Strengths-Based Recovery Planning A Person Centered Approach

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Goal of Training

- Participants will be able to:
- conduct a strengths based person-centered and culturally competent assessment
- identify the elements of a plan and the criteria for each element
- Specify a broad range of culturally-competent stage appropriate supports / services

Getting on the Same Page...

- A *recovery-oriented system of care* identifies and builds upon each person's assets, strengths, and areas of health and competence to support the person's efforts in managing his or her condition **while** regaining a meaningful, constructive sense of membership in the broader community.

Exploring Our Shortcomings

- Evaluation of how services have been provided

- Directive approach-counselor/agency sets the tone of treatment and its focus ("we KNOW what is best for you")

- Primary focus is upon the persons deficits, weakness and illness

Exploring Our Shortcomings

- A determined effort to maintain the sessions around supporting and upholding the diagnosis and reinforcing symptoms as opposed to treatment of the person.

- Neglecting the fact that recovery is an ongoing process on a continuum of change and not a "one shot" experience

- Not recognizing that there are multiple pathways within the process of recovery

Exploring Our Shortcomings

- Just as the addicted person has: a pre-occupation and obsession with drug use, coupled with loss of control, leading to impairments in multiple domains of the persons life.

- As counselors we have: a pre-occupation and obsession with the clients drug use, coupled with loss of control and leading to impairments in multiple domains of the counseling relationship

Questions To Ask Ourselves

- "Do I see the person or do I look solely at a drug user"?
- "Am I guilty of "pre-diagnosing" a person" (Counseling with prejudice)
- "How do I counsel a person I don't like?"
- "How do I counsel a person I feel will fail?"
- "Do I ever see the person as a workday annoyance?"
- "How might I be a barrier to the person's recovery process?"

Strengths-Based Recovery Planning

- "The goal of the strengths model of case management is to **promote** individual empowerment the acquisition of resources and skills that help people **manage** their substance use disorder or psychiatric disability."

- The model places an emphasis on building peoples' strengths and skills.

  (Loveland, David, PhD., Boyle, Michael, M.A. "Manual for Recovery Coaching and Personal Recovery Plan Development, June 6, 2005)

Benefits of Strength Based Model

- It is an empowering alternative to traditional therapy which describes families in terms of psychiatric diagnosis of deficits

- It avoids the use of stigmatizing language/terminology which person's use on themselves and eventually identify with, accept and reinforces a sense of helplessness

- It is opposed to the "victim identity" persons who capitalize and sensationalize having problems

- (Jerry Springer types)

Benefits of Strength Based Model

- Focus is on what has been historically successful in the clients life

- Assesses the person's family and environment for assets which can be built upon

- It reduces the power and authority barrier between the person and the counselor/therapist

- Promotes the person to the level of expert, as to what works, what has worked and what may work in their situation

Benefits of Strengths Based Model

- The person and their families are more invested in the change process

- Reduces the potential for transference and counter-transference between the counselor and the person

Implications for Practice

- A change in the way we perceive and speak. Stigmatizing labels and client behavior descriptors must be avoided:
- Non-compliant
- Resistive
- Unwilling to change
- Unmotivated
- Poor insight
- Dysfunctional
- Oppositional
- Defiant

Implications for Practice

- Never refer to the person by his/her diagnosis

- "Drug addict" or, "cancerous"

- A person is not their illness-- a person is a person, with a physical or psychiatric problem

5 Principles of Strengths-Based Recovery Planning

- Goal:

- To promote individual empowerment through the acquisition of resources and skills that help manage SUD disability

- The emphasis is on the building of strengths and skills

Principle One: Focus On Strengths Rather Than Pathology

- The persons goals and strengths are what drive the services offered

- De-emphasis on the persons pathology or other deficits

- Promotion of the persons interests, abilities and goals

Principle One: Focus On Strengths Rather Than Pathology

- Difficult to implement for a few reasons:
- 1) most models address deficits and pathology as opposed to building upon and nurturing strengths
- 2.) Many clinicians have learned a "deficit based" style of service delivery (and thinking) and will have to unlearn it
- 3.) The person receiving services also has a deficit based view resulting from multiple treatments
- (Some persons need therapy to undo the effects of therapy)

Principle One: Focus On Strengths Rather Than Pathology

- We will not ignore the SUD or mental illness, but…
- The interaction with the person is primarily on building and promoting strengths and goals
- Which leads to an improved sense of control and empowerment
- All persons and environments possess strengths that can be summoned to improve on the quality of life

Principle Two: Community is An Oasis of Resources

- Connecting the person to community based services and resources

- Resources such as: housing, medical care, educational training and access to social, spiritual and leisure activities

- Recovery occurs in the community that is the where the **process** is

- Treatment provides the **tools** for this **process**

- Motivation with consistent focus self-defined person's strengths

Principle Three: Interventions Based on Client Determination

- Based on the needs and desires of the client and their families as opposed to the guidelines of the program
- ("What happens when what the person needs is not on our service menus?")
- The services are tailored around the goals and needs of the person served.
- All services and contact with the person are based on his/her specific goals and needs

Principle Four: Community Outreach-Preferred Intervention

- This means that much of the services needed will be delivered in the persons community.

- There is a reduction in blaming the victim

- This calls for community support in the form of recovery or peer coaches, specialists, etc.

Principle Five: SUD Sufferers Can Continue to Grow, Learn & Change

- If given the skills and access to the necessary resources this change can occur and be sustained

- This approach is one that encourages hope

- It calls for reinforcement of the persons assets, skills and abilities

Self-Assessment

- Provide the person and/or family member with a questionnaire as an aid to this procedure:
- Example: List the three most distressing problems you are having in your life at this time?
- What seems to help even if it does not appear to solve the problem?
- What things do you enjoy doing?
- List the significant persons in your life by order of importance and explain their role in your recovery.

Strengths-Based Assessment

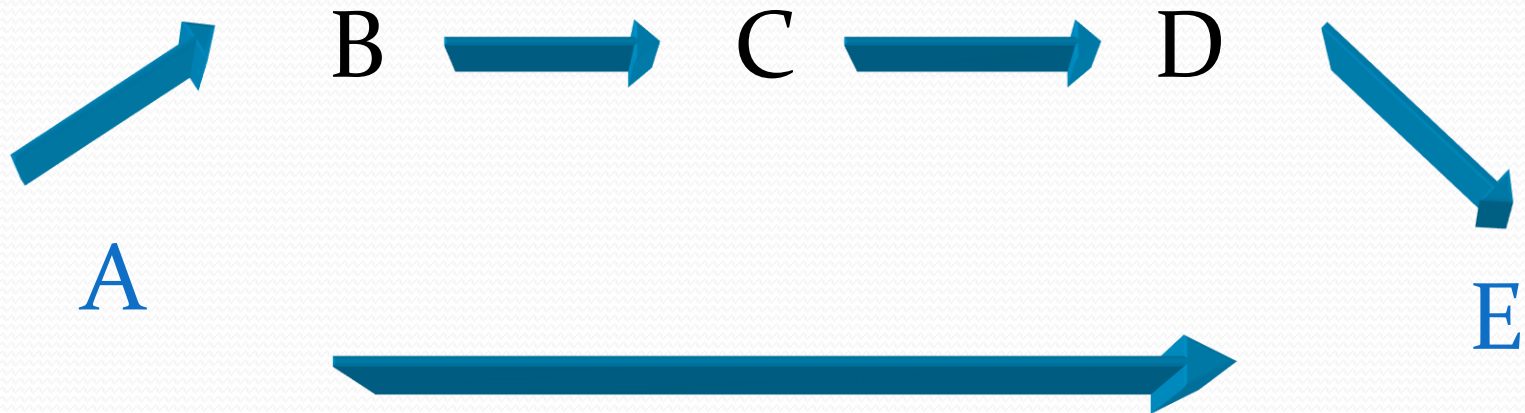| Problem	Strength
Person continues to hang out with negative peers	Person has the capacity to make friends
Family is dysfunctional	Family is overwhelmed and in need of support
Family is in perpetual crisis mode	Family has continued to exist under stressful conditions
Client has a long history of substance abuse with multiple treatments	Client has continued to seek the support of treatment for SUD concerns
Client tends to resort to criminal activity when unemployed for long periods	Client is resilient and resourceful but

Strengths-Based Assessment

- Focus is on **highlighting** each persons **skills, talents, aspirations, and resources** that they have acquired over time.

- Clinicians and clients will struggle with this as one has been trained (by education) and the other conditioned (through treatment engagement) to focus on deficits and illness related behaviors

Recovery Capital

- Working on the person's assets and strengths (recovery capital) is beneficial

- Internal strengths and external resources that a person can utilize to initiate or sustain recovery

- Four types
  - <u>Physical capital</u>: things
  - <u>Human capital</u>: personal qualities
  - <u>Social capital</u>: supportive relationships
  - <u>Community capital</u>: referral resources

A Plan is a Road Map

Provides hope by breaking a seemingly overwhelming journey into **manageable steps** for both the provider and the person served.

A → B → C → D → E

"life is a journey…not a destination"

Building a plan

Pyramid (top to bottom):
- Outcomes
- Services
- Objectives
- Barriers
- Goals
- Prioritization
- Understanding
- Assessment
- Request for services

Developing a Recovery Plan

- The recovery plan is organized into three categories and eight life domains

- Refer to handouts

Goals and Aspirations

- **Individual goals and aspirations:**
- Encourage the person to write any goal, dream or aspiration they have, even if they are not ready to pursue them.
- "I want to get my P.O. off my back"
- "I need to get a job when I get out of here and find some place to stay"
- "I need my baby's mama/daddy to quit tripping "

Resources, Strengths and Skills

- **Resources, strengths and skills:**
- Past experiences or behaviors that can be used or re-acquired to achieve goals in the first column
- **Attributes include:** resources, skills e.g., part-time job, living independently, having a car, a degree, skilled trade, somebody that knows somebody
- May be difficult for clinical person, recovery coaches and the person served to see attributes in the beginning

Barriers

- What is keeping the person from their goals?
  - need for skills development
  - intrusive or burdensome symptoms
  - lack of resources
  - need for assistance / supports
  - problems in behavior
  - challenges in activities of daily living
  - threats to basic health and safety
- **Challenges / needs as a result of a mental / alcohol and/or drug disorder**

- Refer to Recovery Domains: