

# The Strengths Model:

A Recovery Oriented Approach to Mental Health Services

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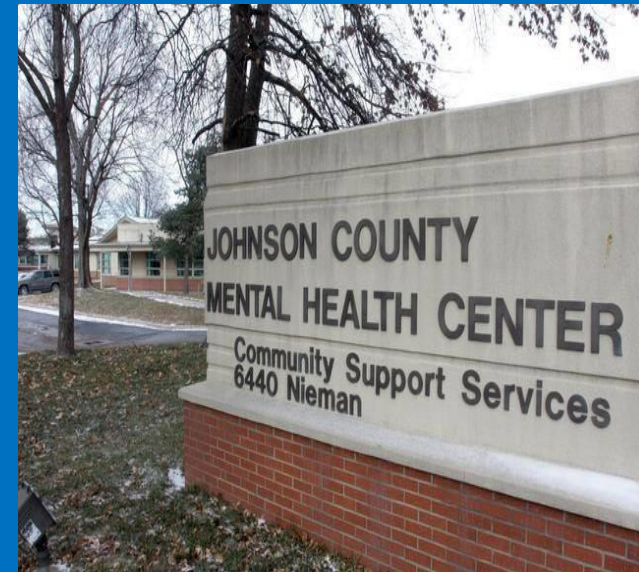
# Strengths Model 1982

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Small pilot funded by the State of Kansas

One team of undergraduate and graduate students

One Community Mental Health Center



# Why was the Strengths Model developed?

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- High rates of people living in congregate living. Few people were living on their own.
- High rates of psychiatric hospitalization
- Low rates of competitive employment
- Low rates of people completing post-secondary education

# Why was the Strengths Model developed?

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- People not graduating from services
- People living in the community; but not a part of the community
- High rates of addiction
- High rates of completed suicides

# What People Want

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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

# Key Outcomes

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Competitive  
Employment

Post-secondary  
Education

Independent Living

Community  
Involvement/Inclusion

Supportive  
Relationships

# When the Strengths Model was developed (1980's)....

...there was a poor alignment between what people said they wanted in life and how our services were designed to help them

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## **View of people**

- Low expectations
- Separating people from their communities
- Remediation of deficits – perceived as well as real
- Blaming people for not doing better (non-compliant, unmotivated)

## **Case management structure and focus**

- High caseloads
- Brokering of services
- Focus on stabilization and maintenance

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...Unfortunately, some of this thinking continues today in 2019



There has to be a better way!



# Strengths Model Studies

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Ten studies have tested the effectiveness of the Strengths Model

- Four experimental or quasi-experimental
- Six non-experimental (mostly pre-post)

Positive outcomes were found in the areas of reduced hospitalization, housing, employment, reduced symptoms, leisure time, social support, and family support.



# Strengths Model Fidelity Scale

## Nine-Item Scale divided into Three Core Categories

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- **Structural**
  - caseload size
  - location of contact
  - Supervisor to staff ratio
- **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)

# Principles of the Strengths Model

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1. People have the capacity to recover, reclaim, and transform their lives
2. The 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



# Goal of the Strengths Model

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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



# The Context of Strengths Model Work

## Engagement

- Understanding
- Hope
- Alliance

## Tools/Methods

- Strengths Assessment
- Personal Plan
- Group Supervision

## Recovery

- Meaning
- Purpose
- Identity

# Goal of the Strengths Model



# Examples of entrapping narratives

**"I'm not worth anything"**

**"I'm incapable of..."**

**"I can't do it because of..."**

**"I am just..."**

**"I don't deserve any better"**





# The Strengths Assessment is about creating space

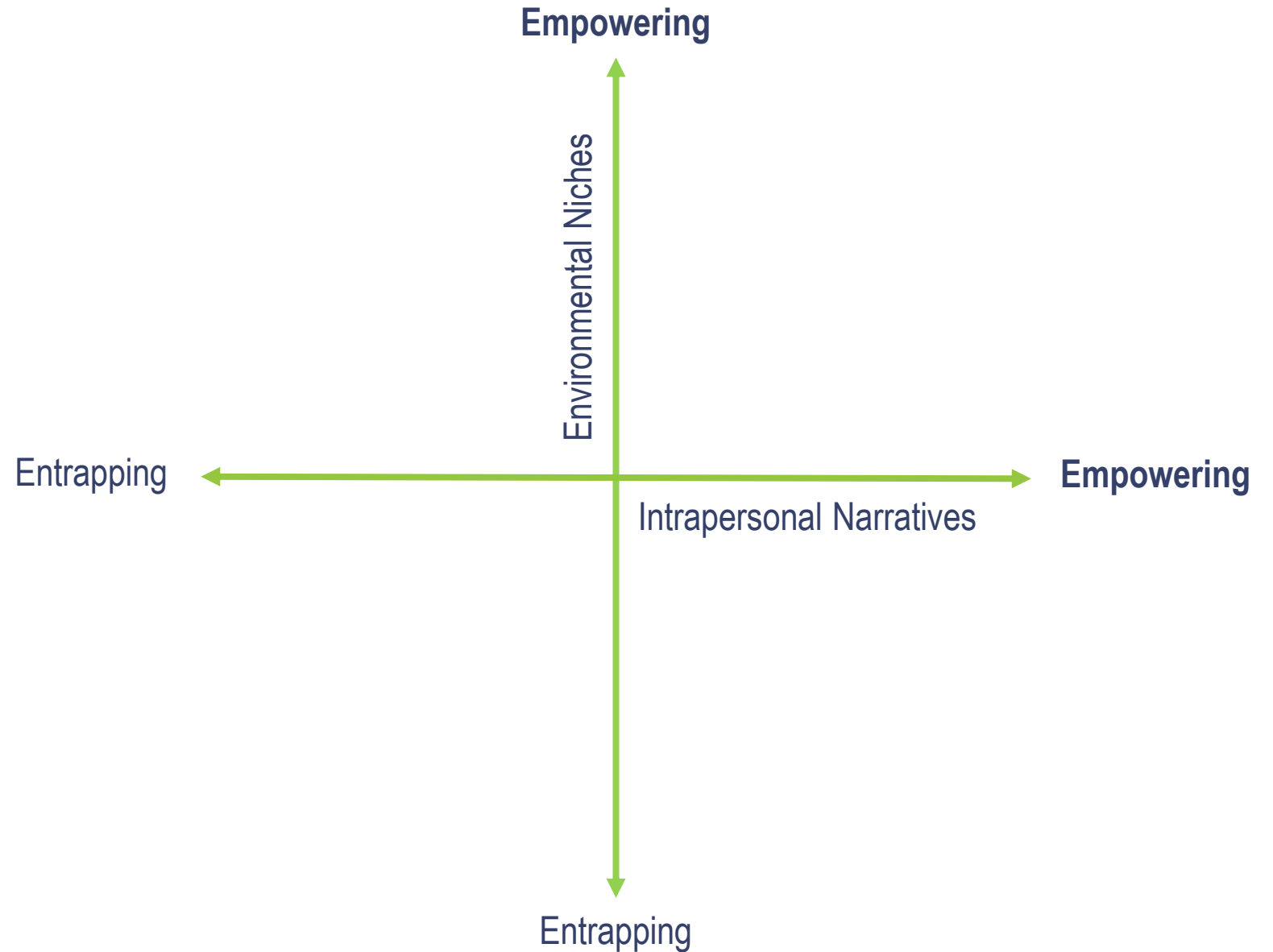
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For narratives of hope, recovery, and wellness to co-exist



# Goal of the Strengths Model



# Examples of entrapping niches

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Homelessness

Neighborhoods  
with few  
opportunities

Social Isolation

Abusive  
relationships

Jail/prison

Unsafe housing

Poverty

Unemployment

Non recovery-  
oriented  
behavioral health  
systems



# The Personal Recovery Plan is about creating space

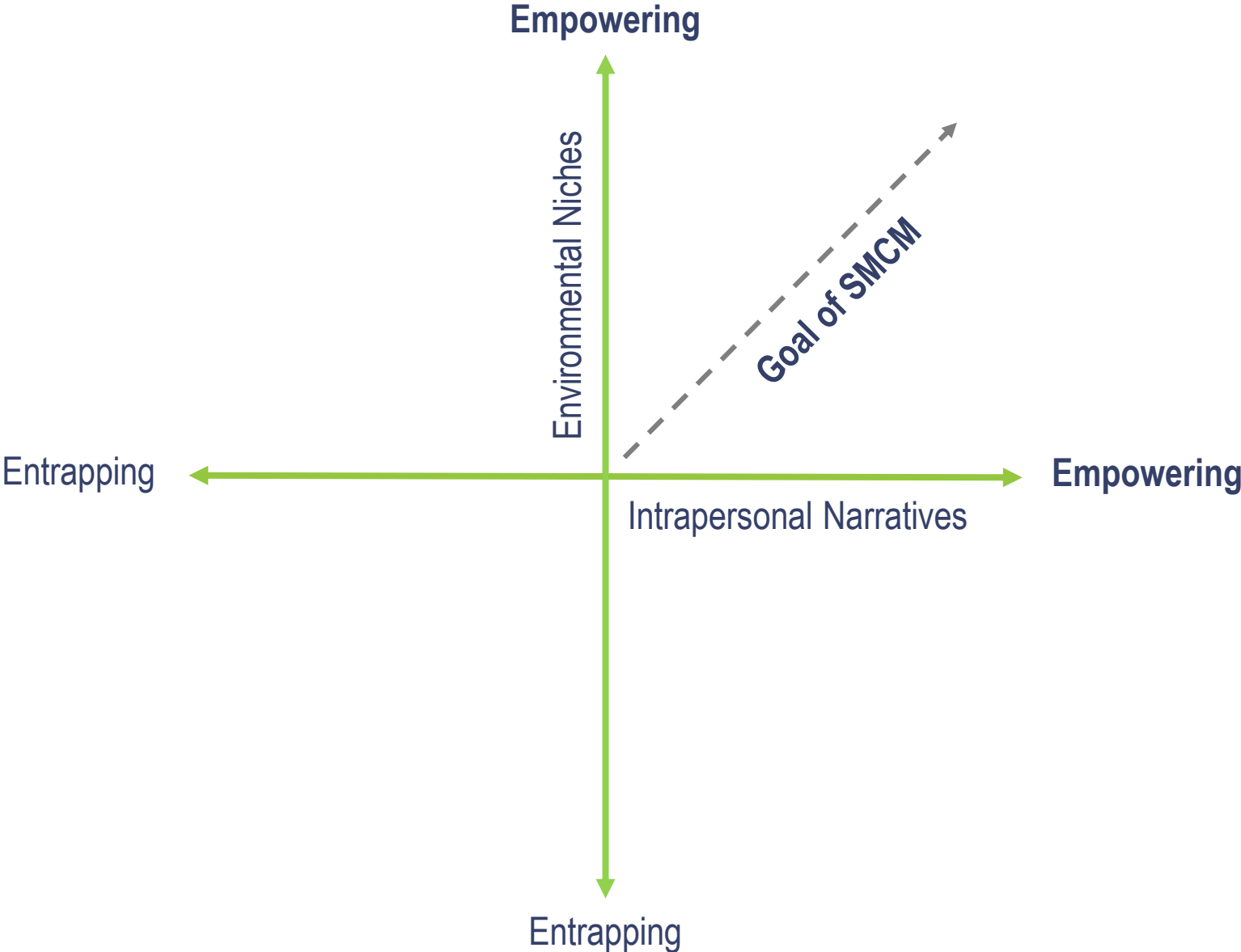
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For movement toward empowering niches



# Goal of the Strengths Model



# Target population for Strengths

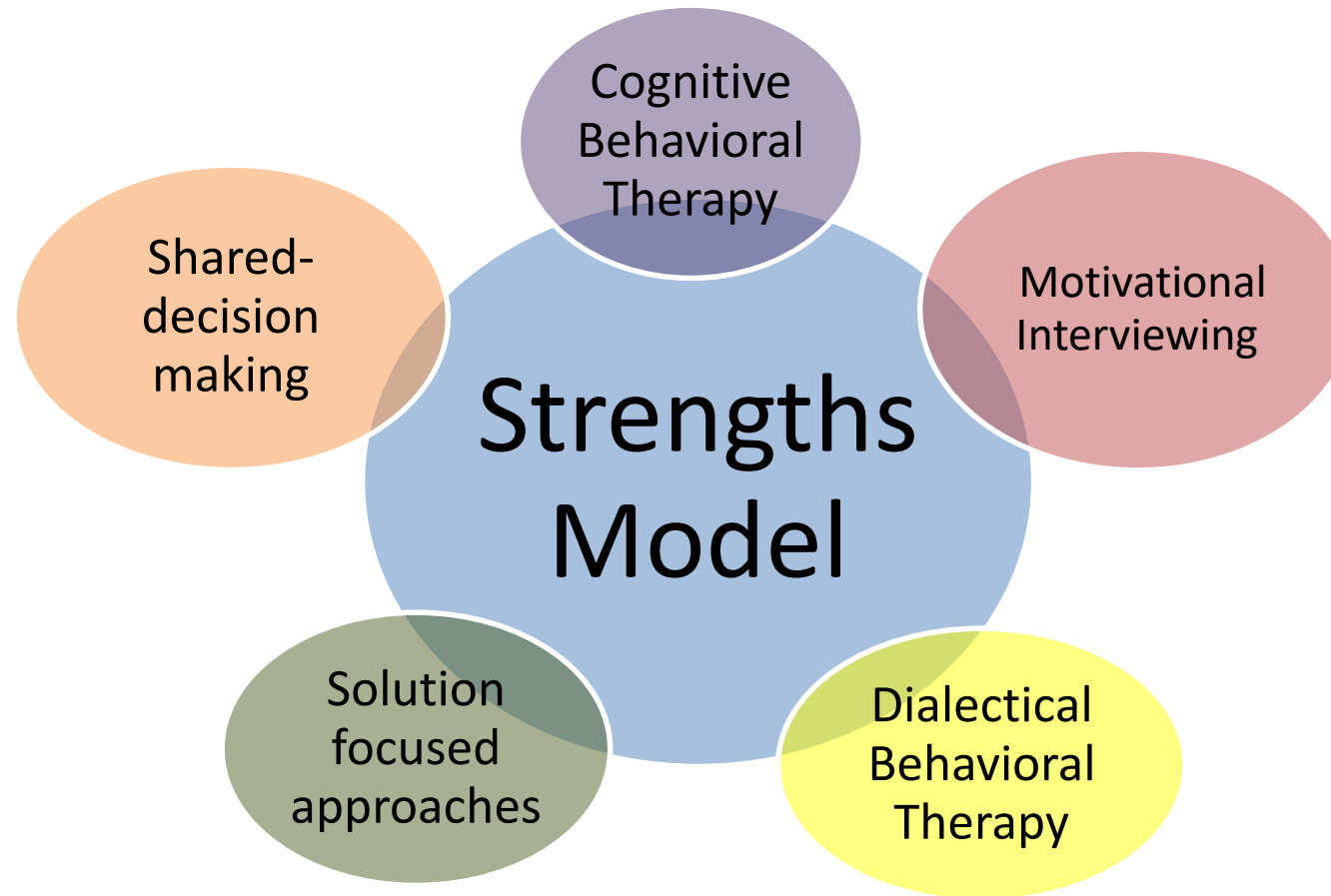
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Primary: Adults with serious mental illnesses and/or substance use disorders

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



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



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# **Introducing James**



# Overview of James at the beginning of his road to recovery

- 36-year old, Latino, man
- Homeless, living on streets or motels
- Polysubstance abuse, primarily alcohol
- Diagnosed with bi-polar disorder



# Overview of James at the beginning of his road to recovery

- Involvement with law enforcement: urinating in public, trespassing, aggravated panhandling, disorderly conduct, etc.
- History of childhood physical and emotional abuse.



# Overview of James at the beginning of his road to recovery

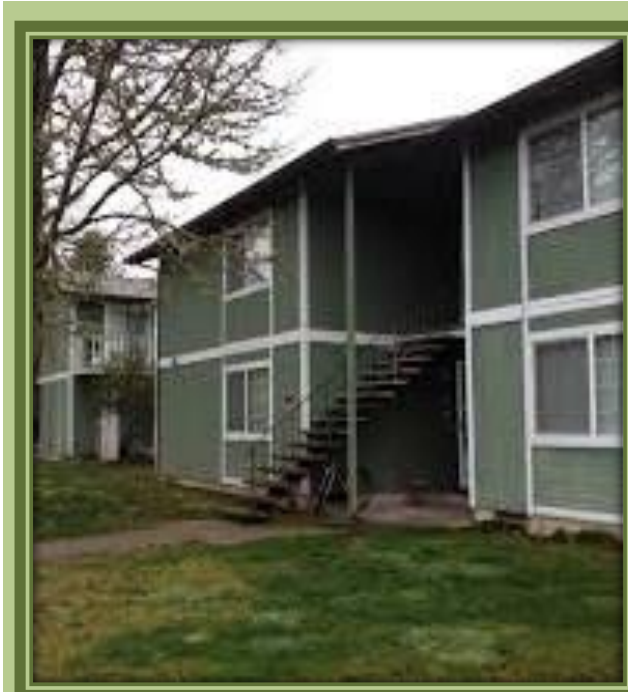
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- Was married and had a daughter when he was 19
- Last time he saw his daughter was when she was three
- Longest time of sobriety was 8 months



# James - seven years later

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- Housed for 2 years
- Completed probation
- Completed GED
- Got a job at Walmart in the automotive department
- Sober for 18 months
- Made connection with his daughter

# James – seven years later

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- Still thinks about using, but less frequent
- Still struggles at times with depression, racing thoughts, negative thinking, and suicidal thoughts, although less frequent
- considering automotive school

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# Initial Strengths Assessment for James

## Strengths Assessment

for James

<b>Current Strengths:</b> What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	<b>Individual's Desires, Aspirations:</b> What do I want?	<b>Past Resources – Personal, Social, &amp; Environmental:</b> What strengths have I used in the past?
<b>Home/Daily Living</b>		
<b>Most nights I can find a place to stay</b>	<b>I want a stable place to live</b>	<b>I have had my own place</b>  <b>Used to be married with a kid</b>
<b>Assets - Financial/Insurance</b>		
<b>I can barter for \$ and things I need</b>  <b>SSDI</b>		<b>\$ from past jobs</b>
<b>Employment/Education/Specialized Knowledge</b>		
<b>I could fix almost anything if I had the right tools</b>	<b>I want a job working on cars</b>	<b>Took auto classes in high school</b>  <b>Worked for brother</b>  <b>Used to have an impressive tool box</b>
<b>Supportive Relationships</b>		
	<b>I want a relationship with my daughter</b>	<b>daughter – joy of my life.</b>  <b>Wife</b>  <b>Brother – we used to be close. He looked out for me</b>  <b>My dog Rusty – used to go with me everywhere</b>

Wellness/Health		
	I need some dental work done	
Leisure / Recreational		
		I'm good at pool Used to have my own cue – could hustle some money every so often
Spirituality/Culture		

What are my priorities?

1. I want a relationship with my daughter
2. I want to work
3. I want to live
- 4.

Additional comments or important things to know about me:	
<p><i>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></p>	<p><i>I agree to help this person use the strengths identified to achieve goals that are 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.</i></p>
<p>My Signature _____ Date _____</p>	<p>Service Provider's Signature _____ Date _____</p>



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# Later Version of James' Strengths Assessment

## Strengths Assessment

for James

Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	Individual's Desires, Aspirations: What do I want?	Past Resources – Personal, Social, & Environmental: What strengths have I used in the past?
<b>Home/Daily Living</b>		
<p>I have my own place – close to my job so I don't need a car right now</p> <p>Learning how to cook for myself -</p>	<p>I want to save up for a car</p>	<p>I have had my own place</p> <p>Used to live with my wife and kid – I liked being part of a family even though it is stressful</p>
<b>Assets - Financial/Insurance</b>		
<p>Have a checking account</p> <p>Working Healthy program allows me to keep my benefits</p> <p>I get an employees discount on anything I purchase at Wal-mart</p>		<p>S from past jobs</p> <p>Bartered auto help for S and other things I needed</p>
<b>Employment/Education/Specialized Knowledge</b>		
<p>Currently working at Walmart in automotive</p> <p>Have my GED</p>	<p>I want to check into automotive school</p> <p>Slowly build up my toolbox to what it was</p>	<p>Took auto classes in high school</p> <p>Worked for brother</p> <p>Used to have an impressive tool box</p>
<b>Supportive Relationships</b>		
<p>AA meetings at Central Christian Church – these guys keep me accountable.</p> <p>Jerry – guy in AA who lives in my apartment complex – I help him with his car and he takes me where I need to go</p> <p>Mike – my AA sponsor – one of the few people who gets me</p> <p>Mike – my drug and alcohol counselor – teaching me useful ways to deal with stress and anxiety</p> <p>Rick – my CM – hung in there with me during some really low times</p>	<p>I want a relationship with my daughter</p>	<p>daughter – joy of my life.</p> <p>Brother – we used to be close. He looked out for me</p> <p>My dog Rusty – used to go with me everywhere</p>

Wellness/Health		
Tegretol helps keep me balanced BuSpar helps with the anxiety Sitting out on my balcony is relaxing		Inpatient alcohol treatment helped me get straightened out
Leisure / Recreational		
Got a TV – catching up on shows I have missed.		I'm good at pool Used to have my own cue – could hustle some money every so often
Spirituality/Culture		

What are my priorities?

1. I want a relationship with my daughter
2. I want to work
3. I want to live
- 4.

Additional comments or important things to know about me:	
<i>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>	<i>I agree to help this person use the strengths identified to achieve goals that are 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.</i>
_____ My Signature                      Date	_____ Service Provider's Signature                      Date

# Strengths Plus

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**Why:** Additional skills and focus needed for people with dual diagnoses, and the Strengths Model included critical components that other EBP's for this population don't address:

- Philosophical approach
- Supervisory component (group supervision, individual feedback, field mentoring)
- Hope-inducing components (Goal Orientation & Autonomy/Choice)
- Focus on use of naturally occurring resources

# Strengths Plus Fidelity Scale

## Nine-Item Scale divided into Three Core Categories

## Strengths Plus

- **Structural**
  - caseload size
  - location of contact
  - Supervisor to staff ratio
- **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)

- Pharmacological treatment
- Dual Dx. Specialist (including MI coaching circles)
- Stage-wise Interventions
- Group and Social Supports

# SAMHSA's Vision and Values for Serving Justice-Involved Individuals

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Recently, SAMHSA released a report which contains eight principles for serving justice-involved individuals.

Many of the principles include elements from Strengths Model Case Management as well as Strengths Plus.

For a link to the report go to:

<https://store.samhsa.gov/product/Principles-of-Community-based-Behavioral-Health-Services-for-Justice-involved-Individuals-A-Research-based-Guide/sma19-5097>

# Principle One

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Community providers are knowledgeable about the criminal justice system. This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of criminal justice professionals.

# Principle One continued

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While the Strengths Model in and of itself does not directly address principle one, case managers are tasked with learning and responding to any system, including the criminal justice system that people on their caseload may come into contact with.



# Principle Two

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Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.

# Principle Two continued

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Principle two speaks to the need for providers to work collaboratively with criminal justice professionals while also keeping the individual's needs and goals in mind.

Supervision goals as defined by the criminal justice system for the individual will likely not be focused on meaningful and important aspirations the person has, but instead on not re-offending.

The Strengths Model provider helps the client view successful completion of supervision through the lens of how it also helps them to work toward meaningful goals.

All people have a clear understanding of what information will be shared by each party.

The Strengths Model requires a significant focus on tracking client outcomes.

## Principle Three

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Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.

# Principle Three continued

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Strengths Model treatment is highly tailored to the person being served to address motivation through a steady focus on goals that are meaningful and important to the person being served.

A focus on using naturally occurring resources leads to building prosocial supports and activities.

Use of the Personal Recovery Plan engages the person in problem solving.

Providers have access to the group supervision process and/or field mentoring from a supervisor when needing extra assistance.

# Principle Four

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Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.

# Principle Four continued

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Strengths Model providers focus on basic needs with individuals being served as a way to build a relationship. They also understand that their purpose is to continually work with the person to identify long-term, meaningful goals.

By focusing on a person's strengths while not ignoring risk factors, practitioners can help generalize skills that were used in past criminal behaviors toward more prosocial behaviors.

Because the Strengths Model is outcome focused, providers continually explore the possibility of employment, education, independent living, improved relationships with family/significant others, involvement in meaningful activities, etc. with those they work with.

# Principle Five

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Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.

# Principle Five continued

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The health and wellness domain on the Strengths Assessment helps providers consider physical health needs a person has and once known, goals may be set in this regard. This could also include helping individuals obtain healthcare coverage and services.

Emphasis on work in the community and with other providers allows Strengths Model practitioners to accompany clients to healthcare appointments.

This principle also speaks to the importance of providing integrated treatment for co-occurring mental and substance use disorders.



# Principle Six

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Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.

## Principle Six continued

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The Strengths Model positions the client as the director of their own care and treatment.

Practitioners view the relationship as primary and essential which requires them to be sensitive to trauma people have experienced in their life, including trauma experienced from formal systems of care.

Practitioners can get extra support when needed from group supervision, individual supervision, and field mentoring when questions about the clients or their own safety are present.

# Principle Seven

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Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.

# Principle Seven continued

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The Strengths Model was originally intended for case managers but it is also being used by other types of service providers.

The group supervision process helps practitioners learn about community resources that are available specifically for justice-involved individuals.

The Strengths Model aims to build peoples confidence and ability to achieve their goals and meet their own needs.

# Principle Eight

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Community providers recognize and address issues that may contribute to disparities in both behavioral health care and the criminal justice system.

# Principle Eight continued

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The Strengths Model is very conscientious of power differentials and other issues that may contribute to disparities.

The Strengths Model is all about helping to identify and remove barriers that are in the way of the person making progress.

Practitioners are viewed as advocates for and with people in services and recognize that issues around social injustices are inherent to the work.

Practitioners also connect individuals with advocacy based community resources.

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# Thank You!

For more information please contact:

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