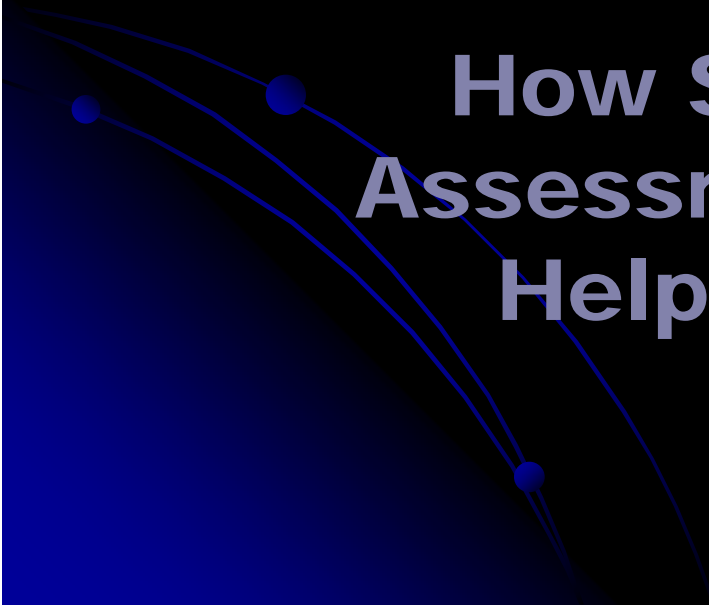


Curiosity and Hope-Inspiring (‘Must Haves’ for the Competent Case Manager)



How Strengths-Based
Assessment and Planning
Help You Get There

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- Psychologist
- Consultant
 - Behavioral health assessment and planning
 - Performance improvement
- Joint Commission Surveyor
- Educator - eLearning modules for case managers working with seriously mentally ill (including dually diagnosed)

Recovery

- Recovery Movement/Model
 - Strive for **improved quality of life** – *goals* for one's life
 - Identify and use *existing strengths*, e.g., knowledge, skills and resources
 - Identify *barriers* to using existing strengths and/or achieving goals = *problems*
 - Find and use *interventions that work*

Our Purpose

- Identify case manager competencies or 'must-haves' for a Recovery-oriented approach to services
- Introduce strengths-based assessment and planning as one of those significant 'must-haves' - as well as a route to Recovery

Case Manager 'Must Haves'

Curiosity and Hope-Inspiring

- Ability to access 'right' resources

Curiosity and Hope

- Hope

- 'Spark', 'energizer', 'motivator', '*expands the realm of the possible*'
- Felt if person believes that Recovery is possible – and *if some other (s) believe it too*

- Curiosity = wonder (about)

- Information needed to inspire Hope

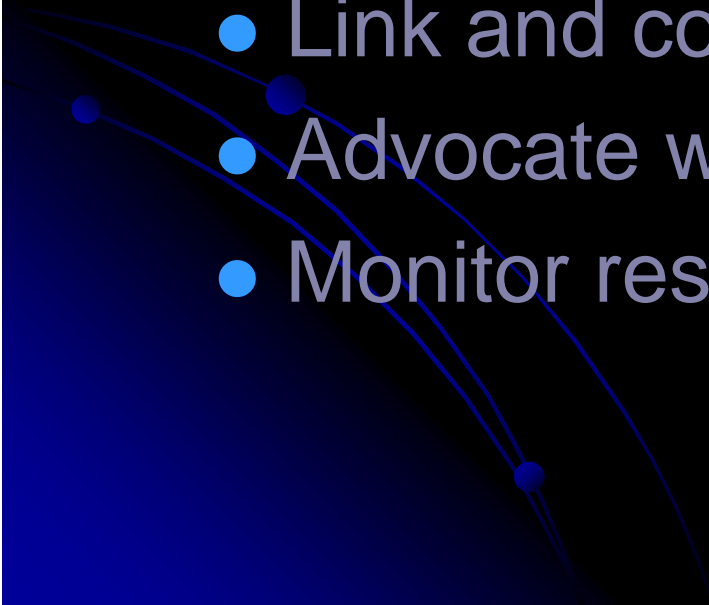
Case Manager 'Must Haves'

Curiosity and Hope

Ability to access 'right' resources
– existing and needed

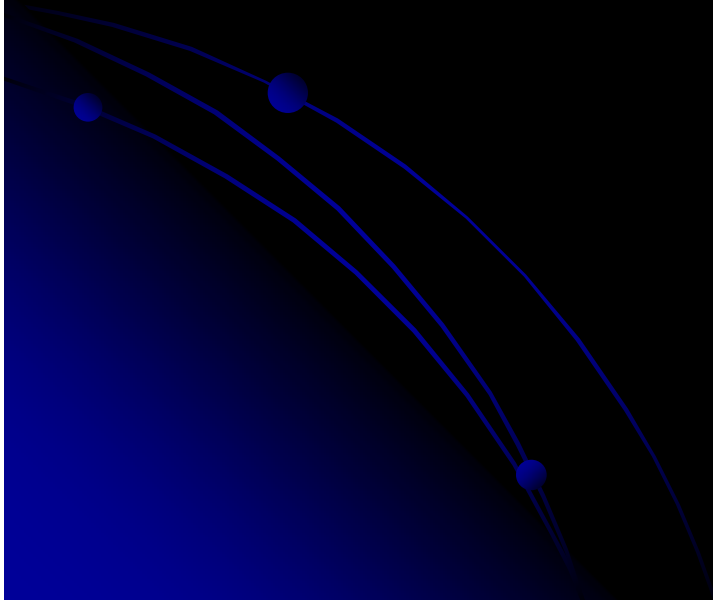


Accessing 'right' resources

- Assess to identify needed resources
 - Internal resources – knowledge, skills
 - External resources – supports, training
 - Plan
 - Link and coordinate
 - Advocate where services are lacking
 - Monitor results
- 

Curiosity

Do you have it?



Do you wonder 'Who Dunit'?

- Television

CSI, Cold Case, Law and Order


- Mystery Books

Patterson, Moseley, Reichs

- Movies

The Departed, Da Vinci Code, Mystic River

Do you wonder about...

- How we got here to this point in time?
History, Economics, Political Science
 - How we and/or 'things' work?
Science, Neurochemistry
 - What it all means?
Spirituality, Philosophy
- 

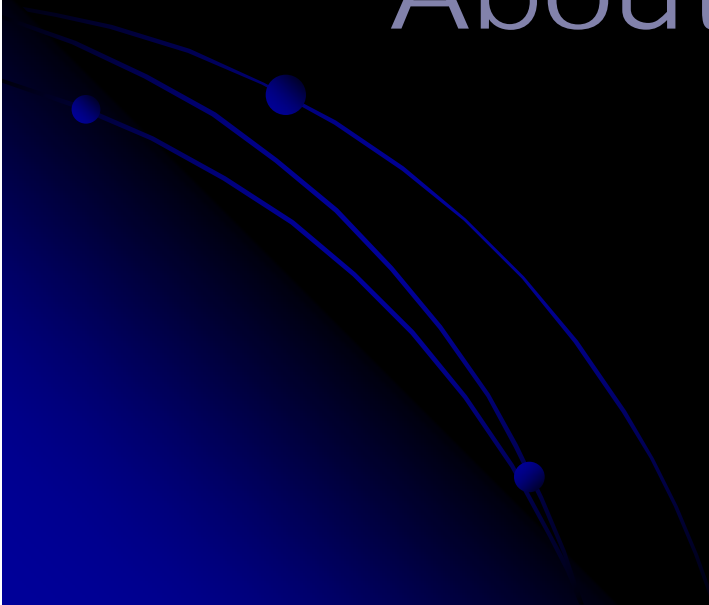
- If you look for**
- explanations,**
 - 'who dunnit',**
 - how it all fits together,**
 - why it works and**
 - why it didn't...**

Then you're curious!

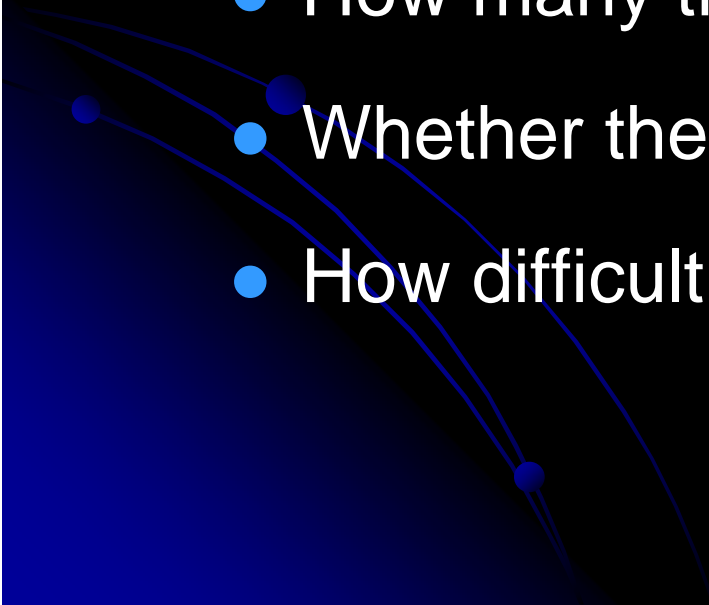


**What do you
wonder...**

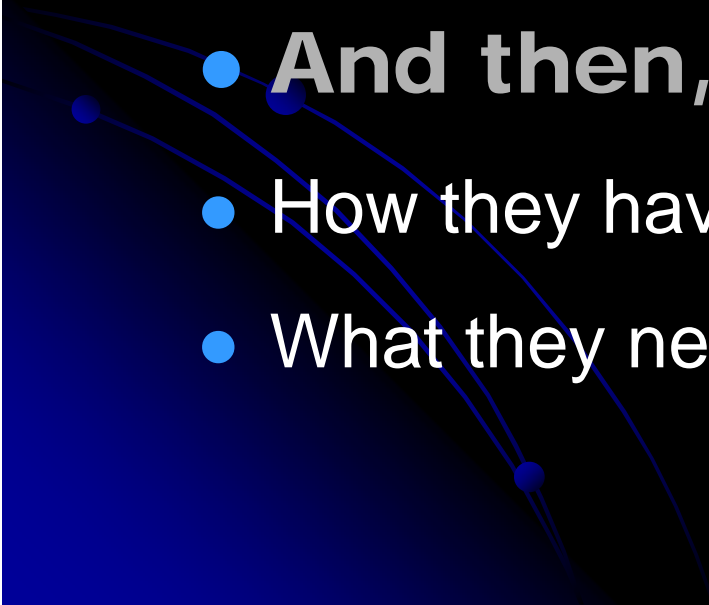
About your clients?



Do you wonder...

- What their diagnoses are?
 - What their problems are?
 - How they've relapsed or failed in their lives?
 - How many treatments they've had?
 - Whether they comply?
 - How difficult they may be?
- 

Or do you wonder...

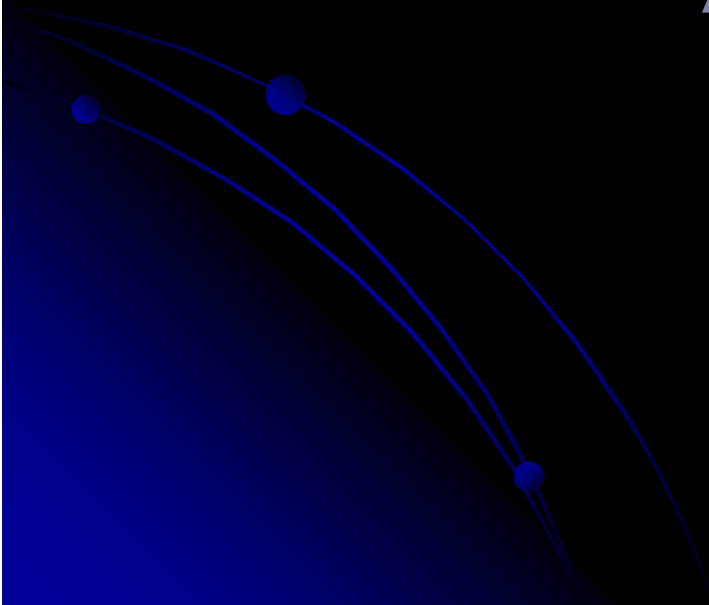
- What their strengths or assets are
 - Where and how they've succeeded in their lives
 - What they want in their lives
 - And then, given these...
 - How they haven't gotten what they want
 - What they need to get it
- 

Do you wonder...

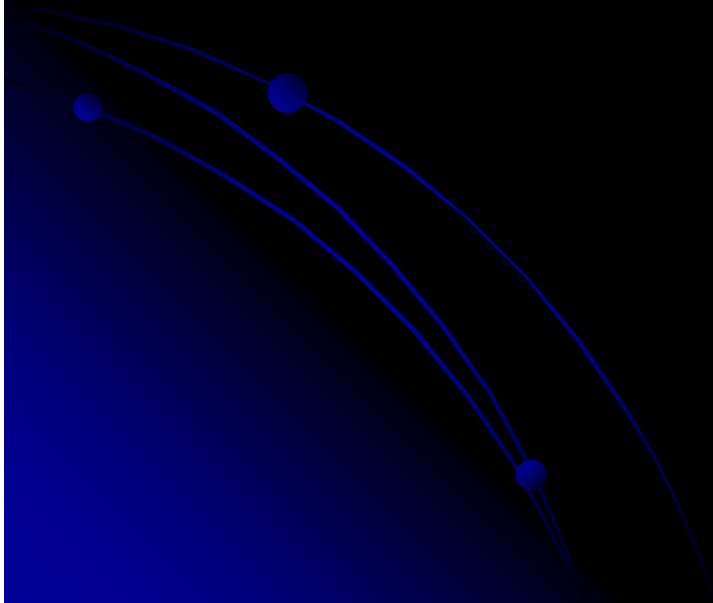
- About their *pathologies* OR their *strengths*?
- About their *compliance with treatment* OR *what they need to succeed*?
- From a *traditional, pathology-based* model OR a *strengths-based, Recovery* model

Hope-inspiring

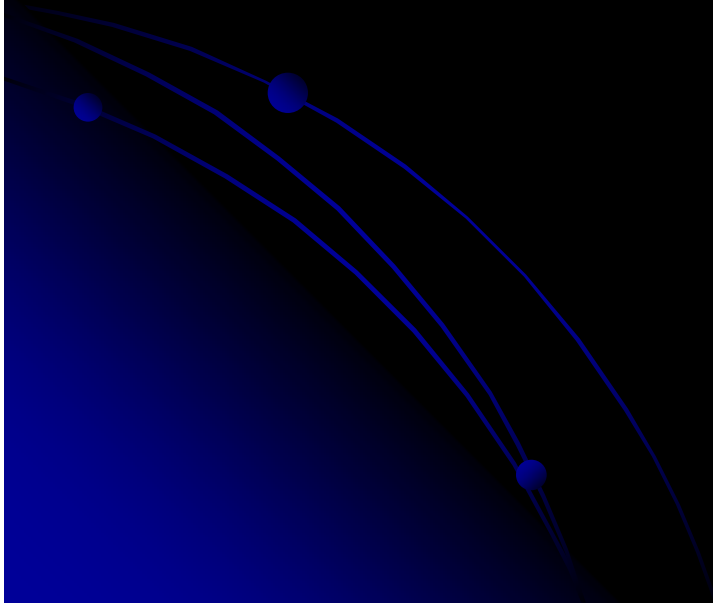
Are you?



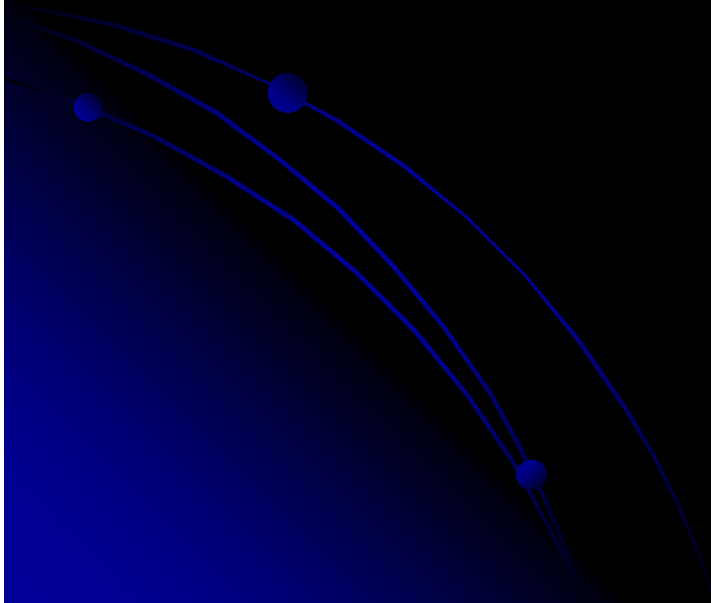
**It depends on
what you wonder.**



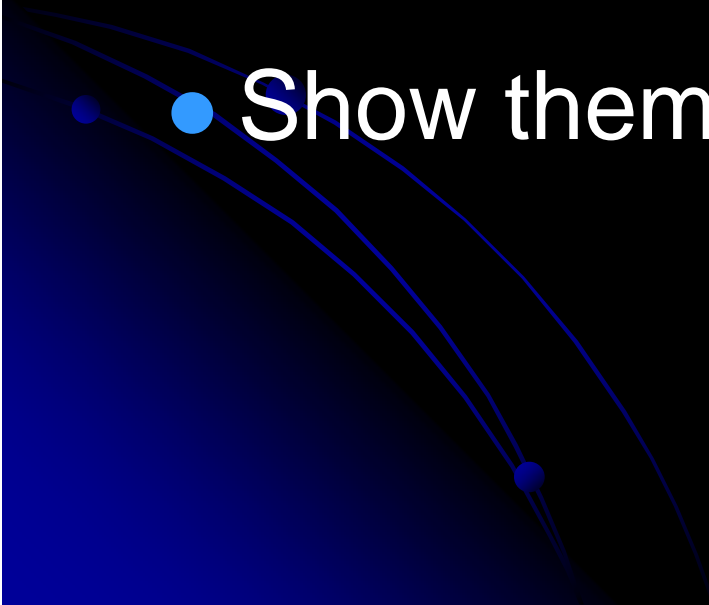
**You get what you
count - or wonder!**



Go for the GOAL!



Generating Hope

- Believe that Recovery is possible
 - Find and point out existing resources
 - Find and link to 'Recovery-promoting' resources
 - Show them the 'possible'!
- 

Resources? Link?

- Get curious and assess....for
 - How they want their lives to be - *goals*
 - What they already have and do - *strengths*
 - What they need to learn or what help they need to over come *barriers*?
- As you focus differently, they start to see differently!
- *A strengths-based assessment leads to Hope!*

The Traditional Way

- Focus on symptoms and disease (s) – existence and impact
- Believe that, if we control symptoms or disease, quality of life will improve
- *Maybe and maybe not!*
 - No symptoms may result in opportunity for life to improve.
 - But it doesn't make it happen

You Get What You Count!

- Count, identify, write about, talk about and plan in terms of

- Goals, strengths, skill development, resource access

OR

- Symptoms, disease and treatment compliance

- *What do you focus on now? What do you want? What do you get?*

Why Assess?

- To make decisions -
 - Admit or not? Level of care?
 - Immediate crises/needs requiring attention?
 - What actions and interventions will help this person get to his or her 'better' life?
- What do you need to know to make these decisions?

Need to Know...

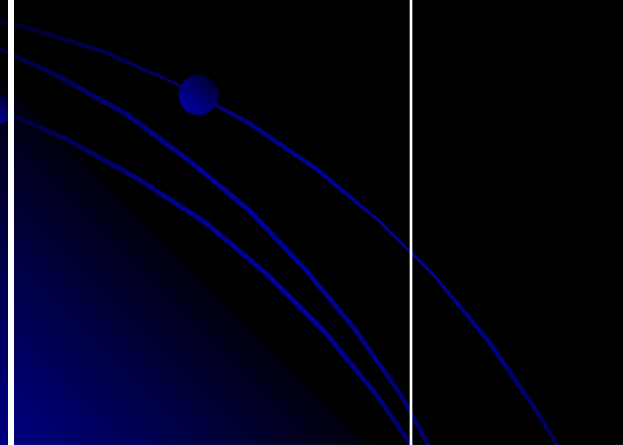
- Diagnosis and severity of dysfunction to...
 - Decide to admit or not and level of care
- Physical and/or mental health crises/needs and imminent social crises
 - Decide how to respond and if to respond
- Goals, available strengths and resources, needed resources (to overcome barriers) and effective interventions
 - Decide what needs to be done to effect desired change and how best to do it

So Ask Questions...

- How do you want your life to be different?
- What are your existing capabilities and resources?
- What keeps you from achieving your goals – barriers?
- What has worked in the past to overcome this barrier and/or to achieve any of your goals?

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, need to access...



Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, need to access...
A good-paying job and to keep it		

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, need to access...
A good-paying job and to keep it	I'm a good carpenter, kept jobs as long as 5 years once, good pay; understands role of SUD re: work	

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, need to access...
A good-paying job and to keep it	I'm a good carpenter, kept jobs for 5 years once, good pay;	Felon, lost jobs because no-showed (hung over), didn't control temper with supervisors when criticized (commercial vs high end residence)

Strengths-based Assessment

Goal – I want a good-paying job

Existing Strengths	Barriers	Interventions that worked/didn't
I can, do, know, have already...	I feel afraid, need to learn, to access...	
I'm a good carpenter, pays well, kept job 5 years once; understands role of SUD	Felon, lost jobs because no-showed (hung over), didn't control temper with supervisors	

Strengths-based Assessment

Goal – I want a good-paying job

Existing Strengths	Barriers	Interventions that worked/didn't
I can, do, know, have already...	I feel afraid, need to learn, to access...	New felon – don't know how to address; finished IOP treatment once - didn't drink for 8 months afterwards while went to AA, never got sponsor, never made friends, never asked for help when became at risk; get less angry sober, but still get angry
I'm a good carpenter, pays well, kept job 5 years once; understands role of SUD;	Felon, lost jobs because no-showed (hung over), didn't control temper with supervisors	

Now You Plan...

- The *'barriers'* are the problems – not just the symptoms or the disease
- What are the *priorities*, especially given any time limitations on length of care?
- What are the *interventions that will work* for this person?
- *Who will do what by when and in what order?*

Recovery Plan

Goal: Good paying job

Strength: Job skill, Kept job

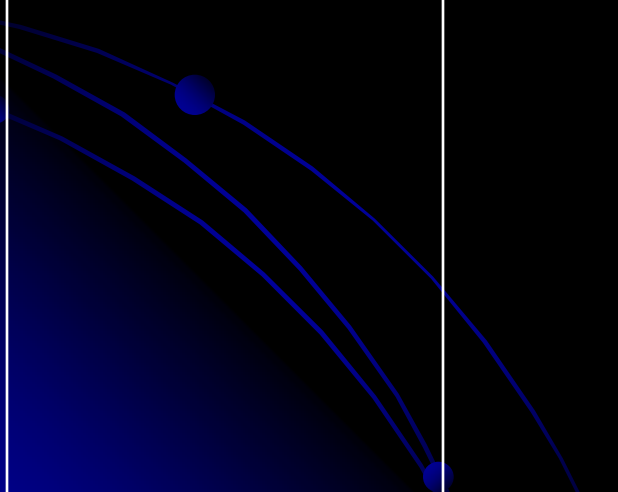
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help

Objective

Action/Intervention

When

who



--	--	--	--

Recovery Plan

Goal: Good paying job		Strength: Job skill, Kept job	
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help			
Objective	Action/Intervention	When	who
1. To return to abstinence			

Recovery Plan

Goal: Good paying job

Strength: Job skill, Kept job

Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help

Objective	Action/Intervention	When	who
1. To return to abstinence	1a. Return to AA-use all resources 1b. Find sponsor 1c. Talk with sponsor about situations when desires drink-help		

Recovery Plan

Goal: Good paying job		Strength: Job skill, Kept job	
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help			
Objective	Action/Intervention	When	who
1. To return to abstinence	1a. Return to AA-use all resources	1a. Wk 1	1a. Jon
	1b. Find sponsor	1b. Wk 3	1b. Jon
	1c. Talk with sponsor about situations when desires drink-help	1c. Wk 3 and ongoing	1c. Jon; Jon and CM practice ask for help, talk about fear

Recovery Plan

Goal: Good paying job		Strength: Job skill, Kept job	
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help			
Objective	Action/Intervention	When	who
2. Prepare strategy for apps re: felon history	2. Attend class on job placement skills	2. Wk 2	2a. Jon 2b. Jon and CM practice responding to questions from employers

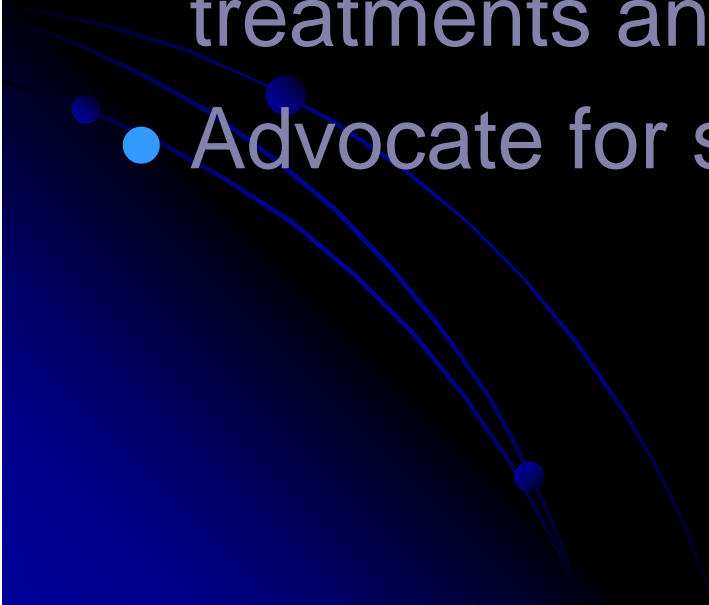
Recovery Plan

Goal: Good paying job		Strength: Job skill, Kept job	
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help			
Objective	Action/Intervention	When	who
3. Evaluate need for carpentry skill training 4. If needed, improve skills	3-4. Attend voc tech evaluation and/or class; apprentice himself, whichever is most available	3-4. Wk 2 and ongoing as required	3-4. Jon

Recovery Plan

Goal: Good paying job		Strength: Job skill, Kept job	
Barrier: Felon, no-show, hung over, anger, few friends, no support if needs help			
Objective	Action/Intervention	When	who
5. Learn and apply skills for managing anger differently	5. Attend anger management class	5. Wk 4-8	5a. Jon 5b. Describe application of skills in work and elsewhere to CM

Do It!

- Provide the service, if appropriate
 - Find the resources for learning needed skills - and link
 - Find the resources for providing external treatments and supports – and link
 - Advocate for services – if they don't exist
- 

Monitor

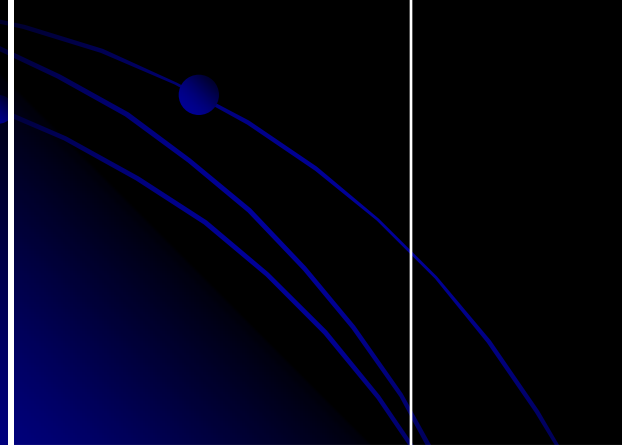
- Is it working? If so, why?
- Is it not working? If not, why not?
 - Wrong goal? Not defined precisely enough?
 - Wrong barrier?
 - Wrong timing?
 - Wrong intervention?
- Make changes
- Once ready, decide where and what to do next.

Important Considerations

Takes time	Spread over several sessions; do strengths-based assessment and planning in group
Existing forms/processes may not support this approach	Advocate for change in your organization; design own forms and use when working with clients
Need more training to support change in approach	Advocate for more training; Read Loveland, D. and Boyle, M. (2005). Manual for Recovery Coaching and Personal Recovery Plan Development at http://www.bhrm.org/guidelines/addguidelines.htm

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, need to access...



Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, to access...
1. Stop doing cocaine – to avoid legal record, get into Coast Guard		

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, to access...
1. Stop doing cocaine – to avoid legal record, get into Coast Guard	Has been taking Coast Guard swimming instruction; strong motivation to join Coast Guard; going to school; father very involved in transport, support to stop	

Strengths-based Assessment

Goal	Existing Strengths	Barriers
I want...	I can, do, know, have already...	I feel afraid, need to learn, to access...
Stop doing cocaine – to avoid legal record, get into Coast Guard	Has been taking Coast Guard swimming instruction; strong motivation to join Coast Guard; going to school; father very involved in transport, support to stop	Appears unlikely to say No when offered drug; never been abstinent long or engaged with others trying to stop except brief treatment period; not many friends except when use

Strengths-based Assessment

Goal – I want to stop drinking

Existing Strengths	Barriers	Interventions that worked/didn't
I can, do, know, have already...	I feel afraid, need to learn, to access...	
Has been taking Coast Guard swimming instruction; strong motivation to join Coast Guard; going to school; father very involved in transport, support to stop	Appears unlikely to say No when offered drug; never been abstinent long or engaged with others trying to stop except brief treatment period; not many friends except when use	

Strengths-based Assessment

Goal – I want to stop drinking

Existing Strengths

Barriers

Interventions that worked/didn't

I can, do, know, have already...

I feel afraid, need to learn, to access...

Reported that he really liked group discussions at treatment program; never went to AA/NA – not there long enough; motivated to stop – likes groups – might be OK in IOP with NA

Has been taking Coast Guard swimming instruction; strong motivation to join Coast Guard; going to school; father very involved in transport, support to stop

Appears unlikely to say No when offered drug; never been abstinent long or engaged with others trying to stop except brief treatment period; not many friends except when use

Recovery Plan

Goal: Stop drinking, CG		Strength: Wants CG bad	
Barrier: Few friends, saying 'No', no history of abstinence			
Objective	Action/Intervention	When	Who

Recovery Plan

Goal: Stop drinking, CG		Strength: Wants CG bad	
Barrier: Few friends, saying 'No', no history of abstinence			
Objective	Action/Intervention	When	Who
1. Connect with peers supportive re: not using 2. Support and teach abstinence skills			

Recovery Plan

Goal: Stop drinking, CG	Strength: Wants CG bad		
Barrier: Few friends, saying 'No', no history of abstinence			
Objective	Action/Intervention	When	Who
1. Connect with peers supportive re: not using 2. Support and teach abstinence skills	1a. Attend adolescent NA 1b. Join CG Auxiliary 2. Attend IOP for adolescents		

Recovery Plan

Goal: Stop drinking, CG		Strength: Wants CG bad	
Barrier: Few friends, saying 'No', no history of abstinence			
Objective	Action/Intervention	When	Who
1. Connect with peers supportive re: not using 2. Support and teach abstinence skills	1a. Attend adolescent NA 1b. Join CG Auxiliary 2. Attend IOP for adolescents	1a. Wk 1 1b. Wk 2 2. Wk 1-8	1a. Sam – CM give info, go with 1b. Sam – get info, report back to CM

Questions?

Thank you

A decorative graphic in the bottom-left corner consisting of three curved blue lines that sweep upwards and to the right, with three solid blue dots placed at various points along these lines.