Assessing Client Strengths: Clinical Assessment for Client Empowerment

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The proposition that client strengths are central to the helping relationship is simple enough and seems uncontroversial as an important component of practice. Yet deficit, disease, and dysfunction metaphors are deeply rooted in clinical social work, and the emphasis of assessment has continued to be diagnosing abnormal and pathological conditions. This article argues that assessment in clinical practice, among other things, is a political activity. Assessment that focuses on deficits provides obstacles to client exercise of personal and social power and reinforces those social structures that generate and regulate unequal power relationships that victimize clients. Clinical practice based on metaphors of client strengths is also political in that it is congruent with the potential for client empowerment. This article discusses the importance of a client strengths perspective for assessment and proposes 12 practice guidelines that foster a strengths perspective.

Key Words: *clients; clinical assessment; empowerment; practice effectiveness; strengths perspective*

A focus on client strengths has received recent attention in the social work practice literature (Goldstein, 1990; Hepworth & Larsen, 1990; Saleebey, 1992; Weick, Rapp, Sullivan, & Kisthardt, 1989). The proposition that client strengths are central to the helping relationship is simple enough and seems uncontroversial as an important component of practice. Yet much of the social work literature suggests otherwise.

Review of the social work literature on human behavior and the social environment reveals that it provides little theoretical or empirical content on strengths. Much of the social work literature on practice with families continues to use treatment, dysfunction, and therapy metaphors and ignores work on family strengths developed in other disciplines. The assessment literature, including available assessment instruments, is overwhelmingly concerned with individual inadequacies. Taking a behavioral baseline of client deficits and examining the ability of social workers to correct those deficits have become the standard for evaluating the effectiveness of social work practice (Kagle & Cowger, 1984). Deficit, disease, and dysfunction metaphors are deeply rooted in social work, and the focus of assessment has "continued to be, one way or another, diagnosing pathological conditions" (Rodwell, 1987, p. 235).

This article discusses the importance of a client strengths perspective for assessment and proposes 12 practice guidelines to foster a strengths perspective. Though not addressed specifically to a

strengths perspective, work on assessment by Logan and Chambers (1987), Rodwell (1987), and Meyer (1976) is particularly congruent with a strengths perspective and has been important to the author's thinking.

Given that social work is expanding its influence into nearly every social institution, it is not surprising that its knowledge is diverse, lacks unity, and has significant gaps. In the excitement of this rapid growth some people lament epistemological problems and incongruities, whereas others proclaim they have found the answer or, at least, an answer that will help give unity and boundaries to the profession's purpose and knowledge base. Although such a proclamation has its appeal, the profession is simply too diverse, and existing paradigms that emphasize client deficiencies are too entrenched for a strengths perspective to become a unifying metaphor. However, a strengths perspective does provide an alternative for practitioners who find the constructs of the approach consistent with their own views of practice.

Saleebey (1992) has argued that the relevance of a strengths perspective is generic and represents "good, basic social work practice" (p. 43). It is particularly important for mandated or involuntary clients because of the powerlessness implicit in the involuntary nature of the client–worker relationship. Rapp (1992), Kisthardt (1992), and Poertner and Ronnau (1992) have described the use of a strengths perspective with involuntary clients.

Theory of Strengths Assessment

This article is based on a mainstream contextual understanding that the primary purpose of social work is to assist people in their relationships with one another and with social institutions in such a way as to promote social and economic justice (Council on Social Work Education, 1984). Clinical practice focuses on the transactions between people and their environments. However, taking seriously the element of promoting social and economic justice in those transactions may not lead to a mainstream conception of practice. Indeed, clinical practice that considers social and economic justice suggests a type of practice that explicitly deals with power and power relationships.

This perspective understands client empowerment as central to clinical practice and client strengths as providing the fuel and energy for that empowerment. Client empowerment is characterized by two interdependent and interactive dynamics: personal empowerment and social empowerment. Although social work theories that split the attributes of people into the social and the psychological have considerable limitations (Falck, 1988), such a differentiation is made in this article to stress the importance of each element.

The personal empowerment dynamic is similar to a traditional clinical notion of self-determination whereby clients give direction to the helping process, take charge and control of their personal lives, get their "heads straight," learn new ways to think about their situations, and adopt new behaviors that give them more satisfying and rewarding outcomes. Personal empowerment recognizes the uniqueness of each client.

The social empowerment dynamic recognizes that client definitions and characteristics cannot be separated from their context and that personal empowerment is related to opportunity. Social empowerment acknowledges that individual behavior is socially derived and identity is "bound up with that of others through social involvement" (Falck, 1988, p. 30). The person with social empowerment is a person who has the resources and opportunity to play an important role in his or her environment and in the shaping of that environment.

A person achieves personal and social empowerment simultaneously. For the client to achieve empowerment assumes that the resources and opportunity for that empowerment are available. Social justice, involving the distribution of society's resources, is directly related to client social empowerment and, therefore, simultaneously to personal empowerment.

Clinical practice based on empowerment assumes that client power is achieved when clients make choices that give them more control over their presenting problem situations and, in turn, their own lives. However, empowerment-based practice also assumes social justice, recognizing that empowerment and self-determination are dependent not only on people making choices, but also on people having available choices to make. The distribution of available choices in a society is political. Societies organize systems of production and the distribution of resources, and that affects those choices differentially. Across societies, production and distribution are based on varying degrees of commitment to equity and justice: "Some people get more of everything than others" (Goroff, 1983, p. 133). Social work practice

based on the notion of choice requires attention directed to the dynamics of personal power, the social power endemic to the client's environment, and the relationship between the two.

Assessment as Political Activity

Assessment that focuses on deficits provides obstacles to clients exercising personal and social power and reinforces those social structures that generate and regulate the unequal power relationships that victimize clients. Goroff (1983) persuasively argued that social work practice is a political activity and that the attribution of individual deficiencies as the cause of human problems is a politically conservative process that "supports the status quo" (p. 134).

Deficit-based assessment targets the individual as "the problem." For example, from a deficit perspective the person who is unemployed becomes the problem. Social work interventions that focus on what is wrong with the person—for example, why he or she is not working—reinforce the powerlessness the client is already experiencing because he or she does not have a job. At the same time such an intervention lets economic and social structures that do not provide opportunity "off the hook" and reinforces social structures that generate unequal power. To assume that the cause of personal pain and social problems is individual deficiency "has the political consequences of not focusing on the social structure (the body politic) but on the individual. Most, if not all, of the pain we experience is the result of the way we have organized ourselves and how we create and allocate life-surviving resources" (Goroff, 1983, p. 134).

Personal pain is political. Clinical social work practice is political. Diagnostic and assessment metaphors and taxonomies that stress individual deficiencies and sickness reinforce the political status quo in a manner that is incongruent with clinical practice that attempts to promote social and economic justice. Practice based on pathology is subject to the "blaming the victim" characterization of Ryan (1976). Clinical practice based on metaphors of client strengths and empowerment is also political in that its thrust is the development of client power and the equitable distribution of societal resources.

Client Strengths and Empowerment

Promoting empowerment means believing that people are capable of making their own choices and decisions. It means not only that human beings possess the strengths and potential to resolve their own difficult life situations, but also that they increase their strength and contribute to society by doing so. The role of the social worker in clinical practice is to nourish, encourage, assist, enable, support, stimulate, and unleash the strengths within people; to illuminate the strengths available to people in their own environments; and to promote equity and justice at all levels of society. To do that, the social worker helps clients articulate the nature of their situations, identify what they want, explore alternatives for achieving those wants, and achieve them.

The role of the social worker is not to change people, treat people, help people cope, or counsel people. The role is not to empower people. As Simon (1990) argued, social workers cannot empower others: "More than a simple linguistic nuance, the notion that social workers do not empower others, but instead, help people empower themselves is an ontological distinction that frames the reality experienced by both workers and clients" (p. 32). To assume a social worker can empower someone else is naive and condescending and has little basis in reality. Power is not something that social workers possess for distribution at will. Clients, not social workers, own the power that brings significant change in clinical practice. A clinical social worker is merely a resource person with professional training on the use of resources who is committed to people empowerment and willing to share his or her knowledge in a manner that helps people realize their own power, take control of their own lives, and solve their own problems.

Importance of Assessing Strengths

Central to a strengths perspective is the role and place of assessment in the practice process. How clients define difficult situations and how they evaluate and give meaning to the dynamic factors related to those situations set the context and content for the duration of the helping relationship (Cowger, 1992). If assessment focuses on deficits, it is likely that deficits will remain the focus of both the worker and the client during remaining contacts. Concentrating on deficits or strengths can lead to self-fulfilling prophecies. Hepworth and Larsen (1990) articulated how this concentration might also impair a social worker's "ability to discern clients' potentials for growth," reinforce

"client self-doubts and feelings of inadequacy," and predispose workers to "believe that clients should continue to receive service longer than is necessary" (p. 195).

Emphasizing deficits has serious implications and limitations, but focusing on strengths provides considerable advantages. Strengths are all we have to work with. Recognition of strengths is fundamental to the value stance and mission of the profession. A strengths perspective provides for a leveling of the power relationship between social workers and clients. Clients enter the clinical setting in a vulnerable position and with comparatively little power. Their lack of power is inherent in the reason for which they are seeking help and in the social structure of service. A deficit focus reinforces this vulnerability and highlights the unequal power relationship between the worker and the client.

A strengths perspective reinforces client competence and thereby mitigates the significance of unequal power between the client and social worker and, in so doing, presents increased potential for liberating people from stigmatizing diagnostic classifications that reinforce "sickness" in individuals, families, and communities (Cowger, 1992). A strengths perspective of assessment provides structure and content for an examination of realizable alternatives, for the mobilization of competencies that can make things different, and for the building of self-confidence that stimulates hope.

Guidelines for Strengths Assessment

Assessment is a process as well as a product. Assessment as process is helping clients define their situations (that is, clarify the reasons they have sought assistance) and assisting clients in evaluating and giving meaning to those factors that affect their situations. It is particularly important to assist clients in telling their stories. The client owns that story, and if the social worker respects that ownership, the client will be able to more fully share it. The word "situation" has a particularly important meaning because it affirms the reality that problems always exist in an environmental context.

The following guidelines are based on the notion that the knowledge guiding the assessment process is based on a socially constructed reality in the tradition of Berger and Luckmann (1966). Also, the assessment should recognize that there are multiple constructions of reality for each client situation (Rodwell, 1987) and that problem situations are interactive, multicausal, and ever-changing.

Give preeminence to the client's understanding of the facts. The client's view of the situation, the meaning the client ascribes to the situation, and the client's feelings or emotions related to that situation are the central focus for assessment. Assessment content on the intrapersonal, developmental, cognitive, mental, and biophysical dynamics of the client are important only as they enlighten the situation presented by the client. They should be used only as a way to identify strengths that can be brought to bear on the presenting situation or to recognize obstacles to achieving client objectives. The use of social sciences behavior taxonomies representing the realities of the social scientists should not be used as something to apply to, thrust on, or label a client. An intrapersonal and interpersonal assessment, like data gathered on the client's past, should not have a life of its own and is not important in its own right.

Believe the client. Central to a strengths perspective is a deeply held belief that clients ultimately are trustworthy. There is no evidence that people needing social work services tell untruths any more than anyone else. To prejudge a client as being untrustworthy is contrary to the social work–mandated values of having respect for individuals and recognizing client dignity, and prejudgment may lead to a self-fulfilling prophecy. Clients may need help to articulate their problem situations, and "caring confrontation" by the worker may facilitate that process. However, clients' understandings of reality are no less real than the social constructions of reality of the professionals assisting them.

Discover what the client wants. There are two aspects of client wants that provide the structure for the worker–client contract. The first is, What does the client want and expect from service? The second is, What does the client want to happen in relation to his or her current problem situation? This latter want involves the client's goals and is concerned with what the client perceives to be a successful resolution to the problem situation. Although recognizing that what the client wants and what agencies and workers are able and willing to offer is subject to negotiation, successful practitioners base assessments on client motivation. Client motivation is supported by expectations of meeting one's own goals and wants.

Move the assessment toward personal and environmental strengths. Obviously there are personal and environmental obstacles to the resolution of

difficult situations. However, if one believes that solutions to difficult situations lie in strengths, dwelling on obstacles ultimately has little payoff.

Make assessment of strengths multidimensional. Multidimensional assessment is widely supported in social work. Practicing from a strengths perspective means believing that the strengths and resources to resolve a difficult situation lie within the client's interpersonal skills, motivation, emotional strengths, and ability to think clearly. The client's external strengths come from family networks, significant others, voluntary organizations, community groups, and public institutions that support and provide opportunities for clients to act on their own behalf and institutional services that have the potential to provide resources. Discovering these strengths is central to assessment. A multidimensional assessment also includes an examination of power and power relationships in transactions between the client and the environment. Explicit, critical examination of such relationships provides the client and the worker with the context for evaluating alternative solutions.

Use the assessment to discover uniqueness. The importance of uniqueness and individualization is well articulated by Meyer (1976): "When a family, group or a community is . . . individualized, it is known through its uniqueness, despite all that it holds in common with other like groups" (p. 176). Although every person is in certain respects "like all other men [sic], like some other men, and like no other men" (Kluckholm, Murray, & Schneider, 1953, p. 53), foundation content in human behavior and social environment taught in schools of social work focuses on the first two of these, which are based on normative behavior assumptions. Assessment that focuses on client strengths must be individualized to understand the unique situation the client is experiencing. Normative perspectives of behavior are only useful insofar as they can enrich the understanding of this uniqueness. Pray's (1991) writings on assessment emphasize individual uniqueness as an important element of Schon's (1983) reflective model of practice and are particularly insightful in establishing the importance of client uniqueness in assessment.

Use language the client can understand. Professional and social sciences nomenclature is incongruent with an assessment approach based on mutual participation of the social worker and the client. Assessment as a product should be written in simple English and in such a way as to be self-explanatory. Goldstein (1990) convincingly stated, "We are the inheritors of a professional language composed of value-laden metaphors and idioms. The language has far more to do with philosophic assumptions about the human state, ideologies of professionalism, and, not least, the politics of practice than they do with objective rationality" (p. 268).

Make assessment a joint activity between worker and client. Social workers can minimize the power imbalance inherent between worker and client by stressing the importance of the client's understandings and wants. The worker's role is to inquire and listen and to assist the client in discovering, clarifying, and articulating. The client gives direction to the content of the assessment. The client must feel ownership of the process and the product and can do so only if assessment is open and shared. Rodwell (1987) articulated this well when she stated that the "major stakeholders must agree with the content" (p. 241).

Reach a mutual agreement on the assessment. Workers should not have secret assessments. All assessments in written form should be shared with clients. Because assessment is to provide structure and direction for confronting client problem situations, any privately held assessment a worker might have makes the client vulnerable to manipulation.

Avoid blame and blaming. Assessment and blame often get confused and convoluted. Blame is the first cousin of deficit models of practice. Concentrating on blame or allowing it to get a firm foothold on the process is done at the expense of getting on with a resolution to the problem. Client situations encountered by social workers are typically the result of the interaction of a myriad of events: personal interactions, intrapersonal attributes, physical health, social situations, social organizations, and chance happenings. Things happen; people are vulnerable to those happenings, and, therefore, they seek assistance. What can the worker and client do after blame is ascribed? Generally, blaming leads nowhere, and, if delegated to the client, it may encourage low self-esteem. If assigned to others, it may encourage learned helplessness or deter motivation to address the problem situation.

Avoid cause-and-effect thinking. Professional judgments or assumptions of causation may well be the most detrimental exercises perpetrated on clients. Worker notions of cause and causal thinking should be minimized because they have the propensity to be based on simplistic cause-and-

effect thinking. Causal thinking represents only one of many possible perspectives of the problem situation and can easily lead to blaming. Client problem situations are usually multidimensional, have energy, represent multidirectional actions, and reflect dynamics that are not well suited to simple causal explanations.

Assess; do not diagnose. Diagnosis is incongruent with a strengths perspective. Diagnosis is understood in the context of pathology, deviance, and deficits and is based on social constructions of reality that define human problem situations in a like manner. Diagnosis is associated with a medical model of labeling that assumes unpopular and unacceptable behavior as a symptom of an underlying pathological condition. It has been argued that labeling "accompanied by reinforcement of identified behavior is a sufficient condition for chronic mental illness" (Taber, Herbert, Mark, & Nealey, 1969, p. 354). The preference for the use of the word "assessment" over "diagnosis" is widely held in the social work literature.

Conclusion

Inherent in the guidelines is the recognition that to focus on client strengths and to practice with the intent of client empowerment is to practice with an explicit power consciousness. Whatever else social work practice is, it is always political, because it always encompasses power and power relationships. The guidelines are not intended to include all the assessment content and knowledge that a social worker must use in practice. Indeed, important topics such as assessing specific obstacles to empowerment, assessing power relationships, and assessing the relationship between personal empowerment and social empowerment of the individual client are not considered. The use of the guidelines depends on given practice situations, and professional judgment determines their specific applicability. They are proposed to provide an alternative approach to existing normative and deficit models of diagnosis and treatment. The guidelines may also be of interest to practitioners who wish to use them to supplement existing assessment paradigms they do not wish to give up. ■

References

Berger, P. L., & Luckmann, T. A. (1966). *The social construction of reality.* Garden City, NY: Doubleday.

Council on Social Work Education. (1984). *Curriculum policy for the master's degree and baccalaureate degree programs in social work education.* Washington, DC: Author.

Cowger, C. D. (1992). Assessment of client strengths. In D. Saleebey (Ed.), *The strengths perspective in social work practice: Power in the people* (pp. 139–147). White Plains, NY: Longman.

Falck, H. S. (1988). *Social work: The membership perspective.* New York: Springer.

Goldstein, H. (1990). Strength or pathology: Ethical and rhetorical contrasts in approaches to practice. *Families in Society, 71*(5), 267–275.

Goroff, N. N. (1983). Social work within a political and social context: The triumph of the therapeutic. In S. Ables & P. Ables (Eds.), *Social work with groups: Proceedings 1978 symposium* (pp. 133–145). Louisville, KY: Committee for the Advancement of Social Work with Groups.

Hepworth, D. H., & Larsen, J. A. (1990). *Direct social work practice.* Belmont, CA: Wadsworth.

Kagle, J. D., & Cowger, C. D. (1984). Blaming the client: Implicit agenda in practice research? *Social Work, 29,* 347–351.

Kisthardt, W. E. (1992). A strengths model of case management: The principles and functions of a helping partnership with persons with persistent mental illness. In D. Saleebey (Ed.), *The strengths perspective in social work practice: Power in the people* (pp. 59–83). White Plains, NY: Longman.

Kluckholm, C., Murray, H. A., & Schneider, D. M. (Eds.). (1953). *Personality in nature, society, and culture.* New York: Alfred A. Knopf.

Logan, S. L., & Chamgers, D. E. (1987). Practice considerations for starting where the client is. *Arete, 12*(2), 1–11.

Meyer, C. H. (1976). *Social work practice* (2nd ed.). New York: Free Press.

Poertner, J., & Ronnau, J. (1992). A strengths approach to children with emotional disabilities. In D. Saleebey (Ed.), *The strengths perspective in social work practice: Power in the people* (pp. 111–112). White Plains, NY: Longman.

Pray, J. E. (1991). Respecting the uniqueness of the individual: Social work practice within a reflective model. *Social Work, 36,* 80–85.

Rapp, C. A. (1992). The strengths perspective of case management with persons suffering from severe mental illness. In D. Saleebey (Ed.), *The strengths perspective in social work practice: Power in the people* (pp. 45–58). White Plains, NY: Longman.

Rodwell, M. K. (1987). Naturalistic inquiry: An alternative model for social work assessment. *Social Service Review, 61*(2), 231–246.

Ryan, W. (1976). *Blaming the victim.* New York: Vintage Books.

Saleebey, D. (Ed). (1992). *The strengths perspective in social work practice: Power in the people.* White Plains, NY: Longman.

Schon, D. A. (1983). *The reflective practitioner: How professionals think in action.* New York: Basic Books.

Simon, B. L. (1990). Rethinking empowerment. *Journal of Progressive Human Services, 1*(1), 27–40.

Taber, M., Herbert, C. Q., Mark, M., & Nealey, V. (1969). Disease ideology and mental health research. *Social Problems, 16,* 349–357.

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34,* 350–354.

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