

The Strengths Model: A Recovery-Oriented Approach to Behavioral Health Services

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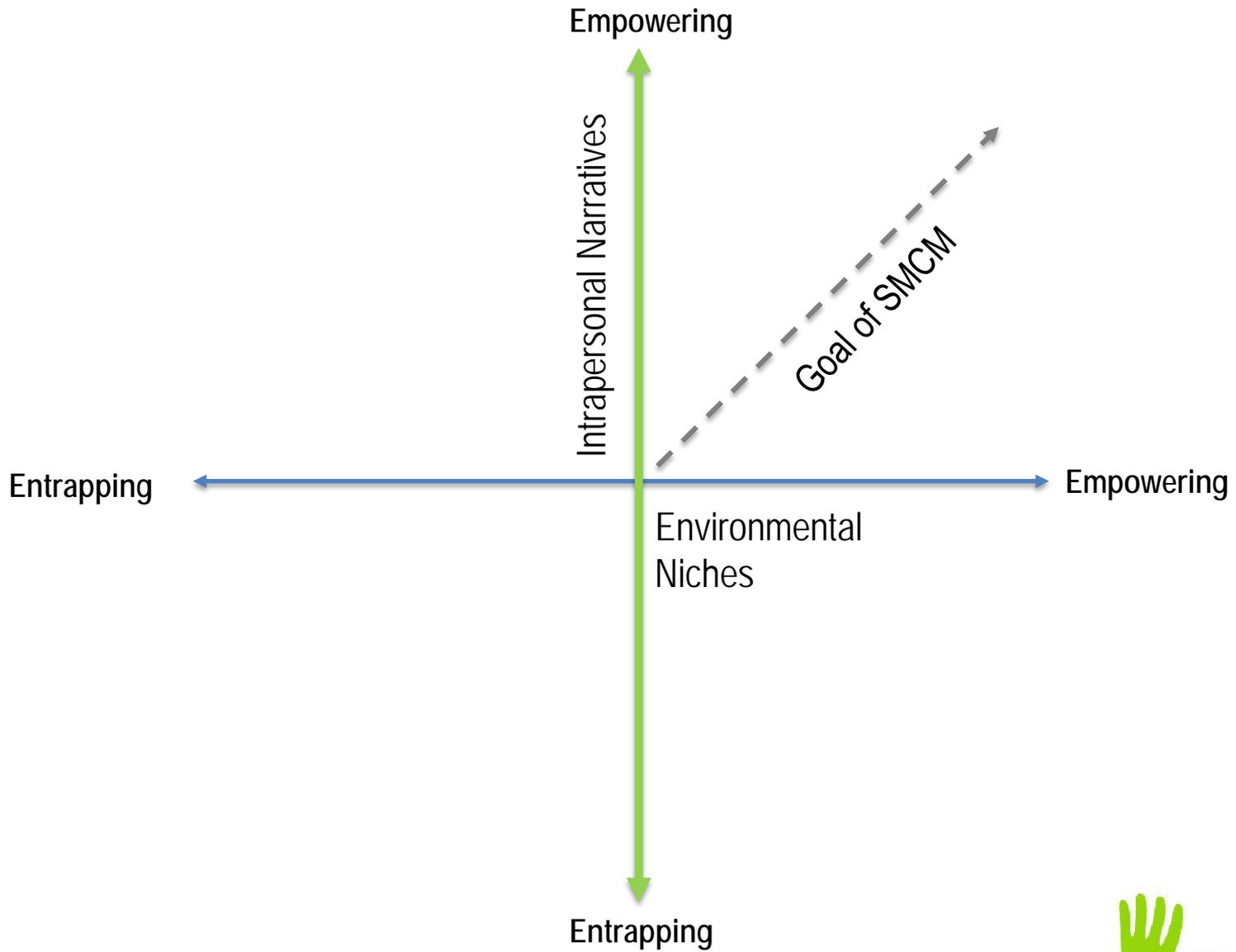
Goal of the Strengths Model

Help people build or re-build lives, beyond our systems of care, that bring meaning, purpose, and valued identity

Help increase people's ability to exercise power related to:

- * How they view themselves
- * How they interact with their environment





What is the Strengths Model?

An evidence-based practice that....

...combines concepts and principles of recovery, empowerment, and person/environment niches...

...with practical tools, methods, and practice interventions...

...to help people build or re-build lives worth living, beyond formal systems of care, that bring meaning, purpose, and positive identity.



The Context of Strengths Model Work

Recovery

- Meaning
- Purpose
- Identity



What People Want

Safe place to call home

Economic stability

Role with meaning, purpose, and valued identities

Connection to others

Connection with the community

To love and be loved

Feel safe

Support to stay well



The Context of Strengths Model Work

Engagement

- Understanding
- Hope
- Alliance

Tools/Methods

- Strengths Assessment
- Personal Plan
- Group Supervision

Recovery

- Meaning
- Purpose
- Identity



Principles of the Strengths Model

1. People have the capability to recover, reclaim, and transform their lives
2. Focus is on strengths versus deficits
3. The community is viewed as an oasis of potential resources
4. The person is the director of the helping process
5. The relationship with the person is primary and essential
6. The primary setting for our work is in the community

Target population for Strengths

Primary: Adults with serious mental illnesses and/or substance use disorders

Promising: Transitional aged youth (16-25), youth with severe emotional disorders (12-16); older adults (65+), individuals with chronic physical health conditions



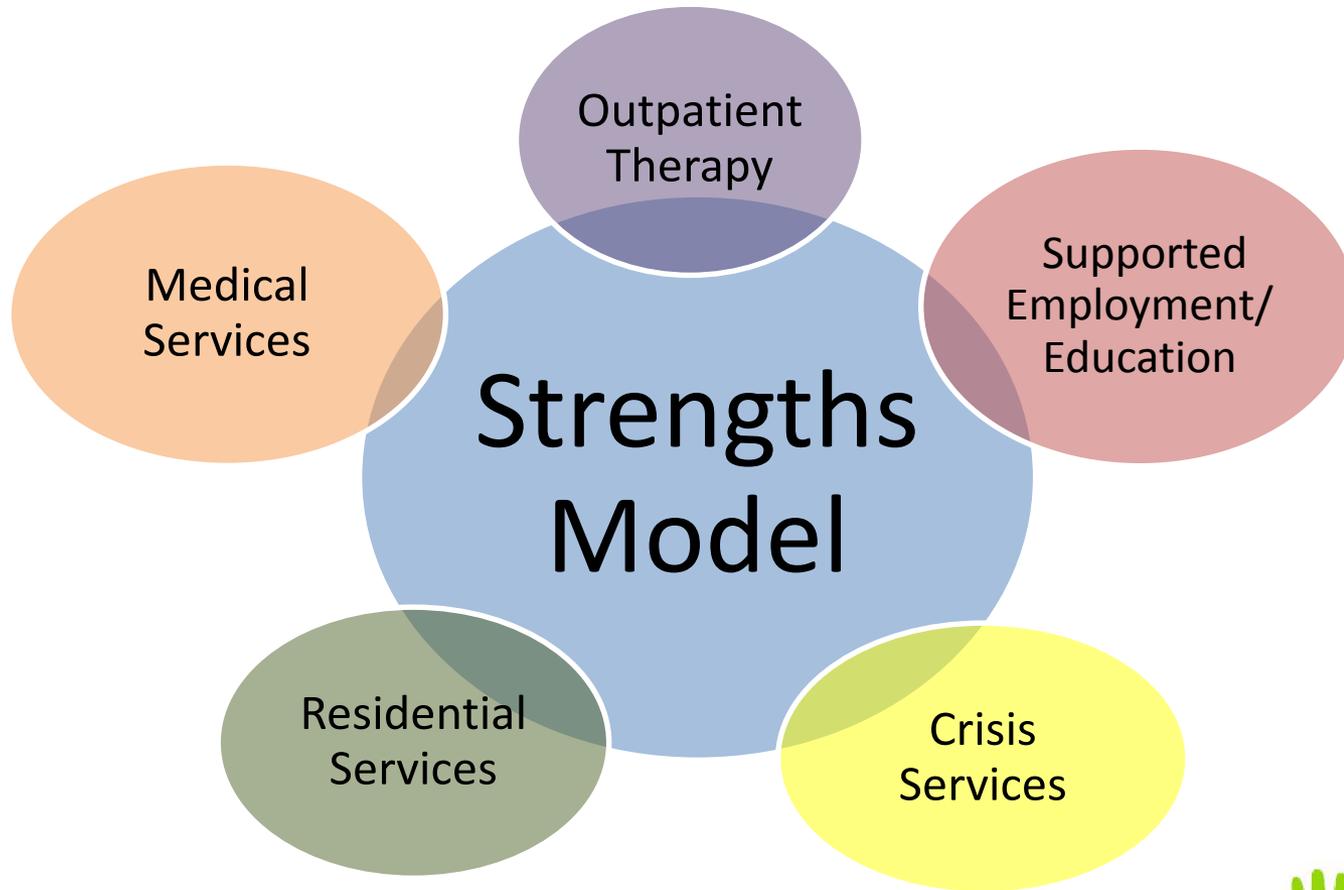
Primary providers of Strengths

Best fit: Community-based, direct service workers (i.e care managers, case managers, community support workers)

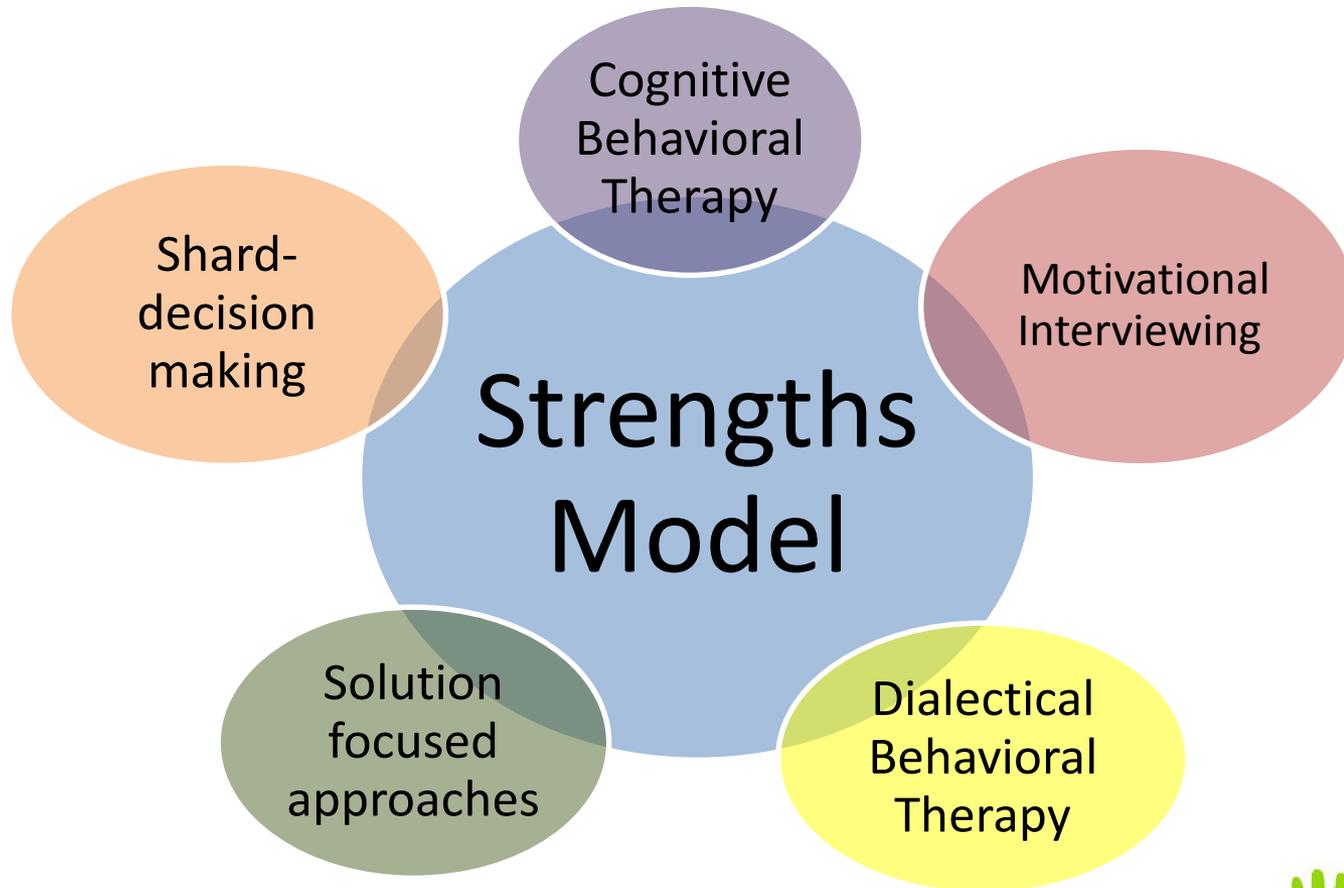
Promising fit: Peer support, supported employment, supported education, supported housing

Practical application: outpatient clinicians, crisis services, residential services

Integrative Role of Strengths



Compatibility of Strengths with other strengths-based, recovery-oriented approaches



10 Strengths Model Studies

- Psychiatric hospitalization
- Housing
- Employment
- Post-secondary education
- Symptoms
- Community involvement
- Social Support
- Social Isolation
- Quality of Life



Strengths Model Fidelity Scale

Nine-Item Scale divided into Three Core Categories

- **Structural**
 - caseload size
 - location of contact
- **Supervisor/Supervision**
 - group supervision
 - key supervisory behaviors (including reviewing tools and field mentoring)
- **Clinical/Service**
 - strengths assessment
 - integration of treatment plan goals
 - personal recovery plan
 - naturally occurring resources
 - hope-inducing behaviors (goal orientation and choice/autonomy)



Introducing Elizabeth



Overview of Elizabeth at the beginning of her road to recovery

33 year old, white, heterosexual woman

Living with mother and step-father.

Mostly isolated from community.

Frequent hospitalization (7 times in 2009)



Overview of Elizabeth at the beginning of her road to recovery

Frequent calls to crisis services (suicidal ideation)

History of childhood physical, sexual, and emotional abuse.



Overview of Elizabeth at the beginning of her road to recovery

Only lived once on her own (lasted 5 months)

Evicted from apartment and was homeless for two months

Re-entered the hospital

Returned to living with mom and stepfather



Where Elizabeth is now



Own apartment for five years

Sings in a church choir

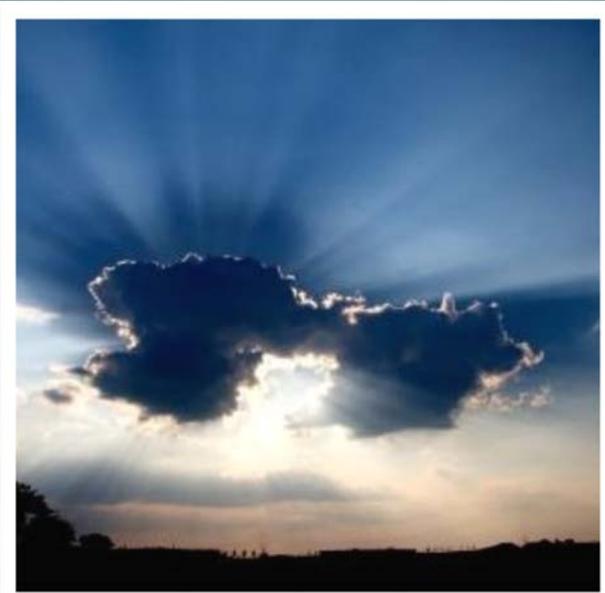
Helps out occasionally at nursery during
Sunday school classes

Has a close friend at her apartment complex

Has a dog



Where Elizabeth is now



Has been hospitalized twice in the past five years

Calls the crisis line periodically
(3-4 times a year)

Still struggles at times with depression, disassociation, voices, and suicidal thoughts, although less frequent

Is considering employment



Strengths Assessment

For Elizabeth W. (2010)

Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	Individual's Desires, Aspirations: What do I want in my life?	Past Resources – Personal, Social, & Environmental: What strengths have I used in the past?
Home/Daily Living		
<ul style="list-style-type: none"> - Currently living with parents (nice to have someone to eat meals with and do things with) - has own room: a place to get away if needed - grocery store close by - "I'm able to do almost everything on my own" 	<p>"I want my own apartment at Hitchcock Towers"</p>	<ul style="list-style-type: none"> - Had own apartment in Stillwell, OK for 5 months in 2004 - Did my own laundry, cooking cleaning, etc.
Assets - Financial/Insurance		
<ul style="list-style-type: none"> - Currently receives \$573 in SSI - Has Medicaid - Mom is rep payee (nice not to have to think about paying all the bills) - Will qualify for food stamps if I get my own place 	<p>"I want to be able to make my own decisions about what I spend my money on"</p>	<ul style="list-style-type: none"> - When in own apartment was able to pay my bills on my own
Employment/Education/Specialized Knowledge		
<ul style="list-style-type: none"> - Have been searching for a job on my own - Knowledgeable and skilled around housekeeping responsibilities - Knowledgeable about basic childcare - Knows basic first aid 	<p>"I want to get a job in a daycare center or some type of job working with kids"</p>	<ul style="list-style-type: none"> - Worked with mother doing housekeeping at several different motels - Graduated from high school in Mississippi - Took childcare course when I was a teenager - Has done babysitting for family members and others
Supportive Relationships		
<ul style="list-style-type: none"> - Mom (Sarah) is my biggest support (listens to me and can cheer me up) - Brother (Roy) can take me places if I need anything <p>Friend (Hanna in Oklahoma) – we still talk on the phone occasionally</p>	<p>"I would like to have more friends here in Kansas"</p>	<p>"I have always been close with my mom and brother"</p> <p>Ex-boyfriend (Kevin) used to be good support ("He helped build my confidence in myself")</p>

Wellness/Health		
- Lamictal helps with the depression – “I don’t feel suicidal as much”	“I want to continue to be healthy”	“Going out and doing things made me feel better about myself” (e.g movies, sporting events, shopping, etc.)
“Talking to others about how I’m feeling helps with depression”		
“Doing something active helps me feel healthy”		
Leisure / Recreational		
- Enjoys music (Country), listing to radio, singing, and dancing (two-step, line dancing)	“I want to make more friends and spend time with them”	- used to be in girl scouts - went out for track and basketball in high school - used to go camping and canoeing
Talking on the phone		
Spirituality/Culture		
-Spending holidays with family is important to me, especially when we visit my mom’s side of the family in Mississippi.	“I would like to find a church home where I felt accepted”	- Having the entire family together for Easter, Thanksgiving, and Christmas dinner has always been an important part of our family.
-I have a strong faith in God, which has helped me overcome difficult times.		-Going to Sunday church service as a family.

What are my priorities?

1. I want my own apartment
2. I want a job working with children
3. I would like to have more friends to do things with
- 4.

Additional comments or important things to know about me:

It is really important to me to have my own place. I still want my family in my life, but I want to show others I can do things on my own. Someday, I would like to have my own family.

This is an accurate portrait of the strengths we have identified so far in my life. We will continue to add to these over time in order to help me achieve the goals that are most important to me in my recovery journey.

I agree to help this person use the strengths identified to achieve goals that important and meaningful in their life. I will continue to help this person identify additional strengths as I learn more about what is important to their recovery.

My Signature Date

Service Provider’s Signature Date



What *shifts* created the environment to help Elizabeth recover?

Elizabeth:	“I am not worth anything. Therefore, this is best life will ever be.”		“A better life is possible.”
Case Manager/Therapist:	“I am not sure she can live on her own.”		“I’m nervous about it, but maybe she can do it.”
CMHC:	“We have to be careful getting people excited about hopes and dreams that are unrealistic.” –and– “Taking risk is a liability for the organization.”		“If people do not dream and take risks, there’s no way we can help them recover.”

Hope



What *shifts* created the environment to help Elizabeth recover?

Elizabeth: “I’m just trying to cope. Others are making life difficult for me.”



“I want my own place. I want to prove to myself and others I can do this.”

Case Manager/Therapist: “Once you’re stable, we can try to work on a goal like getting your own place.”



“I’m not sure what it’s going to take to achieve this goal, but if it’s important to you, I’ll help you explore it and take steps to achieve it.”

CMHC: “Make sure every goal on the treatment plan meets the criteria for medical necessity.”



“Make sure every goal on the treatment plan is clearly something the person is passionate about and then make sure your role in that goal meets the criteria for medical necessity.”

Meaningful and Important Goal



What *shifts* created the environment to help Elizabeth recover?

Elizabeth: “I am mentally ill.”  “I’m a singer, a friend, a daughter, a member of a faith community, who also struggles at times with distressing thoughts.”

Case Manager/Therapist: “She is mentally ill.”  “She’s a singer, a friend, a daughter, a member of a faith community, who also struggles at times with distressing thoughts.”

CMHC: “We serve people with severe and persistent mental illnesses.”  “We help people with the lived experience of mental illness build and/or rebuild lives that have meaning and purpose.”

Identity and Focus



Elizabeth's Messages and Trauma

"I'M NOT WORTH ANYTHING"

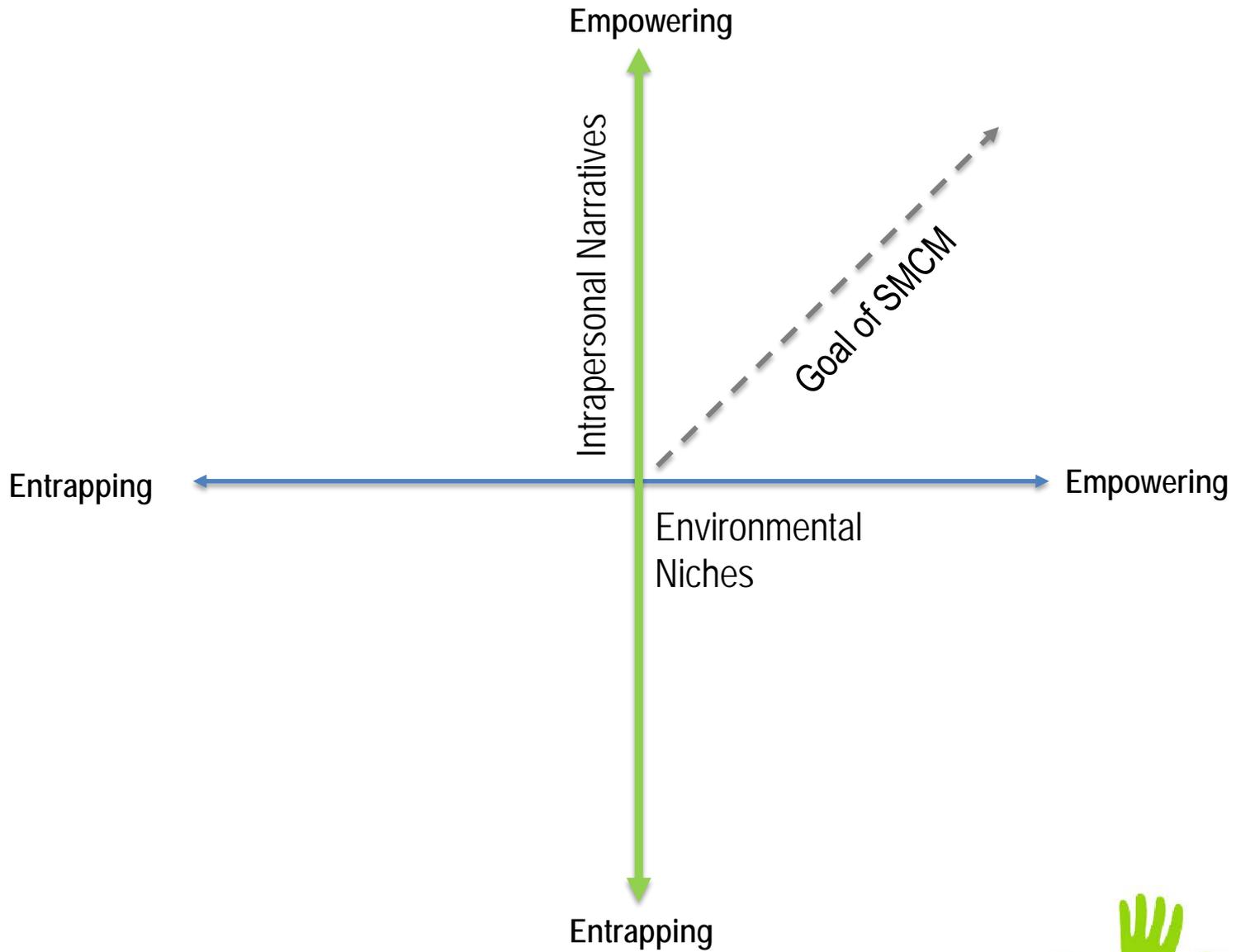
I AM MENTALLY ILL

**I DON'T DESERVE
BETTER**

**"I AM INCAPABLE OF DOING
THINGS ON MY OWN"**

**I AM JUST TRYING TO
COPE**

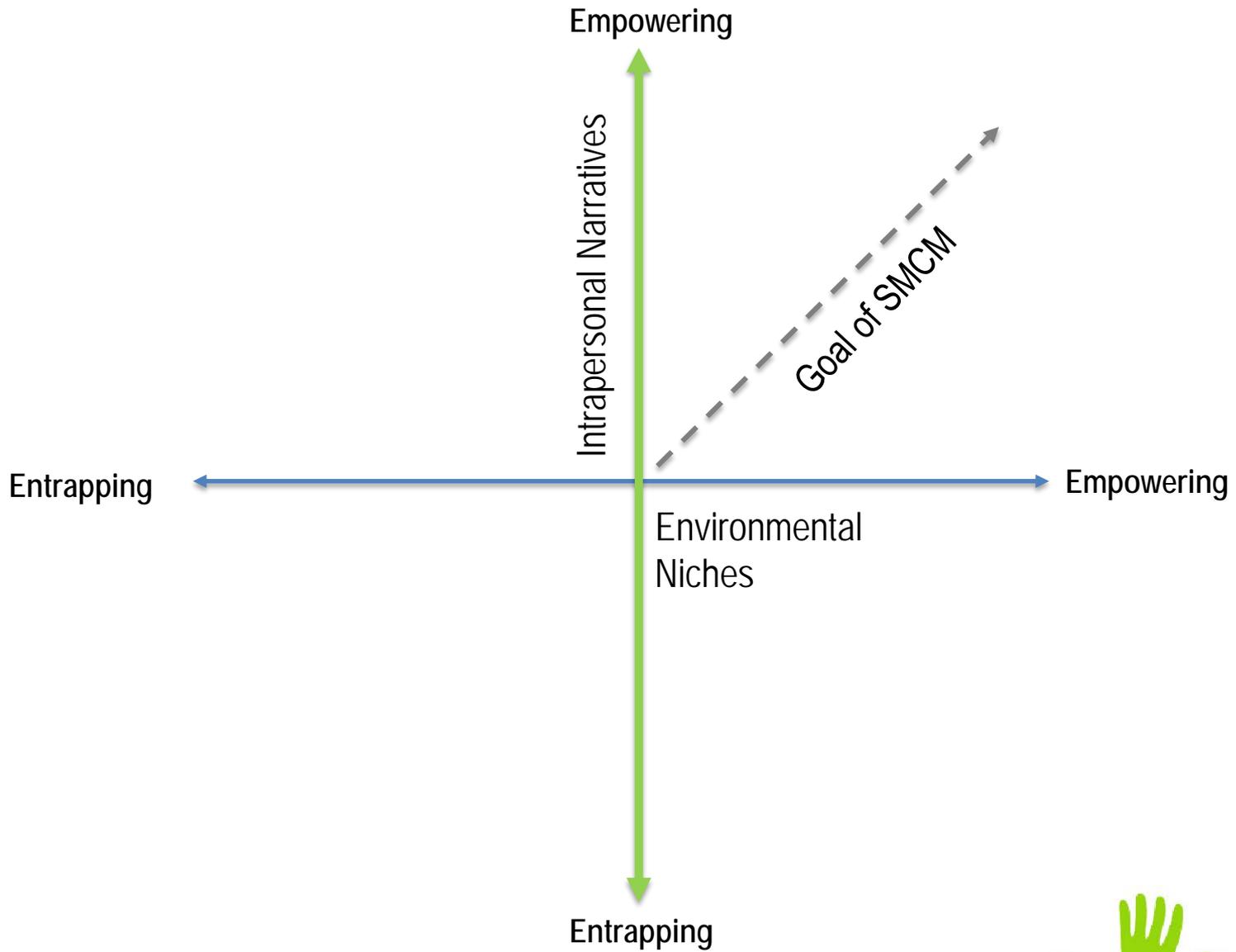




The Strengths Assessment is about creating space



For narratives of hope, recovery, and wellness to co-exist



Examples of Entrapping Niches

Homelessness

“Dead-end” job

Social Isolation

Abusive relationships

Jail/prison

Unsafe housing

Poverty

Unemployment

Non recovery-oriented behavioral health systems



The Personal Recovery Plan is about creating space



For movement toward empowering niches

SAMHSA's Guiding Principles of Trauma-Informed Care

Safety

Trustworthiness and Transparency

Peer Support and Mutual Self-help

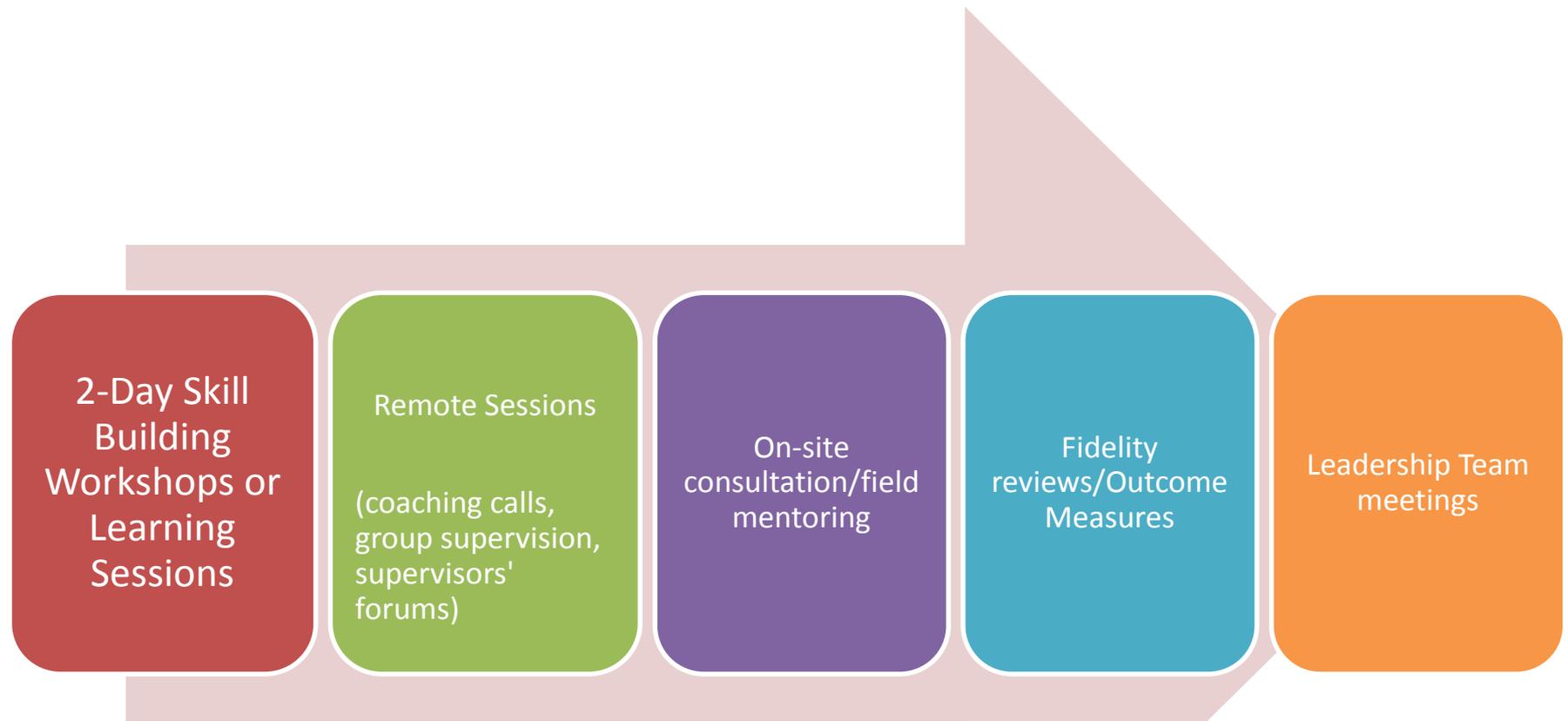
Collaboration and Mutuality

Empowerment, Voice, and Choice

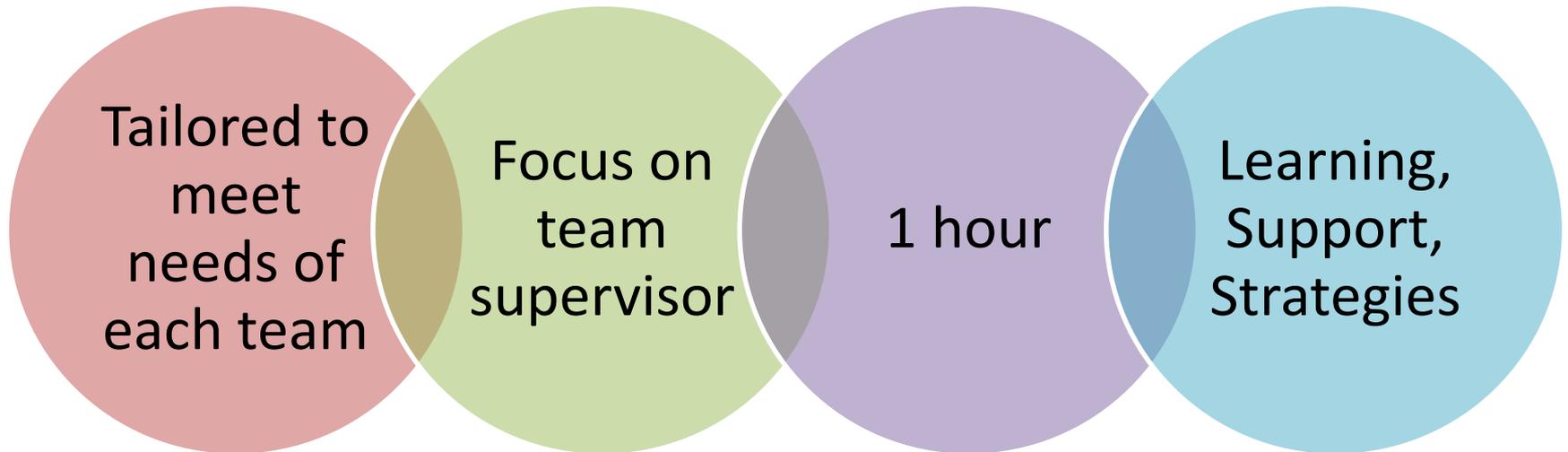
Cultural, Historical, and Gender Issues



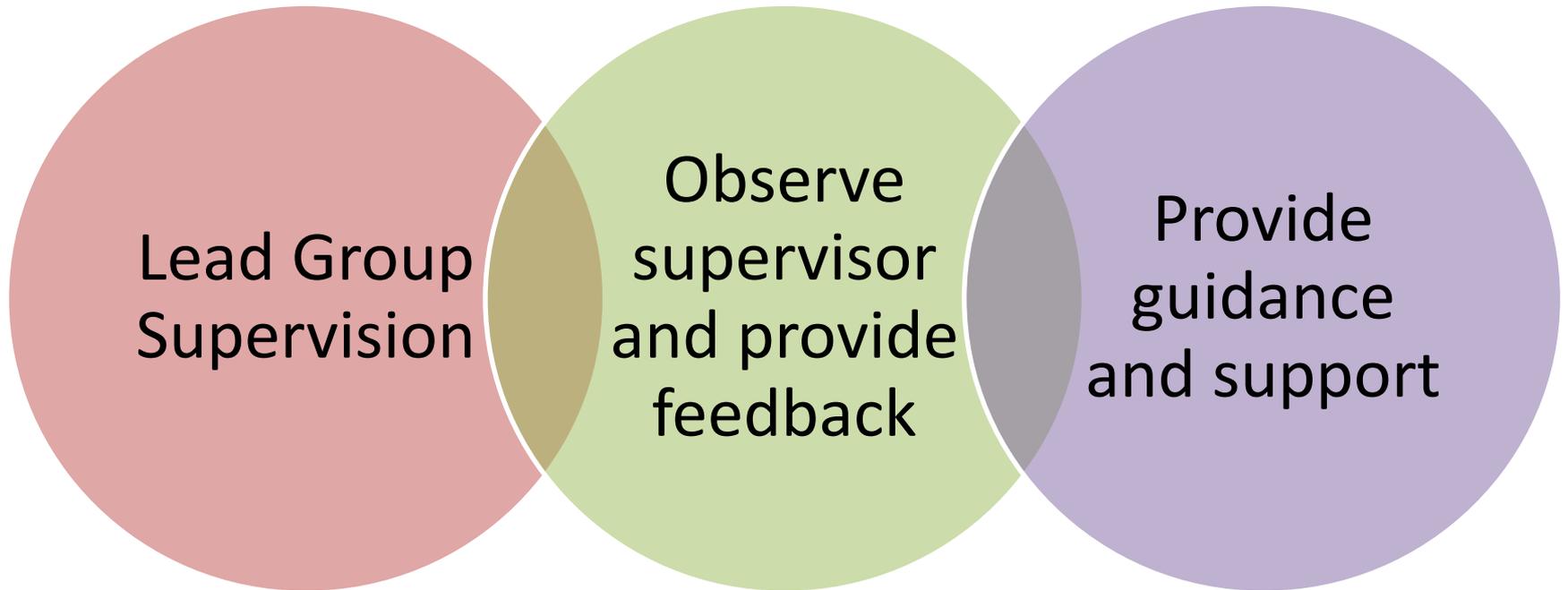
How we support teams to meet high fidelity to the Strengths Model?



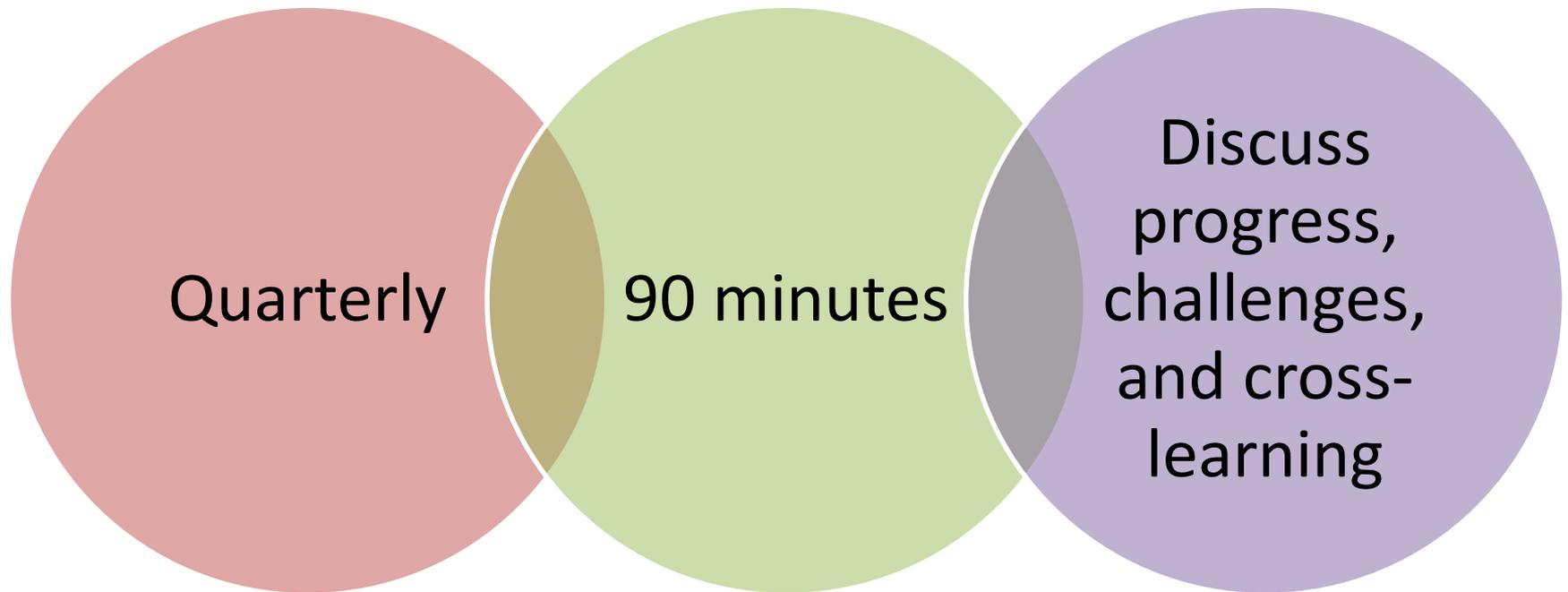
Coaching Calls



Group Supervision



Supervisors Forums



Onsite consultation

Approximately once per month

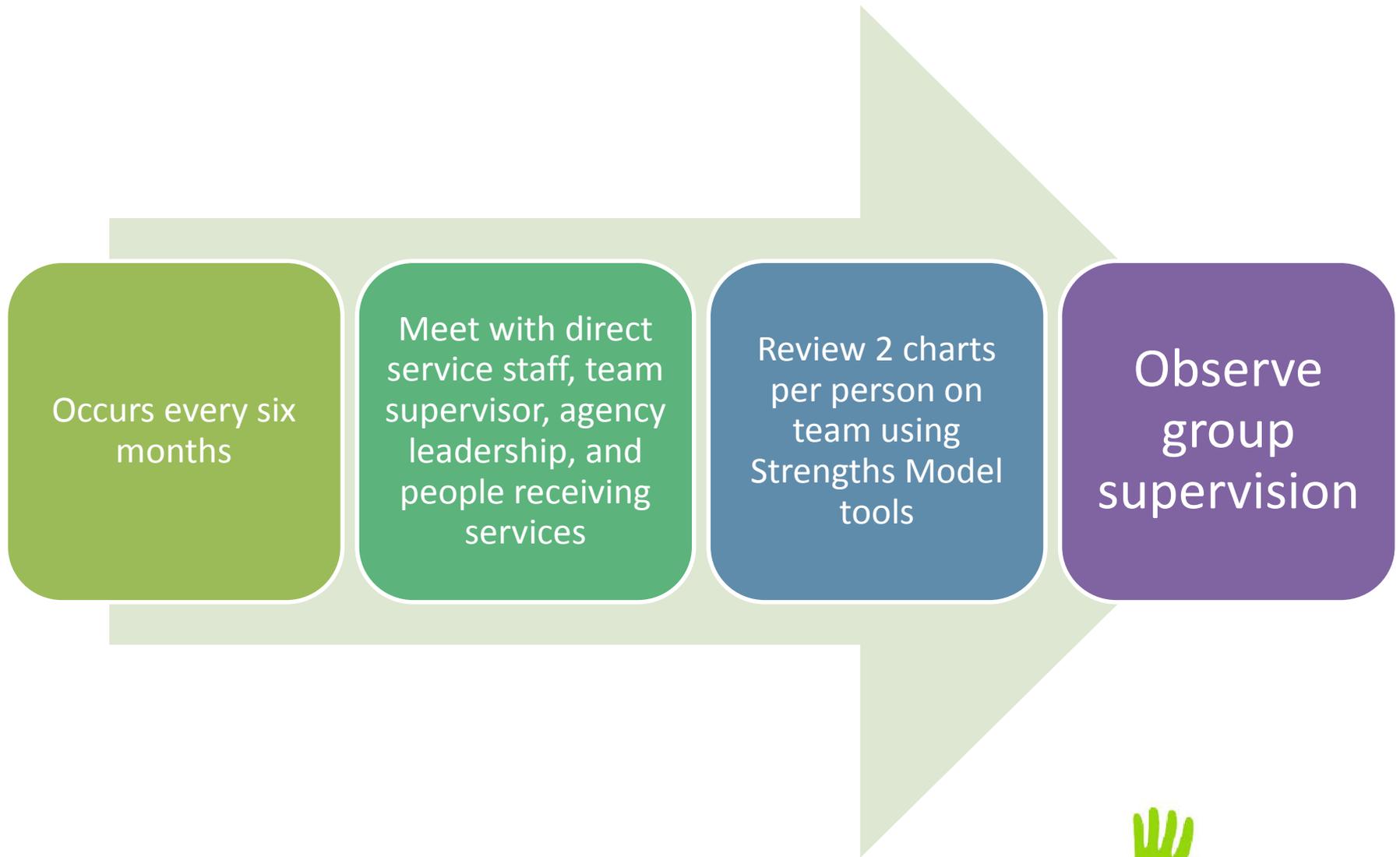
Field mentoring

Meet with agency leadership

Participate in group supervision



Fidelity Reviews



Outcome data collection and reporting

Determine the
measures

Strengths Model
Outcome Surveys

- Housing
- Employment
- Education
- Hospitalization

Determine who will
collect this data

Determine how this will
be reported and used



Leadership Team

What?

- Oversee implementation
- Monitor fidelity and areas of program improvement
- Remove obstacles to implementation

Who?

- Executive Leader
- Team supervisor
- Direct Service Staff
- Person(s) receiving services
- Other key people to successful implementation

How?

- Meet at least quarterly
- Constant stream of feedback and communication



Thank You!



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