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# Therapist Use of Client Strengths: A Qualitative Study of Positive Processes

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## Abstract

Gelso and Woodhouse highlight a lack of empirical efforts to bring a core identity of counseling psychology, the use of client strengths, into therapy. Additionally, the positive psychology movement is devoid of a system of positive therapeutic processes designed to help clients toward optimal human functioning. This investigation sought to explicitly identify positive processes thought to regularly occur in mainstream therapies by interviewing therapists. Interviews produced 266 significant statements leading to five themes: (a) amplification of strengths, (b) contextual considerations, (c) strength-oriented processes, (d) strength-oriented outcomes, and (e) positive meaning-making. Therapists reported using client strengths to broaden client perspectives and create hope and motivation, to create positive meanings through reframing and metaphors, to identify strengths through the interpersonal therapeutic process, to match client contexts through strengths, and to amplify strengths through encouragement and exception finding. Identified themes are recommended as a taxonomy of positive processes for future research.

## Keywords

positive psychotherapy process, strength-oriented psychotherapy, strength amplification

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The current research was borne from the hypothesis that therapists commonly recognize the importance of positive processes in therapy and use client strengths to affect therapeutic change. Incorporation of a strength perspective in counseling is thought to prevent problems, promote human growth, and maximize human potential (Gelso & Fretz, 2001; Gelso & Woodhouse, 2003; Lopez, 2008). Researchers have also recognized the importance and helpfulness of accessing and using the strengths of clients to gain client cooperation and acceptance of therapy (Conoley, Padula, Payton, & Daniels, 1994; Scheel, Seaman, Roach, Mullin, & Blackwell-Mahoney, 1999).

Beyond the possibility that therapists commonly use client strengths as key components of their approaches with clients, impetus for this investigation also comes from three other sources. The first is Gelso and Woodhouse's (2003) call to counseling psychology for the development through research of methods for accessing and using client strengths within therapy. The second comes from the positive psychology movement, launched through Seligman's 1999 American Psychological Association (APA) presidency and the theme of scientific pursuit of optimal human functioning. And the third is the constructivist and contextual approaches mostly developed within the postmodern era of therapy that emphasize the construction of new meaning in the form of client strengths.

### *Gelso and Woodhouse's Call for Strength-Based Methods*

Gelso and Woodhouse (2003) hold that "the field of counseling psychology, from its inception, has been deeply invested in the concept of the psychological strengths and assets of people" (p. 171). Historically, they point to Super's (1977) belief that clinicians tend toward attention to "what is wrong and how to treat it, whereas counseling psychologists look for what is right and how to help use it" (p. 171). While counseling psychologists do aspire to more strength-oriented methods, the use of positive processes in therapy has not been chronicled in any kind of scientific manner. Gelso and Fassinger (1992) called the development of the healthy or effective self as counseling psychology's unfulfilled promise. Gelso and Woodhouse (2003) state that "despite counseling psychology's long history of attention to human strengths and positive development, the empirical study of therapies that focus on the positive, as well as positive aspects of traditional therapies, have been sadly neglected" (pp. 195-196).

In an effort to identify strength-oriented processes that exist in the major approaches, Gelso and Woodhouse (2003) reviewed the use of positives in cognitive-behavioral, humanistic-experiential, and psychoanalytic-psychodynamic

theory clusters. Their review is summarized here. In cognitive-behavioral therapy, reinforcement and support are identified as positive processes, even though most emphasis in CBT is concentrated on the remediation of disorders rather than the enhancement of client strengths. Humanistic-experiential therapies promote congruency to unleash the natural tendency of humans to self-actualize. Empathy, positive regard, and genuineness are positive processes that move clients to congruence and self-acceptance. Yet despite the overall positive orientation of humanistic-experiential approaches, Gelso and Woodhouse see an absence of methods that build on existing client strengths. In psychoanalytic-psychodynamic therapies, the promotion of insight is recognized as the primary positive process, with one particular dynamic approach, ego psychology, paying attention to adaptive capacities of humans. Even so, psychoanalytic-psychodynamic approaches are viewed as tending to neglect strengths in favor of a concentration on psychopathology.

Gelso and Woodhouse (2003) also differentiate positive processes in therapy from the use of client strengths in therapy. They broadly define positive therapeutic processes as attention to clients' assets and strengths. In contrast, they more specifically define the use of client strengths as involving two aspects of therapy, the conceptualization process and therapist enactments. Conceptualization is paying attention to and incorporating the client's assets as well as deficits. A balancing function is depicted in which strengths are considered along with client deficits or problems. Within therapy, Gelso and Woodhouse (2003) identify four ways strengths are conceptualized. These are (a) asking questions about client strengths (e.g., "In what areas of life does the client do well?" "What are the client's internal-psychological assets?"), (b) strengths revealed through the interpersonal process of the therapeutic relationship (e.g., spontaneity and trust; ability to enter into a therapeutic relationship and form a working alliance), (c) strengths embedded in client deficits (e.g., histrionic personality style includes expressiveness; humor as a defense against pain also eases emotional pain to facilitate facing difficulties), and (d) empathy to understand client strengths and the client's culture as a mediator of "the meaning and expression of strengths" (p. 181).

Therapist enactments are what therapists actually do that uses client strengths in the change process. Gelso and Woodhouse (2003) describe the following processes: (a) pointing out client strengths to the client (e.g., commenting on the progress a client is making), (b) positive reframing (e.g., explaining a client weakness or deficit as a "once appropriate strength that made sense in an earlier context" (p. 188), (c) attending to strengths embedded in defenses (intellectualization allows clear thinking), and (d) interpretation of a strength within one cultural context but not another.

## Contributions From Positive Psychology

The positive psychology movement has created interest and energy to find ways to optimize human functioning, but the explicit identification of positive processes in therapy to access and use human strengths seems to have not kept pace with the movement. While strength-oriented processes that cut across theoretical orientations to therapy have not been identified and validated, stand-alone models are being forwarded. Lopez (2008), in his chapter describing the interface between counseling psychology and positive psychology, calls attention to two positive therapy models recently developed by counseling psychologists. These are (a) strength-based counseling for adolescents (Smith, 2006) and (b) strengths-centered therapy (Wong, 2006). Lopez (2008) reminds us that these models have as yet not “undergone empirical scrutiny” (p. 90).

The Smith (2006) model of strength-based counseling offers an integrative approach drawing from a number of perspectives (i.e., logotherapy, solution-focused therapy, narrative therapy, prevention, positive psychology, drive and need theory). The 10 stages of the model are (a) creating the therapeutic alliance, (b) identifying strengths, (c) assessing presenting problems, (d) encouraging and instilling hope, (e) framing solutions (through exception finding and forgiveness), (f) building strengths and competence, (g) empowering, (h) changing (through meaning making and reframing), (i) building resilience, and (j) evaluating and terminating. As can be seen, Smith’s model accentuates and establishes the use of empowerment, instilling resilience, being encouraging, and instilling hope as core strength-based processes.

Wong’s (2006) strength-centered theoretical model consists of four phases of promoting and using character strengths and virtues. These are explicitizing, envisioning, empowering, and evolving. *Explicitizing* is described as an identification process in which existing strengths are recognized and overtly constructed. *Envisioning* provides a method of identifying areas for future development so that goals can be achieved. *Empowering* is a process of encouragement in which clients are urged to try out their identified strengths and refine their usage. *Evolving* provides a means of summarizing gains and generalizing strengths beyond therapy. The core strength-oriented processes seem to consist of identification, goal-setting, encouragement, and generalization of strengths. The strength-based counseling and strength-centered therapy models provide some direction for the promotion and use of client strengths in therapy, yet no research has been conducted thus far to validate these models and their strength-oriented processes.

## Contextual-Constructivist Therapies Emphasizing Client Strengths

*The contextual psychotherapy model.* The contextual model of psychotherapy as described originally by Frank and Frank (1991) and promoted by Wampold (2001, 2007) is oriented toward positive processes and contrasted to a more symptom-driven medical model of healing. Frank and Frank (1991) describe the essential processes of a contextual model as (a) an emotionally charged and confiding relationship, (b) a healing setting, (c) a rationale for change, and (d) positive expectations for change held by the client and therapist. They further state that psychotherapy is a process of addressing client demoralization through the promotion of hope, clearly a positive process. The use of client strengths in therapy is viewed as an alternative process to that employed through a medical model approach in which client problems and symptoms are used to form diagnoses and treatments (Lopez et al., 2006).

*Hope therapy.* Therapy organized around hope theory (Snyder, 2000, 2002; Snyder, Michael, & Cheavins, 1999; Snyder, Parenteau, Shorey, Kahle, & Berg, 2002) also can be grouped under the heading of strength-based psychotherapy due to an emphasis on the future facilitated through the establishment of client goals, pathways, and accessing client agency (e.g., motivation to change). Clients with more hope are viewed as better equipped to overcome blockages to goals, while low-hope clients are more easily discouraged.

*Solution-focused therapy (SFT).* Social constructivist approaches provide several positive processes to construct new meanings, goals, and solutions. Solution-focused therapy (e.g., DeJong & Berg, 1998) uses positive methods (e.g., the miracle question, exception finding, scaling questions) to bypass problems in favor of solutions. Motivational interviewing and SFT employ positive language in the form of change talk (de Shazer, 1988; W. R. Miller & Rose, 2009) and solution talk (Furman & Ahola, 1992; S. Miller, Duncan, & Hubble, 1997). Change talk or solution talk moves from a context of "If the problem is solved, . . ." to "When the problem is solved, . . .".

*Positive Family Therapy.* Conoley and Conoley (2008) recently developed the Positive Family Therapy model. This model is rich in positive processes and works within a social constructivist perspective of helping clients to see new realities in which their strengths are emphasized and used. The model integrates positive processes from other social constructivist approaches. Positive processes described include gratitude exercises, evoking positive emotions and strengths through capitalization and exception finding,

goal-setting through the miracle question and scaling questions, complimenting, reframing, and the use of presuppositional language.

*Broaden and Build theory.* Fredrickson's (2001) Broaden and Build theory of positive emotions provides a purpose for positive processes in therapy. As Fredrickson has demonstrated through research, positive processes that elicit positive emotions such as optimism or hope serve to broaden and build by fostering creative solutions, positive emotional escalations, and resources from which to draw in the future. Alternatively, Fredrickson posits that negative emotions function to narrow and focus. A concentration on the problem and its symptoms is believed to result in a more focused understanding of the malady and a deepening of emotional experience related to the problem. Fitzpatrick and Stalikas (2008) posit that the generation of positive emotions is common to all forms of therapy and replaces negative emotions by triggering a broadening function that fosters hope, creativity, alternative solutions, and positive energy. Positive emotions also are thought to build resilience to combat future challenges.

Our review includes a plethora of theoretical writings and models describing positive, strength-oriented processes covering the therapeutic context. Research is missing to support the theories of the uses of client strengths in therapy. A call comes from Gelso and Woodhouse (2003) for scientific efforts to support theory. The promotion of human strengths and assets is nowhere more prevalent than in the field of counseling psychology, yet scientific inquiry is needed to advance strength-oriented practices in psychological treatment. Gelso and Woodhouse's examination of the use of client strengths in major theoretical approaches and in the common factors (e.g., empathy) of therapy that was summarized here provides a framework from which to compare research findings. Positive models of therapy also call attention to several positive processes highlighted in this review of the literature of strength-oriented therapeutic practice. We also reviewed constructivist approaches designed to be future-oriented through positively oriented meaning-making. What is missing from the extant literature is evidence of the more informal and universal use of the seemingly accepted practice of the use of client strengths as a common therapeutic factor. The goal of the present investigation was to gain a richer understanding of the experiences of therapists represented by a number of orientations in their use of client strengths. The phenomenon is examined through the eyes of therapists to realize a more complete and organized understanding of what we hypothesize to naturally occur across all therapies.

## Method

### Participants

Participants were therapists recruited from a college counseling center ( $n = 6$ ) and a community mental health center ( $n = 2$ ) in the Midwest. The eight participants identified as (a) cognitive-behavioral/common factors, (b) interpersonal/humanistic, (c) cognitive behavioral/solution-focused, (d) psychodynamic, (e) eclectic, (f) cognitive-behavioral-feminist-multicultural, (g) cognitive-behavioral, and (h) interpersonal. Therapist experience ranged from 5 to 39 years with a mean of 18 ( $SD = 12.03$ ). Participants listed typical client problems to be depression, anxiety, posttraumatic stress disorder (PTSD), adjustment disorders, bipolar disorder, relational problems, eating disorders, and alcohol abuse.

### Materials and Instrumentation

The *Psychotherapy Process Questionnaire*, developed by the researchers, includes 4 items asking about theoretical orientation, years of experience, most used diagnostic categories, and typical client population, and 13 items covering therapeutic style. The first two items included a Likert-type scale ranging from 1 to 10 with 1 representing *not at all important* and 10 representing *extremely important*. Items 3 through 13 were ratings (1 = *strongly disagree*; 4 = *strong agree*) of the importance to one's therapeutic approach. Responses are displayed in Table 1. Most therapists responded as viewing a problem focus and a strength focus as important. In comparison of the other item responses, Item 3 (identification of problems) had the lowest rating ( $M = 2.88$ ), and Item 9 (use of here and now processing) had the highest rating ( $M = 3.75$ ).

**Research Design.** Phenomenology allowed for the exploratory nature of the study. Researchers were interested in allowing the meanings of the use of client strengths in therapy to emerge from the therapist's experiences and perspectives. Creswell (2007) recommends the use of the Moustakas's (1994) psychological phenomenology for studies in which rich, in-depth analysis of psychological phenomena are required. Thus, we employed Moustoukas's approach as the qualitative method of this study. Phenomenology through this approach is more about the experiences of the participants and less related to the interpretation of these experiences by others. The focus of phenomenology is a single concept or phenomenon within a context and a group

**Table 1.** Psychotherapy Process Questionnaire—Participant Responses

	1. Prob. Focus	2. Str. Focus	3. ID Prob.	4. Solutions	5. ID Str	6. Emot.	7. Meaning	8. Past	9. H/N	10. Unconscious	11. Culture	12. Hyp	13. Interpret
Therapist													
1	8	8	4	3	4	3	3	3	4	2	3	4	3
2	9	7	4	3	3	4	4	4	3	4	4	4	4
3	2	8	3	3	4	3	3	3	4	2	3	3	4
4	5	9	3	2	4	4	4	3	4	4	4	3	4
5	9	9	2	3	4	4	4	4	4	4	4	3	3
6	8	10	3	3	3	4	4	4	4	3	4	3	3
7	8	8	4	4	3	3	4	3	3	3	4	4	3
8	8	6	4	3	3	4	3	4	4	4	3	4	4
M	8.13	8.88	2.88	3	3	3.63	3.63	3	3.75	3.25	3.63	3	3
SD	2.42	1.25	.74	.53	.53	.52	.52	.53	.46	.89	.52	.53	.53

Questions 1 and 2 were rated on a 10-point scale from *not at all emphasized* (1) to *extremely important* (10). Questions 3 through 13 were rated on a 4-point scale from *strongly disagree with its importance* (1) to *strongly agree* (4). Question 1 = Problem Focus; Question 2 = Strength Focus; Question 3 = Identification of Problems; Question 4 = Focus on Solutions; Question 5 = Incorporate Strengths; Question 6 = Expansion of Emotional Experience; Question 7 = Exploration of Meanings; Question 8 = Exploration of Past; Question 9 = Use of Here and Now Processing; Question 10 = Bringing the Unconscious to the Conscious; Question 11 = Awareness of Culture and Environmental Influences; Question 12 = Offering Hypotheses About Different Directions to Pursue; Question 13 = Use of Interpretation.



of individuals' meanings related to the phenomenon. The phenomenon of this study, therapist use of client strengths, was examined within the context of individual psychotherapy. The overall purpose of Moustoukas's phenomenology is to find the essence or meaning of the combined participant perspectives and experiences. Philosophically, the approach is based on three principles: (1) the focus is on 'what is' rather than the interpretation of the world through empiricism; (2) judgment is suspended or bracketed through a process of "epoche" which in Greek means, "abstain or stay away from" (Moustakas, 1994, p. 85); (3) duality is not acknowledged between subject and object, meaning that reality is perceived through the experience of the individual.

### *Procedure*

*Constructing a consensus epoche.* Moustoukas's phenomenology provided a method by which researchers could transcend previous experiences with the phenomenon by suspending past understanding of, in this case, therapist use of client strengths in therapy. The three researchers formed an epoche by bracketing their previous experiences as therapists to achieve a fresh view toward the phenomenon. All three researchers were currently seeing clients in therapy. One researcher had over 30 years of therapy experience, one had 3 years of therapy experience, and the other had 4 years of therapy experience.

Bracketing requires researchers to push aside previous experience and perceptions to gain a less biased perspective, therefore being more open to the phenomenon. The three researchers extensively discussed their views of their uses as therapists of client strengths. Each acknowledged bias in viewing strength-oriented approaches as very beneficial and were skeptical about the use of a medical model orientation. A second source of bias came from concentration on readings and discussion of the principles of positive psychology. This knowledge was advantageous in designing research about client strengths in therapy but was also seen as a bias that potentially could cloud researcher interpretation of data and block a fresh understanding of the phenomenon. Another acknowledged bias came from curiosity about how other therapists use client strengths to facilitate positive client change that might result in overinterpreting the use of strength-oriented practices. To guard against overinterpretation of positive practices or biasing respondents, the researchers decided to also ask therapists about the use of a problem focus in therapy as a balance with a strength orientation.

*Recruiting participants.* Researchers met with potential participants at the university counseling center. The purpose and procedures of the research were explained to be a study of processes employed with clients to identify both problems and strengths. Therapists from a community health setting were also approached and recruited based on researchers' knowledge of the therapists' years of experience, orientation, and population served. An attempt was made to diversify participants based on these three factors. Thus, the researchers engaged in maximal variation sampling in order to recruit the most heterogeneous group of participants possible to gain greater transferability of findings. Of the recruited participants, 10 therapists were initially chosen for interviews. Eventually, researchers were successful in setting up eight interviews. All participants were informed that the interviews would last approximately 45 minutes with a follow-up about 6 months later to check the accuracy of the data.

*Interviewing.* The interview protocol was developed, piloted, and revised among the three researchers. Practice interviews were conducted with one researcher as interviewer and another interviewed within the context of their actual work with clients. Interview questions were designed to provide a balance between client strengths and problems. The protocol was an interview guide, but interviewers were free to ask further questions to follow up and pursue directions as these emerged through the interview.

Five questions and follow-up inquiries were developed as the core of the protocol. Types of probes were rehearsed and subsequently used to facilitate deeper and richer exploration during the interview. The protocol was the following:

1. What does being problem-focused in the context of therapy mean to you? How do you incorporate the use of the client's problem in your work with the client?
2. What does the phrase "client strengths" mean to you? Do you think about client strengths or the incorporation of client strengths as you work with clients? If so, how do you incorporate client strengths within the therapeutic process?
3. On a continuum with problem-focused at one end and strength-focused at the other end, where would your therapeutic work fall? In what situations do you see problem-focused as more appropriate? In what situations do you see strength-focused as more appropriate?
4. How do you identify client strengths in your work? How do you use those strengths in therapy?

5. Can you give me an example of one client with whom you have identified strengths and how you used them in therapy? Ask for more examples if time permits.

### *Data Analysis*

As phenomenology, the analysis was oriented toward a “composite description of the essence of the experience for all the individuals—what they experienced and how they experienced it” (Creswell, Hanson, Plano Clark, & Morales, 2007, pp. 252-253). The researchers met every week to discuss significant statements and invariant constituents for each transcript. Each researcher started by writing a short phrase in the margin of a transcript as a code to represent each use of client strengths. They then met after coding transcripts to compare significant statements and corresponding codes. After open and thorough discussions of disagreements, the three researchers reached consensus for all codes and significant statements.

All statements that were judged to be relevant to the phenomenon, the use of client strengths in therapy, were listed using the process of horizontalization. This resulted in a list of 266 significant statements. Next, invariant constituents were chosen by elimination of redundant statements. Twenty meaning units were formulated from the research team’s discussion of groupings of invariant constituents. Meaning units were then clustered into 11 themes through a consensus process. Verification of themes was accomplished through imaginative variation, in which researchers asked themselves whether the phenomenon would stay the same or change by imaginatively deleting the theme. This process resulted in a significant reduction in themes from 11 to 5. Final themes resulted from combining two or more of the initial meaning units into one theme. One example of this process is the elimination of the initial theme, Maintenance of Client Strengths. One invariant constituent, “using the immune system metaphor,” was integrated into the positive meaning making theme while “the use of client strengths as a prevention technique” was dropped due to lack of evidence to support it as a separate theme. Table 2 displays the final five themes with meaning units and invariant constituents.

Verification of themes was sought using two methods. First, member checking was implemented by sending significant statements, codes, and invariant constituents with each transcript to the participants. Six participants responded, with none suggesting changes. Second, a variation of an audit was conducted. Typically an auditor not connected with the research reviews the

**Table 2.** Themes, Meaning Units, and Invariant Constituents of the Use of Client Strengths in Psychotherapy

Theme	Meaning Units
	Invariant Constituents
<i>Amplification of strengths</i>	<p><b>Exception finding</b></p> <ul style="list-style-type: none"> <li>Help clients see strengths in their pasts and presents</li> <li>Rekindle belief in their strengths</li> <li>Point out strength in how client copes</li> <li>Draw upon past responses to challenges</li> <li>Find and point out exceptions to the problem</li> <li>Use past successes to address present concerns</li> <li>Hear the positive in what the client is presenting with the problem</li> <li>Tease out successes even if only small ones</li> </ul> <p><b>Encouragement</b></p> <ul style="list-style-type: none"> <li>Encourage continuance of change</li> <li>Help clients feel heard</li> <li>Therapist advocates for a positive voice</li> <li>Show appreciation for client's hard work</li> <li>Validate client's experiences</li> <li>Recognize effort put forth by client</li> <li>Positively affirm client successes</li> </ul> <p><b>Therapist highlights client strengths</b></p> <ul style="list-style-type: none"> <li>Incorporate strengths to create a balance with problems</li> <li>Subtle amplification of strengths</li> <li>Therapist is observer who emphasizes strengths client minimizes or ignores</li> <li>Have the antenna up for strengths</li> <li>Amplify strengths through cognitive restructuring</li> <li>Explicit use of client strengths</li> <li>Explore and reinforce current strengths</li> <li>Amplify positive changes and client autonomous actions</li> </ul>
<i>Contextual considerations</i>	<p><b>Barriers to the use of client strengths</b></p> <ul style="list-style-type: none"> <li>Some problems require more of a problem focus</li> <li>Limitations to exclusive focus on strengths</li> <li>In crisis, first focus on problems, then move to work on strengths</li> </ul>

(continued)

**Table 2. (continued)**

Theme	Meaning Units
	Invariant Constituents
<i>Strength-oriented processes</i>	An elaborate strengths presentation can be detrimental to higher ego strength
	Strengths work is not helpful with narcissistic clients
	Single focus on problems leads to blindness of strengths
	Pushing too quickly can prevent future acceptance of strengths
	<b>Client characteristics</b>
	Emphasize client help-seeking behavior as a strength
	Client acceptance of strengths gives therapist go-ahead to work toward change
	Strengths defined by client ego functioning
	Use of more flexible and sophisticated defenses is seen as a strength
	The way client uses strengths is indicator of what change client is capable
	Knowing client strengths helps in understanding client's resiliency during the stress of changing
	Client acceptance of strengths depends on developmental level
	Client's willingness to try something different is a strength
	Openmindedness is a client strength
	Client follow-through of therapist suggestions identifies strengths
	<b>Matching strengths to client context</b>
	Types of problems determine the use of strengths
	Internal problems (e.g., existential, self-esteem, low self-confidence) are more appropriate for a strengths-based approach
	Matching client strengths with a corresponding treatment approach
	Supporting clients as experts of their lives and adopting their treatment ideas
	Capitalizing on the strengths the client identifies
	<b>Identification process</b>
	Find ways to define identity from a place of strength

*(continued)*

Table 2. (continued)

Theme	Meaning Units
	Invariant Constituents
	Find strengths among the chaos of deficits
	Identify social support as strength
	Identification of strengths explicitly presented to the client
	Find a small strength as a starting point
	Gain client perceptions of their strengths
	Raise awareness of strengths so client will selectively attend to them
	Help clients overcome their selective attention on problems or deficits
	Therapist expands on strengths client identifies
	Use of questioning as an assessment technique to bring out strengths
	Gain both client and therapist interpretation of strengths
	Take advantage of good times to discuss strengths and solutions
	Questions about strengths included in intake interview
	Confrontation to develop strengths awareness
	<b>Therapeutic relationship as a strength-oriented process</b>
	Use interpersonal approach to convey therapist experience of client strengths and self-worth
	Reaching out to a client can be strength engendering by communicating client worth
	Working collaboratively with a client is strength related
	Here and now processing between client and therapist reveals strengths
	Development of the relationship must be a precursor to strengths work; otherwise lacks authenticity
	Therapeutic relationship as the first strength to establish
	Foundations of trust and respect are strengths upon which to base therapy
	Wait for client trust before giving feedback about how therapist sees client strengths
	Use client strengths to benefit the formation of the alliance

(continued)

**Table 2. (continued)**

Theme	Meaning Units
	Invariant Constituents
<i>Strength-oriented outcomes</i>	Therapeutic relationship as a source of strength client can draw upon
	<b>Therapist as agent of change</b>
	Therapist acts as reflective self to point out strengths
	Therapist models being strong but not perfect
	Positive belief in human nature is fundamental
	Client strengths give therapist confidence that client can be more autonomous
	Therapist is persistent in search for client strengths
	Therapist reflects perception of strengths
	Therapist is one of the client's strengths from which to draw
	<b>Client participation in identifying of strengths</b>
	Client response to therapy outside of therapy session reveals strengths
	Positive change is a strength to build on
	Following through on homework is a strength
	Learning new skills and outlooks builds strengths
	Homework technique builds on strengths identified in therapy
	<b>Goals and motivation foster strengths</b>
	Strengths increase ownership of changes
	Strengths increase motivation for change
	Strength work is a present and future focus
	Goals are formed through identification of strengths
	Strengths work helps with motivation and investment in therapeutic work
	Setting a goal of finding a strength
	Motivation as strength
<b>Instilling hope and empowerment</b>	
Promote belief in the client's ability to handle difficulties	
Feeling empowered through awareness of strengths	
Insight as empowerment	
Therapists hold hope for clients when clients cannot	
Empowerment through autonomy	

(continued)

Table 2. (continued)

Theme	Meaning Units
	Invariant Constituents
<i>Positive meaning making</i>	Instillation of hope when client is hopeless
	Using strengths increases self-efficacy
	Over time clients develop faith in their strengths
	Strengths give hope; strengths increase motivation
	Create self-support
	Set a goal of instilling hope and empowerment
	<b>Self-awareness as a strength</b>
	Understanding the anxiety helps in dealing with it
	Increasing awareness of strengths builds ego strength
	Finding more options and seeing things realistically is a strength orientation
	Therapist helps clients recognize potential
	Facilitate self-awareness to aid in appreciation of self
	Self-knowledge promoted as a strength
	<b>Balancing strengths and problems</b>
	Intermingling problems with strengths
	Strength comes through increased understanding of problems
	Balance of negative and positive traits through a realistic perspective
	Containing deficits can free one to experience strengths
	<b>Use of metaphor to access strengths</b>
	Strength-oriented metaphors as a method of explaining client strengths
	Strengths metaphor as firm foundation for dealing with stressors
	Metaphor of taking on life's challenges like athletes
	Use of metaphor to promote strengths and hope
Use of metaphor to explain strength in the midst of despair	
Using the immune system metaphor (strengths immunize the client from problems)	
<b>Resiliency as strength</b>	
Working on resiliency and survival in trauma work	
Painful past experiences can be sources of strength	
Recognition of strengths is a source of resiliency	
Identify resiliency of successful patterns of coping through intake assessment	

(continued)



**Table 2. (continued)**

Theme	Meaning Units
	Invariant Constituents
	Turning trauma into points of resiliency
	Resiliency is strength
	Identifying resiliency through how clients cope with and adapt to adversity
	<b>Generalization of strengths</b>
	Generalize or expand the use of client strengths is a treatment goal
	Comparing the strength of the therapeutic relationship with other relationships and more problem-oriented relationships
	Explicit transfer of strengths in one domain to current problems or circumstances
	<b>Reframing a deficit as a strength</b>
	Understanding context in which a problem occurs can be strength
	Externalization of problems so that the client can see strengths
	Reacting less to problems is a way of turning problems into strengths
	Counteracting selective attention on problems by refocusing on strengths
	Using client's language
	Reframing perceived deficits
	Reframing to highlight resiliency
	Therapist using positive attribution to reframe client struggles in strengths-based language
	Use the language of strengths

invariant constituents and themes. However, we sought to verify the themes and invariant constituents with two teams of counseling psychology graduate students, four to each team. The teams reviewed themes, meaning units, and invariant constituents. Additionally, teams tested the themes by reviewing videotapes of two simulated counseling sessions and one actual session. The simulated sessions depicted cognitive-behavioral therapy and Adlerian therapy, and the therapist in the actual session used a combination of an interpersonal and a person-centered approach. Team members individually identified by time on the tape counter when the therapist used a strength-oriented method.

Next, each team member categorized the identified strength-oriented events using the themes as categories. Finally, codes were compared among team members. Both teams found overlap between the Amplification of Strengths theme and the Strength-Oriented Processes theme, especially for the meaning unit, the identification of strengths. The teams also reported that amplification of strengths and strength-oriented processes dominated in coding the three videotapes (over 50% of the use of strengths events). While this new information did not change the theme structure of the study, the researchers acknowledged the nonexclusive nature of the use of client strengths. In other words, a use of client strengths might fall under multiple themes.

Credibility (Eisner, 1991), dependability and confirmability (Lincoln & Guba, 1985), and transferability (Creswell, 2007) were criteria used to guide the pursuit of methodological rigor. Each criterion contributes to the trustworthiness of results (Lincoln & Guba, 1985). Credibility, confidence about the “observations, interpretations and conclusions” (p. 110; Eisner, 1991), was sought through (a) triangulation of data using consensual validation with multiple raters, (b) member checking with participants to assure meanings derived from the interviews were accurate, and (c) prolonged discussion among the three researchers of the interpretation of significant statements, invariant constituents, and meaning units. Transferability is dependent on the descriptions of the participants and the setting (Creswell, 2007). Characteristics of the therapists and their settings were included so that judgments can be made about transferring the findings of this study to different settings with different therapists. Dependability and confirmability were gained through member checking and through the use of an audit in which teams of researchers applied the themes to videotaped counseling sessions.

## **Findings**

Analysis of transcripts from interviews produced the five themes: (a) Amplification of Strengths, (b) Contextual Considerations, (c) Strength-Oriented Processes, (d) Strength-Oriented Outcomes, and (e) Positive Meaning Making (see Table 2). Each theme is presented next with supporting evidence from significant statements taken from the transcripts.

### ***Amplification of Strengths***

Therapists described Amplification of Strengths as a process by which positives of the client or the client’s context are emphasized. Exception finding, encouragement, and the therapist role of amplifier were the three meaning

units comprising the Amplification theme. Exception Finding is highlighting strengths when the client's tendency is to concentrate on adversity. In the following, amplification through exception finding is achieved by Therapist 2 through broadening the concept of positive relationships to counteract a failed relationship of the client:

I guess there was a client in particular who was dealing with the loss of a very significant relationship, a very difficult break-up. This was causing her to doubt who she was and doubt how she felt about herself. Body image kind of stuff, self-esteem kind of stuff. And that was an important place to point out the strengths that she has and the abilities that she has. To help her tell stories not just about what had gone badly but all the relationships that she had maintained and done very well in. Instead, talking about her as a good friend, daughter, sister so that she could build that self-esteem back up.

The same therapist refocused clients through exception finding by saying, "Oftentimes . . . clients come in talking about what is not working for them. And it's useful to be able to talk about what is working for them." Therapist 3 talked about reorienting clients to more successful areas:

You are still looking at what has gone well for them. Things that in their life they are proud of or achievements that they have had, sometimes for people artistically, writing wise-other areas that they are not focused on. Especially for college students, they are so focused academically, but there may be other areas . . .

Overall, exception finding meant amplifying client strengths when clients focused on problems.

Encouragement amplified strengths, and is defined here as a deliberate source of positive support for the client. Therapist 8 explained encouragement as pointing out client progress:

And we do a whole lot of "*All right, you did that? That's so neat!*" A lot of "*How do you see yourself now. . . . Could you ever, would you ever think you could do this six months ago?*" Helping them to recognize their progress.

Therapist 6 described encouragement as advocacy, being the client's positive voice:

Oftentimes I feel like I try to act as an advocate for my clients to be that positive voice in their life, where maybe they don't have that positive voice anywhere else. Oftentimes it's not coming from them. And if they are also having interpersonal difficulty, or difficulties within their larger social systems or their broader cultural context they may not be getting a lot of positive support. I often feel like I take on that role as advocate, as support system to help them identify their own strengths and resiliency.

Amplification of Strengths also meant acknowledgement of the therapists' role as the vigilant observer of client strengths. Therapist 4 described her role as "looking toward where they have been successful even in a fairly minor way . . . but to look at the elements of that to highlight that for the client." The same therapist stated it best: "There is a constant effort to highlight for her all that she has accomplished amongst all this adversity."

### *Contextual Considerations*

The Contextual Considerations theme provides direction for when and how to use client strengths. The three meaning units of the theme are (a) barriers to the use of client strengths, (b) client characteristics, and (c) matching strengths with problems. "Barriers to the use of client strengths" refers to client situations that prevent focus on strengths. For example, Therapist 7 noted that crisis situations limit strengths work: "I think when you have someone in crisis you can kind of talk about strengths, but until you can manage some of the symptoms it's hard to spend much time on that." Therapist 2 further explained that a problem focus is oftentimes desired by the client and necessary to directly address the client's concerns:

It [strengths focus] can be used and should be used, but after the crisis has past (only) in certain ways. It's never exclusive because people have gotten here because there are *problems*. And so, I would turn into a cheerleader if I were just focused on what they do well.

Client characteristics also determine when strengths are used and include abilities, preferences, developmental level, and current client states. Each client characteristic influences the decisions therapists make about when and how to use client strengths. Therapist 4, who identified as psychodynamic, saw the client's developmental level as significant:

And so, most pre-adolescents aren't going to be able to develop the true insight, emotional insight, as opposed to the intellectual insight that is going to be helpful to them. And so there I might be with the younger child, might be more directive. I might offer some ways of conceptualizing their experience that could help them into the transition into adolescence and transition into adulthood. And certainly not conceptualizations that distort the experience but present it in a more helpful context that actually is supportive of their ego functioning.

The same therapist considered the client's current state and ability to handle the promotion of strengths:

I may see something that makes perfect sense for this person but that may be three steps beyond where they are at, and to put that out there, I might even get some intellectual understanding about where I'm going with it, but it's not going to affect change because it is beyond where they are and ability to make that change at that moment.

"Matching with problems" refers to aligning the context and presenting problem with an appropriate emphasis on strengths. Therapist 6 explained the categories of problems that guide her use of strengths:

...clients who are dealing with more existential, where do I fit in this world, self-esteem stuff, low self-confidence. Wanting to come in for more personal growth, even with family of origin issues I'm going to be a lot more strengths based. So in those, they don't have a specific behavioral component, it's not like they are looking to do anything differently or eliminate a particular behavior. More of the work they are doing is internal, so that lends itself to a strengths-based approach.

The same therapist gained increased commitment by incorporating the client's perspective about his or her strengths and by validating the client for knowing what is most effective for the client:

... So that's a way of capitalizing on client's strengths and following their lead and supporting what they think is going to work. I am a firm believer in that clients know themselves a 100 times more than we ever will, even if we would see them every single week for 5 years. They know themselves better than we do, and it's really important to tap into what are the client's strengths and what works for them.

Overall, the contextual considerations theme emphasizes the importance of using strengths that are most advantageous, appropriate, effective, and fitting with each client's individual context.

### ***Strength-Oriented Processes***

The Strength-Oriented Processes theme has four meaning units: (a) the identification process, (b) the therapeutic relationship, (c) therapist as agent of change, and (d) client participation in identifying strengths. Overall, "Strength-Oriented Processes" are therapy experiences that identify, develop, emphasize, and refine strengths. Identifying strengths was explained by Therapist 6 as explicit: "I'm also going to be able to identify strengths by just asking and exploring that and having clients come up with their strengths on their own." Therapist 2 talked about expanding clients' perceptions of options:

It's their definition, it's my . . . always trying to expand their views. I guess I see therapy . . . one of my basic views of therapy is expanding options. Always expanding options. That might be emotions, interpretations, conclusions, choices . . . because my sense is that all get stuck because we get zeroed in on "I can't do it any other way, or I can't think it any other way or blah blah." And so our work as therapists is not to substitute one choice for another but to add choices.

Therapist 7 described identifying strengths as an exploration process and one in which the therapist might guide the client towards:

If you are going to help clients move from there, you are going to have to rely on their strengths to do that. And they all of course have them so it's not difficult to do. But it's often something that they don't see, so it's something that requires some sort of pointing out or exploration because often clients aren't very good about seeing their strengths. Their filter is letting the bad stuff in and not so much the good stuff.

The therapeutic relationship as a strength-oriented process refers to aspects of the interaction and experience between therapist and client that can be utilized by the client as a source of strength. Therapist 6 described this process as examining how the client interacts with the therapist and pointing out the strengths of that interaction:

I think I can identify some strengths just by paying attention to what is going on in the room . . . so that is really important. I'm going to utilize their ability to develop a relationship with me, their commitment to their work in the room is going to be important, and I can use that as a way to identify strengths.

Therapist 3 spoke about the importance of trust within the therapeutic relationship as a strength and also a strength used to build strengths:

I need a client to really believe in what I'm saying and for me to get that sense, that intuitive sense I guess, or the way they are disclosing or how they are relating with me. I'm starting to feel like they really do trust this, they are trying to take more risks.

Therapist 5 described the power of providing a real experience for the client in therapy to facilitate strengths work:

I try to do that along with the process every time I meet with my clients. Being dependable, using humor. Genuinely demonstrating my care for them by such things as they may ask for a letter for a professor or they will want to call because they are struggling and I will try and get them in if they need to. I just think that's . . . that maybe the only time, it's just kind of that underlying component of whatever I do because I think having a strong relationship with them, one that's built on our own strengths, make it that much easier to hear and accept their own strengths and wanting to use those to make changes. Or seeing me as genuine when I say, this is what you have going for you or what you have to offer. I think it makes it that much more meaningful to them when it's coming from someone who they have a strong relationship with.

Therapists described acting as agents of change and, therefore, being sources of strength to clients. Therapist 8 mentioned the support she gives her client as strength engendering:

Someone to believe in them is their strength. Some people that come in here are only hanging onto a thread. And if we go away and we don't believe in them, that thread goes away and they are like, why should I continue?

The same therapist talked of being an agent of change by persistently pointing toward client strengths:

Sometimes you have to be a cheerleader for your client. They don't believe it, but the saying, "fake it till you make it." You tell them enough and you point out the strengths enough and they start to recognize it. Especially with depression, people don't see anything. So calling out those assets are very important. I think it is the therapist's job to point out to the client, "This is what I'm seeing," even when they don't want to hear it.

Another way therapists were change agents for their clients was through modeling:

Taking it session by session and I don't use that word "mistakes" with clients, unless I think it will be helpful for them to hear, that I can be a person and make errors. To build a better therapeutic process. (Therapist 3)

Therapist 2 described the strength in pointing out the effort clients put into therapy:

Obviously, if they do homework and they follow through on it I will talk about how that was for them. And if they did it in spite of it being hard, I will appreciate with them that it was hard and it was important that they do it.

Therapist 5 discussed the therapeutic process of collaborating with the client to find strengths:

I tend to try to find something so they feel good about what they are doing and they come back that next week. Usually it's easy for me to find something. And then, when I do say that maybe things have changed from the previous week, I'll ask them about it. How they thought it came to be. And then they also gain that awareness too so they can identify that. So it's kind of a collaborative way to identify that. But I usually find those and connecting, How did that change occur? What made it happen?

And Therapist 6 spoke about the strong impact of generalizing what is being worked on in therapy to the client's world outside of therapy:



It's also going to be important to notice what is going on outside of the room. I can really capitalize on strengths if we have talked about a certain thing or maybe I have asked them to do something extra or think about something and next time they come in next week they are going to share a story about how they thought about what we talked about the previous week and found themselves utilizing whatever we talked about and putting it to the test. That is a huge strength that they are willing to utilize what we have talked about, and it shows they are committed to the therapeutic process, they are taking it seriously and that they are committed to doing something different in their lives.

### *Strength-Oriented Outcomes*

Therapists identified the three meaning units of (a) instilling hope and empowerment, (b) self-awareness, and (c) goals and motivation comprising the theme Strength-Oriented Outcomes. Therapist 6 believed it was crucial to first be hopeful before the client can gain hope and empowerment:

My role as therapist is to hold hope for the client when they are not able to hold it for themselves. I always instill hope they will improve, instill power in the human spirit, to promote hope that they have been through difficult times before and have made it through. I kind of see me being the beacon of hope and carrying it for them. And for a lot of clients they aren't able to hold that hope, they have no hope that they will get better. They can't think they will get better at least in the beginning. With clients if you can hold it for them and if you have hope in the process of therapy, there will be positive therapy outcomes.

The same therapist explains instilling hope as taking time until clients start believing in themselves:

I do believe when that happens clients will be able to buy into that. Of course, a lot don't at first, but I think over time clients can buy into that on their own and feel that they do have something going for them. That they are not a lost cause. That their problems do have a solution and things can get better.

Self-awareness was another outcome of the use of client strengths. Therapist 6 saw the development of self-awareness as fundamental to strength-oriented work: "That's a cornerstone too of strengths-based approach; it's

helping people recognize what they are capable of and helping them recognize their potential.” Therapist 2 explained that self-awareness by itself is strength: “If I know more about myself, I know what sets me off, what my weaknesses are, if you will. That’s strength. Strength isn’t just . . . you do this well. Strengthening is about self-knowledge.”

Goals and motivation, the third set of outcomes related to strength work, were seen as going hand in hand. Therapist 1 stated, “A lot of times clients are motivated and have goals, very specific goals. And to use that and help them understand these are very positive things about themselves and are very important.” Goal-setting was seen as the next step by Therapist 8 after strengths had been identified:

I would incorporate strengths, I would build on, you have the ability to ask for help. Now you’ve asked for help. The next plan is what do we do? Being able to identify goals is a strength. Even if it’s just a small goal. I’m going to get up every day at 8 o’clock. Or, my goal is I’m going to wash my hair every day. Well, you care about yourself and how you look. We incorporate that into a daily regime.

Therapist 5 summed it up by saying, “Basically, use strengths to increase their motivation to want to make change in their life.”

### *Positive Meaning Making*

The final theme, Positive Meaning Making, was the most multifaceted. Therapists explained that strength-oriented meanings were derived from the narratives clients provided about their past life experiences about how they coped with their difficulties. Positive Meaning Making took five different forms, represented by the following meaning units: (a) reframing, (b) balancing strengths and problems, (c) use of metaphor to access strengths, (d) resiliency, and (e) generalization of strengths.

Reframing meant the therapist first picked out the positive in what the client could only see as negative. While the client selectively attended to the negative, Therapist 2 reframed by selectively attending to the positive or the strength embedded in a situation:

Things that I hear they are doing well that they have overlooked, or that they don’t see as strengths because they have had an interpretation of them as negative. Because someone has said “John, you are too

loud.” So they think they have to talk less or quietly. That might be an opportunity for us to work with how that might actually be a strength, but because someone else interpreted it as a liability we call that into question. It might be, but it might be a strength.

Therapist 5 described reframing as changing the cognitive structure by which clients view their situations to recognize the positive:

The ones I think most necessary are those so preoccupied and focused. Oftentimes those that are very depressed, that just cannot see any reason to live or that they have any strengths to offer. It is really important to change their cognitive framework, to see outside of that in order to make some changes.

Therapist 8 described the positive reframe of surviving or persisting:

And bring up strengths that they may not have even thought about, like being a survivor instead of being a victim. That’s a strength. Just sometimes being in the counseling office, having the strength to ask for help is a strength. Sometimes you have to be really creative with clients when they aren’t sure what their strengths are or what strengths they have. Just the fact that they are there with you is a strength. The fact that they recognize their problem, that’s a strength.

Therapist 4 viewed the balancing of strengths and problems as helping a client form a new meaning in which a trait could be both a strength and a deficit. For example, a client’s intellect was viewed as both a positive and a negative. “I probably had some awareness of her intellect and saw that as a strength, but also again was a double edge sword. Her intellect was, at times, used as a way to distance herself from that pain.” Striking a balanced meaning between positives and negatives was seen as essential to maintain authenticity. Therapist 2 stated:

Too negative is not realistic, overly glossing over and saying I’m the greatest thing since sliced bread is not any more realistic: those are the extremes. My work is trying to . . . there are times to think this way and there are times to draw on both of those in the middle.

Metaphors were seen as an important tool to understand strengths. Therapist 4 used the metaphor of a lotus flower:

There's this metaphor . . . a lotus. Lotuses apparently thrive in muddy water and the metaphor that beautiful things can emerge from this sort of muddy environment if you will. So I've been working with her, not on specifically on that metaphor, but to embrace that notion.

Therapist 2 used the metaphor of the immune system in explaining the process of helping clients to realize parts of themselves that they can draw from when problems arise:

. . . strengthen the immune system. If the client begins to see themselves in broader ways and more realistic ways. Then if one thing goes wrong, which of course it does, if something goes wrong it doesn't have to be catastrophic. Because they see their identity in broader terms. That is akin to the immune system. I try to see myself as helping them strengthen themselves, but we are doing it together.

Almost all the therapists mentioned the concept of resiliency as an important positive reframe. Therapists described resiliency as survival of trauma, or through distress and through survival one could realize their strengths. For instance, Therapist 2 stated:

It was really important to point out everything she had actually lived through, not in terms of these are the horrible things that have happened, but the fact that she continued to get up every morning and do the things that she needed to do and take care of herself and take care of her family. That was a huge strength for her.

Positive meaning making also included the generalization of strengths by reminding clients that strengths helpful in one context could be applied in another. Therapist 4 explained, "We then look for ways . . . in the therapeutic work toward expanding or generalizing." An example of generalization was the incorporation of a strength in a plan to address a problem. Therapist 6 explained:

We started to open a dialogue about, Are there ways that she can incorporate her talent and her passion into this conversation or this plan of talking to her parents about this relationship? She came up with this plan on her own that she would like to write a short story about it. She would write about her and how her partner first met, how their relationship grew.

Overall, positive meaning making consisted of therapists recognizing client characteristics or past experiences in strength-oriented ways, relabeling these through the use of metaphor or as resiliency, and encouraging clients to apply their strengths in problem areas of their lives.

Next, structural and textural descriptions are given, and the conclusion provided an overall essence of the phenomenon. The structural description includes what the therapist described as doing when using client strengths, while the textural description is the composite experience for the eight therapists' perceptions of their use of client strengths. The essence then follows as a composite textural-structural portrayal of the phenomenon (Moustakas, 1994).

### *Composite Structural Description*

Therapist strength-oriented structures were tools therapists employed to uncover and use client strengths. Exception finding, encouragement, and persistently watching for strengths in the midst of client problems were perceived by therapists as helping to amplify and heighten awareness of strengths. Metaphors, framing coping and survival as resiliency, and positive reframing were tools to bring strengths to clients' conscious awareness. The therapists' use of self and use of the therapeutic relationship were tools to experience the client's strengths. The principles of timing and balancing strengths with a problem focus were described by therapists as means to maximize the utility of strength work. An identification process was invariably referenced in which the therapist explicitly asked clients to talk about their strengths. Therapists perceived themselves to be agents in identifying, using, and generalizing strengths. Hope, empowerment, heightened awareness, focus on future goals, and increased motivation were identified as products of the use of client strengths in therapy.

### *Composite Textural Description*

Therapists experienced the use of client strengths as vigilantly looking for and finding strengths in their clients, even as their clients were narrowly oriented toward problems and despair. Therapists described their experience with client strengths as being influenced by client demoralization and feeling hopeless. They reported making decisions about how much focus to put on the problem and when to introduce the strengths the therapist had discovered. Many times as clients perceived problems or deficits, the therapist would reframe struggles as proof of client strengths. Realizing hope was perceived by therapists as a constant struggle for clients and sometimes for the therapists

as well. Thus, the therapists of this study saw the use of client strengths as a means of increasing hope for the clients and themselves. The therapist was the client's agent in discovering the strengths the client was unable to perceive. The therapeutic relationship was at the core of strength work, and therapists would experience client strengths firsthand through the relationship.

## **Essence**

Therapists of this study employed methods to identify strengths with their clients and balanced the use of strengths with a problem focus. Strengths were perceived by therapists as fortifying clients against problems. Therapists were vigilant about expanding client perspectives and fostering client awareness to include more positive views of self. Therapy offered an opportunity to expand client meanings about strengths through techniques such as reframing, exception finding, and using metaphors. Therapists explicitly asked clients about strengths. At other times, strengths were revealed more strategically as the context permitted or through a collaborative interpersonal process. Strengths emerged through the process in which the therapist assumed a role of change agent advocating for the client. Therapists viewed their role of holding hope for clients as essential to empower clients to be more hopeful. When therapists perceived the client was unable or unwilling to see their strengths, therapists reported filling this void sometimes by uncovering strengths buried underneath client problems. The use of client strengths was more than being encouraging and pursuing positives. It was an authentic process in which therapists genuinely believed in the client and trusted that the therapeutic process would uncover positives the client could value. Meanings were formed about strengths by the therapist listening and reframing. Resilience, hope, self-efficacy, and empowerment were linked as strength-oriented concepts in therapy. The client's investment in therapy and the therapeutic alliance became strengths upon which to build and to generalize beyond the therapeutic context.

## **Discussion**

This phenomenological study examined the experiences of eight therapists in their use of client strengths in therapeutic practice. Qualitative analysis of transcripts from interviews with each therapist revealed a sizeable number (i.e., 266) of meaningful statements about their use of client strengths. The statements were analyzed and organized into five themes: (a) amplification of strengths, (b) contextual considerations, (c) strength-oriented processes,

(d) strength-oriented outcomes, and (e) positive meaning making. The themes not only represent the use of client strengths but also consist of many mainstream, common therapeutic practices cutting across approaches. When queried, therapists talked easily and readily about their use of client strengths in the therapeutic process. Findings indicate the pantheoretical nature of the use of client strengths and that strength-oriented processes are used regularly by experienced therapists. Therapists described strength work as having many advantages. It was perceived as building trust in the therapeutic relationship, motivating clients and instilling hope, and demonstrating the therapist's hope for and belief in the client. Therapists also reported that the use of client strengths broadened client perspectives about themselves, about the problems for which they had sought therapy, and about how change could occur.

Looking back at Gelso and Woodhouse's (2003) review of positive therapy and the use of client strengths, several strength-oriented strategies pinpointed by them were also revealed in the therapist-participant reports. Thematic categories from traditional therapy clusters that resonated with the findings from this study included (a) reinforcement and support in CBT, (b) authenticity and self-acceptance in humanistic-experiential, and (c) insight and emphasis on the adaptive capacities of humans. But more clearly identified were strength-oriented conceptualizations and therapist enactments. These included asking directly about client strengths or pointing out client strengths, finding strengths within the therapeutic relationship, uncovering strengths embedded in deficits or defenses, using positive reframing, and contextual interpretation of strengths.

Findings from our investigation also compared favorably with positive therapy models. Wong's strength-centered model of explicitizing, envisioning, empowering, and evolving was represented in the findings through therapist reports of social constructions of more explicit identification and broadening of client strengths. Envisioning was represented by goal-setting, fostering hope, and a future orientation. Empowering took the form of encouragement and amplification. The generalization of strengths to contexts outside of therapy (i.e., evolving) was indicated in many forms by the therapists. Smith's strength-based model includes the creation of the therapeutic alliance, identification of strengths, instilling hope, forming solutions, changing meanings, and empowering, each of which is represented in our findings.

The postmodern constructivist therapies reviewed in preparation for this study also overlapped with the therapists' reports of the use of client strengths. The concepts of engendering hope and countering demoralization are shared

between the contextual psychotherapy model and our findings. Exception finding and the persistent pursuit of strengths were reported by the therapists of this study and are also important tools of SFT. Reframing, exception finding, complimenting, and capitalizing on strengths and positives are foundations of Positive Family Therapy and also have threads throughout our findings. Finally, Fredrickson's (2001) Broaden and Build theory emphasizes the broadening function of positive emotions. Instilling and broadening more positive emotions and cognitions like hope were indicated to be integral to the work of the therapists in this study. Broaden and Build theory of positive emotions posits that negative emotions narrow focus, while positive emotions result in hope, alternative solutions, and positive energy. Findings from the present study support this perspective. Therapists reported efforts to expand clients' experiences of their problems to also include strengths. Therapists described this effort as important for clients to conceptualize beyond the problem and find ways to improve functioning. Similarly, the building function of Broaden and Build is represented in our findings by therapist reports of their consistent use of the concept of client resiliency.

We also discovered an unexpected finding in our analysis of therapist views of the relationship between problems and strengths. Instead of viewing problems and strengths at the two ends of one continuum, therapists indicated striving for equal attention to both. Therapists saw problems and strengths as comprising two different continuums, making it possible to simultaneously concentrate on the client's problems and his or her strengths. Problems and strengths were seen in balance. Too much emphasis on one would diminish or undeservedly minimize the other.

Wright and Lopez (2002) advocate for the four-front approach to client assessment: (a) Areas of client weakness, (b) areas of client strength, (c) deficits or destructive forces in the client's environment, and (d) assets or resources in the client's environment. As can be seen, the four-front assessment that comes out of the positive psychology movement is a balanced method of identifying both strengths and deficits and provides evidence that problems can be equally attended to along with strengths in positive forms of therapy.

Clients more intensely influenced by their problems or clients in crisis were two situations identified as less appropriate for the use of strengths. In addition, therapists were very aware of the importance of listening to and integrating client conceptions of their strengths into therapy. Furthermore, we found therapists viewed the identification of strengths to be an evolving, ongoing process not confined to the early stages of therapy. Generalization



and broadening of strengths in addressing problems was a major ongoing goal of therapy.

Findings support the pantheoretical nature of the use of client strengths in therapy (Gelso & Woodhouse, 2003). Strengths work was integrated into the work of all participating therapists, who identified across a wide range of theoretical approaches that included cognitive-behavioral, psychodynamic, solution-focused, interpersonal, humanistic, feminist, multicultural, and common factors. The present research findings revealed the matching nature of interventions and strengths that previous findings by Conoley et al. (1994) and Scheel et al. (1999) had suggested. Therapists talked about meeting clients where they were, using the client's language, and determining interventions based on what clients said and what clients could handle.

Future research should replicate and build on the findings from this study by connecting strength-oriented practice to outcome. Future questions to investigate should include investigations of dosage, timing, and context. Does effectiveness correspond to the amount of strength work done in therapy? When is the use of client strengths most effective? What contexts must be considered when using a strength focus with clients? Does cultural context influence the use of strengths in therapy? Categories or coding systems for strength-oriented processes could be based at least partly on the themes identified in this study, and these categories could be used to explore effectiveness. The subjective experiences of clients in strength-oriented therapy also should be examined. Does more strength-oriented practice act to increase hope, positive emotions, and positive energy for change? Does the use of client strengths promote stronger working alliances or more motivation for therapy?

Of course, the findings of this research are limited. Only eight therapists participated. The examination of the use of client strengths relied on therapist recollections. Thus, the perceptions of the therapists are not what actually occurred but rather their perceptions of reality. Future research should study the use of strengths as it occurred in therapy. The goal of this study was to gain a deeper and richer understanding of the experiences of therapists in their use of client strengths in psychological treatment. Thus, the research is limited to only the therapist perspective and only the perspectives of the eight therapists of the study. Our research lends support without being conclusive for the premise that strength work is common in therapy. More importantly, this study provided more information about how the use of client strengths in therapy unfolds, at least for the therapists interviewed. Further limitations arise through our method of purposeful sampling. We recruited therapists

with the goal of maximizing the number of theoretical perspectives represented through the therapists. The sample also was one of convenience in that we chose therapists willing to participate and available to us. We realize that the therapists in our study probably have more in common with us than not. Thus, their perspectives are more likely to reinforce our viewpoints than provide contrary evidence. Further research should set up stringent tests designed to answer questions of quantity and prevalence of strength-oriented methods.

Overall, this research laid the groundwork for future examinations of strength-oriented therapeutic practice. This study also was an initial scientific effort to validate theories about the use of client strengths in therapy. The themes found here can form the basis of a taxonomy of strength-oriented processes in therapy. Finally, this study represents research in counseling psychology that explicitly advances one of the core identifying characteristics of our field, the use of strength-oriented therapeutic practice.

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