



Strengths-Based Assessment Part II: Family Measurement & Clinical Integration

- Sources: Early, T.J. (2001). Measures for practice with families from a strengths perspective. *Families in Society: The Journal of Contemporary Human Services*, 82(3), 225-232.
- Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society: The Journal of Contemporary Human Services*, 82(3), 233-242.

Continuing the theme from [Data Trends 30](#), these two articles present information about the use of a strengths-based perspective for assessment, evaluation, and treatment planning in research and clinical work with children and families. The first author, Early, reviews several strengths-based assessment instruments that can be used with families, while Graybeal describes clinical applications of a strengths perspective.

Early:

This brief article provides background on the strengths perspective and contrasts it with traditional measurement devices that tend to have a “positivist nature of reducing human experience to preset categories” (p. 225). The author identifies several instruments that were either designed or which can be adapted to measure strengths. The instruments chosen are appropriate for use with families and children and have acceptable psychometric properties. Following descriptions of the measures, the author provides a case example to clarify how a standardized, strengths-based assessment could be effectively used in practice. The table below lists the instruments for families and children that are covered in the article. The discussion of strengths-based instruments for children in the article primarily focuses on the *Behavioral and Emotional Rating Scale* (BERS), covered in some detail in [Data Trends 30](#).

Strengths-Based Measures for Families:

Family Functioning Style Scale (FFSS): Measures family strengths and capabilities.

Family Support Scale (FSS): Assesses the degree to which potential sources of social support have been helpful to families.

Family Resource Scale (FRS): Measures tangible and intangible resources that are considered important for families with young children. Can be used to identify areas in which the family is successfully meeting needs and for identifying goals.

Family Empowerment Scale (FES): Measures empowerment in families with children with emotional disorders.

Strengths-Based Measures for Children:

School Success Profile (SSP): Measures protective and risk factors in the areas of neighborhood, school, friends, and family.

Social Skills Rating System (SSRS): Measure skills in children and adolescents in the areas of cooperation, assertion, responsibility, empathy, and self-control.

Graybeal:

The author of this article addresses the tension many social work clinicians feel between traditional methods of working with clients and the strengths-based model. Rather than seeing these as mutually exclusive practices, however, the article “offers suggestions for how to use problem- and pathology-based assessment forms and procedures in ways that reflect client strengths and resources” (p. 234). The article provides descriptions of typical assessment topics such as presenting problem, problem history, family history, and employment and education and provides additional questions that will help elucidate and accentuate strengths. For instance, questions about presenting problem may be supplemented by questions about exceptions to the problem, an exploration of client resources, and questions about the client’s ideas for solving the problem. Questions about personal history may be supplemented by questions about physical, psychological, social,



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spiritual, and environmental assets. The author recommends the use of the ROPES model to assist practitioners in maintaining a strengths perspective (described in the table below). He also calls for more training of social workers in the use of a strengths-based philosophy, for increased advocacy to change restrictive intake forms, and for ongoing support and encouragement for those who incorporate a strengths-perspective. The article concludes with a case example of an intake that is conducted from both a traditional assessment model and from a strengths-based model. The two examples, based on the same client, demonstrate the valuable additional information that can be obtained from an assessment that integrates a strengths perspective. Although not specific to work with children and families, this article nevertheless offers a practical review of strengths-based strategies for clinicians working with any population.

R.O.P.E.S.

Resources:	Personal, family, social environment, organizational, community.
Options:	Present focus, emphasis on choice, what can be accessed now? What is available and hasn't been tried or utilized?
Possibilities:	Future focus, imagination, creativity, vision of the future, play, what have you thought of trying but haven't tried yet?
Exceptions:	When is the problem not happening? When is the problem different? When is part of the hypothetical future solution occurring? How have you survived, endured, thrived?
Solutions:	Focus on constructing solutions, not solving problems. What's working now? What are your successes? What are you doing that you would like to change?

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