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STRENGTHS-BASED ASSESSMENT
THE USUAL SUSPECTS

- “The problem-saturated narrative” (Epston & White, 1990)
- More important to diagnose rather than to relate
- Focus is on what’s “wrong” (deficits, pathology, problems)
- Clinician as expert.
- Clinician’s voice is more important than that of the client.
WHAT IS STRENGTHS-BASED ASSESSMENT?

- The strengths perspective or positive psychology is concerned with well-being and optimal functioning.
- “aims to broaden the focus...beyond suffering and its direct alleviation” (Duckworth, Steen, Seligman, 2005, p. 629).
- It is **NOT** the antithesis of problem identification (Graybeal, 2001).


CLINICIAN’S ROLE IS TO...

- ELICIT
- UNDERSCORE
- UTILIZE

strengths that are *unnoticed* or *undervalued*

(Murphy & Dillon, 2011)

“in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem” (Saleeby, 1996, p. 297)
ADVANTAGES OF IDENTIFYING AND AFFIRMING STRENGTHS

- Acknowledgment of courage and persistence in pursuit of goals
- Recognition and confirmation build self-esteem and initiative
- Develops a supportive presence
- Enhances personal efficacy
  (Murphy & Dillon, 2011)
- Emphasizes self-determination and client participation (empowerment perspective)
  (Boehm & Staples, 2004)
BEFORE YOU BEGIN...

What are YOUR strengths?

Clinician must be aware of and secure in our own strengths and appreciate self-validation.

How can you teach what you have not mastered?
ASSESSING FOR STRENGTHS

- Personal attributes
- Skills/abilities/talents
- Cultural strengths
- Environment strengths
STRATEGIES

- Engage in strength “chats” (Epstein, 2008)
- Utilize ROPES (Graybeal, 2001)
1. If you said one good thing about yourself, what would it be?
2. I like your (hair, clothes, make-up, etc.). Did you come up with that yourself?
3. What is your favorite color? Musician? Sport? Person?
4. What do you like most about your friends? Why?
5. Tell me about your classes? What is your favorite class?
6. Name two good things about your parents (or school).
7. What is your favorite hobby?
8. Name your favorite older person. Why do you like him/her?
1. What do you do for fun?
2. Who are your close friends? Why are they so special?
3. What is your life like when you feel most at peace with the world?
4. What was your life like as a kid?
5. Who has been the biggest influence in your life?
6. What was the best vacation you ever took?
7. What do you do to “blow off steam”?
8. How do you picture your life five years from now?
9. What are the best things about yourself? Your family?
In addition to traditional assessment, utilize ROPES:

- Resources
- Options
- Possibilities
- Exceptions
- Solutions
Typical content areas:
- Presenting problem
- Problem history
- Personal history
- Substance abuse history
- Family history
- Employment and education
- Summary and treatment recommendations
<table>
<thead>
<tr>
<th>TRADITIONAL INFORMATION</th>
<th>ADDITIONAL INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Detailed list of problem(s)</td>
<td>Emphasis on client’s language</td>
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<tr>
<td>List of symptoms</td>
<td>Exceptions to the problem</td>
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<tr>
<td>Mental status</td>
<td>Exploration of resources</td>
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<td>Coping strategies</td>
<td>Emphasis on client’s solution</td>
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<td>Miracle question</td>
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PROBLEM HISTORY

TRADITIONAL INFORMATION

- Onset and duration
- Course of development
- Interactional sequences
- Previous treatment history

ADDITIONAL INFORMATION

- Exceptions: When was the problem not happening or happening differently?
- Include future history – vision of when problem is solved
PERSONAL HISTORY

TRADITIONAL INFORMATION

- Developmental milestones
- Medical history
- Physical, emotional, sexual abuse
- Diet, exercise

ADDITIONAL INFORMATION

- Physical, psychological, social, spiritual, environmental assets
- “How did you do that?”
- How have you managed to overcome your adversities?
- What have you learned that you would want others to know?
Patterns of use: onset, frequency, quantity

Drugs/habits of choice: alcohol, drugs, caffeine, nicotine, gambling

Consequences: physical, social, psychological

How does using help?

Periods of using less (difference)

Periods of abstinence (exceptions)

Person and family rituals – what has endured despite use/abuse?
FAMILY HISTORY

TRADITIONAL INFORMATION

 Age and health of parents, siblings
 Description of relationships
 Cultural and ethnic influences
 History of illness, mental illness

ADDITIONAL INFORMATION

 Family rituals (mealtimes, holidays)
 Role models – nuclear and extended
 Strategies for enduring
 Important family stories
TRADITIONAL INFORMATION

- Educational history
- Employment history
- Achievements, patterns and problems

ADDITIONAL INFORMATION

- List of skills and interests
- Homemaking, parenting skills
- Community involvement
- Spiritual and church involvement

EMPLOYMENT AND EDUCATION
TRADITIONAL INFORMATION

- Summary and prioritization of concerns
- Diagnosis: DSM–5; PIE
- Recommended treatment strategies

ADDITIONAL INFORMATION

- Expanded narrative – reduce focus on diagnosis and problems
- Summary of resources, options, possibilities, exceptions, solutions
- Recommendations to other professionals for how to utilize strengths in work with client
CONCLUSIONS

- Strengths-based assessment is ideal; however, we must cope with reality.
  + Government regulations
  + Insurance reimbursement practices
  + Ongoing influence of the medical model

Utilize strengths-based assessment strategies in addition to traditional assessments

+ Emphasis moves from problems and pathology to strengths, solutions and possibilities.

(Graybeal, 2001)
REFERENCES
