Recovery to Practice Initiative Curriculum: Reframing Psychology for the Emerging Health Care Environment

3. Assessment

August 2014
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Overview

In this module of the course the topic of conducting recovery oriented assessments is discussed. The importance of focusing on strengths and taking a broad, contextual view of the world in which the person lives is presented. The differences between traditional clinical assessments and a recovery oriented assessment are discussed and examples of questions that can be used in a strengths based or recovery oriented assessment are provided.

Learning Objectives

At the end of this module you will be able to:

- Describe at least three reasons why an assessment that focuses on a person’s strengths is important
- Discuss at least four differences between traditional clinical assessments and strengths based, ecological, and functional assessments
- Identify five of the important components of strengths based, ecological and functional assessments
- Give at least six examples of questions designed to elicit a person’s strengths, skills, resources and supports, skills to be developed, and cultural factors that may be important consideration for the recovery and rehabilitation process

Resources

- Lecture Notes
- Required Readings
- Lecture Notes Citations
- Sample Learning Activity
- Sample Evaluation Questions
- Additional Resources

Required Readings


Activities

Complete the following activities:

- Read the lecture notes
- Read the required readings
- Engage in a learning activity related to this module
- Evaluate students’ understanding of this module.
Lecture Notes

People with lived experience of serious mental illness are strongly encouraged to be part of the delivery of the curriculum including being active participants in the delivery of the lecture. Refer to the curriculum Instruction module for additional information.

Introduction

When one considers that the overarching goal of recovery is attainment of a fulfilling and satisfying life in the community, the concept of assessment takes on a meaning that is considerably different from that which psychologists usually ascribe to the term.

Traditional clinical assessment can be a valuable addition to the psychologist’s set of skills. For example it may be helpful to know a person’s medical history, diagnosis (although this can sometimes also induce bias), distressing symptoms, medication use, etc. Neuropsychological assessment may be especially useful because of the information about cognitive functioning that can be important when goals, skills, resources, and interventions are considered. However, as useful as these tools and the information they provide may be, they do not provide the most important information about a person with serious mental illness.

While the basic interviewing and assessment skills learned by every psychologist in the course of clinical training are helpful, the information most useful for helping a person recover from the oftentimes devastating effects of serious mental illness and achieve a satisfying life, is comprised of the individual’s strengths, goals, skills and challenges, available resources, environmental context, experience of daily life, and the sociocultural factors that provide the context for his or her experiences (Davidson, Rowe, Tondora, O’Connell, et al., 2008; Pratt & Mueser, 2002). Indeed, Silverstein has stated:

The cornerstone of any good treatment plan is a thorough assessment of a person’s strengths and weaknesses (Silverstein, 2000).

The focus of this module is on assessment of these important recovery and goal directed factors, rather than on the more traditional clinical assessments that psychologists are typically taught to conduct. As will be seen, the skills needed to conduct a recovery oriented assessment will build on, and be complimentary to the traditional skills learned by clinicians in the course of their graduate training.

What are the Differences between a Clinical Assessment and Why is a Recovery Oriented Assessment Important?

Traditional clinical assessments, to a large degree, focus on a person’s deficits: psychiatric diagnosis, problematic symptoms and behaviors, failures in social, educational and vocational pursuits, and difficulties experienced in living. Traditional clinical assessments rarely include questions about the circumstances of the person’s life such as his or her living
situation, family dynamics, socio-cultural environment, and the context in which all of these 
coccur. A traditional clinical assessment also rarely asks questions about the positive aspects 
of the individual or the person’s life and generally do not emphasize the strengths, 
resilience, and accomplishments of the person. The focus of a traditional clinical 
assessment is on the person’s illness and the ways this has negatively impacted the 
individual’s life. This negative focus colors personal interactions and future service plans, 
focuses interventions solely on the individual, and reinforces an illness mentality (Slade, 
2010).

Understanding a person’s lived experience is crucial to assisting the person with the 
recovery process. In order to do this, many psychologists and other mental health 
practitioners now acknowledge that a more comprehensive and positive approach that 
looks beyond the individual and his or her symptoms and diagnosis is important for 
helping the person think about the future, decide what his or her goals are, what kind of life 
the person wants to have, and determine the best ways to achieve those goals (Brun & 
Rapp, 2001, Davidson, Rowe, Tondora, O’Connell, et al., 2008; Farkas, Sullivan Soydan & 
Gagne, 2000; Pratt & Mueser, 2002). This is after all, the way that most people approach the 
process of planning future goals: people use their strengths and successes to develop future 
aspirations and goals, and build on those strengths and successes to accomplish new goals.

A strengths based approach recognizes that every individual has capabilities, 
accomplishments and potential, and considers positive factors in the person’s surrounding 
environment such as his or her natural support network including family strengths, 
community supports, and social service system network. These characteristics mean that 
each person has the potential for future accomplishments that will facilitate continuing to 
attain the life he or she wishes to achieve (Davidson, Rowe, Tondora, O’Connell, et al., 2008; 
Farkas, Sullivan Soydan & Gagne, 2000). An assessment based on a person’s strengths and 
capabilities has been defined as:

Strength-based assessment is defined as the measurement of those emotional and 
behavioral skills, competencies and characteristics that create a sense of personal 
accomplishment, contribute to satisfying relationships with family members, peers, 
and adults, enhance one’s ability to deal with adversity and stress, and promote one’s 
personal, social and academic development (Epstein & Sharma, 1998).

In addition to gathering information about the individual’s strengths, accomplishments, 
functional capabilities, and resiliencies, information is sought regarding resources within 
the individual’s family, his or her support network, and community at large. Assessment is 
conceptualized broadly to include one’s skills and talents, community and environmental 
resources, cultural knowledge and lore, knowledge gained from struggling with adversity, 
as well as knowledge gained from educational or occupational endeavors. Information 
from each assessment is shared openly with the individual and his or her family, when the 
person has given consent for information sharing with the family and or others (Tondora, 
2011). A strengths based approach recognizes that every individual, no matter how severe
the person’s illness might be, has the capacity to continue to learn and develop (Davidson, Rowe, Tondora, O’Connell, et al., 2008). Competency-building and promoting mental wellness are complementary approaches that should be used in conjunction with treatment interventions (Miles, Espiritu, Horen, Sebian & Waetzig, 2010).

Determining an individual’s strengths and capabilities is important for children and young people as well. The Outcomes Roundtable for Children and Families (a consortium of researchers, youth, family members, providers, and policymakers) identified important outcomes that all families want for their children, and noted that families seeking services for children with mental health concerns want services that promote the development of competencies, and functional lifetime outcomes. This focus transcends symptom reduction, and goes beyond reduction of deficits (Bellonci, Jordan, Massey, Lieberman, Zubritsky, & Edwall, 2012).

Some examples of strengths that mental health practitioners might not immediately consider include:

- **Skills** (e.g., gardening, caring for children, speaking Spanish, doing budgets)
- **Talents** (e.g., playing the bagpipes, cooking)
- **Personal virtues and traits** (e.g., insight, patience, sense of humor, self-discipline)
- **Interpersonal skills** (e.g., comforting others, giving advice, mediating conflicts)
- **Interpersonal and environmental resources** (e.g., extended family, good neighbors)
- **Cultural knowledge and lore** (e.g., healing ceremonies and rituals, stories of cultural perseverance)
- **Family stories and narratives** (e.g., migration and settlement, falls from grace and then redemption)
- **Knowledge gained from struggling with adversity** (e.g., how one came to survive past events, how one maintains hope and faith)
- **Knowledge gained from occupational or parental roles** (e.g., caring for others, planning events)
- **Spirituality and faith** (e.g., a system of meaning to rely on, a declaration of purpose beyond self)
- **Hopes and dreams** (e.g., personal goals and vision, positive expectations about a better future) (Saleeby, 2001).

A strengths based approach to assessment that encompasses the person’s environmental context is sometimes referred to as an ecological assessment. In addition to looking at an individual’s strengths, resiliencies, and capabilities, the environmental factors that affect the person’s everyday living situation are taken into account (Rapp & Goscha, 2011). The continual process of seeking information would include obtaining information about
environmental factors in the person’s life that may affect progress toward goals, skills and resources needed to accomplish goals, and eventually, the potential need to modify original goals and objectives. The more open and real a psychologist is, the more likely the sessions are to be successful, thereby requiring fewer changes later and assisting the person to be more open and honest with and about him or herself.

From an ecological perspective, to fully know and understand a person it is important to look at the individual’s personal characteristics, information about his or her environment, and the pattern of interactions the person has within his or her environment (Wilson, 2004). An ecologically considered assessment works to formulate comprehensive information about the daily routine of a person’s life, including asking such questions as “What is a typical day like for you?”, “What is it like for you at work (or school)?”, “What is it like to live in your neighborhood?”, and “What has it been like for you when someone says, ‘I’ll help you?’” (Munger, 2000; Wilson, 2004).

Information for this broader assessment should be gathered about several life domains including living situation, educational and vocational accomplishments and aspirations, socialization and leisure, health status, financial and legal situation, and everyday circumstances in such realms as independent living, transportation, money management, etc. The assessment process should be one of two equal partners gathering information for future work together rather than one person (the mental health practitioner) delving into the life of another person (the person with an illness) (Elder, Evans & Nizette, 2009).

Taking a broader ecological perspective allows the psychologist to gain an understanding of the “fit” between the person and his or her environment so that they can work together to mobilize strengths and resources, and develop the skills and resources needed to facilitate recovery. When combined with a traditional clinical assessment, the broader focus on strengths, abilities, and environmental factors that influence the person’s life allows a focus on understanding how advances can be made in the context of the person’s life situation. Instead of focusing on problems and deficits, the focus shifts toward an exploration of clients’ abilities, talents, and resources that are available to facilitate recovery (Brun & Rapp, 2001; Gray, 2011; Saleeby, 2008).

The What and How of Conducting a Strengths Based Assessment

Conducting a strengths based assessment is very different from conducting a clinical assessment. Psychologists are typically well taught in the ways of clinical assessment; assessing an individual from a strengths perspective requires a very different approach and this is especially important when the person has a cultural background that is different from the majority.

Potential Impact of Culture on Assessment and Service Planning

The impact of a person’s cultural background can have profound effects on many areas of a person’s life. Cultural factors, including religion, beliefs about mental illness, its etiology,
and its acceptability may influence the assessment process. The beliefs and values that a person is taught and grows up with may have considerable influence on the ways behavior is viewed, acceptability of seeking mental health services, and ability of women and children to speak for themselves, establish goals, determine skills they wish to develop, etc. Language barriers can have a profound effect on ability to communicate the many important facets of a person’s life and background that impact on the assessment and planning process. In some cultures, it could be very difficult for an individual to participate actively in the planning process and take part in determining the future direction for his or her life.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is not a recovery oriented manual but the DSM IV’s Outline for Cultural Formulation and the DSM 5’s Cultural Formulation Interview offer some questions that can be used as a guide for helping to understand the person and his or her contextual life and experiences. The questions should not necessarily be asked verbatim but can be used as a guide to topics that may be relevant and the questions should be phrased to reflect sensitivity to the person’s background and culture. Not all of the questions will be relevant to every person or in every situation. The examples below may be the impetus for additional discussion about the person’s background and cultural experiences and can spark additional discussion as opportunities arise:

I. Cultural identity of the individual:

- What is your ethnic background?
- In what ways do you identify with your cultural group in your daily life? For example, in types of food you eat, clothing you wear, rituals you follow during the week and on holidays?
- In what ways did your family of origin identify with your cultural group in your daily life growing up?
- In what ways do you identify with mainstream American culture in your daily life?
- What languages do you speak? Which did you speak growing up? Which do you prefer to use now, and in what situations?
- For immigrants: What kind of job did you have in your country of origin? What kind of job do you have now? What was the impact of immigration on your and your family’s financial situation and professional status?
- For immigrants: What were your (or your family’s) reasons for immigrating? What were the circumstances of the immigration? (note any dangers involved)

II. Cultural explanations of the individual’s illness:

- What has been your past experience with mental health professionals?
- What other kinds of help have you sought?
• What words do you and your family use to describe symptoms ("idioms for distress")?

• What is the meaning of the symptoms in relation to norms of your cultural reference group?

• How does your family explain your symptoms?

III. Cultural factors related to psychosocial environment and levels of functioning:

• What kind of stressors have you been experiencing?

• What kinds of social support are available?

• What religious or other support systems are available?


The questions below can be used to enhance the psychologist’s understanding of how culture and background influence the perception of the mental health problem:

• What do you call your problem? What caused it? Note: the answer has everything to do with the cultural filters of the person in recovery and can provide you with rich information and possible avenues for discussion of recovery support networks.

• Whom do you include as family? Whom do you trust? Note: these are the people who may form the person’s recovery support network.

• Have you ever been a member of a faith community? Note: this is important because many people believe that God has turned a blind eye when they become ill or develop chemical dependency problems and they cease involvement with church, synagogue, mosque or other religious communities.

• Are you a member of a faith community now? If so, would you like the Rabbi, Priest, Pastor, Imam, etc. to be part of and involved in your support network? If not, why not? Note: it is a rare clergy member who will not participate as best he/she can when called.

• Are you now going, or have you ever gone, to an Indigenous Healer for help with your problem? Would you like that person involved as part of your recovery support network? Note: this question is especially relevant for Native people, Latinos and people of African origin.

• With whom do you have intimate relations and relationships? Note: this way of asking about sexual orientation is a bit more sensitive than asking a person’s sexual orientation outright.

• Have you ever experienced racism, police brutality, discrimination and/or other forms of oppression? Note: expect a wealth of clinical information from this
question, if not initially, information will be likely to be forthcoming as a trusting relationship develops.

- How do you identify culturally/racially/ethnically? Note: mental health practitioners tend to make assumptions about people based on their outward appearances and often, those assumptions are incorrect.

- What do you know about your culture? What holidays do you observe? Are they related to your culture?

- Has your family always lived in this area? Note: this question can elicit histories of emigration and immigration, as well as issues such as sharecropping in families of African origin, migrant workers, etc.

- What were the messages about your culture that you received while growing up? What were the messages you received about the cultures of others? Note: issues such as self-hate, ethnic privilege and discrimination, reverse and internalized racism, etc. surface with this question (Ali, 2011).

Some Practical Issues and Suggestions for Conducting the Assessment

It is important to remember that each person is the most knowledgeable about him or herself and therefore the best expert about his or her history, significant life events, accomplishments, skills and skill deficits, motivating as well as crushing forces, achievements, preferences, available resources, etc. An in-depth discussion with the person, asking directly about the things that are important to that person, is usually the best way to learn about the person.

A strengths based assessment will explore the whole of peoples’ lives while ensuring emphasis is given to the individual’s expressed and pressing priorities. For example, people experiencing problems with mental illness or addiction often place less emphasis on symptom reduction and abstinence than on desired improvements in other areas of life such as work, financial security, safe housing, child care, and relationships. It is essential to explore each person’s needs, desires, and available resources, in detail, in all areas to be sure that the person’s true priorities are ascertained (Davidson, Rowe, Tondora, O’Connell, et al., 2008; Farkas, Sullivan Soydan & Gagne, 2000; Pratt & Mueser, 2002; Rapp, 2001). For those that have had the opportunity to develop one, a Wellness Recovery Action Plan (WRAP) (Copeland, 2002) can be a highly useful tool from which helpful information can be gleaned.

Despite psychologists’ excellent training as clinicians which typically encourages use of clinical language, it is best to record the individual’s responses as he or she gives them rather than translating the information into professional or clinical language. By keeping the responses authentic, they remain a true record of the person’s thoughts and feelings. Additionally, there will always be a record of the person’s actual responses which can become very useful when questions come up later about why something was said or done.
In addition to gathering information about the things considered most important to an individual, it is important to gather information about the person’s functional capabilities. As part of a functional assessment, questions are asked about the person’s current skills and capabilities and also about the skills needed to achieve the life goals he or she wishes to achieve. An assessment of available resources is also needed to determine the supports available to help in achieving the person’s goals (Farkas, Sullivan Soydan & Gagne, 2000).

Some suggestions for topical areas that can be covered and questions that can be asked of the person and of his or her family/support network include the following. Note – a creative way to explore these is to write the questions on a card and have the person read and think about them. This avoids the question and answer drill that can be off-putting and can lead to more thoughtful responses:

- **Personal strengths:** e.g., What are you most proud of in your life? What is one thing you would not change about yourself? What are your best qualities? What are some of the traits people mention when they talk about you? What are one or two things that you see as making you different and unique from others? What makes you smile?

- **Interests and activities:** e.g., If you could plan the “perfect day,” what would it look like? What do you care about? What matters to you? Name three things that you occasionally look forward to? What dissatisfies you about your life? What do you wish you could change?

- **Living environment:** e.g., What are the most important things to you when deciding where to live?

- **Employment:** e.g., What would be your ideal job and why? What skills do you have, for example, artistic or athletic talents, technological expertise, leadership, capacity for work? Think back to before you first began to struggle with the illness, what did you dream of being when you grew up – tell me about it?

- **Learning:** e.g., What kinds of things have you liked learning about in the past?

- **Trauma:** e.g., In relationships with other previous or current therapist(s), doctor(s), friends, family, other consumers, teachers, or anyone else, have you ever been treated inappropriately or in ways that were harmful to you (e.g., poor boundaries, sexual inappropriateness, physical abuse, taunting, bullying, etc.)?

- **Safety and legal issues:** e.g., Do you have any legal issues that are causing you problems?

- **Financial:** e.g., Would you like to be more independent with managing your finances? If so, how do you think you could do that?
• Lifestyle and health: e.g., Do you have any concerns about your overall health? What are those concerns? Tell me a bit about your mental health: What does a good day look like? A bad day?

• Choice-Making: e.g., What are the some of the choices that you currently make in your life? Are there choices in your life that are made for you?

• Transportation: e.g., How do you currently get around from place to place? What would help?

• Faith and spirituality: e.g., What type of spiritual or faith activities do you participate in? How do you find meaning in your life? Where and when do you feel most at peace?

• Relationships and important people: e.g., Who is the person in your life that believes in you? In what ways does this person convey this belief in you? To what degree is your family, spouse, or significant other available to provide support for you?

• Hopes and dreams: e.g., Tell me a bit about your hopes or dreams for the future? What you are seeking? What are your goals for yourself?

• Resilience: e.g., What would you say are indicators of your resilience; for example, the attributes of intelligence, sense of humor, optimism, creativity? What helps you get through the day? What are your greatest strengths? What has helped you in the past?

• Mental health treatment: e.g., What can the staff do to help? What can you do to help? Who else can help? What services do you want? What, if any, do you want to avoid? What do you hope to accomplish from mental health treatment?

Topics that can be discussed with the person’s family/support network (with the person’s permission):

• What type of support, resources, or assistance are you or other members of the person’s support network (current family, spouse, or significant other) able to provide for the person? What would you say about the people in his or her support network in terms of their ability to be helpful, supportive, and communicative? Are there any concerns or limitations that come to mind?

• Would you say the family is resilient, for example, have affirming belief systems, facilitative organizational patterns, and positive communication processes? (Ashenden, 2008; Gray, 2011; Tondora, 2011).

**Structured Assessment Instruments**

As of this writing, there are no strictly strengths based or ecological assessments for adults that are readily available in the published literature. There are however three published assessment instruments that were designed for use with people who are living with a
serious mental illness that incorporate a strengths perspective. Psychologists who will be conducting assessments with people with serious mental illness may want to review these instruments and combine aspects or the entire instrument with the questions listed in the previous section to form a comprehensive assessment package. The three structured assessments are:

1) *The Client’s Assessment of Strength, Interests, and Goals (CASIG)* (Wallace, Lecomte, Wilde & Liberman, 2001)

The CASIG is a structured interview that the authors describe as follows: the “CASIG makes consumers active directors/collaborators in planning their own treatment, and the inclusion of their perspectives and those of the informants via parallel versions of the test increases communication among stakeholders” (Wallace, Lecomte, Wilde & Liberman, 2001). The CASIG asks the individual about his or her goals in five areas of community living: housing, money/work, interpersonal relationships, health, and spiritual activities. Additional questions are posed about the person’s goals and the person is asked to identify the services he or she thinks would be needed to achieve them. Other questions ask about current and past community functioning, medication compliance and side effects, quality of life, quality of treatment, symptoms, and performance of intolerable community behaviors. A review of assessment instruments by Silverstein (2000) indicated that the CASIG includes: “(a) numerous areas essential to community living, (b) its results are directly relevant for treatment planning, (c) it can be repeatedly administered to assess progress, and (d) it focuses on goals and skills as well as symptoms and behavioral or cognitive difficulties.”

There are now two additional versions of the CASIG, a self-report version, the CASIG-SR and an informant version, the CASIG-I (Lecomte, Wallace, Caron, Perreault, et al., 2004).


The ILSI is designed to measure a person’s ability to perform skills needed for successful community living. The ILSI rates items on two dimensions: one, the degree to which the skill can be performed, and secondly, the degree of assistance required to perform the skill. According to Silverstein (2000) “This scoring method is useful in planning a rehabilitation program because it distinguishes between skills deficits and performance deficits, each requiring different forms of intervention.”


The functional assessment is designed to gather information about a person’s skills and capabilities in relation to the person’s goals. The authors state:

Functional assessment is developing an understanding of a person’s functioning in the critical skills needed to be successful and satisfied in a particular environment. The
functional assessment evaluates individuals’ spontaneous use, prompted use, and performance of critical skills in relation to their needed use. This technology teaches practitioners how to help define and evaluate the skills needed for consumers to be successful and satisfied in particular residential, educational, vocational, or social environments. Practitioners learn how to list critical skills, describe skill use, evaluate skill functioning, and coach individuals through the assessment process. An evaluation of the individual’s present ability to use these skills is then completed (Cohen, Farkas & Cohen, 1986, 2007).

A Final Consideration

At the conclusion of the initial assessment and after each successive assessment which takes place throughout the service delivery process, it is important to communicate to the person that his or her individual preferences, needs and values are respected. Throughout the process the person is assisted in identifying the next steps to move toward achieving his or her personal goals and choosing from among possible options. It is important to ensure the person understands what to expect from any treatment and make sure the treatment and other plans can be clearly linked to the person’s recovery goal, and provide tools and resources that support and empower the person to take the next steps (Ashenden, 2008).

Challenges

Perhaps the greatest challenge for conducting recovery oriented assessments comes from psychologists themselves and the training received in traditional clinical assessment courses. Learning to conduct comprehensive ecological, functional, strengths based assessments requires a paradigm shift that is fundamental to the concept of recovery, i.e., the notion that people with serious mental illness have considerable resilience and strengths that can be used to build successive accomplishments and that psychologists and other mental health practitioners are partners in helping to enhance the skills and resources already inherent in each person.

This is a new way of thinking about and working with people who have serious mental illness and may be challenging for psychologists who are often trained to view people with such illnesses as individuals who have few residual strengths and little potential for leading a satisfying life. This shift in thinking also requires a different set of tools and techniques from those typically learned by psychologists. Accepting and using these new methods may pose considerable challenges.

Summary

Helping people with serious mental illness recover and achieve a satisfying life in the community requires a way of thinking about and conducting assessments that is different from the traditional clinical assessment methodology that psychologists are typically trained to conduct. Helping people recover and lead the life they desire requires
assessments that are comprehensive, based on strengths and functional capabilities, and encompass the full environmental context in which people live. A strengths based approach recognizes that every individual has capabilities, accomplishments and potential, and considers positive factors in the person’s surrounding environment such as his or her natural support network including family strengths, community supports, and social service system network.

When conducting assessments that are strengths based, psychologists work directly with the person involved to gain detailed information from his or her perspective. The information gathered covers the person’s goals, accomplishments, skills and perceived needs, living situation and environmental context, and desires for assistance from the mental health system. The person’s family and support network form an important part of the person’s contextual situation and, as directed by the person, are also asked to provide information. Cultural values, beliefs and the background of the person and his or family can play an important role in how mental health problems and treatments are viewed; this information is also critical in informing the assessment and planning process.

Assessments are completed whenever goals are achieved or missed to determine the person’s perspective on the process and to decide if new or revised goals should be set. Information from the assessment process is always shared with the person and his or her support network so that transparency and openness are maintained within the bounds of confidentiality considerations. The assessment process is a partnership rather than a clinical undertaking where one person is in charge of the other.

A wide array of questions can be used to comprise the strengths based assessment and these can be combined with standardized assessment instruments to form a comprehensive array that will be informative to the person, his or her family and support network, and to the psychologist or other mental health practitioner. The full set of assessment questions can be tailored to best suit the needs of each individual person.
Sample Learning Activity

There are two parts to this exercise. First, divide the large group into small groups of 4 – 5 persons. In each small group, each person is to share with the group one personal strength that helps that person in his or her work. Each person is also to share one personal challenge. Next, each person is to share one or more stereotype(s) that the individual has faced in his/her life. The group is to list and discuss if there is time, the stereotypes that people with serious mental illness typically face.

As always, confidentiality of information shared is paramount. No personal information should be shared with anyone who is not part of the class and discussions about personal information that may have been disclosed in the class should not occur outside the classroom. Information that is shared should never be used to affect an individual’s status in the program.

With the responses from the first part of the activity in mind, each group is to work on the second part of the activity, as follows. The table below has 6 domains that the group is trying to assess. For each domain, choose a problem-focused question and as a group, for each question come up with a way to ask for the same information that is strength based.

<table>
<thead>
<tr>
<th>Domain to Assess</th>
<th>Problem-Focused Questions</th>
<th>Strength-Based Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>“Why have you been truant twice a week for the last month?”</td>
<td>“How is it that you were able to make it to school on time, all day for three days a week for the last month?”</td>
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<tr>
<td>Family</td>
<td>“Does your family have a history of violence?” OR</td>
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<td></td>
<td>“Has anyone in your family ever been to jail or prison or been on probation?”</td>
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<tr>
<td>Peers</td>
<td>“How much alcohol and drugs are your friends doing?” OR</td>
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<td></td>
<td>“Do you have any friends in a gang?”</td>
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<tr>
<td>School/Work</td>
<td>“Why are you failing this class?” OR</td>
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<tr>
<td></td>
<td>“Why haven’t you been able to get a job yet?”</td>
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<tr>
<td>Drugs</td>
<td>“Do you think you have a drug problem?” OR</td>
<td></td>
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<tr>
<td></td>
<td>“Why do you think you are using drugs so much?”</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td>“Have you ever been in therapy; why?” OR</td>
<td></td>
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<tr>
<td></td>
<td>“Are there any areas of your life that are troubling you, that you worry about, or feel very sad about?”</td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td>“Didn’t you realize that you would get into this kind of trouble if you did_________?”</td>
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</tbody>
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## Sample Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The differences between a clinical assessment and a strengths based assessment are:</td>
<td>e) is the correct answer</td>
</tr>
<tr>
<td>a) Clinical assessments focus primarily on deficits while strengths based assessments focus primarily on potential</td>
<td></td>
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<tr>
<td>b) Clinical assessments emphasize skills while strengths based assessments emphasize the possibilities that medications offer</td>
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<tr>
<td>c) Strengths based assessments usually incorporate the context in which people live where clinical assessments usually emphasize medically oriented aspects of a person’s life</td>
<td></td>
</tr>
<tr>
<td>d) none of the above</td>
<td></td>
</tr>
<tr>
<td>e) a and c above</td>
<td></td>
</tr>
<tr>
<td>2. Which of the following statements are true?</td>
<td>d) is the correct answer</td>
</tr>
<tr>
<td>a) Input from a person’s family can be useful but is generally not considered important because it is the person in recovery that the psychologist is endeavoring to help</td>
<td></td>
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<tr>
<td>b) Questions about a person’s culture and background should not be part of the assessment because these are private and assessments should focus on strengths and capabilities</td>
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<tr>
<td>c) Although language can be a potential barrier, English is the official language of the United States, and therefore all assessments should be conducted in English</td>
<td></td>
</tr>
<tr>
<td>d) none of the above</td>
<td></td>
</tr>
<tr>
<td>e) all of the above</td>
<td></td>
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<tr>
<td>3. A functional assessment:</td>
<td>e) is the correct answer</td>
</tr>
<tr>
<td>a) is used to assist the person in deciding appropriate goals and outlining the steps needed to achieve those goals</td>
<td></td>
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<tr>
<td>b) is only appropriate when an individual has a desire for social or vocational skills training</td>
<td></td>
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<tr>
<td>c) focuses on a person’s strengths and includes components such as skills and capabilities, family support, educational and vocational history, and symptoms that affect functioning</td>
<td></td>
</tr>
<tr>
<td>d) all of the above</td>
<td></td>
</tr>
<tr>
<td>e) none of the above</td>
<td></td>
</tr>
<tr>
<td>4. A discussion of strengths should be a central focus of every assessment and case summary</td>
<td>T</td>
</tr>
<tr>
<td>5. Strengths-based assessment means focusing solely on strengths and capacities and does not include discussing the person’s needs</td>
<td>F</td>
</tr>
</tbody>
</table>
Lecture Notes Citations


**Additional Resources**

American Psychological Association Recovery to Practice Initiative.  
Citing the Curriculum

Citation for this Module:

Citation for the full Curriculum:

For additional information, contact:
Recovery to Practice initiative at the American Psychological Association, www.apa.org/pi/rtp

or

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