

---

# Therapist Work With Client Strengths: Development and Validation of a Measure

The Counseling Psychologist

XX(X) 1-29

© The Author(s) 2013

Reprints and permission:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/0011000012470570

<http://tcp.sagepub.com>



James M. Harbin<sup>1,2</sup>, Charles J. Gelso<sup>3</sup>,  
and Andrés E. Pérez Rojas<sup>3</sup>

## Abstract

Two studies were conducted to investigate the Inventory of Therapist Work With Client Assets and Strengths (IT-WAS), a new measure constructed to assess the importance therapists place on incorporating strength-based approaches in their therapeutic work. In the first study, a combined sample ( $N = 225$ ), comprising therapists in independent practice, graduate students and faculty in counseling-related fields, and counseling center staff at a large mid-Atlantic university was gathered to conduct an exploratory factor analysis. Results yielded three factors (Theory of Intervention, Assessment of Strengths, and Supporting Progress). The data also provided evidence for the IT-WAS's internal consistency and validity, the latter being supported by correlations with measures of theoretically relevant constructs. In the second study, data from 31 counseling and clinical doctoral students provided evidence for the IT-WAS's test-retest reliability over a 2-week period. Implications for clinical training and practice are discussed, and areas of future research are provided.

## Keywords

positive psychotherapy, strengths, positive psychology, self-report measure

---

<sup>1</sup>Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC, USA

<sup>2</sup>Medical University of South Carolina, Charleston, USA

<sup>3</sup>University of Maryland, College Park, USA

## Corresponding Author:

Charles J. Gelso, Department of Psychology, University of Maryland, College Park, MD 20742-4411, USA

Email: [gelso@umd.edu](mailto:gelso@umd.edu)

A focus on clients' psychological strengths and assets has been a centerpiece of counseling psychology from the beginnings of the specialty (Gelso & Fretz, 2001). However, theory and, in particular, empirical research on therapists' attention to clients' strengths in therapy have not matched the philosophical thrust of counseling psychology. Indeed, in their review of the specialty, Gelso and Fassinger (1990) stated that the study of clients' strengths and assets represented an area of counseling psychology's unfulfilled promise.

Over the past decade or so, however, a shift appears to have occurred. Spurred by the positive psychology movement within the broader field of psychology (e.g., Seligman, 2002), there has been a renewed interest in the topic of client strengths, within and outside of counseling psychology (e.g., Gelso & Woodhouse, 2003; Gerstein, 2006; Keyes & Lopez, 2002; Lampropoulos, 2001; Lopez & Edwards, 2008; Seligman, 2002; Smith, 2006; Walsh, 2003; Wong, 2006). Theorists have proposed that fostering human strengths helps boost resilience, increases quality of life, and reduces symptoms; and research has suggested that attention to clients' strengths shows promise for enriching the lives of people (Snyder, Lopez, & Pedrotti, 2011). Interventions designed to increase positive emotion, engagement in life, and meaning have been shown to boost happiness and relieve depressive symptoms in clinical and laboratory situations (Mongrain & Anselmo-Matthews, 2012; Seligman, Rashid, & Parks, 2006; Seligman, Steen, Park, & Peterson, 2005). Furthermore, evidence suggests that promoting strengths in counseling may be beneficial (see Lopez & Edwards' [2008] review). For example, it has been found that fostering positive traits and emotions may help prevent depression and protect against physical illness among men diagnosed with AIDS (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). In short, research suggests that promoting strengths can have a salutary effect on optimal functioning, although more work is needed to understand moderating factors that determine when, for whom, and to what extent certain traits and processes can enrich people's lives (McNulty & Fincham, 2012).

A number of models for using strengths in therapy have been proposed in the counseling literature. Indeed, various theoretical orientations have considered how to incorporate strengths into their conceptualizations and treatments (Follette & Linnerooth, 2001; Lopez, Floyd, Ulven, & Snyder, 2000; Sheldon & Kasser, 2001; Slavik, Sperry, & Carlson, 2000). In one such approach, solution-focused therapy (Sharry, Darmody, & Madden, 2002), therapists help clients to uncover positive exceptions to their problematic patterns and magnify solutions that have worked in the past. Similar efforts have

also been made to develop strength-based approaches for a variety of client populations (e.g., Sapp, 2006; Smith, 2006; Wong, 2006).

Despite these models and promising beginning findings, we know very little about the extent to which therapists actually do focus on strengths and offer strength-based interventions in counseling and psychotherapy. To what extent are strength-based interventions used by therapists who subscribe to the major theoretical orientations, for example, humanistic, cognitive-behavioral, and psychodynamic? And how is the use of such interventions related to client, process, and outcome factors? These are key questions that await empirical examination.

Some authors have also noted that pathology continues to be the typical focus of actual practice (Chazin, Kaplan, & Terio, 2000; Gelso & Woodhouse, 2003). These authors suggest that in practice, there continues to be greater attention to analyzing what the problem or disorder is, and trying to resolve these, rather than assessing and building on the client's strengths. Furthermore, although it is believed that psychotherapists intuitively incorporate positive psychology into practice (Seligman, 2002; Seligman & Peterson, 2003), they are rarely, if ever, explicitly trained to work with client strengths (Gelso & Woodhouse, 2003). In sum, how positive psychology actually plays out in psychotherapy, the extent to and ways in which therapists' actually work with client strengths, and the relation of work with strengths to counseling process and outcome represent major areas requiring empirical attention in counseling psychology and positive psychology more generally.

A key element of this empirical deficiency has been the lack of a reliable, valid, and economical measure of therapists' attention to and use of client strengths. The absence of such a measure seriously limits the extent to which the issues and questions noted above can be addressed empirically. To address this limitation, in this article, we report on the development of the Inventory of Therapist Work With Client Assets and Strengths (IT-WAS), a self-report measure designed to assess the degree of importance that therapists place on incorporating client strengths into their therapeutic work.

The scale development process was based on the classical model of measure development proposed by Dawis (1987). Four themes were derived from clinical and theoretical literature on strength-based approaches (e.g., Gelso & Woodhouse, 2003; Keyes & Lopez, 2002; Peterson & Seligman, 2004; Seligman, 2002; Seligman et al., 2006; Smith, 2006; Wachtel, 1993), and these themes helped guide a portion of item generation. The first theme, Strength-Based Interventions, refers to the extent to which therapists use interventions related to client strengths, such as directing clients' attention to

their strengths or reframing negative perceptions in a more positive light. The second theme, Strength-Based Theory, reflects the degree to which therapists use knowledge and theory related to their work with client strengths. The third theme, Strength-Based Assessment, refers to the degree to which therapists assess the strengths of their clients and use asset-based assessment tools in their therapeutic work. The fourth theme, Focus on Client Progress, refers to the degree to which therapists support and encourage the progress that clients make in therapy.

The following two studies describe the development of the IT-WAS. In the first study, an exploratory factor analysis (EFA) is reported along with reliability and validity data related to the IT-WAS. In the second study, the test–retest reliability of the IT-WAS was investigated.

### **Study 1: Instrument Development and Initial Validation**

Study 1 was an instrument development study that involved assessing the factor structure of the IT-WAS and its psychometric properties. Because the primary focus of this study was instrument development, and given the limited research on therapist work with clients' strengths, we chose to conduct an EFA. Previous clinical and theoretical work suggested we might find a possible four-factor solution (Strength-Based Interventions, Strength-Based Theory, Strength-Based Assessment, and Focus on Client Progress). We did not, however, posit this solution as a formal hypothesis, given our interest in exploring and identifying the potential factor structure of the new measure (Kahn, 2006; Tinsley & Tinsley, 1987). We evaluated internal consistency using Cronbach's alpha coefficients, and we investigated the validity of the IT-WAS by examining its association with theoretically relevant measures.

Effective validation of a new instrument requires that the newly developed measure be compared with another that assesses the same construct (Dawis, 1987). However, we could not locate a scale that assessed the construct that IT-WAS purports to measure. Instead, we used a measure designed to assess the degree to which people view human nature as being predominantly positive or negative. Although this measure does not assess the same construct as the IT-WAS, we theorized that therapists who believe humankind is good and can be trusted would be more likely to work with clients' strengths than therapists with more negative views of human nature. Thus, we hypothesized that *the IT-WAS total score would correlate positively with therapists' favorable attitudes toward human nature.*

Individuals who hold benevolent world assumptions tend to be less cynical about others, have more interpersonal trust, and view others as generally moral and not easily manipulated (Gurtman, 1992). Moreover, people with more optimistic attitudes tend to focus on the positive aspects of their experiences and are more likely to recast bad situations in a positive light (Carver & Scheier, 2003). Given these findings, we theorized that psychotherapists who have more benevolent world assumptions, are less cynical about others, and display greater optimism, would be more likely to use their clients' strengths in their therapeutic work. Thus, our second, third, and fourth hypotheses, respectively, were that *the IT-WAS total score would correlate positively with benevolent world assumptions, negatively with cynical attitudes toward people, and positively with optimism.*

The measures discussed thus far were expected theoretically to relate to IT-WAS. However, as mentioned, they are not measures that are directly relevant to attention to strengths, and it was recognized that their theorized link to attention to strengths was rather tenuous. Because of these difficulties, we sought a measure that would be clearly expected to relate to IT-WAS, such that the lack of a relationship would seriously weaken the validity of our new measure. In addition, we hoped to satisfy Dawis' (1987) expectation that a measure ought to be able to predict practical criteria. We examined the relationship between the IT-WAS and therapists' self-reported work with the strengths of their most recent client. Although we expected that therapists who tend to work with client assets would use strength-based approaches to varying degrees, it seemed likely that these therapists would have worked with client strengths in their most recent session more so than therapists who tend not to incorporate strengths into their work. Our fifth hypothesis, then, stated that *there would be a positive correlation between the IT-WAS and the degree to which therapists reported working with the strengths of their most recent client.*

To investigate the discriminant validity of the IT-WAS, we sought a measure that was more general than social desirability, but also included elements of social desirability. We examined the relation of IT-WAS to the construct of public self-consciousness, or the degree to which people are concerned with how they present themselves to others (Fenigstein, Scheier, & Buss, 1975). Prior scale development research showed this construct to be unrelated to hope (Snyder et al., 1991). Moreover, there is evidence that people who are low in public self-consciousness are less likely to distort their responses to appear more socially desirable (Lalwani, Shrum, & Chiu, 2009). We theorized that therapists' concerns about their public presentation

should also be unrelated to therapists' work with client strengths. Thus, we did not expect a relation between the IT-WAS and therapists' public self-consciousness.

Finally, we were interested in the relation between the IT-WAS and various demographic variables. First, we examined the relationship between the IT-WAS and therapists' theoretical orientation (humanistic-existential, cognitive-behavioral, psychodynamic-psychoanalytic, multicultural-feminist). Gelso and Woodhouse (2003) have theorized that each major orientation attends to clients' strengths, but also focuses on deficiencies and disorders or fails to delineate interventions that address strengths. For example, cognitive-behavioral therapists place a premium on positive reinforcement of strengths, at the same time focusing on remediation of disorders and pathology. Because of this complex relation of theoretical orientation and attention to strengths, we did not offer a hypothesis, but instead examined the following research question:

*Research Question 1:* What is the relation of the degree to which therapists' adhere to/identify with each of four theoretical orientations and their responses to the IT-WAS?

Second, because of counseling psychology's long-standing investment of work with people's strengths, we wanted to determine whether counseling psychologists' responses to the IT-WAS differed from those of clinical psychologists. As no prior research has been done of this, we did not offer a hypothesis, but instead asked the following question:

*Research Question 2:* Do counseling and clinical psychologists differ in their responses to the IT-WAS?

## **Method**

### *Participants*

A multipronged approach to participant recruitment was used. Participants were randomly selected from the 2005 membership directory of Divisions 17 (counseling psychology), 29 (psychotherapy), and 42 (independent practice) of the American Psychological Association (APA). In addition, participants were also recruited from graduate students in counseling-related fields, faculty, and counseling center staff at a large mid-Atlantic university. To be included in the samples, clinicians had to have conducted at least 1 hr of

clinical intervention in the past year. The APA division sample consisted of 128 psychologists, and the university sample consisted of 97 trainees and psychologists.

In the division sample, 112 participants had a PhD, 11 had an EdD, 2 had a PsyD, and 3 had master's degrees. Sixty-nine (54%) participants were male and 59 (46%) were female. The majority of participants (92%) were White/Caucasian, 3 were African American, 3 were Asian American, 3 were Latino/a, 1 was Middle Eastern, and 1 was biracial. Participants averaged 22.6 years ( $SD = 9.7$ ) of experience since completing their last degree. The mean age of participants was 55.57 ( $SD = 9.4$ ). Participants were asked to rate their belief in and adherence to four theoretical orientation clusters on a 5-point scale (1 = *low* and 5 = *high*). The following mean ratings emerged: cognitive-behavioral 3.7 ( $SD = 1.2$ ), humanistic-existential 3.6 ( $SD = 1.2$ ), psychodynamic-psychoanalytic 3.1 ( $SD = 1.5$ ), and multicultural-feminist 2.7 ( $SD = 1.5$ ).

In the university sample, 81 participants were graduate students, 12 were counseling center staff, and 4 were tenured faculty (3 counseling psychology and 1 clinical psychology). Graduate students came from a counseling psychology doctoral program ( $n = 44$ ), a clinical psychology doctoral program ( $n = 18$ ), a school psychology doctoral program ( $n = 14$ ), a counselor education doctoral program ( $n = 6$ ), and a counseling masters' program ( $n = 16$ ). The 16 tenured faculty and counseling center staff all had PhDs, whereas 48 of the graduate students had a masters' degree, 32 had a bachelors' degree, and 1 already had a doctorate degree. Seventy-two (74%) participants were female and 25 (26%) were male. With regard to race/ethnicity, 61 (63%) were White/Caucasian, 16 (17%) were African American, 13 (13%) were Asian American, 4 were biracial, 2 were Latino/a, and 1 was Middle Eastern. Regarding theoretical orientation, the following mean ratings emerged: cognitive-behavioral 3.6 ( $SD = 1.1$ ), humanistic-existential 3.6 ( $SD = 1.1$ ), multicultural-feminist 3.2 ( $SD = 1.3$ ), and psychodynamic-psychoanalytic 2.7 ( $SD = 1.4$ ).

## Measures

**IT-WAS.** The IT-WAS was designed to assess therapist self-reported work with client assets. The scale consisted of 50 items (before EFA) that participants rated on a 7-point importance scale (1 = *a little important*, 4 = *moderately important*, 7 = *extremely important*). Participants were asked to "circle the number that best describes how important the following statements are in your work with clients."

*Development of the IT-WAS.* Item development for the IT-WAS involved reviewing existing empirical, theoretical, and clinical literature on therapist work with client strengths (e.g., Gelso & Woodhouse, 2003; Wachtel, 1993). As indicated in the introduction, four themes were derived from this review that then guided item generation. The four themes were (a) Strength-Based Interventions, (b) Strength-Based Theory, (c) Strength-Based Assessment, and (d) Focus on Client Progress. To further aid the process of item development, semistructured interviews were conducted with two full professors and nine doctoral students in counseling psychology. Both professors had researched and written about work with clients' strengths, and all graduate students had studied this concept. Interviewees were asked about the strength-based interventions that they found most helpful and most hindering in their therapeutic work, as well as how they think about and understand their work with client strengths. Based on the results of these interviews and the review of the literature, items were generated to assess therapist asset-based interventions, theory, assessment, and therapist focus on client progress. At this time, 36 items were included in the measure.

In keeping with Dawis' (1987) recommendations, the initial item pool was submitted to a group of one full professor (the second author) and six graduate students in counseling psychology. These participants had varying degrees of familiarity with the constructs being studied, but all had at least read about positive psychology and work with strengths. The group was asked for feedback to (a) revise items to enhance clarity and reduce overlap between the possible factors, (b) delete redundant or ineffective items, and (c) add items compatible with the underlying theory of the IT-WAS. Based on the group's feedback, 11 items were reworded, 5 items were deleted, and 19 items were added, resulting in a total of 50 items.

The 50-item version of the IT-WAS was then reviewed by three tenured faculty members in counseling psychology, one tenured faculty member in clinical psychology, and one counseling center staff psychologist. These reviewers determined that the original Likert-type format (*strongly agree* to *strongly disagree*) was confusing and resulted in a longer administration time. After reviewing different rating scale formats, it was agreed that important anchors were clearer and resulted in a quicker administration time. Thus, the scale rating format was changed to a 7-point rating scale, where 1 = *not important*, 4 = *moderately important*, and 7 = *extremely important*.

Finally, a pilot study was conducted in which 15 doctoral students (11 in counseling psychology and 4 in clinical psychology) were asked to complete the IT-WAS, compare the importance rating scale to the Likert-type format, and offer overall feedback on the measure. Participants noted preferring the



importance rating scale due to its clarity and ease of administration. The overall item mean for the IT-WAS was 5.0, and 9 items had an item mean of 6.0 or greater on the 7-point scale. These 9 items were reworded (e.g., adding the word “always”) to reduce the skew of the distribution. The rating scale was also altered to reduce overall skew: The lowest anchor on the scale was changed from *not important* to *a little important*. Five additional doctoral students in counseling psychology were given the updated scale, which resulted in an overall item mean of 4.8 for the IT-WAS and a mean of 5.0 or less for the 9 reworded items. Thus, the changes seemed to have the desired effect of reducing the skew of the specific items and the IT-WAS total score.

*Philosophies of Human Nature Scale (PHN)*. The PHN (Wrightsmann, 1964) was designed to measure attitudes toward human nature, conceptualized as people’s expectancies for the ways in which others generally behave. Participants rate their attitudes on a 6-point scale from -3 (*strongly disagree*) to +3 (*strongly agree*). The PHN contains 84 items, which form six subscales: Trustworthiness, Altruism, Independence, Strength of Will and Rationality, Complexity of Human Nature, and Variability in Human Nature. The last two subscales have been shown to be theoretically and empirically distinct from the others (Wrightsmann, 1992), and appeared to be unrelated to the constructs under study here. Thus, these subscales were not used in this study. The remaining four subscales contain a total of 56 items, which form a Favorability Toward Human Nature (FHN) scale. This scale provided the closest matching measure for establishing the initial construct validity of the IT-WAS (Dawis, 1987).

The FHN has been shown to be highly reliable ( $\alpha = .95$ ; Wexley & Youtz, 1985) and stable (retest reliability of .90; Wrightsmann, 1992). Its validity has been well documented through association with theoretically similar constructs. FHN was strongly and positively correlated with attitudes of faith-in-people and strongly and negatively associated with beliefs that others are deceitful and easily manipulated (Wrightsmann, 1964). The internal consistency coefficient alpha was .94 for the FHN for this study.

*World Assumptions Scale (WAS)*. The WAS (Janoff-Bulman, 1989) assesses people’s basic views about the world. The 32-item scale contains three subscales that correspond to assumptions of the world’s benevolence and meaningfulness and of the worthiness of the self. Items are rated on a 6-point scale (1 = *strongly disagree*, 6 = *strongly agree*). For this study, the 8-item subscale pertaining to the world’s benevolence was used. This subscale has been shown to have sound reliability ( $\alpha = .87$ ). The subscale’s validity has been supported through its positive relationship with interpersonal trust and negative associations with cynical attitudes toward people,

and to beliefs that others are deceitful and easily manipulated (Gurtman, 1992). The internal consistency coefficient alpha of the WAS was .79 for this study.

*Survey of Cynicism (SOC).* The SOC (Kanter & Mirvis, 1989) is a 7-item scale that measures cynical attitudes toward others, including beliefs that people are disingenuous, selfish, and dishonest. Items are rated on a 4-point Likert-type scale (1 = *strongly disagree*, 4 = *strongly agree*). In two studies, the measure evidenced adequate reliability ( $\alpha = .78$ ), and related negatively to interpersonal trust and benevolent world assumptions (Kanter & Mirvis, 1989; Gurtman, 1992). There appears to have been no further validity or reliability information in the literature regarding the SOC. Nevertheless, we felt that the development of the IT-WAS warranted examination of its relation to a measure of cynical attitudes. The internal consistency coefficient alpha of the SOC was .69 for this study.

*Life Orientation Test–Revised (LOT-R).* The LOT-R (Scheier, Carver, & Bridges, 1994) is designed to assess positive expectations for the future, or optimism. Its 6 items are rated on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). The LOT-R has been found to have good internal consistency ranging from the high .70s to the low .80, and it has shown sound construct validity through its association with similar constructs (Carver & Scheier, 2003). The internal consistency coefficient alpha of the LOT-R was .75 for this study.

*Self-Consciousness Scale (SCS).* The SCS (Fenigstein et al., 1975), used to assess discriminant validity in this study, is a 23-item measure rated on a 5-point scale (0 = *extremely uncharacteristic*, 4 = *extremely characteristic*). It contains three subscales that measure three kinds of self-consciousness: private, public, and social anxiety. For this study, the 7-item public SCS was used, which assesses people's awareness and concern about aspects of the self that others can perceive. Item examples are "I'm concerned about the way I present myself" and "I'm self-conscious about the way I look." We elected to use this subscale over other, more direct measures of social desirability (e.g., Marlow–Crowne Social Desirability Scale; Crowne & Marlowe, 1960) to assess the discriminant validity of IT-WAS given the educational background of the sample and likelihood they would recognize the purpose of more direct items. That is, we were concerned that participants would be able to "read through" social desirability items and detect the purpose of the measure, compromising the validity of responses. This scale has been shown to have a 2-week retest reliability of .84, and its internal consistency coefficient alpha was .78 for this study.

### *Work With Strengths of Most Recent Client Likert Scale (WSMRC-S) and Strengths vs. Weaknesses With Most Recent Client Continuum Scale (SvW-S)*

Two measures of therapist work with the strengths of their most recent client were created for this study to assess the criterion validity of the IT-WAS. The WSMRC contains 4 items rated on a 9-point Likert-type scale (1 = *strongly disagree*, 9 = *strongly agree*) upon which therapists indicate the extent to which they used strength-based interventions and conceptualizations with their most recent client. Item examples are “I questioned the above client about his/her strengths in my most recent session” and “In my most recent session with the above client, I asked about the domains in his/her life in which he/she does well. The measure showed good reliability ( $\alpha = .81$ ). The SvW-S is a 2-item inventory designed to assess the degree to which clinicians used strength-based versus weakness-based interventions and assessments. This measure is based on the view that there are indeed differences between strength- and weakness-based interventions (see Gelso & Fretz, 2001; Gelso & Woodhouse, 2003; Wachtel, 1993). In general, weakness-based interventions focus on examining and remedying client deficits, whereas strength-based interventions aim to locate, support, and build upon areas of optimal functioning, for example, “Please mark an N on the percentage you feel that with your most recent client you conceptualized or assessed strengths compared to conceptualized or assessed weaknesses.” For each item, participants are asked to mark an X on a continuum scale from 0 (*only interventions/assessments related to client weaknesses*) to 100 (*only interventions/assessments related to client strengths*) and then write the exact percentage. The measure showed sound reliability ( $\alpha = .76$ ). The WSMRC-S and the SvW-S were found to be positively and significantly correlated with each other ( $r = .48, p < .001$ ).

**Demographic measure.** Therapists were asked about their gender, race/ethnicity, highest degree held, year of study, type of graduate program, and number of clients seen in the past year. They were also asked to rate their belief in and adherence to the techniques of different theoretical orientations (i.e., cognitive-behavioral, humanistic-existential, psychodynamic-psychoanalytic, and multicultural-feminist) and to specify their theoretical orientation in a free response question. Professional therapists were asked to indicate the number of years since completing their last graduate degree, and the years of clinical experience after graduate school.

## *Procedures*

This study followed mail survey methods used in past similar studies (e.g., Gelso et al., 2005; Schlosser & Gelso, 2001) and adhered to many of the guidelines given by Weathers, Furlong, and Solórzano (1993). To decrease the time required to complete the survey and thus increase the return rate, participants in both samples were not given all of the measures. Instead, two versions of the survey were used. One version contained the PHN; the other version contained the WAS, the SOC, the LOT-R, the SCS, the WSMRC-S, and the SvW-S. This method was adopted because the number of items in the PHN was roughly that of all other scales combined. Both versions of the survey contained the IT-WAS and the demographics measure.

Using the 2005 membership directory of the APA, 100 names from Division 17 (Counseling Psychology), 100 from Division 29 (Psychotherapy), and 100 from Division 42 (Independent Practice) were randomly selected. These 300 participants were mailed a packet that included a cover letter, the measures, and a self-addressed stamped envelope. The letter stressed the significance of the study and the short time required to complete the survey. In addition, each letter was personally addressed to the participant and was signed by hand by the first and second authors. Participants were asked to return the survey in the provided envelope and were informed that by completing the survey, they would be eligible for a US\$100 prize. In addition, follow-up reminder postcards were mailed 2 weeks after the initial mailing to participants who had not returned the packet. One month after the initial mailing, a total of 88 surveys had been received. In addition, 27 participants returned the surveys as ineligible as they had not completed counseling interventions during the past year, and 22 surveys were received as undeliverable.

A second mailing of all materials was then sent to the remaining 163 participants who had not yet responded 1 month after the initial mailing. Two weeks after the second mailing, follow-up postcard reminders were mailed again. Thus, two rounds of mailing were interspersed with two rounds of follow-up postcards. This second round of surveys and postcard reminders yielded a return of 40 surveys, for a total of 128 completed surveys. In sum, the return rate for the division sample was 51% (128 of 251).

For the university sample, 173 surveys were delivered to students of master's and doctoral counseling-related programs (counseling, clinical, and school psychology, and counselor education), faculty members of clinical and counseling psychology doctoral programs, and counseling center staff at a large mid-Atlantic university. Data collection took place over a 1-month

period. Participants were informed of the inclusion criteria and were sent the survey along with a self-addressed stamped return envelope. Two weeks after the initial mailing, follow-up reminder postcards were sent to people who had not returned the packet. Of the 173 people who received surveys, 97 completed a survey, and 14 were ineligible. Thus, the usable return rate for this sample was 62%.

## Results

An independent sample *t* test was conducted to determine whether the APA division and the university samples differed on the 50-item measure. Results suggested no significant differences between samples on the IT-WAS,  $t(223) = .061, p > .05$ .

### EFA

Because we did not theorize a set of factors from the outset, we conducted an EFA rather than a confirmatory analysis. Bartlett's test of sphericity ( $p < .001$ ) and the Kaiser-Meyer-Okin (KMO) index of sampling adequacy (.94) suggested that the matrix was appropriate for factor analysis. Because the emergent subscales of the IT-WAS were expected to be interrelated, we used an oblique (i.e., promax) rotation (Fabrigar, Wegener, MacCallum, & Strahan, 1999). Finally, all 50 items were examined and deemed appropriate for factor analysis on the basis of means, standard deviations, kurtosis, and skewness.

The criteria to determine the number of factors to extract included the scree plot, Kaiser's rule (selection of eigenvalues  $> 1.0$ ), and the proportion of variance accounted for by the factor solution and by each component within that solution. Only items that loaded at least .40 on one factor were retained, and items that loaded greater than .40 on more than one factor were deleted.

A principal components analysis (PCA) was used for factor extraction purposes. Examination of the scree plot based on the PCA suggested that a one-, two-, three-, or four-factor solution might all represent a suitable description of the data. Upon closer inspection of the potential factor structures, a three-factor solution was judged to be the most parsimonious and useful description of the data. The one-factor structure was deemed too global, whereas the two-factor structure appeared to contain items within each factor that did not clearly represent a single construct. In addition, the four-factor solution was very difficult to interpret. In contrast, the three-factor

solution seemed to represent distinct aspects of therapist work with client strengths; and it seemed to be more theoretically meaningful and to hold greater heuristic value than other structures. The three-factor solution accounted for 54% of the total variance and retained 38 items. The IT-WAS factors were labeled as follows: Theory of Intervention, Assessment of Strengths, and Supporting Progress. The factors accounted for 22%, 16%, and 16% of the total variance, respectively. Factor loadings for the 38 items are included in Table 1.

The first subscale comprised 19 items that reflect therapists' rationale behind using positive interventions and strengths theory in clinical work. These items seem best described by the label *Theory of Intervention*. The second subscale is composed of 10 items that involve therapists' explicit assessment of client strengths and may be best captured by the label *Assessment of Strengths*. Finally, the third subscale contains 9 items related to therapist use of interventions that highlight client progress in therapy, and seem best captured by the label *Supporting Progress*. The subscales are examined in further detail in the "Discussion" section.

### *Reliability and Validity Estimates*

Cronbach's alpha was used to estimate internal consistency. To provide initial validity estimates for the IT-WAS and its subscales, we examined correlations between the new measure, its subscales, a similar construct, and related constructs. Descriptive data (means and standard deviations) can be found in Table 2. As seen in Table 2, internal consistency estimates for subscale scores ranged from .91 to .92, and for the total score was .96. The three subscale scores correlated significantly and highly with each other, and all three were highly and significantly correlated with the IT-WAS total score.

Correlations between the IT-WAS, its subscales, and the validity measures are displayed in Table 3. The hypothesis that there would be a positive correlation between the IT-WAS total score and the PHN was supported ( $r = .31, p < .001$ ). In addition, all three subscales of the IT-WAS were significantly correlated with the PHN (see Table 3). The second hypothesis was that the IT-WAS total score would be positively correlated with the WAS. This hypothesis was confirmed ( $r = .21, p < .05$ ). The Theory of Intervention subscale was found to be significantly correlated with the WAS ( $r = .26, p < .01$ ).

The third hypotheses stated that the IT-WAS would be positively correlated with the LOT-R. This hypothesis was not supported ( $r = .06, p > .05$ ). The fourth hypothesis that the IT-WAS would be negatively correlated with cynical attitudes toward others was similarly unsupported ( $r = -.09, p > .05$ ).

**Table 1.** Items and Factor Loadings of the Inventory of Therapist Work With Assets and Strengths (*N* = 225)

Item	Factor loadings		
	1	2	3
Working with client strengths as a way to increase their sense of personal worth.	<b>.81</b>	.04	.05
Encouraging realistic optimism in clients.	<b>.77</b>	.02	.17
Working with client strengths to improve their sense of well-being.	<b>.74</b>	.01	.06
Working with clients' strengths to help them view themselves as the agents of change.	<b>.73</b>	.03	.09
Reframing the experiences of clients in a positive light.	<b>.72</b>	.05	.10
Making special effort to build on clients' healthy coping mechanisms.	<b>.70</b>	.11	.17
Helping to build clients' resiliency.	<b>.69</b>	.36	.27
Focusing on clients' strengths to help them view their problems as more solvable.	<b>.67</b>	.16	.08
Helping clients to see themselves in a positive light.	<b>.67</b>	.20	.28
Focusing on strengths as a way to increase clients' hope.	<b>.66</b>	.17	.01
Building on clients' strengths as a way to increase their quality of life.	<b>.66</b>	.10	.28
Helping clients to see that they have the power to change things they do not like in their lives.	<b>.65</b>	.19	.17
Working with the strengths of clients as a primary way to help prevent them from slipping into relapse.	<b>.62</b>	.01	.19
Focusing on clients' strengths as a way to help them be more resilient in dealing with future challenges.	<b>.60</b>	.06	.19
Focusing on clients' strengths as a primary way to help them become more confident that they can make changes.	<b>.60</b>	.20	.03
Helping clients to see the good already within them.	<b>.59</b>	.10	.15
Viewing all my clients as striving to improve their lives.	<b>.54</b>	.10	.11
Helping all my clients understand their emerging strengths.	<b>.53</b>	.11	.19
Finding client strengths within most client problems.	<b>.48</b>	.13	.32
Questioning clients about their strengths during a mental status examination.	.23	<b>.83</b>	.15
Interpreting standardized tests (e.g., MMPI-2, Strong Interest Inventory) in the context of clients' strengths.	.14	<b>.83</b>	.05
Giving equal emphasis to clients' strengths and weaknesses in written reports.	.01	<b>.76</b>	.17

(continued)

**Table 1. (continued)**

Item	Factor loadings		
	1	2	3
Selecting assessment tools that take into account clients' strengths.	.22	<b>.72</b>	.14
Discussing clients' views of their psychological assets as a way to lead to new material.	.08	<b>.65</b>	.10
Asking clients about all of the domains in their lives in which they excel.	.07	<b>.61</b>	.20
Asking my clients about their strengths in the area of work and/or school.	.06	<b>.61</b>	.21
Assessing the resiliency of clients.	.26	<b>.52</b>	.23
Asking about clients' strengths that may be related to their psychopathology or conflicted feelings.	.00	<b>.52</b>	.21
Making an effort to build on clients' strengths in the area of work and/or school.	.22	<b>.45</b>	.14
Consistently pointing clients' attention to their therapeutic progress.	.00	.09	<b>.87</b>
Focusing with clients on the gains they have made in our therapeutic work together.	.07	.12	<b>.85</b>
Shifting clients' attention toward the progress they are currently making in therapy.	.01	.04	<b>.84</b>
Using interventions that point out clients' progress in therapy.	.05	.13	<b>.76</b>
Letting clients know how they have changed for the better.	.19	.06	<b>.67</b>
Calling attention to the confidence clients have gained since beginning therapy.	.26	.06	<b>.66</b>
Reminding clients of the insights they have developed as a result of the work in therapy.	.00	.12	<b>.63</b>
Making special effort to notice even the smallest steps of progress clients make.	.13	.13	<b>.54</b>
Being sure to praise clients when they do good work in the session.	.20	.08	<b>.47</b>

Note: 1 = Theory of Intervention; 2 = Assessment of Strengths; 3 = Supporting Progress. Kaiser-Meyer-Olkin Index = .94. The Theory of Intervention, Assessment of Strengths, and Supporting Progress subscales accounted for 22%, 16%, and 16%, respectively, of the total variance. Factor loadings were obtained with the rotated pattern matrix of the promax solution.



**Table 2.** Correlations, Descriptive Statistics, and Reliability Estimates for the Inventory of Therapist Work With Assets and Strengths (*N* = 225)

Scale	1	2	3	4
1. Theory	—			
2. Assessment	.65***	—		
3. Progress	.69***	.60***	—	
4. IT-WAS total	.92***	.84***	.85***	—
<i>M</i> —item	5.74	4.91	5.53	5.46
<i>SD</i> —item	1.13	1.56	1.32	1.32
Range—low	2.89	2.00	2.00	2.58
Range—high	7.00	7.00	7.00	7.00
Cronbach's $\alpha$	.92	.91	.91	.96
Test–retest $r^a$	.90	.63	.73	.81

Note: Theory = Theory of Intervention; Assessment = Assessment of Strengths; Progress = Supporting Progress; IT-WAS total = Inventory of Therapist Work With Assets and Strengths Total Score. Low and High refer to the endpoints of the range of responses.

<sup>a</sup>Two-week test–retest reliability (*n* = 31).

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

It was hypothesized that the IT-WAS would be positively correlated with therapist self-reported work with the strengths of their most recent client. Two measures were used to assess this hypothesis: (a) a measure of the extent to which therapists used strength-based interventions and conceptualizations with their most recent client (WSMRC-S) and (b) a measure of the degree to which therapists used strength-based interventions and assessments in contrast to weakness-based interventions and assessments with their most recent client (SvW-S). Both measures were significantly correlated with the IT-WAS. The correlation between the IT-WAS and the WSMRC-S was .47 (*p* < .001), and the correlation between the IT-WAS and the SvW-S was .37 (*p* < .001). The subscales of the IT-WAS were also significantly correlated with these two measures (see Table 3).

Finally, as expected, there was no significant relationship between the IT-WAS and public self-consciousness (*r* = .04, *p* > .05). Thus, discriminant validity was supported.

### *IT-WAS Scores and Demographic Variables*

Correlations between the IT-WAS and gender, age, race/ethnicity, and highest degree held were nonsignificant. An independent samples *t* test was

**Table 3.** Pearson Correlation Coefficients Between the IT-WAS and Its Subscales and the Criterion Variables (PHN, WAS, LOT-R, SOC, SCS, WSMRC-S, SvW-S)

	Theory	Assessment	Progress	Total score
PHN <sup>a</sup>	.28**	.27**	.28**	.31***
WAS <sup>b</sup>	.26**	.14	.13	.21*
LOT-R <sup>b</sup>	.05	.11	.00	.06
SOC <sup>b</sup>	-.15	-.02	-.04	-.09
SCS <sup>b</sup>	-.04	.03	.16	.04
WSMRC-S <sup>b</sup>	.39***	.46***	.41***	.47***
SvW-S <sup>b</sup>	.40***	.28**	.28**	.37***

Note: Theory = Theory of Intervention; Assessment = Assessment of Strengths; Progress = Supporting Progress; PHN = Philosophies of Human Nature Scale; WAS = World Assumptions Scale; LOT-R = Life Orientation Test-Revised; SOC = Survey of Cynicism; SCS = Social Consciousness Scale; WSMRC-S = Work With the Strengths of Most Recent Client Likert Scale; SvW-S = Strengths vs. Weaknesses With Most Recent Client Continuum Scale.

<sup>a</sup> $n = 112$ .

<sup>b</sup> $n = 113$ .

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

conducted to examine differences between clinical and counseling psychologists on the IT-WAS. Counseling psychologists ( $n = 109$ ,  $M = 199.38$ ,  $SD = 31.97$ ) were not found to be significantly different from clinical psychologists ( $n = 64$ ,  $M = 196.87$ ,  $SD = 31.03$ ),  $t(171) = .57$ ,  $p > .05$ .

The IT-WAS total and subscale scores were also correlated with therapist self-reported belief in and adherence to different theoretical orientation clusters (see Table 4). The correlation between the IT-WAS and the humanistic-existential theoretical orientation was significant ( $r = .18$ ,  $p < .01$ ; see Table 4 for subscale correlations). The correlation between therapist-rated belief in and adherence to psychoanalytic-psychodynamic therapy and the IT-WAS total score was not significant ( $r = -.10$ ,  $p > .05$ ). However, this orientation was significantly and negatively correlated with the Supporting Progress subscale ( $r = -.21$ ,  $p < .01$ ). The correlation between therapist-rated belief in and adherence to cognitive-behavioral therapy (CBT) and IT-WAS total scores was significant ( $r = .27$ ,  $p > .001$ ). All three IT-WAS subscales were also significantly and positively correlated with this rating. Finally, the correlation between therapist-rated belief in and adherence to multicultural-feminist therapy and the IT-WAS total score was significant ( $r = .29$ ,  $p > .001$ ). All subscales were significantly correlated with the multicultural-feminist self-rating.

**Table 4.** Pearson Correlation Coefficients Between the IT-WAS and Theoretical Orientations (*N* = 225)

	IT-WAS scale			
	Theory	Assessment	Progress	Total score
Humanistic rating	.25***	.07	.12	.18**
Psychoanalytic- psychodynamic rating	-.08	-.01	-.22***	-.11
Cognitive-behavioral rating	.24***	.23***	.29***	.28***
Multicultural/feminist rating	.26***	.25***	.26***	.29***

Note: Theory = Theory of Intervention; Assessment = Assessment of Strengths; Progress = Supporting Progress; humanistic rating = self-rating of adherence to humanistic or existential theoretical orientation; psychoanalytic-psychodynamic rating = self-rating of adherence to psychodynamic or psychoanalytic theoretical orientation; cognitive-behavioral rating = self-rating of adherence to cognitive, behavioral, or cognitive-behavioral theoretical orientation; multicultural/feminist rating = self-rating of adherence to multicultural or feminist theoretical orientation.  
 \**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

## Study 2: Test–Retest Reliability

The aim of this study was to establish the test–retest reliability of the IT-WAS. Fifty-six counseling and clinical doctoral students were emailed after completing the initial survey and asked to complete the IT-WAS again after 2 weeks. Of the 32 surveys returned, one was incomplete, yielding a usable return rate of 55%. Most participants (*n* = 23, 74%) were female and 8 (26%) were male. The majority was Caucasian (*n* = 19, 61%), 6 were Asian American (19%), 3 were African American (10%), 1 was Latino/a, 1 was Middle Eastern, and 1 was biracial. Sixteen (52%) had a master’s degree, 14 (45%) had a bachelor’s degree, and 1 already had a doctoral degree. Twenty-two (71%) were in a counseling psychology doctoral program and 9 (29%) were in a clinical psychology doctoral program. The mean age was 22 years old (*SD* = 7.4). The following mean ratings emerged regarding theoretical orientation: humanistic-existential 3.5 (*SD* = 1.2), cognitive-behavioral 3.1 (*SD* = 1.4), multicultural-feminist 2.9 (*SD* = 1.4), and psychoanalytic-psychodynamic 2.8 (*SD* = 1.5).

## Results

The test–retest reliability of the IT-WAS was evaluated in the current sample across a 2-week interval by means of Pearson correlation coefficients. As

shown in Table 2, the stability of the IT-WAS and its subscales over the 2-week period was adequate. Coefficients of the subscale scores ranged from .63 to .90, and the test–retest reliability of the IT-WAS total score was .81, 95% confidence intervals = [.63, .91]. This suggests that IT-WAS scores were generally stable, although the coefficient for Subscale 2, Assessment of Strengths, is marginal.

## General Discussion

The two studies presented here describe the development and psychometric properties of the IT-WAS, a new measure of the importance therapists place on work with client strengths. Results largely support the initial reliability and validity of the IT-WAS. The measure and its subscales exhibited sound internal consistency estimates and stability across a 2-week interval. The one exception was that the retest reliability of the Assessment of Strengths subscale was marginal ( $r = .63$ ). In addition, validity was established through correlations with theoretically relevant measures.

The 19 items that comprise the Theory of Intervention subscale reflect therapists' use of theory to explain how and why they utilize client strengths in their therapeutic work. Higher scores on this subscale indicate that clinicians place greater importance on incorporating positive psychology theory in therapy. Such a theory would consist of appreciating how working with assets may be used to improve clients' sense of self-worth, prevent relapse into negative symptoms, and increase resilience. Higher scores further indicate that therapists place greater importance on understanding the rationale behind interventions such as cognitive reframing, building healthy coping mechanisms, and increasing clients' awareness of their own strengths.

The 10 items that compose the Assessment of Strengths subscale reflect therapists' explicit and implicit evaluation of clients' strengths. Higher scores on this subscale indicate that therapists place greater importance on asking clients directly about their strengths, giving equal attention to strengths and deficits when writing reports, and interpreting psychological tests in the context of clients' strengths. Higher scores also indicate that therapists give more importance to assessing clients' resilience, strengths related to work and school, and areas in which clients do exceptionally well.

The 9 items that compose the Supporting Progress subscale reflect the degree to which therapists believe it is important to openly focus on the gains clients make during therapy. Higher scores on this subscale indicate that therapists place greater emphasis on bringing clients' attention to the advances and noticeable changes that clients make in therapy. Therapists who score

high on this subscale are more likely than other therapists to believe it is important to spend time focusing clients on small steps toward therapeutic goals and outwardly praise them for the headway clients make in treatment. These therapists would also conceivably reflect on and celebrate improvements made by clients, particularly during termination.

Several pieces of evidence support the initial validity of the IT-WAS. Convergent validity evidence is provided by the significant positive correlations between the IT-WAS and therapists' favorable attitudes toward human nature and benevolent world assumptions. It appears that therapists who report that it is important to work with client strengths are more likely to view people as honest, reliable, and trustworthy; and this view of humankind guides their use of theory related to positive interventions, strengths assessment, and attention to client progress. In addition, it seems that these therapists are more likely to believe that the world is a good place where positive events occur more frequently than negative ones.

Contrary to our expectations, no significant relationships existed between the IT-WAS and optimistic and cynical attitudes. There are several possible explanations for these findings. Although optimists tend to focus on the positive aspects of their experiences and reframe negative events in a positive light, therapists who work with strengths probably consider clients' assets as well as deficits to develop a clearer understanding of their problems (Keyes & Lopez, 2002). Moreover, optimism relates to people's expectations for their future, so it may not predict whether people project such expectations onto others (i.e., clients). It is also possible that therapists find it practical to work with client strengths even if they are not optimistic in general.

Similarly, therapists may hold cynical attitudes toward others while understanding that such views may impede their clinical work. Indeed, therapists who hold these views may restrain from acting on them and work with client strengths because of the benefits they observe when doing so. An alternative explanation for the nonsignificant relationship between the IT-WAS and cynical attitudes is that the SOC may not have adequately captured its intended construct. As stated previously, the data on the psychometric sufficiency of the survey are highly preliminary, so we cannot be sure that it measures what it purports to measure.

Regarding validation, perhaps our most important findings pertained to the relations of the IT-WAS to therapists' reports of their actual work with clients' strengths, as well as their relative focus on clients' strengths as opposed to weaknesses in their interventions and assessments. Consistent with Dawis' (1987) notion that a measure should be able to predict a practical criterion, the IT-WAS and its subscales were significantly positively

correlated with therapists' reports of their work with the strengths of their most recent client. Although our measures focused on therapists' work with the client they most recently saw, it stands to reason that, on the whole, therapists who reported greater emphasis on strengths with their most recent client would also focus more on strengths with other clients. Thus, our findings imply that therapists who believe it is important to use strength-based approaches may well practice their positive psychology theory, assessment, and reinforcement of client progress with their clients in general. However, the extent to which therapists actually do so is a fruitful area for future inquiry.

Several authors have noted that many theoretical orientations have incorporated positive psychology into their practice (e.g., Chazin et al., 2000; Gelso & Woodhouse, 2003). However, heretofore, no study has examined the relationship between asset-based practice and theoretical orientation. We found that therapists' work with client strengths was related to theoretical orientation in various ways. Consistent with the philosophical and theoretical foundations of the humanistic-existential (Schneider, 2011) and the multicultural and feminist (Smith, 2006) orientations, scores on the IT-WAS tended to be positively related to the extent to which therapists and therapist-trainees reported believing in and adhering to the techniques of these theoretical orientations. Similarly, the positive relation that was found between adherence to cognitive-behavioral interventions and the IT-WAS is consistent with the CBT emphasis on the principle of positive reinforcement. CBT interventions focus not only on decreasing negative behaviors but also especially on increasing positive behaviors, and replacing the former with the latter (Gresham, 2002; Hosp, Howell, & Hosp, 2003). Consistent with strength-based approaches, then, cognitive-behavioral therapists may purposefully encourage client progress to reinforce their hard work in therapy (Smith, 2006). Strength-based approaches can also be incorporated into goal setting and cognitive restructuring, techniques often used in CBT (Greenberger & Padesky, 1995; Wong, 2006).

Regarding the psychodynamic theoretical orientation, the full IT-WAS and the Theory of Intervention and Assessment of Strengths subscales were unrelated to this orientation. However, the Supporting Progress subscale was negatively correlated with this orientation. This finding may reflect the idea that the psychodynamic therapist must bring to awareness clients' impulses and fantasies by intensifying and frustrating infantile wishes (Wachtel, 1993). For psychodynamic or psychoanalytic therapists, then, expressly supporting clients on their progress may be seen as gratifying, which may interrupt the analytic process. Thus, it is perhaps not surprising that these therapists seem

relatively unconcerned with overall asset-based approaches, and in particular less likely to focus on supporting client progress.

Despite these differences between therapists of varied theoretical orientations in their work with assets, our results suggest that most therapists engage in strength-based therapeutic work to a high degree. Although we took efforts to avoid positively skewed items when designing the IT-WAS, we nevertheless found that therapists across all theoretical orientations and training programs scored an average item mean of 5.46 on a 7-point scale. This is a common occurrence in psychotherapy measures, for example, of the working alliance and the real relationship (see Gelso, 2011). Although this is less than ideal from a measurement perspective, it may also be an indication that most therapists do believe that it is important to attend to the positive, and that they likely incorporate strength-based work into therapy, although they are rarely explicitly trained to do so (Gelso & Woodhouse, 2003; Seligman, 2002).

Although many clinical articles have attempted to describe strength-based theories and techniques, and despite counseling psychology's emphasis on clients' strengths from the inception of this specialty (Gelso & Fretz, 2001), a coherent and research-based theory of positive psychotherapy has yet to be developed (Gelso & Woodhouse, 2003; Smith, 2006). As a result, little is known about the rationale behind using positive strategies and just how therapists go about using these strategies in therapy. This article represents an early step toward providing empirical insight into therapists' rationale for using such strategies. Specifically, the Theory of Intervention subscale, which reflects the degree to which therapists place importance on utilizing and appreciating the underlying principles behind strength-based approaches, may be used to examine how clinicians' use of positive psychology theory influences therapy process.

In addition, the IT-WAS provides a means to evaluate claims regarding strength-based assessment. Some authors have proposed that strengths should be integrated into psychological assessment to make it more consumer-friendly to clients, and to reduce the stigma associated with exclusively pathology-based testing (Brenner, 2003; Wong, 2006). The IT-WAS may help assess whether including strengths into assessment work is indeed perceived more positively than primarily deficit-oriented assessment. Moreover, the IT-WAS may also aid in the development of treatment models that take into account client strengths as well as deficits, and may eventually help the programmatic research of such models (Lampropoulos, 2001).

Although preliminary evidence supported the reliability and validity of the IT-WAS, it is important to highlight some limitations. One limitation is that the validity estimates were based on concurrent self-reports and thus

were likely inflated due to common method variance. Future work should be conducted using data from multiple sources to more fully study the validity of the IT-WAS. Another limitation is that therapists may have found it socially desirable to report using strength-based approaches to a higher degree than they do in practice. However, given that the IT-WAS was unrelated (or at most minimally related) to public self-consciousness, it seems likely that social desirability did not play a meaningful role in shaping therapists' responses to the inventory (Lalwani et al., 2009).

Another potential limitation of this study is the use of author-developed measures of therapist work with strengths with their most recent client. Although these measures showed adequate reliability and yielded theoretically meaningful findings, the limited psychometric evidence suggests caution in interpreting the findings. The return rate for this study is another potential limitation. Although a response rate of 51% and 62% from desired populations—in our case, professional therapists and psychology trainees—compares favorably to what is typically attained for professional samples, such rates leave the door open to confounding due to self-selection. The size of the retest sample was relatively small ( $n = 31$ ) and the time between test and retest relatively brief (2 weeks). Thus, further research on the stability of the IT-WAS would be desirable.

The IT-WAS measures therapists' self-reports of the importance they place upon clients' strengths in their counseling. Although scores were related to therapists' reported work with strengths of their most recent client, the extent to which these reports reflect what therapists actually do remains unclear. Thus, it would be fruitful to examine how therapists' self-reports on the IT-WAS relate to external behavioral ratings of work with strengths in sessions.

Subsequent research should also continue to evaluate the psychometric properties of the IT-WAS. Conducting a confirmatory factor analysis would be the ideal next step, as this would help test the stability of the factor structure that emerged in this study. It is possible that future studies may uncover different factor structures than the one that emerged here, which could lead to an extension of our model, or to the development of a novel framework of strength-based therapy. Although positive psychology and strength-based conceptions in psychotherapy are currently popular (e.g., Gelso & Woodhouse, 2003; Smith, 2006), as we have said, little empirical work has been done in the context of psychotherapy. The development of a measure that appears to possess sound beginning reliability and validity opens the door to such empirical work. Numerous questions await empirical scrutiny. Perhaps the most fundamental of these is the question of whether attention to



strengths actually affects the process and efficacy of psychotherapy for various client populations.

### Authors' Note

The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This material is the result of work supported with resources and the use of facilities at the Ralph H. Johnson VA Medical Center.

### References

- Brenner, E. (2003). Consumer-focused psychological assessment. *Professional Psychology: Research and Practice, 34*, 240-247. doi:10.1037/0735-7028.34.3.240
- Carver, C. S., & Scheier, M. (2003). Optimism. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychology assessment: A handbook of models and measures* (pp. 75-90). Washington, DC: American Psychological Association.
- Chazin, R., Kaplan, S., & Terio, S. (2000). The strengths perspective in brief treatment with culturally diverse clients. *Crisis Intervention and Time-Limited Treatment, 6*, 41-45.
- Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*, 349-354.
- Dawis, R. V. (1987). Scale construction. *Journal of Counseling Psychology, 34*, 481-489. doi:10.1037/0022-0167.34.4.481
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*, 272-299. Retrieved from <http://dx.doi.org/10.1037/1082-989X.4.3.272>
- Fenigstein, A., Scheier, M., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology, 43*, 522-527. doi:10.1037/h0076760
- Follette, W. C., & Linnerooth, P. J. (2001). Positive psychology: A clinical behavior analytic perspective. *Journal of Humanistic Psychology, 41*, 102-134. doi:10.1177/0022167801411007

- Gelso, C. J. (2011). *The real relationship in psychotherapy: The hidden foundation of change*. Washington, DC: American Psychological Association.
- Gelso, C. J., & Fassinger, R. E. (1990). Counseling psychology: Theory and research on interventions. *Annual Review of Psychology, 41*, 355-386. doi:10.1146/annurev.ps.41.020190.002035
- Gelso, C. J., & Fretz, B. (2001). *Counseling psychology* (2nd ed.). Fort Worth, TX: Harcourt Brace.
- Gelso, C. J., Kelley, F. A., Fuertes, J. N., Marmarosh, C., Holmes, S. E., Costa, C., & Hancock, G. R. (2005). Measuring the real relationship in psychotherapy: Initial validation of the therapist form. *Journal of Counseling Psychology, 52*, 640-649. doi:10.1037/0022-0167.52.4.640
- Gelso, C. J., & Woodhouse, S. (2003). Toward a positive psychotherapy: Focus on human strength. In W. B. Walsh (Ed.), *Counseling psychology and human strength* (pp. 171-197). New York, NY: Lawrence Erlbaum.
- Gerstein, L. H. (2006). Counseling psychology's commitment to strengths: Rhetoric or reality? *The Counseling Psychologist, 34*, 276-292. doi:10.1177/0011000005283518
- Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: A cognitive therapy treatment manual for clients*. New York, NY: Guilford Press.
- Gresham, F. K. (2002). Caveat emptor: Considerations before buying in to the 'new' medical model. *Behavioral Disorders, 27*, 158-167.
- Gurtman, M. B. (1992). Trust, distrust, and interpersonal problems: A circumplex analysis. *Journal of Personality and Social Psychology, 62*, 989-1002. doi:10.1037/0022-3514.62.6.989
- Hosp, J. L., Howell, K. W., & Hosp, M. K. (2003). Characteristics of behavior rating scales: Implications for practice in assessment and behavioral support. *Journal of Positive Behavior Interventions, 5*, 201-208. doi:10.1177/10983007030050040301
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of schema construct. *Social Cognition, 7*, 113-136. doi:10.1521/soco.1989.7.2.113
- Kahn, J. H. (2006). Factor analysis in counseling psychology research, training, and practice: Principles, advances, and applications. *The Counseling Psychologist, 34*, 684-718. doi:10.1177/0011000006286347
- Kanter, D. L., & Mirvis, P. H. (1989). *The cynical Americans: Living and working in an age of discontent and disillusion*. San Francisco, CA: Jossey-Bass.
- Keyes, C. L. M., & Lopez, S. J. (2002). Toward a science of mental health: Positive directions in diagnosis and interventions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45-62). New York, NY: Oxford University Press.
- Lalwani, A. K., Shrum, L. J., & Chiu, C. (2009). Motivated response styles: The role of cultural values, regulatory focus, and self-consciousness in socially desirable

- responding. *Journal of Personality and Social Psychology*, *96*, 870-882. doi:10.1037/a0014622
- Lampropoulos, G. K. (2001). Integrating psychopathology, positive psychology, and psychotherapy. *American Psychologist*, *56*, 87-88. doi:10.1037/0003-066X.56.1.87
- Lopez, S. J., & Edwards, L. M. (2008). The interface of counseling psychology and positive psychology: Assessing and promoting strengths. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 86-99). Hoboken, NJ: John Wiley & Sons.
- Lopez, S. J., Floyd, R. K., Ulven, J. C., & Snyder, C. R. (Eds.). (2000). *Hope therapy: Helping clients build a house of hope*. New York, NY: Academic Press.
- McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist*, *67*, 101-110. doi:10.1037/a0024572
- Mongrain, M., & Anselmo-Matthews, T. (2012). Do positive psychology exercises work? A replication of Seligman et al. (2005). *Journal of Clinical Psychology*, *68*, 382-389. doi:10.1002/jclp.21839
- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: American Psychological Association.
- Sapp, M. (2006). The strength-based model for counseling at-risk youths. *The Counseling Psychologist*, *34*, 108-117. doi:10.1177/0011000005282370
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, *67*, 1063-1078. doi:10.1037/0022-3514.67.6.1063
- Schlosser, L. Z., & Gelso, C. J. (2001). Measuring the working alliance in advisor-advisee relationships in graduate school. *Journal of Counseling Psychology*, *48*, 157-167. doi:10.1037/0022-0167.48.2.157
- Schneider, K. J. (2011). Existential-humanistic psychotherapies. In S. B. Messer & A. S. Gurman (Eds.), *Essential psychotherapies: Theory and practice* (3rd ed., pp. 1-34). New York, NY: Guilford Press.
- Seligman, M. E. P. (2002). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3-12). New York, NY: Oxford University Press.
- Seligman, M. E. P., & Peterson, C. (2003). Positive clinical psychology. In L. G. Aspinwall & U. M. Staudinger (Eds.), *A psychology of human strengths: Fundamental questions and future research directions for a positive psychology* (pp. 305-318). Washington, DC: American Psychological Association.
- Seligman, M. E. P., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, *61*, 774-788. doi:10.1037/0003-066X.61.8.774

- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410-421.
- Sharry, J., Darmody, M., & Madden, B. (2002). A solution-focused approach to working with clients who are suicidal. *British Journal of Guidance & Counselling, 30*, 383-399. doi:10.1080/0306988021000025690
- Sheldon, K. M., & Kasser, T. (2001). Goals, congruence, and positive well-being: New empirical support for humanistic theories. *Journal of Humanistic Psychology, 41*, 30-50. doi:10.1177/0022167801411004
- Slavik, S., Sperry, L., & Carlson, J. (2000). Efficient Adlerian therapy with individuals and couples. In J. Carlson & L. Sperry (Eds.), *Brief therapy with individuals & couples* (pp. 248-263). Phoenix, AZ: Zeig, Tucker & Theisen.
- Smith, E. J. (2006). The strength-based counseling model. *The Counseling Psychologist, 34*, 13-79. doi:10.1177/0011000005277018
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585. doi:10.1037/0022-3514.60.4.570
- Snyder, C. R., Lopez, S. J., & Pedrotti, J. (2011). *Positive psychology: The scientific and practical explorations of human strengths* (2nd ed.). Thousand Oaks, CA: Sage.
- Taylor, S. E., Kemeny, M. E., Reed, G. M., Bower, J. E., & Gruenewald, T. L. (2000). Psychological resources, positive illusions, and health. *American Psychologist, 55*, 99-109. doi:10.1037/0003-066X.55.1.99
- Tinsley, H. E., & Tinsley, D. J. (1987). Uses of factor analysis in counseling psychology research. *Journal of Counseling Psychology, 34*, 414-424. doi:10.1037/0022-0167.34.4.414
- Wachtel, P. L. (1993). *Therapeutic communication: Principles and effective practice*. New York, NY: Guilford Press.
- Walsh, W. B. (Ed.). (2003). *Counseling psychology and optimal human functioning*. Mahwah, NJ: Lawrence Erlbaum.
- Weathers, P. L., Furlong, M. J., & Solórzano, D. (1993). Mail survey research in counseling psychology: Current practice and suggested guidelines. *Journal of Counseling Psychology, 40*, 238-244. doi:10.1037/0022-0167.40.2.238
- Wexley, K. N., & Youtz, M. A. (1985). Rater beliefs about others: Their effects on rating errors and rater accuracy. *Journal of Occupational and Organizational Psychology, 58*, 265-275.
- Wong, Y. (2006). Strength-centered therapy: A social constructionist, virtues-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 43*, 133-146. doi:10.1037/0033-3204.43.2.133

Wrightsman, L. S. (1964). Measurement of philosophies of human nature. *Psychological Reports, 14*, 743-751.

Wrightsman, L. S. (1992). *Assumptions about human nature: Implications for researchers and practitioners* (2nd ed.). London, England: Sage.

## **Bios**

**James M. Harbin** is a staff psychologist at the Ralph H. Johnson VA Medical Center (VAMC) and assistant professor in the Department of Psychiatry and Behavioral Sciences at Medical University of South Carolina (MUSC). His research interests include positive psychology, motivational interviewing, and posttraumatic stress disorder.

**Charles J. Gelso** is a professor at the Department of Psychology, University of Maryland, College Park. His research and practice interests focus on psychodynamic psychotherapy, the client–therapist relationship in psychotherapy (client transference, therapist countertransference, the real relationship, and so forth), and the research training environment in graduate education.

**Andrés E. Pérez Rojas** is currently a doctoral student in the counseling psychology program at the University of Maryland, College Park. His main interests are in the area of the therapeutic relationship, multiculturalism and bilingualism in psychotherapy, and psychotherapy process and outcome research.