Strength-based assessment has received considerable acceptance from across a wide range of stakeholders involved in youth services including child welfare (Saleeby, 1992), mental health (Lourie, Katz-Leavy, & Stroul, 1994), family services (Dunst, Trivette, & Deal, 1994), and education (Nelson & Pearson, 1991). Several education and mental health initiatives as well as established treatment models have stressed the need for strength-based assessment including the Child and Adolescent Service System Program (CASSP) (Stroul & Friedman, 1994), the U.S. Department of Education’s National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance (1994), multisystemic therapy (Henggeler et al., 1998), and the wraparound approach (VanDenBerg & Grealish, 1996). Strength-based assessment has been defined as “the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development” (Epstein & Sharma, 1998, p. 3). In this chapter, we briefly overview strength-based assessment, discuss informal and formal assessment techniques, and end with applied examples of strength-based assessment.
OVERVIEW OF STRENGTH-BASED ASSESSMENT

Strength-based assessment is founded upon the following set of beliefs:

1. All children have strengths.
2. Focusing on children’s strengths instead of weaknesses may result in enhanced motivation and improved performance.
3. Failure to demonstrate a skill should first be viewed as an opportunity to learn the skill as opposed to a problem.
4. Service plans that begin with a focus on strengths are more likely to involve families and children in treatment.

All Children Have Strengths

A primary goal of practitioners and researchers in the social sciences has been the development of assessment tools that provide reliable and valid indicators of various skills. In general, assessment instruments have been used to identify deficits or problems in an individual’s or a group’s performance for the purpose of screening, diagnosis, identification, or remediation. In the area of emotional and behavioral disorders, there are many formal assessments that possess strong psychometric properties and provide useful information to practitioners and researchers. These include the Revised Behavior Problem Checklist (Quay & Peterson, 1987), Behavior Rating Profile (Brown & Hamnil, 1990), and the Child Behavior Checklist (Achenbach, 1991). However, the deficit-oriented focus of these measures may unnecessarily limit the range of information collected on the behaviors of children by reducing the focus of those who provide the data. Such a restricted focus may result in the failure to collect additional information about individuals that may be relevant to developing, implementing, and monitoring comprehensive service plans, such as individual education programs (IEPs). The field of assessment is certainly not limited to the identification of problems and weaknesses, however. Salvia and Ysseldyke (1998) define assessment at its most general level as a process for gathering data to inform decisions about a group or an individual. From this broader standpoint, information about strengths is equally as important as information about weaknesses. Thus, strength-based assessment fits within a holistic model in which each child is viewed as an individual, possessing unique strengths and weaknesses. Such a focus may change the current assessment approach that emphasizes “fixing” a child’s deficits to an emphasis on enhancing a child’s strengths. If professionals focus on the identification and development of strengths, children may develop a stronger foundation upon which to face personal challenges.

Focus on Strengths

When professionals focus on a child’s deficit areas, they may inadvertently respond to the child more negatively and with less enthusiasm. A child may read this either as “giving up” or as a lack of interest, which may lead to less motivation to change or grow. As Krall (1989) noted, “If we ask people to look for deficits, they will usually find them, and their view of the situation will be colored by this. If