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Assessing Client Strengths

ABSTRACT

Clients and clinicians alike need to be aware of clients' potential sources of strength, coping, and resilience. The authors make the concept of strengths more concrete and provide tools to assist in assessing strengths. Client characteristics that represent strengths are drawn from the research literature. The notion of strength in the context of clients' personal history, their immediate social environment, the larger societal matrix, the mix of individual characteristics, the challenges clients face, and the meanings clients ascribe to their experiences and situation are discussed. A self-report instrument that can be used to enlist clients and their significant others in helping identify clients' strengths is provided, and cases of its use are presented.

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Bertrand Russell was able to integrate his vulnerabilities with his strengths to become a towering figure in 20th-century thought. In his autobiography, he states:

Three passions, simple but overwhelmingly strong, have governed my life. The longing for love, the search for knowledge, and unbearable pity for the suffering of mankind. These passions, like great winds, have blown me hither and thither, in a wayward course, over a deep ocean of anguish, reaching to the very verge of despair. . . . I have sought love, first, because it brings ecstasy so great that I would often have sacrificed all the rest of life for a few hours of this joy. I have sought it, next, because it relieves loneliness—that terrible loneliness in which one shivering consciousness looks over the rim of the world into the cold unfathomable lifeless abyss. I have sought it, finally, because in the unions of love I have seen, in a mystic miniature, the prefiguring vision of heaven that saints and poets have imagined. This is what I sought, and though it might seem too good for human life, this is what-at last—I have found. (Russell, 1967)

In this statement of vulnerability, of a desperate need for love, of anxiety and existential despair, Russell acknowledges his struggle with pain and misery and how he has found meaning in it. This tension between inner strength and vulnerability creates the potential for change and growth in individuals, constituting what Saleebey (1996) calls the “generative factor” in determining how an individual responds to stressful situations.

Consistent both with traditional social work values and the growing emphasis on focused, short-term interventions, exploring clients' strength has become a common theme in social work literature. Goldstein (1995), writing from an ego psychological view, states that part of assessment is the search for “inner capacities and environmental resource . . . that can be mobilized to improve functioning” (p. 144). White and

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Epston (1990), writing from a constructivist family therapy perspective, stress the need to help clients shift from a problem-saturated narrative to a solution-saturated narrative. Summarizing what he calls the "strengths perspective," Saleebey (1992) states,

The strengths perspective obligates workers to understand that, however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles. People are always working on their situations, even if just deciding to be resigned to them; as helpers we must tap into that work, elucidate it, find and build on its possibilities. (pp. 171-172)

The strengths perspective described by Weick, Rapp, Sullivan, and Kisthardt (1989) and by Saleebey (1992, 1996) has been used with a wide variety of clients and in a broad range of situations. It has been used in work with the severely mentally ill (Kisthardt, 1992; Rapp, 1992; Sullivan, 1992), people with disabilities (Mackelprang & Salsgiver, 1996), people with addictions (Miller & Berg, 1995), children (Poertner & Ronnau, 1992), the elderly (Parsons & Cox, 1994; Perkins & Tice, 1995), homeless women with children (Thrasher, 1995), African American families (Hurd, Moore, & Rogers, 1995), and social policy development (Chapin, 1995). The concept of strength has also

emerged in the growing literature on empowerment (e.g., Gutierrez & Nurius, 1994; Rose & Black, 1985; Solomon, 1976) and through the study of resilience among children exposed to trauma (e.g., Anthony & Cohler, 1987; Haggerty, Sherrod, Garmezy, & Rutter, 1994; Werner & Smith, 1982; Wolin & Wolin, 1993), adult stress and coping (e.g., Aldwin, 1994; Haan, 1977), and health and wellness (e.g., Antonovsky, 1979; Moos, 1984).

Given this perspective, the assessment of client strengths is an important element in clinical practice (Cowger, 1994; De Jong & Miller, 1995). From the perspective of the client, being able to access one's strengths effectively contributes not only to solving an immediate problem, but may also augment the client's ability to deal with future problems. From the perspective of the worker, understanding the resources a client brings to a situation is essential in treatment planning.

In practice, however, assessment of strengths is not always easy. Psychological strength is a complex notion. What do we mean by strength? Would five clinicians all agree on a common definition of strength or vulnerability in a client's environment or in a client's coping attempts? A 19-year-old female client whose behavior had shifted from compliance and conformity to exuberance, confidence, and at times grandiosity over the past few months was described to a group of profession-

als. Some listeners saw the client's behavior as evidence of an incipient manic episode (i.e., as a vulnerability); others saw it as evidence of an existential breakthrough whereby the client was finally freeing herself from her previously compulsive conformity (i.e., as a sign of strength); and still others viewed it as an example of the normal mood swings of adolescence (i.e., as a sign of neither strength nor weakness). These disparate interpretations of the client's behavior would lead to dramatically different treatment plans.

Clients are usually able to identify some of their own strengths, although minimally. If asked what they see as their strengths, most clients will say something like "I am a loyal person," "I'm a good listener," "I'm unselfish," "I'm a nice person," or "I'm intelligent and have a good sense of humor." Although these images of the self can promote confidence in dealing with a problem, they also have limitations. It is important for both clients and clinicians to be aware of traits associated with coping. Client and clinician fuzziness regarding what constitutes strength creates the need for systematic examination of the characteristics that are consistently associated with coping, resilience, and vulnerability.

In addition to raising questions about traits and behaviors associated with resilience, the assessment of strengths raises issues about when is the best time to address strengths. Most distressed clients do not present

with a strengths perspective. By the time they reach out for help, the balance between resilience and vulnerability is weighted toward the vulnerability side. Thus, clients are likely to present with a "vulnerability perspective." In the first session, the clinician's priority is to understand the client's feelings, thoughts, and actions regarding the problem he or she wants help with. Memories, thoughts, and feelings about one's strengths are best accessed when the burden of carrying memories, thoughts, and feelings of vulnerability is being shared with another.

The priority of empathizing with clients' pain may frustrate a clinician's efforts to get detailed information about clients' inner strengths and external resources—information that is needed quickly in an era of timelimited treatment. Early in treatment clients generally feel an urgent need to share their problems and the precise meaning the problems have for them, which may inhibit the worker's attempt to assess the resources and strengths of the client. From the client's perspective, a premature effort to assess strengths may be viewed as rejection.

This article attempts to clarify the traits, behaviors, and other client characteristics that represent client strengths. A checklist of specific factors associated with resilience, coping, and growth is provided. A strengths questionnaire that can be given to clients in order to identify strengths and the mobi-

lization of those strengths is also presented, along with several vignettes involving the use of this questionnaire.

What Are Strengths?

Assessing and interpreting a person's strengths may seem straightforward. Strength can be understood as the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, to use external challenges as a stimulus for growth, and to use social supports as a source of resilience. But the nature of strength and its interaction with vulnerability is more complex than this simple formulation suggests.

First, strength is not simply the opposite of weakness. For instance, a person who is hallucinating is obviously vulnerable. But normal reality testing is an expected baseline condition, not a strength. Also succumbing to external difficulties (e.g., being traumatized by witnessing a murder, being in an earthquake, or living in chronic poverty) is not evidence of a lack of strength.

Thus, strengths are not absolute and cannot be conceptualized in isolation from the situation in which they are expressed. What represents strength in one context may constitute weakness in another and vice versa. For example, Aldwin (1994) observed that, although habitual denial or self-

deception "is generally perceived as antithetical to psychological health, [it] may have positive effects (at least in small doses) if situations are uncontrollable or if it serves to maintain emotional (and perhaps) physiological equilibrium, at least in the short term" (p. 168). Aldwin (1994) cites, among others, Fowers finding that the literature suggests that

people using denial after cardiac trauma may be less anxious, may have shorter hospitalization periods, and may have lower risk for subsequent morbidity and mortality. However, if denial is used during the trauma, it may be associated with potentially dangerous delays in seeking help. (p. 168)

Similarly, studies have suggested that the lower incidence of depression in men compared with women may reflect different coping mechanisms; that is, men are more likely to engage in a distracting activity when they get in a depressed mood, which seems to reduce depression, whereas women are more likely to ruminate, which may exacerbate depression (Nolen-Hoeksema, 1990). But this assumed "strength" in warding off depression may also insulate men from emotional self-awareness and growth and have an adverse effect on their interpersonal relationships.

The ability to use potential strengths varies from situation to situation. A person may be a pillar of strength when dealing with his or her own life-threatening illness but become dysfunctional when dealing with the illness of a spouse or child.

A person may alternate between socially acceptable coping mechanisms at some times in the life cycle and less socially acceptable coping mechanisms at other times. This varied pattern of response may be adaptive: The different strategies may be appropriate for different developmental tasks (e.g., adolescence vs. midlife) or for different kinds of stressors (e.g., intrapsychic vs. interpersonal) or for various stages in dealing with a stressor. Initial denial may be an adaptive response to a violent trauma that threatens to overwhelm the ego. However, if denial persists after the trauma has stopped, reconnection to ordinary life may be prevented. Similarly, emotional responses (e.g., ventilation, life review) may be more effective in responding to loss and to stressors over which one has no control, whereas proactive problem-solving responses may be more helpful in dealing with practical difficulties, marital problems, and job loss. Coping patterns that may be adaptive in a middle-class suburban environment may not be so in an inner-city environment and vice versa; those that are effective at work may be maladaptive within the family.

Whether a person has a particular characteristic that we can identify as a strength may, in fact, be less predictive of functioning than overall patterns or combinations of characteristics. For instance, Matlin reported that avoidant coping mechanisms used in combination with problem-focused

mechanisms may mitigate the adverse effects of stress, whereas avoidant coping in isolation may increase stress (cited in Aldwin, 1994). Strength (or at least allowing others to see one's strengths) may even be problematic at times. For instance,

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strength in a woman may be perceived as threatening by others and may create problems for her. Also, presenting one's vulnerability may itself be a strength in that it represents the beginning of a process of coping or healing.

Ultimately, then, the interactions among patterns of strengths, patterns of vulnerability, specific challenging situations, and broader characteristics of the overall environment are the real measures of strength. A varied repertoire of strengths and of ways to manage identified vulnerabilities, the ability to choose flexibly and appropriately what strength(s) to draw on in a particular context, and the ability to gain strength from one's encounters with the

environment represent a more general conceptualization of optimal adaptive capacity.

Strength is not a culture-free concept. Ethnicity, race, social class, and gender affect strength in various ways (see Aldwin, 1994). Events may be viewed as normal or as unusual, depending on the cultural context, and hence may require more active or less active coping responses. Culture may affect the experience or appraisal of stress. Social-support patterns and social expectations of a person's response to particular challenges vary. Cultures value emotional control and emotional expressiveness differently and expect prescribed emotional responses to particular situations. The interpersonal and social functions of various rituals and coping styles also vary. Individuals in our society may need to show different strengths in different contexts. For instance, the interpersonal coping skills called for in women from traditional Latino subcultures in the United States may require deference to males and to elders and selfless subordination of individuality to family goals and mores. Yet at school or work, these women may need to be assertive and confident (Gil & Vazquez, 1996). Thus, the ability to maintain a bicultural or biracial identity may itself be a strength.

Finally, the concept of strength does not refer to characteristics of individuals alone. The social environment, from the immediate family or equivalent to the institutions of the

larger society, may be organized in ways that either allow or trigger or augment strengths or vulnerability. Brower and Nurius (1993) suggested that individuals may create a niche for themselves in their environment. An ideal personal niche allows people to be tolerant of their own weaknesses and maximizes the use of their strengths. These niches enable individuals and amplify resilience.

There is awareness, recognition, and use of the assets of most members of the community. Informal networks of individuals, families and groups; social networks of peers; and intergenerational mentoring relationships provide succor, instruction, support, and encouragement. . . . Individuals . . . are supported in becoming more adept and knowledgeable, and can establish solid relationships within and outside the community. (Saleebey, 1996, p. 300)

The existence of societal or community sources of support (e.g., a union for a person faced with job insecurity, an entitlement program for a person with few financial resources) also affects strengths. Where such resources exist, the client's ability to identify and utilize the resource can be seen as a strength. In the absence of such collective resources, the ability to advocate for oneself or to organize collective responses (e.g., a self-help or mutual-support group) may be the strength required.

Given the above considerations, in assessing for strengths, what individual characteristics serve as strengths? Table 1 presents a convenient summary of strengths to refer to when work-

ing with clients, supervising clinicians, or teaching about assessing for strengths. It draws from several sources: the extensive literature on resilience among children exposed to trauma, adult stress and coping, responses to illness and medical procedures, client factors predicting response to psychosocial interventions, the strengths and empowerment perspectives, and, more speculatively, factors related to successful resolution of developmental tasks (Aldwin, 1994; Anthony & Cohler, 1987; Antonovsky, 1979, 1987; Buss, 1995; Garfield, 1986; Haan, 1977; McQuaide, 1996; Norman, Turner, & Zunz, 1994; O'Connell Higgins, 1994; Saleebey, 1992, 1996; Stephens, Crowther, Hubfall, & Tannenbaum, 1990; Werner & Smith, 1982; Wolin & Wolin, 1993). This literature suggests that strengths can be conceptualized in terms of several overlapping and related categories.

■ *Cognitive and appraisal skills:* The ability to perceive, analyze, and accurately comprehend a challenging situation. This includes the ability to assess accurately one's own capacities or contributions to the situation and the ability to perceive, analyze, and comprehend alternative strategies for responding to it.

■ *Defense and coping mechanisms:* The characteristic mechanisms an individual uses to deal with problematic internal and external sources of stress.

■ *Temperamental and dispositional factors:* A person's char-

acteristic ways of seeing and being in the world.

■ *Interpersonal skills and supports:* The ability to develop and maintain intimate and supportive social networks.

■ *External factors:* For example, supportive social institutions, financial resources.

Strengths Self-Assessment Questionnaire

Even with a clear notion of what might constitute a strength, the actual process of assessing strengths in an individual client raises several technical and theoretical challenges. To understand them, we must first understand the notion of a client's self-concept.

In recent years it has been increasingly common to understand the self as multifaceted, as a collection of multiple selves. Markus and Nurius (1986) and Brower and Nurius (1993) suggested that the self system can be conceptualized as comprising multiple self-concepts. A self-concept is a generalization about oneself (in cognitive language, a set of schemas about the self) arising from past experiences, memories, cognitions, feelings, and beliefs. Self-concepts are multiple and overlapping and are activated by different contexts and situations. For instance, the self-concept triggered by being a court-mandated client in a therapist's office differs from that of a person

Table 1. Summary of factors associated with resilience, coping, and growth.

<p>I. <i>Cognitive and appraisal skills</i> Intellectual ability and other cognitive abilities, including verbal, quantitative, and logical ability, and memory Field independence, curiosity, creativity Initiative, perseverance, patience Practical intelligence, common sense Planning ability, ability to anticipate problems Realistic appraisal of situational demands and personal capacities Realistic appraisal of relative roles of internal and external sources of challenges and of internal and external sources of response Reflectiveness, seeking knowledge and insight about oneself, ability to use feedback about one's responses</p>	<p>Lack of negative affect (hostility, anger, anxiety); presence of positive affect; optimistic, open, ingenuous Not dwelling on the past, ability to grieve Internal locus of control, lack of helplessness, active orientation, not resigned to one's fate Taking appropriate responsibility for past and present decisions, situations Spirituality, faith, conviction one can choose one's own life path Sense of direction, mission, purpose Sense of identity and ability to transform it and construct a new self integrated with the old self Bicultural identity (for oppressed populations)</p>
<p>II. <i>Defenses and coping mechanisms</i> Mature and flexible defenses, ability to regulate impulses Problem-focused coping mechanisms (in controllable situations; emotionally-based responses may be a greater source of strength in uncontrollable ones) Ability to regulate affect (especially negative affect) and maintain emotional equilibrium, to avoid catastrophizing and to self-soothe, and to regulate self-esteem Flexibility; ability to be proactive with respect to stressors</p>	<p>IV. <i>Interpersonal skills and supports</i> Ability to develop and maintain good relationships with those who can assist, practically and emotionally; ability to confide in others; social problem-solving skills; ability to engage others supportively; capacity for empathy; ability to accept help and trust caregivers Presence of an intimate (a significant person with whom one can share and who provides positive response) Altruism and social solidarity, history of political and social activism or community involvement Not overdependent on others, a sense of security, ability to be appropriately dependent, adaptive distancing (ability to distance self from harmful relationships with out disconnecting entirely)</p>
<p>III. <i>Temperamental and dispositional factors</i> Belief in trustworthiness of others Belief in possibility of justice and benignity of world High self-esteem, belief in own self-worth, belief one has a "right to a good life" High self-efficacy; sense of mastery, confidence, optimism; not seeing self as victim; "sunny" disposition Ability to tolerate ambiguity and uncertainty Ability to find meaning, even in adversity, and to make sense of negative events; ability to construct a meaningful self-narrative Sense of humor</p>	<p>V. <i>External factors</i> Existence of supportive social institutions (e.g., unions, church) and ability to find and use them Physical health Adequate income Rituals Supportive family and friends who provide concrete aid, emotional support, and feedback</p>

who calls a therapist to make an appointment.

Of the many self-concepts we hold about ourselves, some contain more schemas of strength (i.e., memories, beliefs, and feelings related to self-efficacy) and others contain more schemas of vulnerability (i.e., memories, beliefs, and feelings associated with low self-efficacy). And, of course, most self-concepts contain elements of both strength and vulnerability.

Some self-concepts are relatively easily accessed, others less so.

Once formed, our self-concepts guide how we process self-relevant information and how we choose to deal with it. Our self-concepts profoundly affect our emotional and motivational state. For example, we would respond very differently to a stressful situation if it triggered a self-concept dominated by resilient schemas ("I can cope," "I've done this before," "I'll get

the support I need," "I'm going to learn a lot and be a better person because of this experience," etc.) than we would if it triggered a self-concept characterized by vulnerable schemas ("I'll never do this," "I always fail," "Now I'll lose everything," "Everyone else can do better," etc.).

When clients come to us they usually present with a problem that they have not been able to solve or because they are

feeling vulnerable in an area of their life. The self-concept that they present to us is likely to be one that is less oriented toward their strengths than to the problems, pain, or vulnerability that motivated them to reach out for help. Even before the client and worker have met, the client's problem-oriented self-concept or vulnerability-oriented self-concept has been activated.

During the initial assessment of the problem, the client may describe the problem as emanating from the environment, from inside the self, or from the interaction between inner self and the environment. The reality is that clients come for help when they feel pain, vulnerability, or inability to solve their problems on their own. Clients' priority is to have their problems understood by another. Thus, the worker must listen empathically to the client's description of the problem in an effort to build a relationship and therapeutic alliance.

After the client's problem has been assessed and the client feels he or she has been heard and understood, a different (and less vulnerable) self-concept of the client can be activated. Then the client can move from the problem-oriented, vulnerable self-concept to a problem-solving, resilient self-concept available in his or her repertoire of possible selves. In making this transition the client must not feel that the worker is abandoning the client self that feels too vulnerable to solve his or her problem or that the worker

views the client's problem as easy to solve. Such perceptions activate self-concepts dominated by feelings of abandonment, being misunderstood, being minimized. Today, such perceptions are exacerbated by the pressures of managed care to move quickly to solve problems and alleviate symptoms.

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In moving toward assessment of client strengths, then, it is essential that clinicians continue to recognize the vulnerable self. Otherwise, the client might feel that the worker's respect for him or her is conditionally based on the client's resilience and coping ability. In an extreme version, a client who is unable to validate the worker's need to identify strengths might get the message that vulnerability and failure is *not* an option. Some of the wonderful techniques of solution-focused therapy—for instance, the miracle question (DeShazer, 1988) and

the exception-finding and scaling questions (De Jong & Miller, 1995)—if asked prematurely, may not meet the client where the client is, in that they speak to a self that is different from the self activated by the problem that brought the client into treatment.

Some clients can be very private or superstitious about revealing strengths. Clients may believe that a strength may be weakened or exploited if it is known by others. For these clients, trust is a critical issue.

The problem of assessing strengths can then be reformulated. To assess a client's self-concept that is usually not activated when a client first appears before us and that the client may have difficulty accessing, we must activate it. (Activating strengths-oriented self-concepts is part of the treatment process as well.) In doing so, however, we must be wary of moving in a way that breaks the empathic bond and inadvertently activates other, vulnerability-oriented self-concepts. During the initial assessment phase, it may not be possible simultaneously to meet the client where he or she is in terms of understanding how he or she experiences the problem, to understand what in the client's environment is activating the present self-concept, to understand the self-concept and the component self-schemata that are activated, and to gather information about the client's strengths.

The Strengths Questionnaire (see Figure 1) may be a

useful tool in assessing client strengths. Based on the review of the literature discussed above, a self-assessment questionnaire was created to gather information from clients about aspects of their self that research and theory suggest are associated with coping and resilience. The questionnaire does not address all of the categories of strength identified and listed in Table 1, because some of these (e.g., cognitive abilities, the existence of supportive social institutions) are better explored in other forms and others (e.g., the availability of rituals) cannot readily be formulated into a questionnaire format. Categories such as locus of control would require extensive explanation, and we were concerned that the questionnaire not become too long and laborious.

This questionnaire is a clinical instrument, not a psychometrically validated scale. It is intended to help alert the client and the worker to areas of perceived strength. It does not provide a scalar measure of overall strength, and the validity of individual items checked off by the client, along with their context, history, and meaning to the client, must be assessed through subsequent clinical work.

The client may be given the questionnaire at the end of the initial session, as a homework assignment, or at any time during work with the client. The client should be asked if he or she is interested in taking home a questionnaire that would provide very important informa-

tion. If the client agrees to take it home, he or she is told the following:

Feel free to throw this away if you find it irrelevant. Just do it if you want to and when you want to. It may not be relevant to you, and that's O.K. It may interest you, and that's O.K., too.

We also suggest that clients might discuss the questionnaire and their responses to it with others and in session.

The questionnaire has several virtues. First, it provides information about how the client views him- or herself that can be used in planning therapeutic work. Second, by removing the pressure to assess strengths from the initial session, it lessens the probability that the client will perceive the request for information about strengths as rejecting or minimizing his or her pain. Because the client always has the option to discard the questionnaire or to fill it out in private, some of the awkwardness associated with acknowledging and revealing strengths may be lessened. At the same time, the questionnaire places the strengths issue on the agenda and lets the client know that discussion of strengths is relevant. Third, the fact that the task involves consulting with others may help the client enlist the support of intimate others and to join his or her strengths with those of the family or community. Fourth, the client receives the message that his or her strengths are important and worth considering. Fifth, the act of completing the questionnaire

(including talking to others about it) may activate strengths-oriented self-schemas and bring them into the client's current self-concept at a time when the client's vulnerable self needs help. Finally, working on the questionnaire gives clients the message that they have many sides to their personality and that some sides may be more familiar to them than others. This helps clients understand their complexity and implies that the self is constructed and that one can make choices about one's identity. The ability to recognize complexity in the self may in itself be a strength.

Experience indicates that clients usually react with interest to the questionnaire. They view the questionnaire as fun and as something to share with friends and family. The questionnaire triggers curiosity about one's strengths and about the way one is perceived by others.

Case Examples

The following examples present thoughts, behaviors, and feelings triggered by the use of the questionnaire, including one case of a client whose initial reaction was negative.

Example 1

Nineteen-year-old S became suicidally depressed after she broke up with her boyfriend, J, who had been unfaithful to her. "This is the worst month of my life. I just want to die. He brings

FIG. 1. Strengths questionnaire.

This questionnaire contains possible true statements about you that we may not have discussed yet in session. Read each statement carefully. For each statement, fill in the circle next to the response that best represents your opinion.

SD = *strongly disagree* or the statement is definitely false.
 N = *neutral* on the statement, i.e., you cannot decide or the statement is about equally true and false.

D = *disagree* or the statement is mostly false.
 A = *agree* or the statement is mostly true.
 SA = *strongly agree* or the statement is definitely true.

	SD	D	N	A	SA		SD	D	N	A	SA
1. I am a creative person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. My self-esteem is usually high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am a curious person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. I can usually control my impulses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am able to love other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. I am usually a flexible person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I can anticipate a problem and come up with a plan to solve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. I am a more active than passive person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I don't let other people's opinions of my actions control me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. I usually trust other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have good common sense in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. I believe the world is more good than bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My goals for myself are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. I usually feel I can cope well in new situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have an accurate view of my strengths and weaknesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. I believe I am not a victim.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Other people's behavior is usually predictable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. I can deal with the unknown.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can usually predict when situations are safe or dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. My life has meaning and purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am self-aware and like to learn about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. I am easy going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I think about my mistakes and learn from them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. I am patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If something is bothering me I can channel my energies into something constructive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Even when things are hard, I persevere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My sense of humor helps me deal with stressful situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. I can usually tolerate not knowing how things will turn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. If I can't control a certain situation I can "turn it over" and stop worrying about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. I am a "positive thinker."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I can choose my battles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. I take responsibility for my own decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have techniques I use to calm myself when I am upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34. Other people usually like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						35. I can enjoy being alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						36. I have a confidante.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						37. I have created a supportive network of friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						38. I can go to others for help, as appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						What do you believe your strengths are in the areas of relationships and in work?					
						What would people who know you list as your strengths?					

out the addict in me," she cried. Unable to stop crying and obsessing about J and the woman she imagined him to be with, S described herself as feeling hollow and empty. She perceived her family as being critical, ridiculing, and nonsupportive, primarily because of their strict religious beliefs.

After S described the problem for which she was seeking help, how she felt about it, and the triggers that activated and exacerbated it, I asked her about other areas of her life. Until the breakup, she reported that school and work had been going well. She was ambitious and wanted to make something of herself. She enjoyed discussions and sharing her opinions. Others liked her and wanted to spend time with her. Recently she had joined a church group and was enjoying the philosophical discussion that took place there. Asked how she saw herself, she described herself as a manipulative person who liked to seduce men in order to obtain a sense of power. Shy and unpopular in high school, she felt she had been an ugly duckling who had finally become attractive to men and who now wanted to be in control.

I crave feeling powerful and I use sex to get power. Now I left me and I have no control. I have no power. I can't stop thinking about him.

S's most vulnerable self-concept (empty, helpless, alone, desperately manipulative) was triggered by the breakup. Her awareness of her strengths

(e.g., having goals for the future, the ability to build friendships, drive and ambition, intelligence, perseverance, the ability to love, and having higher-order defenses such as humor and sublimation) was eclipsed by her experience of loss. Her strengths and vulnerabilities were not balanced.

Therapy helped S begin to mobilize support and increased her self-awareness. She was learning how to regulate her dysphoria so that she could function well at school and work. With balance being restored, her self-esteem began to rise and her emotional dependence on her ex-boyfriend was weakened.

I gave S the strengths questionnaire in our third session. After using it to begin a discussion on recognizing strengths, we explored situations in which her strengths (e.g., trusting others, persevering) could be liabilities (e.g., trusting the wrong people, persevering in an abusive relationship). S shared the completed questionnaire with her mother. Her mother, as well as S herself, became aware of some of S's personality traits that neither had realized were strengths. This occasion constituted one of the few times that S had been able to elicit a supportive response from her mother. S also talked with some friends about her strengths, and they reinforced her self-discoveries. The conversations with her mother and with her friends activated self-

schemas of resilience. Although these did not entirely replace the self-schemas of vulnerability, a source of inner strength was brought into focus as she attempted to work on her problems.

When S ended treatment, she had recovered from her breakup with J. At termination her self-esteem had improved, and she was more aware of her strengths and better equipped to manage her vulnerabilities. She was beginning to understand the situations that elicited her strengths and triggered her vulnerabilities.

Example 2

D was "falling apart" because her 16-year-old daughter had run away to Florida with a boyfriend. Because her anxiety level was so high, I gave her the questionnaire at the end of the intake session in order to identify her strengths.

When she came back the next session, she told me that she had been very angry with me for giving her the questionnaire. She had felt infantilized, dismissed, and not listened to. She had returned to give me another chance.

By giving her the questionnaire, I had hoped to trigger the side of her that felt more confident and skilled in dealing with problems and to activate her more resilient self-schemas. Instead, I had triggered self-schemas oriented to rejection, infantilization, and being dismissed. At the same time, I had triggered the hurt and anger

that accompanied these vulnerable self-schemas. Clearly, my timing was wrong.

Fortunately, the damage was repaired with an apology. In a subsequent session, we returned to her anger about this incident. She reported that her anger had stemmed from the fact that many of the strengths she indicated while filling out the questionnaire were characteristics she had prior to her marriage. This insight became the basis for fruitful work.

Example 3

L, a woman in her forties, was very attached to her dying mother. She had helped her mother cope with relentless medical problems (breast cancer, diabetes, heart disease, dialysis). In her own words, she "lost it" when her mother's physician said her mother would soon die: L had run out into the snow, hiding and huddling, sobbing uncontrollably, until her husband found her and took her to her own physician. Wisely, her physician referred her to counseling. Although she had been resistant to therapy, her recent reaction frightened her into pursuing help.

L's most vulnerable self-concept was triggered by her awareness of the imminence of her mother's death. She was terrified that she would not emotionally survive her mother's death. It was, however, evident that she had demonstrated considerable strength in the emotional and practical support she had been giving her mother

throughout her illness. I gave L the questionnaire. After filling it out she showed it to her physician who had always told her that she was much stronger than she realized. She felt that the strengths the questionnaire revealed proved that her doctor was right and she wanted him to know. She also showed it to a friend who had told her that she was stronger than she thought she was and that she *would* be able to survive her mother's death. For L, the questionnaire seemed to provide scientific credibility to others' confidence in her and decreased her fear of the future.

Conclusion

In both short- and long-term work, clients and clinicians need awareness about client's potential sources of coping, resilience, and growth. Social workers must

assess and evaluate the sources and remnants of client troubles, difficulties, pains, and disorders. . . . Having assessed the damage, social workers need to ensure that the diagnosis does not become a cornerstone of identity. To avoid that possibility, they calculate how clients have managed to survive thus far and what they have drawn on in the face of misfortune. (Saleebey, 1996, p. 303)

Why hasn't social work literature or most social work practice actually reflected the strengths perspective? One reason is that the notion of strength is fuzzy, grounded

more in philosophical views than in empirical evidence. Further, the assessment of strengths lacks rigorous clinical techniques. Even recent articles on the assessment of strengths focus on questions that can be asked to begin the process of identifying strengths and on guidelines for assessment that are likely to elicit strengths (Cowger, 1994; De Jong & Miller, 1995), leaving vague the notion of how to recognize a strength when we see (or hear) one.

The present article sought to concretize the notion of strengths and to provide a tool to assist social workers in assessing strengths. Personal and environmental characteristics that represent strengths were summarized, and a self-report instrument that can be used to help clients and their intimates identify strengths was presented. One should be flexible in applying this tool. Whether a given client characteristic represents a strength or a weakness depends on subtleties of personal history, the immediate social environment, the larger societal matrix, the mix of client characteristics, challenges, and the meanings the client ascribes to his or her experience and situation.

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