

Striking a Vital Balance: Developing A Complementary Focus on Human Weakness and Strength Through Positive Psychological Assessment

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Imagine walking into a great hall filled with grand wooden tables. On those tables are thousands of weights and hundreds of well-worn scales, some larger than others. Using the scales, all engraved with the names of age-old foibles, measure the success of your life.

Next, imagine a second hall with twice as many scales—all of the scales for human foibles *plus* scales labeled with antiquated names of human strengths. This huge system of scales measures all qualities essential to life and well-being. Now measure the success of your life.

We believe that the system of scales in the second hall would help to strike a vital balance in our measurement of life success. Indeed, psychological science has provided us with many theoretically grounded, psychometrically sound measures of human strength. Despite these recent developments in positive psychology involving operationalization of constructs and development of measures, however, no volume of these psychometric advances has been completed. This was the impetus for this volume.

Toward a Complementary Focus on Human Weaknesses and Strengths

As behavioral scientists and mental health practitioners craft questions about human behavior, we initiate a process of inquiry into what does and does not work in the lives of people. Determining the presence of weaknesses and strengths, and their existing associations, enables us to frame questions, to develop theories of human functioning, and to make recommendations for care. We contend that scientific and professional psychology have been biased toward identifying psychopathology and problems in everyday living, and thus we

know a great deal about how to help people resolve concerns and alleviate symptoms. We know less, however, about the anatomy of optimal functioning and the enhancement of human strengths. Therefore, in this introductory chapter, we will briefly address conceptual issues related to identifying the human strengths that are considered the building blocks of positive psychology. We argue that such human strengths are “real” and that detecting these strengths is an important part of good science and practice. We also will identify the shortcomings in common assessment procedures and provide a new model of assessment and how-to information for addressing these shortcomings.

Conceptual and Practical Issues

We do not assume that the readers of this volume have completely ignored “the best in people” in your research plans or practice. On completing this volume, however, you may be even more compelled and better equipped to focus on human strengths and healthy processes. In the effort to refine your scholarly inquiries or practices by increasing the focus on human potentialities, we feel the need to offer a warning. Namely, your colleagues, insurance companies, journal editors, grant reviewers, and others may inquire about the authenticity and potency of human strengths. Furthermore, even if they accept a human strength as “real,” they may contend that such a “fuzzy construct” cannot be measured reliably and accurately. Likewise, if you demonstrate how the particular strength can be measured, you then will have to balance the human strengths with the weaknesses. Moreover, you may be asked to substantiate information about the potency of strength by comparing it to the powerful effects of weakness and pathology. We have faced these issues in our own clinical practices and research programs, and we will address them briefly in subsequent sections of this chapter.

Human Strengths Are as Real as Weakness and Social Desirability

Psychological phenomena were discussed long before Sir Francis Galton performed mental measurement and Sigmund Freud called attention to psychodynamic processes. In our own work, we have found that Greek and Eastern philosophy, the Bible, historical accounts, and the linguistic origins of words provide important information about human strengths. We mention this because the topic of psychological strength is as old as humankind. Schimmel (2000) echoed this latter point and recommended that positive psychologists should explore their roots as exemplified in ancient philosophy and religious writings.

This “human strengths are as old as time” argument, however, is not always convincing to our colleagues. On this perplexing issue Seligman wrote,

How has it happened that social science views the human strengths and virtues—altruism, courage, honesty, duty, joy, health, responsibility, and good cheer—as derivative, defensive, or downright illusions, while weakness

and negative motivations such as anxiety, lust, selfishness, paranoia, anger, disorder, and sadness are viewed as authentic? (1998, p. 6)

Though verification of the authenticity of human strengths may be rooted in subjectivity, potency of a human strength may be determined in a more objective manner. Indeed, we can answer questions about potency most directly. For example, do human strengths play an active, potent role in the attainment of health, happiness, and optimal functioning? We believe that this question has been addressed empirically. The vast literature dealing with the potency of human strengths has been summarized elsewhere (see Snyder & Lopez, 2002; Snyder & McCullough, 2000), but three examples may be helpful. First, what we know about hope is that high levels are related to better performances in academics and sports, as well as superior psychotherapy and physical health outcome. Second, college students with broad coping repertoires are able to perceive a potentially stressful event as a challenge rather than as a threat, and they use effective coping mechanisms to approach their problems rationally and effectively. Third, the capacity for social connectedness has been linked to lower mortality rates, increased resistance to communicable diseases, lower prevalence of heart disease, and faster recovery from surgery (Salovey, Rothman, Detweiler, & Steward, 2000). We cherry-pick these findings from the hundreds that could have been mentioned because each account focuses on the use of the strengths of hoping, coping, and connecting in our daily lives (lending evidence to their authenticity); moreover, these strengths have been linked to better immunosuppressance, health outcomes, and even mortality (lending credence to our potency claim).

Human strengths are as real as human weakness, so say history and science. But can we accurately measure these strengths given the tendency of respondents to provide socially desirable information about themselves? The answer is not a simple one. In essence, there are three schools of thought. First, some argue that one should measure and statistically control for the favorability bias in responding. Second, others suggest retaining the favorability bias after showing it is a substantive part of a given concept (i.e., the favorability bias is more content than confound [Taylor & Brown, 1988]). Third, yet others assume that a person's subjective report of strength forms the meaningful sources for analysis, not the objective accuracy of such report. These views on the extent to which social desirability undercuts, aids, or is irrelevant to the authenticity of a strength should be taken into account when considering the veracities of individuals' reports of their assets. The traditional view of social desirability as a confound is no longer widely held, and most scholars now believe that favorable self-presentation is part of the content that should not be taken out or corrected.

By only focusing on weaknesses, psychologists have perpetuated an assessment process that is out of balance. We will now identify shortcomings of psychological assessment and describe the practice model of positive psychological assessment and how-to information to address the imbalance. Thus, we hope to encourage researchers and practitioners to engage in a more balanced view of human life—a vital balance between weakness and strength of the person and the environment.

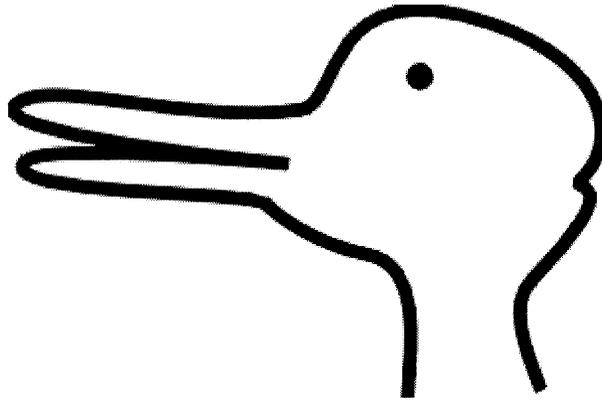


Figure 1.1. What do you see?

A Positive Psychology Perspective

Historically scholars and counseling theorists have argued about the *natural state of human behavior*. To reveal any implicit theories regarding this state, we encourage the readers to think about the assumptions they make about their research participants and their clients, their partners and their children, themselves and who they want to be. *Perspective* on human behavior determines the routes taken in pursuit of psychological data.

The information-gathering routes taken can yield data reflecting psychological weakness, psychological strength, or a combination of the two. It is the combination, the complementary bodies of knowledge, that will help resolve the shortcomings of common psychological assessment practices. We will illustrate the effects of making initial assumptions and entertaining both the negative and the positive with an exercise in perspective taking.

What determines what is *seen* when people are first presented with a novel stimulus? Look at Figure 1.1 and jot down what you see. Do you see anything else? Anything else?

Most people see either a rabbit (or some other rodent) or a bird of some kind (e.g., duck, goose, eagle) or both. What determines what is seen surely involves some visual scanning processes, but on a more basic level, experience influences response. Similarly, what is seen when people meet others is influenced by *experiences*, and in the professional realm, training also determines what is seen. The paradigm within which training occurs determines what is seen in human behavior and the routes taken to positively influence human change.

Did you see both a rodent and a bird during your first two glances at the picture? Do you see both of them now? Can you make the perceptual shift between the rodent and the bird? Once you have seen both, it should be easier to switch back and forth between what you see. After reading this handbook, it should be easier for you to see both the negative aspects of someone's presenta-

tion and the positive and to be able to switch back and forth between—and to integrate—the complementary views of psychology and bodies of psychological science.

Positive Psychological Assessment: Toward a Complementary Focus in Research

As mentioned previously, social scientists have demystified mental illness and its treatment. Thus, we have advanced a sound science on human weakness. The same approaches and types of tools used to make sense out of the presentation and experiences of mental illness can be used to highlight and measure potent elements of strengths. In the course of sharing ideas about how to tap human strengths, healthy processes, and fulfillments, we also will identify the following critical issues that should be addressed when undertaking the scholarly pursuit of optimal human functioning.

- Contextualize the examination of human strengths, healthy processes, and fulfillments.
- Balance the examination of hypotheses about strengths with testing hypotheses about weakness.
- Use/develop measurement procedures that account for the dynamics of healthy processes.
- Consider the universality of human fulfillments.

Measuring Human Strengths

Dozens of psychological strengths have been operationalized by psychologists committed to understanding the best in people. In this volume, the authors present their conceptualizations of particular human strengths, and they examine the psychometric properties and clinical utilities of observational techniques, physiological measures, scales, inventories, and interview and narrative techniques. We have asked the authors to elucidate the theoretical underpinnings of their measures and to critique their assessment strategies in light of today's stringent measurement standards. In our estimation, contributors did an excellent job of highlighting "gold standard" measures as well as assessment strategies that show promise for informing future research and practice. Whatever fuzziness in the operationalization of strengths that may have existed previously has been sharpened and clarified by our chapter authors.

Many of these measures of strengths are theoretically based, thus lending themselves to inclusion in explanatory models (such as those describing buffering processes that keep illness at bay and those models detailing how strengths facilitate healthy development). Furthermore, advancements in measurement of strength will provide the tools needed to examine the threshold effects (e.g., how much of a strength is enough to produce benefits in someone's life) and

exponential effects of the positive (e.g., do four strengths combined yield more than double the beneficial effects of two strengths combined?).

Scientists conducting examinations of human strengths must be sensitive to the environmental, or contextual, influences that may determine how strength is manifested. More precisely, researchers should attempt to capture the essence of the interplay between the person and the environment (and culture). On this note, Menninger and colleagues (Menninger, Mayman, & Pruyser, 1963) stated that one measure of success in life is “the satisfactoriness to the individual and his environment of their mutual attempts to adapt themselves to each other” (p. 2).

As we are compelled to remind researchers to contextualize their examinations of strengths (i.e., how manifestations of strengths are dependent on environmental and cultural variables), we also want to remind scholars to balance any examination of the positive with consideration of the negative. That is, testing of hypotheses about human strength should be balanced by effort to test hypotheses regarding weakness.

Measuring Healthy Processes

Healthy human processes are those dynamic “means of living” that facilitate adaptation, growth, and the attainment of fulfillments. The dynamic, fluid nature of these processes render them difficult to observe and operationalize. Scholars studying coping possibly have made the most progress in developing understanding of healthy human processes, though much work is needed to harness the energy of positive processes (e.g., achieving mastery, being resilient).

Possibly scientists could incorporate the measurement tools used to elucidate the intricacies of unhealthy processes in their efforts to examine healthy processes. More likely, development and implementation of more dynamic measures of healthy processes would reveal the paths people take to attain fulfillments. For example, use of the experience sampling method (the process of collecting “in the moment” data by prompting participants via a pager or an alarm to record their mood or behavior on paper-and-pencil or computerized measures) would provide a wealth of data regarding how people deal with life events. Sociometric procedures also would generate what have been referred to as 360-degree assessments of human processes by asking members of an examinee’s community (i.e., group, team, firm, neighborhood) to identify what works in a life.

Measuring Human Fulfillments

We use the phrase *human fulfillments* to refer to the aspects of the good life that many seek, such as well-being, meaningful work, love, and social connectedness. (Fulfillments exist in contrast to the “voids” of life that leave people feeling empty.) Fulfillments are quite complex in their makeup, thus rendering them difficult to operationalize. Unpacking fulfillment and the “good life” is necessary for scientific advancements because these outcomes ultimately

are what we are trying to predict—fulfillments are the criterion variables of interest to positive psychologists.

The scholarly endeavor to operationalize the good life might be conceived as a noble one, yet the pursuit of definitions for good living is fraught with sociopolitical confounds. Universal fulfillments may be nonexistent, or optimal outcomes may be only subtly different across cultures. Therefore, we need to refrain from using research as a means to prescribe ways of living that possibly may be beneficial to some but detrimental to others (Lopez et al., 2002).

Despite these concerns and the complexities of defining the most positive of outcomes, this work is essential to advancing positive social science. Possibly the most meaningful fulfillment that needs attention is optimal mental health. Once we can operationalize what it is like to function optimally, we can establish it as a criterion variable of great interest to positive psychologists.

Interplay Among Positive and Negative Characteristics, Processes, and Life Outcomes

At least six dimensions need to be considered when scientifically testing hypotheses about psychological functioning. On the negative end of the continua characteristics, processes, and outcomes are represented as weaknesses, unhealthy processes, and voids. These are balanced on the positive end by strength, healthy processes, and fulfillments. We acknowledge that the foci of most research will not involve the operationalization of all six variables, yet it is important to consider how each of these variables manifests in the context of a person's environment and how each is influenced by the presence of the others. In time, talented researchers committed to advancing knowledge about optimal human functioning will have to examine the interplay of all six variables within the ever-changing context of the environment. Such research would provide practitioners with the information needed to develop more sophisticated conceptualizations of human change processes.

Positive Psychological Assessment: Toward a Complementary Focus in Practice

Practice communities have been interested in assessing human strengths for decades. Counselors and school counselors approach their work from a developmental perspective looking for the ways children successfully navigate transitions and effect changes in their lives. Some counseling psychologists subscribe to “hygiology” (Super, 1955), which emphasizes “normalities even of abnormal persons, with locating and developing personal and social resources and adaptive tendencies so that the individual can be assisted in making more effective use of them” (p. 5). Rehabilitation and health psychologists spotlight the resources needed to cope with physical changes, recover from illness, and find benefits in disability. Social workers, operating from a strengths perspective (Saleebey, 1996), value information about weakness *and* strength when making decisions about cases (Hwang & Cowger, 1998).

Professionals in these practice communities have attested to the value of capitalizing on the strengths they have identified in their clients (e.g., Saleebey, 2001; Wright & Fletcher, 1982). Nevertheless, there continue to be inherent problems with the standard assessment process. Indeed, “Two common shortcomings of assessment procedures in agencies that deal with client problems and adjustment are the concentration on negative aspects of functioning, with insufficient attention to environmental aspects” (Wright & Fletcher, 1982, p. 229). The negative focus in psychology seems to perpetuate itself as researchers and practitioners enter the workforce with a negative bias. Explanations, other than tradition, for the negative emphasis include,

- Clients’ presenting problems are regarded as negative; thus inferences about causes and effect also will be negative.
- Individuals detached from the situation (psychologists/counselors/social workers) are more likely to perceive more negatives in a difficult situation than the people directly affected by the situation (research participants/clients).

Environmental neglect in assessment has been addressed over the decades, yet researchers and practitioners do an inadequate job of scrutinizing the role of the environment in behavior and assessing it. This is because

- Professionals’ decision making is influenced by the fundamental attribution bias.
- Professionals may justify the person’s predicament by “blaming the victim.”
- The person commands attention, and the environment is vague and less accessible.
- The environment is difficult to assess (see chapter 28, this volume).

Those interested in assessing human and environmental strengths and weakness have not, however, established a strategic approach to collecting data about the positive. To fill this void, we have developed the practice model of positive psychological assessment.

Figure 1.2a depicts the assessment approach that we use when working with clients. This model is based on Pepinsky and Pepinsky’s (1954) view of counselor-as-scientist and Spengler, Strohmer, Dixon, and Shiva’s (1995) scientist practitioner model of psychological assessment that is described as a “cognitive map” for practitioners engaging in the assessment process. Similarly, we encourage readers to walk through the model, or map, as we describe each aspect of it. Note that the headings in this section of the chapter correspond to steps of our approach. The first two steps make up the first phase of the approach, during which the practitioners set the stage for a comprehensive, scientific assessment by reexamining the experiences, values, biases, and assumptions (collectively referred to as the prerequisite attitudes and assumptions) that will influence the assessment process. The ongoing, cyclical process of assessment is the second phase of the approach, and it comprises numerous

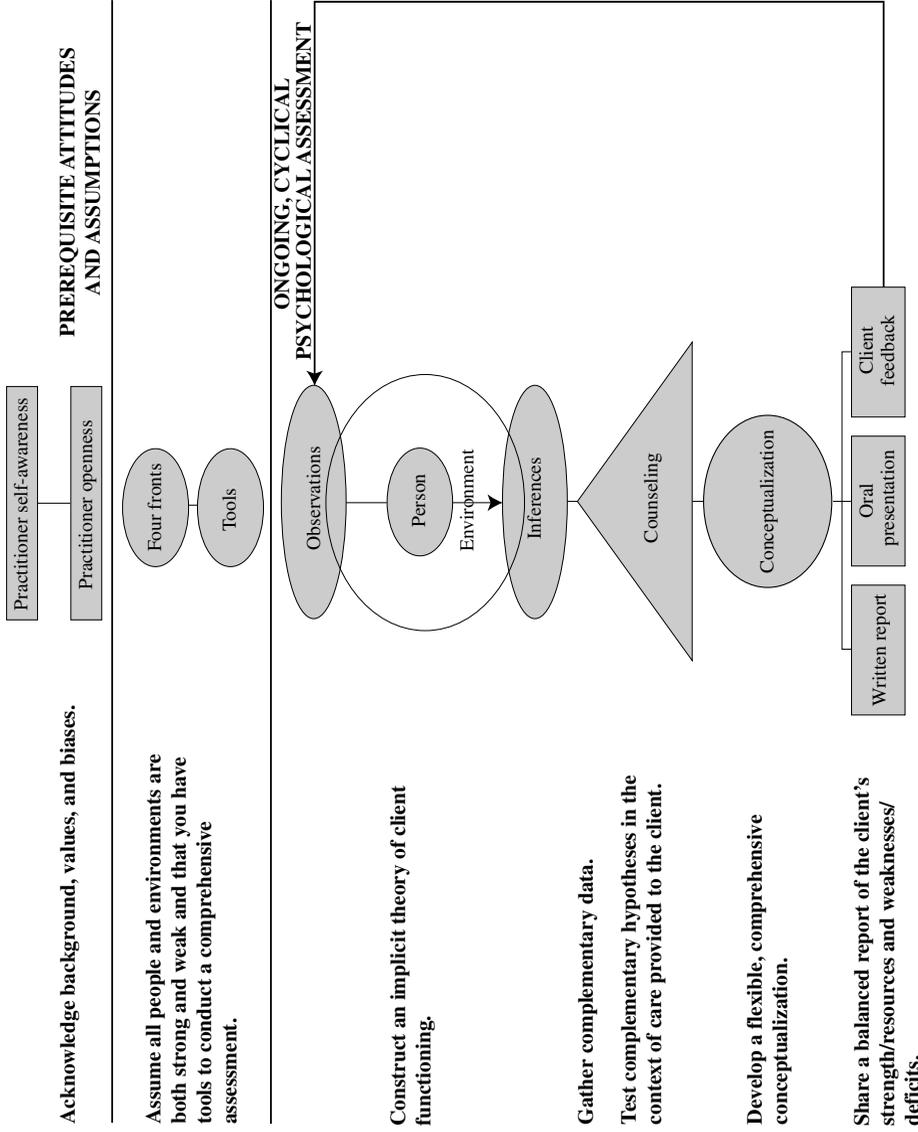


Figure 1.2a. The practice model of positive psychological assessment.

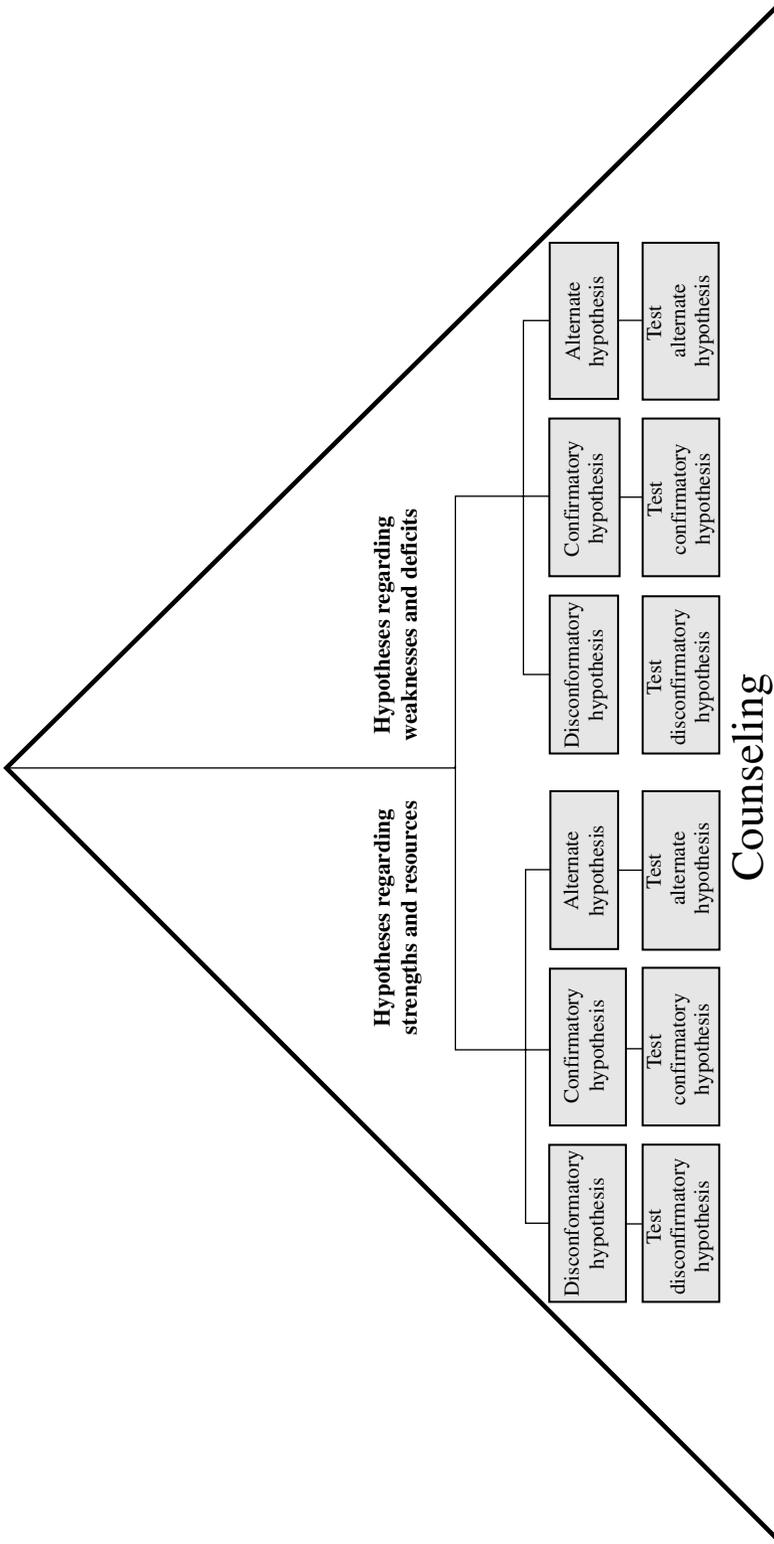


Figure 1.2b. Testing hypotheses in the context of counseling.

steps associated with developing a greater understanding of the client and his or her change process during the course of counseling.

The unique aspects of our model are the focus on complementary hypotheses (on strength and weakness); the attention paid to the environmental influences on client functioning; the framework for collecting balanced, comprehensive client data; and the fact-checking facilitated by sharing balanced data with clients and colleagues. This model also presents counseling and assessment processes as intricately intertwined. The open, flexible, and self-correcting quality of the approach is not unique. (See Spengler et al., 1995, for a model with similar flexibility.)

Acknowledge Background, Values, and Biases

As established in the beginning of this chapter, experiences influence what is seen. Personal background, values developed over a lifetime, and the biases that are part of all decision-making processes serve as the filters for the information gathered when working with clients. Acknowledging how background, values, and biases affect the assessment process is a goal that all practitioners should pursue. Neutralizing or de-biasing the effects of personal experiences and attitudes may serve as an aspirational goal, but it is important to note that we believe all assessments to be inherently flawed. This makes the self-correcting nature of this model valuable.

As local clinical scientists (Stricker & Trierweiler, 1995) or counselors-as-scientists (Pepinsky & Pepinsky, 1954), we are open to all explanations for behavior. In effect, we consider the simplest explanations for the most complex behaviors and the most complex explanations for the simplest of behaviors and everything in between. Values and biases that could influence assessment of behavior are made explicit, and implicit theories about personality are more thoroughly operationalized.

Assume All People and Environments Are Both Strong and Weak and That You Have Tools to Conduct a Comprehensive Assessment

Developing a complementary focus in practice requires practitioners to have particular beliefs and an awareness of professional resources. Specifically, practitioners must assume that all people and environments are both strong and weak. The reason for the assumption is simple: People only search for things they believe to exist.

Regarding awareness of resources, we hope that by the end of this volume readers are convinced that the practice community is well-equipped with tools designed to detect the best in people. Combining these tools with the tools used for detecting pathology would make it possible to conduct a balanced, comprehensive assessment.

Construct an Implicit Theory of Client Functioning

The assessment process begins the moment a practitioner sees a client's name on a schedule. From this data, guesses about sex and ethnicity are made.

Review of intake paperwork yields data that may influence, to some extent, the approach in the first session. These data along with observations of the client's behavior (as positively and negatively affected by the environment) serve as the initial layers of a multilayered, implicit theory of client functioning—a theory that reflects the unconscious, unsubstantiated assumptions about the client's functioning.

Constructing an implicit theory requires practitioners to make observations of the client in the context of the client's environment. Most practitioners do not interact with clients in their homes, schools, or workplaces; however, they do have the capacity to contextualize the client's presentation (determine how the client's functioning is dependent on environmental and cultural variables). Thus, as the model depicts, the practitioners make observations about how the client functions in his or her environment. To do this, practitioners must transcend the boundary of the client's context so that they can become more sensitive to the client's experience of the world.

Contextualizing inferences about a client's psychological status and capacity for change is the next focus in the construction of an implicit theory. These inferences should be focused on all domains of variables that are associated with client functioning. Making inferences along four fronts and gathering data along these fronts are essential aspects of constructing an implicit theory.

Wright's (1991; Wright & Lopez, 2002) four-front approach serves as the data-gathering and organizing method central to positive psychological assessment in practice situations. Practitioners' efforts to make meaningful observations of client status and propensity for growth is initiated by and organized by: (a) identifying undermining characteristics of the client, (b) identifying the client's strengths and assets, (c) identifying lacks and destructive factors in the environment, and (d) identifying resources and opportunities in the environment. Practitioners facilitate this approach by garnering responses to four questions: (a) What deficiencies does the person contribute to his or her problems? (b) What strengths does the person bring to deal effectively with his or her life? (c) What environmental factors serve as impediments to healthy functioning? (d) What environmental resources accentuate positive human functioning? Practitioners informally gathering data along the four fronts tend to generate a more complex set of inferences that ultimately evolve into formal clinical hypotheses to be tested directly.

Gather Complementary Data

Though strict adherence to scientific methodology would preclude the collection of formal data before clearly stating hypotheses, clinical work involves a process that is less of a lock-step approach and more of a simultaneous unfolding of multiple steps. Indeed, we believe that inferences are drawn from clinical data and an implicit theory about client functioning takes shape. Then, the creation of this theory triggers strategic and formal data collection efforts along the four fronts. Though these efforts at data gathering may not be directly linked to specific hypotheses at the onset, implicit views of clients become more explicit

over time (possibly over the course of one session) and formal hypotheses (and disconfirmatory and alternative versions of these hypotheses) are refined and are tested directly (discussed in the section “Testing Complementary Hypotheses”).

Strategic collection of complementary data involves using standard methods of detecting weakness (semistructured interviews, symptom checklists, objective and projective personality measures), and novel means of seeking out strengths. Also, a balanced, complementary approach to data collection would involve the identification of environmental resources and deficits. Because the detection of human weakness is the topic of most other assessment books, formal measures of strengths are presented throughout this volume, and environmental assessment is addressed in chapter 29, we will limit our subsequent discussion to the informal assessment of strengths.

*“What Are Your Strengths?” and Beyond:
Informal Means of Detecting Human Strengths*

Wright and Fletcher (1982) noted that practitioners distort reality when they identify only problems without uncovering the positives in clients. In other words, practitioners should strive to uncover strengths along with problems when interviewing clients. Saleebey (1996) argued that all people possess strengths that can be extracted to improve the quality of their lives. In addition, focusing on client strengths help practitioners and clients discover how clients have managed to survive in even the most inhospitable environments and situations. Finally, Saleebey noted that all environments and clients contain resources; practitioners who engage in collaborative exploration with their clients can discover these strengths.

Unfortunately, few refined protocols for uncovering strengths via interviews are available. Instead, there has been a focus on diagnostic interviewing using pathology, treatment, medical, and dysfunction metaphors (Cowger, 1997). In the past decade, however, attempts have been made to focus on positive aspects of people rather than deficiencies.

Cowger (1997) emphasized the need to make assessment of clients and their strengths multidimensional. The focus of the interview should be on uncovering the client’s external strengths as well as internal strengths. External strengths may include resources such as family networks, significant others, and community or church groups. The client’s internal strengths may include psychological factors such as motivation, coping, and cognitive resources.

De Jong and Miller (1995) suggested using solution-focused interviewing (de Shazer, 1988) to uncover the strengths in clients. They stated that interviewing for solutions helps clients develop (a) well-formed, realistic goals that seek the presence of something rather than the absence and (b) solutions based on exceptions. Exceptions are “those occasions in the client’s life when the client’s problem could have occurred but did not” (De Jong & Miller, 1995, p. 729). The practitioner seeking out exceptions asks about the client’s present and past successes in relation to the goals they have set to achieve through counseling. Once the exceptions are discovered, the practitioner attempts to

clarify the contributions that the client made for the exception to occur. After the practitioner and client uncover an exception, along with the client's strengths, the practitioner aids the client in affirming and amplifying the strengths. The intended consequence of interviewing for strengths is empowerment of the client (De Jong & Miller, 1995; Saleebey, 1996). Thus, hope is stimulated as clients discover that they can create their own solutions and construct more satisfying lives. (A similar approach is used by the Wolins, 2001, in their work with adolescents.)

Test Complementary Hypotheses in the Context of Counseling

Facets of the implicit model of client functioning serve as the foundation for hypotheses to be tested during counseling. In the practice model of positive psychological assessment, the practitioner should generate parallel hypotheses addressing both strengths and resources and weaknesses and deficits. Moreover, practitioners should use a multiple-hypothesis testing strategy to ensure that she or he is considering all explanations for clinical presentations and life circumstances.

To clarify how this balanced, scientific approach to clinical data may unfold, consider the common initial presentation of a client who is "feeling blue." Of course, despite this being a common presenting complaint, the subtleties of each individual's experience of sadness needs to be carefully considered. Thus, information would be gathered about how symptoms developed and how severe the sadness is day to day. A parallel observation may involve a client's social well-being (i.e., the client has meaningful social interactions irrespective of how he or she is feeling). Both the "sadness" and the "doing well socially" hypotheses need to be put to the test during counseling sessions. Use of a multiple-hypothesis testing strategy (see Figure 1.2b for a detailed breakdown of what occurs during the "counseling" phase of the practice model of positive psychological assessment) would involve being open to and recording data that confirm and disconfirm the hypotheses. Furthermore, the possibility of alternative explanations of the client's mood or level of well-being need to be considered (i.e., alternative hypotheses have to be tested as well). By engaging in the scientific examination of hypotheses about strengths and weaknesses, practitioners can increase the possibility that unbiased, balanced determinations about psychological functioning are being made.

Develop a Flexible, Comprehensive Conceptualization

The scientific examination of complementary hypotheses generates a tremendous amount of data that needs to be organized, analyzed, and interpreted by the practitioner. Sifting through these data is made easier when the practitioner envisions the assessment process as cyclical and self-correcting. There is no "right" answer, but the goal of the process is to develop a conceptualization of how the client's strengths and weaknesses reverberate and contribute to psychological status.

Constructing this flexible, comprehensive conceptualization requires the practitioner to guard against bias entering their decision-making processes. Furthermore, metacognition functions as the scale that balances the information about human strength and human weakness that is incorporated into the working client model. Flexibility and comprehensiveness of the conceptualization are maintained over time by adding clinical information to the scale.

In addition, we believe that a conceptualization is incomplete if it is not accompanied by recommendations for counseling and change tailored for the client. Indeed, balanced descriptions of people still fall flat if they are not associated with relevant, meaningful suggestions for changing and growing.

Share a Balanced Report of the Client's Strengths/Resources and Weaknesses/Deficits

Fact-checking the information in the working model of a client is facilitated by sharing that information with others. This sharing occurs in different ways, including written reports, case presentations with colleagues, and feedback to the client.

Communicating with colleagues and people who provide support and care to the client can provide invaluable information that can enhance the accuracy of the conceptualization. Also, the conceptualization can become a cognitive map for others working directly with the client—it is hoped that this would result in support that is more sensitive to the needs of a client.

Information about client functioning often has been cloaked in psychological jargon and somewhat hidden from the client. In our approach to assessment, client opinions about the evolving conceptualization are gathered so that continued assessment can be refined by incorporating hypotheses pertinent to the client. Including the client's opinion establishes that his or her views on change are valued and that he or she is expected to be an active self-healer. (Guidelines for the feedback session of the therapeutic assessment model [Finn & Tonsager, 1997] also should be considered. The feedback rule of “equal space, equal time, equal emphasis” should be followed when sharing assessment information with clients, members of the clients' support systems, fellow practitioners, and mental health agencies and related organizations.)

Equal Space, Equal Time, Equal Emphasis

Wright (1991; Wright & Lopez, 2002) recommended that practitioners abide by the rule of giving equal space and equal time to the presentation of strengths and weaknesses (hence equal emphasis). It is important to remember to follow the rule of equal space and equal time when reporting client information.

When writing progress notes or other reports, it is important to convey a comprehensive view of the client. This comprehensive, balanced report can be constructed by giving equal space to clients' strengths and resources and weaknesses and deficits. An aspirational goal related to this end might involve devoting half of the clinical-impressions section of a report to psychological weaknesses and half to psychological strengths. For example, if the practitioner

is accustomed to writing four-page reports—with one page addressing background information, one page presenting test results, and two pages describing clinical impressions and recommendations (i.e., the flexible, comprehensive conceptualization)—half of the last two pages of information should address client strengths and resources. Accordingly, if a practitioner is in the habit of writing one-page progress notes, half of the page should be devoted to the discussion of strengths and resources and how these can be used to promote change.

Though equal space in a report or progress note is considered the ideal within our model of assessment, we have realized through our clinical work and training of graduate students that initial “best practice” of this rule may involve appending a “strengths” section to a report or note. We consider this a step in the desired direction, but we encourage practitioners to build habits that lead them toward the reality of balancing the conceptualization of a client.

Similarly, equal time can be given to strengths and weaknesses when presenting cases to colleagues. If a practitioner has a five-minute presentation to give to clinical staff, a balanced presentation is the goal—allotting time to both strength and resources. When developing this habit, practitioners might experiment with the process by presenting strengths then weaknesses at one meeting, and then weaknesses then strengths at the next. Does the staff respond differently to reporting of strengths first? Do they offer different feedback depending on the initial focus? This may demonstrate the power of anchoring effects of information.

Another important part of any psychological assessment process is reporting test results to clients. Throughout this chapter, we have emphasized the need for psychologists to strive for a more balanced assessment of their clients; thus, test feedback offered to clients also must be balanced. At this time, however, there is a dearth of information about reporting test results to clients from a balanced strengths–deficiencies perspective. Drummond (1988) suggested that practitioners should emphasize the strengths in the test data while objectively reporting weaknesses. Hood and Johnson (1991) recommended discussing the test results in light of other information, including environmental resources and impediments. Finally, Drummond suggested that the practitioner should collaborate with the client to identify other information that supports or fails to support the test data. By actively involving the client in the feedback session, the practitioner and the client can work together to refine the conceptualization. The client’s role of active self-healer could be reinforced and, by additional engagement in conceptualizing the functioning and counseling needs, a client could positively influence the ongoing process.

Balance of Struggles and Triumphs

As clients encounter struggles and triumphs when making efforts to change, so will practitioners trying to adopt a new approach to psychological assessment. The struggles may occur when practitioners try to break out of a habit of assessing pathology rather than all aspects of client functioning. Triumphs may be as simple as a client responding to a question with, “What are my strengths? . . . I have never been asked that before.”

Aspiring to Strike a Vital Balance

The evolution of positive psychological science is predicated on sound measurement of strengths, healthy processes, and fulfillments. The vital balance in research can be achieved by developing diverse means of measuring positive aspects of the human experience.

The model of positive psychological assessment provides a cognitive map that can be followed to detect strengths and resources of all clients. Furthermore, the scientific approach provides de-biasing techniques that result in hypothesis testing, which in turn reveals meaningful findings. These findings, organized as a conceptualization, are shared with colleagues and the client, and feedback and subsequent interactions with the client serve to enhance the conceptualization.

Despite the benefits of the model, following the cognitive map through the steps of this model does not lead practitioners to a panacea. In fact, using the model may demonstrate that the assessment process is out of balance in other ways that need to be addressed.

Reconciling Subjective Experience With Collateral Reports

Some practitioners have steered clear of contacting collateral sources (such as family and friends) of client information. By neglecting collateral information we are unable to reconcile a client's subjective experience and report with how they are experienced by others in their work or relationships. Data from collateral sources would enhance the accuracy and external validity of the conceptualization and increase the internal validity of an assessment.

Diversifying Measurement Approaches

Paper-and-pencil measures are the primary means of data collection in positive psychology research and practice, and our reliance on this staid approach to measurement needs to be addressed. Structured interviews for strengths are sorely needed. Furthermore, existing measures need to be validated for use with all large ethnic groups in the United States—and any other group that serves as participants in positive psychological research.

The staid view of mental illness as progressive and refractory was challenged by Karl Menninger (Menninger et al., 1963) in the book *The Vital Balance*. Menninger and colleagues called for psychiatrists to view mental illness as amenable to change—thus this new view of mental illness would bring the old into balance. We call for a different type of balance—a balanced view of human life that puts weakness and strength in perspective.

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