Positive Psychological Assessment: Using the Balanced Diagnostic Impressions Model

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Introduction

• Psychological assessment is fundamental within the work of applied psychologists:
  o Guides diagnostic decisions
  o Informs treatment planning
  o Provides the means to evaluate the process and outcomes of therapy

• Traditional practices have resulted in assessment methods that are skewed towards negative traits and functioning (Lopez & Snyder, 2003; Seligman & Csikszentmihalyi, 2000).
Introduction

• Substantial shift in this practice with the growing body of positive psychology research, resulting in a number of tools available to practitioners (e.g., Lopez & Snyder, 2003; Magyar-Moe, 2009).

• In this workshop, participants will learn how to utilize the Balanced Diagnostic Impressions Model of Assessment (DICE-PM; Owens, Magyar-Moe, & Lopez, 2015)
  o Built upon and integrates recommendations for a comprehensive approach to the practice of positive psychological assessment in a therapy context
  o Recalled via the acronym DICE-PM
Enhancing Assessment via Strengths Theory

• Understand and build from strengths while managing (vs. solely focusing upon repairing) weaknesses.

• More common approach: “Let’s fix what is wrong and let the strengths take care of themselves.”
Example of the “Fix-It” Approach

“Suppose your child came home with these grades, two A’s, a B, a C and a low grade, such as a D or F. Which of these grades would you deem worthy of considerable conversation/the most attention?”

Question posed by the developer of StrengthsFinder, Don Clifton of Gallup
Common Fix-It Approach

Grades Upon Which Parents Would Focus

- D's and F's: 77%
- B's and C's: 17%
- A's: 6%
Strengths vs. Weaknesses

“Which would help you be most successful in life -- knowing your weaknesses and attempting to improve your weaknesses, or knowing what your strengths are and attempting to build on your strengths?”

Question posed by the developer of StrengthsFinder, Don Clifton of Gallup
Strengths vs. Weaknesses

59% Building Strengths
41% Improving Weaknesses
Strengths Theory

• Studying weaknesses does not lead to understanding strengths any more than studying mental illness reveals how to foster mental health

• Focusing on strengths leads to excellence

• Key = Balanced perspective!

(Clifton & Nelson, 1992)
Strength Development

• Three stages:
  1) Identification of strengths
  2) Integration of strengths-related knowledge into how an individual views himself or herself
  3) Behavioral changes in accord with capitalizing on strengths

(Clifton & Harter, 2003)
Enhancing Assessment via the Four Front Approach

• Data-gathering method
• Attention is given to:
  • Identifying undermining characteristics of the client;
  • Identifying the client’s strengths and assets;
  • Identifying lacks and destructive factors in the environment; and
  • Identifying resources and opportunities in the environment

(Wright, 1991; Wright & Lopez, 2002)
Four Front Approach

<table>
<thead>
<tr>
<th>Individual</th>
<th>Environmenta</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

(Wright & Lopez, 2002)
### Four Front Approach Example

<table>
<thead>
<tr>
<th>Individual</th>
<th>Environmenta</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Creative</td>
<td>- Close family</td>
</tr>
<tr>
<td>- Compassionate</td>
<td>- Roof over their head</td>
</tr>
<tr>
<td>- Emotional dysregulation</td>
<td>- Unemployed</td>
</tr>
<tr>
<td>- Disorganized</td>
<td>- Lack of close friendships</td>
</tr>
</tbody>
</table>

(Wright & Lopez, 2002)
Strength Measures

• The Clifton StrengthsFinder & Clifton Youth StrengthsExplorer (Buckingham & Clifton, 2001)
• The VIA Inventory (VIA) (Peterson & Seligman, 2004)
  o adult and youth versions
• The Search Institute’s 40 Developmental Assets (Benson, Leffert, Scales, & Blyth, 1998)
• Preschool Strengths Inventory (Owens, 2011)
Enhancing Assessment via Attention to Client Cultural Identities

- **ADDRESSING** Model of Cultural Assessment (Hayes, 1996; 2001)

- Use in a complementary manner to assess both strengths and weaknesses associated with each of the 10 components of cultural identity:

  Age and generational influences
  Disability status (developmental disabilities)
  Disability status (acquired physical/cognitive/psychological disabilities)
  Religion and spiritual orientation
  Ethnicity
  Socioeconomic status
  Sexual orientation
  Indigenous heritage
  National origin
  Gender
The Absence of Mental Illness does NOT equal the Presence of Mental Health

Measure therapy outcome as a Complete State = Absence of Mental Illness AND Presence of Well-Being

(Keyes & Lopez, 2002)
Rating Scales to Assess Where One Fits Within the Complete State Model

- Global Assessment of Functioning Scale (GAF; DSM-IV-TR)

- Global Assessment of Positive Functioning Scale (GAPF; Magyar-Moe, 2009)
<table>
<thead>
<tr>
<th>Current <em>DSM-IV-TR</em> Global Assessment of Functioning scale (GAF)</th>
<th>Global Assessment of Positive Functioning scale (GAPF) to be used in addition to the GAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.</td>
<td>Optimal functioning in a wide range of activities, very high levels of psychological, social, and emotional well-being, and satisfaction with life. Consistently capitalizes upon strengths and has a strong sense of purpose and meaning in life.</td>
</tr>
<tr>
<td>Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.</td>
<td>High functioning in a wide range of activities, high levels of psychological, social, and emotional well-being, and satisfaction with life. Understands strengths and uses them fairly regularly. Has found some sense of purpose and meaning in life.</td>
</tr>
<tr>
<td>If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.</td>
<td>Moderate functioning in a wide range of activities, moderate levels of psychological, social, and emotional well-being, and satisfaction with life. Is learning about and beginning to implement strengths and develop a sense of purpose and meaning in life.</td>
</tr>
<tr>
<td>Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.</td>
<td>Moderate functioning in most activities, moderate levels of well-being in at least two of the following areas: psychological, social, or emotional well-being. Somewhat satisfied with life and aspiring to develop an understanding of strengths and a sense of purpose and meaning in life.</td>
</tr>
<tr>
<td>Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.</td>
<td>Moderate functioning in some activities, moderate levels of well-being in at least one of the following areas: psychological, social, or emotional well-being. Some dissatisfaction with life, lacking insight into strengths, and confusion about purpose and meaning in life.</td>
</tr>
</tbody>
</table>
Therapist’s Guide to Positive Psychological Interventions

High well-being symptoms

Incomplete mental illness (struggling)

Complete mental health (flourishing)

High mental illness symptoms

Complete mental health (flourishing)

Incomplete mental health (languishing)

(Magyar-Moe, 2009)
Worksheet 2.6 Plotting Client Functioning on the Complete State Model of Mental Health Using OQ-45.2 and MHC-LF scores

High well-being symptoms

Incomplete mental illness (struggling)

Complete mental health (flourishing)

High mental illness symptoms

Complete mental illness (languishing)

Incomplete mental health (floundering)

(Magyar-Moe, 2009)
Worksheet 2.2 Therapist's Guide to Implementing a Revised Client Assessment System Based on the Principles of Positive Psychology.

Seven-Axis System of Positive Psychological Assessment

Axis I: ____________________________________________________________
  (clinical syndromes and other conditions that may be a focus of clinical attention)

Axis II: ____________________________________________________________
  (personality disorders and mental retardation)

Axis III: ____________________________________________________________
  (general medical conditions)

Axis IV (broadened): ________________________________________________
  (psychosocial and environmental problems AND resources)

Axis V (broadened): Global Assessment of Functioning scale score: _____
  Global Assessment of Positive Functioning scale score: _____

Axis VI: ____________________________________________________________
  (client strengths)

Axis VII: ____________________________________________________________
  (client cultural background information)

(Magyar-Moe, 2009)
More Information Available:


- includes access to website with client handouts

- designed for busy practitioners and classroom use for counselor training
Balanced Diagnostic Impressions (DICE-PM)

- **Diagnosis**
- **Individual Strengths and Weaknesses**
- **Cultural Assets and Struggles**
- **Environmental Resources and Deficits**
- **Physical Wellness and Health Concerns**
- **Mental Health Category** (flourishing, floundering, languishing, or struggling)

Owens, Magyar-Moe, & Lopez (2015)
Example: Balanced Diagnostic Impressions

- **Diagnosis**: Generalized Anxiety Disorder
- **Individual Strengths**: persistent, open-minded, caring
- **Individual Weaknesses**: disorganized, impulsive
- **Cultural Assets**: privileged gender and age status
- **Cultural Struggles**: underprivileged racial and sexual orientation status
- **Environmental Resources**: supportive partner, safe living conditions
- **Environmental Deficits**: lack of current employment, conflict with parents
- **Physical Wellness**: avid runner
- **Physical Health Concerns**: hyperthyroidism
- **Mental Health Category**: incomplete mental illness; struggling
Case Example

- **Diagnosis:** Cognitive Disorder
- **Individual Strengths:** 
- **Individual Weaknesses:** 
- **Cultural Assets:** 
- **Cultural Struggles:** 
- **Environmental Resources:** 
- **Environmental Deficits:** 
- **Physical Wellness:** 
- **Physical Health Concerns:** 
- **Mental Health Category:**
Case Example

- **Diagnosis:** Cognitive Disorder
- **Individual Strengths:** ______________________________
- **Individual Weaknesses:** ______________________________
- **Cultural Assets:** ______________________________
- **Cultural Struggles:** ______________________________
- **Environmental Resources:** ______________________________
- **Environmental Deficits:** ______________________________
- **Physical Wellness:** ______________________________
- **Physical Health Concerns:** HIV positive
- **Mental Health Category:** ______________________________
Case Example

- **Diagnosis**: Cognitive Disorder
- **Individual Strengths**: __________________________________________
- **Individual Weaknesses**: __________________________________________
- **Cultural Assets**: ________________________________________________
- **Cultural Struggles**: African American in a largely White community
- **Environmental Resources**: adopted; devoted mother; excellent health care
- **Environmental Deficits**: homeschooled (not meeting academic standards)
- **Physical Wellness**: ______________________________________________
- **Physical Health Concerns**: HIV positive
- **Mental Health Category**: __________________________________________
Case Example

- **Diagnosis**: Cognitive Disorder
- **Individual Strengths**: humor; kind; loving; curious
- **Individual Weaknesses**: intellectual disability; learning disability; attention difficulties
- **Cultural Assets**: moderate SES
- **Cultural Struggles**: African American in a largely White community
- **Environmental Resources**: adopted; devoted mother; excellent health care
- **Environmental Deficits**: homeschooled (not meeting academic standards)
- **Physical Wellness**: physically fit; active swimmer
- **Physical Health Concerns**: HIV positive
- **Mental Health Category**: Struggling
What does this add to treatment?

• Use his strength of curiosity to enhance his learning
• Use his strengths of kindness and humor to face challenges related to possible stigma related to his health condition
• Rely upon his mother and quality health care to maintain his health
Your Case Example

- Diagnosis: __________________________________________
- Individual Strengths: _________________________________
- Individual Weaknesses: _______________________________
- Cultural Assets: _____________________________________
- Cultural Struggles: ___________________________________
- Environmental Resources: _____________________________
- Environmental Deficits: _______________________________
- Physical Wellness: ___________________________________
- Physical Health Concerns: _____________________________
- Mental Health Category: _______________________________
• Gerald is a 38 year old, successful accountant with a master’s degree. He grew up in a wealthy neighborhood with supportive, generous parents. Gerald has a number of friends, but has struggled in romantic relationships. He has never had a long-term romantic relationship. Gerald is an avid runner and is quite healthy, though he has 20% hearing loss in his left ear from a previous car accident. Gerald is a wonderful chef and has created award winning barbeque sauces. Since Gerald was 22 years old, he has heard voices (that others cannot hear) that often tell him he is “worthless and no good.” He also believes that the local grocery store is trying to steal his barbeque sauce recipe, so he has gone to extreme lengths to keep it secret. (The grocery store has no interest in Gerald’s recipe.)
Contact

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