the coming youth explosion in the Gulf. *Center for Strategic and International Studies (CSIS, WashingtonDC*.Retrieved from http://www.oranim.ac.il/courses/meast/Population/demograp.pdf

Emery, R., & Laumann-Billings, L. (1998). An overview of the nature, causes and consequences of abusive family relationships. *American Psychologist, 53*, 121-135.

Fusick, L., & Charkow, W. (2004). Counseling at risk afrom-american youth: An examination of contemporary issues and effective school-based strategies. *Professional School Counseling, 8*(2), 102-115.

Herrenkoh., T., Maguin, E., Hill, K., Hawkins, J., Abbott, R., & Catalano, R. (2000). Developmental risk factors for youth violence. *Journal of adolescent Health, 26*, 176-186.

Huberman, A., & Miles, M. (1994). Data management and analysis methods. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp.428-444). Thousand Oaks, CA: Sage

Kabbani, N., & Kothari, E. (2005). Youth employment in the MENA region: A situational assessment. *SP Discussion Paper, NO. 0534, The World Bank.*Retrieved from http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/SP-Discussion-papers/Labor-Market-DP/0534web.pdf

Kaczmarek, P. (2006). Counseling psychology and strength-based counseling: A promise yet to fully materialize. *The Counseling psychologist, 34*(1), 90-95.

Kersting, K. (2003). Lessons in resilience. *APA Monitor on Psychology, 32*(8), 30-31.Retrieved from http://www.apa.org/monitor/sep03.html

Lazarus, R.S. (2003). Does the positive psychology movement have legs? *Psychological Inquiry*, *14*, 93–109.

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

Lopez, S. J., & Magyar-Moe, J. L. (2006). A positive psychology that matters. *The Counseling psychologist, 34*(2), 323-330.

Lopez, S. J., Magyar-Moe, J. L., Petersen, S. E., Ryder, J. A., Krieshok, T. S., & Lichtenberg, J. W. (2006). Counseling psycholog's focus on positive aspects of human functioning. *The Counseling psychologist, 34*(2), 205-227.

McWhirter, J., McWhirter, B. T., McWhirter, A. M., & McWhirter, E. H. (1995). Youth at risk: Another point of view. *Journal of counseling & Development, 73*, 567-569.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook.* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Mitchell, J. (1996). *Adolescent vulnerability: A sympathetic look at the frailities and limitations of youth.* Calgary, Alberta: Canada: Detselig Enterprises.

Mollen, D., Ethington, L. L., & Ridley, C. R. (2006). Positive psychology: Considerations and implications for counseling psychology. *The Counseling psychologist, 34*(2), 304-312.

Petersen, C., & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification.* Washington DC: Oxford University Press.

Rapp, C. (1998). *The strength model:Case management with people suffering from severe and persistent mental illness.* New York: Oxford University Press.

Sambrano, S., Springer, J. F., Sale, E., Kasim, R., & Hermann, J. (2005). Understanding prevention effectiveness in real world settings: The national cross-site evaluation for high risk youth programs. *The Americak Journal of Drugs and Alcohol Abuse, 31*, 491-513.

Seligman, Martin. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.

Silverman, D. (2004). *Qualitative research: Theory, method and practice* (second ed.). London: Sage Publications.

Silverman, D. (2005). *Doing qualitative research: A practical handbook* (2nd ed.). London: Sage Publications.

Smith, E. J. (2006a). The strength-based counseling model. *The Counseling psychologist, 34*(1), 13-79.

Smith, E. J. (2006b). The strength-based counseling model: A paradigm shif in psychology. *the Counseling psychologist, 34*(1), 134-144.

Soresi, S., Nota, L., & Ferrari, L. (2005). Counseling for adolescents and children at risk in italy. *Journal of Mental Health Counseling, 27*(3), 249-265.

Staudinger, U., Marsicke, M., & Baltes, P. (1995). Resilience and reserve capcity in later adulthood: Potientials and limits of development across the life span. In D.Cicchetti & C.Cohen (Eds.), *Developmental psychopathology* (Vol. 2 Risk,disorder and adaptation, pp. 801-847). New York: John Wiley.

Tidwell, R., & Garrett, S. C. (1994). Youth at risk: In search of a definition. *Journal of counseling & Development, 72*, 444-446.

White, M., & Epston, D. (1990). *Narratice means to therapeutic ends.* New York: Norton.

World Health Organization. (1996). *Multi-axial classification of child and adolescent psychiatric: Icd-10 classification of mental and behavioural disorders in children and adolescents.* Cambridge: Cambridge University press.

Yin, R. (1994). *Case study research: Design and methods* (2nd Ed.). Beverly Hills, CA: Sage Publishing.

Yin, R. (2003). *Case study research: Design and methods* (3rd Ed.). Thousand Oaks, CA: Sage Publishing.